

WEBINAR

LIFE SAFETY CODE SURVEY DEFICIENCIES & COMPLIANCE STRATEGIES

FREQUENTLY ASKED QUESTIONS



1 Can you label smoke barrier doors, so staff know?

Yes, and this is recommended. Smoke barrier doors may be labeled to help staff identify them, as long as the labeling:

- Does not impede door function
- Does not damage the fire/smoke rating
- Does not interfere with self-closing or latching mechanisms

Best practice labeling examples:

- “Smoke Barrier Door – Keep Closed”
- “Smoke Compartment Boundary”

This is especially helpful for staff education, emergency response, and preventing doors from being propped open. Surveyors generally view this as a safety enhancement, not a deficiency if they aren’t labeled.

Available to eSupport members:

Guidance on Life Safety Code requirements, sample forms, LSC compliance calendar, monthly physical environment checklist

2 We were cited because our fire drills were within hours of each other. How should they be spaced?

Fire drills must be conducted quarterly, and while the Life Safety Code does not specify exact spacing, surveyors expect drills to be reasonably distributed across:

- Different shifts
- Different days
- Different times

Best practice:

- Avoid conducting multiple drills on the same day
- Avoid drills within hours of each other
- Rotate through morning / afternoon, different weekdays, and when possible, different staff coverage.

Doing drills too close together may be cited because it fails to test varied conditions and staff response.

Available to eSupport members:

Sample Fire Drill Report Form and Fire Safety policies and procedures

3 Any template or form recommendations for a risk assessment when humidity is outside range?

Yes, this is a very common ASC finding, and surveyors expect documentation, not just correction.
A compliant humidity variance risk assessment has requirements.

Key elements to document:

- Date and time of variance
- Location (OR, sterile storage, etc.)
- Actual temperature and humidity
- Duration of the variance
- Impact on:
 - Sterile supplies
 - Medications
 - Equipment per DFUs
- Mitigation steps taken
- Decision to proceed, delay, or cancel cases
- Leadership sign-off (Clinical Director / Administrator)

This can be a simple one-page form, it does *not* need to be complex!

*If you need assistance with this requirement
or a Sample OR Humidity Deviation Risk Assessment,
VMG Health ASC Consultants can help!*

4 Do you have a construction risk assessment form?

What surveyors are typically looking for is an ICRA type document designed appropriately for an ASC.

A compliant construction risk assessment should address:

- Type of construction (minor, moderate, major)
- Dust control measures
- Infection prevention strategies
- Fire safety considerations
- Egress impacts
- Utility interruptions
- Interim Life Safety Measures (ILSMs), if applicable
- Monitoring responsibility
- Approval signatures

ASCs are not held to hospital-level ICRA complexity, but some form of documented assessment is expected whenever construction, renovation, or significant maintenance occurs.

Available to eSupport members:
Sample Construction and Renovation Infection Control Risk Assessment

5 Can an ASC generator be shared with another clinic in the same facility?

Yes, this can be acceptable, *if specific conditions are met.*

Key requirements:

- The ASC emergency power system must fully meet ASC Life Safety Code requirements
- The ASC must:
 - Perform required testing
 - Maintain its own records
- The clinic:
 - Must have its own electrical panel
 - Must not compromise the ASC's emergency circuits
- The generator must be:
 - Properly sized for the ASC's essential loads
 - Reliable without dependence on clinic operations

Surveyors focus on ASC control, documentation, and reliability, not ownership alone.

Available to eSupport members:

Sample forms for essential electrical system (EES) and generator inspection, testing, and maintenance

6 If you have an O₂ and CO₂ closet, what signage is required besides “Medical Gases” and “No Smoking / Flammable”?

Life Safety Code and NFPA medical gas guidance distinguish signage requirements based on the type of gas stored and the potential for oxygen displacement.

Locations containing only oxygen or medical air are required to have doors labeled:

“Medical Gases – NO Smoking or Open Flame.”

Locations containing other positive pressure medical gases (such as nitrous oxide or bulk gas storage) require additional warning signage due to the potential for an oxygen-deficient atmosphere, including:

“Positive Pressure Gases – NO Smoking or Open Flame

Room May Have Insufficient Oxygen – Open Door and Allow Room to Ventilate Before Opening.”

This enhanced signage does not automatically apply to CO₂ when only routine portable CO₂ cylinders are stored in an ASC. However, if a facility's risk assessment identifies a credible oxygen-displacement risk based on the quantity of CO₂ stored, room size, or ventilation, the more stringent signage would be appropriate.

Surveyors focus on ASC control, documentation, and reliability, not ownership alone.

Available to eSupport members:

Medical Gas Testing Checklist and Safety Inspection Log



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