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Administrative Memorandum - #2012-02

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

From: Megan O'Connor-Hebert, Deputy Director
- Division of Quality Improvement
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- Division of Enterprise Solutions
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- Division of Service Delivery

Subject: Standardization of fire safety practices

Date: May 1, 2012

Suggested Distribution:

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

Applicability:

This ADM applies to homes and day settings certified or operated by OPWDD, except for family care homes and other settings as specifically provided for in this ADM.

Purpose:

ADM #2012-02 supersedes ADM #2011-02. Provide direction to the field to standardize fire safety practices among both State Operated (SO) and Voluntary Operated (VO) homes and day settings certified by the Division of Quality Improvement / Bureau of Program Certification (DQI/BPC).

Effective date:

This ADM is to take immediate effect, with the following exceptions:

- Standardized fire drill forms are to be used by July 1, 2012.
- Alarm and sprinkler contracts due for renewal are to use the standardized format by November 1, 2012.
- Heat detectors in attics, crawl spaces and roofed porch heat detectors. See applicable section below.

Specific directives are as follows:**1. Evacuation and fire drill frequency requirements:**

It has been noted that the frequency at which evacuation and fire drills are conducted varies significantly throughout the state based on a variety of factors including the type of home or day setting, 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 has standardized the minimum frequencies of required evacuation and fire drills in both homes and day settings.

In most homes and day settings, evacuation drills and fire drills are procedurally synonymous. In both drill types, the facility evacuation plan is implemented and individuals leave the home or day setting. Although this is the preferred outcome for all drills, it is not mandatory that every fire drill in a home or day setting results in full evacuation.

Some fire drills in supervised homes can result in activities other than exiting the home 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 can result in certain individuals being placed in “safe rooms” that have been designed and designated for this purpose. These rooms are accessible to fire department apparatus and their locations are known to the local fire authority.

In both home and day settings where these alternatives to immediate evacuation are used, it should be for very specific reasons such as to practice these alternate strategies on an occasional basis or to accommodate the physical conditions or ambulation limitations of some individuals... While these alternative procedures are permitted during some drills, the program must conduct the minimum number of full evacuation drills described in the bullets below.

Every effort should be made to provide staff and individuals with opportunities 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 home or day setting may be required for other reasons such as a gas leak or an impending flood. In these cases, a “defend in place” strategy associated with homes certified using the Health Care Chapters of the Life Safety Code is not an option, so residential staff must be experienced in implementing the evacuation plan regardless of the facility’s fire safety status.

The following are minimum fire drill and evacuation requirements:

(The term “shifts” shall equate to day, evening, and overnight.)

- Supervised residential homes: one full evacuation per shift per quarter, except:
 - Health Care homes: one fire drill per shift per quarter including one full evacuation drill per shift per year.

- Board and Care Impractical homes where one or more individuals are unable to participate in the drill: one fire drill per shift per quarter including one full evacuation drill per shift per year*
- Supportive IRAs and Supportive CRs: four full evacuations per year, except:
 - Supportive IRAs and Supportive CRs in fire resistive apartment buildings with at least 1-hour rated fully enclosed stairs: two of the four evacuation drills could be limited to the stairway landing.
 - Supportive IRAs and Supportive CRs with only one exit and the alternative is a window or a porch: four full evacuations, and an additional two drills which practice use of the alternate means.
- Day programs: four full evacuations per year, except:
 - Day programs which are designed to defend in place: four drills per year/two of which include two full evacuations per year.
- Article 16 clinic: four full evacuations per year.

* Those individuals who cannot meaningfully evacuate due to a temporary acute medical condition are not required to participate in an evacuation drill provided the individual can be evacuated in the event of a fire or other emergency. Agency administrative staff above the level of house manager must be notified. If modifications to the fire evacuation plan are necessary, DQI must be notified of the changes.

In cases where the alternate means of escape consists of a window, drills involving those windows shall be practiced at least twice a year in addition to the minimum fire drill and evacuation requirements specified above. Actual exiting from windows shall not be required. Opening the window and signaling for help shall be an acceptable alternative.

Staffing levels must be maintained at all times and on all shifts to meet the requirements of a full evacuation.

The previously distributed (and attached) Essential Elements of a Fire Evacuation Plan, Essential Elements of Fire Drill Reporting and Essential Elements of Fire Safety Training are mandatory for both state and voluntary providers.

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

In addition to the review of fire drill reports by administrative staff, OPWDD implemented a policy in the state operated homes that requires administrative staff above the house manager level to be present on an unannounced basis to observe fire and evacuation drills. OPWDD is requiring that this activity be conducted at each supervised home, a minimum of once per year on the overnight shift, and once per year on a shift chosen by the agency. If problems are found during these drills, the agency may need to do additional unannounced observations in order to ensure resolution of problems raised. The purpose of this activity is to confirm that the operational minimum staffing pattern for a given home 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 individual's observed performance.

Please note that when administrative staff observe, but do not participate in a drill, they should ensure that they do not inadvertently influence individuals 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. Individuals should not be exposed to mixed messages during a drill.

The unannounced observation of fire and evacuation drills by administrative staff applies to both state operated and voluntary homes.

Peer observation of drills by house managers cannot count towards the frequency requirement for unannounced observations by administrative staff. However, administrative staff from other departments may complete the unannounced observations provided they have the proper training.

The intent of this component of the ADM is to ensure adequate administrative oversight of fire drills in supervised settings. In supportive settings, it is the responsibility of the agency to periodically assess individuals' continued independence in evacuation, particularly in situations in which an individual's independence is in doubt. The agency may apply whatever oversight methods are needed to provide reasonable assurances of this.

3. Problematic evacuation drills:

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

Situations that constitute a 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 an individual that slowed or prevented egress; a problem with adaptive equipment used by one or more program participants in drills; the inability of an individual 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 individuals at the designated safe location until the all clear is given; or a determination that the available staff resources were insufficient to meet the evacuation needs of the individuals.

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 (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 individual 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 drill. A drill is also considered problematic if it did not result in successful implementation of the evacuation plan and the evacuation of all individuals in the expected time frame. Timing is of particular concern in homes where 8 individuals or less

reside where it is required that all individuals be evacuated in three (3) minutes or less, unless the home has been equipped to be in compliance with Life Safety Code.

Once the provider agency has determined the cause of the problematic drill, proactive steps might include repeating the fire drill during the same shift on the next day, counseling individuals 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 home's evacuation plan and within required time frames emerges, the agency must take timely systemic action to address the issue and to maintain individual safety. Steps to be taken might involve one or more interventions including increasing staffing; developing a behavior intervention plan; moving an individual 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 home's fire safety features to attain compliance with the Life Safety Code. An emerging pattern of problematic evacuation drills **must** be brought to the attention of the local DDSO and DQI offices so that remedial actions being taken by the provider agency can be evaluated to determine if they are sufficient to maintain program participant safety. For any drill conducted regardless of the outcome, there must be a drill record maintained which is available for review.

4. Standardized fire drill forms

OPWDD has developed standardized evacuation drill report forms which are to be used in all certified homes. See attachments.

5. Smoking

OPWDD is committed to promoting the health and well-being of individuals with developmental disabilities and those who support them. OPWDD is also committed to minimizing the potential impact smoking has on fire safety. The following restrictions on smoking are being instituted in order to promote the health and safety of individuals receiving services.

Certified sites:

Smoking is prohibited inside all OPWDD operated and certified residential and day settings, except for family care homes and supportive IRAs and CRs.

Smoking is allowed outdoors and on the grounds only in designated smoking areas. A designated smoking area must be at least 30 feet from the building or, if there is no available spot for a designated smoking area which is at least 30 feet from the building, it must be as far from the building as is practical without infringing on neighboring properties and without putting individuals in an unsafe location (e.g., in the street).

Supportive IRAs and CRs – In supportive IRAs and CRs, agencies must establish a smoking policy for each home for which the agency holds an operating certificate. The policy may be site specific. In establishing such policy or policies, the agency must consider whether local laws, building policies or management policies allow smoking in the building or address related restrictions on smoking activities (e.g., use of specific receptacles); the preferences of all

individuals living in the home regarding smoking inside of the home; and individual safety concerns related to smoking

Non-certified sites:

The smoking restrictions in the ADM do not apply to non-certified sites.

In compliance with state and local law, agencies may adopt and implement smoking policies that are more restrictive than this ADM.

For individuals who do smoke, agencies are responsible to educate and monitor these individuals to promote safe smoking practices, (e.g., always using appropriate receptacles, never leaving burning cigarettes and cigarette butts unattended, never smoking in bed). If it appears that an individual does not routinely follow safe smoking practices, those issues must be addressed in the individual's comprehensive functional assessment, plan for protective oversight, individualized service plan, or other plans that are used to identify needed safeguards for those who are required to have such plans.

In all instances where people smoke, agencies and service coordinators should encourage individuals to quit smoking and assist the individuals in accessing smoking cessation programs.

6. 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.

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

The sprinkler system contract meets NFPA requirements (NFPA 25), and is designed to hold companies performing testing and maintenance to the industry-accepted standard.

The fire alarm systems contract template follows NFPA requirements for fire alarm systems (NFPA 72) and exceeds testing frequency for that standard. 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 home or day setting first to verify the validity of the alarm.

The fire safety requirements for contractors are related to the 2007 version of NFPA 72 as this is the referenced standard in the current New York State Building Code.

In the case of leased day settings, property owners are required by code to ensure that alarm and sprinkler systems installed in their buildings are inspected, maintained and tested in accordance with NFPA 72 and NFPA 25. Private owners fall under the jurisdiction of the local

municipality and fire department, and must comply with OPWDD requirements, so it is their responsibility to ensure that the NFPA requirements are being satisfied.

It is acceptable for hard-wired line voltage interconnected smoke detectors without a panel system to be inspected by non-certified agency personnel, including, but not limited to maintenance personnel.

It is acceptable for stand-alone carbon monoxide detectors to be inspected by non-certified agency maintenance personnel. It is not necessary to include stand-alone CO detectors in the vendor contract unless the agency intends to have the vendor inspect and service the units.

7. 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. The use of smoke detectors is not recommended in spaces that are subject to high humidity or very cold or hot temperatures, such as unheated attics, crawlspaces and roofed porches. However, fires can still occur in these locations for a variety of reasons including faults in electrical wiring or faults in HVAC or ventilation equipment installed in these locations.

For this reason OPWDD is requiring that all attics, crawl spaces and roofed porches within residential sites be eventually equipped with 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.

Surveyors will routinely identify sites which lack heat detectors in attics, crawl spaces and roofed porches during site visits. For specific sites in which the lack of heat detectors in proposed locations appears to present a particular vulnerability, based on population served or other factors, surveyors will strongly recommend that the provider agency promptly explores the feasibility of installing heat detectors at those sites. OPWDD recognizes that in many instances the installation of heat detectors may require the complete replacement of existing alarm/detection systems. Heat detectors will be required under the following circumstances:

All new residential development is required to include the installation of heat detectors in attics, crawl spaces and porches which lack these devices. This applies to all homes where new construction or purchase/renovation begins after 5/1/12. For homes initiated before this date, agencies are encouraged to add these devices if feasible.

All significant physical plant upgrades, either to meet "gap analysis" targets, or involving upgrades to or replacement of existing fire alarm/smoke detection systems are required to include the installation of heat detectors in attics, crawl spaces and porches which lack these devices. The effective date of this component of the ADM is 5/1/12.

Heat detectors in crawl spaces and attics should be installed at a rate of not less than one detector for each 1,000 square feet of floor space evenly spaced plus such additional detectors

as may be required for those attics subdivided by partitions. Heat detectors are required to be installed in existing homes. A design engineer should not be required for installation of heat detectors. Sprinkler heads will be counted as the equivalent of heat detectors.

All attics require heat detectors which are to be accessible for inspection. In the unlikely event that an attic is inaccessible, it must be made accessible with heat detectors installed as required. It is not the intent of this requirement that heat detectors are to be installed in the attics of multi-family dwellings not owned by the agency.

All crawl spaces that are accessible must have heat detectors. Crawl spaces that are inaccessible or have access for inspection purposes only do not need heat detectors with the exception that if heat-producing equipment is present then heat detectors shall be installed.

The intent of the porch heat detector requirement is to protect areas attached to the home or day setting where people may reasonably be expected to congregate. Specifically, heat detectors are required for any covered porch, stoop, carport, breezeway or other overhang or roof projection when the overhang/roof is combustible and extends out from any building four feet or more, and where the overhang or projection is at least four feet wide. Heat detectors shall be spaced at 1,000sq ft per detector. In areas where a linear dimension is warranted detectors should be spaced at 30ft on center. An exception to heat detector requirements at porches and overhangs will be permitted in the case of buildings with overhangs having solid surfaces (non perforated/non-ventilated), non-combustible soffits and fascias, and non-combustible exterior walls or siding. In specific locations exposed to the weather, heat detectors rated for outdoor use should be used.

8. Architect's Report at a pre-opening

DQI/BPC survey staff conduct pre-opening visits at all settings 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 home that will be certified using the NFPA (101) Life Safety Code (LSC), 2000 edition.

14 NYCRR subparagraphs 635-7.1(e) (1-3) indicate 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. An architect's letter is required at a preopening when the scope of work requires the hiring of an architect.

Attached is the guidance document, "Format and Content of Architectural Report for Pre-openings." The architect's letter is to be made available to DQI/BPC survey staff and OFPC inspection staff, if applicable, on or before the date of the pre-opening site visit.

9. Contact with the local fire authority:

Among the many preparations required to ensure fire safety in certified settings, is the need to ensure that the local fire authority is kept informed regarding the special needs of people within their area of responsibility. This applies in all areas of the state regardless of whether or not departments are full or part time, paid or volunteer. The operators of both state-operated and

voluntary-operated certified settings must contact their local fire authority and provide them with information on their homes and/or day settings. Information provided should include any special needs of the individuals that would have an impact on their timely evacuation, as well as the fire safety features and staffing pattern. 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

Service providers should encourage fire authority representatives to come to the home or day setting to meet individuals and to become familiar with the floor plans of the home or day setting. It may even be possible to arrange practice drills when the fire authority could participate. The local fire authority is to be contacted each time there is significant change in the setting, such as a change in individuals whose needs are different than those previously or if the home or day setting undergoes significant renovations... In the course of establishing contact with the local fire authority, agencies should inform fire departments of their supportive apartments... It is not expected that the fire departments would normally do pre-planning activities in these homes.

All certified homes and day settings must maintain documentation of their contacts with the local fire authority as this information will be reviewed by DQI/BPC and OFPC.

If you have questions on this memorandum please contact your local DQI office or Office of Safety and Security.

Attachments: [Architectural Report](#)
 [Fire Alarm System](#)
 [Sprinkler System Service Contract](#)
 [Evacuation Form Letter](#)
 [Essential Elements of a Fire Evacuation Plan](#)
 [Essential Elements of Fire Drill Reporting](#)
 [Essential Elements of Fire Safety Training](#)
Evacuation Form - [Board & Care Impractical Instructions](#)
 [Board & Care Impractical](#)
 [Supplemental Sheet - Impractical](#)
 [Board & Care Prompt-Slow Instructions](#)
 [Board & Care Prompt-Slow](#)
 [Supplemental Sheet - Prompt -Slow](#)
 [Day Habilitation Instructions](#)
 [Day Habilitation](#)
 [Health Care Instructions](#)
 [Health Care](#)
 [Small IRA Instructions](#)
 [Small IRA](#)
 [Supplemental Sheet](#)