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CMS's Adoption of NFPA 101® the Life Safety Code®

Requirements for a Medicare Certified ASC's physical environment come from two places; the CMS State Operations Manual Appendix L, and the CMS-adopted "code set" of the National Fire Protection Association (NFPA) Life Safety Code® (LSC). While the appendix L requirements are few, they are vitally important in terms of a few unique interpretations that alter the very meaning of some pivotal NFPA codes and standards.

The LSC establishes minimum requirements for "life safety" issues like building construction, fire safety, and exiting that parallel many local building codes; but in a few critical instances are much more restrictive. Just as importantly, the LSC's Chapter 2 "Mandatory References" identifies specific editions of 50+ other NFPA Codes and Standards that incorporated by reference from within the LSC itself. All those various NFPA documents are what we refer to as the "code set" of the adopted edition of the LSC.

CMS's Appendix L sets ground work for steering some NFPA requirements in a particular direction (ASCs are distinct entities, procedure rooms are considered O.R.s, etc.), and adding requirements not included in the current code set (like temperature/humidity/air-flow requirements for O.R.s). CMS also defines "new" and "existing" facilities in their own way that at times contradicts NFPA's intended different requirements for older facilities that have been well maintained.

The overall LSC code set includes NFPA standards that establish healthcare-specific requirements for the "medical systems" of emergency power, piped medical gases, and more that are largely misunderstood and/or ignored at Local and State regulatory levels. These requirements include specific details of design, manufacture, and installation necessary to assure safe and robust function of critical systems under normal and emergency situations.

Often overlooked components of most NFPA standards include the requirements for inspection, testing, and maintenance of a given system or component (from emergency power, to door hardware function, and everything in between). These "operational" considerations include performance and documentation of the initial certification of equipment and systems (like a medical gas system for instance), as well as specific periodic maintenance on a recurring schedule determined necessary to assure reliability. Some requirements are almost entirely operational, like providing and maintaining portable fire extinguishers. Others deal with things many ASCs would never consider, like testing fusible links in smoke dampers every four years.

Given CMS’s mandate that ASCs are solely responsible for compliance with all applicable codes and requirements, it is incumbent on each organization to understand the variety of standards applicable to their facility and proactively facilitate initial and continuing compliance. Even when an outside “expert” entity is contracted to care for a special system (like the generator set, or fire alarm, or etc.) the ASC is required to be sufficiently aware of the activities to assure they are being done according to applicable NFPA and CMS requirements, and documentation of all inspections, tests, and maintenance is available on site at all times.

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