

Los Angeles General

Medical Center

ENVIRONMENT OF CARE

2023

Fire Safety Management Plan

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I MISSION

The mission of Los Angeles General Medical Center's Management of the Environment of Care program is to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the Medical Center. Consistent with this mission, the Governing Body, administration, and staff provide ongoing support for the Safety Management Program described in this plan.

II PURPOSE

The purpose of the Fire Safety Management Plan is to establish a program for the protection of building occupants from fire, smoke and other products of combustion. The plan provides for the fire prevention training of all staff, volunteers and contractors. The plan establishes procedures, criteria and testing intervals for the inspection, testing and maintenance of fire protection equipment and systems.

III SCOPE

- A. The Fire Safety Management Plan covers the Los Angeles General Medical Center.
- B. The fire plan provides for fire prevention training, maintenance of building structural features of fire protection, environmental surveillance, reporting and correcting life safety deficiencies.
- C. The objectives, scope, performance and effectiveness of the fire plan are evaluated annually and reported to the Environment of Care Committee and to the SEC (Senior Executive Committee).

- D. The fire plan defines specific roles of physicians, licensed independent practitioners, volunteers, and personnel both at the fire's point of origin and away from the fire's point of origin.
- E. All new employees are required to attend new employee safety orientation and within 30 days completion of a certified 4-hour fire course. All employees receive area specific fire safety training at least annually from their supervisor.
- F. Every four years Medical Center staff are required to re-attend the 4-hour fire training class. All elements of the Medical Center fire plan are discussed within this class.
- G. The Fire Safety Management Plan defines specific roles and responsibilities in preparing for building evacuation. The supervisor trains staff in area specific evacuation procedures at least annually.
- H. The use and function of the fire alarm systems are included in 4-hour training. Staff knowledge of the fire alarm system is evaluated during fire drills. The results are reported monthly to the Environment of Care Committee.
- I. Portable fire extinguishers are positioned in visible locations and are selected based on the hazards of the area in which they are installed. Fire extinguishers are inspected monthly and maintained annually.
- J. All employees are required to report known fire protection deficiencies, failures, and user errors to their supervisor. Facilities Management will respond to reported deficiencies in fire alarm equipment or structural features of fire protection.
- K. There is ongoing monitoring of performance regarding actual or potential risks relating to staff performance during fire drills and deficiencies or faults with fire alarm equipment.
- L. A multi-disciplinary team composed of members from Administration, Safety, Environmental Services, Epidemiology, Nursing, Clinical Engineering and Facilities Management conducts environmental tours in patient care areas twice a year. During the environmental tours, staff is quizzed on their knowledge of extinguisher use, fire alarm location, fire drill procedure and other fire prevention topics.
- M. Performance indicators for the Fire Prevention Program are reported quarterly to the Environment of Care Committee.
- N. The purchase or acquisition of bedding, window draperies, curtains, furnishings, decorations, wastebaskets and other materials are reviewed for fire safety by Materials Management. Los Angeles County adheres to national standards for materials fire safety, CCR Title 8 and Cal/OSHA requirements. Submission of a bid by a vendor to sell any of

the listed items to Los Angeles County constitutes the representation of the vendor that all items meet or exceed applicable statutes.

- O. When Life Safety Code deficiencies pose a risk to building occupants, Interim Life Safety Measures (ILSM) is implemented. Facilities Management will maintain all ILSM documents and communicate to administration the specific measures required to minimize patient, staff or visitor exposure to fire or the products of combustion.

IV OBJECTIVES

- A. To provide a fire safe environment for patients, visitors, and employees in the LAC+USC Medical Center.
- B. To achieve and maintain compliance with the building structural requirements contained in the Life Safety Code (LSC), NFPA 101, 2012.
- C. Monitor and document staff performance regarding actual or potential risks during fire drills. Modify or change fire safety training as needed to improve staff performance and knowledge.
- D. Establish processes for reporting and investigating fire safety related incidents.
- E. Monitor and evaluate the effectiveness of the maintenance and testing program for fire safety equipment.
- F. Identify opportunities to improve and measure fire safety performance.

V ORGANIZATION AND RESPONSIBILITY

- A. The SEC receives regular reports of the activities of the Fire Safety Program from the Environment of Care Committee. The SEC reviews the reports and, as appropriate, communicates concerns about identified issues and regulatory compliance. The SEC provides support to facilitate the ongoing activities of the Environment of Care Committee.
- B. The COO receives regular reports on the activities of the Fire Safety Program from the Environment of Care Committee. The COO reviews the reports and, as necessary, communicates concerns about key issues and regulatory compliance to members of the Environment of Care Committee.

- C. The Fire Safety Manager works under the direction of the Chairman of The Environment of Care Committee. The Fire Safety Manager works collaborative with the Safety Officer and Facilities Managers in designing all aspects of the Fire Safety Program.
- D. The Fire Safety Manager coordinates processes within the Environment of Care standard. The Fire Safety Manager reports quarterly to the Environment of Care Committee on all Joint Commission fire safety standards.

VI PROCESSES

EC.01.01.01 - Fire Safety Management Plan

EP 3 The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems.

Note: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.

EP 7 Los Angeles General Medical Center maintains a written management plan describing the processes it implements to manage the effective, safe, and reliable operation of fire safety. The management plan describes processes to effectively manage fire systems that provide a safe, comfortable, and efficient environment for patients, staff, and visitors. This plan is evaluated annually, and changed as necessary, based on changes in conditions, regulations, and standards, and identified needs.

EC.02.01.03 The Medical Center prohibits smoking except in specified circumstances.

EP1 The Los Angeles General Medical Center developed policy No. 130, declaring the Los Angeles General Medical Center a Smoke Free Campus. The policy is to be complied with by patients, employees, and visitors alike. This Policy prohibits smoking anywhere on the grounds under the Medical Center's control. The Policy does not allow for any medical exceptions. Los Angeles General *Policy No. 130*

EP4 The Medical Center identifies and implements a process for monitoring compliance with the process. Evidence of solid fuel-burning appliances not in the patient rooms is monitored during the Environmental Tours. Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within the site of intentional expulsion (within

one foot). When other oxygen delivery equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area of administration (within 15 feet). Solid fuel-burning appliances are not in administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion.

- EP6 The Medical Center identifies and implements a process for monitoring compliance with the policy. Evidence of smoking is monitored during the Environmental Tours. The LA County Sheriff department monitor as staffing permits and contract security guards also perform this oversight.

The Medical Center develops strategies to eliminate the incidence of policy violations when identified. When violations are identified, they are raised to the appropriate manager to act. A progressive discipline process for employees is available when repeated non-compliance occurs. *Los Angeles General Medical Center Policy No.130 describes the disciplinary process that can be followed in the event the policy is violated.*

EC.02.03.01 The Organization manages fire risks.

- EP1 This document serves as the Los Angeles General Medical Center written Fire Safety Management Plan. This plan describes the processes the Medical Center uses to ensure that patients, staff, visitors, and volunteers are protected from fire and the products of combustion. *Los Angeles General Policy No. 411,413,130 & SP 122*
- EP4 The Los Angeles General Medical Center Facilities Management department monitors the building exits through building rounds and implements Interim Life Safety measures at each building when any of the building fire components have been compromised as defined in the *Facilities Management Policy # 411.*
- EP9 The Los Angeles General Medical Center fire response plan is initiated by the activation of the fire alarm and the paging of "Code Red" three times by the emergency telephone operator. All staff, volunteers and contract workers are trained to follow the S A F E method of responding to a fire emergency. The first person to discover a fire is to remove anyone in immediate danger, close doors, activate the fire alarm and dial extension 111 to report a fire. The supervisor or charge nurse will assign specific duties to personnel at the fire's point of origin and may choose to extinguish the fire, using the P A S S method when operating the fire extinguisher. Areas away from a fire's point of origin will send one person to the fire location if it is one floor above or below. If evacuation is necessary, patients are moved from their rooms to rooms in a smoke compartment horizontally adjacent on the same floor. Ambulatory patients are moved first followed by wheelchair

patients and finally non-ambulatory patients are moved. Personnel regardless of job classification will be assigned to remain with patients at the relocation site. A copy of the plan is readily available with the telephone operator, Sheriff's and all units. All new employees receive the New Employee Safety Orientation (NESO) subsequently Fire Life Safety training is required ever 4 years for all hospital personnel. *For additional guidance, see NFPA 101, 2012: 18/19: 7.1; 7.2*

EP11 Periodic evaluations, as determined by the hospital, are made of potential fire hazards that could be encountered during surgical procedures. Written fire prevention and response procedures, including safety precautions related to the use of flammable germicides or antiseptics, are established.

EP12 When flammable germicides or antiseptics are used during surgeries utilizing electrosurgery, cautery, or lasers the following are required:

- Packaging is nonflammable
- Applicators are in unit doses
- Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify the following: - Application site is dry prior to draping and use of surgical equipment
- Pooling of solution has not occurred or has been corrected
- Solution-soaked materials have been removed from the operating room prior to draping and use of surgical devices

For full text, refer to NFPA 99-2012: 15.13

EP13 The hospital meets all other Health Care Facilities Code fire protection requirements, as related to *NFPA 99-2012: Chapter 15*.

EC.02.03.03 The Organization conducts fire drills.

EP1 The Los Angeles General Medical Center conducts one fire drill quarterly on all shifts in the Inpatient tower, the Diagnostic & Treatment Center and sections in the Clinic Tower which are considered Healthcare Occupancies as defined per NFPA 101-2012. *(See also LS.01.02.01, EP 11; LS.02.01.70, EP 6; LS.03.01.70, EP 6) audible alarms. LAC+USC Policy No. 412*

EP2 The Los Angeles General Medical Center conducts one fire drill annually in all freestanding buildings classified as Business occupancies where patients are seen or treated.

- EP3 The Los Angeles General Medical Center conducts unannounced quarterly fire drills at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. For additional guidance, *see NFPA 101, 2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.*
- EP4 The Los Angeles General Medical Center requires all staff in every building where patients are housed or treated to take an active role and participate in fire drills.
- EP5 The Los Angeles General Medical Center has established a written critique for all fire drills. The area identified as fire point of origin as well as adjacent areas are critiqued and evaluated for deficiencies and opportunities for improvement.

EC.02.03.05 The Organization maintains fire safety equipment and fire safety building features.

- EP1 The Los Angeles General Medical Center tests the facility supervisory signal devices quarterly. All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the *NFPA 72, 2010: Table 14.4.5*
- EP2 The Los Angeles General Medical Center tests the facility water flow devices quarterly and the valve tamper switches semiannually. All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the *NFPA 72, 2010: Table 14.3.1 and NFPA 25, 2011: Table 5.1.1.2.*
- EP3 The Los Angeles General Medical Center tests the facilities duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes and smoke detectors annually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 72, 2010: Table 14.4.5; 17.14.*
- EP4 The Los Angeles General Medical Center tests visual and audible devices to include speakers annually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 72, 2010: Table 14.4.5.*
- EP5 The Los Angeles General Medical Center tests off premises emergency services notification transmission equipment by communicating to the fire department every time the emergency telephone operator receives a call reporting a fire and/or the fire alarm is activated or at least quarterly. *For additional guidance on performing tests, see NFPA 72, 2010: Table 14.4.5.*

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- EP6 The Los Angeles General Medical Center tests fire pumps weekly under no-flow condition. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per NFPA 25, 2011: 8.3.1; 8.3.2.*
- EP7 The Los Angeles General Medical Center tests Water storage tanks high and low water level alarms semiannually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 25-2011: 9.3; Table 9.1.1.2.*
- EP9 The Los Angeles General Medical Center conducts main drain tests on all risers at least annually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 25, 2011: 9.2.1; Table 9.1.1.2.*
- EP10 The Los Angeles General Medical Center inspects Fire department connections quarterly. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 25, 2011: 13.7; Table 13.1.1.2.*
- EP11 The Los Angeles General Medical Center tests fire pumps annually under flow. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 25, 2011: 8.3.3.*
- EP12 The Los Angeles General Medical Center conducts water flow test for standpipe system every five years. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 25, 2011: 6.3.1; 3.3.2; Table 6.1.1.2.*
- EP13 The Los Angeles General Medical Center test its kitchen automatic fire extinguisher systems for proper operations semiannually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 96, 2011: 11.2.*
- EP14 The Los Angeles General Medical Center tests its Carbon Dioxide and other gaseous automatic extinguisher systems for proper operations annually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 13-2011: 4.8.3 and NFPA 12A-2009: Chapter 6.*
- EP15 The Los Angeles General Medical Center inspects monthly its portable fire extinguishers with Facilities Management personnel and /or area staff. Portable Fire extinguishers are clearly marked. *For additional guidance on inspection of fire extinguishers, see NFPA 10, 2010: 7.2.2; 7.2.4.*
- EP16 The Los Angeles General Medical Center replaces annually its portable fire extinguishers with Facilities Management personnel. Portable Fire extinguishers are clearly marked. *For additional guidance on inspection of fire extinguishers, see NFPA 10, 2010: 7.1.2; 7.2.2; 7.2.4; 7.31.*

- EP17 The Los Angeles General Medical Center replaces all standpipe occupant hoses every five years and the system is water flow tested by contracted staff every five years. *For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6.*
- EP18 The Los Angeles General Medical Center tests for proper operation all fire and smoke dampers one year after installation at least every six years to verify that they fully close. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 90A-2012: 5.4.8; NFPA 80, 2010: 19.4 and NFPA 105-2010: 6.50.*
- EP19 The Los Angeles General Medical Center tests the automatic smoke detection shutdown devices for air handling equipment annually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 90A, 2010: 6.4.1.*
- EP20 The Los Angeles General Medical Center tests the horizontal and vertical sliding and rolling fire doors for proper operation and full closure at least annually. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 80, 2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.*
- EP25 The Los Angeles General Medical Center has written documentation of annual inspection and testing of door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening. *All records are managed by a Facilities Management Manager to ensure the testing criterion meets the standards as set per the NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.*
- EP27 The Los Angeles General Medical Center has written documentation of monthly testing of the elevators with fire fighters' emergency operations. *The test completion dates and results are documented. NFPA 101-2012:9.4.3; 9.4.6*
- EP28 The Los Angeles General Medical Center documents the maintenance, testing and inspection activities for fire alarm and water-based fire protection systems to include the following:
- Name of activity
 - Date of activity
 - Inventory of devices, equipment, or other items
 - Required frequency of the activity
 - Name and contact information, including affiliation of the person who performed the activity.
 - NFPA Standard (s) referenced for the activity

- Results of the activity

Testing documentation criterion to meet standards set in NFPA 25, 2011: 4.3; 4.4 NFPA 72- 2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

EC.03.01.01 Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

EP1 Staff responsible for the maintenance, inspection, testing, and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste are competent and receive continuing education and training.

NFPA 101

EP2 Through New Employee Orientation, Reorientation (Orientation Review), in-services, and training, staff and licensed independent practitioners are instructed on actions to take in the event of various environment of care incidents.

EC.04.01.01 The hospital collects information to monitor conditions in the environment.

EP1 The Los Angeles General Medical Center has written documentation of annual inspection and testing of Fire safety management problems, deficiencies, and failures are either resolved at that time or logged in and then issued as a Facilities Management work order. *All records are managed by a Facilities Management Manager.*

EP9 The Los Angeles General Medical Center reports and investigates the following: Fire safety management problems, deficiencies, failures and reports to the SEC (Senior Executive Committee) and Environment of Care Committee. The results are used to determine future activities to be implemented for the minimization or elimination of environment of care risks.