

THE LATEST IN THE WORLD OF THE LIFE SAFETY CODE AND FIRE SAFETY





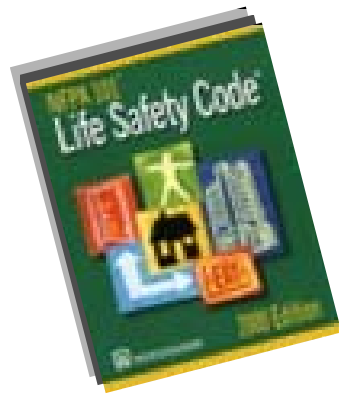
PRESENTERS

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MINNESOTA DEPARTMENT OF HEALTH

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STATE FIRE MARSHAL DIVISION



The Department of Health will not be sponsoring Life Safety Code Training Seminars in 2009. These seminars will most likely resume in 2010



In lieu of classroom training, MDH has developed a Life Safety Code Documentation tool to assist health care facilities in documenting requirements for compliance with National Fire Protection Association (NFPA) Standard 101 (Life Safety Code, 2000 edition)

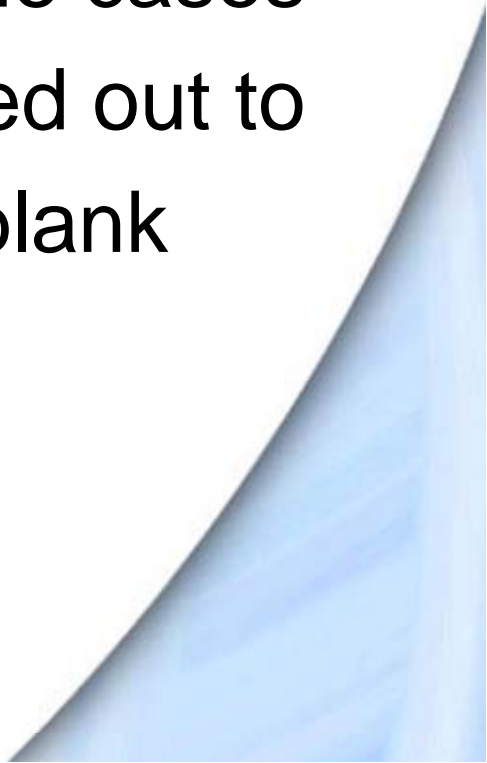





This project can be found at:

www.health.state.mn.us/divs/fpc/engineering.html






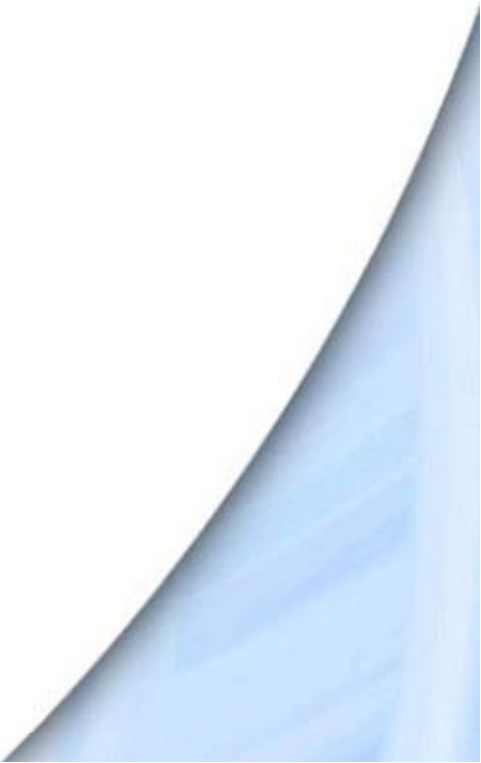
The project includes a narrative explanation of applicable code language and sample forms that can be downloaded and customized for your facility. In some cases there are sample forms that are filled out to demonstrate how to complete the blank form.




Topics addressed include staff training, fire safety and evacuation plans, fire drills, systems out of service, emergency generators, interior finishes, sprinkler systems, battery-operated lighting, smoking policies, fire alarm testing, kitchen hood systems, fire and smoke dampers, and portable fire extinguishers.



There is an introductory narrative and a separate explanation regarding revisions to the documents.






If you don't want to use the internet access, both Care Providers of Minnesota and Aging Services of Minnesota have put together fully tabbed 3-ring binders that contain this project.

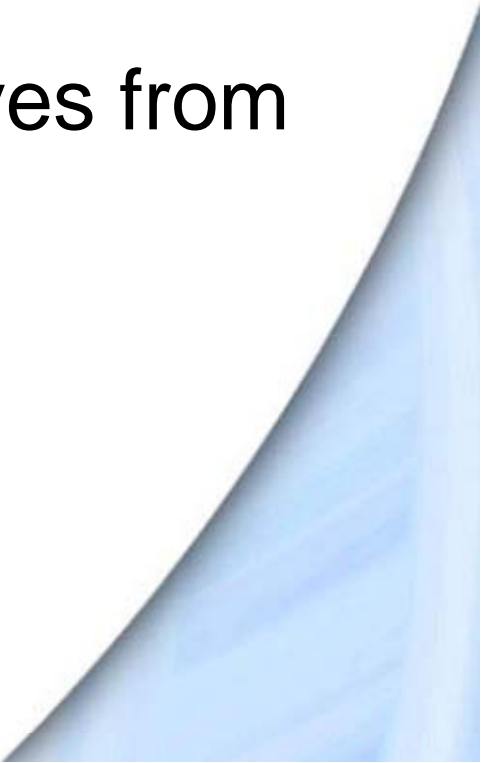
These can be purchased directly from them.





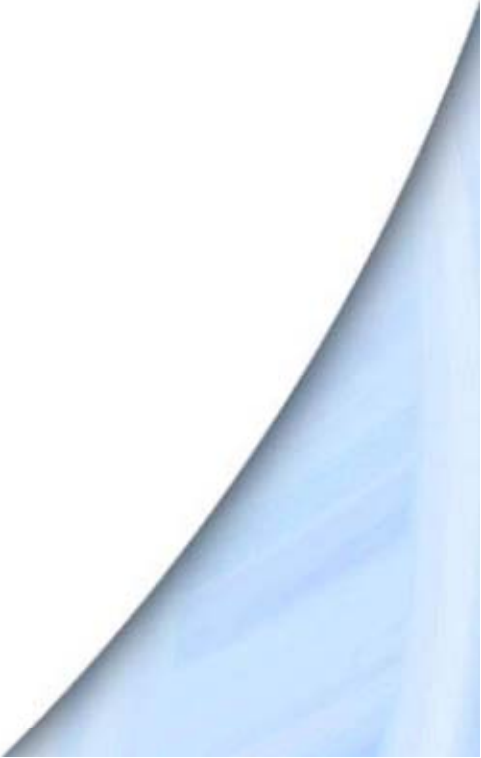

On March 4 – 5, 2009, CMS hosted a Life Safety Code Managers Meeting in Kansas City, MO.

The meeting included representatives from both CMS Regions V and VII





We discussed the new sprinkler legislation. All certified skilled nursing facilities must be fully sprinkled in accordance with (IAW) NFPA Standard 13 (Installation of Sprinkler Systems, 1999 edition) by August 13, 2013.






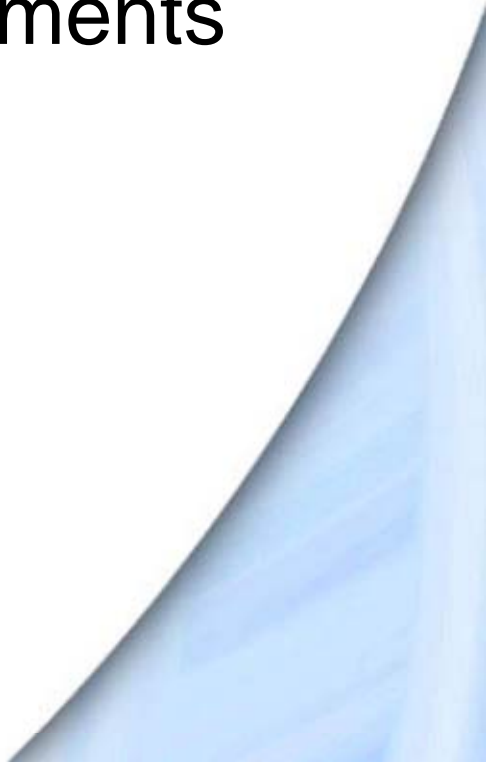
Requests for extensions or waiver will not be approved. CMS will decertify any skilled nursing facility that does not meet this requirement




We discussed the “Obstruction Investigation”. This investigation is addressed in NFPA 25 (Standard for Inspection, Testing, and Maintenance of Water-based Fire Protection Systems, 1998 edition), Section 10-2.

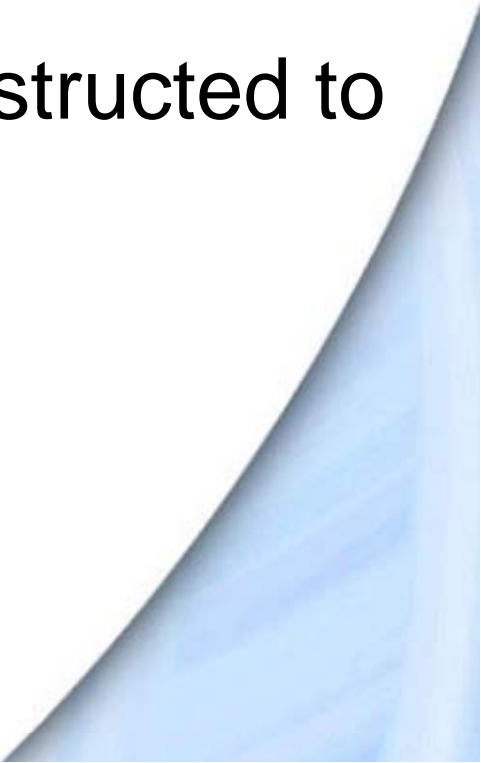



There are 12 situations that require that an obstruction investigation be conducted. Failure to comply with these requirements is cited at Data Tag K062.



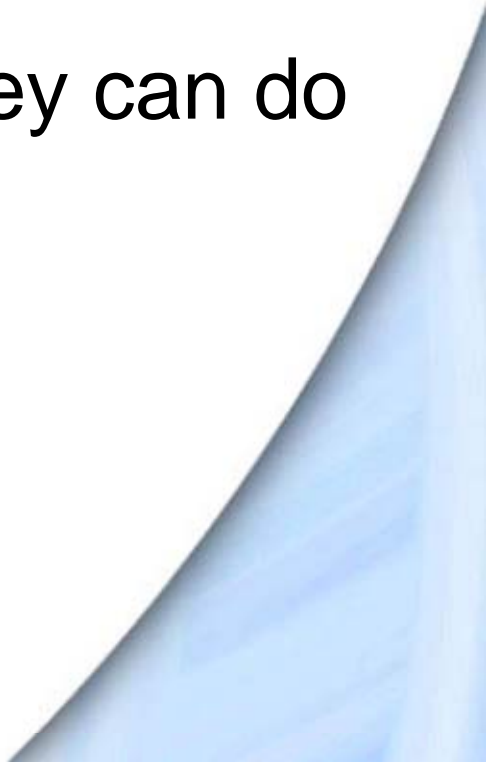



We discussed locking of doors in the required means of egress. CMS staff discussed the letter to Minnesota dated August 6, 2007. All states were instructed to follow the guidance in that letter.



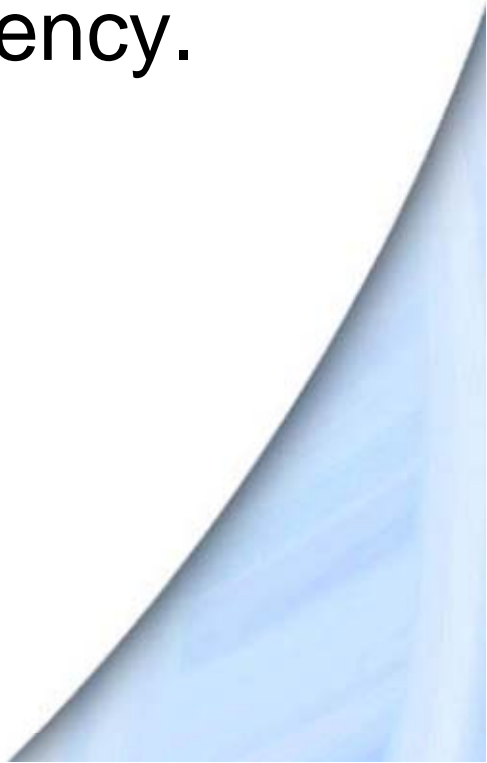


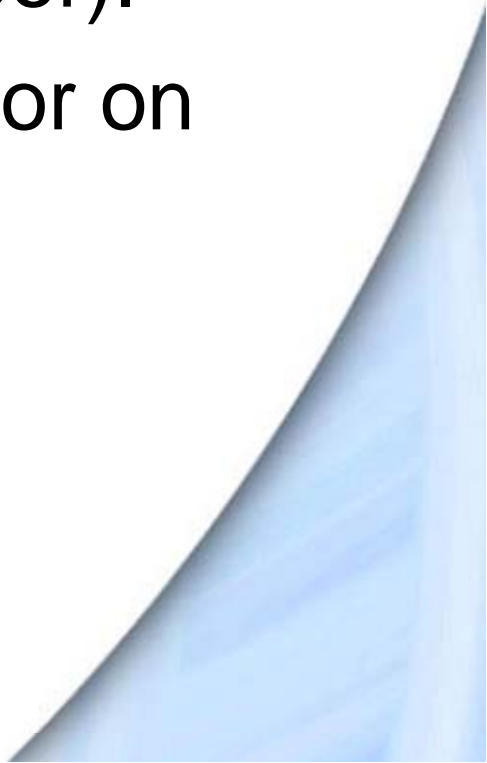

All staff, all cognitive residents, and all visitors over 12 years of age must have access to the method of opening the doors and be able to demonstrate that they can do so.



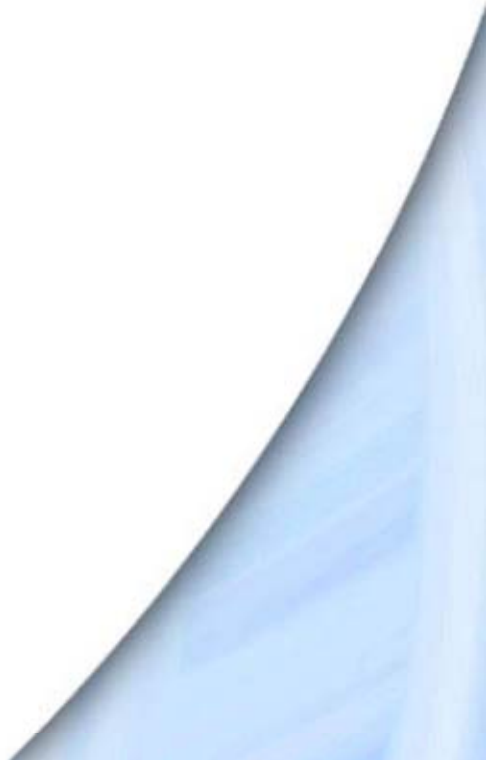



If staff do not know how to open the doors or are unable to do so, it is very likely that this is an immediate jeopardy deficiency.







The releasing mechanism must be mounted IAW NFPA 101 (Life Safety Code, 2000 edition), 7.2.1.5.4. (between 34" and 48" above the finished floor). Obviously, it must be adjacent to or on the door leaf.



Signage used to comply with the “have access to the method of opening the door” requirement, must comply with NFPA 101 (Life Safety Code, 2000 edition), 7.2.1.6.1(d).

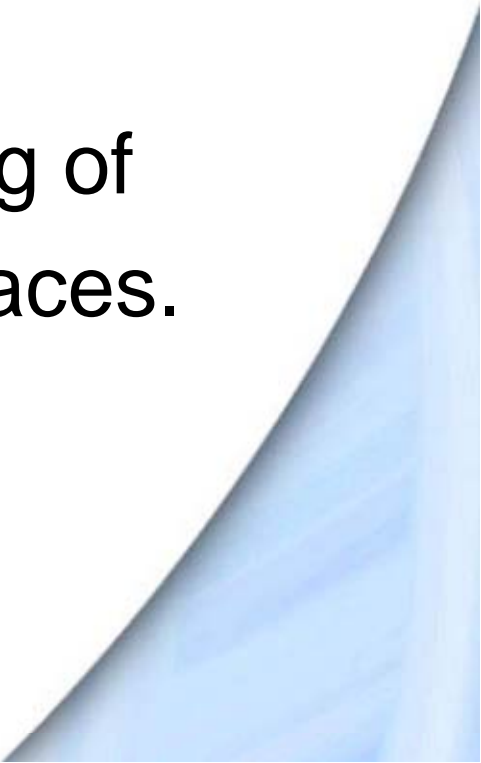



“On the door, adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background ...”

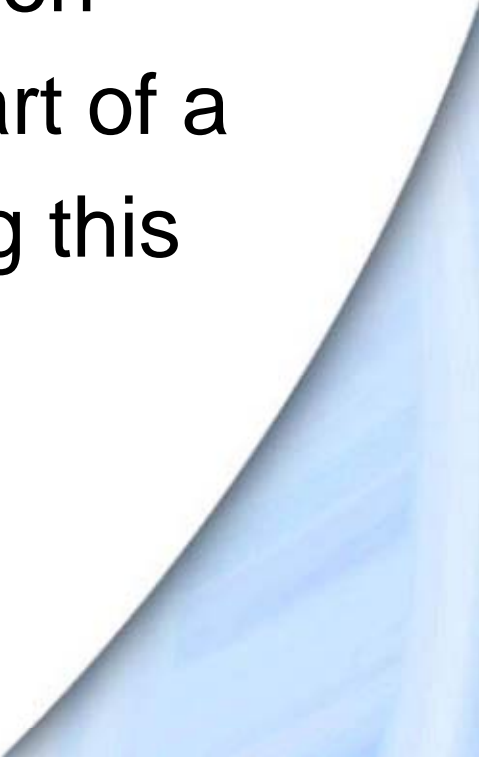



The sign can then detail the instructions for opening the door






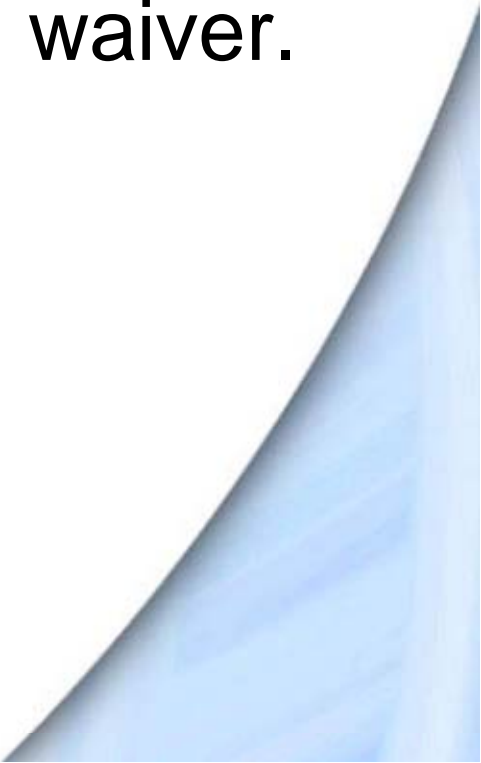
We discussed fireplaces and NFPA standard 101 (Life Safety Code, 2000 edition), 18/19.5.2.2. Gas-fired decorative fireplaces (those gas-fired heating appliances that simulate the burning of wooden logs) are considered fireplaces.


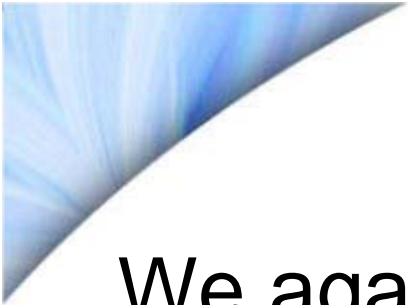


According to CMS CO, these heating devices must comply with exception #2 of the referenced LSC Section. CMS ROV does not agree with this interpretation (neither does MDH). CMS CO is part of a national committee that is reviewing this issue.

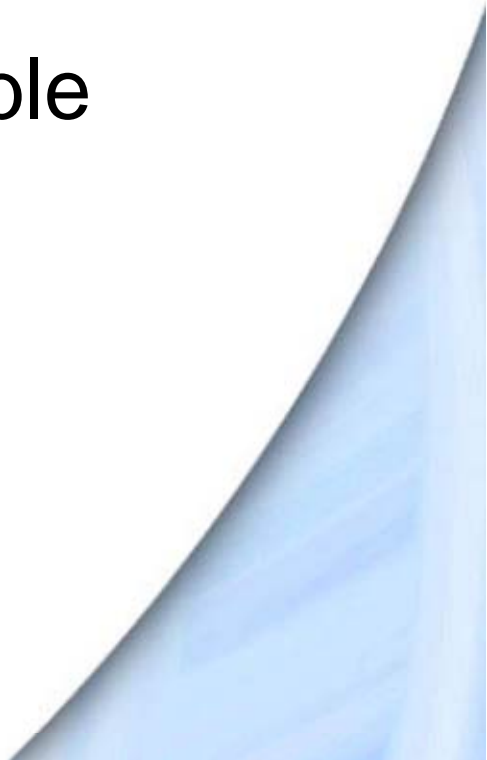



In the interim, a facility that is cited for having an operational gas-fired heating appliance should request an annual waiver.






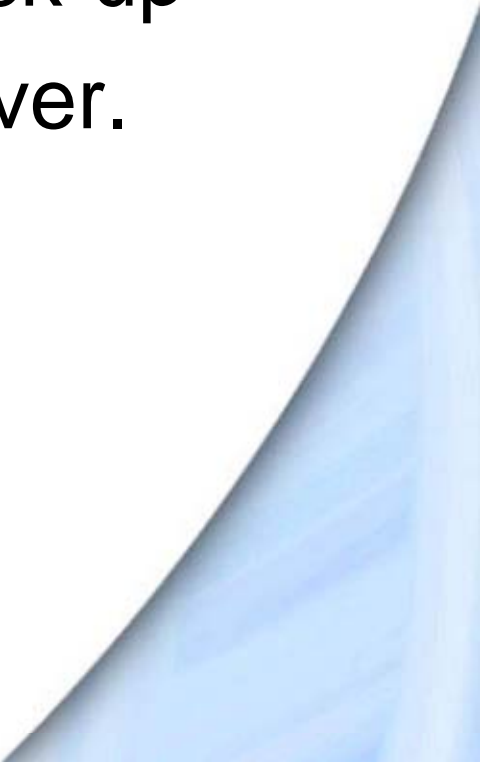
We again discussed the use of natural gas as the fuel source for an emergency generator. If using natural gas, the facility must have a letter from the supplier of the natural gas that the supply is “reliable”. Qualifiers in this letter have resulted in a deficiency.

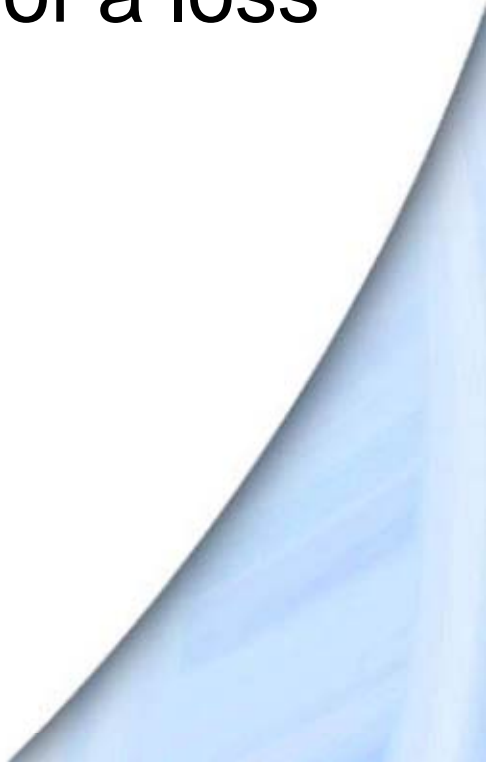



CMS CO is considering issuing guidance regarding CMS expectations for what needs to be in a letter that effectively demonstrates that the natural gas is from a reliable source.




They are also working on a solution for situations where the facility cannot obtain this letter and cannot connect a back-up on-site fuel source to the prime mover.






A major component of this solution is the facility's plan of action should they lose the emergency generator as the result of a loss of a natural gas fuel source.



We discussed the use of oxygen. We were reminded that leaving an oxygen concentrator in operating mode while not in use by the resident (the cannula physically inserted into the nose passages) is an unsafe practice.



QUESTIONS?

