

Solutions for Risk Management

Issues directly or indirectly affecting the senior living industry can change overnight.

Solutions for Risk Management provides the latest news, updates, trends and risk management tips.

- 1 Emergency Action Plans
- 2 Fire!! Fire!! How to Develop Your Required Fire Watch
- 3 Are Your Employees Safe?
- 3 Bed Rails: To Use or Not to Use



Emergency Action Plans and Fire Response



Nobody expects an emergency. Yet, the simple truth is emergencies and disasters can strike any business, anytime, anywhere. Few people can think clearly and logically in a crisis, so it is important to plan in advance and conduct practice drills.

What is an Emergency Action Plan?

An emergency action plan covers the designated actions employers and employees must take to ensure personal safety from fires and other emergencies. Emphasis is placed on the protection of lives and property—in that order. Typically, the issue of how to respond to a fire is a primary component of an emergency action plan in most facilities.

What's Covered in an Emergency Action Plan?

- ◆ The preferred method of reporting fires and other emergencies
- ◆ Evacuation policies and procedures
- ◆ Diagrams of the floor plan showing escape routes, extinguishers, assembly, and shelter areas
- ◆ Description of the various alarm systems or specific equipment shut-down procedures (if applicable)

Fire Protection

When a fire starts, think first of your safety. Then, think of the safety of others around you. Sound the alarm and alert the fire department. Never attempt to use a fire extinguisher unless you have been trained to use it, and the fire is small enough to be tamed with the equipment on hand.

Fire Extinguisher Basics

Extinguishers are classified by the type of fire they can put out. Some extinguishers are combination type. These can be used on several different types of fires. Extinguishers are designed to fight fires in the incipient stages only. All fire extinguishers should have an inspection tag, trigger seal, and pin. They should be mounted off the ground and ready for easy access.

If the company fire prevention policy provides for use of fire extinguishers, the following guideline should be followed:

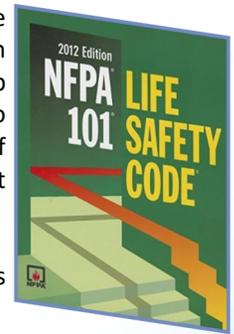
- ◆ Stand six to eight feet away from fire
- ◆ Pull the pin
- ◆ Aim at the base of the fire
- ◆ Squeeze the handle
- ◆ Sweep side-to-side

Never let a fire come between you and a speedy exit. After use, do not return the extinguisher to its original mounting because it must first be refilled.



Fire!! Fire!! How to Develop Your Required Fire Watch

With the federal adoption of the 2012 National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) in 2016, federally-certified facilities became required to either evacuate or establish a fire watch when the sprinkler or fire alarm system are not fully operational. Although the 2012 LSC now allows for up to ten hours for a fire sprinkler to be out of service, this extension from the four hours was NOT applied to the outage of a fire alarm system. A fire watch must be implemented if the fire alarm system is out of service for four or more hours and the agency having jurisdiction must be notified. The same actions must occur if a sprinkler system is out of service for more than ten hours in a 24-hour period.



The fire watch requirement in the 2012 LSC, as it relates to the sprinkler and fire alarm system, states as follows:

“Where a required fire alarm system is out of service for more than 4 hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been restored to service.”

“Where a required sprinkler system is out of service for more than 10 hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been restored to service.”

Fire watch procedures involve the assignment of a dedicated person or persons who have no other responsibilities. The assigned individuals are responsible for continually walking throughout the facility (or affected areas) in order to detect the presence of a fire emergency, and to communicate that emergency to facility occupants and the local fire department. Individuals assigned to fire watch rounds should be familiar with the buildings and equipment they are watching. In addition to the facility's established fire emergency plan, individuals conducting fire watch rounds should know where manual fire alarm stations and fire protection equipment are located and be able to use them if necessary. Fire watch personnel must also be able to use communication devices (i.e., walkie-talkies) and be trained on how to complete the fire watch rounding log. Any person who meets these criteria may be assigned to complete fire watch rounds. Make sure to document that appropriate training on the fire watch procedures has been completed for those individuals who will be responsible for completing fire watch rounds.

Each facility should have a written plan of action in the event that any sprinkler or fire alarm system interruptions occur, whether planned or unplanned. The written plan should be available at each nursing station. The following fire watch action steps will help ensure you are able to keep your facility safe:

1. Immediately notify the facility Administrator, Director of Nursing, and Maintenance Director when any problems with the sprinkler or fire alarm system occur.
2. Immediately activate the facility's fire safety plan if smoke or a fire are observed during the fire watch rounds.
3. Contact the sprinkler or fire alarm contractor if the Maintenance Director is not able to correct the problem. The sprinkler or fire alarm contractor should be onsite or on contract until the system has been repaired or replaced, and/or resumes normal operations.
4. Notify the fire department that the sprinkler or fire alarm system is not working correctly.
5. Notify appropriate state agencies that the sprinkler and/or fire alarm system is not working correctly as required.
6. Notify the insurance carrier, IF required as part of insurance coverage. In some instances, the facility property insurance carrier may request to be notified when a facility goes on fire watch; however, this is not required by the LSC.
7. Begin fire watch rounds:
 - a. Performed by personnel dedicated solely to conducting fire watch rounds, and who have no other facility responsibilities.
 - b. Conducted continuously at 15-minute intervals.
 - c. Fire watch rounds shall designate the building area affected (i.e., wing, floor or unit).
8. Fire watch rounds should include observation and documentation for the following in all rooms including:
 - a. Resident rooms: remove smoking materials and extension cords
 - b. Dietary and laundry rooms: remove lint from dryers and soiled linen
 - c. Mechanical and electrical rooms: remove all combustible and flammable materials
 - d. Unobstructed access to facility by the fire department: remove ice and snow

(Continued on page 3)

(Continued from page 2)

- e. Unobstructed access by the fire department to hydrants, sprinkler connections, standpipes and fire extinguishers
 - f. Unobstructed exits, exit access corridors, and exit discharges
 - g. Combustible or flammable materials stored in approved containers or designated storage areas
 - h. Identify and remove temporary heating devices
 - i. Ensure fire and smoke doors close properly
 - j. Turn off any unnecessary machinery that is running continuously
 - k. Sprinkler valves shall be open and sealed with gauges at normal pressure and sprinkler heads unobstructed
 - l. Construction and renovation work areas should not have any "hot work" operations
9. Maintenance personnel need to be available onsite or on-call for all equipment emergency shut down situations.
 10. Distribute additional extinguishers to affected areas and notify on-duty staff of the location.



References:

- [State of Wisconsin/Department of Health, "Fire Procedures for Fire Alarm Systems"](#)
- [State of Wisconsin/Department of Health, "Fire Procedures for Sprinkler Systems"](#)

Are Your Employees Safe?



According to the Bureau of Labor Statistics (BLS, 2000), nearly one-half of all nonfatal injuries from occupational assaults and violent acts occurred in healthcare and social services settings. Whether working in a skilled or assisted living facility, healthcare providers often face residents and family members who lose control of their emotions and exhibit disruptive, assaultive, and even violent behavior.

Recently the U.S. Department of Labor reported that the Occupational Safety and Health Administration (OSHA) opened an [investigation at a Colorado nursing facility](#) in response to two complaints received in August 2017 involving workplace violence. OSHA subsequently identified five documented incidents of workplace violence that occurred in 2017 which resulted in employee injuries, along with several unreported incidents. [According to McKnight's](#), findings concluded that certified nursing assistants suffered bites, sprains, broken skin, bruising, scratches, soft tissue trauma, and injuries to the head and torso from punches, kicks, and forceful grabs. The nursing facility received one serious citation for failing to implement adequate measures to protect employees from workplace violence hazards. As a result of these findings the nursing facility was fined more than \$9,000.

As long term care providers continue to face increased regulatory oversight from multiple federal agencies, it is important that we continue to address employee safety by creating a safer workplace related to these types of behaviors. Please take time to evaluate your employee safety programs.

Bed Rails: To Use or Not to Use

From January 1, 1985, to January 1, 2013, the Food and Drug Administration (FDA) received 901 medical device reports related to bed rails. These reports described instances of residents being caught, trapped, entangled, or strangled in hospital beds. Of these incidents, 531 resulted in death.

Over the past decade, healthcare facilities have made a significant reduction in the utilization of bed rails. However, there are healthcare facilities who continue to use them for fall prevention or as a support mechanism to assist the resident in repositioning and transfer.

As part of a comprehensive update of nursing home regulations adopted in 2016, the federal Centers for Medicare and Medicaid Services enacted regulation F700 regarding bed rails. The regulation states: *"The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails."* Key elements in adherence to this regulation includes the following:

- ◆ Comprehensive assessment of the resident's risk of entrapment prior to installation
- ◆ Explanation of the risk and benefits of rail usage with the resident or resident's representative



(Continued on page 4)

(Continued from page 3)

- ◆ Obtaining informed consent
- ◆ Ensuring the bed's dimensions are appropriate for the resident's size and weight
- ◆ Following the manufacturer's recommendations and specifications for installing and maintain bed rails

Bed rail usage is not appropriate for all residents. Residents at greatest risk for injury include, but are not limited to, those who have conditions such as agitation, delirium, confusion, pain, and uncontrolled body movement, as well as those requiring assistance in toileting.

A comprehensive assessment should be completed prior to bed rail usage. This assessment needs to include the medical needs warranting the use, resident's benefits from its use, risks associated with its use and how those risks will be lessened, and all failed attempted alternatives. If the facility determines, and the resident or resident's representative consents to bed rail usage, an assessment needs to be completed quarterly and with any change in the resident's condition.

Entrapment occurs when a resident is caught between the mattress and bed rail or in the bedrail itself. As a facility, develop and implement a plan for the facility's staff to ensure a gap does not exist between the mattress and bed rail, the bed rail is firmly affixed to the bed frame, and any gap in the bed rail is not wide enough for the head or body to become lodged prior to placing the resident in the bed. Bed rails may become loose and gaps can be created by decompressed mattresses, so develop a plan for routine safety checks.

No one wants a resident to suffer any injuries related to bed rails. As a facility, do your part to reduce the risk of **this** happening to one of your residents!

If you need assistance in determining these types of potential risks associated with bed rail usage in your facility, please contact your RMS consultant today!



285 Cozzins Street, Columbus, OH 43215

Phone: 877.699.3988

Fax: 614.222.8224

Email: rms@rmsol.com

Website: www.rmsol.com

Visit us on LinkedIn!

Peggy Morrison, MSN, RN, BC, C.E.A.L., WCC
Business Development Director

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