

Life Safety Code Survey Process Information for Health Care Facilities in Florida

Disclaimer: This information is only a guide for the Life Safety Code survey process in Health Care Facilities. It is not all-inclusive and is not in order of priority. Other requirements and documentation may be required during the Life Safety Code survey process. Some information may not apply to your facility type.

Facility Building Plan Sets – Must maintain a copy of the facility building blueprints for review to include: Life Safety Drawings, Mechanical Drawings, Building Construction, Fire Alarm System, and Automatic Fire Sprinkler System.

Automatic Fire Sprinkler Systems – (Quarterly, Semi-Annual, Annual, 3-year full trip for Dry Systems, 5-year Internal Pipe Inspection)
Note: See NFPA 25 for Testing and Maintenance requirements.

Fire Alarm Systems – *Visual Inspections and Testing Requirements* (to include last system ALL smoke detector sensitivity testing showing the manufacturer's settings with test reading taken for device for comparison, and also inventory listing sheet SHALL show that the fire alarm contractor has verified all alarm initiating devices have been tested to include the tamper and supervisory switches). AFSS contractor is **NOT** permitted to verify tamper and supervisory switches for annual recertification inspection of Fire Alarm Panel. Only certified Fire Alarm contractors are permitted. **Note:** See chapter 14 of NFPA 72 (2010 for CMS and 201 for State Inspection and Test requirements).

Duct Smoke Detectors – Differential Pressure Testing shall be provided with testing sheets to show proper airflow to units verified per manufacturer requirements.

Fire Suppression Systems – Old Links should be kept for review; Fire Suppression System Inspection form SHALL show system layout diagram.

Range Hood Cleaning Reports – Range Hood Cleaning report showing the status of the hood when inspected after cleaning.

Fire and Smoke Damper Maintenance – Need documentation showing inspection and testing, minimum every 4 years/ hospitals every 6 years.

Emergency Generator Testing – (weekly inspection, monthly transfer switch run 30-minute minimum under load, Load Bank Testing annually for (Diesel Generators) 1 ½ hours every year if monthly's not 30% nameplate, 4-hour load test every third year, and Annual fuel quality testing to ASTM standards for #2 diesel fuel which shall be stipulated on the report.) Spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. A Level 1 EPSS shall be tested at least once within every 36 months. For spark-ignited EPSS, loading shall be the available EPSS load. See NFPA 99 and 110 for requirements.

EPSS Main and Feeder Circuit Breakers – Exercised per MFRG, provide manufacturer's recommended requirements or provide program in place for exercising breakers. See NFPA 99.

Receptacle Tension, Grounding, and Polarity Testing – (Annually) See Requirements in NFPA 99

Emergency Lighting and Exit Signage – Units shall be logged and tested a minimum 30 seconds each month. If annually, units shall be tested minimum of 90 minutes.

Fire Inspection Report – Annually from Local Fire Department AHJ.

Fire Plan – Shall include facility Smoking Policy and Approval letter from Local Fire Department AHJ.

Fire Drill Logs – One per quarter/per shift at varying times “not within the same hour” ...try beginning, middle, end, then any other time and vary the scenarios.

Facility Maintenance Plan - Review facility plans for inspections of Fire and Smoke Walls, Doors, HVAC and Filters.

Flame Retardant Documentation Maintained – For drapes, furniture, and all decorations to include flame spread ratings for floors, walls, and ceiling coverings.

Fire and Smoke Doors – Annual Testing, Inspection, and Maintenance is documented to include all deficiencies discovered and repair orders to show corrections. Must have a written program in place demonstrating how the process is completed and how inspections follow the process in accordance with NFPA 80 (2010) 5.2.4. **Qualified Person to do the Inspection per 3.3.95 Qualified Person.** A person who, by possession of a recognized degree, certificate, professional standing, or skill, and who, by knowledge, training, and experience, has demonstrated the ability to deal with the subject matter, the work, or the project. Also See NFPA 105 for Smoke Doors

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Fire Wall and Smoke Wall Penetrations – Annual inspection, must have UL or FM listed assembly worksheets for each system in use to provide to the surveyor for review. Installers and repairers of these systems shall be accredited from the manufacturer of the assemblies being used (i.e. Hilti, 3M, DAPS). Must have a provided documented program in place demonstrating how facility maintains the barriers to include overseeing the contractors, which come into facility for trades, which may penetrate the barriers.

Building Systems Classified – Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99 Chapter 4. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel.

Portable AC units – Shall be properly installed per manufacturer instructions with the exhaust being vented properly, **not to attic**.

Relocated Power Taps – (Power Strip RPT's) are not to be used to replace permanent power, CMS S&C Letter 14-46:

Power strips providing power to rack-, table-, pedestal-, or cart-mounted patient care-related electrical equipment assemblies are not required to be an integral component of manufacturer-tested equipment. Power strips may be permanently attached to mounted equipment assemblies by personnel who are qualified to ensure compliance with NFPA 99 (2012) section 10.2.3.6

- Power strips providing power to patient care-related electrical equipment must be Special-purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1.
- Power strips providing power to non- patient-care-related electrical equipment must be Relocatable Power Taps (RPT) listed as UL 1363.

Medical Gas Supplier – Who supplies your bottled or liquid medical gases?

Gas Systems Qualifications and Training Personnel – Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment.

Gas Equipment – Precautions for Handling Oxygen Cylinders and Manifolds – Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, contamination, damage, and are handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99).

Line Isolation Monitors – Monthly test of circuits; semi-annual grounding test, unless unit is self-testing, then grounding test shall be annually.

Patient Care Devices Bio-Medical Equipment Grounding Testing Report – If leased, the equipment shall be tagged by testing company. If facility owned, then documentation by testing company shall be provided, i.e. electric beds, hair dryers in beauty shop, food pumps, suction pumps, and vitals machines.

Vacuum and Piped O2 Line Testing – See NFPA 99 Gases and Vacuum Systems for proper inspection and test cycle: Annually, quarterly, monthly, etc.

Features of Fire Protection – Fire Loss Prevention in Operating Rooms – Periodic evaluations are made of hazards that could be encountered during surgical procedures and fire prevention procedures are established. When flammable germicides or antiseptics are employed during surgeries utilizing electro surgery, cautery, or lasers, packaging is non-flammable. Applicators are in unit doses. Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify: Application site is dry prior to draping and use of surgical equipment, Pooling of solution has not occurred or has been corrected, Solution-soaked materials have been removed from the OR prior to draping and use of surgical devices. Policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use. Procedures are established for operating room emergencies, including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing, and equipment fires. Training is provided to new OR personnel (including surgeons). Continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually.

Laboratories – Must have own? Emergency Response plan, Hazards Analysis reviewed annually, disaster response drills specific to unit to include for spills, leaks, continuity of operations assignments (i.e. Laboratory Officer, Safety Officer).

Disaster Drills – External and Internal must be done bi-annually, 6 months apart.

CEMP – Plan must be reviewed and approved annually by Local Emergency Management Office.

Federal Emergency Preparedness Program – Facilities are required to provide and have all Policy and Procedures identified and available for review during the survey process. These items can be in multiple locations, but must be readily identified and available for review. Please utilize the Centers for Medicare and Medicaid Services "Appendix Z" for guidance.