## Beth Israel Deaconess Medical Center Environment of Care Manual

Title: Fire Watch Procedure for Impaired Fire Detection and/or Fire Alarm Suppression Systems

**Policy #: EC- 75** 

**Purpose**: To mitigate risks that can result from an impaired fire detection or suppression system. A fire watch will be implemented to assist with early detection, reduced combustible load and ensure clear path of egress.

## **Policy Statement:**

When a life safety system has been compromised due to an impairment (shutdown or system failure), a Fire Watch should be initiated to compensate for the non-functional life safety system (suppression or alarm systems). Refer to EC-83 for all procedures during actual Hot Work.

**Scope:** This plan applies to all medical center locations. The implementation of Fire Watch is required in all areas impacted by the conditions noted above.

## **Procedure(s) for Compliance:**

#### I. RESPONSIBILITIES

The Project Manager (PM), Maintenance Operations the Safety Officer (SO) or designee are responsible for:

- A. Determining the implementation of a Fire Watch when projects or system failures require the partial or complete impairment of life safety system. Per NFPA 101 2012, the following fire watch requirements apply:
  - A fire watch is required when the <u>fire alarm system</u> is impaired for more than 4 hours in a 24 hour period in an occupied building, or
  - A fire watch is required when a <u>fire suppression system</u> e.g. sprinkler system is impaired for more than 10 hours in a 24 hour period in an occupied building.
  - A fire watch must have a qualified individual in the affected area on a continuous basis and may not leave until the fire watch has been rescinded, or another qualified person takes their place.
- B. Determining how the Fire Watch will be implemented and documented (Forms A & B).
- C. Ensure BIDMC or off-site Fire Alarm and Suppression System vendors make appropriate notification to the local Fire Department as per fire department requirements. Ensure these notifications are documented and

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submitted to the PM or Maintenance Operations.

- D. Ensuring the Fire Watch is properly implemented at the appropriate time(s).
- E. Auditing the Fire Watch area and associated documentation. Make adjustments to the plan as needed.
- F. PM or Maintenance Operations to maintain copies of all forms.

#### II. PROCEDURES:

#### A. NOTIFICATION

 Once it has been determined that the Fire Watch is required, due to impairment, the local Fire Department will be contacted in the appropriate way. Example, bagging smoke detectors requires a bagging permit be submitted to BFD Fire Prevention Division in advance of the work. For dangers caused by an alarm system impairment that cannot be immediately repaired, the local Fire Department should be notified by phone and the PM, Maintenance Operations or vendor designee completes System Impairment Documentation and Notification (Form A).

### **B. SYSTEM INSPECTION PROCESS**

- 1. Develop Fire Watch schedule with assigned, qualified individuals to cover the period of time the inspection is required. The Fire Watch must be the primary responsibility of the person assigned. If the impairment is expected to be less than (4) four hours, a Fire Watch is not required but preparations should be made in case the work is delayed and requires more than 4 or 10 hours of impairment. Any impairment that is expected to go beyond the 4 or 10 hour timeframe requires that the fire watch begin immediately and not begin at the 4 or 10 hour timeframe.
- 2. Assign a competent individual(s) to perform the Fire Watch. Provide training for the assigned individual(s) in accordance with the responsibilities and conditions listed on the Fire Watch form (Form B). The person(s) completing the Fire Watch form will initial and print name in spaces provided for beginning of fire watch, arrow down documenting continuous time frame for watch and initial/print name again at end documenting completion of the watch. A copy of the completed document must be submitted to the PM or Maintenance Operations.

Attachment A: Documentation and Notification for Life Safety System Shutdown Attachment B: Fire Watch for System Impairment Form

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Vice President Sponsor: Walter Armstrong, Sr. VP Capital Facilities and Engineering Approved By: **図 EOC Committee:** 4/11/18 K. Murray & W. Armstrong Co- Chairs Requestor Name: Jarrod Dore, Director, Capital Facilities John Pagani Director, Engineering and Infrastructure **Gary Schweon, Director, EHS Original Date Approved: 8/13** Next Review Date: 4/1/2021 Revised: 11/14, 4/18 Eliminated: References:

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# Documentation and Fire Department Notification for Life Safety System Impairment Date and time of **New Notification** Change to existing notification ☐ Yes Or ☐ Yes existing notification: System(s) involved in Suppression Impaired? shutdown: Yes/No Detection Impaired? Yes/No Other? Description of areas to be Building(s) Floor(s) Unit/Area(s) impaired. Address: Master Panel notification to ☐ Yes Explanation of extent affected: Central Station affected? Start Time Offline Re-instate Time Expected time frame for impairment? Note: Any changes to the time frame will result in an additional notification. Reason for Impairment To notify BFD call 617-343-3805, give the dispatcher your information. Ask to speak with the District Chief (DC) and the dispatcher will connect you with the DC. Record the name of the DC on this form as the person notified at BFD. For all off-sites, notify the local fire department. FIRE DEPARTMENT NOTIFICATION Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person at Fire Department Notified: \_\_\_\_\_ Person Notifying Fire Department: \_\_\_\_\_ Company if non BIDMC \_\_\_\_\_

(EC- 75 Form A)

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TIME	Initials	Print Name	Responsibilities and Conditions when Completing Fire Watch.
			Report any issues immediately to the Project Manager.
0000			If there is fire, smoke, or a strong smell of smoke, or other evidence of
			a fire or incipient fire immediately follow RACE and activate ALARM
			(Code Red)
0100			Fire watch must be continuously conducted by trained individuals
			performing no other duties in the affected areas until the impairment no
			longer exists.
0200			Outside doors are closed and secured, and windows, fire doors and
			fire shutters are closed.
0300			All waste, rags, paint residue, rubbish, and similar combustible items
			are removed from the building.
0400			All remaining operable fire protection equipment is in place and not
			obstructed. Fire alarm pull stations, smoke or heat detectors are not
			blocked, damaged or rendered inoperable.
0500			Ensure that all aisles are clear.
0600			Confirm that all motors or machines not required to operate are turned
0000			off.
0700			All unsecured offices and conference rooms are checked for
0700			
			unapproved smoking material that may have been carelessly discarded.
0000			
0800			All unnecessary heat-producing devices are turned off in the
2000			impairment area.
0900			Ensure that flammable and combustible materials are properly stored
			in approved containers. (NOTE: Flammable compressed gas cylinders
			must be stored in a 1-hour fire resistance rated room.)
1000			Ensure that sprinkler valves are in the open position. (NOTE: If
			sprinkler control valves are electronically supervised by the Automatic
			Fire Alarm System and are not impaired by this scope of work, then
			the visual examination is not required.)
1100			Check for proper ventilation in the impaired area.
1200			Ensure there are no leaks from the plumbing fixtures and piping.
1300			Fire separations do not have holes or penetrations or unprotected
.000			openings. There are no other holes in walls, floors or other visible
			changes in building construction that could cause injury or risk to
			patients or staff.
1400			Exit lights and illumination of the corridor working properly.
1500	1		property.
1600			DIRECTIONS
1700			Fire Watch person(s) to review responsibilities and monitor conditions
1700			throughout entire fire watch.
1800			Initial and Print Name in spaces provided for beginning of fire watch,
1500			arrow down documenting continuous time frame for watch and
			initial/print name again at end documenting completion of watch.
1900			Completed forms to be submitted to the Project Manager.
2000	+		Completed forms to be submitted to the Project Manager.
2100			
2200			
2300			

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