

November 28, 2009

**LOCATIONS OF PIPED MEDICAL GAS SHUTOFF VALVES IN
MEDICARE CERTIFIED ASCs**

Per the 1999 edition of NFPA 99, part of the 2000 edition NFPA 101® “code set” currently mandated by CMS for Medicare Certified ASCs:

4-4 Level 2 Piped Systems.

4-4.1 Piped Gas Systems (Source and Distribution).

Level 2 piped gas systems shall conform to the requirements for Level 1 piped gas systems.

4-3 Level 1 Piped Systems.

4-3.1.2 Distribution — Level 1 (Manifold, Piping, Valving/Controls, Outlets/Terminals, Alarms).

4-3.1.2.3 Gas Shutoff Valves.

(m) A shutoff valve shall be located immediately outside each vital life-support or critical care area in each medical gas line, and located so as to be readily accessible in an emergency.

(n) A shutoff valve shall be located outside each anesthetizing location in each medical gas line, so located as to be readily accessible at all times for use in an emergency. These valves shall be so arranged that shutting off the supply of gas to any one operating room or anesthetizing location will not affect the others.

2-1 Official NFPA Definitions.

Anesthetizing Location. Any area of a facility that has been designated to be used for the administration of nonflammable inhalation anesthetic agents in the course of examination or treatment, including the use of such agents for relative analgesia (see definition of Relative Analgesia). (GDE)

Critical Care Area. See definition of Patient Care Area.

Patient Care Area. Any portion of a health care facility wherein patients are intended to be examined or treated.

(b) Critical Care Areas.

Critical care areas are those special care units in which patients are intended to be subjected to invasive procedures and connected to line-operated, patient-care-related electrical appliances. Examples of critical care areas include intensive care units, coronary care units, angiography laboratories, cardiac catheterization

laboratories, delivery rooms, **operating rooms, postanesthesia recovery rooms,** and emergency rooms. (EE)

[WEL NOTE: “Procedure rooms” are not defined at all in currently applicable NFPA standards]

WEL Designs SUMMARY:

CMS does not distinguish between an operating room and a procedure room – they are both locations where approved outpatient procedures may be performed and are synonymous relative to CMS standards for the physical environment.

NFPA 99 defines operating rooms and recovery rooms as each being Critical Care areas. Per section 4-3.1.2.3 this means each distinct recovery area or room and each operating (CMS “procedure”) room must have shutoff valves OUTSIDE of the specific room served – so arranged that shutting off any individual room will not effect any others.

Additionally, the definition of “Anesthetizing Location” indicates that any room where inhalation anesthesia is administered – which includes the use of any amount of nitrous oxide, a fairly common “relaxing agent” even in rooms that rely predominantly on I.V. sedation – shall also be provided with shutoff valves OUTSIDE of the specific room served – so arranged that shutting off any individual room will not effect any others.

In the course of conducting a Medicare Deemed Status survey, surveyors will pay special attention to the provision of shutoff valves for each individual procedure room and recovery area, located OUTSIDE the room involved. The “logic check” for such separation is to consider the emergency need to shut off gases in a given space without entering the same air volume of it – which is to say without exposing ones-self to the leaking gas or oxygen-accelerated fire that is creating the emergency. Further, during the facility tour and medical records audits, surveyors will be alert for the use or presence of nitrous oxide (portable cylinders or piped) in any room not properly protected with shutoff valves.

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