

<p><b>DNV GL - Healthcare</b></p>	<p><b>Advisory Notice</b></p>	<p><b>Notice No: 2016-HC11</b></p>
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These Advisory Notices are designed to provide you, our client, with information relative to Accredited Management System Certification activities. Should you have any questions about the content of this notice, please contact our office for further information.

**DATE: 10-27-2016**

**SUBJECT: Changes in DNV GL-Healthcare NIAHO® Physical Environment Chapter**

**DISTRIBUTION: All DNV GL - Healthcare Customers, Employees and Sub-contractors**

**APPROVED BY: Randall Snelling**

DNV GL- Healthcare is modifying the NIAHO® Physical Environment (PE) Chapter as a result of CMS changes that will be applicable on November 1, 2016.

Although there are several minor changes in the CMS CoPs (mainly numbering changes), below are listed the major changes in the CMS CoPs that will be applied in the new NIAHO® Requirements for Acute Care and Critical Access Hospitals (CAH) on November 1:

***Acute Care:***

***482.41(2)(b)(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code® (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.***

***482.41(c) Except as otherwise provided in this section, the hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).***

***CAH:***

***485.623(d)(i) Except as otherwise provided in this section—***

***The CAH must meet the applicable provisions and must proceed in accordance with the Life Safety Code® (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.)***

These CMS CoPs have been incorporated into the new NIAHO® PE Chapters for Acute Care and CAH and, as stated, will be applicable on November 1, 2016. DNV GL accredited hospitals have been anticipating the CMS adoption of the 2012 Edition of the Life Safety Code® (LSC), NFPA 101 for several months so this should not be new to most DNV GL accredited hospital staff.

In many cases, DNV GL accredited hospitals have been using categorical waivers to bridge the gap between the 2000 and the 2012 Editions of the Life Safety Code®. Therefore, DNV GL anticipates that accredited hospitals will be aware of the new compliance requirements and will be ready for this change.

Although there are additional new CoP's, the one that will affect DNV GL accredited hospitals in a substantial manner is **482.41(c)(1)**, below:

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**482.41(c)(1):**

***Chapters 7 and 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a hospital.***

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Regardless of the CoP stated above, DNV GL Healthcare will require compliance with Chapters 12 and 13 from the Healthcare Facilities Code, NFPA 99, 2012 for Acute Care Hospitals. Chapters 12 and 13 will not apply to DNV GL accredited Critical Access Hospitals.

The new CMS CoPs regarding Emergency Management will go into effect on November 17, 2016; however, CMS is allowing a one year grace period in which to comply with the new Emergency CoPs. Because DNV GL accredited acute care hospitals are already compliant with Chapter 12, NFPA 99, 2005, they will also be compliant with the new CoPs which are not as stringent as Chapter 12.

For more discussion on the Emergency Management CoPs, DNV GL will be releasing a separate advisory focusing on these new requirements for both Acute Care and CAH's and the effect this will have on the DNV GL NIAHO® PE.6 Emergency Management Requirements.

In respect to Chapter 13, Security Management of NFPA 99, 2012, most DNV GL accredited hospitals will not be in compliance with this Chapter 13 as it is entirely new. Therefore, DNV GL will allow one year from November 1, 2016 for DNV GL accredited Acute Care hospitals to comply with Chapter 13. DNV GL surveyors will be treating any observed noncompliance with Chapter 13 as an *Opportunity for Improvement* (OFI) and not as a Nonconformity (NC). In this manner, we will be allowing the DNV GL accredited hospitals one year to develop processes that are necessary to comply with Chapter 13.

- Download: [Proposed PE Revisions for CAHs](#)
- Download: [Proposed PE Revisions for Hospitals](#)

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Any questions/comments can be forwarded to the DNV client Drop Box:

[DNVClientDropBox@dnvgl.com](mailto:DNVClientDropBox@dnvgl.com)

A handwritten signature in black ink, appearing to read "Randall Snelling". The signature is written in a cursive style with a large initial "R".

Randall Snelling

Director of Operations

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