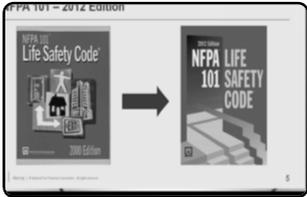


CMS adoption of the 2012 Edition of NFPA 101 and NFPA 99

How did we get here?

The Rule Making Process

- CMS Announces Intention to Update- October 2011
- CMS Issues Proposed Rule- April 2014
- Public Comment Through June 2014-over 350 received
- Final Rule Published- May 4, 2016
- Regulation Effective July 5, 2016

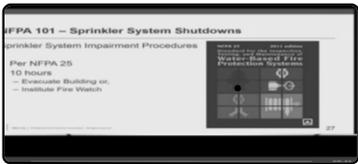


Health care providers affected by this rule must comply with all regulations by July 5, 2016.



The new guidelines apply to :

- Hospitals
- Long Term Care (LTC)
- Critical Access hospitals (CAHs)
- Inpatient hospice facilities
- Programs for all inclusive care for the elderly (PACE)
- Religious non-medical healthcare institutions (RNHCI)
 - Ambulatory Surgical Centers (ASCs)
- Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)



Health care occupancy must evacuate a building or institute an approved fire watch when a sprinkler system is out of service for more than 10 hours in a 24 hour period.

Sprinkler Inspection

- 5 year internal obstruction inspection
- flow test and tamper is now semi-annually
- A visual test is Quarterly

Oxygen Storage

- Oxygen room needs to be able to lock
- Cylinders must be secured at all times
- Empty and Full cylinders separated

WHEELED EQUIPMENT IN CORRIDORS

The Code now allows for wheeled equipped equipment to be stored in the corridor provided the following three provisions are maintained:

The facility's fire safety plan and training program provide for the relocation of the wheeled equipment during a fire or other emergency;

The wheeled equipment does not reduce the width of the corridor to less than 60 inches; and

The wheeled equipment is limited to:

In use (e.g., food carts while meals are being distributed, medication carts while medications are being passed, isolation carts when isolation precautions are required)

Medical emergency equipment not in use being stored for quick access (e.g. crash carts or other emergency equipment needed for a medical emergency)

Patient lift and transport equipment (e.g., wheelchairs and hoist lifts)

* The facility's fire safety plan and training program must plan for the relocation of the wheeled equipment during a fire or other emergency

* The wheeled equipment must not reduce the width of the corridor to less than 60 inches



Cooking facilities are allowed in a smoke compartment where food is prepared for 30 individuals or fewer (by bed count). The cooking facility is permitted to be open to the corridor, provided that the following conditions are met:

- The area being served is limited to 30 beds or less.
- The area is separated from other portions of the facility by a smoke barrier.
 - The range hood and stovetop meet certain standards—
- A switch must be located in the area that is used to deactivate the cook top or range whenever the kitchen is not under staff supervision.
 - The switch also has a timer, not exceeding 120-minute capacity that automatically shuts off after time runs out.
- Two smoke detectors must be located no closer than 20 feet and not further than 25 feet from the cooktop or range.

Implementation Plans for the Emergency Preparedness

On September 16, 2016 the final rule on Emergency Preparedness requirements for Medicare and Medicaid participating providers and suppliers was published.

This rule affects all 17 provider and supplier types eligible for participation in Medicare.

The rule became effective November 15, 2016. However, providers have until November 15, 2017 to be in full compliance.

Provider Type	Emergency Plan	Policies and Procedures	Communications Plan	Training and Testing	Additional Requirements
Hospital	Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs, method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also participate in: -A full-scale exercise that is community- or facility-based, -An additional exercise of the facility's choice.	Generators-Develop policies and procedures that address the provision of alternate sources of energy to maintain: -Temperatures to protect patients health and safety and for the safe and sanitary storage of provisions; -Emergency lighting, and -Fire detection, extinguishing and alarm systems.

Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
Long Term Care	Must account for missing residents (existing requirement).	Tracking during and after the emergency applies to on-duty staff and sheltered residents.	In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule.	*	Generators Share with residents/family/representative appropriate information from emergency plan.

* Indicates that the requirements are the same as those for hospitals. Exceptions are noted for individual provider/suppliers.

Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
ICF/IID	Must account for missing residents (existing requirement).	Tracking during and after the emergency applies to on-duty staff and sheltered residents.		*(current requirement)	Share with residents/family/representative appropriate information from emergency plan.

Implementation Plans for the Emergency Preparedness

The interpretive guidelines and survey procedures will be developed and anticipated to be published in the spring of 2017.

Until the guidance is published we will not be able to answer most questions regarding the requirements and survey procedures.

Implementation Plans for the Emergency Preparedness

For questions regarding the Emergency Preparedness Rule, please contact
SCGEmergencyPrep@cms.hhs.gov

Other Resources

Visit nfpa.org/cms for a complete list

- Code books
- Handbooks
- NFPA 101 Quick Compare, Life Safety Code 2000 & 2012
- The Joint Commission/NFPA Life Safety Book for Health Care Organizations
- Self-paced Online Training
- Open Registration Classroom Training
 - NFPA 101 Essentials for Health Care Occupancies 3-day training
 - NFPA 99 Health Care Facilities 2-day training (coming soon)
- Contract Training
- Certifications

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