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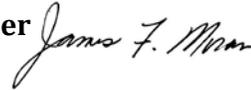
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ADMINISTRATIVE MEMORANDUM #2011-02

To: Executive Directors of Voluntary Provider Agencies
DDSO Directors
Provider Associations

From: James F. Moran, Acting Deputy Commissioner
Division of Quality Management



Subject: Standardization of fire safety practices

Date: October 7, 2011

Suggested Distribution:

Administrative staff
Education and Training staff
Program/Service Staff
Quality/Compliance Staff

Purpose:

Provide direction to the field that serves to standardize fire safety practices among both State operated (SO) and Voluntary operated (VO) programs certified by the Division of Quality Management / Bureau of Program Certification (DQM/BPC).

Background:

During the past two years a number of transmittals were distributed to the field such as communications related to smoking policies in program sites, instructions related to central station monitoring contract provisions so as to ensure that there is no delay in notifying the Fire Dept. of an alarm, as well as more extensive instructional documents related to fire evacuation plans, fire safety training and fire drill reporting.

These communications were incorporated into the SO policies and procedures and compliance was therefore mandatory based on the authority of the Commissioner as the operator of the programs.

These communications however, were recommendations to the VO field and were considered best practices. Many providers were proactive and incorporated these directives into their policies and procedures as well, but this was not a universal response on the part of the VO provider community. As a result, there are currently inconsistencies in the fire safety practices that are taking place within the overall service delivery system.

The purpose of this communication is to provide standardization to the field regarding a number of specific practices.

Both VO and SO providers are directed to incorporate these specific directives into their policies and procedures, if they have not done so already, and to operationalize their implementation immediately.

Staff from the Division of Quality Management / Bureau of Program Certification (DQM/BPC) as well as the Office of Fire Prevention and Control (OFPC) will be adding these specific items to the survey and certification protocols for certified sites and will be conducting survey activities to assess compliance with these directives. This will become effective three months after the issuance of this ADM.

Specific directives are as follows:

1.) Evacuation - fire drill frequency requirements:

It has been noted that the frequency at which evacuation - fire drills are conducted varies significantly throughout the State based on a variety of factors including program type, program location, agency policy and the applicability or the lack of applicability of various chapters of the Life Safety Code. In order to provide specific direction to the field and to provide consistency, OPWDD is standardizing the minimum frequency of evacuation - fire drills in both residential and day program settings so as to achieve conformance with the concept of varied times and circumstance. It should be noted that there is a distinction between an evacuation drill and a fire drill.

In most residential and day program settings, evacuation drills and fire drills are procedurally synonymous. In both drill types, the facility evacuation plan is implemented and program participants leave the program setting. This is the preferred outcome for all drills, but it is not mandatory that every fire drill in a residential or day program setting results in full evacuation.

Some fire drills in supervised residential settings can result in activities other than exiting the facility such as assembly at a point of egress, movement to the other side of a smoke barrier or assembly at an alternate means of escape.

Some fire drills in day program settings can result in some program participants being placed in "safe rooms" that have been designed and designated for this purpose. These rooms are accessible to Fire Dept. apparatus and their location is known to the local fire authority.

In both the residential and day program settings where these alternatives to immediate evacuation are utilized, it should be for very specific reasons such as to practice these alternate strategies on an occasional basis or because of the physical condition or ambulation limitations of some program participants. While these alternative procedures are permitted during some drills, doing so does not alleviate the requirement for the provider agency to conduct the minimum number of full evacuation drills described in the bullets below. The requirements noted in the bullets below are minimum requirements only.

Every effort should be made to provide both staff and program participants with the opportunity to practice the evacuation plan during the majority of planned drills, where feasible. An evacuation drill is not limited solely to fire situations. Evacuation of a facility may be required for other reasons such as a gas leak or an impending flood. In these cases “Defend in Place” (*associated with homes certified utilizing the Health Care Chapters of the Life Safety Code*) is not an option, so facility staff must be experienced in implementing the evacuation plan regardless of the facility’s fire safety status. The following are minimum requirements:

- In 24 hour staffed residential settings: one fire drill per shift per quarter
- In 24 hour staffed residential settings: one full evacuation drill per shift per year (*Exception: Specialty Hospital – there is only one, it is located in NYC*)
- In Non-24 hour staffed residential settings: four evacuation drills per year with two during the overnight.
- In day program settings: one evacuation drill per quarter
- In Article 16 clinics: one evacuation drill per quarter

2.) Unannounced observation of evacuation - fire drills by administrative staff:

In addition to the review of fire drill reports by administrative staff, OPWDD has initiated a practice in the State Operated homes that requires administrative staff above the house manager level to be present on an unannounced basis to observe evacuation - fire drills. The purpose of this activity is to confirm that the operational minimum staffing pattern for a given site and shift is sufficient to successfully implement the fire evacuation plan in the timeframes relevant to that home. This activity also serves as a way to verify that the information contained on fire drill reports is consistent with the staff and program participant’s observed performance. This activity should be conducted on all shifts but with particular emphasis on the overnight shift. It is expected that this activity will be conducted at a minimum of twice per year on the overnight shift and once per year on the day and evening shifts.

Please note that when administrative staff are going to observe a drill, but are not going to participate, they should ensure that they do not inadvertently influence program participants by not evacuating with the group. Staff who are observing should try to position themselves in an unobtrusive manner so that they are not readily visible. Program participants should not be exposed to mixed messages during an evacuation - fire drill.

3.) Problematic evacuation drills:

On any occasion when an evacuation drill is judged unsuccessful or problematic, the provider agency must take proactive steps to address the issue.

Situations that constitute an unsuccessful or problematic drill might include; but are not limited to; an accident resulting in injury, a compromised exit due to a physical plant problem such as failed lighting, a behavioral episode on the part of a program participant that slowed or prevented egress, a problem with adaptive equipment used by one or more program participants in drills, the inability of a consumer to exit due to a change in physical capabilities that was not previously

identified and addressed in the evacuation plan, improper actions on the part of staff relative to the implementation of the evacuation plan such as failure to maintain all program participants at the designated safe location until the all clear is given, a determination that the available staff resources were insufficient to meet the evacuation needs of the program participants.

The agency must determine the cause of the problem and take whatever steps are needed to remediate the issue. At the time when a drill has been concluded and has been found to be problematic or unsuccessful (regardless of shift), an agency administrative staff must be immediately contacted and the administrative staff must make a determination regarding whether or not that situation requires an immediate remedial action to preserve program participant health and safety. This administrative contact by site staff and the decision determination must be documented on the fire drill reporting form.

If it is determined, that immediate remediation is not required then the action taken must occur within 24 hours of the problematic or unsuccessful drill. A drill is considered unsuccessful if it did not result in successful implementation of the evacuation plan and the evacuation of all program participants in the expected time frame. Timing is of particular concern in small IRAs (8 beds or less) where it is required that all program participants be evacuated in three (3) minutes or less, unless the home has been equipped to be in compliance with the Life Safety Code.

Once the provider agency has determined the cause of the problematic or unsuccessful drill, proactive steps might include repeating the fire drill during the same shift on the next day, counseling program participants or retraining staff. If a physical plant issue such as failed lighting in a path of egress was a contributing factor, these issues must be effectively addressed in a timely manner.

If a pattern of failure to complete drills in conformance with the facility evacuation plan and within required time frames emerges, the agency must take timely systemic action to address the issue and to maintain program participant safety. Steps to be taken might involve one or more interventions including increasing staffing, developing a behavior intervention plan for a resistive program participant, moving a program participant with resistance or ambulation issues to a bedroom on a lower floor or closer to an exit, incorporating the use of adaptive equipment into the evacuation process or upgrading the facility's fire safety features to attain compliance with the Life Safety Code. An emerging pattern of unsuccessful evacuation drills **must** be brought to the attention of the local DDSO, DQM/BPC and OFPC so that remedial actions being taken by the provider agency can be evaluated to determine if they are sufficient to maintain program participant safety.

4.) Smoking

One of OPWDD's core values is to promote the health and well-being of individuals with developmental disabilities and those who support them. Smoking is the leading cause of preventable death in the United States. Smoking causes approximately 438,000 deaths annually and results in over \$167 billion in annual health-related economic losses. Smoking not only harms the smoker's body, it also causes harm to non-smokers from exposure to secondhand smoke. Despite

these obvious incentives to quit, coupled with the ever rising cost of tobacco products, some staff and program participants still choose to smoke.

Specific required practices related to smoking include:

- No smoking is allowed inside any, program or office site operated, certified or funded by OPWDD where program participants are present, even if only on an occasional basis.
- Smoking is allowed outdoors on the grounds where programs are located, but only in the designated smoking area. The designated smoking area must be at least 30 feet away from the building. A distance of 50 feet is considered a best practice where feasible.
- If there is no available spot that can be designated which is 30 ft. away from the building, then the designated area should be as far from the building as is practical while still remaining on the property.
- Smoking remnant receptacles, specifically designed for the purpose, must be available near the designated smoking area to dispose of the cigarette butts.
- There must be a regular schedule to ensure these receptacles are emptied.
- Staff must be instructed to not put items such as coffee cups, empty cigarette packs or other trash in the receptacle that is intended solely for cigarette butts.

5.) Sprinkler and fire alarm maintenance contracts:

To ensure consistency and code compliance across the State, contract templates for Sprinkler System Testing and Maintenance and Fire Alarm and Smoke Detection System Testing and Maintenance, that include information related to Fire Alarm System Central Station Monitoring requirements, are available.

The Sprinkler System contract template follows all NFPA guidelines (NFPA 25) and is designed to hold companies performing testing and maintenance to an industry accepted standard.

The Fire Alarm Systems contract template provides a level of guidance similar to the Sprinkler template and follows NFPA guidelines for Fire Alarm Systems (NFPA 72). The Fire Alarm Systems contract template also contains clear language related to the Central Station Monitoring vendor's responsibility to immediately contact emergency responders and specifically prohibits vendors from calling the program site first to verify the validity of the alarm.

Agencies that are negotiating or renewing contracts for these services are directed to utilize these templates to ensure that contracts are sufficiently clear and comprehensive with regard to the responsibilities of the vendor.

6.) Attic, Crawl Space and Roofed Porch heat detectors

Recent events have illustrated the importance of providing reliable early warning to staff and program participants with regard to smoke or fire in any part of a program site. Regulations are very explicit on the requirements for smoke detection within the habitable spaces of residential program sites but the regulations are less uniform when it comes to detection in non-habitable residential space. The use of smoke detectors in spaces that are subject to very cold temperatures, such as unheated attics, crawlspaces and roofed porches is not recommended. Despite this however, fires can still occur in these locations for a variety of reasons including faults in electrical wiring, faults in HVAC or ventilation equipment installed in the area or fire can get into an attic or crawl space from an exterior source such as burning siding. For this reason OPWDD is requiring that all attics, crawl spaces and roofed porches within residential sites be equipped with rate-of-rise or fixed self-restorative heat detectors that are hard wired, powered by the building electrical service and are interconnected to the building's fire alarm and smoke detection system.

Note: specific regulatory language indicates;

All residences except small IRAs: 14 NYCRR subparagraph 635-7.3(e)(1)(v) indicates that at least one heat detector shall be installed in attics at a ratio of one detector for each 1,000 square feet of floor space. Additional detectors may be required for those attics subdivided by partitions.

Small IRAs: 14 NYCRR clause 635-7.4(b)(3)(v)(c) At least one smoke detector shall be installed in basements (see section 635-99.1 of this Part). Additional detectors may be required for those basements and attics subdivided by partitions.

Subpart 635-7 also states that Heat-detecting devices shall be either the rate-of-rise or fixed self-restorative type.

7.) Architect's letter at a pre-opening:

DQM/BPC survey staff conduct pre-opening site visits at all site based programs that have applied for the issuance of an operating certificate. At the time of the pre-opening site visit survey staff, rely on the agency that is requesting certification to provide all needed information on which the certification decision will be based. This is of particular significance if the site in question is a residential program that will be certified using the 2000 Life Safety Code.

14 NYCRR subparagraphs 635-7.1(e)(1-3) indicates that survey staff may accept either a Certificate of Occupancy (C of O) issued by the local building authority or an architect's letter at a preopening.

DQM/BPC is expecting that an architect's letter be available at **ALL** residential pre-opening site visits. This is especially important at all ICFs, all Large IRAs and 24 hour staffed small IRAs.

Attached is the guidance document, "Format and Content of Architectural Report for Pre-openings." DQM/BPC survey staff have been distributing this guidance document for several years to communicate to the field what should be included in an architect's letter. The architect's letter is

to be made available to DQM/BPC survey staff and OFPC inspection staff, if applicable, on or before the date of the pre-opening site visit.

8.) Contact with the local fire authority:

Among the many preparations required to ensure fire safety in program settings, is the need to ensure that the local fire authority is kept informed regarding the special needs programs within their area of responsibility. This applies in all areas of the State including areas that have full time paid Fire Depts., Volunteer Depts. or combination paid and Volunteer Depts. The operators of both SO and VO program sites must contact their local fire authority and provide them with information on their residences and/or day programs. Information provided should include the type of individuals served, any special needs of the individuals that would have an impact on evacuation, as well as the fire safety features and staffing pattern of the program. If a provider needs assistance in determining who the local fire authority is, or desires a liaison, they are welcome to contact OFPC at 518-474-6746 or fire@dhses.ny.gov

Program operators should encourage fire authority representatives to come to the home or day program to meet the program participants. It may even be possible to arrange practice drills where the fire authority could participate. The local fire authority is to be contacted each time there is significant change in the program, such as the admission of a new program participant with needs not previously present in the program or if the program undergoes significant physical plant renovations. The program must maintain documentation of their contacts with the local fire authority as this information will be reviewed by DQM/BPC and OFPC.

cc: OPWDD Leadership Team