

# DOCUMENTATION GUIDE: FIRE/LIFE SAFETY

## Introduction

The information in this guide is provided as a service to Minnesota's health care industry and is intended to assist health care facilities in establishing and maintaining compliance with applicable fire/life safety requirements for federal Medicare/Medicaid certification and Minnesota state licensure. Except as otherwise noted, the plans and forms shown are intended to serve as guides that health care facilities can use to help ensure compliance with applicable codes and standards and minimize the risk of being issued deficiencies (K-tags) during a federal fire/life safety certification survey. While they were developed with the intent that they be modified, as appropriate, to reflect actual conditions and procedures at your facility, it is important that the facility's plans and forms include the information necessary to demonstrate full compliance with applicable codes and standards.

## Applicable codes

In order to meet federal Medicare/Medicaid certification requirements, health care facilities must be in compliance with National Fire Protection Association (NFPA) Standard 101, *Life Safety Code*<sup>®</sup>. Effective July 05, 2016, the Centers for Medicare & Medicaid Services (CMS) adopted the 2012 edition of NFPA 101 and eliminated references in its regulations to all earlier editions of that standard. In order to meet state licensure requirements, health care facilities must be in compliance with the 2015 *Minnesota State Fire Code* (MSFC), which was adopted effective May 02, 2016. Compliance with state licensure requirements is a condition of federal Medicare/Medicaid certification – see 42 CFR 482.11(b), which applies to hospitals, 42 CFR 485.608(c), which applies to critical access hospitals, and 42 CFR 483.75(b), which applies to nursing homes.

NEW vs EXISTING for purposes of federal certification:

- Buildings/facilities constructed or for which plans were reviewed or a permit issued **prior to** July 05, 2016 are considered EXISTING buildings and must comply with NFPA 101(12) Chapter 19.
- Buildings/facilities constructed or for which plans were reviewed or a permit issued **on or after** July 05, 2016 are considered NEW and must comply with NFPA 101(12) Chapter 18 (this would include additions to and/or major renovations of existing buildings/facilities).

NEW vs EXISTING for purposes of state licensure:

- Buildings/facilities constructed or for which plans were reviewed or a permit issued **prior to** May 02, 2016 are considered EXISTING buildings and are expected to be in compliance with the administrative, operational and maintenance provisions of the code as well as the construction and design provisions of MSFC(15), Chapter 11.
- Buildings/facilities constructed or for which plans were reviewed or a permit issued **on or after** May 02, 2016 are considered NEW and are expected to comply with the administrative, operational and maintenance provisions of the 2015 MSFC as well as all construction and design provisions applicable to new construction (this would include additions to and/or major renovations of existing buildings/facilities).

## Documentation – the basics

Both NFPA 101(12) and the 2015 MSFC require that a fire safety and evacuation plan be prepared and maintained for healthcare occupancies. The codes expect that all employees will receive on-going training with respect to their duties under this plan. This is typically done through annual staff training and periodic fire drills. In addition, a plan must be in place detailing how a facility will handle situations in which the building fire sprinkler system and/or fire alarm system are out of service.

The codes also contain requirements relating to the flame resistance of drapes, curtains and decorations, the flame spread rating of interior finishes and, by reference to other NFPA standards, the testing, inspection and maintenance of fire protection systems.

In order to receive credit during a fire/life safety survey, it's not enough just to have the required plans. The plans must contain, at a minimum, all the information specified in the codes. Likewise, it's not enough to conduct the required drills, purchase approved furnishings and finishes, or perform required training, testing, inspection and maintenance. Everything must be properly documented – if it isn't documented, it didn't happen.

Every facility has its own method of organizing its documentation. At the 2008 Minnesota Health Care Engineers Association's Spring Seminar, the MN State Fire Marshal Division's Health Care Section presented a suggested uniform format for maintaining required fire/life safety documentation.

The MN State Fire Marshal Division recommends that **all** documentation subject to review during a facility's annual fire/life safety survey be kept in a 3-ring binder tabbed and/or indexed to cover at least 17 major subject areas. It is recommended that the first tab include the following information about your building:

- Up-to-date 8½" x 11" floor plan drawings of all levels of the building
- Date(s) of construction of the original building and any subsequent additions
- Construction type(s) of the original building and any subsequent additions
- Number of stories for each type of construction listed

It is recommended that the 17 major subject areas be tabbed/indexed according to the following Table of Contents:

TAB	SUBJECT
1	Building information
2	Emergency Plan and In-service Records
3	Smoking Policy
4	Fire Drills
5	Systems Out of Service (Fire Watch)
6	Fire Alarm System/Automatic Dialer
7	Smoke Detector Sensitivity Testing
8	Battery-operated Smoke Alarm Testing
9	e Sprinkler System/Fire Pump
10	Kitchen Hood System
11	Portable Fire Extinguishers
12	Emergency Generator
13	Battery-operated Emergency Lights/EXIT Signs
14	Fire/Smoke Dampers
15	Interior Finishes/Decorations/Drapes & Curtains
16	Upholstered Furniture/Mattresses
17	Lab Procedures/Incidents

In addition to the convenience of having all your documentation in one place, using a uniform format has a couple of advantages. First, it can speed up the documentation review portion of your facility's annual fire/life safety survey. Secondly, if properly maintained, it reduces the likelihood of important documentation getting lost or misplaced, which can lead to a federal deficiency. *It's important that at least two people in your facility know where your fire safety records and documentation are kept, or that two copies be kept, each in a different and accessible location.*

Other points to remember...

- To help ensure that the inspection, testing and maintenance of required fire/life safety equipment and building construction and operational features are performed thoroughly, checklists should be used to support pass/fail determinations made.
- Checklists and forms should be filled out completely – with no blank entries. Portions of standardized forms that do not apply in a particular case or situation should be marked “N/A”.
- All deficiencies should be clearly identified. In addition, records should indicate when and how identified deficiencies were corrected and by whom.
- Reports, checklists, forms and other documentation should be filed in the following sequence: most recent to oldest.

### Records retention

Typically, fire/life safety surveyors will look back only one year from the date of survey at records for such things like fire drills and inspection, testing and maintenance activities. Exceptions may be activities that are performed only at yearly, or longer, intervals. In those cases, the surveyor may want to see documentation of the most recent activity and the one immediately prior to verify that the activity is being performed within required timeframes. Examples of this would be annual fire alarm and fire sprinkler system checks, smoke detector sensitivity testing and testing of fire/smoke dampers.

MSFC(15), Sec. 901.6.2 requires that records of all inspections, testing and maintenance should be kept for a minimum of 3 years.

### **For more information on the subjects covered on this web site contact:**

- MDH Engineering Services contact information can be found on the MDH Compliance Monitoring Division web site at:  
[Minnesota Department of Health \(http://www.health.state.mn.us/divs/fpc/engineering/index.html\)](http://www.health.state.mn.us/divs/fpc/engineering/index.html),  
OR
- The State Fire Marshal Inspector assigned to your area, contact information can be found on the State Fire Marshal Division’s web site at:  
[Minnesota State Fire Marshal \(https://dps.mn.gov/divisions/sfm/Pages/default.aspx\)](https://dps.mn.gov/divisions/sfm/Pages/default.aspx)

**Important Notice:** This document is intended to serve as a quick-reference guide only and is **not** intended to be exhaustive. It is incumbent on the user to reference the applicable requirements of the codes and standards when using this guide. Where there is a difference between the information contained in this guide and the specific requirements of the referenced codes and standards, the specific requirements of the codes and standards take precedence.

The information contained in this guide is based upon the professional opinion of *Fire Safety Resources, LLC*, and may not necessarily reflect the opinion of all authorities having jurisdiction (AHJs). While every effort has been made to ensure that this information is accurate and up-to-date as of the date of its publication, it is important to note that any of the AHJs that play a role in the certification, licensure and/or accreditation of your facility may at any time implement their own applications and interpretations of the codes and standards referenced herein.

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