

Fire Safety & Emergency Preparedness Regulations for N.C. Adult Care Homes



NCDHHS, Division of Health Service Regulation
Adult Care Licensure Section
Joint Training

Disclaimer

The information provided throughout this training is expected to be utilized as a general guideline in understanding the rules governing and related to the regulation of licensed adult and family care homes.

This training is not all-inclusive of factors to be considered in the regulation of adult and family care homes and does not encompass all situations that could occur in each individual facility.

The information is current at the time of the training/release; however, some information may change at a later date.

The training is intended for the sole purpose of provider education.



Training Objectives

Increase knowledge & understanding of the regulations for fire safety & emergency preparedness in licensed adult and family care homes.

- 10A NCAC 13F .0309
- 10A NCAC 13G .0316

emergency

noun [C or U]

UK  /ɪ'mɜːdʒənsi/ US  /ɪ'mɜːdʒənsi/

Add to word list 

B1

something dangerous or serious, such as an accident, that happens suddenly or unexpectedly and needs fast action in order to avoid harmful results:

Emergency Preparedness Plan (EPP)

13G .0316 (g)(1) and 13F .0309(d)(1)



Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency.

Components of an Emergency Preparedness Plan (EPP)

13G .0316(g)(1) and
13F .0309(d)(1)

EPP needs to include procedures to address the following threats and hazards that may create an emergency for the facility:

- **Weather events** including hurricanes, tornadoes, ice storms, and extreme heat or cold;
- **Fires;**
- **Utility failures**, to include power, water, and gas;
- **Equipment failures**, to include fire alarm, automatic sprinkler systems, HVAC systems;
- **Interruptions in communication** including phone service and the internet;
- **Unforeseen widespread communicable public health and emerging infectious diseases;**
- **Intruders and active assailants;** and
- **Other potential threats** to the health and safety of residents as identified by the facility or the local emergency management agency.

Planning: Sheltering in Place

13G .0316(g)(2) and 13F .0309(d)(2)

The EPP shall address the provisions for the care of all residents in the facility ***before, during, and after*** an emergency, such as required emergency supplies including:

- water
- food
- resident care items
- medical supplies
- medical records
- medications and medication records
- emergency power
- emergency equipment



Planning: Evacuation From the Facility

13G .0316(g)(2) and 13F .0309(d)(2)

The EPP shall address provisions for the care of ***all residents*** when evacuated from the facility during an emergency, such as:

- evacuation procedures
- procedures for the identification of residents
- evacuation transportation arrangements
- sheltering options that are safe and suitable for the resident population served



Other Required Components of EPP

13G .0316(g)(2) and 13F .0309(d)(2)

- Identification of residents with Alzheimer's disease and related dementias, residents with mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation;
- Strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues; and
- Procedures for coordinating and communicating with the local emergency management agency and local law enforcement.

Other Required Components of EPP

13G .0316(g)(2) and 13F .0309(d)(2)

➤ Contact information for:

- State and local resources for emergency response,
- local law enforcement,
- facility staff,
- residents and responsible parties,
- vendors and contractors,
- utility companies, and
- local building officials (such as the fire marshal and local health department)



Submission & Approval of the EPP

G .0316(h) and
F .0309(e)

- The facility shall maintain documentation that the emergency preparedness plan has written approval of **or** documentation that the plan has been submitted to the local emergency management agency **and** the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.
- Documentation of submission(s) shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

EPP Review & Updates

G .0316(i)
and F .0309(f)

Annual Review and Submission:

- The facility's emergency preparedness plan *shall be reviewed at least annually and updated as needed* by the administrator and *shall be submitted* to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.

Updates/Changes and Submission:

Any changes to the plan shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 60 days of the change.

Facilities with a New License or Change of Ownership of License

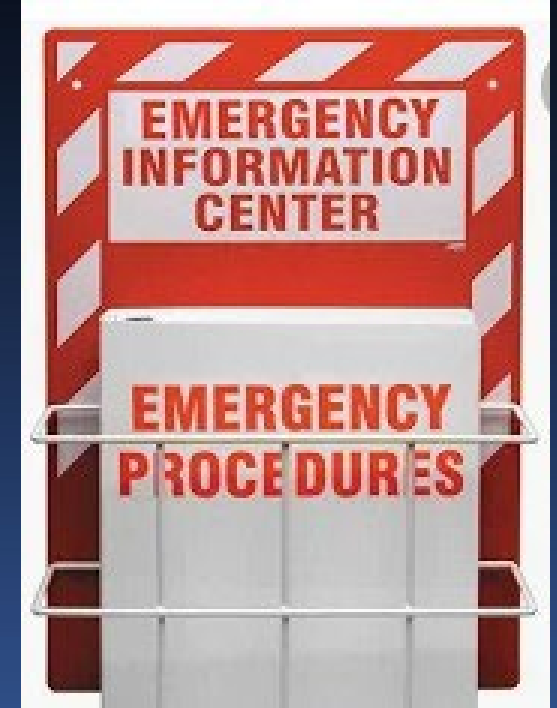
G .0316(k) and F .0309(h)

Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license.

Availability of EPP

G .0316(j),(l) and F .0309(g),(i)

- The emergency preparedness plan shall be maintained in the facility and be accessible to staff working in the facility.
- The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.



Staff Training on the EPP

G .0316(m) and F .0309(j)



The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan.

- ✓ **Upon employment; and**
- ✓ **Annually**

Emergency Preparedness Plan Drill

G .0316(n) and F .0309(k)

- The facility shall conduct *at least one drill per year* to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise.
 - “Tabletop exercise” means a discussion-based session led by the administrator and includes other facility staff as designated by the administrator, that reviews a potential emergency scenario and the roles and responsibilities of staff, based on the facility's emergency preparedness plan and procedures.
- The facility shall maintain documentation of the annual drill.
- Documentation of the annual drill shall be made available upon request to the Division of Health Service Regulation, county DSS, and emergency management officials.



Requirements Related to the Evacuation of Residents from the Facility to Public Emergency Shelter

G .0316(s) and F .0309(p)

- **If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with rules.**
- **Evacuation to a public emergency shelter shall be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.**
- If a facility evacuates residents to a public emergency shelter, the facility shall notify the DHSR Adult Care Licensure Section and the county DSS within four hours of the decision to evacuate or as soon as practicable.

Reporting Requirements Related to the Evacuation of Residents from the Facility

G .0316(o),(q) and F .0309(l),(n)

- If residents are evacuated from the facility for any reason, the administrator (or designee) shall report the evacuation to the local emergency management agency, the local county DSS, and the DHSR Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate **and** shall notify the agencies within four hours of the return of residents to the facility.
- If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.



Fire Evacuation Plan

Adult Care Homes

10A NCAC 13F. 0309(a)

- Each facility shall have a written fire evacuation plan ***specific to the facility.***
- The evacuation plan must include a diagram of the facility floor plan and evacuation routes.
 - The plan shall have the written approval of the local fire code enforcement official.
 - The approved plan shall be posted on each floor of the facility in a location visible to staff, residents, and visitors.
- The fire evacuation plan and diagram shall be reviewed with each resident upon admission and shall be included in the orientation for all new staff.

YEAR	MONTH	DATE	TIME	HEADCOUNT	CLASSROOM	NOTES
	JANUARY					
	FEBRUARY					
	MARCH					
	APRIL					
	MAY					
	JUNE					
	JULY					
	AUGUST					
	SEPTEMBER					
	OCTOBER					
	NOVEMBER					
	DECEMBER					

Fire Drill Requirements

Adult Care Homes



10A NCAC 13F. 0309 (b), (c)

- There shall be unannounced fire drills of the fire plan conducted quarterly on each shift.
 - Documentation of the fire drills shall be maintained in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and local officials.
 - The records shall include the date and time of the drills, the shift, staff members present, and a short description of the drill.



Fire Evacuation Plan

Family Care Homes

10A NCAC 13G .0316 (e)

- The facility shall have a written fire evacuation plan ***specific to the facility.***
- The written fire evacuation plan shall include a diagram of the facility floor plan which clearly marks all emergency egress and escape routes from the facility.
- The plan shall have the approval of the local fire code enforcement official.
 - The approved diagram shall be posted on every floor of the facility in a location visible to staff, residents, and visitors.
- The fire evacuation plan and diagram shall be reviewed with each resident upon admission and shall be included in the orientation for all new staff.

YEAR	MONTH	DATE	TIME	HEADCOUNT	CLASSROOM	NOTES
	JANUARY					
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	JUNE					
	JULY					
	AUGUST					
	SEPTEMBER					
	OCTOBER					
	NOVEMBER					
	DECEMBER					

Fire Drill Requirements

Family Care Homes

10A NCAC 13G. 0316 (f)



- There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift.
- Documentation of the fire drills shall be maintained in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official.
 - The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill.

Fire Safety Requirements for Fire Extinguishers & Smoke Detectors in Family Care Homes



10A NCAC 13G. 0316 (a), (b)

- Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
 - one five pound or larger (net charge) "A B C" type located in an area that can be accessed by staff and not stored in rooms with lockable doors or the kitchen;
 - one five pound or larger "A B C" or CO/2 type located in the kitchen; and
 - any other location as determined by the local fire code enforcement official.

- The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section shall be provided with smoke detectors in locations as required by that Section.

- All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup.

Additional Fire Safety Requirements for Family Care Homes



10A NCAC 13G. 0316 (c), (d)

- Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility.
 - Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility.
 - Heat detectors shall be of the rate of rise type and be provided with battery backup.
- The facility shall meet all fire safety requirements required by city ordinances or county building inspectors.

Fire Alarm & Sprinkler System



The Fire Alarm and/or Sprinkler System must be maintained, tested, and inspected on an annual basis by qualified and approved service personnel.

Requirements for When the Fire Alarm or Sprinkler System is Out of Service

G .0316(t) and F .0309(q)

Where a fire alarm or automatic sprinkler system is out of service, the facility shall:

- **Immediately** notify the fire department, the Fire Marshal, and the DHSR Construction Section, and where required by the Fire Marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the Fire Marshal.
- Adhere to the instructions provided by the Fire Marshal related to the duties of staff performing the fire watch.
- Documentation of fire watch activities shall be made available upon request to the DHSR Construction Section and Fire Marshal.
- Notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the Fire Marshal.



What is a Fire Watch?

A fire watch is a temporary measure ordered by the fire marshal when the facility's fire alarm or sprinkler system is impaired, which is intended to ensure continuous surveillance of the facility, or portion of the facility, by one or more qualified individuals for the purpose of identifying and controlling fire hazards, detecting early signs of fire, activating an alarm and notifying the fire department in the event of a fire. [NC Fire Code 2018 edition]

➤ Common Requirements of a Fire Watch

- Staffing above normal operating requirements
- The fire watch must be conducted by personnel trained in fire prevention and fire department notification measures.
- The “fire watcher” personnel must be trained on how to document their rounds and findings on the fire watch log.
- Fire watch personnel shall have available not less than one approved means of notification of the fire department (such as a cell phone).
- The fire watcher should have no other responsibilities during this period other than constant fire watch patrols.

FIRE WATCH LOG SHEET			
<small>In the event that any of the following fire protection systems are off-line, a FIRE WATCH is to be implemented IMMEDIATELY – Fire Alarm System, Sprinkler System, Standpipe System, Fire Pump, Emergency Power System, Specialized Fire Suppression System, other specialized building systems.</small>			
<small>Persons assigned to Fire Watch duties shall follow the requirements listed on the Fire Watch Duties sheet and shall patrol all unprotected areas of the building every hour to check for signs of fire or smoke conditions. All patrols are to be recorded on this Fire Watch Log Sheet immediately following each round. Records of Fire Watch shall be retained on site for 2 years after they are made, and shall be made available upon request to the Chief Fire Official.</small>			
NOTE: Start a new Fire Watch Log Sheet for each new day of Fire Watch			
<small>If fire or smoke conditions are discovered, alert all building occupants by sounding a portable air horn, whistle or another device approved by the Chief Fire Official.</small>			
System Out of Service		Date: _____	Time: _____
System Out of Service		Date: _____	Time: _____
System BACK IN SERVICE		Date: _____	Time: _____
System Back in Service		Date: _____	Time: _____
System Back in Service		Date: _____	Time: _____
NAMES & POSITIONS OF PERSONS CONDUCTING FIRE WATCH:			INITIALS
1. _____			_____
2. _____			_____

FIRE WATCH PATROL LOG SHEET					
NOTE: Start a new Fire Watch Log Sheet for each new day of Fire Watch					
Fire Watch Duties Conducted By: _____ (print name & position)					
Fire Watch Commenced: Date: _____ Time: _____					
ROUNDS	DATE (m/d/y)	START TIME (circle a.m./p.m.)	FINISH TIME (circle a.m./p.m.)	AREAS PATROLLED & COMMENTS	INITIALS
1.	/ /	a.m.	a.m.		
		p.m.	p.m.		
3.	/ /	a.m.	a.m.		
		p.m.	p.m.		
4.	/ /	a.m.	a.m.		
		p.m.	p.m.		
5.	/ /	a.m.	a.m.		
		p.m.	p.m.		
6.	/ /	a.m.	a.m.		
		p.m.	p.m.		
7.	/ /	a.m.	a.m.		
		p.m.	p.m.		
8.	/ /	a.m.	a.m.		
		p.m.	p.m.		
9.	/ /	a.m.	a.m.		
		p.m.	p.m.		
10.	/ /	a.m.	a.m.		
		p.m.	p.m.		

Sample Fire Watch Log

Requirements for Reporting Certain Emergency Situations to DHSR Construction Section

F .0309(m), G .0316(p)

- Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the DHSR Construction Section within four hours or as soon as practicable of the incidence occurring.

Website: <https://info.ncdhhs.gov/dhsr/const/index.html#contact>

Telephone: 919-855-3893

Fax: 919-733-6592

Emergency Waivers

G .0316(r) and F.0309(o)



- **G.S. 131D-7 gives DHSR authority to grant waivers of certain regulations and bed capacity during an emergency.**

When do you need a Waiver from DHSR?

- In an emergency situation when:
 - Sheltering residents from another adult care home because of an emergency
 - The facility needs to temporarily increase the licensed bed capacity because of an emergency

When should you request a Waiver?

- Before accepting additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering.

How do you request a Waiver?

- Use the waiver request form on the DHSR ACLS website and follow the instructions for submission of the waiver request.

Communication and Consultation with Local Emergency Management Agency

➤ Stay connected with your local emergency management entity.

- They will be your number one resource during an emergency
 - The most comprehensive information regarding available resources including what sheltering options are available as well as any requirements and/or restrictions for sheltering at those sites.
- Consultation & notification as specified in rules

✓ **Locate your local Emergency Manager here:**

<https://www.ncdps.gov/our-organization/emergency-management/county-emergency-management-agencies>

- Establish/maintain strategic partnerships
 - EMS
 - Public health
 - Acute care providers
 - Other adult care home providers

Contacts

- N.C. Department of Public Safety Emergency Preparedness
<https://www.ncdps.gov/our-organization/emergency-management/emergency-preparedness>
- N. C. DHHS Division of Health Service Regulation Adult Care Licensure Section
<https://info.ncdhhs.gov/dhsr/acls/index.html>
- N.C. DHHS Division of Health Service Regulation Construction Section
<https://info.ncdhhs.gov/dhsr/const/index.html>
- Local Department of Social Services
- N.C. Risk Management Portal
<https://rmp.nc.gov/Portal/>
- N.C. Office of Emergency Medical Services
<https://oems.nc.gov/>
- N.C. Healthcare Preparedness Program
<https://hpp.nc.gov/>
- N.C. Health Care Preparedness Coalitions
<https://hpp.nc.gov/coalitions/>

Please submit general, non-urgent questions
related to this training to
DHSR.AdultCare.Questions@dhhs.nc.gov

