# INTERIM LIFE SAFETY MEASURES

**Policy 5.1.2 Environment of Care Fire Life Safety**

**Revised: October 2019**

#  Appendix A – ILSM Plan

**Assessment Must Be Completed Prior to Any Phase of Construction Work**

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| **Project:** | **Project Manager:** |
| **Start / End Dates:** | **Contractor:** |
| **Location:** |
| **Describe project scope, nature of impairment, include additional operational information (reference MOP as needed):** |
| **Project Evaluation Questions** | **Y** | **N** | **Check ILSM Plan # to****be followed** |
| 1. Will existing exit paths be impaired or blocked? (Consider both vertical and horizontal) |  |  | 2, 3, 8, 10, 12 |
| 2. Will the construction area require additional exit routes? |  |  | 3, 8, 10, 12 |
| 3. Will existing corridor width be reduced below allowable reductions? (Refer to NFPA 101 for allowablereductions) |  |  | 6, 7, 8, 10, 12 |
| 4. Will any exterior access points to the building be blocked, reduced, or obstructed? |  |  | 1, 7, 12 |
| 5. Will Fire Department access and use of FDC, auto-sprinklers, and standpipe connections be impaired, reduced, or blocked? |  |  | 1, 7 |
| 6. Will fire alarm system or suppression system be impaired in or outside of the construction areas as part ofthe project activities? |  |  | 1, 4, 9, 11, 14 |
| 7. Will there be an increase in flammable hazards or combustible fire load? |  |  | 5, 6, 8, 9 |
| 8. Will vertical and horizontal fire/smoke barriers be breached, and/or special attention to barriers and partitions be needed? |  |  | 6, 8 |
| 9. Will a Hot-Work permit and Fire Watch Log be necessary for heat-producing activities that could be sources of ignition? |  |  | 5, 13 |
| 10. Will the construction site require tailored traversing of egress to provide emergency exiting? |  |  | 3, 8, 10, 12 |

**If YES to any of the Project Evaluation Questions, evaluate which ILSM Plans (1-14 below) will be needed to compensate for deficiencies. Use Hot Work Permit and Fire Watch Log sheets if applicable. Project progression, phasing, and site-specific field conditions will require periodic re-evaluations of this document.**

**ILSM Plan: Check all applicable ILSM Plans to be followed:**

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| ☐ | 1) | Notification to San Francisco Fire Department by Campus Fire Marshal or designee may be required. Initiate a fire watch when a fire alarmor sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Document notification and fire watch times. |
| ☐ | 2) | Post signage identifying the location of alternate exits. |
| ☐ | 3) | Inspect exits in affected areas on a daily basis. |
| ☐ | 4) | Provide temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. |
| ☐ | 5) | Provide additional fire-fighting equipment directly outside and inside the project area. |
| ☐ | 6) | Use temporary construction partitions that are smoke-tight or made of noncombustible material, or made of limited combustible material that will not contribute to the development or spread of fire. |
| ☐ | 7) | General Contractor’s on-site lead shall inspect the work site at least daily for hazards, and direct their immediate remediation. |
| ☐ | 8) | Enforce storage, housekeeping, and debris removal practices that reduce the flammable and combustible fire load to the lowest feasible level. |
| ☐ | 9) | Provide additional training to those who work in the hospital on the use of fire-fighting equipment. |
| ☐ | 10) | Conduct one local additional fire drill per shift per quarter in departments affected by project activities. |
| ☐ | 11) | Inspect and tests temporary systems monthly. Document completion time of tests. |
| ☐ | 12) | Education provided to occupants to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety, or training to compensate for impaired structural or compartmental fire safety features. |
| ☐ | 13) | Hot work permit required. Permit includes special inspections by contractor and other appropriate inspection personnel. |
| ☐ | 14) | Schedule shutdown with Medical Center Facilities Management and/or IT Department |

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| Project Manager Signature |  | Fire Marshal/Designee Signature |