

CRITICAL ACCESS HOSPITALS

Fire Safety, General Safety and Operating Features					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Note: Effective July 5, 2016, CMS adopted the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC). See Survey and Certification Memo 16-29 LSC effective July 5, 2016. The code can be obtained from the NFPA or at http://www.nfpa.org. Facilities constructed prior to the effective date will maintain and operate the building in compliance with the design and safety regulations in effect at the time of its construction. You need to also be aware of any specific requirements for your city or county related to this issue. Legislation was passed in 2016 that will require DHSS to issue new hospital regulations that reflect the life safety code standards of the Medicare Conditions of Participation and that contradictory state regulations would lapse as of January 1, 2018. The bills also allow state hospital life safety code regulations to reflect subsequent revisions of external standards without being re-issued through the regulatory process. State regulations currently require compliance with LSC, NFPA 101, 200 edition and applicable NFPA-99 references,</p> <p>Also see Survey and Certification Letter 11-05 regarding occupancy classifications.</p> <p>COP requirements are applicable to all inpatient and outpatient locations.</p>					
Is the hospital in compliance with all applicable Life Safety Codes and applicable NFPA references for Health Care Facilities for emergency lighting and emergency power? See note above. 19 CSR 30-20.108(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a process for the identification and abatement of environmental safety hazards in your facilities? 19 CSR 30-20.108(3)	<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"/>		
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"/>		
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"/>		
Are fire retardant protective coatings applied to paneling and other materials at intervals as needed to maintain fire-retardant properties? 19 CSR 30-20.108(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are draperies, curtains and cubicle curtains, fire-retardant or treated to retard flame? 19 CSR 30-20.108(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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? 19 CSR 30-20.108(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the plan available to all personnel? 19 CSR 30-20.108(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all personnel periodically educated on their responsibilities during a fire? 19 CSR 30-20.108(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are simulated fire drills conducted on all shifts at least quarterly? 19 CSR 30-20.108(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the department or service responsible for building and maintenance (facility and patient care equipment) incorporated in the hospital's QA program? C-0220 COP §485.623	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the CAH constructed, arranged and maintained in ensure adequate access, space and safety in accordance with federal, state and local laws? C-0221 COP §485.623(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital's housekeeping and preventive maintenance program ensure that all essential mechanical, electrical and patient care equipment are maintained in a safe operating condition? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the hospital identified the essential equipment required for day-to-day operations and likely emergency/disaster situations? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is all facility and medical equipment inspected and tested before initial use? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Is all equipment routinely inspected, tested and maintained to ensure safety, availability and reliability? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the person responsible for overseeing the development, implementation and management of the equipment maintenance program and activities qualified by education, training, and/or certification etc.? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain records demonstrating that maintenance personnel are qualified (education, training, and/or certification) including contracted personnel? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital follow manufacturer's recommended maintenance activities and schedule or an alternate equipment maintenance (AEM) schedule? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the hospital uses an AEM program: a. Is it based on recognized national standards? b. Is equipment readily and separately identifiable as subject to AEM? c. Is the decision to place equipment in AEM program made by qualified personnel or contractor? (facility equipment – HC facility management professional; medical equipment – clinical or biomedical technician/engineer) d. Does the hospital strictly adhere to its AEM program strategies and schedules? C-0222 COP §485.623(b)(1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
If the hospital uses an AEM program does the hospital document for each type of equipment in the AEM program: a. the pertinent types and level of risk? b. alternate maintenance activities and how they differ from the manufacturer's recommendations? c. alternate maintenance frequencies? d. dates AEM maintenance activities were performed and any further action taken? e. any equipment failures and whether harm to individuals occurred?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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Note: Operator failures with adverse event or near miss should be documented as part of QAPI. C-0222 COP §485.623(b)(1)					
Does the hospital maintain an inventory of all facility and medical equipment regardless if it is leased or owned or is or is not in the AEM program? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is critical equipment readily identifiable? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is AEM program equipment readily identifiable? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain documentation of qualifications of CAH and contract personnel responsible for the AEM program as well as for personnel performing maintenance? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the hospital is following manufacturer's recommended equipment maintenance activities and frequencies, do you have readily available the manufacturer's recommendations and can you prove that maintenance is performed accordingly? C-0222 COP §485.623(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital follow state and federal regulations and guidelines to ensure that all drugs and biologicals are properly stored and locked in all storage areas? C-0224 COP §485.623(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the physical plant clean and orderly, equipment and supplies properly stored and not obstructing hallways? C-0225 COP §485.623(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there any evidence of peeling paint, water leaks or other plumbing problems? C-0225 §485.623(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all food and medication preparation areas including those in patient care areas well lighted? C-0226 §485.623(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are food products stored under appropriate conditions (e.g., time, temperature, packaging, location) based on nationally-accepted sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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such as the United States Department of Agriculture, the Food and Drug Administration, or other nationally-recognized standard? C-0226 §485.623(b)(5)					
Are pharmaceuticals stored at temperatures recommended by the product manufacturer? C-0226 §485.623(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there proper ventilation in all areas using hazardous substances such as ethylene oxide, nitrous oxide, gluteraldehyde, xylene, pentamidine, etc.? C-0226 §485.623(b)(5)	<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? C-0226 §485.623(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do all anesthetizing locations maintained within acceptable standards for humidity, temperature and airflow? C-0226 §485.623(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are temperature and humidity tracking records maintained for each anesthetizing location and are steps taken and documented when levels are not acceptable? C-0226 §485.623(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you verified the Alcohol-Based Hand Rub (ABHR) dispensers in egress corridors are installed in accordance with the Life Safety Code (LSC)? C-0227 COP §485.623(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain ABHR dispensers in accordance with manufacturer's guidelines? C-0227 COP §485.623(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have written fire-control plans that contain provisions for prompt reporting and extinguishing of fires, protection of personnel and guests, evacuation, and cooperation with firefighting authorities? C-0227 COP §485.623(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If you had a fire in the past 12 months, was it reported to the state? C-0227 COP §485.623(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are all personnel educated on their responsibilities during emergencies including prompt reporting of fires, extinguishing fires, protection and when necessary evacuation of patients, personnel and guests. C-0227 COP §485.623(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do training documents and in-service records validate that all personnel on staff, including new additions to the staff, are trained to manage non-medical emergencies such as tornados or a blizzard? C-0227 COP §485.623(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the emergency power and lights in the emergency department comply with applicable Life Safety and NFPA codes? C-0228 COP §485.623(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In all other areas not serviced by the emergency supply source, are battery lamps and flashlights readily available? C-0228 COP §485.623(c)(2)	<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 (fuels and gases such as oxygen, nitrogen, nitrous oxide, etc.)? C-0229 COP §485.623(c)(3)	<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 for inpatients as well as other persons who come to the CAH in need of care during emergencies? C-0229 COP §485.623(c)(3)	<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? C-0229 COP §485.623(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do all anesthetizing locations maintain relative humidity at 35% or greater unless the facility elects to use CMS categorical waiver permitting relative humidity at 20% or greater? See S&C letter 13-25-LSC & ASC	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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19 CSR 30-20.108(4)					
Does the hospital have a comprehensive emergency preparedness plan that addresses the following: <ul style="list-style-type: none"> a. coordination with federal, state and local emergency preparedness and health agencies to identify likely risks for your area and develop a coordinated response? <input type="checkbox"/> b. differing needs of each location where the hospital operates? <input type="checkbox"/> c. special needs of patient populations treated at the hospital? <input type="checkbox"/> d. security of patients and walk-in patients? <input type="checkbox"/> e. security of supplies from misappropriation? <input type="checkbox"/> f. pharmaceuticals, food, supplies and equipment that may be needed during emergency/disaster situations? <input type="checkbox"/> g. communication to external entities if telephones and computers are not operating or are overloaded? <input type="checkbox"/> h. communication among staff within the hospital? <input type="checkbox"/> i. qualifications and training needed by personnel including health care, security and maintenance staff to implement and carry out emergency procedures? <input type="checkbox"/> j. identification, availability and notification of personnel who are needed to implement and carry out the emergency plan? <input type="checkbox"/> k. identification of community resources, including lines of communication and names and contact information for community emergency preparedness coordinators and responders? <input type="checkbox"/> l. provisions, if gas, water and/or electricity are shut off to the community? <input type="checkbox"/> m. transfer or discharge of patients (with or without equipment) to home, other health care settings? <input type="checkbox"/> n. methods to evaluate repairs needed and to secure various likely materials and supplies for repairs? <input type="checkbox"/> 					
19 CSR 30-20.108(4) C-0230 COP §485.623(c)(4) See also S&C Letter 14-12 for CMS Emergency Preparedness Checklist					

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Does the hospital maintain copies of inspection and approval reports of local and state fire control agencies? C-0234 §485.623(d)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- CMS Regulation is titled Physical Environment.
- 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 using a waiver from CMS.
- Review additional information about AEM program found under [COP §485.623\(b\)\(1\)](#).

Key Resources and Links

- [COP §485.623](#)
- [19 CSR 30-20.108](#)
- [19 CSR 30-20.070](#)
- [19 CSR 30-20.114 \(1\)\(c\)](#)
- [19 CSR 30-20.142](#)
- [S&C Letter 14-12](#)
- [S&C letter 13-25-LSC & ASC](#)