

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 8: Safety, Security, Emergency Management **POLICY: 8.028**

SUBJECT: Life Safety Program

POINT PERSON: JOHN HAMILTON
DIRECTOR, FACILITY SERVICES

APPROVED:  GREGORY P. ROBERTS
SUPERINTENDENT

Date: November 1, 2010

I. POLICY

Oregon State Hospital (OSH) has a Life Safety Program to ensure that patients, staff, visitors, and property are protected from potential injury in the event of a fire.

This policy provides processes for identifying when Interim Life Safety Measures (ILSM) are necessary and what administrative actions are necessary to compensate for significant hazards posed by Life Safety Code (LSC) deficiencies or construction activities.

Interim Life Safety Measures apply to appropriate staff, volunteers, students, and construction workers. These measures must be implemented upon project development and must be continuously enforced until projects are completed.

Implementation of ILSM is required in or adjacent to all construction areas and throughout all buildings with existing LSC deficiencies.

This program shall include the following components:

- A. Written plan for evacuation/defend in place;
- B. Employee orientation and training;
- C. Hands-on practice of systems and procedures;
- D. Hazard assessments of work and living areas;
- E. Testing of alarm and sprinkler systems; and

- F. Provision of interim safety measures when normal operations are suspended for any reason.

An OSH Safety Manual shall be maintained in all work areas and on the hospital shared drive which contains instructions/information on all components of the Life Safety Program. This Safety Manual also contains information on the other aspects of safety in the hospital.

II. DEFINITIONS

- A. "Drill" means a simulated fire scenario jointly conducted by the programs/departments in the sections of the hospital or in the buildings in which all OSH staff members and other occupants of the building respond simultaneously.
- B. "In-service" means a short training session attended by staff in the work area in which one or more aspects of the Life Safety Management Program is reviewed.
- C. "Section/Building Coordinator" means the person designated as the lead in an evacuation.

III. PROCEDURES

General

A. Fire Evacuation Plans

1. Each section or building shall develop an evacuation plan for their work areas. Each plan shall contain a description of the physical environment, including the alarms, pull-stations, annunciator panels, exits, and extinguishers, detailed procedures to follow in case of fire detection or alarm response, and designation of Section/Building Coordinators.
2. Each plan shall include a strategy for horizontal movement or evacuating patients, employees, volunteers, and contractors requiring assistance from the building in case of fire emergency.
3. Each plan shall be reviewed annually and updated as required. The plan shall be reviewed by the local Safety Committee and approved by the Section/Building Coordinator and Program/Department Managers, and submitted to the hospital Safety Manager for approval.

4. All plans are contained in the hospital-wide Safety Manual and each section/building plan shall be contained in the program/department's procedure manual. The plans, evacuation maps, and campus-wide fire response posters shall be posted in the workplace.

B. Employee Orientation and Training

1. Each new employee, prior to reporting to his/her assigned work area, receives General Orientation training in fire safety to include:
 - a. Types of alarms used;
 - b. Campus fire annunciation systems;
 - c. Fire responder duties;
 - d. Types and uses of fire extinguisher equipment; and
 - e. P.A.S.S. System and R.A.C.E.R. System.
2. Each new employee shall receive specific information relating to his/her work area including:
 - a. Who the Section/Building Coordinator is and the role of the Coordinator;
 - b. Specific evacuation plan for his/her area;
 - c. Specific fire responder responsibilities;
 - d. Location and use of alarms, annunciator panels, and extinguishing equipment; and,
 - e. Oregon State Hospital Policy and Procedure 8.022, Fire Alarm Response.
3. Each employee shall participate in his/her work area's drills and in-service training as described in Section III, D, Monthly In-service Training, of this policy.
4. Annually, each employee shall receive a refresher course in hospital fire safety and must take and pass a competency test on the subject.

C. Fire Drill Planning

1. Fire drills shall be conducted quarterly on each shift. Actual evacuation shall occur quarterly in all nonpatient areas. All patient areas shall follow defend in place relocation plans when conducting drills. If patients are unable or unwilling to relocate, a physical and/or behavioral assessment shall be initiated by the unit registered nurse (RN) on duty. All clinicians present are expected to assist the RN with this assessment of each patient's ability to safely relocate/evacuate. Drills require the approval of the Program Director, Safety Officer, and Security Director.
2. During relocation, a patient count shall be provided to the Section/Building Coordinator stating the number of patients actually relocated and the number prepared but remaining on the unit. The unit RN, in concert with the Section/Building Coordinator, shall decide whether to assign staff members to remain with those patients who are unable or unwilling to relocate, or to request assistance for hands-on evacuation.
3. A Fire Drill and Alarm Response form shall be submitted to the Safety Officer and through the program office after each event. The instructions and sample forms are contained in the Safety Manual, Fire Safety section/Fire Response.

D. Monthly In-service Training

1. A monthly in-service shall be planned and executed on each shift in each patient living area and Vocational Services Complex during the months in which no building drills occur.
2. All employees shall participate whenever an alarm sounds.
3. Each in-service shall review an aspect(s) of the Life Safety Management Plan and should respond to employee-specific training needs. Any issues identified in a previous fire drill response should be included in the in-service.
4. A report of each in-service is to be submitted to the hospital Safety Manager. This critique should include:
 - a. Subject;
 - b. Method of presentation;
 - c. Names of participants; and

d. Results of training.

E. Hazard Assessments

1. All patient care areas shall conduct monthly safety inspections. All nonpatient areas shall conduct quarterly safety inspections. Forms and instructions are contained in the Safety Manual, Part I, Section B.
2. The Central Safety Committee shall conduct quarterly inspections of assigned areas of the hospital. Forms and instructions are contained in the Safety Manual, Part I, Section B.
3. The hospital shall use the Statement of Conditions developed by the Joint Commission to assess its general compliance with the Life Safety Code. The Statement of Condition shall be reviewed and updated at least every three years or when a life/safety system changes or is added. The Facilities Director shall be responsible for coordinating the preparation and updating of the Statement of Condition for each building and developing and implementing the Plan for Improvement.

F. Testing of Alarm and Sprinkler System

Testing and maintenance of the following alarm communication and fire prevention systems will occur:

1. Fire alarm system - see Safety Manual, Fire Safety section, and Facility Services Policy 2.3.1.2.
2. Sprinkler system - see Safety Manual, Fire Safety section, and Facility Services Policy 2.3.1.2.
3. Portable fire extinguishers - see Safety Manual, Fire Safety section, and Facility Services Policy 2.3.1.1.
4. Automatic Hood Extinguishers - see Safety Manual, Fire Safety section, and Facility Services Policy 2.3.1.2.
5. Two-way radios - see OSH Policy and Procedure 8.015, Emergency Alarm, Two-Way Radio, and Public Address System Testing.

G. Interim Safety Measures: Interim safety measures are planned and implemented when systems are inoperative or additional hazards are

present because of remodeling or construction (see Safety Manual, Fire Safety section, and Facility Services Policy 2.3.1.1).

H. Facility Services Director and Safety Officer

1. Using the Interim Life Safety Assessment form (Attachment #1), evaluate the project or deficiency for impact on exiting, compartmentation, fire detection and response system, ignition sources, storage debris, and other potential hazards.
2. Determine if the impact is significant.
 - a. In general, any activity that is of short duration or less than a week and does not reduce the area to less than the required code minimum is considered *"not significant."*
 - b. Any activity that takes place in a room with an intact door and does not penetrate walls does not require ILSM.
 - c. Any activity that blocks or compromises exit stairs, required exit corridors, or exit discharges for more than one shift generally does require ILSM.
3. Document the findings on the Interim Life Safety Assessment form.
4. Where ILSM are indicated as necessary, use the ILSM Matrix (Attachment #2) to identify code deficiencies or construction hazards and the administrative actions required to compensate for the deficiencies.
5. The written plan should be submitted to the Environment of Care Committee for informational and documentation purposes.
6. Each of the eleven (11) required actions identified on the ILSM Matrix must be addressed and findings documented including frequencies for testing, training, monitoring, and evaluation.

IV. ATTACHMENTS

Interim Life Safety Assessment form (Attachment 1)
ILSM Matrix (Attachment 2)

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V. REFERENCES

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, 2010,
Management of the Environment of Care
Mental Health and Developmental Disability Services Division Policy 3.011
National Fire Protection Association - Life Safety Code 101
OSH Policy and Procedure 8.022, Fire Alarm Response
OSH Policy and Procedure 9.008, Staff Training in Health, Safety, and Fire
Prevention
OSH Safety Manual

Replaces Oregon State Hospital Policy and Procedure 8.028, *Life Safety Program*,
dated 10/31/2006.

Interim Life Safety Assessment

These criteria are used to evaluate areas in and adjacent to areas in which construction, renovation, or repair activities are planned or in which a Life Safety Code deficiency has been identified. Consideration should be given to the scope of operations in the area, the level of staff activity, and the acuity of patient care in the area.

Area: _____ Project: _____

Date Assessed: _____ PFI# _____

Criteria	Not Significant	Significant	Significant	Findings/Comments	ILSM
The issue alters or significantly compromises exit access, exiting or exit discharge building elements.					
Significant compromise of building compartmentation, including fire or smoke walls, floor/ceiling separation, corridor walls, used area doors, or other defend-in-place elements.					
The issue impairs the building fire alarms, or sprinkler systems for more than 4 hours in a 24-hour period.					
The activity includes significant ignition sources (cutting, welding, other flame using activities).					
The activity includes large quantities of combustible materials, flammable materials; or large amounts of debris are generated.					
Other Factors:					

ILSM Required [] ILSM not Required [] Assessed by: _____

Reviewed by: Safety: _____ Facilities Services: _____

ILSM Matrix

Area: _____

Project: _____

INTERIM LIFE SAFETY MEASURE

EXAMPLES

1	2	3	4	5	6	7	8	9	10	11	Comments		
Ensure Egress	Ensure Access for Emergency Forces	Notify Emergency Forces	Ensure Operational Life Safety Systems	Construct Temporary Barriers	Provide Additional Fire-Fighting Equipment	Prohibit Smoking	Control Combustible Loads	Conduct 2 Fire Drills per shifts in all Areas	Conduct 2-fire Drills per Shift in Local Area	Increase Hazard Surveillance		Train to Compensate for Compartmentalization Deficiencies	Provide Additional Education to All Organizational Personnel

CODE DEFICIENCIES

CONSTRUCTION HAZARDS

LIFE SAFETY SYSTEM DISRUPTIONS

Assessed By: _____

Date: _____