



RHQN Newsletter, July 2009

THE LIFE SAFETY CODE INSPECTION: THE FIRE MARSHAL COMETH

The July RHQN Members Conference Call, jokingly referred to as "The Fire Marshal Cometh," was a great opportunity to evaluate facility Life Safety Code preparedness as one of the major responsibilities of the Safety Committee, the Safety Officer, and the Board (as the ultimate governing authority). The Life Safety Code is one of the seven environment of care (EOC) responsibilities of the Safety Committee. The facility Safety Officer is often asked to escort the fire marshal as they do the Life Safety inspection and the Board is ultimately responsible for providing a safe facility in which to provide patient care (funding to provide and maintain a fire suppression system, store hazardous chemicals, provide functioning utilities such as elevators, potable water, electric generators, and a properly functioning HVAC - heating, ventilating and air conditioning - system).

Until approximately five years ago, the Life Safety Code survey was completed by the DOH environment of care surveyor. In a way, there was something very comfortable about having your DOH surveyor do the Life Safety Code survey. They always look at it from the patient safety point of view and seemed receptive to a more open discussion of ways to improve the environment of care without as heavy a focus on the engineering side of fire, utility, and hazardous chemical safety. Also, the DOH surveyor did not bring the threat of a fine for problems they find unless it is bad enough to report to the fire marshal. The fire marshal's representative (surveyor) does, however, focus more heavily on the engineering side of all the pertinent areas they survey; **and** the facility can be fined, on the spot, for failure to comply with the NFPA standards. It rarely happens, but it has happened.

There are several aspects of the fire marshal's inspection that often trip up the facility and cause a citation. The first is a failure to have proper documentation of the fire resistant/retardant nature of curtains (both window and cubicle), bedding, gowns and pajamas, wall coverings, ceiling tile, and upholstered furniture. It is important to know who has this information, how clear is it, and how fast can you find it. This is especially true if you are going through a remodeling project.

The second aspect of the fire marshal's inspection that has a high risk of tripping up a facility is the storage of hazardous and/or flammable materials. Several specific examples come to mind. The first deals with storage of alcohol based hand gel. The fire marshal finally bought off on the idea of having hand gel dispensers both inside patient rooms and on the wall just outside the patient room door. In many situations, this literally doubled the amount of flammable material in a nursing unit. The big concern has to do with where additional hand gel containers are being stored. There is a limit to how much hand gel can be stored on a nursing unit. This is especially true if the storage area is not a fire proofed cabinet, container, or room (I don't know of many nursing units that possess such a cabinet or container). The second specific example is an easy one. You can not store more than twelve portable O2 cylinders in any one location (closet, clean or dirty utility room, corner of the therapy department, etc).

We spent considerable time during the conference call talking about inventorying and storing hazardous materials. This requirement of the fire marshal and the Department of Labor and Industries through OSHA/DOSH is paramount to providing a safe environment of care. The surveyor will want to know how much hazardous material you have in the facility, where it is and how much hazardous/infectious material is shipped out each year. It is very important to have this data readily available and that it be clear and concise.

The last thing we need to mention is fire drills. The fire marshal's representative will need to see logs of all fire drills by date, location, and time. They will expect to see evaluations of the fire drills and what kind of continuing education occurred if the drill was not successful. How many fire drills are enough? In a given three month period, you should have conducted a minimum of three fire drills (I prefer to say four and insist that the fourth fire drill occurred on the weekend). These drills should have occurred during all shifts and in nursing and non-nursing areas. Several facilities have asked for sample fire drill policies (especially for areas like the OR), evaluation forms, and a corrective actions plan template.

The audio recording of this month's Members Conference Call "*The Life Safety Code Inspection: The Fire Marshal Cometh*", a presentation outline, and copies of the documents listed above can be found on the RHQN website at: <http://www.rhqn.org/resources/presentations.htm>. If you have questions about or need help with the Life Safety Code, please contact Randy Benson, RHQN Executive Director at (206) 577-1821 or randyb@wsha.org.

Upcoming Member Conference Calls

Here is the Members Conference Call topic list for the remainder of 2009. If you have topic suggestions, please call or e-mail Randy Benson, RHQN Executive Director at (206) 577-1821 or randyb@wsha.org.

- August 11, 10:30 a.m. "**Update on Infection Prevention Issues: MRSA reporting, Central Line Infection Report Validation, and the New Infection Risk Template,**" presented by Sandy Kangas
- September 8, 10:30 a.m. "**Quality Improvement Best Practice for AMI and Stroke,**" presented by Bev McCullough, RHQN Quality Improvement Manager
- October 6, 10:30 a.m. "**The Disaster Preparedness Primer: When is a Drill Not a Drill?**" presented by Randy Benson, RHQN Executive Director
- November 17, 10:30 a.m. "**Adverse Events and RCAs: How to Conduct a Proper RCA in Three Meetings,**" presented by Randy Benson, RHQN Executive Director
- December 8, 10:30 a.m. **A Clinical Quality Improvement Topic,** presented by Bev McCullough, RHQN Quality Improvement Manager

QUALITY IMPROVEMENT MANAGER UPDATE

Bev McCullough, RHQN's new Quality Improvement Manager is out on the road visiting each of the RHQN member hospitals with the goal of visiting each hospital by the end of September. These hospital visits are to learn about the issues you are facing, the lessons learned, and to spread your good work, in addition to identifying areas where you would like more RHQN support. Bev can be reached at (206) 216-2862 or by email at bevm@wsha.org

If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or randyb@wsha.org