Safety
And
Fire Prevention

A guide to help Direct Support Professionals prepare for, respond to and prevent emergencies in a licensed residential home setting.

Outcomes:

- **Direct Support Professionals (DSP) will understand how to prepare and respond to weather emergencies.**
- **DSP will understand how to prepare and respond to utility failures.**
- **DSP will understand how to prepare, respond, and prevent fire emergencies.**
- **DSP will understand how to support each individual to ensure safety.**
- **DSP will understand how to support each individual to respond successfully in routine drill situations.**
- **DSP will understand documentation requirements related to safety and fire prevention.**

SAFETY AND FIRE PREVENTION TRAINING CHECKLIST

Trainer will assure the following is completed for the Safety and Fire Prevention unit.

1. Direct Support Professional (DSP) will be given time to read the safety and fire prevention unit.

2. Trainer will make sure that DSP reviews the handouts on “Poison Prevention” and “Preventing Frostbite and Hypothermia”

3. DSP will read the Evacuation Plan for the residential setting where they are working.

4. DSP will review the Person Centered Plan for each individual for special instructions related to safety.

5. Trainer will instruct DSP on the operation and location of the fire alarm.

6. Trainer will provide a tour of the home and show the DSP the location of:
   - Fire extinguishers
   - Blood Spill Kit
   - Personal Protective Equipment (PPE)
   - Emergency Kit Bag
   - Carbon Monoxide Detector
   - Smoke and Fire Alarms
   - The “Safe Area” used for severe storms and tornados
   - Alternate and primary evacuation routes
   - Any special equipment used for evacuation

7. Trainer will review forms used for fire and tornado drills and documentation guidelines.

8. Trainer will review monthly equipment maintenance and required routine equipment checks.

9. DSP will complete the test – Trainer will review with DSP using the answer key.

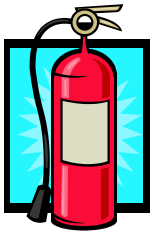
10. DSP will observe a fire drill and participate in a fire drill.

11. Trainer will answer any questions related to safety and fire prevention.

12. Trainer will review AFC administrative rules400.14318 (1-6) [400.15318 (1-6)]. Trainer will assure that the DSP knows where the AFC Licensing rules are located in the home for easy reference.

13. Trainer will review How to Complete E-Scores located at the end of this Unit, which are required by Certification of Specialized Program Administrative Rule 333.1803.

SAFETY AND FIRE PREVENTION



Emergency Information and Supplies:

During orientation you will become familiar with emergency policies, practices and specific needs of the individuals residing in the home. You will need to learn what emergency supplies should be available and where these supplies are located. If you have a suggestion to improve safety in the home discuss it with your supervisor. There may be a consumer residing in the home that would enjoy the opportunity to contribute to safety practices by monitoring, or assisting with the monthly monitoring of safety equipment.

What supplies must be available in a specialized residential group home?

All homes must have complete Blood Spill Kits. It is not acceptable to have the required contents scattered or stored in different areas of the home. These items must be stored as a unit (all items in one container). The kits must be monitored monthly to assure they remain intact. Each provider will have a form that can be used to document this monitoring.

The following list is minimum required contents of a blood spill kit:

1. pair disposable latex gloves
2. disposable apron or gown
3. scoop/scrapers
4. red biohazard bags with ties
5. disposable towel
6. isolation mask
7. pair protective eyewear
8. antiseptic wipes

All specialized residential settings must have contingency plans for emergencies. You must review these plans and know where they are located. Plans must be available for medical emergency, death of a consumer, missing consumer, emergency lodging, water shortage, inclement weather and flood. You may want to obtain information related to your community emergency plan as well.

Emergency Supplies:

All homes must have complete emergency kit bags. An emergency kit bag is also recommended for the vehicle. The kits must be monitored monthly to assure they remain intact. Each provider will have a form that can be used to document this monitoring.

Emergency Kit Bag Contents

At minimum, emergency bags should include the following:

- Battery powered radio and extra batteries (or wind –up) radio
- First aid kit
- Depends (if applicable)
- Flash light and extra batteries (or wind –up) flashlight
- Keys for van and home
- Gloves
- Rain ponchos
- Thermal blankets
- Wet wipes
- Bottled water, also dated
- Emergency numbers
- Snacks – per individual preferences, health and dietary concerns (these snacks must be dated).
- Consumer profiles

Any confidential information in the consumer profile must be protected. This information must be locked. Small wheeled bags can be used if it is easier for people to pull the bag than to carry one. If a fire, smoke or similar emergency requires evacuation of the home, remember that evacuation of consumers and staff is a priority. DSP's cannot re-enter the home once everyone is out. If the bag is too large to take out of the home at the same time as the DSP's are assisting people in evacuation – leave it behind.

SEVERE STORMS AND TORNADO SAFETY

A **severe storm** is a storm with high winds, dangerous lightning, and possibly hail. It could cause power outages, and damage to homes and property.

Thunderstorms – Advance warning of a coming storm is critical to prevent being caught in a storm. Make sure you are aware of the weather forecast when planning outdoor activities. If you are outside when a thunderstorm threatens, get inside a home, large building or an automobile.

Lightning - Lightning often occurs during thunderstorms. Precautions can be taken to reduce your risk of being struck.

- Stay away from tall isolated trees, telephone poles, hilltops or other high areas that act as natural lightning rods.
- In a forest, seek shelter under a thick growth of small trees. In open areas, go to a low place such as a ravine or valley.
- Seek shelter in a home large building or an automobile.
- Get away from open water, metal equipment or metal objects such as bicycles, motorcycles or golf carts.
- Stay away from wire fences, clotheslines, metal pipes and rails. If you are walking in a group, spread out and try to stay several yards apart.

REVIVING A VICTIM OF ELECTRICAL SHOCK

If a victim is not breathing, start mouth to mouth resuscitation immediately to prevent damage to the brain.

TORNADOES

A **tornado** is a column of violently rotating winds that extend down from a thunderstorm cloud and touch the earth. A tornado can occur anytime but are most common during the months of April, May, June and July.

KNOW THE DIFFERENCE BETWEEN A WATCH AND A WARNING!

A **"watch"** means: conditions are favorable for a severe storm or tornado to occur.

A **"warning"** means: that a severe storm or tornado is actually happening – **TAKE COVER.**

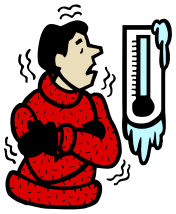
TORNADO PROCEDURES:

1. When a "watch" is issued, prepare to move to your safe area. Monitor the local radio station for sudden weather changes or bulletins.

2. If any of the following occur:
   - High winds in excess of 30 miles per hour
   - A fire siren is blown
   - A funnel cloud is spotted
   - A **TORNADO WARNING** is issued - SEEK SHELTER IMMEDIATELY!
3. Close interior and exterior doors to minimize the chance of injury due to flying glass. Stay away from windows and outside walls!
4. Stay tuned to the local station while you are in your safe area.
5. When the storm has passed leave the safe area with caution. If any potentially dangerous conditions exist (broken glass, windows, or other damage) contact the proper person.

If you are traveling when conditions are favorable, drive to the nearest large building that can be used as a shelter. Stay near a shelter until the threat has passed. If you are driving and a warning is issued, seek shelter in a large building. If a building is not available, you may need to lie down in a ditch or ravine. Do not try to outrun a tornado in your vehicle!

WINTER STORMS



Winter storms call for special precautions. Snowfall, blizzards and ice storms can trap people inside for days. Snow and ice can break power lines and cause loss of electricity and heat.

A winter storm may also cause utility failure. Extended exposure to cold temperatures may cause injury or death. Knowing what to do to prepare for and respond to a winter storm can save your life!

WHAT PRECAUTIONS CAN YOU TAKE?

A battery-powered radio is your best source of information in an emergency. Remember to have extra batteries on hand! Listen to the radio to keep posted on weather reports.

Draw water into as many containers as possible. Gather battery-powered lanterns, flashlights, etc. in case you lose your power. Make sure your home has a corded phone!

If candles are used, **BE CAUTIOUS!** Candle-holders should surround the candle totally (like a glass globe or a fish bowl). Do not leave a candle burning unattended. Battery operated candles or camp lights are recommended.

If you experience heat failure, dress in layers and keep moving!

If your home has fuel delivery, remember to assure an adequate supply of fuel is available at all times, especially if a winter storm is predicted!

Portable heaters are not permitted for use in licensed settings under any circumstances.

EQUIPMENT YOU MAY NEED:

- ☐ Battery operated candles
- ☐ Bottled water
- ☐ Warm clothing
- ☐ Flashlight/extra batteries
- ☐ Food supply
- ☐ Warm Blankets

SPECIAL CONSIDERATIONS:

- If you experience a heating failure you may need to keep a steady trickle of water flowing from each faucet to prevent the pipes from freezing.
- If the temperature inside falls to below 55 degrees it may be necessary to contact someone so that you can evacuate.

FLOODS

Floods usually occur in Michigan during the Spring and Fall when rainfall and water runoff are at their peak. Flash floods are particularly hazardous because they can occur quickly and without warning. Swiftly moving water can damage or destroy buildings and structures. This can lead to injuries and drowning. Floods can interrupt power and make roads impassable. Severe floods occur rarely, but knowing how to prepare and respond can prevent disaster.

Notification and warning

Notification of a flood **watch** or **warning** is received by:

1. Radio and television
2. Sirens and alert monitors
3. Emergency personnel who go door to door
4. National Weather Service or local emergency jurisdiction

If a flood warning is issued for your area, local government officials will issue evacuation instructions over the television or radio.

Never drive through an area where water is covering the road or moving swiftly across the road. Turn around and find another route.

WATER SHORTAGE PRECAUTIONS

- Water supply must be stored in clean dated containers and exchanged every 6 months.
- If there is room in your freezer water can be frozen and melted as needed.
- Keep a supply of bottled water.
- Fill bathtubs if a water shortage is possible. This will allow water for filling toilets, washing dishes, personal care, etc.

If water is contaminated or questionable, treat it with "potable" water tablets. These tablets make water safe to drink and can be purchased at hardware or drug stores.

Purify water with household bleach. Use bleach that contains hypochlorite as its only active ingredient. Use 8 drops of bleach per gallon of water. If water is cloudy use 18 drops of bleach. Make sure you stir or shake this water and let it set for at least one hour before you drink it.

POWER OUTAGE CONCERNS:

AIR CONDITIONING FAILURE

Air conditioning failure can pose a serious threat to the elderly or those with other health conditions. The following tips will help you keep cool in an air conditioning failure:

- Shut all curtains
- Don't open windows unless it will let cooler air in.
- Go to a lower level of the home if possible to stay cool.
- Keep individuals well hydrated- offer fluids frequently.

FOODS THAT SPOIL

If a power failure continues for a long time, food may begin to spoil. A loaded freezer will keep foods frozen 36 – 48 hours if the door is kept shut.
Avoid opening freezer and refrigerator doors more than necessary. Transfer foods you will use soon to an insulated chest type freezer. If you can obtain ice, transfer as much as possible into coolers. Cold foods are to be kept at 40 degrees Fahrenheit or lower.

GAS LEAKS

If you think there is a gas leak do the following:

1. **Evacuate immediately!**
2. **Do not turn any electrical switches on or off.**
3. **Do not use the telephone.**
4. **Do not use any matches or lighters.**
5. **Go to a neighbor's and call the gas company right away.**

CARBON MONOXIDE POISONING

Carbon monoxide is a clear, odorless gas. The symptoms may be headaches, dizziness, and sleepiness.
If your carbon monoxide detector goes off, or you suspect carbon monoxide poisoning, you must evacuate immediately!

OTHER EMERGENCIES:

- **Know the symptoms and treatment of Frostbite and Hypothermia.**
- **Know the symptoms and treatment of Hyperthermia.**
- **Know the procedures for responding to a suspected Poisoning.**

FIRE SAFETY AND PREVENTION

As a Direct Support Professional, you must understand how to react to a fire or smoke emergency.

- Evacuation is your absolute FIRST PRIORITY in a fire or smoke emergency. GET EVERYONE OUTSIDE!
- **EVACUATE IMMEDIATELY – Time is the most important factor!**

If you smell smoke, see flames or smoke, or hear the fire alarm, you must evacuate immediately! In a residential setting there are no "false alarms". That means even if you know the toaster set off the smoke alarm….just evacuate!

- Do not look for the fire! Do not attempt to fight the fire! A fire doubles in size every 19 seconds! Just get out! Go to your **designated** meeting place.
- Do not waste time getting dressed!
- Do not try to save property or possessions!
- Have regular fire drills to prevent panic and assure proper action!

DON'T RE-ENTER THE HOUSE – Once you are out, stay out! Call the fire department and other emergency numbers from a neighbor's.

FIRE EXTINGUISHMENT

You must never use a fire extinguisher to put out a fire! Putting out a fire is the job of a professional fire fighter! There are **only two reasons** you will ever use a fire extinguisher:
RESCUE – If you need to get to someone to evacuate them and there is a fire between you and them.
ESCAPE – A fire may be blocking your exit and you need to use the extinguisher to suppress the flames long enough to get this person out.

An ABC (multi-purpose) extinguisher will put out most fires that start in a home. An extinguisher is useless unless you know how to operate it!

Using a fire extinguisher:

1. Hold extinguisher upright. Pull the pin out.
2. Stand at least 6-8 feet from the fire. Do not get closer!
3. Aim the nozzle at the base of the fire and squeeze the handles.
4. Sweep side to side slowly, moving closer as the flames diminish.

Fire extinguishers last only about 8-10 seconds! Fires can and do re-ignite. If you need to use an extinguisher for **RESCUE** or **ESCAPE** do it quickly and **GET OUT!**

HOME SPECIFIC PROTECTION PLAN

Review the protection plan for your home. Be sure you know all the following information!

☐ Specific evacuation procedures for all individuals who reside in the home.

☐ Evacuation procedures staff must follow for each specific home– **know your role!**

☐ Location of the meeting area or destination where the “head count” is completed. This area should be just outside the primary exit door – in case someone is not accounted for!

☐ Location of the place of safety. This is a place far enough away from the home to keep everyone safe from the fire and emergency vehicles. It should be in the front of the home if possible.

☐ Primary exits from all rooms.

☐ Alternate exits.

☐ Where your emergency kit bag is located.

☐ Emergency numbers and who should be contacted.

Each protection plan should contain the **KNOWLEDGE OF FIRES** section. This is information all Direct Support Professionals must know!

KNOWLEDGE ABOUT FIRES:

A. GENERAL KNOWLEDGE:

1. The absolute **FIRST PRIORITY** in a fire emergency is to evacuate everyone in the home.
2. **TIME** is the most important factor in a fire. Any delay may increase the danger, and decrease people's chance to escape.
3. **CLOSING THE DOORS** on the way out will help contain smoke and fire spread - giving more time for evacuation.
4. Smoke rises – **KEEP LOW!** Smoke is the real killer in fires.
5. Once everyone is out - do not re-enter the house!

B. FIRE EXTINGUISHMENT:

1. No attempt should be made to fight a fire except:
    a. To create an escape route, if trapped, OR
    b. Rescue someone who is trapped.

2. **HOW TO USE A FIRE EXTINGUISHER:**

    a. Hold the extinguisher firmly upright and pull the pin.
    b. Stand 6 to 8 feet from the fire - no closer.
    c. Aim the nozzle at the base of the fire and squeeze the handles.
    d. Sweep slowly in a side to side motion and move forward as the flames subside.
    e. Fires can re-ignite! Get Out!!!

C. IF YOU ARE TRAPPED:

1. Close the room door and stuff bedding, clothes, etc. under the door.
2. Open a window for air. You may have to break it.
3. Stay close to the floor to avoid smoke.
4. Make noise or hang something out the window to let people know where you are.

It is important to know what to do in a fire emergency. Learning the correct action could save your life!

Most people die or are injured in a fire for the following reasons:

- They do not get enough warning.
- They do not evacuate immediately.
- Once they are out, they go back into the house for some reason.

FIRE PREVENTION IS KEY TO A SAFE ENVIRONMENT!

SMOKE DETECTORS – Provide warning.

- Have enough working smoke detectors to provide warning. There should be a minimum of one on every level and outside sleeping areas.
- Make sure that they are properly placed. See manufacturer instructions.
- Test the detectors monthly. Testing them on the first day of each month will help you remember.
- Replace the batteries at least once a year. Do this on a birthday or a holiday so that you won't forget.
- Replace the entire detector every 5 years or as recommended in the manufacturer instructions.
- Don't take the battery out of a smoke detector! If you are having nuisance alarms, check to see if the detector is located too close to an area that would cause problems such as the kitchen or bathroom.

FIRE DRILLS

Fire drills are conducted so that the individuals who live in the home and DSP staff can practice how to respond in an actual fire or smoke emergency. All DSP staff that work in the home must participate in enough fire drills to be efficient and well practiced in using the home's evacuation plan. Every home with four or more individuals living there should conduct and document fire drills at least once during the daytime, evening, and sleeping hours during every three month period.

<u>CONDITIONS</u>:

- Fire drills should only be conducted with the normal number of staff on duty. Extra staff may be present to observe and record but may not participate in the drill.

- Surprise drills (no staff notice) should be conducted as frequently as possible.

- The people who live in the home are never alerted that there is going to be a drill.

Priority should be given to conducting drills during difficult conditions such as:

* During periods of deepest sleep (1/2 to 3 hours after going to sleep).
* During meal times, bathing, recreation times, etc.
* During cold weather.

PROCEDURE:

1. The alarm or smoke detector should be activated through the entire drill. Start timing the drill as soon as the alarm starts.

2. DSP staff should know and follow the evacuation plan. Give the instruction used in the plan to direct individuals to the designated meeting area. **Never shout, call out, or say "FIRE".**

3. Give prompts and assistance as needed. Do not wait for people to respond independently, even if they can.

4. Do a head count at the destination. Stop timing the drill as soon as the last person is out the door.

5. One staff should return to the house, shut off and reset the alarm. They should return to the destination and give the "all clear".

Fire Drills (Information and recommendations to staff)

- Fire drills are ***required*** in any licensed setting.
- Fire drills should be completed with the normal number of staff on duty. Extra staff can observe or sound the alarm but they should not help in the evacuation.
- The people living in the home should not be told in advance that there is going to be a drill.
- As often as possible drills should be a surprise to the staff on duty. Surprise drills help staff prepare for an actual fire emergency.
- Drills should occur under different times and conditions. Showers, meal times, sleeping hours.

Standard Fire drill procedures to observe

- If possible, always sound the alarm that would go off in the actual fire. Sound it throughout the entire evacuation!
- Start timing when the alarm sounds. Stop timing the minute the last person is out the door. A stop watch is recommended!
- Follow the evacuation procedure – if it doesn't work, let someone know. Use the correct exits during evacuation. Always use primary exits, not alternate routes or rescue routes such as windows.

DSP staff should treat all fire drills as actual fire emergencies. Everyone in the home should evacuate during a drill!

What to do if an individual refuses to participate in a fire drill

- If a person refuses you must document your actions, including what you did to determine why the person would not evacuate and what type of verbal encouragement /prompting you used. **Do Not Force the Individual To Evacuate!** Remain in the home with the individual until everyone has completed the practice drill. An incident report should be completed and the home manager/supervisor should be contacted. The home manager/supervisor will contact the case manager on the next working day to schedule a meeting in the next 3-5 days to review and adjust the individual's plan of service. This is a problem solving meeting to identify reasons why the person may be refusing and to offer specific recommendations which staff will use to encourage participation.
  Home staff will then schedule another fire drill to "test" the new evacuation plan. If the plan is not successful this process should be repeated until the individual successfully completes a fire drill.

- Practice evacuations may be used to assist with individuals experiencing difficulties participating in "fire drills". "Practice evacuations" may be announced and used to assist with the implementation of a positive behavior supports plan.

- **In the event of a real fire the DSP will assist individuals to evacuate and may use physical intervention techniques, blanket drag, clothing drag, two-person seat carry, or other technique that will move the individual safely out of the home and away from danger. The DSP will have to decide quickly in the event of a real fire emergency, and must do what ever is necessary to ensure successful evacuation of all persons in the home.**

- At the destination complete a head count and determine if it is necessary to go to the place of safety.

- One staff returns to the house to shut off and reset the alarm (if it is still sounding), they check to make sure the house is safe, and then they give the "all clear" for everyone to return.

- Complete the fire drill log!

It is a good idea to schedule required drills at the beginning of each month. If a drill cannot be completed due to problems with a person in the home such as health concerns, or other issues which may interfere with successful participation. It can still be completed before the end of the month. Fire drills should be scheduled to avoid poor weather conditions. (Drills can be delayed or rescheduled if the DSP staff determine there may be a problem or the drill may cause problems).

Recommended evacuation time in a drill is 3 minutes or less. If evacuation is taking longer than this, the evacuation procedure should be reviewed for possible modification. Staff may need additional training; bedroom changes may be required, etc.

Strategies for Improving Evacuation Times

Timing Issues

☐ Is everyone timing the drills correctly? The timing **starts** when the alarm is sounded, and **stops** when the last person steps out of the door.

☐ Is a stopwatch being used? Guessing at times is often inaccurate. Watches can be hard to read, especially at night.

Destination/Meeting Place Issues

☐ Is the destination appropriate for the people in the home? It should not be further than three to five feet from the door. (The destination is where you complete your head count – you need to know if anyone is unaccounted for before you move away from the structure). If there are people who are slow moving or need full assistance, it is better to assemble everyone just outside the door first, and then take the time needed to get people to the place of safety. **(Remember timing stops when the last person is out of the door.)**

Resident Evacuation Procedure Issues

☐ Is there a carefully planned procedure for the most efficient evacuation of all occupants? It should take into account assistance needs of the people who live there (are there current e-scores?), and organize staff movements to provide assistance in the most logical sequence.

☐ If possible and safe, can the people who need the most assistance sleep in bedrooms closest to an exit door?

☐ Is the procedure reviewed often enough to be sure that there is not a better procedure available? This is especially important if new people have moved in, or if assistance needs have changed in the existing residents.

Staff Training/Competence Issues

☐ Are all staff trained in the evacuation procedure including actual practice in a fire drill?

☐ Are all drills evaluated and reviewed with staff, so that changes can be made if someone has found a better procedure?

☐ Is staff participation in drills monitored so that everyone has had recent practice at implementing the fire evacuation plan?

Resident Skills and Motivation Issues

☐ Have all the individuals been taught to be as independent as they are physically able to be in evacuating? (If not a good destination training program is available).

☐ If the problem is that the person could evacuate if they wanted, but they usually don't want to go, there are programs to increase cooperation. Home staff should discuss this with the case manager/supports coordinator and it should be included in the individual's plan of service.

☐ Are drills being held too often, creating resistance in otherwise cooperative people? Minimum frequency is one per shift, per quarter; more frequent drills may generate resistance.

Miscellaneous Issues

☐ Are there physical plant barriers to efficient evacuation that can be fixed? Some suggestions may be: Changing doors or handles that do not open easily or rearranging furniture to create smooth exit paths. Eliminating doorsills, ramping steps, adding handrails, or improving lighting, may be helpful. These suggestions can make evacuation easier and safer.

☐ Are you listening to others? Staff who are experiencing problems with the evacuation procedure are often the best people to ask when looking for solutions to improve evacuation time or procedure.

Monitoring provides opportunity for preventative measures!

___ Are staff trained in alarm/sprinkler system?
___ Is a smoking policy available and in effect?
___ Are safety ashtrays used?
___ Is there documentation of battery operated smoke detector checks?
___ Is there documentation of yearly battery changes in detectors?
___ Is there a posted diagram of primary and alternate routes?
___ Fire extinguishers – minimum of one per floor and basement?
___ Is the extinguisher a 5 lb. ABC? (A 10 lb. Is Recommended).
___ Is the extinguisher Inspected and labeled monthly by staff?
___ Are hallways, stairways, egress routes clear of obstacles & storage?
___ Do all exit doors open easily?
___ Are all exit doors non-locking to egress?
___ Is the exterior lighting operational?
___ Are exit pads even with grade at exit doors?
___ Is the destination or head count area close to exit (3-5 feet)?
___ Is there a trailing mechanism for people who are blind?
___ Is there a special alarm for people who are deaf?
___ Are stairway handrails secure, steps in good condition?
___ Does the main floor have two separate means of egress?
___ Does the basement (if licensed for use) have 2 means of egress?
___ Do you understand that no portable heaters are allowed – for any reason?
___ If wheelchairs are used is there a ramp at both exits?
___ Is the mechanical room free of stored items?
___ Is the furnace filter clean?
___ Are there heat or smoke detectors in heat producing rooms?
___ Are flammable or combustible items properly stored?
___ Is emergency lighting available?
___ Is the dryer vent solid or flexible metal?
___ Is the dryer filter cleaned after use?
___ Is the stove vent screen clean?
___ Does the oven door shut tightly?
___ Are electrical outlets overloaded?
___ Are there any frayed, hanging or exposed electrical cords?____ Are there any problems with the dishwasher or other appliances?

Poison Prevention

The following information can help you prevent poisonings, and respond to them in an appropriate manner if needed.

Preventing Poisoning From Medications

- Follow directions on the label when you give or take medicines. Read all warning labels. Some medicines cannot be taken safely when you take other medicines or drink alcohol.
- Assure you have adequate light when you give or take medicines so that you know you have the correct amount of the right medicine.
- Keep medicines in their original bottles or containers.
- Keep opioid pain medications, such as methadone, hydrocodone, and oxycodone, in a double locked cabinet that can only be reached by people responsible for medication passing.
- Dispose of unused, unneeded, or expired prescription drugs

Household Chemicals and Carbon Monoxide

- Always read the label before using a product that may be poisonous.
- Keep chemical products in their original bottles or containers. Do not use food containers such as cups, bottles, or jars to store chemical products such as cleaning solutions or beauty products.
- Never mix household products together. For example, mixing bleach and ammonia can result in toxic gases.
- Wear protective clothing (gloves, long sleeves, long pants, socks, shoes) if you spray pesticides or other chemicals.
- Turn on the fan and open windows when using chemical products such as household cleaners.
- Understand the dangers and symptoms of carbon monoxide poisoning.
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Keep people Safe from Poisoning

- Put the poison control number, **1-800-222-1222**, on or near every home telephone and save it on the home cell phone, (if one is available). The line is open 24 hours a day, 7 days a week.
- Keep all drugs in medicine cabinets or other childproof cabinets that young children cannot reach.
- Do not call medicine candy.
- Be aware of any legal or illegal drugs that others may bring into the home.
- Do not let other employees leave personal prescription drugs where they can be ingested. Staff medications should be locked if they are in the home at all.
- When you take medicines yourself, do not put your next dose on the counter or table where someone else can reach it.
- Never leave people in your care alone with household products or drugs.
- Do not leave household products out after using them. Return the products to a locking cabinet as soon as you are done with them.
- Identify poisonous plants in your house and yard and place them out of reach of people in your care.

What to do if a poisoning occurs

1. Remain calm!
2. Call 911 if you have a poison emergency and the victim has collapsed or is not breathing. If the victim is awake and alert, call poison control 1-800-222-1222. Try to have this information ready:
    - the victims age and weight
    - the container or bottle of the poison if available
    - the time of the poison exposure
    - the address where the poisoning occurred
3. Stay on the phone and follow the instructions from the emergency operator or poison control center.
4. If they request that you bring the person in to the hospital, you must take the suspected poison, or bottle and any vomit (if the person has thrown up).

You should have Syrup of Ipecac on hand. Syrup of Ipecac is a substance that will induce vomiting. **You should never induce vomiting unless you are given this instruction from the poison control center. Inducing vomiting can cause more harm than good.**

Please note that licensed residential programs must follow the following rules:

AFC administrative rule [400.14312(1)] requires that all medications be kept locked.

AFC administrative rule [400.14401(6)] requires that all poisons, caustics and other dangerous materials be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Preventing Frostbite and Hypothermia

Prolonged exposure to low temperatures, wind or moisture can result in cold-related illnesses such as frostbite and hypothermia. These are a few tips that can help you prepare for, respond to, and prevent these winter hazards.

How to detect and treat cold-related illnesses

Frostbite is the most common injury resulting from exposure to severe cold. If the frostbite is superficial it will be characterized white, waxy, or grayish-yellow patches on the affected areas. The skin will feel cold and numb and the skin surface will feel stiff while the underlying tissue feels soft and pliable when depressed.

Take the victim inside immediately if any of these symptoms occur. Remove constrictive clothing or garments that could impair circulation. If you notice signs of frostbite, immediately seek medical attention. Place dry, sterile gauze between toes and fingers to absorb moisture and to keep them from sticking together. Slightly elevate the affected part to reduce pain and swelling. If you are more than one hour from a medical facility and you have warm water, place the frostbitten part in the water (102 to 106 degrees Fahrenheit). If you do not have a thermometer, test the water first to see if it is warm, not hot. Re-warming usually takes 20 to 40 minutes or until tissues soften.

Deep frostbite usually affects the feet or hands and is characterized by waxy, pale, solid skin. Blisters may appear. Treat deep frostbite by moving the victim indoors and immediately seek medical attention.
Do not rub the affected area as this can cause tissue damage.

Hypothermia occurs when the body's temperature drops below 95 degrees Fahrenheit. Symptoms of this condition include change in mental status, uncontrollable shivering, cool abdomen and a low core body temperature. Severe hypothermia may produce rigid muscles, dark and puffy skin, irregular heart and respiratory rates, and unconsciousness.

Treat hypothermia by protecting the victim from further heat loss and calling for immediate medical attention. Get the victim out of the cold. Add insulation such as blankets, pillows, towels or newspapers beneath and around the victim. Be sure to cover the victim's head. Remove wet clothing and give the person dry clothing. Handle the victim gently because rough handling can cause cardiac arrest. Keep the victim in a horizontal (flat) position. Give artificial respiration or CPR (if you are trained) as necessary.

How to prevent cold-related illnesses

Avoid frostbite and hypothermia when you are exposed to cold temperatures by wearing layered clothing, eating a well-balanced diet, and drinking warm, non-alcoholic, caffeine-free liquids to maintain fluid levels.
Avoid becoming wet, as wet clothing loses 90 percent of its insulating value.

How To Complete E-Scores

Appendix f- Life Safety Code
National Fire Safety Association

A PROCEDURE FOR DETERMINING EVACUATION CAPABILITY

This Appendix is not a part of the requirements of this NFPA Code, but is included for information purposes only. The term "shall" in this Appendix is used to indicate that if one chooses to use the Appendix, then, within the system described, the item is mandatory.

Chapter 21 defines three levels of evacuation capabilities of the residents as a group (with staff assistance):

(a) prompt;

(b) slow; and

(c) impractical.

Chapter 21 also prescribes the fire safety protection requirements for each level of evacuation capability. This Appendix describes a method for determining evacuation capability.

Separate subsystems are provided for:

(a) Rating the evacuation capabilities of individual residents. (Step 1)

(b) Computing the relative level of evacuation difficulty faced by the occupants of a given facility. This includes rating the Promptness of Response for the staff, introducing an adjustment for number of floors, and calculating an Evacuation Difficulty Score. Subsection 21-1.3 defines three evacuation capabilities levels in terms of evacuation difficulty scores.

Procedure for Determining Evacuation Capability

STEP 1 - For each resident, complete one copy of Worksheet F1, Worksheet for Rating Residents. Follow the instructions on the Worksheet. Use the Instruction Manual for Rating Residents for further guidance and for definitions of terms.

STEP 2 - For each facility complete one copy of Worksheet F-2, Worksheet for Calculating Evacuation Difficulty Score (E-Score). Follow the instructions on the Worksheet. Use the Instruction Manual for Calculating Evacuation Difficulty Score for further guidance and for definitions of terms.

STEP 3 - Determine evacuation difficulty using the E-Score from Step 2 and the criteria of 21-1.3.

Instruction Manual for **Rating Residents (Worksheet F-1)** base ratings on commonly observed examples of poor performance.

The Evacuation Difficulty Score has been designed to minimize speculation about how residents might perform in an actual fire emergency by basing ratings on already observed performance. Instead of speculating, raters who are not familiar enough with a resident to confidently provide ratings should consult with someone who has observed the resident on a daily basis.

Due to the stress of a real fire emergency, some residents are not likely to perform as well as they are capable of doing. Therefore, ratings based on commonly observed examples of poor performance provide the best readily available indication of behavior that may be degraded due to the unusually stressful conditions of an actual fire. All persons naturally tend to be less capable on some days, and the ratings should be based on examples of resident performance on a typically "bad" day. Findings should not be based on rare instances of poor performance.

Risk Factors (refer to Worksheet F-1, side 2)

I. **Risk of Resistance** - means that there is a reasonable possibility that, during an emergency evacuation, the resident may resist leaving the group home. Unless there is specific evidence that resistance may occur, the resident should be rated as "minimal risk". Specific evidence of resistance means that staff have been required to use some physical force in the past. However, an episode of resistance should not be counted if it resulted from a situation that was different enough from a real fire emergency so that the incident probably does not predict behavior in a real fire emergency. For example, an incident when a resident refused to leave his bedroom to visit his parents would probably not predict behavior in a real fire emergency and would not be counted as specific evidence. Resistance may be active (for example, the resident may have struck a staff member or attempted to run away) or passive (for example, the resident may have "gone limp" or hid from staff members). Mere complaining or arguing is not considered resistance.

(a) Minimal Risk. This means that there is no specific evidence to suggest that the resident may resist an evacuation.

(b) Risk of Mild Resistance. This means that there is specific evidence that the resident may mildly resist leaving the group residence. Examples of specific evidence that a resident should be rated in this category are as follows:

(1) The resident has mildly resisted instructions from staff. Further, the resistance was brief or easily overcome by one staff member, and occurred in a situation similar enough to a fire emergency to predict that the behavior could recur during a fire emergency, or

(2) The resident has hidden from the staff in a situation similar enough to a fire emergency to predict that the behavior could recur during a real fire emergency. However, once found, the resident offered no further resistance.

(c) Risk of Strong Resistance. This means that the resident may offer resistance that requires the full attention of one or more staff members. Examples of specific evidence that suggest that a resident should be rated in this category are as follows:

(1) The resident has struggled vigorously in a situation similar enough to a fire emergency to predict that the behavior could recur during a fire emergency, or

(2) The resident has totally refused to cooperate in a situation that is similar enough to a fire emergency to predict that the behavior could recur during a real fire emergency, or

(3) The resident has hidden in a situation that is similar enough to a fire emergency to predict that the behavior could recur during a real fire emergency. Moreover, once found, the resident continued to offer resistance.

II. **Impaired Mobility** - means that the resident is physically limited in his or her ability to leave the home. The rating should reflect the present physical environment in the building where the resident lives and should be based on the resident lying awake on his/her bed. The resident is rated according to how easily he or she can leave, given the presence of physical barriers that hinder movement (such as stairs), the resident's ability to get out of bed or chairs he or she normally uses, and so forth. The resident should be given credit for being able to use devices that aid movement (for example, wheelchairs, walkers, crutches, and leg braces). However, the rater may give credit for such devices only if they are always available for an emergency evacuation.

The resident should be rated on his or her ability to use the most accessible route out of the home. For example, a resident who is "**self-starting**" when he uses the back door, but who "needs limited assistance" to get out the front door would be rated as "**self-starting**".

The rater should test the resident when he/she is under the influence of any routine medication that slows the resident's movement.

When the resident needs physical assistance to make a timely evacuation, the amount of assistance required is based on the categories defined below. Physical assistance mans that the staff member must use some strength to assist the resident. Guiding or directing the resident by giving gentle pushes or leading by the hand is not considered physical assistance.

(a) **Self-Starting** - means that the resident is physically able to start and complete an evacuation without physical assistance.

(b) **Slow** - means that the resident prepares himself or herself to leave and travels to the exit (or an area of refuge) at a speed significantly slower than normal. Specifically, the resident is rated "**slow**" if he/she cannot prepare him- or herself to leave, and then travel from his/her bedroom to the exit (or area of refuge) within a period of 90 seconds.

(c) **Needs Limited Assistance** - means that the resident may require some initial or brief intermittent assistance, but can accomplish most of the evacuation without assistance. (The total time required to physically assist the resident should not exceed the amount of time typically required in the examples listed below.) The following are a few examples of capabilities that fall within this category:The resident would be physically able to start and complete an evacuation, except that:

(1) The resident needs help to get into a wheelchair, or

(2) The resident needs help to descend stairs in the building, or

(3) The resident needs help to get out of bed, or

(4) The resident needs help to hope a door.

(d) **Needs Full Assistance or Very Slow** - means that the resident needs "full assistance" or is "very slow" as defined in this section.

Needs full assistance- The resident needs full assistance if either:

(1) the resident may require physical assistance from a staff member during most of the resident's evacuation or

(2) the total time required to physically assist the resident is equal to or greater than the time required in the examples below.

The following are a few examples of capabilities that fall within this category:

(1) The resident may need to be carried from the building.

(2) The resident needs help to get into a wheelchair and must be wheeled out of the building.

(3)The resident needs help to get into leg braces and needs help to descend steps.

Very slow- The resident is rated very slow if the time necessary for the resident to prepare him- or herself to leave, and then travel from his/her bedroom to the exit, is so long that the staff cannot permit the resident to evacuate unassisted. Specifically, the resident is rated very slow if he/she cannot prepare him- or herself to leave, and then travel to the exit (or area of refuge), in 150 seconds.

III. **Impaired Consciousness** - means that the resident could experience a partial or total loss of consciousness in a fire emergency. Unless there is specific evidence that loss of consciousness may occur during a fire emergency, the resident should be rated as "no significant risk."

Specific evidence means that the resident has experienced some temporary impairment of consciousness of short duration (seconds or minutes) six or more times during the three months preceding the rating of the resident. Regardless of frequency, if there is specific evidence that loss of consciousness may be caused by the stress of a fire emergency, the resident should be rated as having impaired consciousness. An episode of partial loss of consciousness should be counted only if the impairment was severe enough to significantly interfere with the resident's ability to protect himself or herself. Do not count episodes where the loss of consciousness was the result of a temporary medical problem (e.g., a severe infection).

(a) **No Significant Risk** - means that the resident is not subject to loss of consciousness or that the resident has had fewer than six episodes of consciousness loss (partial and total) during the three months preceding the ratings.

(b) **Partially Impaired** - means that the resident has had at least six episodes of consciousness loss in the last three months, and that the most severe of these episodes was only a partial loss of consciousness; that is, the resident would still be able to participate somewhat in his or her own evacuation.

Examples of specific evidence that a resident should be rated in this category include loss of consciousness result from mild (partial or petit mal) seizures, dizzy spells, intoxication, or any other partially incapacitating impairment of consciousness.

(c) **Totally Impaired** - means that the resident has had at least six episodes of consciousness loss in the last three months, and that the most severe of these episodes was a total or severely incapacitating loss of consciousness; that is, the resident would require the full assistance of at least one staff member to get out of the building.

Examples of specific evidence that a resident should be rated in this category include losses of consciousness resulting from severe (generalized or grand mal) seizures, fainting spells, intoxication, or other total or severely incapacitating loss of consciousness.

IV. **Need for Extra Help** - means that there is specific evidence that more than one staff member may be needed to evacuate the resident. Specific evidence means that two or more persons have been previously needed to assist the resident, and that the resident could require assistance from two persons in a real fire emergency.

When rating the resident on whether there is a need for additional assistance, the rater should disregard the presence of staff members who appear unusually strong or weak. (For example, a staff member who is exceptionally strong or an unusually small staff member would be disregarded when rating the resident on Need for Extra Help.)

(a) **Needs Only One Staff -** means that there is no specific evidence that the resident might need help from two or more persons in a fire emergency.

(b) **Needs Limited Assistance from Two Staff** - means that the resident might require some initial or brief intermittent assistance from two persons, but will otherwise need help fro no more than one person. The following are a few examples of capabilities that fall within this category. The resident would require help from no more than one person except that:

(1) The resident needs two persons to get into a wheelchair.

(2) The resident needs two persons to descend stairs that are present in the building.

(c) Needs Full Assistance from Two Staff. This means that the resident might require assistance from two persons during most of the resident's evacuation from the building. The following are a few examples of capabilities that fall within this category:

(1) The resident may need to be carried from the building and this would require two persons, or

(2) The resident would need two persons to get into a wheelchair and to get the wheelchair down a flight of stairs, or

(3) The resident may vigorously resist an evacuation and two persons would be required to get the resident out of the building.

V. **Response to Instructions (Staff-Directed Evacuation)** - means the resident's ability to receive, comprehend and follow through with simple instructions. Residents often do not respond equally well to all staff members. Therefore, residents should be rated on their responses to staff members whose directions they are least likely to follow.

(a) Follows Instructions. This means that the resident can usually be depended on to receive, comprehend, remember and follow simple instructions.

(b) Requires Supervision. This means that the resident is generally capable of following instructions, but is not dependable. Therefore, the resident may need to be guided, reminded, reassured or otherwise accompanied during his or her evacuation, but will not require

the exclusive attention of a staff member. (For example, a staff member can simultaneously lead two or more residents who fit this classification.)

This category includes elderly persons who sometimes show early signs of senile dementia or cerebral arteriosclerosis (for example, confusion, disorientation, frequent "misplacement" of possessions) and young children who cannot be depended on to follow through with instructions. Some examples of resident capabilities that fall within this category are as follows. The resident is generally capable of following instructions except that:

(1) The resident is deaf or hearing impaired and sometimes misinterprets communications from staff using sign language, or

(2) The resident sometimes forgets instructions after a brief period of time, or

(3) The resident is sometimes distracted or confused and fails to follow through with instructions, or

(4) The resident is sometimes groggy and may fail to listen carefully or follow through with instructions, or

(5) The resident is sometimes uncooperative without apparent good reasons, or

(6) The resident is elderly and sometimes becomes "lost" in a familiar place, or

(7) The resident is a young child who may become frightened and not follow through with instructions.

(c) **Requires Considerable Attention or May Not Respond** - means that the resident may fail to receive, understand or follow through with instructions; that is, the resident may not respond to instructions or general guidance. Therefore, the resident may require most of the attention of a staff member during his or her evacuation. Some examples of resident capabilities that fall within this category are as follows:

(1) The resident sometimes does not understand simple instructions, or

(2) The resident may not respond to instructions from a particular staff member, or

(3) The resident is sometimes emotionally upset and is therefore unwilling to follow instructions, or

(4) The resident is deaf or hearing impaired and the staff cannot communicate reliably with the resident, or

(5) The resident is very forgetful, easily confused or easily distracted.

VI. **Waking Response to Alarm** - means that the fire alarm may fail to awaken the resident. Residents should be rated as "response probable" unless any of the following four conditions is true:

(a) The building does not have an alarm system meeting the requirements of Chapter 21 or the alarm is not very loud where the resident sleeps (doors should be closed and barriers kept in place when testing the loudness of the fire alarm), or

(b) Medication taken by the resident before retiring differs in type or amount (increased) from the medication taken for waking hours, or

(c) The resident has a readily apparent hearing impairment or the resident removes his or her hearing aid when sleeping, or

(d) There is some specific evidence that the resident may be an exceptionally sound sleeper. (Examples of specific evidence are: the resident did not wake up during some particularly loud clamor or racket and staff members have had to vigorously shake the resident to awaken him or her.)

When any of the four conditions is true, then the resident should be rated as "response not probable" unless the resident's ability to wake up has been demonstrated. The demonstration of the resident's ability to wake up to the fire alarm should be conducted after the first half-hour of sleep and during the first three hours of sleep. Also, the resident's ability to wake up to the alarm should be demonstrated on two different nights under usual conditions (for example, without hearing aid, under usual medications, and so forth). Also, the resident should be alert enough to follow simple instructions within one minute of waking up. In order to avoid awakening other residents, a device that makes a sound that is similar to but not louder than the fire alarm may be used (for example, an alarm clock can be used instead of a bell alarm).

(1) **Response Probable** - means that none of the four conditions is true for the resident or, when any of the conditions is true, the resident's ability to wake up has been demonstrated.

(2) **Response not Probable** - means that one or more of the conditions is true for the resident, and that either the resident has not been tested for his or her ability to wake up to the fire alarm, or the resident failed to demonstrate his or her ability to wake up to the alarm.

VII. **Response to Fire Drills (Self-Directed Evacuation)** - relates to the resident's ability to leave the building as demonstrated by the resident's performance during fire drills. It covers his or her ability to make decisions but does not relate to mobility, which is covered in a separate factor. For example, a resident may need assistance only in transferring from bed to wheelchair but otherwise can promptly

initiate and complete an evacuation. Such a resident would get a "yes" for "Initiates and Completes Evacuation Promptly" (0 points) and would be rated "Needs Limited Assistance" on the "Impaired Mobility" factor (6 points).

Components of a Self-Directed Evacuation - means there are three basic tasks that a resident must perform reliably and without instructions or supervision in order to receive the most favorable rating on this factor:

(a) **Initiates and Completes Evacuation Promptly** - The resident must have demonstrated a proper response to an alarm or warning of a fire by starting and completing the evacuation without unnecessary delay.

(b) **Chooses and Completes Back-up Strategy** - The resident must have demonstrated the ability to select an alternative means of escape or take other appropriate action if the primary escape route is blocked.

(c) **Stays at Designated Location** - The resident must have demonstrated that he/she will stay at a designated safe location during fire drills. (The whereabouts of already evacuated residents needs to be confirmed to avoid dangerous return trips to look for residents who may have returned to buildings.)

The resident shall be credited with being able to perform a task only when the resident has been specifically trained or instructed in the desired task and has demonstrated the desired response in at least three of the last four fire drills for which the skill was tested.

When the skill has not been tested in four fire drills, the resident shall be credited only when the resident has demonstrated the desired response during the last two opportunities to test the skill. Ratings must be based on the resident's demonstrated performance. Any resident who has not been trained using fire drills must be given the higher scores.

Residents must be rated assuming that a fire might find them in a common situation where they are least likely to respond well to an emergency. For most residents, this will be their evacuation ability after being awakened at night. The rating should not include difficulties in actually awakening the resident because of the large differences in how easy it is to wake up the same individual at various times of the night. (a) **Initiates and Completes Evacuation Promptly**. Some examples of resident capabilities that score "no" for this item are:

(1) The resident may not react to the alarm until alerted by a staff member.

(2) The resident spends an excessive amount of time preparing to leave (for example, getting dressed, seeing what everyone else is doing).

(3) The resident has a hearing impairment and therefore must be alerted by a staff member.

(4) The resident is sometimes upset or confused and therefore may seek out a staff member before evacuating.

(5) The resident will reliably start an evacuation, but is easily distracted and requires some supervision.

(b) **Chooses and Completes Back-up Strategy** - Residents that score "no" on this item will be those unlikely to select a good course of action if the primary escape route cannot be used; that is, they have not been trained to find alternative escape routes, find an area of refuge or perform other appropriate action. An example of resident capabilities that score "no" for this item is: The resident lacks the conceptual ability to understand about fire hazards and blocked escape routes, and therefore needs supervision.

(c) **Stays at a Designated Location in a Safe Area** - Some examples of resident's capabilities that score "yes" for this item are:

(1) The resident has been specifically trained to remain at a designated location in a safe area, and has demonstrated this ability without the presence of staff members in three of the last four fire drills.

(2) The resident is physically immobile, and therefore cannot leave the designated location.

(3) The group home uses a motor vehicle (for example, a van or bus) or a building that is detached and remote from the home (for example, another house or a remote garage) as the designated location, and the resident has demonstrated in three of the last four fire drills that he or she will remain there without the presence of a staff member.

(4) The resident may tend to wander, but a reliable resident has been assigned to keep the "wandering" resident at the designated location without using any force or coercion. Further, this arrangement has been demonstrated as effective in at least three of the last four fire drills.

Some examples of residents that score "no" for this item are:

(1) The resident has not been trained to stay at a designated location without any staff supervision.

(2) The resident has been trained to stay without staff supervision at a designated location, but has failed to demonstrate this capability in three of the last four fire drills.

Instruction Manual for Calculating Evacuation Difficulty Score (E-Score) (Worksheet F-2) - Requirements for Using the Evacuation Difficulty Score (E-Score). While the use of the Evacuation Difficulty Score allows determination of the level of fire safety need for a variety of staff and resident combinations, the system is valid only when the following underlying requisites are satisfied.

(a) Has a Protection Plan Been Developed and Written and Have All Staff Members Counted in the Calculation of E-Scores Been Trained in its Implementation?

Regardless of the staff's everyday competencies, they cannot be relied on to innovate effective life safety actions under the extreme stress and time limitations of an actual fire emergency. Regardless of the building's protection features, staff must have a valid and practiced plan of action that can be immediately put into effect in an emergency. The protection plan should include the following features:

(1) a description of all available evacuation, escape and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes, and

(2) the fundamental knowledge about fire growth, containment and extinguishment needed to make reasonable judgments about action priorities and viable egress routes.

(b) Is the Total Available Staff at any Given Time Able to Handle the Individual Evacuation Needs of Each Resident Who May Be in the Board and Care Home?

In a well-protected building, it would be possible to have an E-Score which is passing in relation to the rating values for the fire protection features of the building, and still not have the total situation acceptable under this system. This would be the case where a resident is present who requires assistance from two staff members, but only one staff member is present. Thus, a facility must not only have a passing E-Score, but the situation must be such that every resident can be evacuated by available staff.

Exception : This requirement is waived when the following conditions are true:

(1) The building meets the criteria for impractical level of evacuation difficulty; and

(2) For any time when the question is answered "no":

a. The resident whose evacuation needs cannot be handled is in a bedroom or other room that provides adequate refuge from fire outside the room, and

b. There is at least one staff member present who can close the door to the room.

Example: A very heavy resident is in a building meeting the criteria for impractical level of evacuation difficulty with one staff member who cannot transfer the resident from his bed to his wheelchair. Although the staff member cannot meet all the resident's evacuation assistance needs, the problem arises only when the resident is in his bedroom and the bedroom provides adequate refuge.

(c) Can Every Staff Member Counted in the Calculation of E-Scores Participate Meaningfully in the Evacuation of Every Resident? For example, a staff member, due to his or her own disability, may be unable to assist one or more physically disabled residents and, therefore, cannot be included in the calculation of the E-Score. However, if a staff member's disability does not limit his or her ability to assist the residents, then the staff member may be included.

(d) Are All Staff Members Counted in the Calculation of E-Scores Required to Remain in the Dwelling Unit with Only the Exceptions Listed in the Instruction Manual?

The procedure described in this Appendix for calculating an Evacuation Difficulty Score is based upon the assumption that the facility is always staffed when residents are in the building except as described below. Un-staffed buildings, not covered by these Exceptions, may be assigned an evacuation capability level based on the demonstrated ability of the residents to meet the criteria of 21-1.3 without staff assistance.

The **Exceptions** are as follows:

(1) Residents who receive only the most favorable ratings on the Worksheet for Rating Residents may be present in the dwelling unit without the presence of staff members.

(2) A staff member may be at a location outside of the dwelling unit when his/her ability to respond to a fire emergency from the location is roughly equivalent to his/her response ability from within the dwelling unit. In determining equivalency, the regulatory authority should consider:

a. whether the alarm meets the minimum loudness criteria (see the Instruction Manual for Calculating Evacuation Difficulty Score) at the locations outside the dwelling unit or whether another staff member who is required to remain in the dwelling unit can immediately notify the outside staff member of a fire emergency;

b. travel time to the dwelling unit;

c. detection of fire cues (e.g., smoke, noises) from the locations outside the dwelling unit; and

d. whether the staff member will be immediately notified about which area has the fire emergency, if the outside staff member is required to report to fire emergencies in more than one dwelling unit or fire zone.

The authority having jurisdiction can grant partial credit (not to exceed the Delay of Response score that the staff member would receive when required to remain in the dwelling unit) for staff members who are permitted to be at locations outside the dwelling unit, but who have an ability to respond promptly.

(e) Were at Least Six Fire Drills Conducted in the Last Year? Any home in operation for less than one year should have had as many fire drills as months of operation to meet the requirement for proper number of fire drills. (Requirement is for 12 drills the first year and six all other years.)

Worksheet for Calculating the Evacuation Difficulty Score (E-Score) (Worksheet F-2)

I. **Areas of Application of Evacuation Difficulty Score** -

(a) Small Facilities (housing not greater than 16 residents). The evacuation difficulty score is based on all of the housed residents and the available staff measured in accordance with the criteria for evaluating residents and staff in this instruction manual.

(b) Large Facilities (housing greater than 16 residents). The evacuation difficulty score may be calculated on the basis of individual fire/smoke zones. The procedure providing the better, i.e., (lower), evacuation difficulty score may be used. A fire/smoke zone is a portion of the building separated from all other portions of the building by building construction having at least 1-hour fire resistance and/or smoke barrier conforming to the requirement of Section 6-3 of the Life Safety Code for smoke barriers of at least 20-minute fire resistance. Zoning of the facility is also permitted in non-fire-resistive sprinklered buildings provided the construction separating one zone from another is sound and smoke resistant.

If a building is zoned, each zone shall be separately evaluated. Its evacuation difficulty score is based on the residents of that zone and the staff that is available to that zone in accordance with the staff availability criteria in this instruction manual.

When the area of application is by zone, a separate evaluation is to be made of zones that include common use spaces where the residents of more than one zone congregate for meals, recreation, or other purposes. In such cases, adjust the resident evacuation assistance scores as appropriate to reflect the needs residents would have under such conditions.

II. **Finding Staff Shift Score (Worksheet F-2B)** - If it is not obvious which time period has the highest E-Value, complete a separate worksheet for all candidate time periods and use the one having the highest E-Value.

Alarm Effectiveness- This factor concerns whether smoke detector-activated alarm devices are loud enough to dependably alert staff to a fire emergency. (a) Assured. To be rated "assured", the alarm shall be "easily noticeable" in all locations where staff are allowed to go, regardless of their ratings on the promptness of response factor. To be "easily noticeable" the alarm shall be a minimum of 55 dBA measured at ear level. However, in order to be "easily noticeable", the authority having jurisdiction may require the alarm to be louder than 55 dBA where background noise interferes with alarm audibility. For example, the alarm may need to be more than 55 dBA in order to be loud enough to be heard over the noise of washing machine in the laundry, a television in the living room, and so forth.

In addition, if there are staff who are allowed to sleep, the alarm shall be a minimum of 70 dBA measured at "pillow" level in any area where they may be asleep. The alarm must be activated by one or both of the following:

1. Smoke detectors.

2. Sprinkler system.

If the facility has smoke detectors meeting the requirements of Chapter 21, the smoke detectors must activate the alarm. If the facility has a sprinkler system whose fire safety properties are considered in the fire safety evaluation of the building, activation of the sprinkler system must activate the alarm.

(b) **Not Assured**. The alarm does not satisfy the conditions specified under "Assured". The loudness of the alarm is determined with doors, normally closed during the time period being rated, being closed, and with any other barriers that reduce the loudness of the alarms in place.

(c) **Staff Availability**. This factor concerns whether there are circumstances when staff may be less able to respond appropriately or may be delayed in their response to a fire emergency.

Staff members shall be included in the ratings only if they are required to remain within the residence,* if they sleep less than 100 ft (30 m) from all locations in the portion of the facility being evaluated, and/or their travel time to any location in the portion of the facility being evaluated does not exceed 1 minute.

*__Exceptions__ to this requirement are listed in the Requirements for Using the Evacuation Difficulty Index.

(a) **Standby or Asleep** - means that the staff member does not have specific duties that assure an immediate response to the alarm, but that the staff member is otherwise available to assist in a timely manner. This category includes live-in staff who may be asleep, showering, or otherwise unable to respond immediately.

(b) **Immediately Available** - means that the staff member is required to be available to offer immediate assistance, but is not required to remain in close proximity to the residents. For example, the staff member would be allowed to wash clothes or do bookkeeping.

(c) **Immediately Available and Close-by** - means that the staff member, in addition to satisfying the requirement for immediately available, is also required to remain in close proximity to the residents except for brief periods of time.

If the home is a large facility and has multiple fire/smoke zones, some staff may have responsibilities for residents outside the fire/smoke zone being evaluated. If their duties include rescue of residents in the fire zone being evaluated, they may be assigned partial or full promptness of response scores. The authority having jurisdiction shall assign the points based on the proximity of the staff members to the zone and the nature of their duties in a fire emergency. This credit will be given only if there is a smoke detection system that will alert the staff member and a system or procedure for promptly informing the staff member of the general location of the fire.

Residents may be assigned responsibilities similar to staff in assisting other residents during fire emergencies. The authority having jurisdiction may assign these residents up to 8 Promptness of Response points based on their capabilities and responsibilities.

III. **Finding the Home's Evacuation Difficulty Score (Worksheet F-2C).**

Vertical Distance from Bedrooms to Exits - This factor concerns the increased risk resulting from resident bedrooms that are located where residents must travel through another floor in order to get outside of the small dwelling. Certain critical terms are defined as follows:

Direct Exit - means that there is no more than one step between the inside of the dwelling and either (1) ground level outside or (2) a level area outside the dwelling that is at least 32 sq ft (3.0 sq m). This level area might be a porch or a stairway landing. When the vertical distance is greater than one step, a ramp may be used to satisfy this criterion.

Vertical Distance - refers to the greatest number of floors that separates any resident bedroom from its nearest direct exit.

(a) **All Bedrooms on Floors with Direct Exits** - means that every room where residents sleep is on a floor with at least one direct exit. Some examples of buildings that fall within this category follow:

(1) A one-story house without bedrooms in the basement, or

(2) A two-story house without bedrooms on the second floor, or

(3) A split-level house with direct exits at each level, or

(4) A two-story house with bedrooms on the second floor that has an exterior stairway from the second floor with a landing at the second floor which is greater than 32 sq ft (3.0 sq m).

(b) **Any Bedroom One Floor from Exit** - means that there is at least one room where residents sleep where the shortest vertical distance to a direct exit is one floor. Some examples of buildings that fall within this category follow:

(1) A two-story building with bedrooms on the second floor and/or the basement, or

(1) A one-story house where all the exits have stairs that lead to grade, without a landing, or porch of 32 sq ft (3.0 sq m).

(c) **Any Bedroom Two or More Floors from Exit** - means that there is at least one room where residents sleep where the shortest vertical distance to a direct exit is two or more floors. Some examples of buildings that fall within this category follow:

(1) A three-story house with bedrooms on the third floor and no exterior fire escape, or

(2) A three-story house with bedrooms on the third floor and a fire escape, but the landing to the fire escape is less than 32 sq ft (3.0 sq m). If the board and care home is located in an apartment house and the unit containing the group home requires ascending or descending stairs to go from any bedroom to the exit to the corridor, assign a score of 1.2 for Vertical distance from Bedrooms to Exits.

Note: This special scoring of this rare type of apartment is not noted on the Worksheet. In all other apartments, the score for Vertical Distance from Bedrooms to Exits - equals 1

****Forms and /or a copy of the adopted appendix f are available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protections association.**

Please return to the main menu to take the Safety & Fire Prevention Test

RESOURCE MATERIALS

Some content in this section has been adapted from the following resources:

"Providing Residential Services in Community Settings: A Training Guide"
Michigan Department of Human Services
www.michigan.gov/afchfa

Licensing Rules for Adult Foster Care family Homes
http://www.michigan.gov/documents/dhs/BCAL-PUB-0332_281384_7.pdf
Licensing Rules for Adult foster Care large Group Homes (13-20)
http://www.michigan.gov/documents/dhs/DHS-BCAL-PUB-334_276575_7.pdf
Licensing Rules for Adult Foster Care Group Homes (12 or Less)
http://www.michigan.gov/documents/dhs/BCAL-PUB-0333_241598_7.pdf
Certification of Specialized Programs Offered In Adult Foster Care Home To Clients With Mental Illness or Developmental Disability
http://www.michigan.gov/documents/dhs/BCAL-PUB-0336_214333_7.pdf

Michigan Department of Community Health (MDCH)
http://www.michigan.gov/mdch

Department of Labor and Economic Growth
http://www.michigan.gov/dleg/0,1607,7-154-28077_42271---,00.html

Federal Emergency Management Agency
P.O. Box 10055
Hyattsville, MD 20782-7055

Consumer Product Safety Commission
http://www.cpsc.gov/

Department of Health and Human Services
http://www.dhhs.gov/

Centers for Disease Control and Prevention
http://www.cdc.gov/

Red Cross
http://www.redcross.org/

National Fire Protection Association
http://www.nfpa.org/index.asp?cookie%5Ftest=1

National Safety Council
http://encarta.msn.com/encyclopedia_761563837/National_Safety_Council.html