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Shepherd Eye Surgery Center
Life Safety Management Plan

POLICY:

The Center maintains a Life Safety Management Plan to protect building occupants from fire, smoke, and the products of combustion.

FUNDAMENTALS:

1. The center is in compliance with all laws, regulations, and accreditations, including compliance with the 2012 *Life Safety Code®*.
2. If any deficiencies with life safety regulations or codes are found, they are corrected as quickly as possible. When deficiencies cannot be corrected within a short period of time, Interim Life Safety Measures (ILSM) are considered and implemented whenever patients are exposed to an increased risk of exposure to fire or products of combustion.
3. The fire detection, notification, and response systems is maintained to ensure reliable performance.
4. Fire safety training is an essential part of fire safety.

OBJECTIVES:

1. The Life Safety Management Plan defines the center's methods for protecting patients, visitors, and staff from the hazards of fire, smoke, and other products of combustion.
2. The fire detection, notification, and response systems are inspected, tested, and maintained as scheduled in accordance with applicable codes.

3. All identified problems with detection-notification-response systems, code compliance, and fire drills are reported to the QAPI Committee.
4. The center has policies/procedures to review furnishings, finishes, and decorations for conformance with applicable flammability standards.
5. The scope and objectives of this plan, as well as program effectiveness and performances are evaluated annually.
6. Fire prevention, response, and equipment training is included in employee orientation, during drills, and during annual training.
7. Performance indicators for the Life Safety Management Plan are reported to the QAPI Committee.
8. The Fire Plan defines the response to fire emergencies on a facility wide basis, at the point of origin, and in other areas of the facility, as well as the specific staff roles and activities should patient relocation or evacuation be necessary.
9. Policies are in place to assess any compromised life safety feature and implement sufficient Interim Life Safety Measures (ILSM) as deemed necessary.

PROCEDURES:

1. Fire Detection, Notification, and Response Systems
    a. The Center Leader or designee is responsible for inspection, testing, and maintenance of the Fire Detection and Notification Systems, including:
        1. Supervisory signal devices
        2. Valve tamper switches and water flow devices
        3. Duct detectors, electromechanical releasing/locking devices, heat detectors, manual fire alarm boxes, smoke detectors, other interface equipment
        4. Occupant alarm notification devices, including annunciators, audible, and visible devices
        5. Automatic smoke-detection shutdown devices for air-handling equipment
        6. Off-premises transmission/notification equipment
    b. The Center Leader or designee is responsible for inspection, testing, and maintenance of the Fire Response Equipment, including:
        1. Wet and dry sprinklers
        2. Backflow preventers
        3. Fire department connections

4. Control valves (PIV) and main drains
5. Piping and hangers
6. Private hydrants
7. Fire pumps
8. Portable fire extinguishers
9. Standpipe systems and hoses
10. Fire, smoke, and combination dampers
11. Horizontal and vertical sliding and rolling fire doors
12. Fire and smoke walls

2. Fire Plan

The Center Leader or designee is responsible for managing a Fire Plan which protects patients, staff, visitors, and property from fire, smoke, and other products of combustion. The Fire Plan provides all staff with clear, specific instructions for appropriate notifications and actions in the event of a fire emergency.

a. Fire Plan Elements

1. The roles of employees and medical staff at or near the fire location are defined and based on the acronym "RACE":
    - Rescue anyone directly affected by the fire
    - Alarm by pulling fire alarm pull stations, alert staff verbally or by intercom, and call 911
    - Close all doors to contain smoke and the products of combustion
    - Extinguish the fire, if practical, and prepare to relocate patients
2. The roles of employees and medical staff away from the fire are to close doors, evaluate the situation, and look at proposed areas for relocation.
3. If a relocation or evacuation is deemed necessary, staff should:
    - Assure patients in the most affected areas are moved first, to safe areas.
    - Patients are moved using the equipment and techniques usually used. Where practical,

ambulatory patients walk, or are moved on wheel chairs. Non-ambulatory patients are moved on wheelchairs or stretchers, as appropriate to their condition.

- If patients must be moved vertically, elevators provided with emergency power, and with the permission of the Fire Department, are used to move patients to lower floors.
- If an evacuation is deemed necessary, senior staff and Fire Department will activate the Evacuation Emergency plan.

3. Processes to Control Flammability of Furnishings, Finishes, and Decorations

   The Center Leader and Materials Management/Facilities Management are responsible for managing the program to define the code requirements that furnishings, finishes, and decorations are expected to meet, prior to purchase. This includes bedding, window draperies, and other curtains, furnishings, and decorations.

   The Center Leader is responsible for assuring fire rated products installed during construction projects meet these standards. Fire-rated products are identified for each project using standard specifications. The Center Leader maintains documentation on products installed during each project.

4. Fire Drills

   Fire drills are a critical tool to maintain staff readiness to respond to a fire emergency. Staff participation includes training on equipment operation and fire emergency procedures. Drills are also observed and staff are interviewed to evaluate current staff knowledge.

   Fire drills are conducted in all areas by simulating an emergency fire condition including a surgical fire. They are unannounced and held at variable times. Fire drills are conducted at least once per quarter, include all staff including physicians, and include the simulated use of extinguishing equipment. A building evacuation shall be performed two times per year during the drills.

   Drills are evaluated and documented. The results of the evaluation of drills are used to identify improvements needed in training programs, equipment, and administrative policies. Such improvements are included in monitoring activities, and the results used to identify the effectiveness of the activities to improve fire safety. Fire drill compliance is reported to the QAPI Committee.

5. Interim Life Safety Measures (ILSM)

   The Center Leader and Facilities Management/Construction are responsible for managing the ILSM program. The program is used when any building life safety

feature is found to be compromised and before any construction is started.

An assessment tool is used to evaluate each situation to determine if the degree of deficiency warrants ILSM and what specific measures are required to minimize the effects of the deficiency. This is also part of the preconstruction risk assessment process.

The ILSM assessment matrix is a list of the most common code deficiencies and matching predetermined minimum interim measures. Code deficiencies not listed, can be added and assessed as needed. Where the need for compensatory activities is determined, the interim measures for the life safety deficiency or construction activity are implemented.

The Center Leader is responsible for communicating the findings to appropriate staff, contractors, and senior leaders. In addition, the Center Leader is responsible for monitoring implementation of the ILSM and taking action when they are not being observed.

The schedule of monitoring and documentation is determined on a per project basis. The Center Leader is responsible for maintaining all ILSM documentation from the onset through elimination of the deficiencies. Regular reports of ILSM programs will be made to the QAPI Committee.

6. Collection, Analysis, and Performance Monitoring

   The Center Leader or designee coordinates the collection and analysis of information as well as the performance measurement and improvement process for the Life Safety Management Program. They are responsible for reporting to the QAPI Committee. They also establish performance indicators to objectively measure the effectiveness of the program (See EOC audit form). The current performance improvement standard(s) is/are:

   a. *Example: (# of fire extinguishers and pull stations found blocked during monthly EOC Rounds)*

7. Annual Review of EOC Management Plans

   The Center Leader is responsible for the annual review of each EOC management plan and its effectiveness. The review evaluates the content of the plan to determine if changes in organization structure, scope of services, or other changes create a need to update the plan. Strengths are noted and deficiencies are evaluated to set goals for the next year.

8. Orientation, Training, and Education

   All staff attend new employee orientation at hiring. New employee orientation addresses key issues and objectives for all six areas of the EOC. It also includes specific roles within respective work areas regarding hazards and responsibilities to patients, visitors, and co-workers. In addition, all staff participates in periodic refresher training relative to the

Attachments: None

Standards

Applicability

2081-001 Las Vegas East Eye

History

Edits

Approvals

Comments

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Accepted by Kathleen Erwin: Director, Clin Compliance Hourly on September 03, 2021, at 04:00pm EDT

Comments

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