

**Title: Interim Life Safety Measures (ILSM) Plan**

**Policy #: EC-39**

**Purpose:** ILSM are fully adhered to in areas where the hospital/site occupants have construction, renovations or repairs taking place or when Life Safety Code (LSC) requirements are not being met. The plan includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk.

**Scope:** This plan applies to all medical center locations providing patient care. The implementation of (ILSM) is required in all areas impacted by the conditions noted above.

**Definitions:**

**Interim Life Safety Measures (ILSM):**

All construction/renovation projects as well as any Life Safety System outage or Life Safety feature failure must be reviewed for ILSM implementation. A series of operational actions taken to temporarily reduce the hazard posed by existing life safety deficiencies or during periods of construction, renovations, shutdowns, repairs or life safety system or component failures. If ILSM is determined to be required, they will be in affect until the completion of the construction or renovation project or until compliance with LSC requirements are met.

**Procedure(s) for Implementation:**

**I. Responsibilities:**

The Department Director (or designee) of Facilities, Maintenance Operations, IS, Telecom, Clinical Engineering, Public Safety or any other department conducting the work will have a Project Manager (PM) assigned as responsible for the following:

- A. Determining when ILSM are necessary for construction and renovation projects (Step1).
- B. Determining, with the help of Environmental Health and Safety and others as appropriate, which administrative actions will be implemented (Step 2).
- C. Determining when ILSM are necessary for Life Safety deficiencies identified
- D. Auditing the ILSM documentation and making adjustments as needed to the plan.

The Project Manager (PM) or designee is responsible for:

- A. Assessment and documentation necessary to support each required administrative action (e.g. ILSM Inclusion Criteria Assessment Form, Selection of ILSM Administrative Actions Form, ILSM Life Safety Information Sheet, Interim Life Safety Measures Inspection Form and Daily Emergency Egress Exit Inspection).
- B. Completion and signing of Step 1. Reviewing Step 1 with the Safety Officer or Department Director with their sign off. If Step 2 is required, both PM or Department Director and Safety Officer review and sign.
- C. Completion of Step 1 and if required, Step 2.
- D. ILSM documents shall be maintained as part of the project file for a period of at least three years.
- E. ILSM Training Documentation of contractors, as required.

The Safety Officer (SO) or designee is responsible for:

- A. Reviewing ILSM Administrative Actions (Step 1 and if required, Step 2). In certain instances, and after training, the specific department responsible for completing the ILSM assessment does not need SO review/signature. In these cases, the Department Director will review and sign. In cases where the ILSM assessment triggers Step 2, it will require sign off by the SO.
- B. Collaborates with the PM in ILSM staff education and documentation in promoting awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety, as required.
- C. Collaborates with the PM in ILSM staff training and documentation in compensating for impaired structural or compartmental fire safety features, as required.
- D. Documentation necessary to support additional fire drills, as required.

## II. Procedures:

### A. General Applications

#### 1. Application # A: Life Safety deficiencies identified (not related to Construction/Renovation Projects)

Any Life Safety System outage or Life Safety feature failure must be reviewed for ILSM implementation. Where Life Safety Code deficiencies are identified, it may be necessary to implement Interim Life Safety Measures (any of the administrative actions listed below based on hospital's ILSM Inclusion Criteria) to compensate for the deficiencies until such time said deficiencies have been resolved. If the Step 1 assessment deems ILSM is required, the SO should be contacted to assist in

evaluating when and to what extent the following **14** administrative actions (Step 2) will be necessary to compensate for increased life safety risks.

- A. Any identified existing building deficiencies must be assessed by completing the ILSM Inclusion Criteria (Step 1).

## **2. Application # B: Construction/Renovation Projects**

All construction/renovation projects must be reviewed for ILSM implementation. Prior to or during the project, if any of the ILSM Inclusion Criteria (Step 1) are deemed significant, ILSM will be required to be reviewed and signed off on by the PM/Department Director and the SO. If the assessment deems ILSM is required, the SO will collaborate with the PM or Department Director in evaluating when and to what extent the following 14 administrative actions (Step 2) will be necessary to compensate for increased life safety risks.

- A. The Project Manager or Department Director and SO will complete ILSM Inclusion Criteria (Step 1) for all new construction/renovation projects.
- B. Upon completion of ILSM Inclusion Criteria (Step 1), and if implementation of ILSM is not warranted, the Project Manager or Department Director will file the Step 1 form in the project file.
- C. Upon completion of ILSM Inclusion Criteria (Step 1), if it is determined that ILSM is warranted, and upon review by the PM or Department Director and SO, appropriate administrative actions shall be applied to the project (refer to the Interim Life Safety Measure Administrative Actions in this plan). *Note: If conditions of the project change, a reevaluation of the ILSM Inclusion Criteria (Step 1) shall be made to determine whether the changes warrant ILSM implementation.*

- Attachment A: Step 1- ILSM Inclusion Criteria Interim Life Safety Measures (ILSM) Assessment Form
- Attachment B: Step 2 - Selection of Interim Life Safety Measures - 14 Administrative Actions
- Attachment C: Sample - Interim Life Safety Information Sheet
- Attachment D: Interim Life Safety Measures (ILSM) Inspection Form
- Attachment E: Daily Emergency Egress Exit Inspection Form

**Approved By:**

**Vice President Sponsor: David Flanagan, VP, Capital Facilities and Engineering**

**EOC Committee: 7/12/22**

**K. Murray & D. Flanagan  
Co-Chairs**

**Requestor(s) Name(s):**

**John Pagani, Director, Engineering and Infrastructure  
Jarrod Dore Director, Capital Facilities  
Christine Powers, Director, Environmental Health & Safety**

**Original Date Approved: 10/01**

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**Revised: 10/04, 1/06, 6/06, 6/09, 6/12, 6/13, 10/14, 9/15, 3/16, 6/18, 11/18, 7/19, 7/22  
Eliminated:**

**STEP 1 - ILSM INCLUSION CRITERIA**

(EC-39 Attachment A)

**Interim Life Safety Measures (ILSM) Assessment Form**

These criteria are used to evaluate areas in which construction renovation or existing Life Safety deficiency repairs are planned or in which a Life Safety Code deficiency has been identified. Consideration should be given to the scope of operations in the area, the level of staff activity, and the acuity of patient treatment in the area.

**Project/Area:**

**Scope of Work:**

**Phase:** \_\_\_\_\_ of \_\_\_\_\_

**If ANY of the following conditions are answered "SIGNIFICANT", ILSM shall be applied.**

Criteria	Not Significant	Significant	Findings/ Comments
The issue alters or compromises exit access, exiting, or exit discharge building elements	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 25px;" type="text"/>
Compromises building compartmentation including fire or smoke walls, floor / ceiling assemblies, corridor walls, use area doors, or other defend in place elements	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 25px;" type="text"/>
The issue impairs the building fire alarms or sprinkler systems	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 25px;" type="text"/>
The activity includes ignition sources such as cutting, welding, or other operations using flame or producing sparks.	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 25px;" type="text"/>
The activity includes quantities of combustible materials, flammable materials, or generation of large amounts of dust and debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 25px;" type="text"/>
Justifications (Mandatory):			

**Findings:**

ILSM REQUIRED

ILSM NOT REQUIRED

**Assessed by PM:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by SO or Department Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STEP 2 - Selection of Interim Life Safety Measures - 14 Administrative Actions**  
**Check the Administrative Actions that apply to compensate for the deficiency(s).**

(EC-39 Attachment B)

NFPA (I-XI) & JC LS. Std. (LS.01.02.01 EP 4-14)	Check Actions	ILSM Administrative Action	Documentation to validate ILSM
I.	<input type="checkbox"/>	The hospital either evacuates the building or notifies the fire department (or other emergency response group) immediately and initiates a fire watch when a fire alarm system or sprinkler system is out of service for any amount of time in an occupied building. Notification and fire watch times are documented.	FIRE WATCH Documentation (Including FD Notification)
II.	<input type="checkbox"/>	Posts signage identifying the location of alternative exits to everyone affected.	Physical signs post as required.
III.	<input type="checkbox"/>	Appropriate exits in the affected areas are maintained for unobstructed egress. Where exits are blocked, alternate exits provided. DAILY INSPECTIONS are documented.	DAILY Emergency Egress Exit Inspection Form
IV.	<input type="checkbox"/>	When fire alarm and detection systems are impaired during periods of construction, temporary system(s), but equivalent fire alarm and detection systems, are provided for use.	ILSM Inspection Form
V.	<input type="checkbox"/>	Additional fire-fighting equipment is provided in the affected areas appropriate to the hazards. INSPECTIONS are documented and frequency of inspections will be determined by the Facilities Department.	ILSM Inspection Form
VI.	<input type="checkbox"/>	Temporary construction partitions are smoke-tight made of noncombustible material, or made of limited combustible material that will not contribute to the development or spread of fire. INSPECTIONS are documented and frequency of inspections will be determined by the Facilities Department.	ILSM Inspection Form
VII.	<input type="checkbox"/>	Surveillance of buildings, grounds, and equipment is conducted (giving special attention to construction areas, combustible storage, excavation, field offices, and emergency accessibility) with documented problem resolution. INSPECTIONS are documented and frequency of inspections will be determined by the Facilities Department.	ILSM Inspection Form
VIII.	<input type="checkbox"/>	Hospital housekeeping procedures - storage practices, debris removal practices that reduce the building's flammable and combustible fire loads to the lowest feasible level acceptable are strictly enforced. INSPECTIONS are documented and frequency of inspections will be determined by the Facilities Department.	ILSM Inspection Form
IX.	<input type="checkbox"/>	Hospital provides additional training to those who work in the hospital on the use of fire-fighting equipment.	ILSM training documentation
X.	<input type="checkbox"/>	Additional fire drill per shift per quarter.	Fire drill schedule & critique forms
XI.	<input type="checkbox"/>	Temporary but equivalent fire alarm and detection systems are inspected and tested on a monthly basis. MONTHLY INSPECTIONS are documented.	Inspection documentation provided by testing vendor
XII.	<input type="checkbox"/>	Hospital provides hospital-wide education to staff and promotes fire safety awareness on building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety.	ILSM training documentation
XIII.	<input type="checkbox"/>	Hospital provides training to those who work in close proximity to the affected area how to compensate for impaired structural or compartmental fire safety features.	ILSM training documentation
XIV.	<input type="checkbox"/>	Other:	As required

**Assessed by PM:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by SO:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **STEP 3 - DOCUMENTATION FOR ALL ADMINISTRATIVE ACTIONS CHOSEN**

1. Depending on the Administrative Actions Selected, specific documentation should be collected based on the actions performed.
2. Retain all documentation for the project in the project folder for a period of 3 years.

#### **STAFF TRAINING**

All ILSM require that staff affected by the temporary plan be trained. The following procedure is followed to train the impacted staff.

1. Upon decision that the ILSM will be implemented, the SO and the PM will determine who shall receive training.
2. An Interim Life Safety Information Sheet (Attachment C) shall be developed jointly by the PM and SO. It is a one page, bulleted document. A floor plan shall be included if necessary (i.e. if egress patterns are changing).
3. The Interim Life Safety Information Sheet is then copied onto an orange paper and sent by the PM to managers and supervisors in the impacted area(s).
4. A copy shall be sent by the PM to each manager/supervisor of the affected departments.
5. The managers/supervisors of the affected departments are instructed when receiving the ILSM Information Sheet to review with all staff and post for all staff to reference throughout the duration of the project. Managers/supervisors to save this copy of the ILSM Information Sheet for their records.
6. Interim Life Safety Information Sheet shall be posted by the PM in the affected area(s) for the duration of the project. The Interim Life Safety Information Sheet shall also be posted by the PM adjacent to all entry areas at construction/renovation site.
7. Any significant system-wide ILSM issue or unplanned event may be escalated up the hospital command chain as appropriate. Depending on the nature of the ILSM, this may include notification to the Administrator on Call, Emergency Management and/or other key department heads.

#### **Inspections**

1. If the risk assessment determines that egress routes will be blocked in any form, DAILY inspections of the alternate egress routes must occur and be completed by the PM (See Daily Emergency Egress Exit Route Inspection Form Attachment E).
2. If other Administrative Actions are selected that require inspections of the area in question, the Interim Life Safety Inspection Form (Attachment D) will be used by the PM.
3. The inspection frequency will be determined by the PM and SO based on the risk to patients. The higher the risk to the patients, the more frequent the inspections will occur.



Location: \_\_\_\_\_  
Is under Interim Life Safety Measures

Name(s): \_\_\_\_\_ initiated a temporary fire plan because of the  
\_\_\_\_\_  
\_\_\_\_\_

Duration of the temporary plan is until: \_\_\_\_\_  
Who does this affect? \_\_\_\_\_

During this time, the following temporary Fire Plan is in effect for this renovation project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* SAMPLE WORDING\*\*\*\*\***

The construction area is off limits to staff, patients and visitors

- Fire extinguishers have been relocated within the construction site
- For short periods of time, the fire detection systems may be out of service in the construction area. They will always be reactivated each night and weekends
- This area can NOT be used as a means of exiting the building in an emergency
- This construction project does NOT affect any other fire plans or exit routes in adjacent areas

*Place Interim Floor Plan Here*  
*Include: - Egress routes*  
*- Pull stations*  
*- Fire Extinguishers*

# Interim Life Safety Measures (ILSM) Inspection Form (EC-39 Attachment D)

Date Project Started: \_\_\_\_\_ Date Project Completed: \_\_\_\_\_

Project CTS #: \_\_\_\_\_ General Contractor: \_\_\_\_\_

Area(s) of project/job inspected:

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### Inspection Frequency (Based On Risk):

Daily  Weekly  Every Other Weekday  Twice Per Week

Other: \_\_\_\_\_

**Directions:** Date each day inspections occurred.

Document where applicable **P** (Pass) or **F** (Fail) in the top left section of each box.

Initial for each applicable item in the bottom right section of each box.

For each Fail, explain in sufficient detail in the comments section your corrective actions.

**If emergency egress has the potential to be obstructed, daily inspections shall be performed of all emergency egress of the effected area (refer to Daily Emergency Egress Exit Inspection Form).**

	DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
1. Exits are readily accessible and provide unobstructed egress at all times.							
2. If required, due to inaccessibility of existing exits, Alternate exits have been established.							
3. If alternate exits have been established, Personnel in the area are aware of their relocation and existence.							
4. Exits are clearly identified and able to be seen in the event of an emergency or fire.							
5. Fire evacuation routes are posted, and reflect up-to-date changes and alternate escape routes due to construction deficiencies.							
6. Written procedures and guidelines are posted in the immediate and adjacent areas for what to do and who to call in the event of fire or emergency.							
7. Personnel in the immediate and adjacent areas are aware and informed regarding procedures and guidelines to follow in the event of fire or emergency.							
8. Fire alarm and detection equipment appear to be operational.							
9. There is no evidence of smoking in the construction area and "No Smoking" is enforced in the construction area.							
10. Construction/remodel area storage, waste and debris are being maintained to minimize potential for fire or safety hazards during daily operations (if applicable).							
11. Temporary partitions are built to be smoke tight and of noncombustible/fire retardant materials, to minimize spread of smoke or fire within the building (if applicable).							
12. Electrical panels, temporary wiring, extension cords, tools and equipment appear to be installed, utilized, and functioning in a safe manner.							
13. In general, the exterior construction areas, buildings, grounds, and equipment, giving special attention to excavation, field offices, emergency accessibility) are free of hazard and potential safety violations (if applicable).							

**EC-39 Attachment D)**

14.	If there is any gas/arc welding or cutting being performed within the building or on site, additional fire safety precautions have been taken and the necessary equipment has been provided and is being utilized.							
15.	If there is any gas/arc welding or cutting being performed within the building or on site, Maintenance Operations has been notified.							
16.	If hand and safety rails are required, they are in place and maintained in good condition.							
17.	Extension cords that are being used are 3 wire grounded type.							
18.	If there are temporary electrical outlets provided, they have ground fault protection at the receptacle or at the panel.							
19.	If hazardous chemicals are present and/or being used, they are being limited to the amount needed and used daily.							
20.	MSDS (SDS) sheets are readily available for any hazardous chemicals that are present or being used.							
21.	Ladders and scaffolds appear to be in satisfactory condition and used in a safe manner							
22.	Personnel protective equipment, such as safety glasses, hard hats and etc. are being used.							
23.	Infection control procedures are known and being followed (as applicable)							
24.	Electrical equipment "Lockout/Tagout" procedures are being followed.							
25.	Site is provided with at least two fire extinguishers at each entrance and exit to the construction/renovation site and every 75 feet.							
26.	Fire extinguishers are clearly visible and easily accessible (not obstructed).							
27.	Fire extinguishers are properly charged with pins in place.							
28.	Fire extinguisher tags are up to date (inspected monthly and annually certified).							
29.								
30.								
31.								
32.								

**Inspection Comments/Findings:**

<b>Date</b>	<b>Issue #/or other and Responsible Person</b>	<b>Corrective Action(s)</b>	<b>Completion Date</b>

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## DAILY Emergency Egress Exit Inspection Form (EC-39 Attachment E)

Are exits readily accessible and do they provide unobstructed egress at all times? Document where applicable **P** (Pass) or **F** (Fail) in the top left section of each box. Initial in bottom right section. If Fail, date and document findings and corrective action taken.

**(Complete ONLY if Administrative Action III is selected)**

Week Starting Date (Monday)	MON	TUE	WED	THR	FRI	SAT	SUN
___/___/___							
If <b>F (Fail)</b> ID Date, Describe & Document Corrective Actions Taken							
___/___/___							
If <b>F (Fail)</b> ID Date, Describe & Document Corrective Actions Taken							
___/___/___							
If <b>F (Fail)</b> ID Date, Describe & Document Corrective Actions Taken							
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If <b>F (Fail)</b> ID Date, Describe & Document Corrective Actions Taken							
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If <b>F (Fail)</b> ID Date, Describe & Document Corrective Actions Taken							