

Life Safety Code - Information in Detail

Provider Meeting 2021

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Outlet Testing *(SNF only)*



At least annually, facilities must test all outlets that are not hospital grade outlets in resident areas.

An outlet must be checked for physical integrity, continuity of grounding, the polarity, and retention force.

Every outlet must be documented.

Any outlet that fails any of the test, must be replaced with a hospital grade outlet.

Facility staff need to document the failure and replacement on the annual inspection report(s).

A facility must have a policy on how they will maintain and test hospital grade outlets, which may be tested at a duration of longer than one year based on historic testing results.

Corridor Doors (*SNF only*)

Roller latches are not allowed.

The doors must positive latch and/or have an astragal.

Pocket doors and barn swinging doors rarely meet the life safety code standards.

Toilet room doors may have transfer grills as long as the contents inside those rooms are not hazardous.



Barn Door



Pocket Door



Transfer Grills
in Door

Corridor Door, Continued (*SNF only*)

18/19.3.6.5 Openings.

18/19.3.6.5.1* Miscellaneous openings, such as mail slots, pharmacy pass-through windows, laboratory pass-through windows, and cashier pass-through windows, shall be permitted to be installed in vision panels or doors without special protection, provided that both of the following criteria are met:

- (1) The aggregate area of openings per room does not exceed 20 in.2 (0.015 m2).
- (2) The openings are installed at or below half the distance from the floor to the room ceiling.

18/19.3.6.5.2 The alternative requirements of 19.3.6.5.1 shall not apply where otherwise modified by the following:

- (1) Openings in smoke compartments containing patient bedrooms shall not be permitted to be installed in vision panels or doors without special protection.
- (2) For rooms protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7, the aggregate area of openings per room shall not exceed 80 in.2 (0.05 m2).

Sprinkler Heads *(all levels of LTC)*

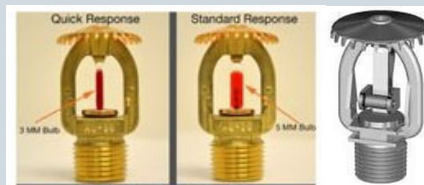
Paint and/or corrosion cannot be removed from a sprinkler head.

- The head must be replaced.

Escutcheon plates are designed to prevent a gap around the sprinkler heads.

Blown-in insulation can build up around sprinkler heads.

If an ordinary sprinkler head is replaced with a quick-response sprinkler head, all the heads in that area must be replaced with quick-response sprinkler heads as well.



Zone Evacuation *(all levels of LTC)*



During a fire the staff must evacuate by zone.

- Not acuity

The evacuation must start in the room of origin.

- Then the rooms next to the room of origin and the room directly across the halls.

The process must be continued until the entire smoke zone is cleared.

Then staff would work to evacuate the smoke zone(s) nearest the origin of the fire.

Fire Alarm Inspection Reports *(all level of LTC)*

All components must be listed on the fire alarm inspection reports.

- This includes all tamper switches, magnets, range hoods, smoke alarms, heat detectors...
- All components need to be tested and indicate (at a minimum) if they passed or failed.

The individual completing an annual and semi-annual fire alarm inspections must be qualified.

- Qualified means factory trained, nationally recognized certificate (such as NICET), or qualified through a listing organization (such as UL), or local/state certification.
- The state of Missouri does not have a fire alarm certification program.
- The facility is responsible to ensure the fire alarm inspector is qualified.



Microwaves in Resident Rooms *(SNF only)*

K324 – Cooking is not allowed in resident rooms.

K925 – Cooking appliances cannot be within 15 feet of an area of oxygen administration in a resident room.

Microwaves can be used in areas such a break rooms.

Facilities may have areas where residents can use microwaves in general/communal areas.

- For facilities that choose to allow residents to use microwaves, they must have policies and procedures.



Sprinkler Impairment *(all levels of LTC)*

Any fault with the sprinkler system must be addressed and corrected immediately.

A red tag indicates the system may not operate properly during the event of a fire.

- Not all sprinkler companies utilize a red tag system.
- The red tag must remain on the system until the impairment has been corrected.

During an impairment of the sprinkler system or the fire alarm system, the facility must complete a total evacuation or start an approved fire watch.



Fire Watch *(Some of the requirements are SNF only, but all levels of LTC are required to have a fire watch policy.)*

Must be completed per the facility's policies and procedures.

- **Must have the components of NFPA 25 Chapter 15 and NFPA 101 9.6.1.6.**
- A fire watch must be started immediately when the sprinkler and/or fire alarm system will be down for four hours or longer.
- **An impairment coordinator must be assigned with all roles clearly defined in the policies.**
- **At a minimum, the property owner, insurance company, DHSS, and the local fire department need to be called at the activation and termination of a fire watch.**

The rounds must be continuous with a maximum time allotted for every round.

Every round must be documented and initialed/signed by the staff who completed the round.

A water outage must trigger a fire watch for any facility with a sprinkler system.

Candles *(SNF only)*

Candles with wicks cannot be used as part of the décor.

Facility staff may use lit candles for a birthday celebration, but facility staff must continually supervise the candles while lit.

If a facility uses candles for religious purposes, these lit candles must be supervised 24/7 or be in a different occupancy with a 2-hour wall that separates it from the rest of the facility. The facility has the option to utilize an electric candle when it is not possible or practical to supervise the lit candles.



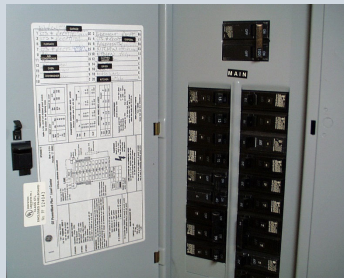
Generator Inspections *(SNF only)*

The LSC requires annual inspection and annual testing on all electrical panels attached to the generator.

- Unless the manufacturer's guide states otherwise.

This only applies to the panels the generator utilizes.

- Many of the generators utilized by facilities are not connected to all electrical panels.



Post Indicator Valve (PIV) *(SNF only)*

Post Indicator Valves are part of the sprinkler system.

- They are located outside of the facility.

If shut off, it will disable the entire sprinkler system.

These valves are required to be electrically monitored.

- The alert must be transmitted to the fire alarm panel to notify staff if the valve is turned off.

This may be missed by your fire alarm contract company as it is a healthcare requirement.



B. 16

Plans of Corrections *(all levels of LTC)*

Must be submitted within ten calendar days of the receipt of the Statement of Deficiencies

Ensure all examples, especially for those tags that encompass multiple deficient practices, have been addressed.

Ensure all residents at risk for the deficient practice are identified.

- How will the deficient practice be corrected for all residents, not just the cited examples?

What systemic changes were made to keep the deficient practice from reoccurring?

How will the facility monitor for compliance?

- For example, many times the monitoring of life safety code issues related to oxygen cylinders may need to be a joint effort between maintenance and nursing staff.

The date of alleged compliance needs to be the date all work will be completed.

Questions?

For additional information, please see the Life Safety Code
Question and Answer document dated 4/2/21, found at
ltc.health.mo.gov

Or email: steven.vest@health.mo.gov