



Life Safety Codes & Emergency Preparedness for ASCs

Presented by
Cathy Montgomery, RN

Life Safety Codes & Emergency Preparedness for ASCs



NFPA 101 "Life Safety Code" 2000 Edition

ASCs are surveyed using the prescriptive requirements of the Ambulatory Health Care Occupancies chapter (20/21) of the LSC

Life Safety Codes

- If the facility's building plans were approved or a building permit was issued or construction started after the effective date (March 13, 2003) of the final regulation, the building or addition must be surveyed under 2000 NEW LSC. (20)
- If the facility's building plans were approved by a State Agency or building permit issued or construction started prior to the effective date (March 13, 2003) of the final regulation, the building must be surveyed under 2000 EXISTING LSC. (21)

Life Safety Codes

- If the building has undergone a modification (usually more than 50 percent or more than 4,500 square feet of the smoke compartment involved), it is considered "major" and then becomes "new".
- If the building has undergone a modification (usually less than 50 percent or less than 4,500 square feet of the smoke compartment involved), it is considered "minor" and so no change.

NFPA



National Fire Protection Association

- Nonprofit
- Established in 1896
- Purpose: Reduce hazards on the quality of life
- Research, training, education
- Over 70,000 members

Codes are typically updated every 3 years

To HAVE any EFFECT a Code MUST BE ADOPTED BY AN AUTHORITY HAVING JURISDICTION

1967 - 1970 - 1973 - 1976- 1979 - 1982
 1985 - 1988 - 1991 - 1994- 1997 - 2000
 2003 - 2006 - 2009 - 2012 - 2015
 (under way)

2000 VS 2012

Memorandum Summary
Publication of NPRM for Fire Safety Requirements: The Centers for Medicare & Medicaid Services (CMS) published a **proposed rule** that would amend the current fire safety standards for Medicare and Medicaid participating providers and suppliers. This proposed rule would adopt the 2012 edition of the Life Safety Code (LSC), National Fire Protection Association, (NFPA) 101. Comments may be accepted until 5 pm EST June 16, 2014.

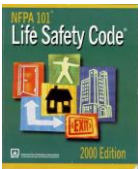
Adoption of Life Safety Codes

CMS Adoption Process

- Congressionally mandated
- Publish intent in the Federal Register
- Hearings
- Public comment period
- Response to public comments
- Congressional action



The 2000 Edition of the Life Safety Code



- Applicable to:
- Hospitals
 - Nursing Homes
 - Hospices
 - Ambulatory Surgery Centers
 - Dialysis Clinics
 - Medical Clinics

The 2000 Edition of the Life Safety Code

Introductory Chapters 1 - 6

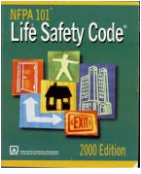
- Chapter 1 - Administration
- Chapter 2 - References
- Chapter 3 - Definitions
- Chapter 4 - General
- Chapter 5 - Performance-Based Option
- Chapter 6 - Classification of Occupancy & Hazard of Contents

Core Chapters 7 - 11


- Chapter 7 - Means of Egress
- Chapter 8 - Features of Fire Protection
- Chapter 9 - Building Service & Fire Protection Equipment
- Chapter 10 - Finishes/Contents
- Chapter 11 - Special Instructions

Occupancy Chapters 12 - 42


Annex



CMS K Tags



Assigned a number to key elements in the LSC to assist in documenting citations.



CMS-2796U (02/2013)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FIRE SAFETY SURVEY REPORT - AMBULATORY SURGICAL CENTERS (ASC) & END STAGE RENAL DISEASE (ESRD) MEDICARE

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY		2. (A) (M) TYPE CONSTRUCTION (BLDG): A. W/RO B. W/RO C. FLOOR		2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)		2. (C) FULLY SPRINKLED 3. (D) FULLY SPRINKLED 4. (E) FULLY SPRINKLED 5. (F) FULLY SPRINKLED	
3. DATE OF SURVEY		3. DATE OF BLDG. PERMIT OR PLAN APPROVAL		3. DATE FIRST OCCUPIED AS AMBULATORY SURGICAL CTR.		3. NUMBER OF STATIONS IN ESRD	
CHECK ONE Facility is: <input type="checkbox"/> Physically located in a hospital <input type="checkbox"/> Free-standing; only occupancy in building <input type="checkbox"/> Located in an office occupancy <input type="checkbox"/> Located in a Manufacturer/Business Occupancy <input type="checkbox"/> In-state occupancy <input type="checkbox"/> Other (specify) _____		4. <input type="checkbox"/> The facility MEETS lowest level: 1. Compliance with all provisions 2. Acceptance of a Plan of Correction 3. Recommended analysis		5. <input type="checkbox"/> Performance Based Design			
SURVEYOR (SIGNATURE)		TITLE		OFFICE		DATE	
REVIEW AUTHORITY OFFICIAL (SIGNATURE)		TITLE		OFFICE		DATE	

FORM CMS-2796U (02/2013) PAGE 1

Life Safety Codes & Emergency Preparedness for ASCs



Categorical Waiver

- Not connected to a survey
- You must document your intention
 - Board Approval
 - Policy & Procedure
- Announce to AAAHC, TJC, AAAASF, or CMS your election when they arrive

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-25-LSC & ASC

DATE: April 19, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Relative Humidity (RH): Waiver of Life Safety Code (LSC) Anesthetizing Location Requirements; Discussion of Ambulatory Surgical Center (ASC) Operating Room Requirements

Memorandum Summary

- **RH of ≥20 Percent Permitted in Anesthetizing Locations:** The Centers for Medicare & Medicaid Services (CMS) is issuing a categorical LSC waiver permitting new and existing ventilation systems supplying hospital and critical access hospital (CAH) anesthetizing locations to operate with a RH of ≥20 percent, instead of ≥35 percent. We are also recommending that RH not exceed 60 percent in these locations.
- **This Waiver Does Not Apply:**
 - When more stringent RH control levels are required by State or local laws and regulations; or
 - Where reduction in RH would negatively affect ventilation system performance.
- **Hospitals & CAHs Must Elect to Use the Categorical Waiver:**
 - Individual waiver applications are not required, but facilities are expected to have written documentation that they have elected to use the waiver.
 - At the entrance conference for any survey assessing LSC compliance, a facility that has elected to use this waiver must notify the survey team.
- **Ongoing Requirements:**
 - Facilities must monitor RH in anesthetizing locations and take corrective actions when needed to ensure RH remains at or above 20 percent.
- **ASCs:** ASCs are not subject to all of the same LSC requirements as hospitals, but are required, consistent with 42 CFR 416.44(a)(1), to maintain RH in operating rooms in accordance with nationally accepted guidelines.
- **State Operations Manual (SOM) Appendices A, I, L & W are being updated accordingly.**

Current Waivers

- o **Categorical Waivers Available:**
 - Humidity Levels
 - Medical Gas Master Alarm
 - Opening in Exit Enclosures
 - Emergency Generators and Standby Power System
 - Doors
 - Suites
 - Extinguishing Requirements
 - Clean Waste & Patient Record Recycling Containers



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Conventional Waiver

- o Connected to a survey
- o Citation = POC
- o Request from facility to CMS



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- o Construction plans
- o Total square footage of the facility
- o Your tenet space within the building
- o Electrical plans
- o Fire sprinkler plans and maintenance records
- o Fire alarm plans and maintenance records
- o Anesthesia equipment installation and maintenance records

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- Certificate of Occupancy



- Inspection by local or state fire control agency

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Fire Extinguishers

Inspected by a vendor annually

- During inspection, the tamper seal of rechargeable fire extinguishers must be removed, maintenance performed, and new tamper seals installed.



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Fire Extinguishers

- Inspected by staff every 30 days
- No obstructions to access or visibility
- Operating instructions on nameplate legible and facing outward
- Safety seals and tamper indicators are not broken or missing
- Fullness verified
- Look for leakage, corrosion, damage, clogged nozzle
- Condition of tires, wheels, carriage, hose good



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Fire Extinguishers

Type/Locations

- Minimum rated 2-A (look at your label)
- Max floor area per unit = 11,250 square feet
- Travel distance to nearest unit = 75 feet
- Not hidden or obstructed
- Wheeled unit, hanger, brackets, cabinets
- Must be at least 4 inches from floor
- If 40 lbs. or less = top not more than 60 inches above floor
- If greater than 40 lbs. = top more than 42 inches above the floor



Sprinklers

Blocked sprinkler head by storage



Sprinklers

Sprinkler- Curtain Mesh



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Locations/Functions

Exit Signs



- o Illuminated signs at every exit, including exits from each floor or hall (emergency power capabilities)
- o Upper Case letters 6 inches high, 3/4 inch width letters (E, X, T = 2 inches wide)
- o Directional indicator distinguishable at 40 feet
- o Not hidden or obstructed
- o Check for illumination every 30 days

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Emergency Lighting



- o Emergency lighting of the exit pathway is tested for a period of at least 30 seconds every 30 days. Battery-powered (alternate source) lighting equipment designed and installed to be self-diagnosing requires only visual inspection of the diagnostic status on the 30-day schedule. Battery-powered (alternate source) systems and/or fixtures are tested annually for a minimum duration of 90 minutes. Equipment failing any required test is repaired or replaced immediately. Written records of inspections, tests, and maintenance are kept.

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Pull Stations



- o Every required exit must have a manual pull fire alarm device inside the facility within 5 feet of the exit opening.

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Pull Stations



- Pull stations are mounted between 42 inches and 54 inches above floor level. Additional pull stations are provided to make the distance to reach one on the same floor a maximum of 200 feet.

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Down Time

- Required policy
- Occurs at 4 hours
- Evacuate OR Fire Watch Program



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Receptacles

- Adequate receptacles are provided and are located to avoid the need for extension cords or multiple outlet adapters.



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Receptacles


- Power strips may not be used as a substitute for adequate electrical outlets in a facility. Power strips may be used for a computer, monitor, and printer outside of patient care areas. Power strips are not designed to be used with medical devices in patient care areas. Overload on any circuit can potentially cause overheating and fire. Power strips may not be connected to each other (daisy chained) to extend their length.

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Multiplug adapters, cube adapters or unfused plug strips shall be prohibited.

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Medical-Grade Power Strip

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Receptacles

Grip Tension



Polarity Check



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Generators



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Generators

- Categorical Waiver for diesel-powered
 - 8-30-13
 - 1.5 hour vs 2 hour
- Checks are weekly, monthly, annually
- Emergency lighting



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Doors

- Must be fire rated
- Must close and latch automatically



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Remember this general rule:

- If a door requires an automatic closure, i.e. doors to hazardous areas, vertical openings, exit enclosures, smoke barrier partitions etc., only magnetic hold open devices can be used to hold door open.
- If the door does not require an automatic door closure, i.e. patient sleeping room, door to corridor, the door can be held open with a friction device.
- **At no time can any door be held open with the infamous wooden fusible link you call a wooden wedge.**

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Walls

- o The facility is separated from adjacent occupancies/facilities by walls of 1-hour fire-resistive construction.

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Walls (Ceilings)



- o Pipes, conduits, bus ducts, cables, wires, air ducts, HVAC ducts, and similar building service equipment that pass through fire-rated barriers are protected.

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Facilities

- o Adequate facilities
- o Drapes
- o Air fresheners
- o Space heaters/fans

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Facilities

Location/Function

- o Patient parking clearly marked
- o Accommodate disabled
- o No smoking
- o Proper humidity



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K72	Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishing, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof in accordance with 7.7.2, 98.2.7, 39.2.7, 21.1.2.7, 20.1.2.7.		
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**Gas
Cylinders**



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Gas Cylinders Storage

- o No Smoking signage
- o No unrelated materials in same room
- o Separate full from empty
- o Use in order of delivery



**No
smoking**

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Drills General Rules

- Quarterly Fire PLUS other Emergencies as indicated
- Varying times & simulate fire/smoke conditions
- Simulated movement of patients to another smoke compartment
- Transmission of the fire alarm signal to the monitoring company
- Annual CPR
- Written evaluations of the drill

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Drills General Rules



Does the scope of your practice
Require **infant** CPR???????

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Drill Preparation

- Train staff in the use of code phrases
- Pick a staff person to assist you by being the victim
- Call the Monitoring Company and/or the Fire Department
- Ensure you have the tools needed to reset the alarm

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Eye Wash Stations

- Required by OSHA as "first aid"
- American National Standards Institute (ANSI)
- Two types:
 - Plumbed → permanently connected
 - Gravity-fed → contains refillable fluid

Squeeze bottles are supplements, secondary

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To Do List Eye Wash Stations



- 33 - 45 inches from the floor
- Minimum 6 inches from wall
- Treat both eyes simultaneously
- 15 minute water supply
- Access within 10 seconds
- Well lit area with signage
- Same level as hazard

Life Safety Codes & Emergency Preparedness for ASCs

To Do List Eye Wash Stations

- o Plumbed – activate weekly to verify
- o Gravity – manufacturer’s instructions
- o Protective dust covers
- o Employee training
- o Inspect annually

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To Do List



Life Safety Codes & Emergency Preparedness for ASCs

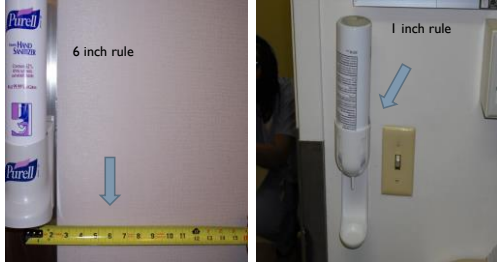
To Do List ABHS

- o Not be installed directly above an electrical outlet or switch
- o Electrically charged devices shall not be directly adjacent to the ABHR dispensers



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To Do List



Life Safety Codes & Emergency Preparedness for ASCs

To Do List ABHS

- Dispensers 4 feet apart
- Corridors 6 feet wide
- Beware over carpet
- Check expiration dates
- Not bigger than 1.2 liters



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- How does the facility identify, manage, handle, transport, and dispose of hazardous materials and wastes whether solid, liquid, or gas? This includes infectious, radioactive, chemical, and physical hazards.



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Corrugated Boxes

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AAMI – Association for the Advancement of Medical Instrumentation

5.2.1 - Clean or sterile items to be transported to central processing and storage areas within the facility should be removed from their external shipping containers before they enter the storage areas of the department.

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AAMI – Association for the Advancement of Medical Instrumentation

“Rationale: External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material, serve as generators of and reservoirs for dust.”

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- Does the facility provide food services or refreshments to meet the needs of the patients? How is this stored, served, and disposed of in compliance with the local health department requirements? How is the ice dispensed? A shared ice scoop is considered a source to cross contaminate.



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Cardinal Health for \$55.00



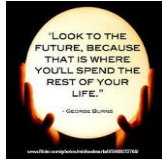
Disaster Planning

IDENTIFICATION

- Identify & prioritize emergencies
- Collaborate with the local authorities
- Hazard Vulnerability Analysis (HVA)
- HVA reviewed at least annually and updated as needed
- Evidence of direct and indirect identification



What's Ahead



FEDERAL REGISTER

Vol. 78 Friday,
No. 249 December 27, 2013

416.54 (d) (2)

- **Annual community mock drill involvement**
Time commitment:
3 hrs. each Administrator & QA RN
Staff regular work hours - drill requirements
- **Tabletop exercise annually**
Time commitment:
1 hr. each Administrator & QA RN
Staff regular work hours - drill requirements

416.54

- **Annual review of plan**
- **Plan must be community based**
- **Risk assessment**
- **Cooperative & collaborative**
- **Shelter in place**
- **Staffing strategies**
- **Patient reception arrangements**
- **Documentation**

416.54

P & P:

- Employee/patient tracking
- Safe evacuation: care & treatment of evacuees, staff responsibilities, transportation, evacuation location, communications

**Hazard and Vulnerability Assessment Tool
Naturally Occurring Events**

EVENT	PROBABILITY Likelihood this will occur	SEVERITY – (MAGNITUDE - MITIGATION)						RISK Relative threat
		HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time effectiveness Mutual Aid and supplies	EXTERNAL RESPONSE Community Mutual Aid and supplies	
SCORE	1-100% 1-Low 2-Medium 3-High	1-100% 1-Low 2-Medium 3-High	1-100% 1-Low 2-Medium 3-High	1-100% 1-Low 2-Medium 3-High	1-100% 1-High 2-Medium 3-Low/none	1-100% 1-High 2-Medium 3-Low/none	1-100% 1-High 2-Medium 3-Low/none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Breach								0%
Volcano								0%
Equipment								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

**Hazard and Vulnerability Assessment Tool
Technologic Events**

EVENT	PROBABILITY Likelihood this will occur	SEVERITY – (MAGNITUDE - MITIGATION)						RISK Relative threat
		HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time effectiveness Mutual Aid and supplies	EXTERNAL RESPONSE Community Mutual Aid and supplies	
SCORE	1-100% 1-Low 2-Medium 3-High	1-100% 1-Low 2-Medium 3-High	1-100% 1-Low 2-Medium 3-High	1-100% 1-Low 2-Medium 3-High	1-100% 1-High 2-Medium 3-Low/none	1-100% 1-High 2-Medium 3-Low/none	1-100% 1-High 2-Medium 3-Low/none	0 - 100%
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Natural Gas Failure								0%
Water Failure								0%
Sewer Failure								0%
Steam Failure								0%
Fire Alarm Failure								0%
Communications Failure								0%
Medical Gas Failure								0%
Medical Vacuum Failure								0%
HVAC Failure								0%
Information Systems Failure								0%
Fire, Internal								0%
Flood, Internal								0%
Hazard Exposure, Internal								0%
Supply Shortage								0%
Structural Damage								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

Excellentia Advisory Group Services

- Mock Surveys
 - CMS, HIPAA, OSHA
 - AAAHC, TJC, AAAASF
- D.O.H. Plan of Correction Assistance
- Infection Control Policies & Procedures
- Infection Control Facility Training
- Comprehensive Infection Prevention Education Series Set (DVD format)
- Ongoing Consulting & Training

To Discuss Any of Our Services, Call Cathy Montgomery at:
636-875-5088 x105
Email: cathy@excellentiagroup.com



**INFECTION PREVENTION
2-DAY CONFERENCE**

Thursday & Friday, April 23-24, 2015
St. Louis, MO

Life Safety Codes & Emergency Preparedness for ASCs

Final thoughts... questions?



**Life Safety Codes & Emergency
Preparedness for ASCs**

Please email your questions and
comments to:

cathy@excellentiagroup.com

Excellentia Advisory Group, LLC

1-636-875-5088