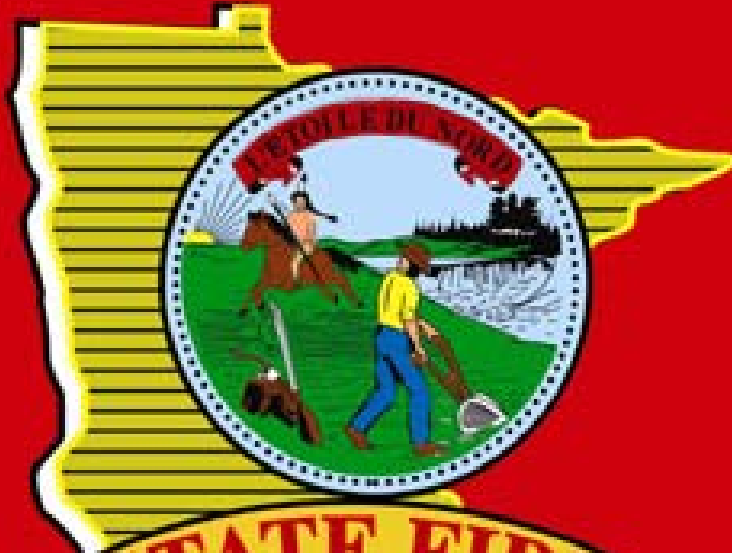


**MINNESOTA
PUBLIC SAFETY**



**STATE FIRE
MARSHAL**

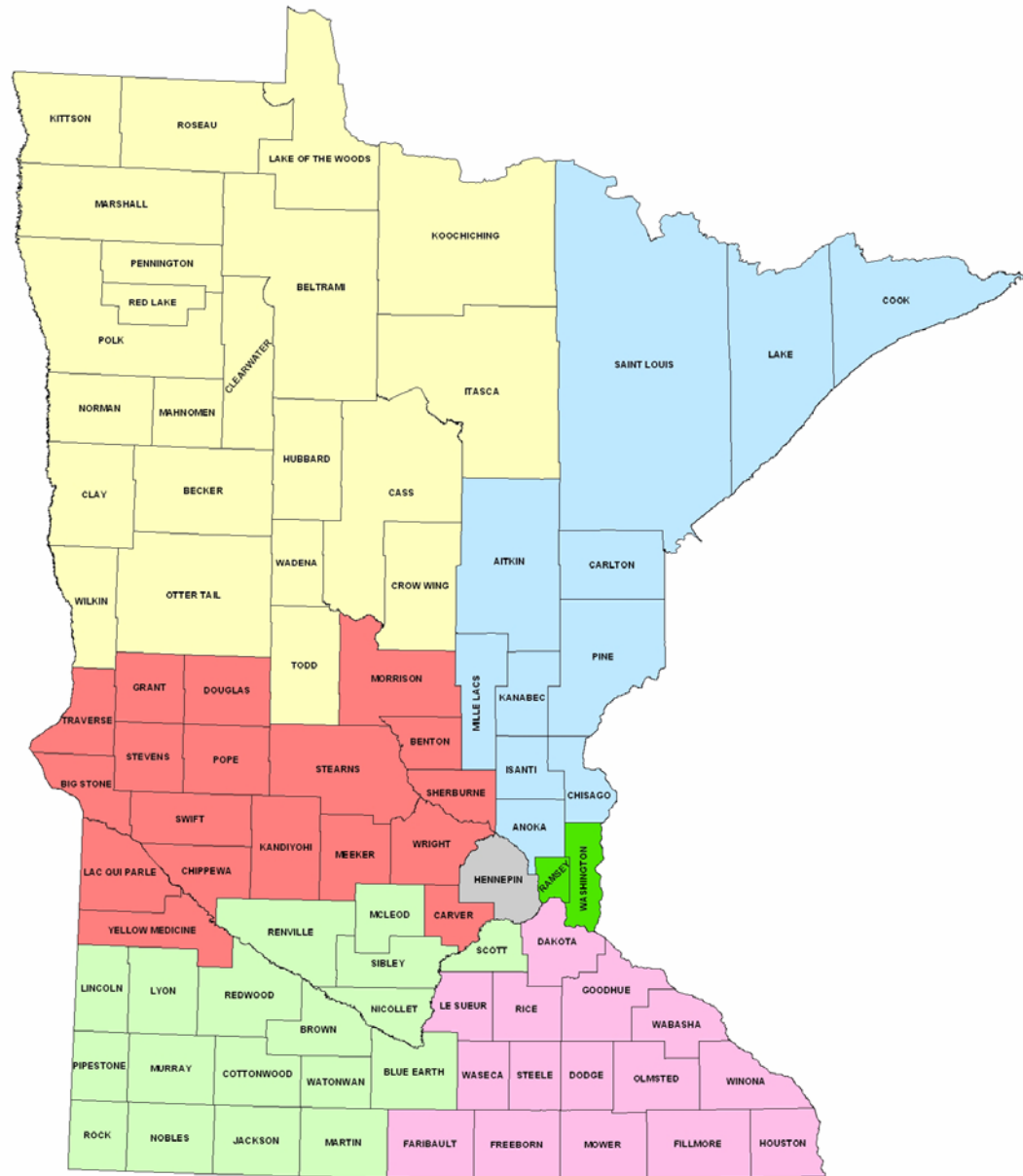
EST. 1905

Minnesota Healthcare Engineers Association



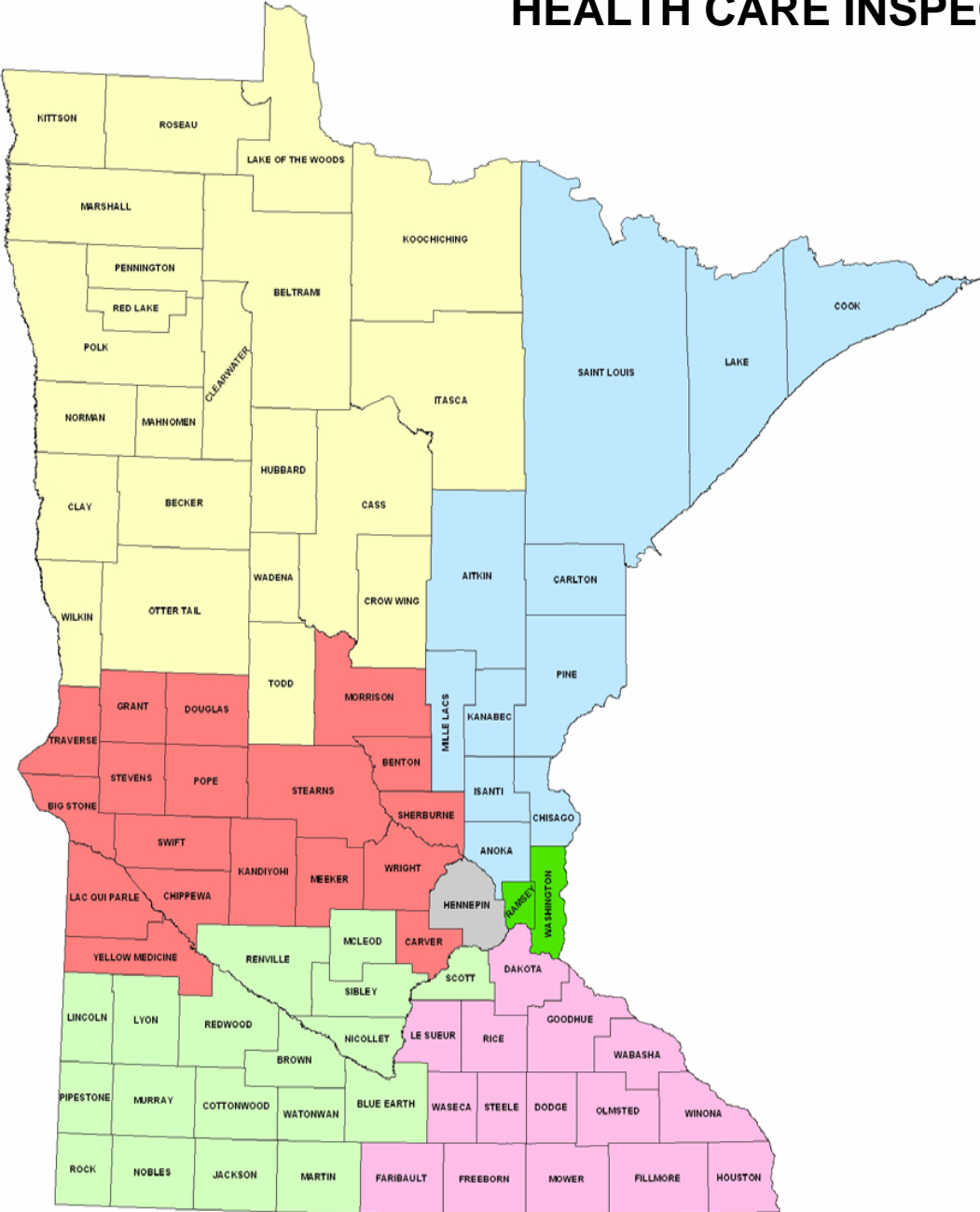
Minnesota Department of Public Safety
State Fire Marshal Division





STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

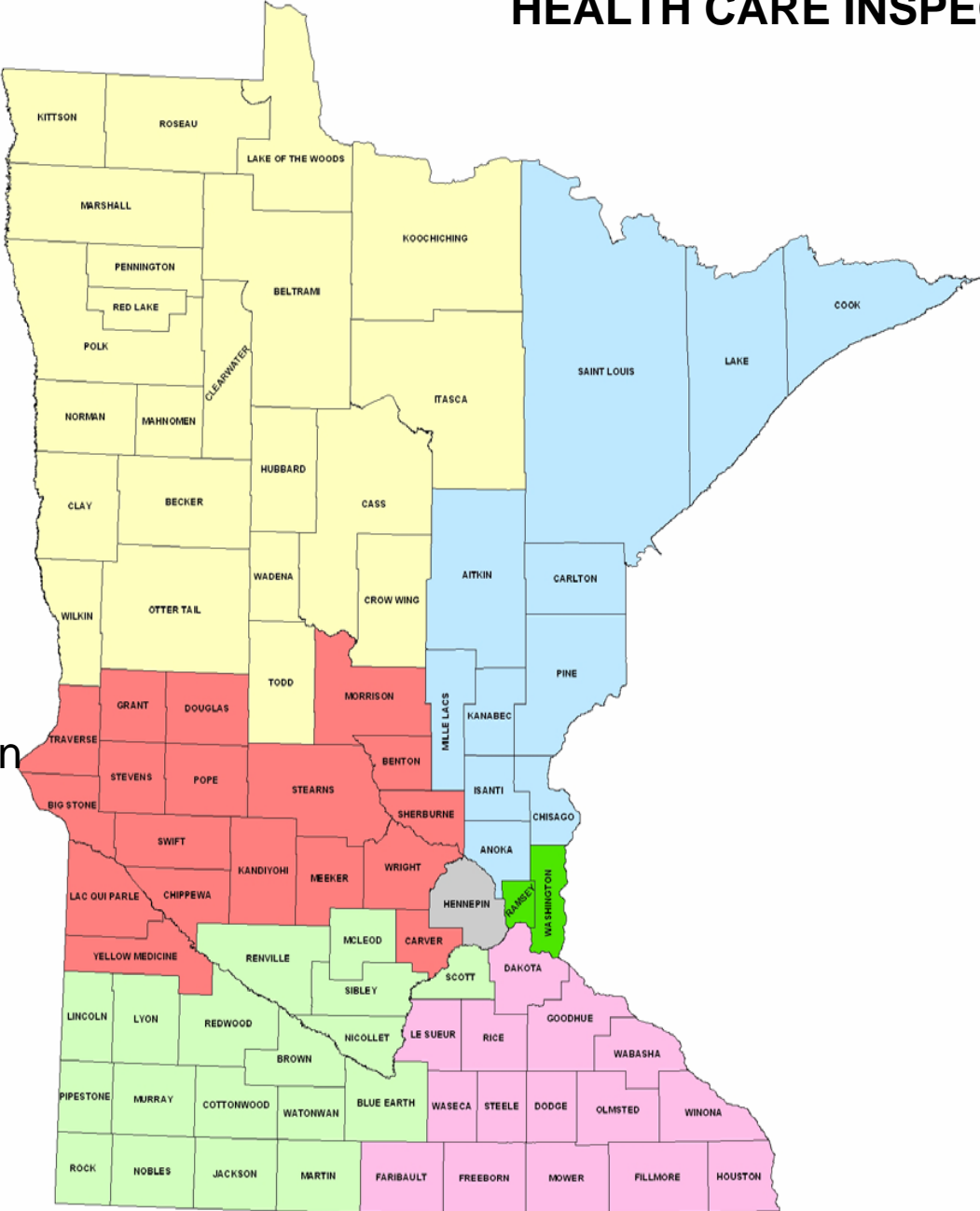
Kurt Kastella
218-759-9835



STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Kurt Kastella
218-759-9835

James Anderson
320-616-2463

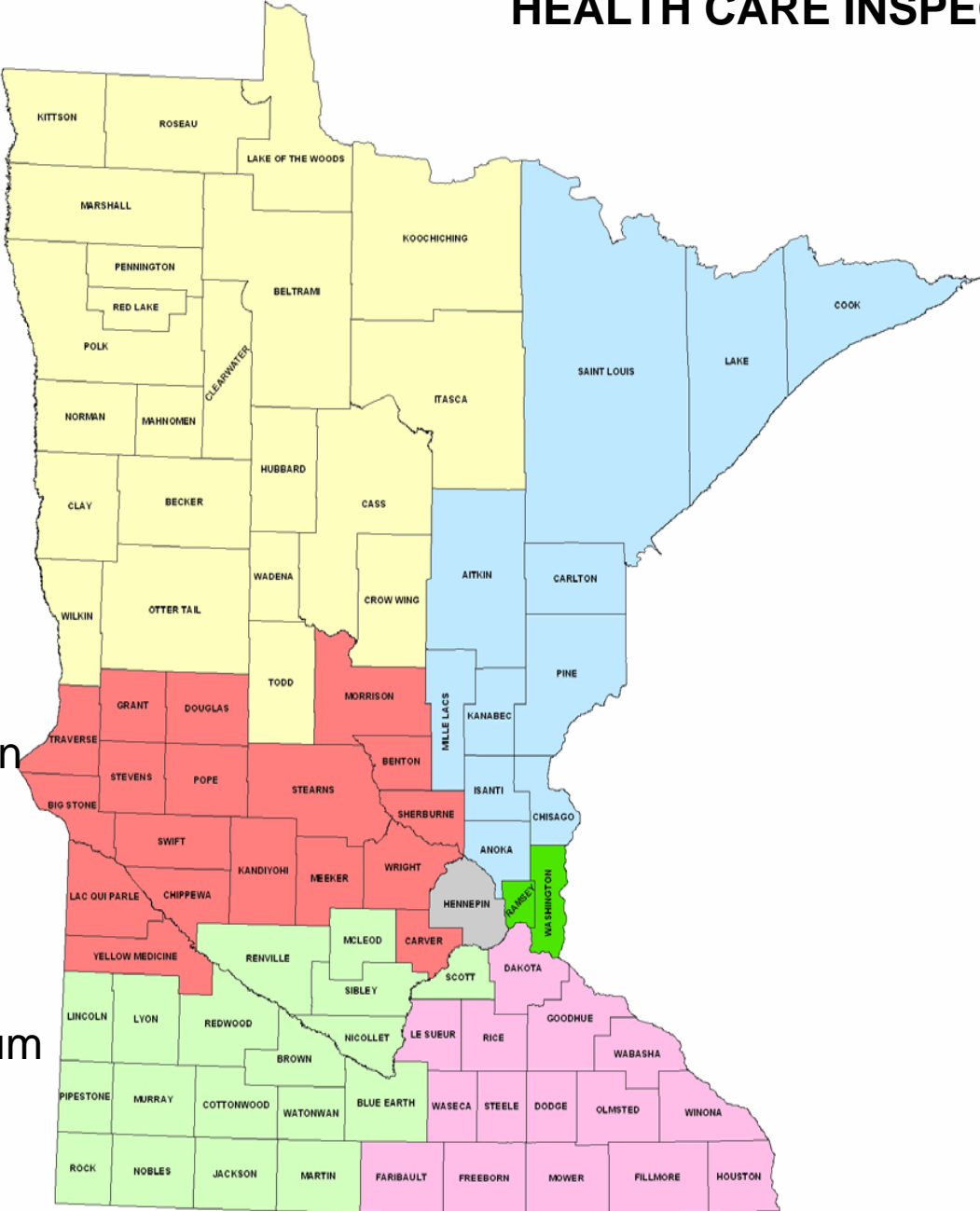


STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Kurt Kastella
218-759-9835

James Anderson
320-616-2463

George Shellum
320-327-8465



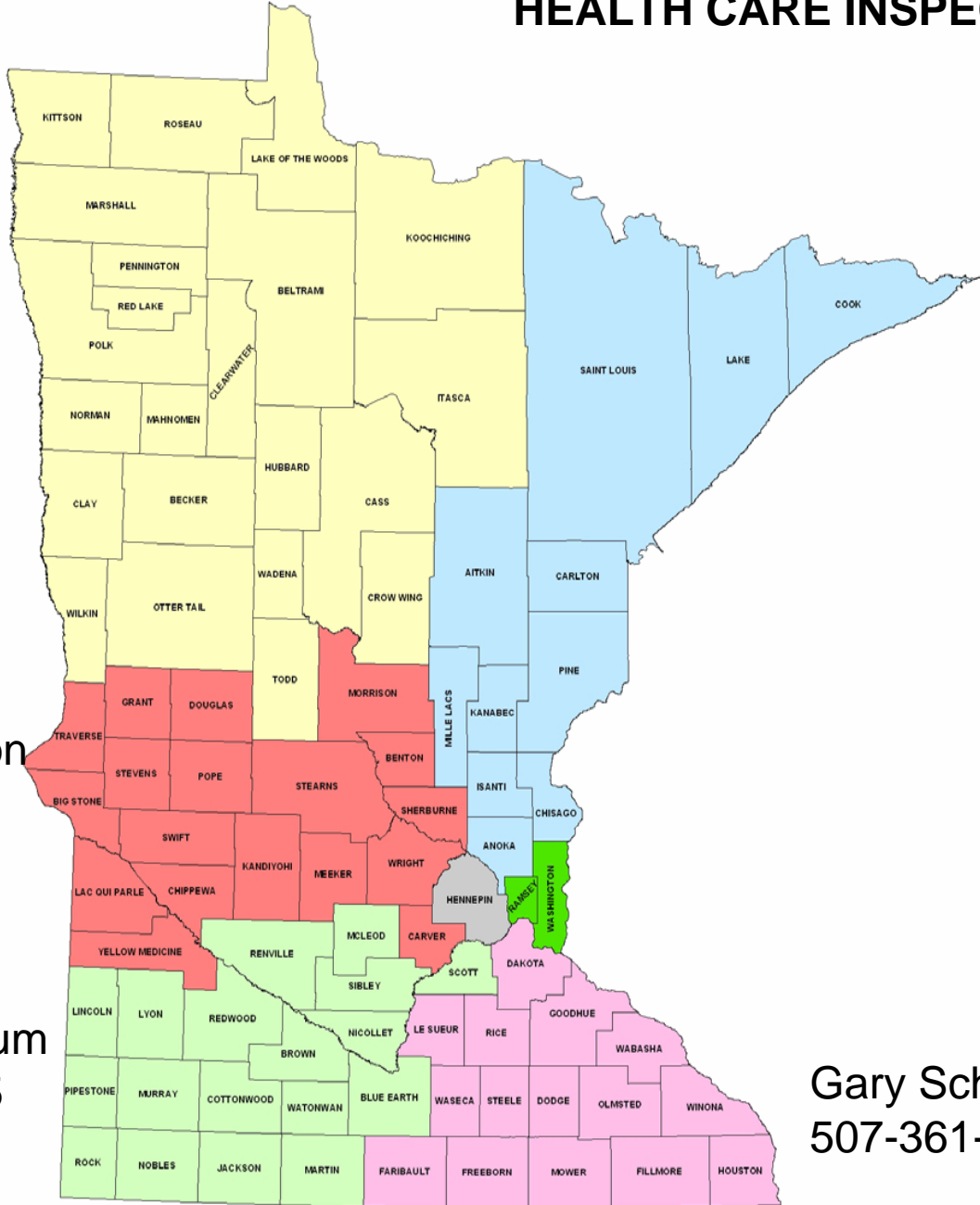
STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Kurt Kastella
218-759-9835

James Anderson
320-616-2463

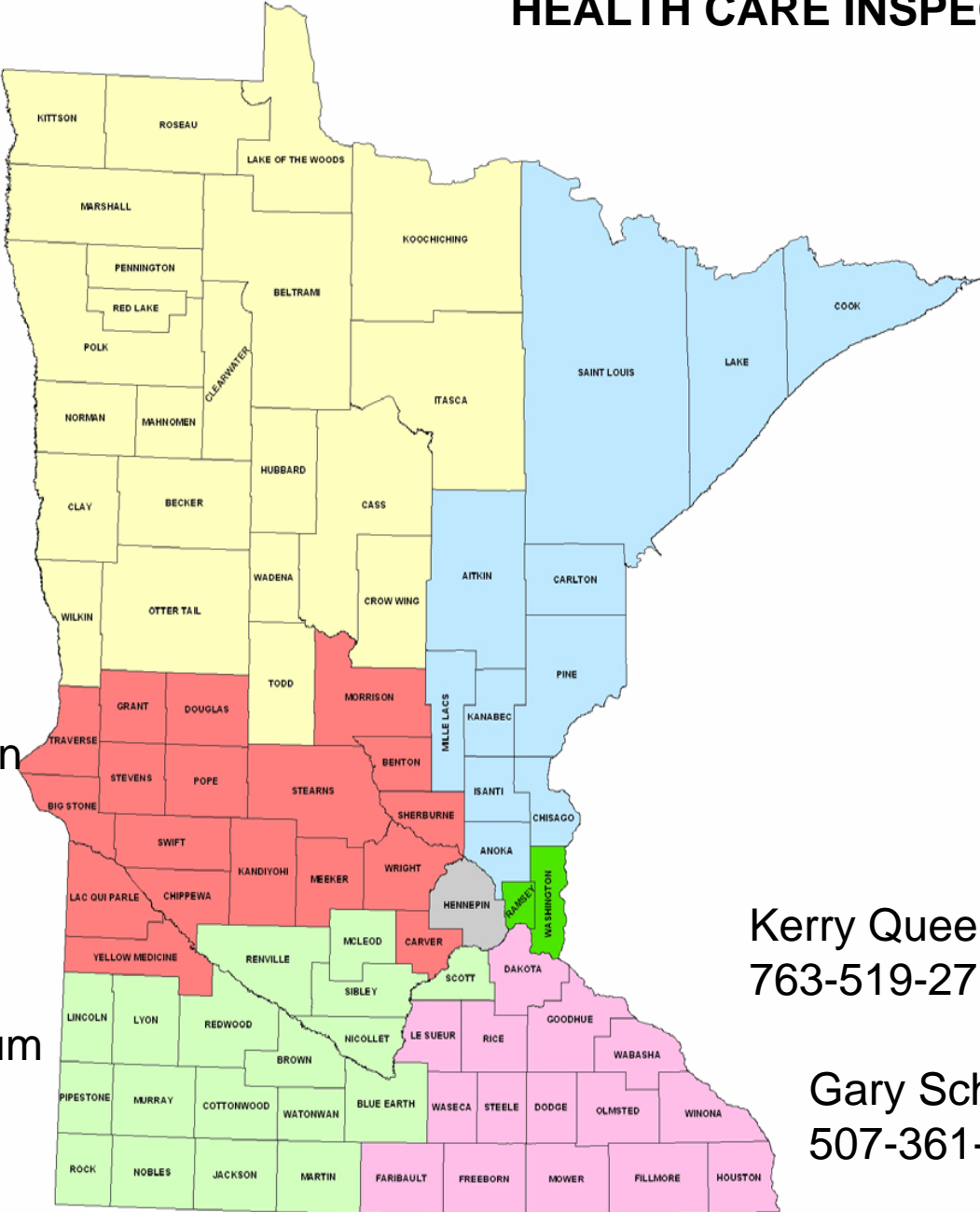
George Shellum
320-327-8465

Gary Schroeder
507-361-6204



STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Kurt Kastella
218-759-9835



James Anderson
320-616-2463

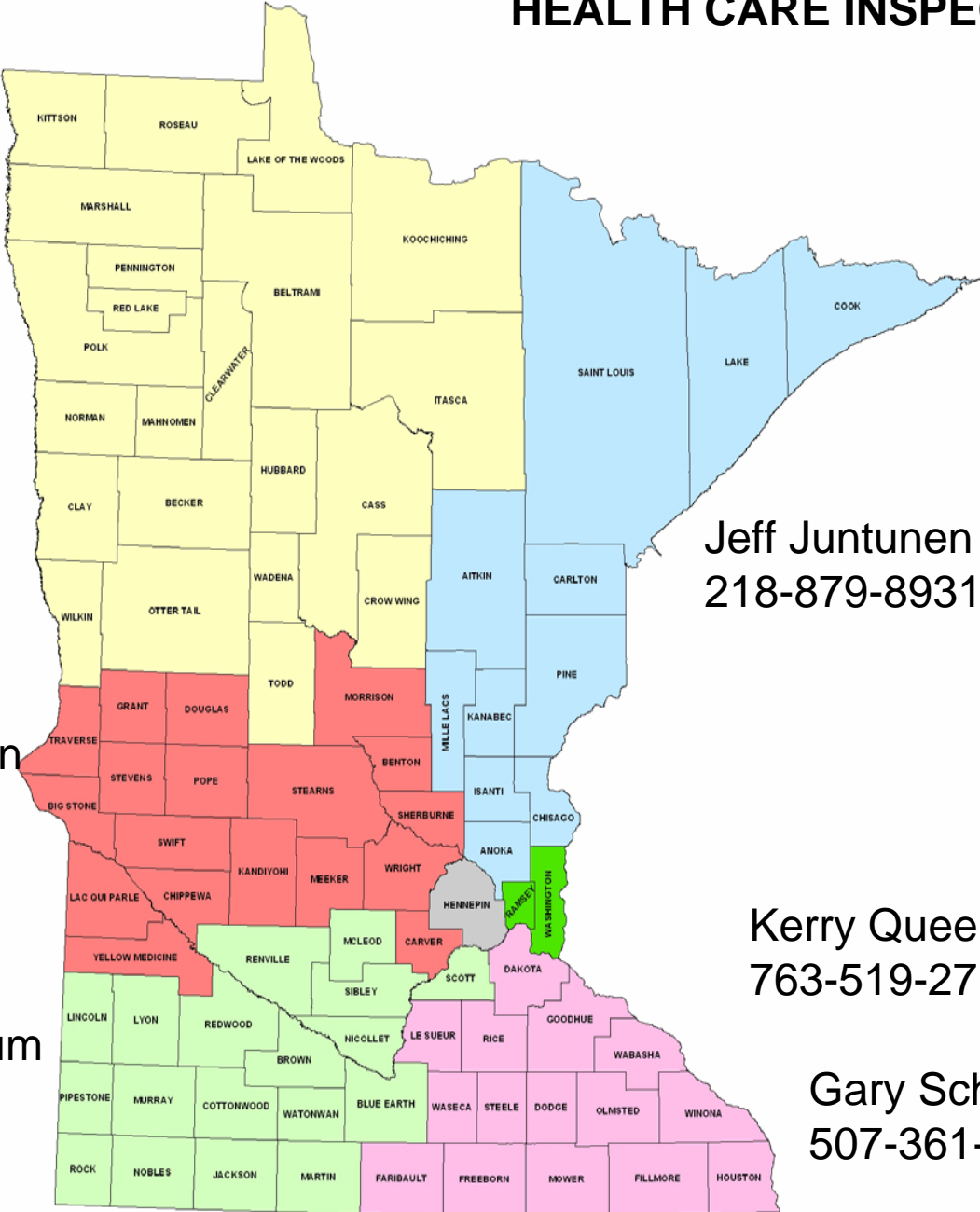
George Shellum
320-327-8465

Kerry Queen
763-519-2717

Gary Schroeder
507-361-6204

STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Kurt Kastella
218-759-9835



Jeff Juntunen
218-879-8931

James Anderson
320-616-2463

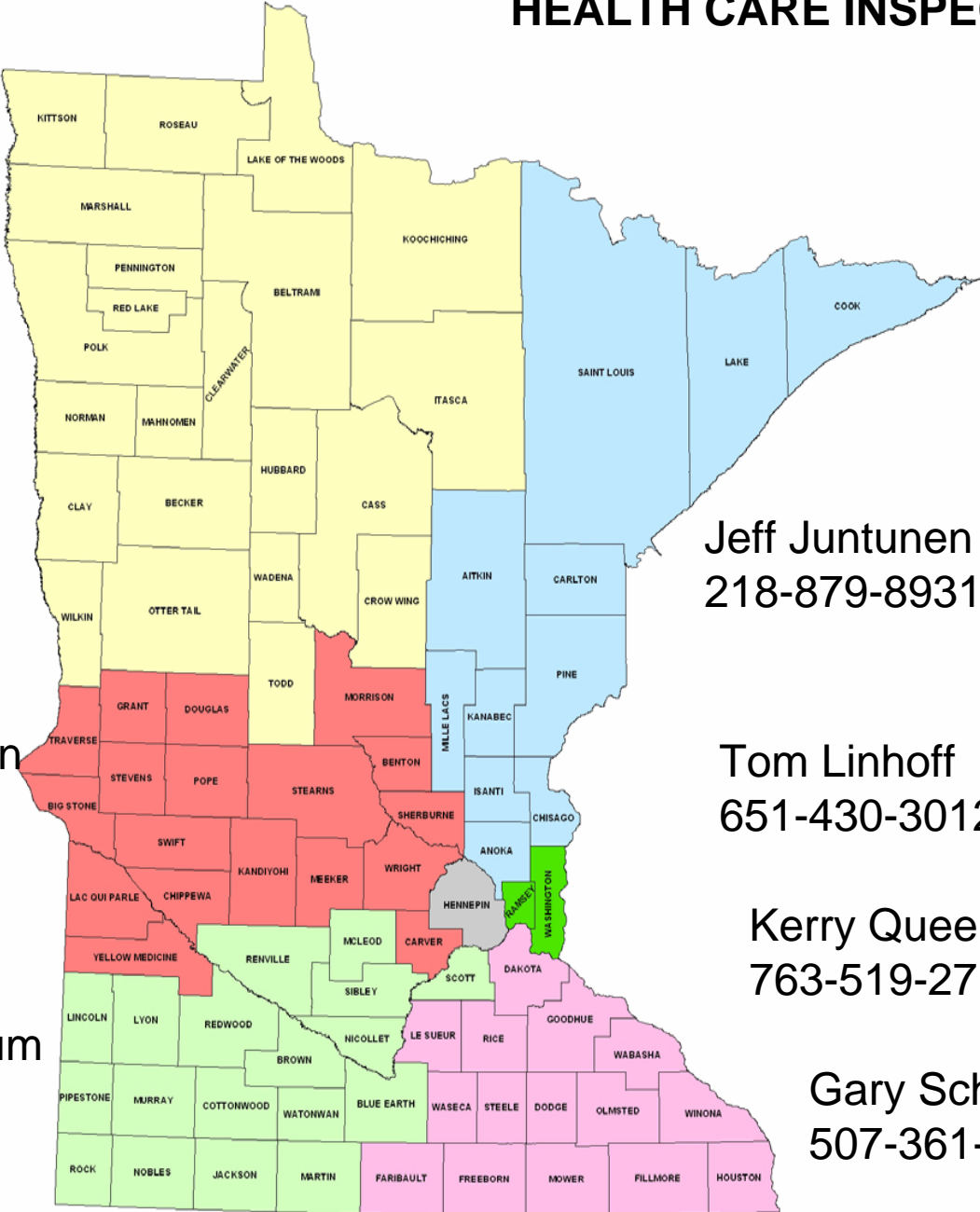
Kerry Queen
763-519-2717

George Shellum
320-327-8465

Gary Schroeder
507-361-6204

STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Kurt Kastella
218-759-9835



Jeff Juntunen
218-879-8931

James Anderson
320-616-2463

Tom Linhoff
651-430-3012

George Shellum
320-327-8465

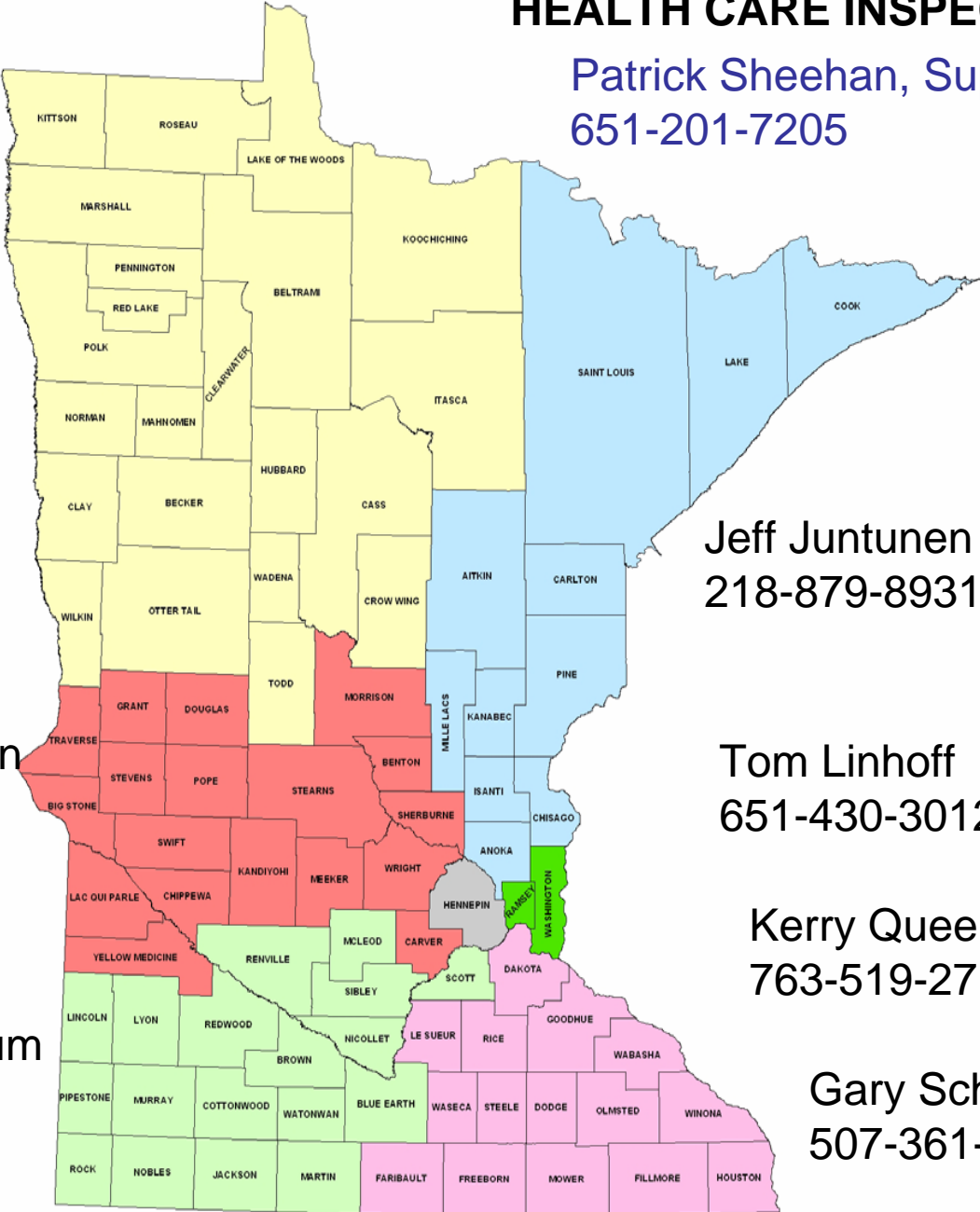
Kerry Queen
763-519-2717

Gary Schroeder
507-361-6204

**STATE FIRE MARSHAL DIVISION
HEALTH CARE INSPECTION REGIONS**

Patrick Sheehan, Supervisor
651-201-7205

Kurt Kastella
218-759-9835



Jeff Juntunen
218-879-8931

James Anderson
320-616-2463

Tom Linhoff
651-430-3012

George Shellum
320-327-8465

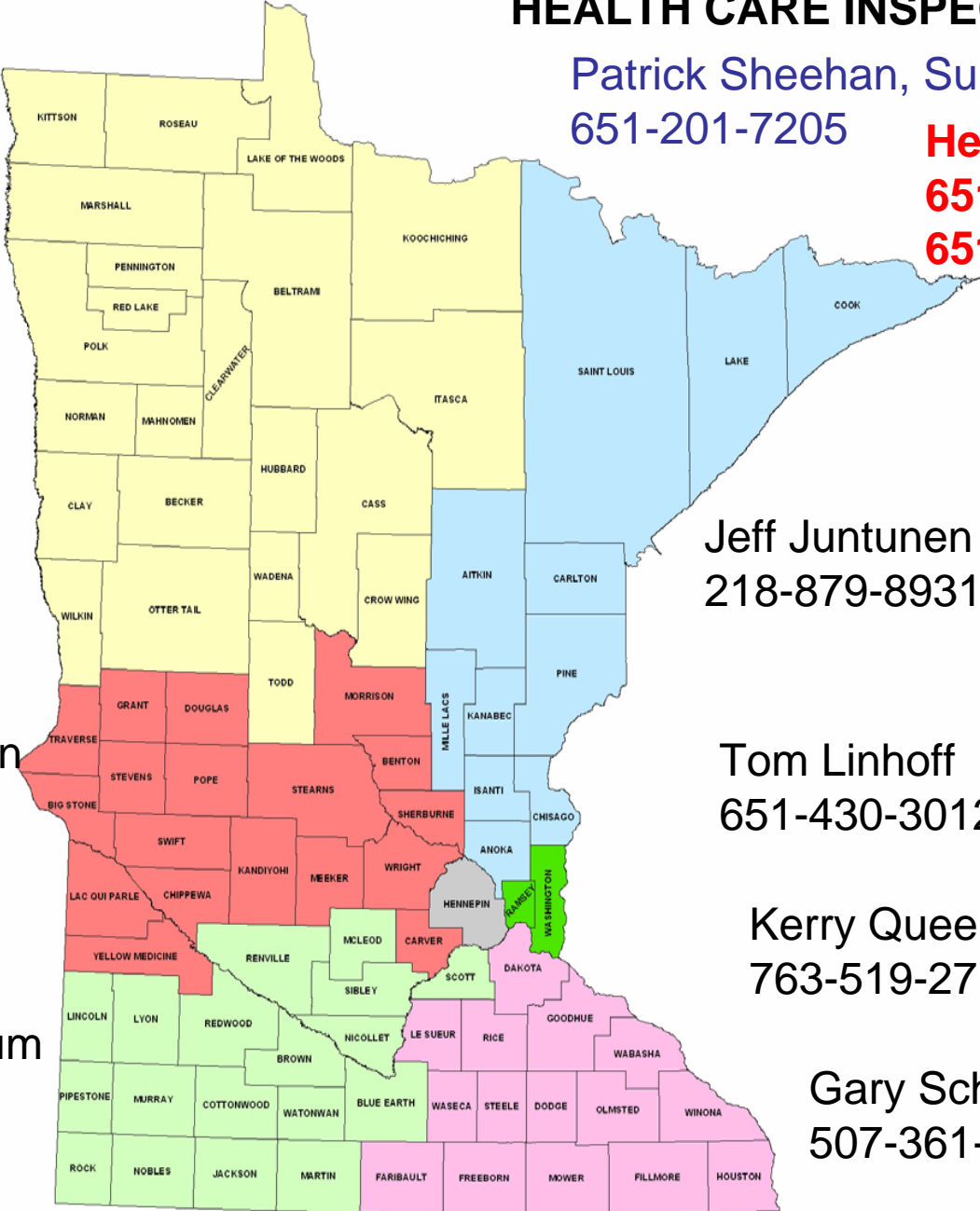
Kerry Queen
763-519-2717

Gary Schroeder
507-361-6204

STATE FIRE MARSHAL DIVISION HEALTH CARE INSPECTION REGIONS

Patrick Sheehan, Supervisor
651-201-7205

Health Care Support
651-201-7213
651-2017208



Kurt Kastella
218-759-9835

Jeff Juntunen
218-879-8931

James Anderson
320-616-2463

Tom Linhoff
651-430-3012

George Shellum
320-327-8465

Kerry Queen
763-519-2717

Gary Schroeder
507-361-6204



Brush with Fame



Brush with Fame

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Medicare & Medicaid
Services**

42 CFR Part 483

[CMS–3191–F]

RIN 0938–AN79

**Medicare and Medicaid Programs;
Fire**

**Safety Requirements for Long Term
Care Facilities, Automatic Sprinkler
Systems**

AGENCY: Centers for Medicare &
Medicaid Services (CMS), HHS.

ACTION: Final rule.

SUMMARY: **This final rule requires
all long term care facilities to be
equipped with sprinkler systems by
August 13, 2013.**

Additionally, this final rule
requires affected facilities to **maintain
their automatic sprinkler systems
once they are installed.**

DATES: These regulations are effective
on October 14, 2008. The incorporation
by reference listed in the rule is
approved by the Director of the Federal
Register October 14, 2008.

TEMPORARY WAIVERS

Additional safe-guards
are required



TEMPORARY WAIVERS

Semi-annual testing:

- Fire alarm system
- Fire sprinkler system
- Monthly fire drills on each shift
- Monthly door testing
 - Latching
 - Fit tight into frame assembly
- Monthly staff fire safety training



TEMPORARY WAIVERS

- Smoke detection in resident rooms
- Hazardous area doors –closed at all times
- Increase staffing



CARBON MONOXIDE ALARMS – MINNESOTA STATUTE 299F.50 SECTION 1 – GENERAL INFORMATION

1.1 MN Statute 299F.50

Requires approved carbon monoxide (CO) alarms in all single family homes and multifamily apartment units with effective dates as follows:

- All new construction single family homes and multi-family dwellings where building permits were issued on or after January 1, 2007.
- **All existing single family homes effective August 1, 2008.**
- All existing multi-family or apartment dwelling units effective August 1, 2009.



Carbon Monoxide Detectors

- Applies to
- 10 feet from sleeping rooms or
- Within 15 -25 feet of equipment
- Attached to a central alarm or to a constantly attend location or a remote monitor
- Can not sound the fire alarm!!!



NFPA 101 LIFE SAFETY CODE 2000

EDITION

SECTION 18.7/19.7

OPERATING FEATURES

18.7.1/19.7.1 EVACUATION AND
RELOCATION PLAN AND FIRE DRILLS

EVACUATION AND RELOCATION PLAN AND FIRE DRILLS

- 18.7.1.1/19.7.1.1 The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center.

19.7.2

PROCEDURE IN CASE OF FIRE

- 18.7.2.1/19.7.2.1 For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy's fire plan.

PROCEDURE IN CASE OF FIRE

- 18.7.2.1/19.7.2.1 A written health care occupancy fire safety plan shall provide for the following:
 - 1. USE OF ALARMS
 - 2. TRANSMISSION OF ALARM TO FIRE DEPARTMENT
 - 3. RESPONSE TO ALARMS
 - 4. ISOLATION OF FIRE

PROCEDURE IN CASE OF FIRE

- 5. EVACUATION OF IMMEDIATE AREA
- 6. EVACUATION OF SMOKE COMPARTMENT
- 7. PREPARATION OF FLOORS AND BUILDING FOR EVACUATION
- 8. EXTINGUISHMENT

PROCEDURE IN CASE OF FIRE

- USE OF ALARMS
- If any person is involved in the fire, the discoverer should go to the aid of that person, calling aloud an established code phrase. The use of a code provides for both the immediate aid of any endangered person and the transmission of an alarm. Any person in the area, upon hearing the code called aloud, should activate the building fire alarm using the nearest manual fire alarm box.

PROCEDURE IN CASE OF FIRE

- TRANSMISSION OF ALARM TO FIRE DEPARTMENT
- Any person in the area, upon hearing the code called aloud, should activate the building fire alarm using the nearest manual fire alarm box (pull station).

PROCEDURE IN CASE OF FIRE

- RESPONSE TO ALARMS
- Personnel, upon hearing the alarm signal, should immediately execute their duties as outlined in the facility fire safety plan.
- EXAMPLE: Check fire alarm panel, call 911, announce the location over the intercom, clear all hallways etc.

PROCEDURE IN CASE OF FIRE

- ISOLATION OF THE FIRE
- Upon discovery of the fire and evacuation of the immediate area the fire location should be confined.
- HENCE: CLOSE THE DOOR BEHIND YOU!
- KEEP THE FIRE AND SMOKE CONTAINED TO ONE AREA!

PROCEDURE IN CASE OF FIRE

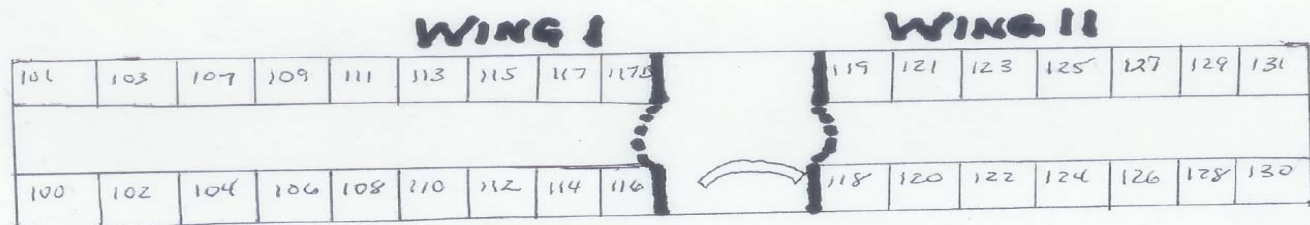
- EVACUATION OF IMMEDIATE AREA
- If any person is involved in the fire, the discoverer should go to the aid of that person and evacuate that person to a safe area on other side of fire doors.
- HENCE: CLOSE THE DOOR BEHIDE YOU KEEP THE FIRE AND SMOKE CONTAIN!

PROCEDURE IN CASE OF FIRE

- EVACUATION OF SMOKE COMPARTMENT
- Upon discovery of fire and evacuation of immediate area, all other residents shall be evacuated to a safe area on the other side of smoke compartment (fire doors).

PROCEDURE IN CASE OF FIRE

■ EXAMPLE:



PROCEDURE IN CASE OF FIRE

- PREPARATION OF FLOORS AND BUILDING FOR EVACUATION
- Personnel, upon hearing the alarm, should immediately execute their duties as outlined in the facility fire safety plan.
- CLEAR THE CORRIDORS OF ALL CARTS AND EQUIPMENT!
- Make the corridors accessible for the fire department to make further rescue and fight the fire!

PROCEDURE IN CASE OF FIRE

- EXTINGUISHMENT OF FIRE
- Personnel, upon hearing the alarm signal, should immediately execute their duties as outlined in the facility fire plan.
- PERSONNEL SHALL RESPOND TO FIRE LOCATION WITH FIRE EXTINGUISHERS IN HAND AND IF POSSIBLE MAKE AN ATTEMPT TO EXTINGUISH THE FIRE

PROCEDURE IN CASE OF FIRE

- 18.7.2.3/19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions:
 - When the individual who discovers a fire must immediately go to the aid of an endangered person
 - During a malfunction of the building fire alarm system

PROCEDURE IN CASE OF FIRE

- Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box (pull station) and then shall execute immediately their duties as outlined in the fire safety plan.
- Yearly fire in-service

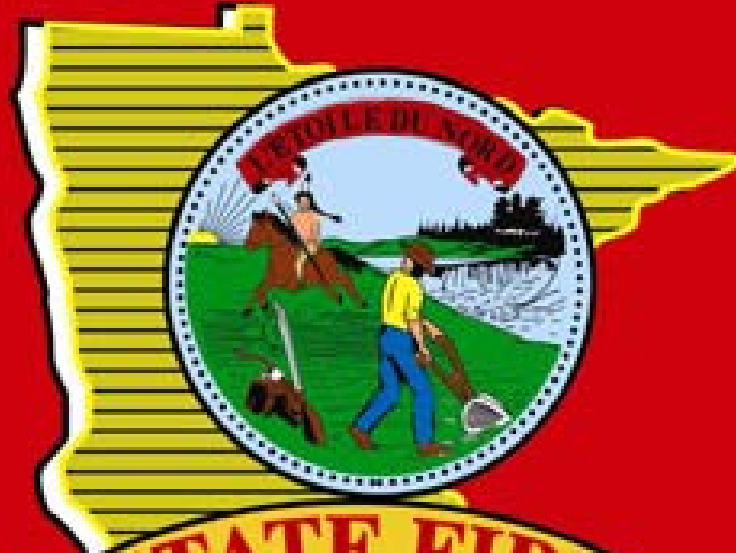
PROCEDURE IN CASE OF FIRE

- In many fatality fires in health care facilities, staff, either did not close doors or someone reopened them. The spread was sizable, and the loss of life was high. Emphasis must be placed on training staff to sound alarm, to rescue patients (as needed), And then close all doors. The closing of the doors historically has had the most significant effect on limiting the spread of fire and smoke.

PROCEDURE IN CASE OF FIRE

THE END

**MINNESOTA
PUBLIC SAFETY**



**STATE FIRE
MARSHAL**

EST. 1905