

Greater New Orleans Surgery Center

ANNUAL REVIEW OF THE LIFE SAFETY MANAGEMENT PLAN

Page 1 of 1

Reviewed: August 1, 2001;
8/1/03, 6/24/08,
05/01/09

Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 5"

PURPOSE:

To maintain the currency and consistency of life safety management policies and procedures and to evaluate the usefulness of the safety program's performance standards.

POLICY:

Greater New Orleans Surgery Center will evaluate annually the objectives, scope, organization, and effectiveness of the life safety management program.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

1

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

CENTER SMOKING POLICY

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Deleted: .

Deleted: .

PURPOSE:

- A. To promote a healthy environment for all patients, visitors, staff and volunteers in the center.
- B. To prevent potential hazardous fire situations.

POLICY:

A center-wide no smoking policy shall be implemented and enforced at Greater New Orleans Surgery Center.

PROCEDURE:

- A. There will be absolutely no smoking inside ANY center buildings or properties.
- B. Designated smoking areas will be available outside the facility for patients, staff, and visitors.
- C. Staff members who disregard this policy will be subject to disciplinary action as per the facility disciplinary action policy.
- D. Visitors who do not comply with this policy will be asked to extinguish their smoking material or leave the facility.
- E. Patients who do not comply with the policy will be asked to extinguish their smoking materials and be reminded of the center no smoking policy. If patients continue to disregard this policy then smoking materials will be removed from the patient's possession and be kept in a secure place behind the nurse's station.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 LIFE SAFETY .doc](#)

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

EQUIPMENT PURCHASES RELATED TO FIRE SAFETY

Page 1 of 1

Reviewed: August 1, 2001;

8/1/03, 6/24/08, 05/01/09

Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Deleted: .

Deleted: .

PURPOSE:

To ensure that the quality and consistency of purchased furnishing offer the maximum amount of fire safety.

POLICY:

It is the policy of Greater New Orleans Surgery Center to ensure that all center furnishings purchased have been evaluated as to their resistance to combustibility.

PROCEDURE:

- A. The following procedures will be adhered to at all times:
1. All wastebaskets purchased shall be constructed of noncombustible materials.
 2. All bedding, draperies, curtains (except shower) furnishings, etc. shall have manufacturer documentation of flame spread certification.
 3. Any equipment purchased and stored at this facility will be kept at a reasonable distance from heat generating equipment and heat sources.
 4. All equipment purchased with flame resistant coatings or covers shall be maintained per manufacturer recommendation as necessary as not to compromise the integrity of the material.

It is the responsibility of the Purchasing Director and the Safety Officer to ensure compliance with this policy.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FAILURE AND REPAIR OF THE AUTOMATIC SPRINKLER SYSTEM

Page 1 of 1

Reviewed: August 1, 2001;
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001

PURPOSE:

This policy is established to insure the safety of patients, staff, visitors, and center property during a sprinkler system failure or breakage.

POLICY:

All Management and the safety officer will familiarize themselves with the center's sprinkler system and repair of it.

PROCEDURE:

A. The Management is responsible for maintaining the sprinkler system.

B. In the event the fire sprinkler system fails:

1. Call the outside 24-hour monitoring company (Total Electronics – 454-2163 and/or Jefferson Sprinkler 393-7699).
2. Contact the Administrator
3. Call Fire Department. Advise them the system has failed and what action is being taken.
4. Call all center departments and advise that the Fire Sprinkler System is out of service and request they setup a fire watch.
5. After the Fire Sprinkler System has been repaired and tested call all center departments.

6. Call the Fire Department and advise them that the repairs have been completed.

7. Call the 24-hour monitoring company and advise them that system has been repaired and is back in service.

8. Check system pressure and reset fire alarm system

C. In the event a sprinkler head is broken or goes off from fire or heat, contact the sprinkler company after the fire or source of heat has been extinguished.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Formatted: Indent: Left: 0"

Deleted: 2

Formatted: Indent: Left: 0"

Deleted:

Deleted:

Deleted: ¶

Formatted: Indent: Left: 0"

Deleted: ¶

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0"

Deleted: ¶

Deleted: The Administrator will be responsible for maintenance department inservice with respect to sprinkler system repairs.

Formatted: Indent: Left: 0", First line: 0"

Deleted: ¶

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0", First line: 0"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0"

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 7 + Alignment: Left + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"

Formatted: Indent: Left: 0.5", First line: 0"

Formatted ... [1]

Formatted ... [2]

Formatted ... [3]

Deleted: ¶

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE EXTINGUISHERS

Page 1 of 1

Reviewed: August 1, 2001

8/1/03, 6/24/08, 05/01/09

Implemented: August 1, 2001

Deleted: FAILURE AND REPAIR OF
THE AUTOMATIC SPRINKLER
SYSTEM¶

Page 2 of 2¶

¶
6. . Call the Fire Department and advise them that the repairs have been completed.¶

¶
7. . Call the 24-hour monitoring company and advise them that system has been repaired and is back in service.¶

¶
C. . In the event a sprinkler head is broken or goes off from fire or heat, contact the sprinkler company after the fire or source of heat has been extinguished.¶

¶
<#>Check system pressure and reset fire alarm system.¶

¶
¶
¶
¶
¶

Page Break-----

Formatted: Indent: Left: 0"

Deleted: .

Deleted: .

POLICY:

The Safety Officer is responsible for assuring that all fire extinguishers are functioning properly.

PROCEDURE:

- A. The Safety Officer is responsible for operations of the fire extinguishers.
- B. Fire extinguishers shall be of the type required for the class of fire normally anticipated in the area and shall be stored in their designated places when not in actual use.
- C. When portable fire extinguishers have been removed for servicing, an equivalent replacement shall be available.
- D. All extinguishers shall be located in clearly marked wall panels and available when needed.
- E. Fire extinguishers shall be inspected monthly by the safety officer or designee. Included in the inspection will be:
 1. Seal
 2. Pressure charge
 3. Visual overall appearance
 4. All inspections and maintenance shall be documented

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE EXTINGUISHING SYSTEM

Page 1 of 1

Reviewed: August 1, 2001;
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001

PURPOSE:

To identify and explain the operation of fire extinguishing system.

POLICY:

The Management and the safety officer will familiarize themselves with the center fire extinguishing system.

PROCEDURE:

- A. The Safety Officer is responsible for maintaining the fire extinguishing system throughout the center.
- B. Elements of the fire extinguishing system include:
 - 1. An automatic fire extinguishing system and,
 - 2. Portable fire extinguishers
- C. Automatic extinguishing systems are connected to the main fire alarm control panel so that the panel receives an alarm whenever an automatic extinguishing system is activated.
 - 1. The automatic extinguishing system is inspected yearly by an outside agency licensed by the State of Louisiana.
 - 2. The system is in accordance with N.F.P.A. 13.
 - 3. An adequate number of portable fire extinguishers, appropriate for the types of areas being protected are installed throughout the facility.
 - a. Portable fire extinguishers are inspected monthly for full charge, physical condition, proper type, and proper location.
 - b. Records of these inspections are maintained in the Administrators office.
- E. There is an outside fire department connection standpipe to supply water in an emergency located in the right corner of the grounds.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 LIFE SAFETY.doc](#)

Formatted: Indent: Left: 0"

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE PLAN CODE RED

Page 1 of 6

Reviewed: August 1, 2001;

8/1/03, 6/24/08, 05/01/09

Implemented: August 1, 2001

Deleted: .

Deleted: .

PURPOSE:

To promote the safety of all patients, staff and visitors during any episodes of fire or smoke detection, false or real.

POLICY:

Greater New Orleans Surgery Center will support an ongoing fire safety program to include general fire safety, orderly and safe evacuation procedures, the purpose and use of fire fighting/suppression equipment, the use of and response to the fire/smoke alarm system, and the recognition and prevention of fire hazards.

- A. The Administration of Greater New Orleans Surgery Center recognizes the importance of training employees in fire protection and fire safety. This training is an essential part of being prepared for emergencies.
- B. Demonstration shall be given to clinical personnel by the Clinical Manager on the different types of patient carries.

Deleted: nurse manager

PROCEDURE:

I. In Case of Fire and/or Fire Alarm

- A. The degree of imminent danger, where survival time is critical and the number of employees on hand to help are contingencies, which may change the priorities. The first steps of the procedure must always be initiated. These will be described in more detail but are as follows:
 - 1. **R**escue
 - 2. **A**lert
 - 3. **C**onfine
 - 4. **E**xtinguish
- B. **Rescue** patients from areas of danger.
 - 1. Because of the facility's fire/smoke detection system, an alarm might be sounded before the actual fire is located.
 - 2. Move all patients in the area of danger to those smoke containment compartments within the building where there is no danger of smoke inhalation or fire. This procedure is known as "horizontal evacuation."

Deleted: LIFE SAFETY .doc

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE PLAN CODE RED

Page 2 of 6

3. Only on the order of the Administrator, his designee, or the Fire Department officer in charge, will patients be evacuated to outside the facility

C. **Alert** the switchboard by dialing 0 during business hours and report "Code Red" giving the specific location of the fire.

1. If the fire alarm system is not already in alarm condition, activate the nearest manual pull station to energize the fire alarm system.
2. If there is no response to the code, then depress the page button to access the public address system and announce "Code Red" and location (three times) in a very calm manner.
3. At this time the appropriate agencies will be notified. Our twenty-four hour alarm monitoring company will notify the Fire Department.

D. **Confine** the fire by closing all doors.

1. All doors to hallways must be closed after it is determined the rooms do not contain activated medical gases.
2. The facility is divided into smoke containment compartments. This creates safe zones throughout the building except for the area in which the fire is located or smoke is a problem.
3. In safe areas, patients may be left in their locations, but all doors must be closed.
4. Anesthesia or Clinical Manager shall be responsible for closing the main oxygen cut-off valve serving the area in which the fire is located. Clinical Manager will ensure that tank oxygen is available for oxygen dependent patients located in the affected area.

Deleted: Nurse Manager

Deleted: Nurse Manager

E. **Extinguish** the fire with a portable fire extinguisher until the fire department arrives only if:

1. Conditions do not pose a personal threat to your safety.
2. The fire is controllable.

F. "All Clear" announcement.

1. After determining that the fire area is safe and can be reoccupied, the Fire Team Leader will instruct the switchboard operator to broadcast the "Code Red-All Clear" announcement.
2. This announcement will be broadcast through the facility's public address system and will be announced two times.

II. Staff Responsibilities

A. Upon discovering smoke or an actual fire, a staff member will be responsible for taking immediate action in accordance with the established fire response procedures.

Deleted: LIFE SAFETY .doc

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE PLAN CODE RED

Page 3 of 6

- B. Specific duties will be assigned to certain staff members as determined by the Fire Team Leader (Clinical Manager).
- C. After normal work hours, the Administrator will be notified of the "Code Red" and location.
- D. The Fire Team will normally be made up of the following: Clinical Manager, Administrator and any available staff.
- E. The Fire Team Leader or his designee will:
 - 1. Report to the fire area.
 - 2. Confirm that fire department has been notified.
 - 3. Judge the severity of the emergency.
 - 4. Determine the degree of evacuation necessary (if necessary).
 - 5. Establish communication from the fire area.
 - 6. Call for help from other departments or areas if needed and give instructions.
- F. Available staff will respond to the alarm area and report to the Fire Team Leader to assist as instructed.
- G. Physicians will:
Listen for further instruction and be prepared to initiate first aid and treatment of the burned or injured being evacuated from the fire area.
- H. Nurses and other staff will:
 - 1. In the Fire area:
 - a. Initiate fire safety procedures.
 - b. Assure safety of patient's charts.
 - 2. Other locations:
 - a. Remain ready to receive patients being evacuated from the fire area.
 - b. Calmly assure the patients that all is under control.
 - c. Listen for further instruction.
- I. Housekeeping Personnel will:
Clear all cleaning equipment from the hallways, close closets, and listen for further instructions.

Deleted: Nurse Manager

Deleted: Nurse Manager

III. Fire Prevention

- A. Inspections: Periodic safety inspections are made of the fire protection system equipment. These inspections are performed by experienced and qualified personnel on staff, or with qualified contract agencies, or with the Fire Department.
- B. Storage: Removing trash reduces a source for fuel and propagation of fire. Housekeeping efforts will assure orderly and proper storage of materials, which must be kept on the premises.
 - 1. Accumulated trash will be removed daily.
 - 2. Combustible storage items will be kept away from heat producing appliances such as boilers, water heaters, furnaces, stoves, dryers, etc.
 - 3. The top of any stored material or item will have at least an 18-inch clearance of the ceiling or any other overhead obstruction.

Deleted: LIFE SAFETY .doc

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE PLAN CODE RED

Page 4 of 6

4. Containers of supply deliveries or other stored items will not be allowed to block access to fire alarm boxes or fire extinguishing equipment.
 5. Flammable liquids and solvents will not be stored in the facility unless they are kept in UL/FM approved fire proof cabinets.
- C. Smoking: The CENTER discourages smoking as a hazard to poor health. However, because many people continue to smoke, the following rules pertaining to smoking will be enforced:
1. Under no circumstances will smoking be permitted in the facility.
 2. Patients are not allowed to smoke in bed at any time.
 3. Any ashtrays or waste containers used by the center must be made of noncombustible material.
 4. Patients considered "smoking risks" because of age, physical limitation or mental conditions will not be permitted to smoke unless assisted by staff at one of the outside designated smoking areas.
- D. Electrical Equipment: All electrical equipment will be kept in a good state of repair and safely used by staff at all times. The following rules will be followed:
1. Electrical circuits will not be overloaded (this will be detected by excessive heating of distribution panels and tripping of breaker switches).
 2. All electrical equipment brought into the center must be inspected by Bioengineering prior to use. This applies to equipment owned or rented. Equipment brought in by patients (radios, hair dryers, etc.) will be visually inspected by Nursing staff for faulty wiring and connecting devices. Any equipment deemed defective will not be accepted into service.
 3. Paper and other combustible materials will not be allowed contact with light bulbs or other heat producing items.
 4. All electrical equipment will be kept clean and free of defects by responsible department.
 5. Over-current protection devices and branch power panels will be labeled to identify the equipment or circuit each controls.
 6. Adapters to negate the purpose of grounding will not be permitted in the center.
 7. Extension Cords:
 - a. Will not be supplied by outside parties such as equipment vendors or patient's families.
 - b. Shall be 16 gauge or heavier and meet the requirements of technical standards.
 - c. Shall not exceed more than one extension cord per duplex receptacle or two cords per 4-way receptacle.
 - d. Must be in continuous lengths from appliance to receptacle without splices or tapping into another cord.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE PLAN CODE RED

Page 5 of 6

- e. Will not run under carpets, through doorways or walls, or be attached to building surfaces in any fashion.
 - f. Will be considered a temporary item and permitted only while in immediate use with portable appliances or fixtures - 1985 Fire Prevention Code 703.1 and 703.2.
 - g. Overload protected power strips will be allowed with the approval of Administrator.
- E. Oxygen: Oxygen does not burn, but it enriches the atmosphere causing ordinary combustible materials to burn rapidly and flammable liquids to burn explosively. The following rules concerning oxygen will be followed:
- 1. Oxygen cylinders are under high pressure; handle them with care. Protect them from mechanical shock.
 - 2. Cylinders, whether empty or full, must be properly secured and capped when not in use. While in use, they must be secured in place.
 - 3. Combustible materials, oily cloths, and other flammable materials (petroleum jellies, alcohol, etc.) will not be stored in the same room with oxygen.
 - 4. Oxygen rooms storing more than two cylinders must be vented.
 - 5. Oxygen must be turned off before disconnecting electrical cords and appliances.
 - 6. Cylinders with excessive corrosion, dents, or other surface defects will be regarded as hazardous and be bled down to atmospheric pressure and disposed of by the responsible supplier.
 - 7. Cylinders must have stamp of Interstate Commerce Commission test. The stamp date must be within 5 years of current date; otherwise, cylinders will not be accepted from the supplier.

IV. Fire Drills

- A. Notification will be made to the fire alarm monitoring agency prior to the fire drill.
- B. The procedure for a fire drill will be identical to those actions taken in the event of a real fire.
- C. There will be one fire alarm drill on each shift during each quarter by conducting the drill on a different shift each month of the three-month period.
- D. The emphasis on these drills is to familiarize the staff in executing fire protection procedures.
- E. All staff members will participate in each drill as if it were a real fire.
- F. Judgement will be exercised to protect the well being of our patients during fire drills.

V. General Fire Information

- A. Exits will be accessible at all times. They will be clearly marked and free of obstructions.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 LIFE SAFETY .doc](#)

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FIRE PLAN CODE RED

Page 6 of 6

- B. Main corridors will be at least 8 feet wide at all times and should be clear of obstructions (equipment, supplies, containers, furniture, etc.)
- C. All exit signs shall be illuminated at all times.
- D. Porches and other areas where exits discharge will be kept clean and clear of obstructions (trashcans, furniture, etc.)
- E. Exit doors will become unlocked on the inside during a fire and will never be chained or tied in the closed position.
- F. Locations of exits in two directions for each area of the building, smoke containment compartments, location of fire extinguishers, and manual fire alarm pull boxes will be diagramed on a small scale building plan and posted at strategic locations throughout the building.
- G. Exit Signs, corridor lighting, medication rooms, dining room, are provided with emergency power in case of power failure.
- H. A fire alarm or power failure will cause the smoke partition doors to release and close. Until the alarm is cleared and the electric service is restored, the electromagnetic devices will not hold the doors in the open position. During the time of alarm, do not prop these doors open.
- I. Smoke partition doors close automatically when the fire alarm is activated; therefore, they shall never be tied back or obstructed in any way.
- J. The Fire Alarm master control panel is located in the maintenance shop.
- K. All personnel not involved in the evacuation of patients or in confining the fire are to remain in their department and listen for further instructions.

VI. Reporting and Education

- A. In the event of an actual fire, the Safety Officer will file a report with: Administrator
- B. False alarms and scheduled fire drills will be documented, critiqued, and reviewed by the PIC Committee. These reports will be the responsibility of the Safety Officer.

Greater New Orleans Surgery Center

FIRE WARNING AND SAFETY

Page 1 of 1

Reviewed: August 1, 2001

8/1/03, 6/24/08, 05/01/09

Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Deleted: .

Deleted: .

PURPOSE:

To identify the components of the fire warning system and to explain their operations.

POLICY:

All personnel will familiarize themselves with the center fire warning system.

PROCEDURE:

- A. The Safety Officer is responsible for maintaining the center's fire warning system.
- B. The fire warning system is comprised of manual fire alarm stations, water flow switches, valve tamper switches, smoke detectors, annunciator panels, electromagnetic door hold-open devices, and heat detectors.
- C. This system is designed, constructed, installed, and maintained in a manner that is designed to warn patients, visitors, personnel, and property of fire.
- D. Elements of this system are inspected as appropriate and the Administrator maintains records of these inspections.
- E. All alarms on this system are transmitted to an approved central station alarm company. The monitoring company will notify the Fire Department in the event of an alarm occurrence.
- F. Manual fire alarm pull stations are installed throughout the facility in locations that are not obstructed, readily accessible, and in the path of normal exit travel.
- G. The audible signal devices produce signals that are distinctive from all other signals used in the facility.
- H. All audible alarms exceed the level of operational noise in all areas.

Deleted: Administrator

Deleted: <#>The HVAC system will automatically shut down in the event of a fire alarm.¶

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

FOLLOW UP TO CITED LIFE SAFETY CODE DEFICIENCIES

Page 1 of 1

Reviewed: August 1, 2001

8/1/03, 6/24/08, 05/01/09

Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Deleted: ¶

Deleted: .

Deleted: . . .

PURPOSE:

To ensure that proper action is taken to correct cited deficiencies.

POLICY:

The Safety Officer and the Administrator are responsible for correcting or coordinating the correction of any cited life safety code deficiencies.

PROCEDURE:

- A. Upon receipt of notice of violation a copy of the notice will be sent to the Administrator.
- B. Deficiencies will be reviewed by the Safety Officer within 30 days for compliance.
- C. If violations have not been corrected by this time; Administration and Clinical Manager will devise an action plan to correct any remaining deficiencies.

Deleted: Maintenance

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

INSPECTION OF THE FIRE WARNING SYSTEM

Page 1 of 1

Reviewed: August 1, 2001
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Deleted: .

Deleted: .

PURPOSE:

To define the process of inspection of the fire warning system.

POLICY:

All elements of the fire warning system shall be inspected at least annually. This inspection will include the operation of smoke detectors, automatic door closures, audible/visual devices, manual pull stations, indicator lights, tamper devices and communications to a 24-hour alarm monitoring company.

PROCEDURE:

- A. The Safety Officer is responsible for the inspection of the fire warning systems.
- B. Fire warning system inspections shall be conducted quarterly. Devices shall be tested and inspected as recommended by the Manufacturer.
 1. Smoke detectors shall activate when test gas is on the detector.
 2. Automatic door closures shall close as designed to prevent the spread of fire and passage of smoke.
 3. Audible visual devices shall activate at all time when the system is in alarm condition.
 - a. Audible alarms will exceed the level of operational noise, and will be of a tone different than any other audible alarm in the area.
 - b. Visual devices will provide a level of illumination that can clearly be identified when activated.
 4. All manual pull stations shall transmit a signal to the master control unit when activated. This signal shall set the system into an alarm condition.
 5. Indicator lights on all annunciator panels and master control unit shall provide a level of illumination that can clearly be identified when activated.
 6. Flow alarms shall transmit a signal to the master control unit at all times when water flows through the flow device.
 7. Tamper devices will transmit a signal to the master control unit when any valve with a tamper device is not totally open.
 8. At least one device on each circuit is tested per quarter.
 9. All devices shall be inspected at least annually.

Deleted: Administrator i

Deleted: s

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 LIFE SAFETY .doc

Deleted: LIFE SAFETY .doc

Greater New Orleans Surgery Center

INTERIM LIFE SAFETY MEASURES

Page 1 of 1

Reviewed: August 1, 2001;
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001

Formatted: Indent: Left: 0"

Deleted: .

Deleted: .

Purpose:

The purpose of this policy is to protect patients, staff and visitors from fire during times of construction or significant building alteration.

Policy:

During times of construction, the facility will implement, document and enforce Interim Life Safety measures (ILSM) to temporarily compensate for hazards posed by Life Safety Code (LSC) deficiencies or construction activities. Interim Life Safety Measures will consist of the following actions:

- a. Ensuring free and unobstructed exits. Personnel receive additional training when alternative exits are designated. Areas under construction must maintain escape routes for construction workers at all times. Means of exiting construction areas will be inspected daily;
- b. Ensuring free and unobstructed access to emergency services and for fire, police, and other emergency forces;
- c. Ensuring fire alarm, detection, and suppression systems are in good working order. A temporary but equivalent system shall be provided when any fire system is impaired. Temporary systems must be inspected and tested monthly
- d. Ensuring temporary construction partitions are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire;
- e. Providing additional fire fighting equipment and training personnel in its use
- f. Prohibiting smoking according to the center's no-smoking policy throughout all areas;
- g. Developing and enforcing storage, housekeeping, and debris removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level;
- h. Conducting a minimum of two fire drills per shift per quarter
- i. Increasing hazard surveillance of buildings, grounds, and equipment, with special attention to excavations, construction areas, construction storage, and field offices
- j. Training personnel to compensate for impaired structural or compartmentalization features of fire safety
- k. Conducting organization wide safety education programs to promote awareness of LSC deficiencies, construction hazards, and Interim Life Safety.

The Safety Officer will implement this plan as needed or appropriate.

This Clinical Policy Manual is the property of Symbion ARCs, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 LIFE SAFETY .doc](#)

Deleted: LIFE SAFETY .doc

Page 4: [1] Formatted	Penny Nichols	5/13/2009 3:57:00 PM
Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 7 + Alignment: Left + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"		
Page 4: [2] Formatted	Penny Nichols	5/13/2009 3:57:00 PM
Indent: Left: 0", First line: 0"		
Page 4: [3] Formatted	Penny Nichols	5/13/2009 3:58:00 PM
Indent: Left: 0", Hanging: 0.25"		