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*A Newsletter for Healthcare Executives and Facility Managers on Issues
Related to Accreditation and Regulatory Compliance*



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can be quite specific
when it comes to*

INCORPORATING AIA HEALTHCARE DESIGN AND CONSTRUCTION GUIDELINES WITH LIFE SAFETY ASSESSMENTS

When completing a life safety assessment for your healthcare occupancy, other codes and standards outside of NFPA 101 Life Safety Code® may be incorporated to further assess safety issues in your environment of care. One such document is the 2001 American Institute of Architects Guidelines for Design and Construction of Hospital and Healthcare Facilities. The AIA Guidelines contain information intended as minimum standards for constructing and equipping new healthcare facility projects where applied by an adopting authority having jurisdiction (AHJ). There are, however, several instances where the AIA Guidelines may be utilized as a viable resource guide and inspection tool applied to existing healthcare facilities for a safer environment.

One such case is airborne infection isolation rooms and protective environment rooms which should be constructed in accordance with AIA 7.2C3 and 7.2D3 and states, “Airborne infection isolation room and protective environment room perimeter walls, ceilings and floors, including penetrations, shall be sealed tightly so that air does not infiltrate the environment from the outside or from other spaces.” Although this applies to design, isolation rooms must also be maintained free of penetrations in the ceilings, floors and walls including interstitial spaces above the ceilings. Even though the main issue is infection control, enclosure space penetration could also be inspected at the time a life safety survey is conducted.

Speaking of airborne infection, isolation rooms and protective environment rooms, did you know that these rooms need closers on room exit doors? AIA 7.2C4 and 7.2D4 state, “Airborne infection isolation rooms and protective environment rooms shall have self-closing devices on all room exit doors.” Some hospitals have closers installed on the room exit doors at the time of construction but are later removed or detached. Again, this applies to infection control but the door closers for these rooms could be inspected at the same time a life safety survey is performed.

The AIA Guidelines can be quite specific when it comes to certain life safety issues, as well. This is especially the case when it relates to egress obstruction. Following are some examples:

- AIA 7.28.A3 states, “Location of items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not restrict (Continued on Page 2)

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Healthcare Design and
Construction Guidelines
with Life Safety
Assessments (Continued
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- corridor traffic or reduce the corridor width below the minimum standard.”
- AIA 7.2.B13.b states, “Self contained medicine dispensing units may be located at the nursing station, in the clean workroom, or in an alcove. It must be out of the path of normal traffic.”
 - AIA 7.2.B13.c states, “Each nursing unit shall contain a designated area for clean linen storage. This may be within the clean workroom, a separate closet, or an approved distribution system on each floor. Clean linen storage must be out of the path of normal traffic.”

Simply put, clean linen storage, Pyxis machines, drinking fountains, telephone booths, vending machines, and portable equipment are not explicitly identified in the Life Safety Code. However, the Life Safety Code does require that the means of egress be continuously maintained free of all obstructions or impediments to facilitate instant use in the case of fire or other emergencies and that no furnishings, decorations, or other objects obstruct exits, access to, or egress from. Many AHJs would ignore a drinking fountain obstruction since it is incorporated into the hospital building.

Some lesser-known life safety issues are addressed in the AIA Guidelines. Take a look at the following three parts from the Guidelines:

- AIA 7.6C states, “Seclusion treatment room doors shall be designed with hardware that will permit the doors to swing out.” Also, this section states, “Where the interior of the seclusion room is padded with combustible materials, these materials shall be of a type acceptable to the local authority having jurisdiction. The room area, including floors, walls, ceilings, and all openings, shall be permitted with not less than 1-hour rated construction.”
- AIA 7.18C states, “Dietary service walk-in coolers may be lockable from the outside but must have a releasing mechanism for exit from inside at all times.”
- AIA 7.28.A13 states, “Thresholds and expansion joint covers shall be flush with the floor surface to facilitate the use of wheelchairs and carts. Expansion and seismic joints shall be constructed to restrict the passage of smoke.”

The first item bulleted above addresses psychiatric unit seclusion rooms. When a room is padded with combustible materials it should be constructed of a one-hour fire rated material. Most AHJs would miss the fact that if the material was not fire retardant, the room assembly could be fire rated to resolve the issue. The second bullet addresses walk-in coolers. The walk-in cooler door must have a releasing mechanism for inside exit at all times. The manufacturer does provide the releasing mechanism but it still can become inoperable due to the abuse it often takes from items being slammed into it during daily operations. Lastly, the third bullet, “...expansion and seismic joints shall be constructed to restrict the passage of smoke,” is an item that is often not examined when it comes to the wear and tear of expansion joint material within a gap.

Although the aforementioned issues from the AIA Guidelines are not all directly related to the NFPA 101 Life Safety Code®, they could be checked at the time a life safety assessment or survey of your healthcare facility is performed.

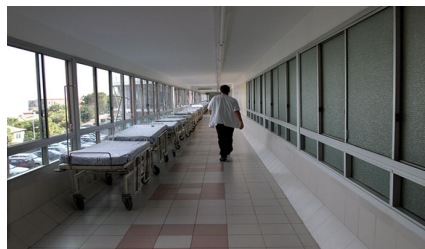
OF NOTE

SSR Senior Consultant David Stymiest, PE, CHFM, has been appointed as the chairman of the National Fire Protection Association (NFPA) Technical Committee on Emergency Power Supplies. The committee, which includes representatives from emergency power industry users, manufacturers, installers/maintainers, testing laboratories, insurers, and technical experts, has primary responsibility for the national NFPA Standards 110 and 111. These standards cover the selection, maintenance and testing for emergency and standby power systems in buildings and facilities in the USA.

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*This ruling is finally
in sync with NFPA*



ALCOHOL-BASED HAND RUB DISPENSERS IN HOSPITAL EGRESS CORRIDORS ALLOWED BY CMS

Effective May 24, 2005, the Centers for Medicare and Medicaid Services (CMS) will allow alcohol-based hand rub solution dispensers in egress corridors, patient rooms and suites of hospitals under the following conditions.

Per 2000 and 2003 NFPA 101 Life Safety Code® amendments:

- 1) Maximum hand-rub dispenser size must be 1.2 liters in rooms, egress corridors and areas open to the corridors, and 2.0 liters in suites of rooms;
- 2) Corridor width must be 6 feet or wider when dispensers are installed in corridors;
- 3) Dispensers must be at least 48 inches from each other (horizontal spacing) and not installed over or directly adjacent to an ignition source (light switches or electrical outlets);
- 4) In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces will only be permitted in fully sprinklered smoke compartments;
- 5) Storage of quantities greater than 5 gallons in a single smoke compartment must be stored in a cabinet identified as flammable per NFPA 30, Flammable and Combustible Liquids Code;
- 6) No more than 10 gallons of alcohol-based solution shall be in use in a single smoke compartment outside of a storage cabinet.

Per CMS COP Sec. 482.41 amendment:

Physical Environment

- 1) Use of alcohol-based hand rub dispensers does not conflict with any state or local code that prohibits or otherwise restricts the placement of alcohol-based hand rub dispensers in healthcare facilities;
- 2) The dispensers are installed in a manner that minimizes leaks and spills which could lead to falls;
- 3) The dispensers are installed in a manner that adequately protects against access by vulnerable patient populations; and
- 4) The dispensers are installed in accordance with Chapter 18.3.2.7 or Chapter 19.3.2.7 of the 2000 Edition of the Life Safety Code® (LSC), as amended by NFPA Temporary Interim Amendment (TIA) 00-1(101), issued April 15, 2004 (see 1 through 6 above).

This ruling is finally in sync with National Fire Protection Association amendments to both the 2000 and 2003 editions of the NFPA 101 Life Safety Code® announced by the NFPA in April of 2004. In March of 2005, CMS issued an “Amendment to Fire Safety Requirements for Certain Health Care Facilities.” (See file code CMS-3145-IFC in the Federal Register and Section 482.41 in the CMS Conditions of Participation.) Expect JCAHO to adopt both the NFPA and CMS criteria.

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JCAHO EC ADVISORY BULLETIN: ECAB #05-03

The Joint Commission has added language to standard EC.5.20 to further clarify their expectation that the individual(s) performing the healthcare building's Life Safety Code® (LSC) assessment for completing the Statement of Conditions™ (SOC™) is qualified to do so.

This is not a new expectation or requirement. Similar language can already be found in Part 1: Introduction & Instructions, of the SOC document. It states, "The SOC compliance document must be completed by persons who have both a strong knowledge of the requirements of the LSC and the building(s) described in Part 2. There are no prescriptive requirements for the education or experience of persons who complete the SOC." Additions to the code will be effective July 1, 2005, expanded language will be incorporated directly into the Environment of Care Standards Rationale for EC.5.20 and a new Element of Performance, EP #6, will also be added.

The additional EC.5.20 Rationale wording states, "When evaluating LSC compliance within the Statement of Conditions (SOC) assessment process, it is important that the health care organizations establish the qualifications of the person(s) they select for performing the assessment. While there is no prescriptive requirement for the education and experience of this person(s), these qualifications should be based upon the scope of the required LSC assessment activities, and the building complexity and occupancy type(s) being assessed." While the "Rationale" is not scored as part of the standard's compliance, it certainly spells out the Joint Commission's expectations.

The new EC 5.20, EP #6, is going to be scored as a category 'B' element of performance and states, "The organization assigns responsibility for completing the Statement of Conditions to one or more individuals whose experience and/or education is commensurate with the scope of the required Life Safety Code assessment activities, and the building complexity and occupancy type(s) being assessed."

At the time of survey, each organization should be prepared to show the surveyors the criteria or policies and procedures they have developed and adopted delineating their own requirements for the experience and/or education of the individual(s) assigned to complete the SOC. Again, the Joint Commission has no prescriptive requirements for the education and experience of the individuals. Also, remember to include "who" has been assigned the responsibility for completing the SOC. If you use a consultant or someone from outside of your organization to evaluate your building(s) and complete the Statement of Conditions, the surveyors may still ask to see your criteria or policies and procedures that have been developed or adopted in this regard.

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PUBLICATIONS AND SEMINARS

Look for these articles in publication

“New surveyor in town - What are JCAHO’s Life Safety Code Specialists looking for?,” *Health Facilities Management* magazine, May 2005

Seminars in 2005

- June 9 Mississippi Society for Healthcare Facilities Management & Biomedical Engineers, Biloxi
“NFPA 110 & 111”
“JCAHO’s Building Maintenance Program”
- June 29 Texas Association of Healthcare Facilities Management, San Antonio
“Life Safety Compliance for Healthcare”
- July 14 North Carolina Healthcare Engineers Association, Asheville
“New Life Safety Code Specialist Surveyors”
“Comprehensive OSHA Compliance for Healthcare”
“JCAHO 2005 Standards and Survey Update for Hospitals”
“Risk Assessment-Based Management Plans”
“JCAHO’s Building Maintenance Program”
- Oct. 5 New England Healthcare Engineers Society, Burlington, VT
“EC/JCAHO 2005 Update”
- Oct. 31 Midwest Healthcare Engineering Conference, Indianapolis
“Managing Hospital Emergency Power Systems”
- Nov. 2 Midwest Healthcare Engineering Conference, Indianapolis
“Overcoming Infection Control Challenges in Construction”

Please let us know if you would like to receive the
Compliance News via email.



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