Idaho Healthcare Association 2016 Maintenance Director Training

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Disclaimer

"Today's presentation is a brief overview and comparison of the changes with the adoption of the 2012 edition of the Life Safety Code by the Center for Medicaid Medicare Services on July 5, 2016 and the impact to specific provider types. This is a ***discussion*** of those codes and the effect on skilled nursing facilities or ICF/IID's. Formal interpretations of a specific code must be submitted in writing to our office."

Objectives:

BASIC comparison and understanding of the relative changes of the adoption of the 2012 edition, NFPA 101 ***Life Safety Code*** to existing facilities.

1. Chapter 43
2. NFPA 80
3. Mandatory references
4. Categorical waivers under the 2000 edition
5. NFPA 99 2012 edition

Topics

- NFPA 101 Chapter 18-New/19-Existing
- ABHR
- Corridor Doors/Smoke Barrier Doors (as related to NFPA 80)
- Fire Safety Plan (9 elements) What was added?
- Combustible Decorations
- Recycling Containers
- 2012 NFPA 43 – Building Rehabilitation New Chapter

Topics cont.

Some of the mandatory references:

- 2010 NFPA 13 – Installation Sprinkler Systems
- 2011 NFPA 25 – Sprinkler System Maintenance
- 2010 NFPA 80 – Fire Rated Assemblies
- 2012 NFPA 99 – Health Care Facilities
- 2010 NFPA 110 – Emergency Power
- 2009 NFPA 241 – Safeguards During Construction
- Most common findings on surveys
- How to complete a Life Safety binder (examples)
- Links to areas/websites for information

New or Existing?

The greatest amount of changes affect “New” construction, or Chapter 18. If your building is “Existing” (licensed prior to the adoption of the code: July 5, 2016), the changes encountered with the adoption will be minimal as the purpose was directed toward resident safety and eliminating problematic conflicts in earlier editions of the code. Those which created cost prohibitive solutions to the facility in compliance.

Today’s focus will be on **“Existing”** facilities.

How does this adoption affect my facility?

- On July 5, 2016 the Center for Medicaid and Medicare Services (CMS) adopted the 2012 edition of the *Life Safety Code* and directly adopts NFPA 99: *Health Care Facilities Code* with the exception of:

Chapter 7	IT and Nurse Call
Chapter 8	Plumbing
Chapter 12	Emergency Preparedness
Chapter 13	Security

NFPA 99 2012 edition

Standard was applicable if referenced within the occupancy chapter or mandatory references associated therein.

Incorporated by reference with the adoption of the standard and by the adoption of the 2012 edition of NFPA 101, along with five (5) TIA (tentative interim amendments): 12-2, 12-3, 12-4, 12-5.

1999 Edition

2012 Edition

Removal of “Exceptions”

One of the most prevalent changes to the adoption of the 2012 edition of the Life Safety Code is the removal the “Exception” at the end of the reference standard. In many cases the standard will state:

“provided **all** of the following are met”

“the following shall apply”

“both of the following criteria are met”

“shall be determined as follows:”

This verbiage is specific to the code and represents some of the editorial changes that occurred.

Intent

"The use of earlier editions of the code can become problematic due to advances in safety and technology, and changes made to each edition of the code. Newer buildings are typically built to comply with the newer versions of the LSC because state and local jurisdictions, as well as non-CMS-approved accreditation programs, often adopt and enforce newer versions of the code as they become available."

CMS Final rule 5/4/16

Final rule (cont.)

"The NFPA 101®2012 edition of the LSC (including the TIAs) provides minimum requirements, with due regard to function, for the design, operation and maintenance of buildings and structures for safety to life from fire. Its provisions also aid life safety in similar emergencies.

The NFPA 99® 2012 edition of the Health Care Facilities Code (including the TIAs) provides minimum requirements for health care facilities for the installation, inspection, testing, maintenance, performance, and safe practices for facilities, material, equipment, and appliances, including other hazards associated with the primary hazards."

Along with the adoption:

- (i) TIA 12-1 to NFPA 101, issued August 11, 2011.
- (ii) TIA 12-2 to NFPA 101, issued October 30, 2012.
- (iii) TIA 12-3 to NFPA 101, issued October 22, 2013.
- (iv) TIA 12-4 to NFPA 101, issued October 22, 2013.

Along with the adoption:

Many of the new provisions allowed in existing facilities were **NOT** adopted by CMS. Some examples include:

Roller latches – still prohibited

Health care occupancy – 1 or more residents

Projections into corridors – follows ADA of only allowing 4" when placed 27-80 inches high.

Outside windows (or doors) – required

Chapter 43

The addition of Chapter 43, **Building Rehabilitation,** covers the following types of work:

- Repairs
- Renovations
- Modifications
- Reconstruction
- Change of use or Occupancy Classification
- Additions
- Historic Buildings

Chapter 43(cont.)

43.1.2 Applicable Requirements.

43.1.2.1 Any building undergoing repair, renovation, modification,

or reconstruction *(see 43.2.2.1.1 through 43.2.2.1.4)* shall comply with both of the following:

(1) Requirements of the applicable existing occupancy chapters *(see Chapters 13, 15, 17, 19, 21, 23, 24, 26, 29, 31, 33, 37, 39, 40, and 42)*

(2) Requirements of the applicable section of this chapter *(see Sections 43.3, 43.4, 43.5, and 43.6)*

Quick comparison: Recycling

19.7.5.5

Did not recognize recycling receptacles or records awaiting destruction to be recognized separately from “trash”.

2000 Edition

19.7.5.7.2

Allows for containers used ***solely*** for recycling clean waste or for patient records awaiting destruction to be excluded from the requirements of 19.7.5.7.1 (provided ***all*** of the following are met)

2012 Edition

19.7.5.7.2

19.7.5.7.2* Containers used solely for recycling clean waste or for patient records awaiting destruction shall be permitted to be excluded from the requirements of 19.7.5.7.1 where all the following conditions are met:

(1) Each container shall be limited to a maximum capacity of 96 gal (363 L), except as permitted by 19.7.5.7.2(2) or (3).

(2)*Containers with capacities greater than 96 gal (363 L) shall be located in a room protected as a hazardous area when not attended.

(3) Container size shall not be limited in hazardous areas.

(4) Containers for combustibles shall be labeled and listed as meeting the requirements of FM Approval Standard 6921, *Containers for Combustible Waste*; however, such testing, listing, and labeling shall not be limited to FM Approvals.

Note: Does not change requirement for soiled linens and trash – 19.7.5.7.1 (32/64) max 32 gal. in 64 sq.ft.

Labels for recycling containers

Quick comparison: Combustible Decorations

2000 Edition:

19.7.5.4

Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant.

Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.

Combustible Decorations cont.

2012 Edition:

19.7.5.6 Combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met:

(1) They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied.

(2) The decorations meet the requirements of NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films*.

(3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, *Standard Method of Fire Test for Individual Fuel Packages*, using the 20 kW ignition source.

Combustible Decorations cont.

2012 Edition

(4)*The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:

(a) Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of

19.7.5.6(b), (c), or (d).

b) Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.

Combustible Decorations cont.

(c) Decorations do not exceed 30 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.

d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms, having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

(5)*They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.

Combustible Decorations

Quick comparison: ABHR (Alcohol Based Hand Rub) dispensers

19.3.2.7 (as amended)

The 2000 Life Safety Code reference was brought in under a TIA (Tentative Interim Amendment) by CMS and formally addressed in a S&C letter.

19.3.2.6* Alcohol-Based Hand-Rub Dispensers. Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1, unless all of the following conditions are met:

2000 Edition

2012 Edition

ABHR (alcohol based hand rub)

2000 Edition:

Incorporated into the code by amended reference 19.3.2.7.

The 2000 Life Safety Code reference was brought in under a TIA (Tentative Interim Amendment) by CMS and formally addressed in a S&C letter.

ABHR dispensers cont.

2012 Edition:

19.3.2.6* Alcohol-Based Hand-Rub Dispensers. Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1, unless all of the following conditions are met:……

Note the following:

The allowance per smoke compartment is????

One of the dispensers in each room is not included to the aggregate quantity. Meaning??????

ABHR dispensers cont.

- (1) they do not release contents unless they are activated;
- (2) the activation occurs only when an object is within 4 inches of the sensing device;
- (3) any object placed in the activation zone and left in place must not cause more than one activation;
- (4) the dispenser must not dispense more than the amount required for hand hygiene consistent with the label instructions;
- (5) the dispenser is designed, constructed and operated in a way to minimize accidental or malicious dispensing; and (6) all dispensers are tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.

ABHR dispensers cont.

- The provision further defines prior language regarding “above or adjacent to an ignition source” as being “within 1 inch” of the ignition source.

Do not install above an ignition source

Aerosol dispensers are now allowed, limited to same size and quantity as gel dispensers.

Life Safety Code Binder

What's the best part of a Fire/Life Safety survey?

In order to expedite the process, having all life safety records organized and ready for the surveyor is essential. If you have a record which demonstrates a deficiency, having the record showing the repair or correction should accompany it.

NFPA 80

The code path for this reference is as follows:

NFPA 101 Chapter 19

19.2.2 Means of Egress requirements

19.2.2.2 Doors

19.2.2.2.1 Doors complying with 7.2.1 shall be permitted

7.2.1.15 Inspection of Door Openings

7.2.1.15

- **7.2.1.15 Inspection of Door Openings.**
- **7.2.1.15.1*** Where required by Chapters 11 through 43, the
- following door assemblies shall be inspected and tested not
- less than annually in accordance with 7.2.1.15.2 through
- 7.2.1.15.8:
- (1) Door leaves equipped with panic hardware or fire exit
- hardware in accordance with 7.2.1.7
- (2) Door assemblies in exit enclosures
- (3) Electrically controlled egress doors
- (4) Door assemblies with special locking arrangements subject
- to 7.2.1.6
- **7.2.1.15.2** Fire-rated door assemblies shall be inspected and
- tested in accordance with NFPA 80, *Standard for Fire Doors and*
- *Other Opening Protectives*. Smoke door assemblies shall be inspected
- and tested in accordance with NFPA 105, *Standard for*
- *Smoke Door Assemblies and Other Opening Protectives*.

NFPA 80

Chapter 5 Care and Maintenance

5.2* Inspections.

- **5.2.1*** Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ.

What classifies a fire rated assembly?

Chapter 4 General Requirements

4.1 General Limitations.

- **4.1.1 Classification.** Fire doors and fire windows shall be classified by designating a required fire protection rating expressed in hours or fractions thereof. *(See Annex D.)*

ICF/IID new requirements

Sprinkler protection or smoke detection in attics was not required in existing facilities.

"New or Existing facilities must be protected with sprinkler protection if the attic is being used for living purposes, storage, or housing of fuel fired equipment **OR** If the attic is used for other purposes or is not used, then it must meet one of the following requirements: (1) Have a heat detection system that activates the building fire alarm system; (2) have automatic sprinklers; (3) be of noncombustible or limited-combustible construction; or (4) be constructed of fire-retardant-treated-wood."

ICF/IID new requirements cont.

Off-site monitoring of tamper and flow switch to transmit a signal to the fire department. (New or changes to the system)

An example would be the requirement of sprinklers in the attic spaces.

Existing facilities **must** be in compliance effective **July 5, 2019.**

NFPA 110

Focused primarily on diesel EPSS (Emergency Power Supply Systems) in the maintenance and testing. Although the standard acknowledged other ignition sources, it did not allow for alternatives to the diesel testing requirement.

- Recognizes other ignition sources under the maintenance and testing (i.e. Natural gas).
- Changes the way that load bank testing and duration is required.

1999 Edition

2010 Edition

NFPA 241

19.7.9 Construction, Repair, and Improvement Operations.

19.7.9.1

Construction, repair, and improvement operations shall comply with 4.6.10.

(Not incorporated as a mandatory reference)

19.7.9 Construction, Repair, and Improvement Operations.

- **19.7.9.1** Construction, repair, and improvement operations shall comply with 4.6.10.
- **19.7.9.2** The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1 and shall also comply with NFPA241, *Standard for Safeguarding Construction, Alteration, and Demolition Operations*.

2000 Edition

2012 Edition

Fire watch for sprinkler systems

2000 Edition of the LSC required a “fire watch” to be conducted if:

9.7.6.1

Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.

Fire Watch (2012)

"This provision is related to sprinkler system requirements and requires the evacuation of a building or the instituting of an approved fire watch when a sprinkler system is out of service for more than 10 hours in a 24-hour period until the system has been returned to service. We proposed not to adopt this requirement. In its place, we proposed that a health care occupancy must evacuate a building or institute an approved fire watch when a sprinkler system is out of service for more than 4 hours. Based on comments received from the industry, we are withdrawing our proposal and adopting the requirement as specified by NFPA for an evacuation of a building or the instituting of an approved fire watch when a sprinkler system is out of service for more than 10 hours in a 24-hour period until the system has been returned to service."

CMS final rule 5/4/16

Commonly seen deficiencies

Fire suppression system testing and maintenance
Smoke Barriers
Fire extinguisher installations and maintenance
Electrical
Hazardous areas
Exit and Egress
Construction type (maintenance)
Generator (maintenance)
Corridor doors
Obstruction of Egress

Links for references

- https://federalregister.gov/articles/2016/05/04/2016-10043/medicare-and-medicaid-programs-fire-safety-requirements-for-certain-health-care-facilities
- http://www.healthandwelfare.idaho.gov/Medical/LicensingCertification/FacilityStandards/tabid/223/Default.aspx
- http://www.nfpa.org/freeaccess
- fsb@dhw.idaho.gov

EMEREGENCY PREPAREDNESS

Still unpublished!!

Implementation date:

These regulations must be implemented by November 15, 2017 according to CMS

651 pages!!!

EMEREGENCY PREPAREDNESS

Why?

- Establishes a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates the lessons learned from the past, combined with the proven best practices of the present.

EMEREGENCY PREPAREDNESS

- The purpose is to establish requirements to ensure that Medicare and Medicaid providers and suppliers are prepared to protect the health and safety of patients, resident, and clients in their care during more widespread local, state, and national emergencies.

EMEREGENCY PREPAREDNESS

The final rule addresses the three key essentials that are necessary for maintaining access to healthcare services during emergencies:

- Safeguarding human resources
- Maintaining business
- Continuity, and protecting physical resources.

EMEREGENCY PREPAREDNESS

Four core elements that are central to an effective and comprehensive framework of emergency:

- Risk assessment and emergency planning:
- Policies and procedures:
- Communication plan:
- Training and testing:

EMERGENCY PREPAREDNESS

- https://www.fema.gov/threat-and-hazard-identification-and-risk-assessment

- https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf.

EMEREGENCY PREPAREDNESS

- Each facility will be required to evaluate its current emergency preparedness plan and activities to ensure that it complies with the new requirements.

EMEREGENCY PREPAREDNESS

- We encourage facilities to engage and collaborate with their local partners and healthcare coalitions in their area for assistance.

Emergency Preparedness

- https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid