SQ: Life Safety Code

HealthStream™

Welcome to **SQ: Life Safety Code**.
Select START MODULE to begin.
Be sure to click on all of the interactive elements in the module in order to advance.

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Healthcare Occupancy

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Module Conclusion

Introduction

Your facility has safety codes to protect the people at your facility. The **Life Safety Code (LSC)** helps protect against fires that could cost lives.

This module will review the following:

1 Information about the Life Safety Code.

2 How to follow Life Safety Code guidelines.

3 How your facility supports a defend-in-place plan.

Please look at the important terms before you begin.

Select "⁺" to expand.

Glossary ━

Centers for Medicare & Medicaid Services (CMS)

The agency in the U.S. Department of Health and Human Services (HHS) that oversees the nation's major healthcare programs

Conditions of participation (CoPs)

Federal rules that must be followed to be paid by Medicare and Medicaid programs

Defend-in-place

A way to minimize the need to evacuate

Evacuate

Remove from a place of danger to a safer place

Extinguish

To put out a fire

Healthcare occupancy

A way to classify facilities, including general hospitals

Inpatient

Care that requires someone to stay at the hospital overnight

Life Safety Code (LSC)

Standards for fire safety to keep facilities and people safe

Outpatient

Care provided without an overnight stay in a hospital

Positive latching hardware

A fire door latch to keep a door closed under pressure created by a fire
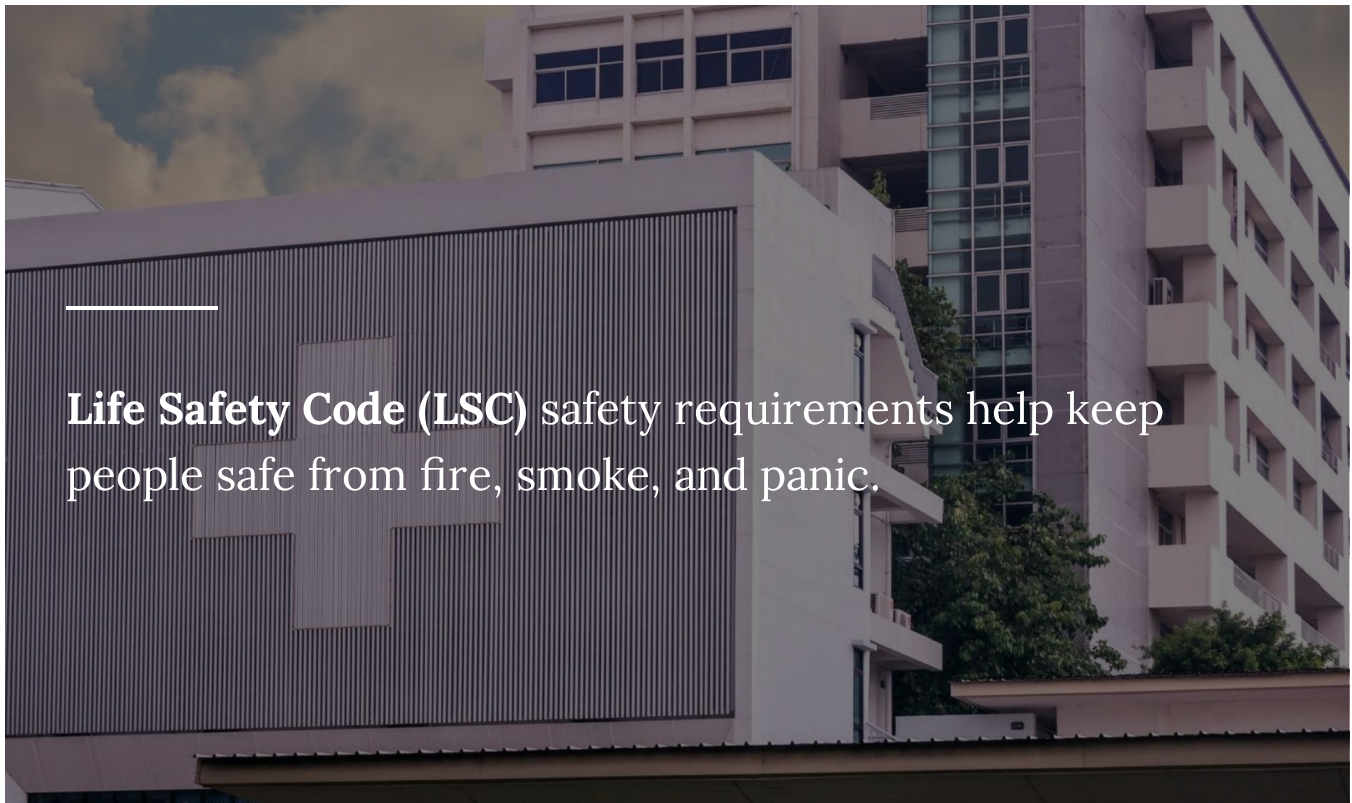
Requirement

A thing that is needed or wanted

Let's begin.

CONTINUE

About the Life Safety Code

Life Safety Code (LSC) safety requirements help keep people safe from fire, smoke, and panic.

Fires can happen any time.

In the past, facility fires have resulted in preventable deaths. The LSC works with preventive measures to stop deaths from fires in buildings.

Here are three examples of past facility fires, their causes, and details:

Example 1

Cause: An individual was smoking while trying to shut down their oxygen supply.

Why? Smoking in an unpermitted area, the fire spread through an open door to other rooms.

Deaths: Five people

Example 2

Cause: There was a medical equipment failure. Two people were in the room of origin. The third was two rooms down with an open door. All other doors remained closed.

What helped? The facility had a fire alarm system, sprinkler system (which protected corridors), trained staff, auto-closing doors, and fire-rated walls to limit the spread of smoke and fire.

Deaths: Three people

Example 3

Cause: A fire started in an individual's bedding and grew bigger from an open oxygen line.

Why? There was an open door to the room, a lack of smoke alarms and sprinkler system, and delayed contact with the fire department. Undivided spaces above the ceiling allowed smoke to spread and move down into rooms.

Deaths: Six people

CONTINUE

Life Safety Code Specifics

The National Fire Protection Association (NFPA) creates and updates fire safety codes and standards. These include the LSC.

Every building in the United States is designed and built using these codes.

The NFPA cannot enforce the LSC by law. Even so, most states use the LSC as law.

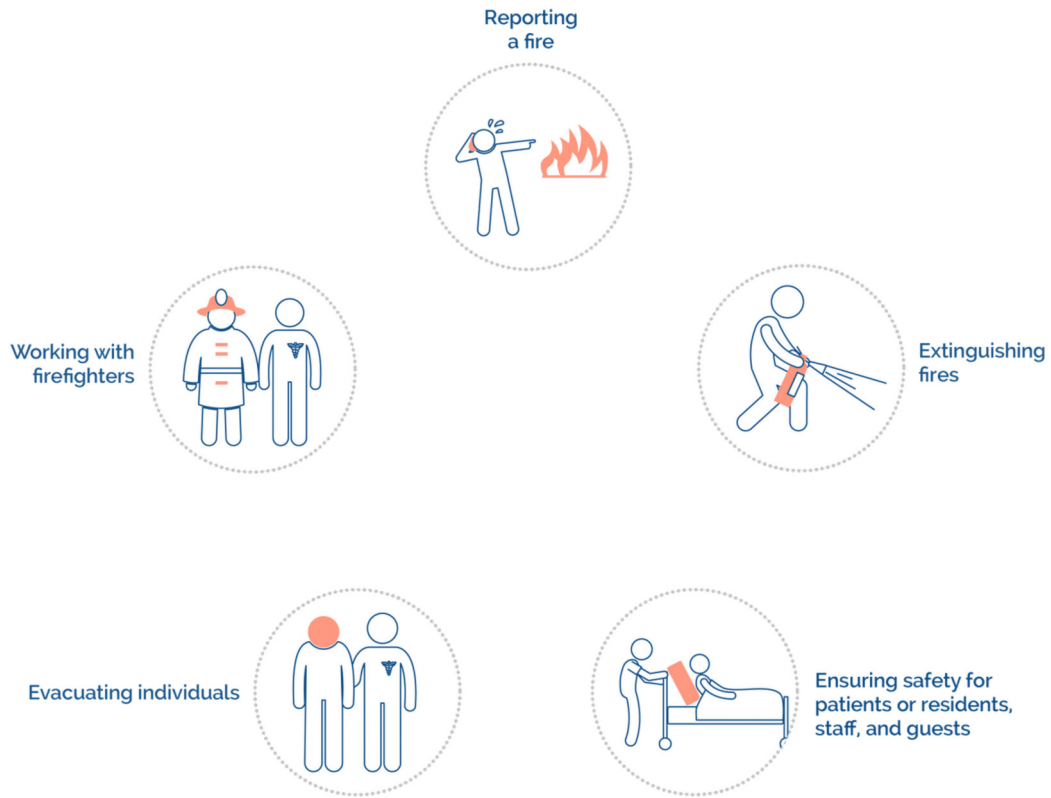Centers for Medicare & Medicaid Services (CMS) and accrediting groups expect facilities to follow the LSC.

Building Requirements

The LSC sets requirements to protect the people in a building during a fire. A healthcare facility should follow the LSC during its:

Design

Construction

Operation

Maintenance
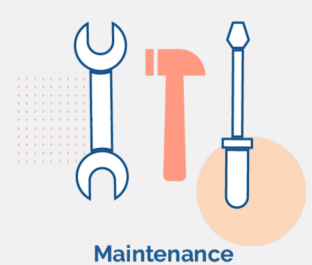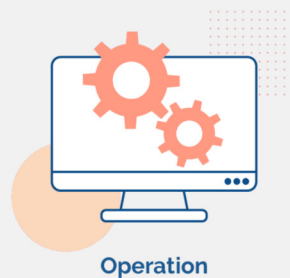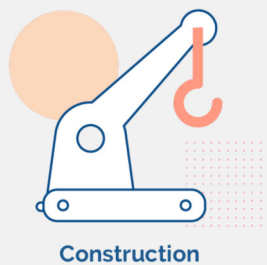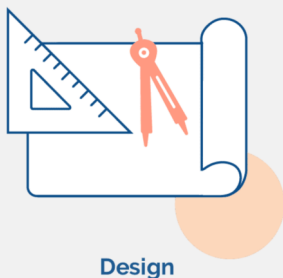
A facility may follow state law for fire safety where it meets or is stronger than the LSC.

The facility should have written fire control plans for:

Reporting
a fire

Working with
firefighters

Extinguishing
fires

Evacuating individuals

Ensuring safety for
patients or residents,
staff, and guests

The facility should keep written records of inspections and approvals by state or local fire authorities.

CoP Requirements

CMS requirements for healthcare facilities are called the conditions of participation (CoPs).

The CoPs require healthcare facilities to be built and maintained to ensure patient safety and well-being.

> (i) The CoPs and LSC give detailed guidelines for power and fire safety.

Emergency Lighting and Power Requirements

The facility should follow the emergency lighting and power rules described in the LSC, NFPA-101, and NFPA-99.

Select each tab to review.

LOCATIONS	USING POWER STRIPS

Healthcare facilities need to have emergency power and lighting in the following:

- Operating rooms
- Recovery rooms
- Intensive care rooms
- Emergency Rooms (ER)
- Stairwells

Electrical medical equipment in a care area must be plugged into a power strip. The LSC describes how to use power strips:

- Underwriters Laboratories (UL) power strips are permanently mounted on a rack, table, pedestal, or cart and tested medical equipment assembly.

- UL 1363A or UL 60601-1 power strips are required.

Do not use power strips for non-medical equipment.

The people who oversee the LSC will assess the use of power strips in facilities. Issues with power strips may result in a citation.
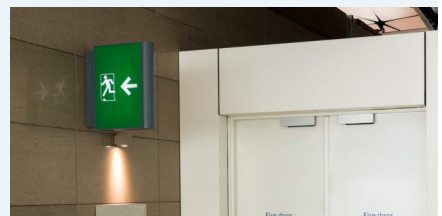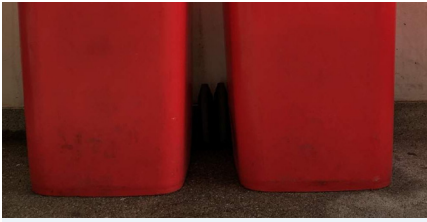
Safety from Fire

The facility should meet all guidelines in the LSC, NFPA's 101, and Tentative Interim Amendments. The LSC does not apply if CMS finds that a state's fire and safety codes cover individuals in healthcare facilities.

Outpatient surgical units need to meet the Ambulatory Health Care Occupancies standard requirements.

Trash

The facility should have procedures for storing waste or throwing trash away.

Sprinkler systems

When a sprinkler system is out of order for more than 10 hours:

- Everyone should evacuate the building, or
- The facility should start a fire watch until the sprinkler system is working.

Positive latching hardware

Each fire door should have a latch to keep it closed under pressure created by a fire. Include doors in hallways and the doors to rooms with any materials that could catch on fire.

Check your facility's policies and procedures to learn how to meet fire safety requirements in your day-to-day work.

Complete the content above before moving on.

Healthcare Occupancy

Buildings are grouped by **occupancy**. LSC requirements are based on the type of occupancy. For example, an office building and a hospital will have different requirements.

Healthcare occupancies include these types of facilities:

- General hospitals

- Long-term acute care hospitals

- Inpatient psychiatric hospitals

- Nursing homes

To be a healthcare occupancy, a facility must:

- Provide medical care.

- Have four or more individuals receiving care at the same time.

- Consider individuals receiving care to be inpatients.

Persons may be at risk during a fire emergency because they are:

- Confined to their bed or stretcher.

- Injured or weakened.

- Connected to medical equipment.

- Disabled in some other way.

- Recovering from surgery.

There are also LSC guidelines for other healthcare-related occupancies.

The LSC guidelines for these occupancies are less strict. The occupancy types include:

- Outpatient healthcare facilities.

- Physician and dental offices.

- Clinics.

- Small treatment facilities.
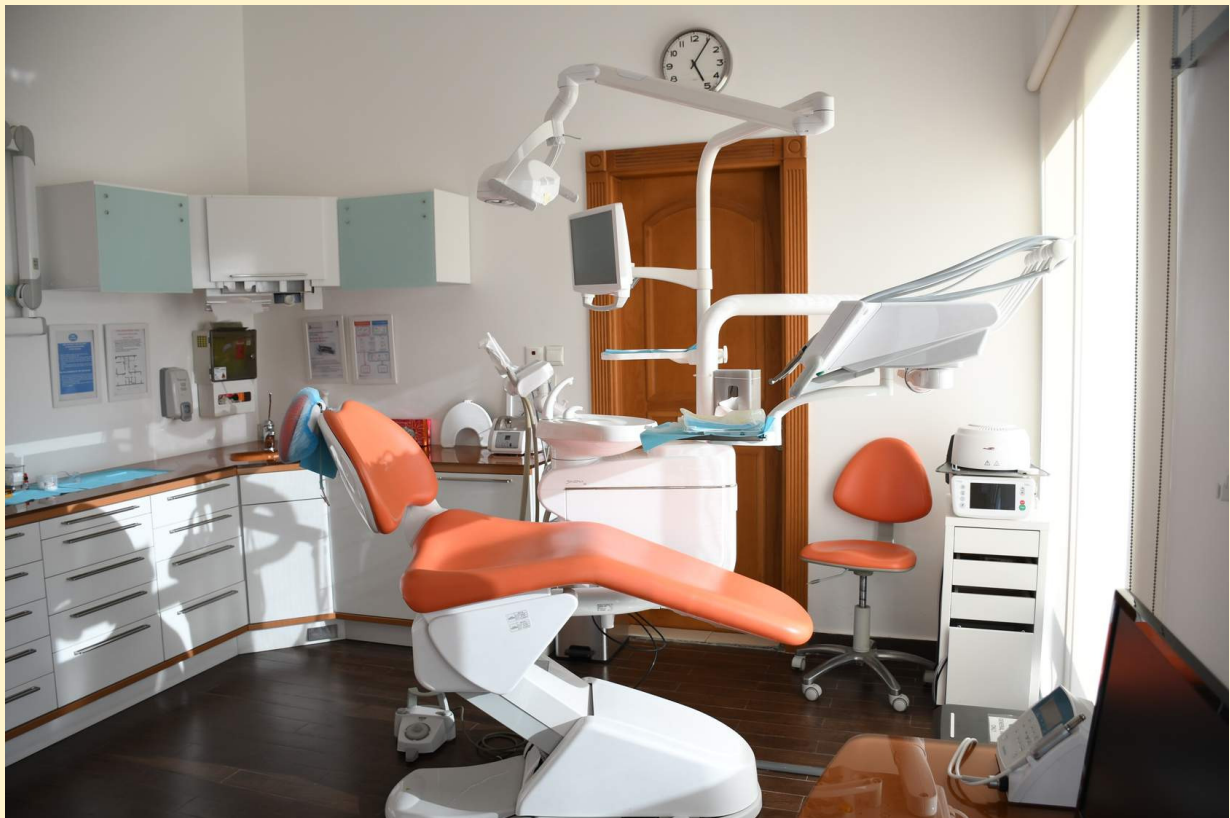
There is a fire emergency at your hospital. It's your job to help people evacuate. From this list of people at the hospital, who is the most at-risk person?

○ The slower-walking older person who came to visit someone

○ The person who is recovering from surgery

○ The person who can walk and is not connected to medical equipment

○ The adult who came to visit someone but cannot speak English

SUBMIT

🔒 Complete the content above before moving on.

Defend-in-Place Strategy

Defend-in-place is a plan for fire emergencies in hospitals or other healthcare occupancies.

Defend-in-place helps to protect the people who cannot exit the building during a fire. They need to remain in place or move to another location in the building.

In **outpatient** settings, individuals can leave the building in an emergency. By contrast, inpatients are often unable to evacuate.

The LSC has various defend-in-place guidelines for your facility:

- Staff training

- Fire drills every quarter

- Policies and procedures for fire safety

- Required signs and posters

- Regular testing of all systems

Defend-in-place and other LSC guidelines require certain building features, such as:

Partitions

Partitions divide a building into small areas. These barriers keep fire and smoke in one zone and prevent them from moving to other zones.
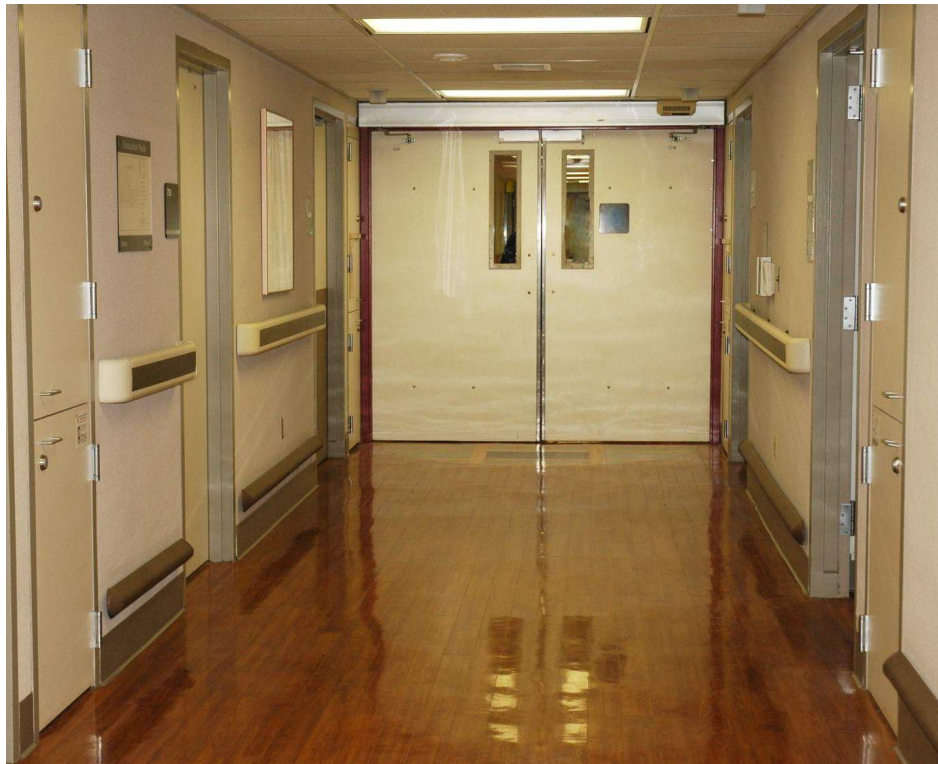
Automated systems

These safety systems have elements that work automatically:

- Doors

- Sprinkler systems

- Isolation of specific fire zones

- Fire detection and alarm systems

- Notifications to the fire department

- Critical access hospitals must also have emergency and standby power systems. These systems should be tested and inspected based on the emergency plan.

Emergency Exits

Emergency exits follow specific guidelines. These include having lighted exit signs, clear paths, and regularly inspected fire extinguishers.

Building requirements

The design of the facility follows strict building requirements, such as making sure openings through floors and ceilings (e.g., elevators) have fire-resistant enclosures.

Interior finishes

The fabrics, furniture, interior paint, and other features cannot catch fire.

Alcohol rub dispensers

Alcohol-based hand rub (ABHR) dispensers can catch fire. They should be installed (in proper locations, such as areas that can be regularly monitored) and protected against inappropriate access.

Regular maintenance to prevent leaking is vital. Maintain ABHR dispensers according to the manufacturer's guidelines.

Windows

Buildings should have an outside window or outside door in every sleeping room.
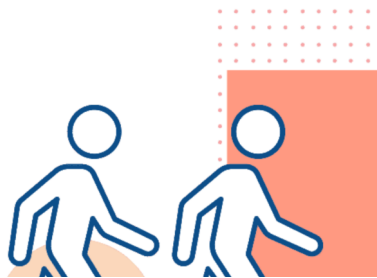

Gas and water supply

There should be facilities for emergency gas and water supply.

Employee Responsibilities

As an employee, your responsibilities include:

Joining required training and drills.

Knowing your role in an emergency.

Following your facility's policies and procedures.

You play a vital role in fire safety!

CONTINUE

Module Conclusion

Emergency fires can be deadly. Preparing for fire safety keeps individuals and your work setting safe.

This module has reviewed the following:

1   Information about the Life Safety Code.

2   How to follow Life Safety Code guidelines.

3   How your facility supports a defend-in-place plan.

References   —

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