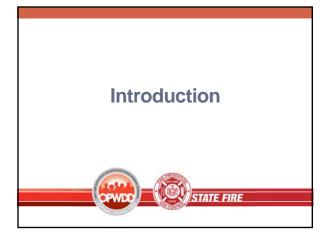


## **Course Objectives**

- 1. Introduction
- 2. History of Group Home Fires
- 3. Legislative History, Fire Safety and Code Enforcement
- 4. Fire Protection Systems
- 5. Fire Department Considerations
- 6. OPWDD Fire Safety Expectations
- 7. Disability Information for the Fire Service
- 8. Contact Information
- 9. Site Visit









## About OPWDD

Approximately 260,000 New York State Residents have Developmental Disabilities

Many people receiving services from OPWDD live with support in the community or in family care homes

Some receive services only during the day, and others live in homes supported by or run by OPWDD or an agency certified to provide residential care.

## **Residential and Day Programs**

## **Residential Programs (Group Homes)**

State Run:

- 1063 programs
- 7 campus based residential programs
- Voluntary Agencies:
- 5405 programs
- Day Programs, Day Treatment and Clinics • 1084 programs
  - Fire Safety in these settings is an area of focus for OPWDD

## Terminology

- Individual
- State Home/Facility
  Voluntary Agency Home/Facility
- Chapter House
- Non-chapter House
- IRA
- 11.7
- ICF
- Day Hab

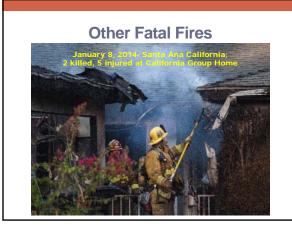
- State Agency
- Voluntary Agency
- Family Care Provider
- Developmental Center
- Secured Unit
- Supportive Residence
- Supervised Residence
- DDSOO
- DDRO



## Fatal Fire in Wells, NY

On Saturday March 21, 2009 a fire in the Riverview IRA, Sunmount DDSO, took the lives of four people and injured two residents and a staff member





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Legislative History, Fire Safety and Code Enforcement

STATE FIRE

## Who Oversees OPWDD Group Homes?

## OPWDD

- Bureau of Program Certification
- Certification/Recertification Surveyors
- Office of Facilities Management, Fire Safety and Emergency Services
- Fire Safety Representatives
- Safety Officers
- State Operations / Regional Operations
- NYS Department of Health

### OFPC MOU

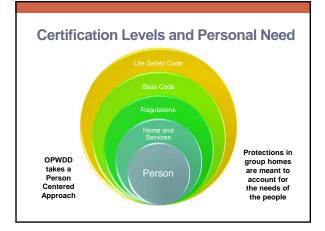
 Fire Protection Specialists assigned to the Special Occupancy Inspection Group

## Why Do We Inspect Group Homes?

- Social Security Act amendment of 1960
- New York State Mental Hygiene Law (Defines what agency –OPWDD- and authority is given to administer programs)

## **OFPC MOU Following Wells Fire**

- Fire safety training for new state staff
- Review fire drills/evacuation plans
- Annual fire inspections
- Life Safety Code surveys
- Complaint investigations in regards to fire safety
- Fire investigation services for state owned properties
- Liaison between OPWDD and fire service



## **Applicable Rules and Regulations**

- Part 635 Regulations
- NYS Uniform Fire Prevention and Building Codes as per NYCRR Title 19
- Application of NFPA 101 Life Safety Code where required by 635 Regulations

## **Code Application at State Facilities**

- NYS Uniform Fire Prevention and Building Code as per NYCRR Title 19 Part 1204
- Fire Code
- Property Maintenance Code



## Code Application at Voluntary Agency Facilities

- NYS Uniform Fire Prevention and Building Code as per NYCRR Title 19 Part 1203
- Local Ordinances
- OFPC <u>DOES NOT</u> enforce state codes nor local ordinances on voluntary facilities

## Part 635 Regulations

## NYCRR Title 14 (Dept. of Mental Hygiene) Chapter XIV (OMRDD/OPWDD)

- Section 635-7.1 Applicability
- Section 635-7.2 Life Safety Code requirements.
- Section 635-7.3 Safety and Welfare Requirements
- Section 635-7.4 Family Care Homes and small IRA's
- Section 635-7.5 Day Habilitation Sites

## Code Application at Voluntary Agency Facilities

- Typically treated as one or two family dwelling
- Local CEO needs permission or cause to enter the facility to inspect
- Local CEO responsible for building permits, property upgrades and complaints

## **NFPA 101**

Chapter 18/19 (Health Care) • Individuals with medical needs

Chapter 32/33 (Board and Care) • Individuals with varied capacities





## Fire Alarm Systems

- Minimum protection level involves hardwired, interconnected smoke alarms
- More advanced systems involve both smoke and heat detectors, CO alarms, and fully addressable fire alarm control panels
- Maintained per NFPA 72
- May be only a local alarm







## **Sprinkler Systems**

## NFPA 13 Sprinkler System

- Covers all areas
- Some houses use wet systems, some use dry systems
- Designed for property preservation

### NFPA 13D/NFPA 13R Sprinkler System

- Leaves areas unprotected (i.e. closets, attics, porches, crawl spaces.)
- Designed for evacuation

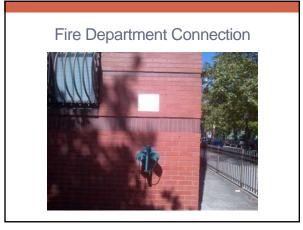
## Sprinkler System Riser



## Sprinkler Systems

- All sprinkler systems are maintained per NFPA 25
- In areas without municipal water, may have large storage tanks in basement or underground
- Minimum water supply depending on resident rating (10 minute or 30 minute )
- Often use Quick Response/Early Suppression or Residential sprinkler heads









## Systems OOS

Fire watch performed continuously and documented every 15 minutes when a major fire protection system is out of service.

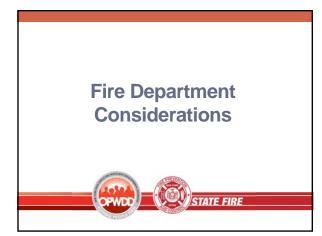
## **Additional Safety Features**

## May Include:

- Fire Extinguishers
- Battery operated CO alarms
- Construction features
- Generators
- Emergency Lighting

## **Family Care Providers**

- Family Care Providers may not have the extra protections provided in state and voluntary group homes.
- REMEMBER- Family Care Providers are caring for individuals in the operators own home.

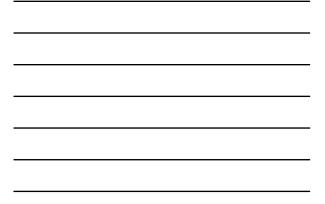


## **Fire Department Considerations**

- These facilities look like regular dwellings, but may have increased fire protection
- The types of fire protection features will vary from house to house
- Adults live in these homes as a family unit which varies in size up to 24 people and the staff needed to support them

Group Home or private residence?















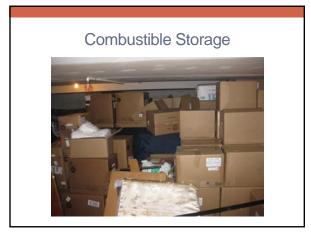
Group Home or private residence?



## **Fire Department Considerations**

## More People = More Stuff:

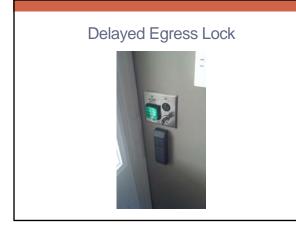
Fire protection features are meant to compensate for the larger numbers of people or vulnerability of the people living in the home.





## **Building Considerations**

- Oxygen storage
- Generators
- Sleeping rooms may house multiple adults
- Delayed egress locks
- Window/door alarms
- Windows screwed shut/blocked from fully opening
- Multiple locked interior doors
- Reinforced building materials







## **Other Considerations**

- Some individuals may respond differently than the general population.
- Some residences take a long time to complete their evacuations.
- Some residences utilize a defend-in-place strategy.
- Individuals may have supervision or medical needs once evacuated and prior to relocation.
- Staff will look to FD for clearance back into house after a fire alarm.

## **Notifications After Emergencies**

- House staff are required to notify administration of any evacuation or emergency
- OPWDD is required to notify OFPC of any fire events or serious concerns
- If concerns about safety, make sure agency is making appropriate internal notifications



## **Agency Mission**

To help people with developmental disabilities live richer lives

"Putting People First" is OPWDD's number one guiding principle

Simply put, it means giving people with developmental disabilities as much individual choice and control over their own lives as possible

## The Challenge... Finding the balance between helping the individuals maintain independence, and honoring their personal choices, while still ensuring the safety of all individuals in the residence.







## Training

OFPC in partnership with OPWDD developed a new fire safety curriculum in 2012

Training Includes:

- 1) Understanding fire
- 2) Prevention and Hazards
- 3) Evacuation Execution
- 4) Extinguisher use

Fire Safety training is required for new employees Annual refresher training for the remainder of employment

## **Evacuation Plans**

## Every site has an individualized evacuation plan outlining:

How to respond to different modes of discovery of an emergency

- · How to safely enter rooms during evacuation
- How to determine evacuation priority
- Individual staff responsibilities during evacuation
- The location of the meeting place
- Individuals needs during an evacuation

## **Fire Evacuation Drills**

## Documented on standardized forms

## Supervised/Community Residences:

• One drill per shift per quarter

### Day Habs and Supportive Residences:

· Four drills per year

## **Individual Plan of Protective Oversight**

All Individuals have an Individual Plan of Protective Oversight for their own safety;

- Fire evacuation and general safety
- Supervision levels
- · Health care, meds and hygiene Mobility
- Transportation
- Specialized equipment • Environmental modifications
- Informed consent
- Behavior management

## **OPWDD Safe Area Expectations**

- At least 30' from the structure
- A safe path to travel on
- Out of the path of responders
- A location that they will be able to evacuate to in the case of an extended incident
- Maintain required supervision to provide for the safety of the individuals

### WHAT ARE YOURS? THIS IS AN OPPORTUNITY TO WORK WITH PROGRAMS

**Disability Information** for the Fire Service



# **OPWDD Guiding Principle**

## Put the Person First

People with developmental disabilities are at the heart of everything we do, and this person-first ethic is embodied in the way we express ourselves.



## **Disability Awareness**

"helps to remove barriers so that responsible, self-sufficient people with disabilities can assume risks, make choices and contribute as they wish... this is a vision in which we all win."

## **Encounters**

- Victim of a crime
- Accidents/Injury, medical complications
- Runaway from a residence
- Fear of medical intervention
- PICA, ingesting foreign object
- Confused citizen/Acting inappropriately
- Domestic violence/Abused
- Caregiver request for assistance
- Group homes, service provider agencies
- Medication issue



## **Statistics**

18.6% of the U.S. population 16-64 years

• 41.9% of the U.S. population 65 years and over

	People 5 years and over					
		Percentage with selected disabilities				
Area 13	Number	Any Disability	Sensory Disability	Physical Disability	Mental Disability	Self-care Disability
United States	307,167,527	19.3%	3.6 %	8.2 %	4.8 %	2.6 %
New York	19,464,264	20.6 %	3.2 %	8.0	4.7	2.8 %

## **Statistics**

- Intellectual Disability; 2-3% of population (7M)
- Cerebral palsy; 700,000 Americans
- Post-polio syndrome; 1M survivors (433,000 report paralysis)
- 8M Americans with visual impairment
- About 200,000 individuals with developmental disabilities in NYS residing in about 8,000 residences
- 3.2M wheelchair users
- 910,000 people in Assisted Living facilities
- Autism; 1 in 88 children

## **Definitions**

**Disability:** Any physical or mental condition that substantially limits one or more major life activities.

## **Major Life Activities**

- Caring for oneself
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- BreathingLearning
- Working
- Sitting
- Standing
- Lifting
- Reaching

## **Definitions**

## Disability includes a wide range of conditions:

- Mental Health •
- Blind/Vision loss •
- Deaf/Hard of hearing .
- Intellectual Disability . (Mental retardation)
- Learning disabilities •
- •
- Epilepsy/ Seizure disorder
- Traumatic Brain Injury
- Cerebral palsy/
- Dementia
- Physical disabilities Many others

## **How Do Disabilities Present**

- 1. Obvious; individuals who use a wheelchair, individuals who have certain outward characteristics.
- 2. Non-obvious/hidden; disability is not visually evident until discussion becomes more involved, response is unusual, person identifies, or it is . manifested.
- Evident shortly after encounter by discussion, 3. appearance or response.

## **Mental Illness**

Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma. Also called emotional illness, mental disease, or mental disorder.

## **Prevalence of Mental Illness**

- 23% of adults will suffer from a clinically diagnosable mental illness in a given year.
- Less than 1/2 of them will suffer symptoms severe enough to disrupt their daily functioning.
- About 9-13% of children under the age of 18 experience a serious emotional disturbance with *substantial* functional impairment
- About 5-9% of children have a serious emotional disturbance with *extreme* functional impairment.

## **Physical Disabilities**

## Physical disabilities will present in one or more of the following ways:

- ambulation challenges; individual may have an unsteady gait, may use a walker, cane, arm braces or wheelchair.
- communication; depending on the disability, speech may be compromised.

**<u>MOST</u>** individuals with physical disabilities will not have any cognitive or intellectual challenges.

## **Physical Disabilities**

- Muscular Dystrophy (43 variations)
- Amyotrophic Lateral Sclerosis (ALS-Lou Gehrig's disease)
- Cerebral Palsy
- Multiple Sclerosis
- The Leukodystrophies
- Spina Bifida
- Post-Polio Syndrome

## Encounters/Response Considerations

- Never assume that individuals with a physical disability also have a cognitive disability
- Injured individual in a wheelchair- never separate the person and their chair (last resort)
- Respect; get to eye level
- Proper lifting and transporting

## **Developmental Disabilities**

Attributable to a mental or physical impairment, or combination. Can include:

- Intellectual Disability
- Autism
- Cerebral Palsy
- Neurological Impairment
- Epilepsy/Seizure Disorder

Manifested before 22 years old and likely to continue indefinitely

## **Developmental Disabilities**

Results in three or more substantial functional limitations in:

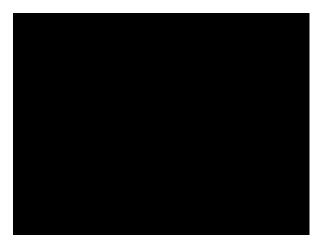
- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self direction
- Capacity for independent living
- Economic sufficiency

## Cognition

Cognition is defined as thinking, problem solving, concept understanding, information processing, and overall intelligence.

Intellectual Disability characteristics include problems in the following areas:

- Learning delays
- Personal care
- Communication
- Social skills



## Autism

Neurological disorder, usually appears in first 3 years of life. Characteristics include:

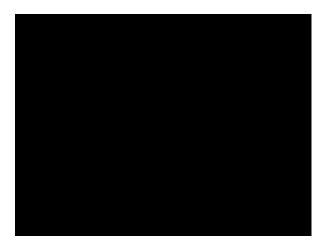
- Communication; delayed or no language development, words with no meaning, gesturing, short attention span.
- Social interaction: spends time alone, less responsive to social cues, talks to self.
- Sensory impairment: avoid touch, self-stimulation, rocks.
- Play: lack of spontaneous or imaginative play.

## **Autism**

## Behaviors:

- Overactive or passive
- Tantrums
- May lack common sense
- May show aggression
- Need routine

Self-preservation may be questionable Pain threshold may seem heightened



## **Encounters/Response Considerations**

- Escape
- Water attraction
- Overstimulation; sirens, shiny objects, crowd
- said
- Use very concrete terms
- Avoidance of touch
- No real fear of dangers
- High pain threshold
- Restraint: last resort, • Echolalic: repeats what was underdeveloped trunks, abdomen-respiratory issue

## **Visual Impairment/Blindness**

- In 2008, there were 402,355 people in NYS who are blind or seriously visually impaired.
- Blindness can occur at any age but it is most common in the elderly.

## Definitions

- Visually Impaired: Persons who have some difficulty seeing with one or two eyes even when wearing glasses
- Legally Blind: 20/200 or less in the better eye of central vision OR less than 20 degrees of visual field
- Blind: Having less than 1/10 normal vision or no vision

## Hard of Hearing/Deaf

- 580,000+ in the state of New York.
- 12,000+ deaf babies are born in the US yearly.
- National Institutes of Health and National Health Interview Survey (NHIS) estimates there are 28 million Deaf, Late-Deafened, HoH & Deaf-Blind individuals in America.
- Over 3.5 million Americans communicate in ASL, making it the fourth most used language in the United States.

## **Fire Risks**

## The order of increased fire risks, as described by the U.S. Fire Administration:

- 1. Elderly population
- 2. Mobility impaired
- 3. Deaf, deaf-blind and Hard of Hearing

## Life with Brain Injury

- Brain injury is the silent epidemic
- 3.1 million Americans live with a brain injury
- A brain injury occurs every 23 seconds

## The Brain

Controls everything we do...

- ...breathing
- ...walking
- ...talking
- ...thinking
- ...behaving
- ...feeling



## **Definition – Traumatic Brain Injury**

## TBI is a specific type of damage to the brain that results when the head:

- hits a stationary object (e.g., windshield in a car crash)
- is hit (e.g., mugging)
- is penetrated (e.g., gunshot wound)
- is violently shaken by external force (e.g., Shaken Baby Syndrome, severe whiplash)

## Aging

## Age: The Great Equalizer

Living longer

- Fastest growing part of the population
- Re-defining aging
- Stroke
- Memory Loss
- Dementia, Alzheimer's disease

## Aging

- 45% (or higher) of individuals at least 65 y/o have a disability.
- Most aging individuals don't identify with their disability.
- "I'm getting older"
- "I don't hear that good anymore"

## Dementia

The loss of cognitive functioning-thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities. It is not a disease itself, but a group of symptoms that often accompanies a disease or condition.

## Americans with Disabilities Act

- The civil rights legislation for individuals with disabilities provides for a "clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities".
- It applies to virtually every entity in the US, regardless of federal funding (churches and private clubs exempt).



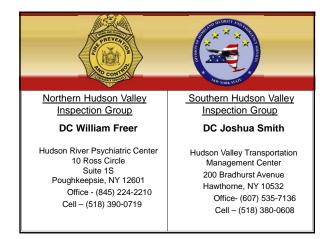




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## **Preparation for Site Visit**

- Number of people allowed inside of the residence at a time
- Please remember PEOPLE FIRST LANGUAGE
- During tour, observe;
  - Fire protection systems
  - Building construction features
  - Firefighting hazards
  - Adaptive equipment
  - Emergency planning- staffing minimum, safe area, evacuation plan, etc.

## New York State Office of Fire Prevention and Control Course and Instruction Evaluation

Instructor Name	Course
County	Date
How would you rate the instructor's knowledge of the	
What do you think of the instructor's instructional sty	·le?
How appropriate is the overall technical level of the c	ourse?
What do you think of the course materials?	
How well did the course meet your needs and expecta	ations?
What suggestions do you have for improving this cou	rse?
Additional comments:	