DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

FIRE SAFETY FOR DEPARTMENT OF VETERANS AFFAIRS (VA) MEDICAL FOSTER HOMES

1. PURPOSE. This Veterans Health Administration (VHA) Information Letter (IL) provides recommendations for fire safety inspections of medical foster homes overseen by the Department of Veterans Affairs (VA) Medical Foster Home (MFH) service. This IL also recommends that any MFH intended to house residents who are not capable of evacuating in less than three minutes with staff assistance should be fully sprinkler protected or have sleeping rooms located at grade with a door leading directly to the outside from the sleeping room.

2. BACKGROUND

a. The National Fire Protection Association (NFPA) Standard 101 (referred to as NFPA 101, or Life Safety Code (LSC)) does not offer guidelines for fire safety of dwellings comparable to MFHs. Residential Board and Care standards (Chapter 33 of the LSC) are intended for homes with at least four boarders who are not related by blood or marriage to the owners or operators. Some of the requirements enumerated in the Chapter 33 standards are unnecessary and unattainable for the family homes that are part of the MFH service. Imposing such standards would detract from the intimate family atmosphere unique to this model of long-term care and disqualify many homes, thereby restricting Veteran access to this important option.

b. One- and Two-Family Dwelling standards (Chapter 24 of the LSC) are written for the general population and do not account for a higher level of disability in the MFH population.

c. Given the absence of an appropriate national code under which to conduct fire and safety inspections of MFHs, this IL provides a hybrid set of recommendations for these inspections based in part on the Oregon State Fire Code. The State of Oregon has operated adult foster homes for over 25 years, and throughout that time has refined fire and safety codes specifically for a population comparable to that living in MFHs. The Oregon state agency that oversees adult foster care established a cooperative partnership with their State Fire Marshal service during their program development. They have worked collaboratively to develop standards that are sufficiently rigorous to ensure the safety of residents in adult foster homes, yet are not so overly restrictive as to be unfeasible for small family homes or diminish the family environment that makes adult foster homes an attractive option for long-term care.

d. Guidance in this IL is based on the Oregon Fire Code chapter for Adult Foster Homes and the LSC, as well as the experience of fire and safety specialists and MFH Coordinators in the VA system. ***NOTE:*** *References to the LSC (NFPA 101) are identified in this IL as "LSC Section" or "LSC Chapter." Users are reminded that PG-18-03, Topic 1, specifies use of the latest edition of the LSC.*

3. DEFINITIONS

a. **Adult Foster Home.** An Adult Foster Home is a family home in which supportive care for compensation is provided in a home-like environment to adults who are frail or have disabling conditions.

b. **Medical Foster Home (MFH).** Medical Foster Home (MFH) is adult foster care working in combination with a VA interdisciplinary home care team such as VA Home Based Primary Care (HBPC) or Spinal Cord Injury Homecare (SCI-HC), to provide non-institutional long term care for Veterans who are unable to live independently and prefer a family setting.

c. **MFH Care**. MFH care is a form of community residential care for the more medically complex and disabled Veterans, and is generally distinguished from other residential care homes by the following:

(1) The home is owned or rented by the MFH caregiver;

(2) The MFH caregiver lives in the MFH and provides personal care and supervision;

(3) There are not more than three residents receiving care in the MFH, including both Veterans and non-Veterans; and

(4) Veteran MFH residents are enrolled in a VA HBPC or SCI-HC program.

d. **MFH Caregiver.** The MFH caregiver is the person who provides care in his or her home as delegated, and as supervised by a registered nurse (RN) or advanced practice nurse (APN) through occasional visits. This caregiver, with assistance from relief caregivers, provides room and board, appropriate levels of supervision, and assists with activities of daily living (ADLs), in a safe environment.

e. **MFH Coordinator.** The VA MFH Coordinator is responsible for program development, operations, and evaluation of the MFH service. This includes recruitment and screening of MFH caregivers, recruitment and placement of Veterans into MFHs, MFH caregiver education, and quality monitoring of Veterans in MFHs including unannounced inspections.

f. **VA Interdisciplinary Home Care Team.** The team members include a dietitian, nurse, social worker, rehabilitation therapist, pharmacist, mental health provider, and physician. Based on resident characteristics and needs, this interdisciplinary team may be expanded to include others such as a chaplain or psychiatrist. The VA HBPC or VA SCI-HC programs are examples of programs that utilize such teams.

g. **VA Inspection Team.** The VA inspection team includes, but is not limited to, a nurse, social worker, dietitian, and a fire/safety specialist. This inspection team may serve multiple care settings and programs for the VA facility. MFH services are advised to consider including a rehabilitation therapist on the inspection team, particularly when homes may need structural alterations to meet the safety and accessibility needs of MFH residents. The VA inspection team makes initial and annual inspections of the MFHs to ensure compliance with the fire and safety guidance, to review dietary and medical treatment plans, and to make recommendations as needed.

4. RECOMMENDATIONS FOR MFH FIRE SAFETY. Each MFH should comply with the requirements of LSC Chapter 24, *One- and Two-Family Dwellings*, as modified by the following:

a. **Means of Escape**

(1) Secondary Means of Escape. Windows used as secondary means of escape do not have permanently affixed bars or other impediments to egress.

(2) Window Size. Where windows are used as the secondary means of escape and windows do not meet the minimum size and dimensions required by LSC Chapter 24, the VA inspection team may approve existing windows that are a minimum of 5.0 square feet with the width not less than 20 inches and the height not less than 22 inches, provided that the secondary means of escape is brought into compliance with LSC Chapter 24 within 60 days of placing a Veteran.

(3) Special Locking Devices. Special locking devices that do not comply with LSC Section 7.2.1.5 are permitted where the clinical needs of the MFH Veteran require specialized security measures and with the written approval of (a) the responsible VA clinician, and (b) the VA fire/safety specialist or the director of the VAMC with jurisdiction for that MFH. ***NOTE:*** *It is anticipated that some fire and safety specialists would not agree to any locking arrangement that is not in compliance with the LSC, regardless of the opinion of the clinician. This paragraph allows the fire and safety specialist to object, state the reasons for objecting, suggest alternative solutions, and let the VAMC Director make the final decision.*

(4) Bedrooms.

(a) Each MFH Veteran has a bedroom with a door that closes and latches.

(b) The bedroom of each MFH Veteran is single-occupant, unless the MFH Veteran agrees to a multi-occupant bedroom.

b. **Alarm Systems**

(1) Smoke Detectors/Alarms.

(a) Smoke detectors or smoke alarms are provided in accordance with LSC Section 24.3.4.1 or 24.3.4.2. Where smoke alarms are used, they are interconnected so that the operation of any

smoke alarm causes an alarm in all smoke alarms within the MFH. ***NOTE:*** *It is the intent that smoke detectors or smoke alarms be installed in all sleeping rooms, including sleeping rooms in existing homes. The exemption that permitted the omission of smoke alarms in sleeping rooms of existing one- and two-family dwellings, found in LSC editions prior to the 2009 edition, is not permitted.*

(b) Smoke detectors and smoke alarms are not installed in the kitchen or other locations subject to false alarms.

(2) Carbon monoxide (CO) detectors/alarms. In a home with a fuel burning appliance, with a fireplace, or with an attached garage, CO detectors or CO alarms are installed in accordance with NFPA 720. Combination CO/smoke detectors or combination CO/smoke alarms are permitted.

(3) Emergency Forces Notification.

(a) The smoke detectors and alarms are connected to a remote supervising station to notify emergency forces in the event of an alarm.

(b) CO detectors and alarms are permitted, but not required, to be connected to a remote supervising station. If connected, they must report as a supervisory signal.

(c) Sprinkler flow and pressure switches, if installed, are connected to the remote supervising station.

(4) Systems that meet the requirements of UL1637, *Home Health Care Signaling Equipment*, or UL985, *Household Fire Warning System Units* are permitted to be used.

(5) Alarm keypads may be used as a means to manually activate the alarm system. *Note: A means to manually activate the alarm system is not required.*

(6) Remedial Measures. A 60-day period following the placement of the first Veteran in the MFH is granted for installation of the equipment and systems specified in paragraphs 4.b(1) through 4.b(4). During the 60-day period safety risks are mitigated through use of battery-operated single station alarms in locations described in 4.b(1) and 4.b(2). The battery-operated single station alarms are installed and in operation prior to the placement of the first Veteran.

c. **Emergency Lighting**. There is, on each occupied floor of the MFH, at least one plug-in rechargeable flashlight, operable and readily accessible, or other approved emergency lighting.

d. **Fire Extinguishers**. At least one 2-A:10-B:C rated fire extinguisher is visible and readily accessible in a location on each floor, including basements, and is maintained in accordance with the manufacturer's instructions. Documentation of monthly inspections is maintained in accordance with NFPA 10.

e. **Inspection, Testing, and Maintenance**. An NFPA 13 or NFPA 13R sprinkler system (if installed) is inspected, tested, and maintained in accordance with NFPA 25. An NFPA 13D sprinkler system (if installed) is inspected annually by a competent person. Smoke/CO detectors, smoke/CO alarms, and other elements of a fire alarm system are inspected, tested, and maintained in accordance with NFPA 72 and NFPA 720. Portable fire extinguishers are inspected, tested, and maintained in accordance with NFPA 10. Emergency lighting required under section 3 is tested monthly and replaced if not functioning.

f. **Heating, Ventilating, and Air Conditioning Equipment**

(1) Equipment. Heating, ventilating, and air conditioning equipment is in accordance with LSC Section 24.5. Ventilation of cook stoves is not required.

(2) Screens. A non-combustible hearth, in addition to protective glass doors or metal mesh screens, is required for fireplaces. Hearths and protective devices are to meet all applicable state or local fire codes.

(3) Portable Heaters. Portable heaters are permitted provided the heating elements of such devices do not exceed 212°F (100°C). Portable heaters are labeled and have tip-over protection.

g. **Special Hazards**

(1) Extension cords. Where used, extension cords are sized properly and do not present a fire hazard due to inappropriate routing, pinching, or from damage. Extension cords are a three-pronged grounded type. Use of extension cords is controlled and limited so as to not present electrical panel circuit overload.

(2) Hazardous Materials Storage. Flammable and combustible liquids and hazardous materials are safely and properly stored in their original labeled container or in an approved and listed safety container.

(3) Oxygen Cylinders. Medical oxygen cylinders are adequately secured or protected to prevent damage to cylinders.

(4) Oxygen Safety. Areas where oxygen is used or stored are posted “No Smoking”. Oxygen is not used or stored near open flames**.**

(5) Oxygen Trans-filling. Trans-filling of liquid oxygen should take place outside the living areas of the home where possible.

(6) Smoking. Smoking is prohibited in all sleeping rooms. Ashtrays are of non-combustible materials. ***NOTE:*** *The smoking prohibition covers not only the sleeping rooms of Veteran residents, but includes all sleeping rooms in the home.*

h. **Operating Features**. Operating features of the MFH comply with LSC Chapter 33, Section 33.7, as modified by the following:

(1) Emergency Egress and Relocation Drills

(a) LSC Section 33.7.3.6 is not used.

(b) Participation. Prior to placement in a MFH, each MFH Veteran is evaluated by a VA home care team nurse or therapist to determine whether the Veteran is able to participate in emergency egress and relocation drills. If it is determined by the VA home care team nurse or therapist that the Veteran is unable to participate in drills, then the Veteran is excused from the provisions of section 4.h(2)(a) and is considered to not be capable of egress within three minutes and section 4.h(2)(c) will apply.

(c) Training. Within 24 hours of arrival, each new MFH Veteran who is determined by the VA home care team nurse or therapist to be able to participate in a drill is shown how to respond to a fire alarm and how to egress from the home.

(2) Evacuation Criteria (also see Attachment A, Medical Foster Home Flow Chart)

(a) Evacuation. The MFH caregiver demonstrates the ability to evacuate all occupants from the home within three minutes to a point of safety that is exterior to the home, and that has access to a public way. If all occupants cannot evacuate within three minutes, section 4.h(2)(c) applies. ***NOTE:*** *The term "all occupants" refers to every person in the home, including, but not limited to, the MFH Veterans.*

(b) Exceptions to 4.h(2)(a) Evacuation:

1. Exception 1: Each MFH Veteran who is temporarily unable to participate in a drill is permitted to be excused from no more than two drills within a 12 month period provided that the two missed drills are not consecutive. *Note: A MFH Veteran who is temporarily excused from a drill in accordance with this exception will not count against the three minute evacuation time and will not invoke the Remedial Measures in 4.h(2)(c).*

2. Exception 2: Each MFH Veteran who has been determined to be unable to participate in a drill, in accordance with 4.h(1)(b), is not required to participate.

(c) Remedial Measures. If one or more MFH Veterans are determined by the VA home care team nurse or therapist to be unable to participate in a drill in accordance with 4.h(1)(b), or if all occupants do not achieve a three minute evacuation in accordance with 4.h(2)(a), then one of the following options is used:

1. Option 1. The home is protected throughout by an approved automatic sprinkler system in accordance with LSC Section 9.7. The sprinkler system is in accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems*; or, if applicable, NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height*; or, if applicable, NFPA 13D, *Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes*, or

2. Option 2. Each MFH Veteran who is determined by the VA home care team nurse or therapist to be unable to participate in a drill and each MFH Veteran who is not capable of achieving egress within a maximum of three minutes has a bedroom located at the ground level and the MFH caregiver bedroom is on the same level. The bedroom of each applicable MFH Veteran has direct access to the exterior that does not require travel through any other portion of the residence, and access to the ground level meets the requirements of the Americans with Disabilities Act (ADA). ***NOTE:*** *This option does not require that the exterior access be wide enough to accommodate the Veteran's bed if the VA team approves an alternate means of removing the patient. For example, a Veteran who is moveable might be capable of being placed in a wheelchair and rolled through a 36-inch wide door opening,* or

3. Option 3. Each MFH Veteran who is determined by the VA home care team nurse or therapist to be unable to participate in a drill and each MFH Veteran who is not capable of achieving egress within a maximum of three minutes is offered an alternative living arrangement by the MFH Coordinator. Veterans are entitled to choose their preferred living arrangement.

(d) Time Permitted for Remedial Measures. The MFH is given a 60-day period in which to take one of the remedial measures specified in section 4.h(2)(c). During the 60-day period, increased fire prevention practices are considered (e.g., prohibition of smoking, prohibition on use of fire place). If remedial measures are not completed within 60 days, then section 4.h(2)(c)3 (Option 3) applies.

(3) Change in Condition. If the condition of a MFH Veteran who has previously been able to achieve egress within three minutes changes so that the Veteran is not able to achieve egress within three minutes, then section 4.h(2)(c) applies. *Note: Section 4.h(2)(b)1 (Exception 1) may be used prior to application of 4.h(2)(c).*

i. **Records**

(1) All emergency egress and relocation drills are documented in a log kept by the MFH caregiver. Drill records are maintained for a minimum of three years and include: date, time of day, length of time to evacuate the home, the name of each caregiver who participated, the name of each resident, whether the resident participated, and whether the resident required assistance.

(2) Documentation of all inspection, testing, and maintenance activities in accordance with section 4.e is maintained for the period of time specified in the applicable NFPA standard, or for three years, whichever is longer.

j. **Local Permits and Emergency Response**. Where applicable, a permit or license is obtained for occupancy or business by the MFH operator from the local building or business authority. The local fire department or response agency is notified when there is a home occupant who is incapable of self preservation.

k. **Duties of the VA Inspection Team**

(1) Duties of the VA inspection team include evaluation of the MFH upon initial inspection and annually, to assess compliance with this IL and to provide safety education to MFH caregivers.

(2) The VA fire and safety specialist ensures that all MFH fire incidents are reported, within one business day of the occurrence, through the fire incident reporting system on the Center for Engineering and Occupational Safety and Health (CEOSH) website http://vaww.ceosh.med.va.gov/. ***NOTE:*** *This reporting requirement is in addition to the established procedures used to report incidents to the Office of the Deputy Under Secretary for Health for Operations and Management.*

l. **Exceptions**. Exceptions to the guidance in this IL may be approved for an individual MFH by the director of the VA medical center with jurisdiction for that MFH.

5. **QUESTIONS.** Questions may be addressed to Office of Safety, Health, Environmental, and Emergency Management (10NS) at 202-266-4654.

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Acting Under Secretary for Health

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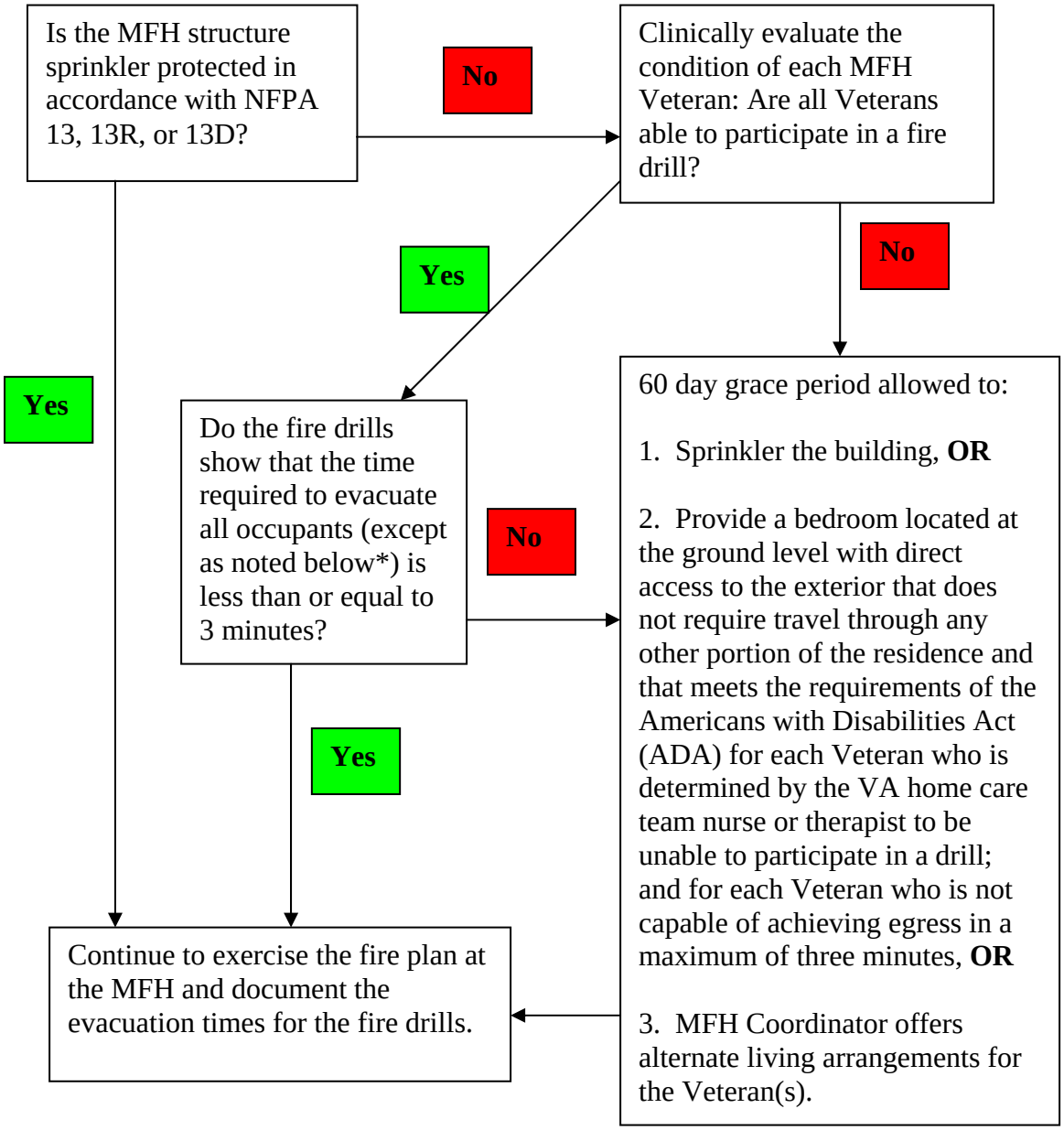
Attachment

ATTACHMENT A

MEDICAL FOSTER HOME FLOW CHART

Below is a flow chart that explains the Medical Foster Home (MFH) Service guidance for permissible placement of Veterans within MFHs. Additional details with respect to the homes are provided in the Information Letter. A clinical evaluation of every Veteran must be performed prior to placement within a home.



* Note: Veterans who have been identified as unable to participate in a fire drill do not have to be moved during the drill. All others should regularly participate in the fire drills, with the exception that Veterans may be temporarily exempted from two non-consecutive drills in a 12-month period. See the Information Letter for details.