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



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EMERGENCY MANAGEMENT PROGRAMS' INCIDENT COMMAND SYSTEMS - HEICS vs. NIMS

There are a number of acceptable hospital emergency management programs in use throughout the country. Hospitals in California and others use the Hospital Emergency Incident Command System (HEICS). HEICS is an incident command system (ICS)-based crisis management plan for hospitals to use to coordinate their own responses to natural disasters and other emergencies.

The Federal Emergency Management Agency (FEMA) has released its National Incident Management System (NIMS) which seeks to enable emergency responders at all levels (local and state) to work together more effectively to manage various incidents and disasters. NIMS incident command structure is very similar to and compatible with that of HEICS and perhaps some others. NIMS establishes standard protocols and procedures for incident managers and responders to work together to prepare for and respond to emergencies such as natural disasters, acts of terrorism, or other incidents.

Hospitals do not have to replace HEICS or whichever emergency management program they are using with NIMS. However, by September 30, 2006, organizations that provide emergency services and receive federal preparedness funding will be required to be in full compliance with NIMS requirements if they want to continue being eligible to receive the funding.

You are all encouraged to obtain the full NIMS standard requirements from FEMA's NIMS Integration Center.

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or visit
www.fema.gov/nims*

HAZARDOUS DRUGS IN THE WORKPLACE



By now, JCAHO expects healthcare organizations to have completed the following key actions related to Chapter 797 of the U.S. Pharmacopeia National Formulary (USP Ch. 797):

1. Perform risk assessment (or gap analysis) to assess compliance (due January 2005)
2. Develop facility renovation plan to bring compounding areas into compliance (due January 2005)
3. Implement interim safety measures until renovation is complete (due July 2005)



JCAHO expects organizations to complete renovations and be in full compliance with USP Ch. 797 by January 2008.

As part of pharmacy renovation plans, organizations should consider recent information published by the National Institute for Occupational Safety and Health (NIOSH) regarding handling hazardous drugs. In 2004, NIOSH published an alert document, *Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Healthcare Settings*. This document discusses the risks of working with hazardous drugs and the appropriate measures for protecting workers' health. JCAHO recommends that organizations "consider information from this document...in the development of their plan, especially when physical renovation of the pharmacy will be necessary" (*Joint Commission Perspectives*, October 2004).

JCAHO expects organizations to complete renovations and be in full compliance with USP Ch. 797 by January 2008.

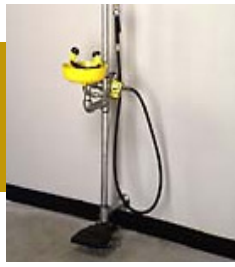
The information in this document is intended for healthcare workers who prepare or administer hazardous drugs or who work in areas where these drugs may be used. The guidance document begins with a warning that "working with or near hazardous drugs in healthcare settings may cause skin rashes, infertility, miscarriage, birth defects, and possibly leukemia or other cancers." The document reports that surfaces within healthcare facilities are commonly contaminated with hazardous drugs. NIOSH has outlined several recommendations for those working with or near hazardous drugs, including but not limited to, the following:

1. Identify the hazards in the workplace.
2. Implement a safety program for handling hazardous drugs, including written procedures, training and annual program evaluations.
3. Consider the use of engineering controls, such as ventilated cabinets, closed-system drug-transfer devices and needleless systems, to minimize potential exposures.
4. Provide appropriate personal protective equipment (PPE) for affected employees, including chemotherapy gloves, protective clothing and eye protection.
5. Consider separate storage areas for hazardous drugs (with dedicated ventilating/exhaust equipment).
6. Develop a written safety plan for maintenance activities performed on potentially contaminated equipment.
7. Develop separate housekeeping protocols for areas that may be contaminated with hazardous drugs.
8. Implement a medical surveillance program for affected employees.



Employers should consult the guidance document for detailed information regarding these and other recommendations. The guidance document may be found at www.cdc.gov/niosh.

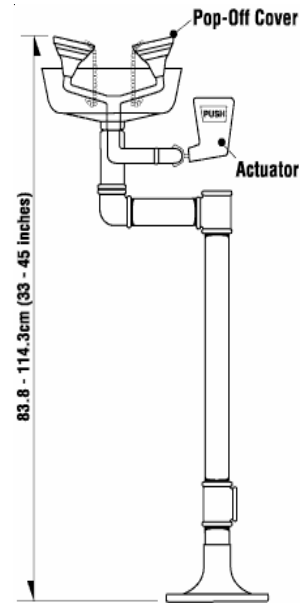
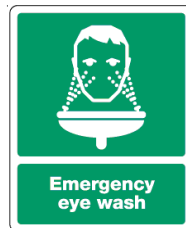
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PORTABLE VS. PERMANENT: WHICH EYEWASH IS MOST APPROPRIATE?

Complying with the federal Occupational Safety and Health Administration standard 29 CFR 1910.151 can be quite easy to do when knowing what type of eyewash to supply in each instance.

For many situations “portable” eyewashes will meet the minimum requirements. However, when a “permanent” eyewash station is utilized it should meet the ANSI Z358.1 requirements. ANSI Z358.1 provides detailed information regarding the installation and operation of emergency eyewash equipment. OSHA, therefore, refers employers to ANSI Z358.1 as a source of guidance for protecting employees who are exposed to health hazardous chemicals.



So what is the recommended approach when deciding which eyewash is most appropriate? It is recommended to utilize a portable eye wash for areas where there is a minimum of mixing or handling of non-corrosive chemicals. Most notable places needing portable eye wash units would be in typical maintenance shops, sterile reprocessing units, and so forth. Where handling and mixing of chemicals is more common place or chemicals are of a more hazardous nature, e.g., corrosive chemicals, a permanent eyewash station should be installed. A “corrosive” chemical is one that is quantified by a certain pH-level and could cause visible or irreversible damage to the eyes. It is imperative to have and review your material safety data sheets (MSDS) for each hazardous chemical that is used. This should ensure that proper protective measures are followed prior to any exposure or if emergency first aid procedures are needed.

Permanent eye wash stations should comply with the following minimum design parameters established by ANSI Z358.1:

These units should be capable of providing 0.4 gallons of tepid water per minute for 15 minutes of flush time for each unit. The units should also be self discharging so that the individual's hands are free to assist with the flushing process.

It should be emphasized that portable eyewash bottles do not meet the OSHA/ANSI requirements or recommendations in areas where a permanent eyewash station is required.

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JCAHO EC ADVISORY BULLETIN: ECAB #05-05

Effective July 1, 2005, the Joint Commission has added an additional Element of Performance (EP #6) to standard EC.5.20

EP #6 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.”

This is actually not a new requirement. Similar language has been on the SOC™ Part 1: Introduction & Instructions since the SOC was first introduced and required in 1995. The latest edition of the SOC 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 education or experience of persons who complete the SOC.”

Incorporating this requirement into the Environment of Care standards further emphasizes the Joint Commission’s focus on its accredited organization’s building(s) being in compliance with the NFPA 101 Life Safety Code®.

The accuracy of the information being provided by those filling out the SOC should be a result of their qualifications and competency. Since there are no prescriptive requirements reflected in EP #6, the organization has to determine what combination of “experience and/or education” is required and be prepared to share that with the Joint Commission at the time of survey.

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STAIR IDENTIFICATION SIGNS

One area that the Joint Commission surveyors, especially the new Life Safety Code Specialist surveyors, have been looking at is the requirement of the 2000 NFPA 101 Life Safety Code®, Chapter 7, Paragraph 7.2.2.5.4 Stair Identification Signs. It states, “Stairs serving five or more stories shall be provided with signage within the enclosure at each floor landing. The signage shall indicate the story, the terminus of the top and bottom of the stair enclosure, and the identification of the stair enclosure. The signage also shall state the story of, and the direction to, exit discharge. The signage shall be inside the enclosure located approximately 5 ft. above the floor landing in a position that is readily visible when the door is in the open or closed position.”

Per Annex A.7.2.2.5.4, “The intent of this provision is to provide vital egress information to the occupants of a building and to fire fighters. To reduce information overload to occupants during emergency egress, a sign indicating the floor level of and the direction to the exit discharge is permitted to be placed as a separate sign with another sign indicating the floor level, the terminus of the top and bottom of the stair enclosure, and the identification of the stair.”

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PUBLICATIONS AND SEMINARS

Look for these articles in publication

“Detailed Infection Control Work Plan for Your Healthcare Construction Project,” *Inside ASHE*, July-August 2005

Seminars in 2005

- Oct. 3 New England Healthcare Engineers Society, Burlington, VT, “Managing Hospital Electrical Shutdowns”
- Oct. 5 New England Healthcare Engineers Society, Burlington, VT, “EC/JCAHO 2005/2006 Update”
- Oct. 19 Annual EC Summit Conference for Healthcare Facilities, Las Vegas, “Prepare Now for Life Safety Code Surveyors”
- 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”
- Nov. 2 Florida Healthcare Engineering Association, Orlando, “Environment of Care Update for 2005-2006”
- Nov. 3 State of Illinois Chief Engineers Conference, Champaign, IL, “Facility Electrical Maintenance”
- Nov. 10 Texas Association of Healthcare Facilities Management, Houston, “NFPA 99 Compliance”
- Nov. 17 Colorado Association of Hospital Engineers & Directors, Denver, “Role of the JCAHO Life Safety Specialist Surveyors and Other EOC Updates for 2005/2006”
- Feb. 27 ASHE PDC, San Diego, “Implementing a Facility Power Management System”

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