

FIRE SAFETY, GENERAL SAFETY AND OPERATING FEATURES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Do you have a process for the identification and abatement of occupational safety hazards in your facilities? 19 CSR 30-20.108 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are routine and preventive maintenance schedules established, on-going inspections conducted, testing activities performed in accordance with federal and state regulations to identify manufacturers' recommendations for areas or equipment in need of repair? A-0701 COP §482.41(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are fire detection and alarm systems, smoke containment and evacuation systems, exit lighting, fire and smoke doors, and other equipment tested at least every 6 months? 19 CSR 30-20.108(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are automatic sprinkler systems tested in accordance with 101 NFPA 2000, section 9.7.5? 19 CSR 30-20.108(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the emergency lights have batteries that meet or exceed a 1-1/2 hour threshold? A-0711 COP §482.41(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have doors with roller latches, where positive latching is required? If yes, the hospital is not in compliance. A-0712 COP §482.41(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you demonstrate that all medical devices and equipment are routinely checked by a clinical or biomedical engineer or other qualified person? A-0724 COP §482.41(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are maintenance logs maintained for all significant medical equipment? A-0724 COP §482.41(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you developed and maintained a hospital-specific disaster plan for response to man-made or natural disasters in accordance with guidelines in Chapter 11 of NFPA 99, 1999? 19 CSR 30-20.105(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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emergency rooms and stairwells? A-0702 COP §482.41(a)(1)					
In all other areas not serviced by the emergency supply source, are battery lamps and flashlights readily available? A-0702 COP 482.41(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have arrangements been made with local utility companies and others for the provision of emergency water and gas? Note: CMS defines emergency gases as: propane, natural gas, fuel oil, liquefied natural gas AND any gases the hospital uses in the care of patients: oxygen, nitrogen, nitrous oxide, etc. A-0703 COP §482.41(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the hospital used nationally accepted references (i.e., FEMA) to calculate the need for emergency water and gas? A-0703 COP §482.41(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a plan to protect and prioritize the use of emergency gas supplies? A-0703 COP §482.41(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the hospital developed and implemented policies for the proper storage and disposal of trash including biohazardous waste? A-0713 COP §482.41(b)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a written infectious (biohazardous) waste management plan? 19 CSR 30-20.070(1)(B)1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital register as an infectious (biohazardous) waste generator annually? 19 CSR 30-20.070(1)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have appropriate signage for biohazardous materials? A-0710 COP §482.41(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you verified that Alcohol-Based Hand Rub (ABHR) dispensers in egress corridors are installed in accordance with the LSC? A-0716 COP §482.41(b)(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain ABHR dispensers in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>accordance with manufacturer's guidelines?</p> <p>Note: If the manufacturer does not have guidelines, hospitals are expected to develop their own P&Ps to ensure they do not leak or spill. A-0716 COP §482.41(b)(9)</p>					
<p>Does the hospital have written fire safety and evacuation plans that contain provisions for prompt reporting and extinguishing of fires, protection and evacuation of personnel and guests, and cooperation with firefighting authorities? A-0714 COP §482.41(b)(7) 19 CSR 30-20.108(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the plan available to all personnel? 19 CSR 30-20.108(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are fire retardant protective coatings applied to paneling and other materials at intervals as needed to maintain fire-retardant properties? 19 CSR 30-20.105(6)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are draperies, curtains and cubicle curtains, fire-retardant or treated to retard flame? 19 CSR 30-20.10 (7)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are simulated fire drills conducted on all shifts at least quarterly? 19 CSR 30-20.108(9)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If you had a fire in the past 12 months, was it reported to the state? A-0714 COP §482.41(b)(7)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are all personnel periodically educated on their responsibilities during a fire? 19 CSR 30-20.108(8) A-0714 COP §482.41(b)(7)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do you have the dates of state and local fire-control agency inspections? A-0715 COP §482.41(b)(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are supplies stored in such a manner to ensure they are protected against theft, damage, contamination or deterioration? A-0724 COP §482.41(c)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are supplies stored so as not to violate fire codes or endanger patients or visitors? A-0724 COP §482.41(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are supplies stored as recommended by the manufacturer? A-0724 COP §482.41(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the hospital identified and ensured availability of supplies and equipment likely to be needed in emergency situations and mass casualty events? A-0724 COP §482.41(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all food and medication preparation areas including those in patient care areas well lighted? A-0726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there proper ventilation in all areas using potentially hazardous chemicals, including anesthetizing locations? Note: anesthetizing locations are: "any areas of a facility that has been designated to be used for administration of nonflammable inhalation anesthetic agents in the course of examination or treatment, including the use of such agents for relative analgesia." A-0726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are humidity maintenance records for anesthetizing locations kept and do they contain documentation of actions taken if humidity was found out of range? A-0726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you maintain relative humidity level of 35% or greater in each anesthetizing location unless the hospital uses a CMS categorical waiver which permits relative humidity of $\geq 20\%$? See S&C letter 13-25-LSC & ASC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there proper ventilation in pharmaceutical preparation areas, in the laboratory and where oxygen is transferred from one container to another? A-726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are isolation rooms and reverse isolation rooms in compliance with federal and state laws, regulations and guidelines such as OSHA, CDC,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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NIH, etc.? A-0726 COP §482.41(c)(4)					
Do you maintain documentation that pharmaceuticals are stored at temperatures appropriate to the types of medication in stock? A-0726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does each operating room have temperature and humidity controls? A-0726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are temperature and humidity tracking log(s) maintained for each OR and are steps taken and documented when levels are not acceptable? A-0726 COP §482.41(c)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- CMS Regulation is titled Physical Environment.
- To assess compliance with Life & Safety codes, complete the Fire Safety Survey Report 2000 Code — Health Care form (CMS-2786R), downloadable at <http://www.cms.hhs.gov/cmsforms/downloads/CMS2786R.pdf>.
- Also be aware of any specific requirements for your city or county related to this issue
- See 19 CSR 30-20.142 for more details on applying for a variance request through the state in addition the option of obtaining a waiver from CMS.

Key Resources and Links

- [19 CSR 30-20.070](#)
- [19 CSR 30-20.108](#)
- [19 CSR 30.20.105](#)
- [19 CSR 30-20.10](#)
- [COP §482.41](#)
- [S&C Letter 14-12](#)
- [S&C letter 13-25-LSC & ASC](#)