January-February 2006
Volume 4, Issue 1

Smith Seckman Reid, Inc.

COMPLIANCE NEWS

It is unlikely the coils will freeze up as long as water is moving through them.

Inside this Issue

Preventing Coil Freeze Up

by Mike Kuechenmeister - MKuechenmeister@ssr-inc.com

THERE ARE SOME proactive steps you can take now to ensure your chilled water coils do not freeze up this winter. The first step is to make sure that the freeze stat on each of your air handlers has been tested in the last 60 days. If testing has not been done, you might want to check the freeze stats for proper operation. Typically, they should be set on 35 degrees F with the tubing on the entering side of the chilled water coil. If you are not sure how to check your freeze stat, check with your controls contractor for assistance. One way to check it is to place the end of the bulb in a bucket of ice water that is at 32 degrees F and see if the freeze stat trips. If the freeze stat does trip, the equipment should be in good shape. After testing, make sure the freeze stat is set back to 35 degrees F. If this test does not shut the unit down at 32 degrees F, there is most likely a problem which should be repaired immediately.

One safe way to ensure your air handler doesn't have a chilled water coil freeze is to open the control valve on the coil, put the chilled water pump on hand control and make water flow through the coil (be sure the chiller valve is open). If you are unsure about your chilled water pumping system, go ahead and drain down your chilled water coils. Use an air compressor to blow all the remaining water out to the coils. Warm air may also be circulated through the chilled water coil by attaching hoses to the coil which will pick up some warm air from the unit air stream. This will direct warm air into the chilled water coil and help dry out the coil to prevent freezing at the bottom of the coil.

It is unlikely the chilled water coils will freeze up as long as water is moving through them. Make sure that the dampers are set in their correct positions for cold weather operation in order to get the right amount of mixed air entering the mixed air chamber. Also check the position of the outside air damper. You certainly don't want too much outside air coming in during frigid weather. However, if you don't have enough outside air coming in to the mixed air chamber, the building will go into a negative pressure and pull cold air in everywhere it can, e.g., doors, windows, air shafts, etc., and the entire building may feel cold.

If the air handling unit is located inside a mechanical room, another step to help prevent the chilled water coils from freezing is to slightly crack open the air handler door in the mechanical room to let the warm air from this room circulate into the air handler. SSR

Rethinking Emergency Management - A New Paradigm

by David L. Stymiest, PE, CHFM, SASHE, CEM, GBE - DStymiest@ssr-inc.com

Much of the USA has seen examples of multiple utility outages during the past several years, including the widespread Northeast blackout and Hurricane Isabel in 2003, the 2004 Florida hurricanes and 2005 Gulf Coast hurricanes, and other natural disasters in other areas. There are a half dozen or more electrical utility outages almost every day in the USA, and some of those outages also take down other municipal or regional utility services.

Hospital executives might consider how well their existing utility systems can cope with extended (such as several weeks) power outages combined with the loss of municipal water, sewer, internet access, cable TV, telephone landlines, regional 911 and cellular systems. All of these conditions occurred recently in the USA, and the hard lessons learned have illustrated the opportunity for a new paradigm in emergency planning.

Do your existing buildings have sufficient equipment connected to emergency power for acceptable hospital operation in the face of prolonged multiple utility outages, perhaps combined with widespread external disaster conditions and high patient surge? Do they also have sufficient backup water for a prolonged municipal water outage? Can your water and fuel oil suppliers reach your hospital in time if the streets are impassable? How comprehensive are your backup communications plans, and do they allow for the extended loss of all regional communications as the New Orleans area recently experienced? Does your emergency plan include the operational flexibility that might be needed if your high scoring Hazard Vulnerability Analysis (HVA) hazards make one or more floors, wings, or elevator penthouses unusable?

The codes and standards that applied when existing buildings were constructed are likely insufficient based upon recent experiences. Procedure room diagnostic equipment cooling, for example, might be on normal power. This condition caused some Gulf Coast hospitals to shut down their procedure rooms even though the equipment itself was on emergency power. Other examples abound, and the lessons learned are powerful. SSR

(Also refer to David's article entitled_"Lessons Learned: Recent Disasters Give Reason to Rethink Emergency Management Strategies" in the December 2005 issue of Health Facilities Management *magazine.)*

NFPA Disclaimer: Although David Stymiest is Chairman of the NFPA Technical Committee on Emergency Power Supplies, which is responsible for NFPA 110, the views and opinions expressed in this article are purely those of the author and shall not be considered the official position of NFPA or any of its technical committees and shall not be considered to be, nor be relied upon as, a formal interpretation. Readers are encouraged to refer to the entire text of all referenced documents.

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

460-470 MHz Frequency Telemetry Systems at Increased Risk for Interference

by Leo T. Old, MS, CIH, PE, CHFM. - LOld@ssr-inc.com

As of January 1, 2006, the FCC will grant new licenses for mobile radio transmitters in the 460-470 MHz frequency band.

As of January 1, 2006, hospitals still operating medical telemetry systems in the 460-470 MHz frequency band are at increased risk for interference from mobile radios. The Federal Communications Commission (FCC) now allocates the 460-470 MHz frequency band to high power mobile radio users. The FCC delayed implementation of this dedication to allow hospitals time to discontinue use of equipment in this frequency range.

As of January 1, 2006, the FCC will grant new licenses for mobile radio transmitters in the 460-470 MHz frequency band. The FCC estimates that there are several hundred thousand users waiting for these new channels. Hence, hospitals using telemetry equipment in the 460-470 MHz frequency band may now experience interference from new users of transmitters operating in this frequency band. (For more information, see the November 16, 2005 FDA Public Health Notification at www.fda.gov.)

The FCC created the Wireless Medical Telemetry System (WMTS) to designate spectrum for medical telemetry devices. Three frequency bands have been dedicated: 608-614 MHz, 1395-1400 MHz and 1427-1432 MHz. The FCC designated the American Society for Healthcare Engineering (ASHE) as the coordinator for the WMTS. Medical institutions seeking use of wireless telemetry devices must now register their equipment through ASHE. As the coordinator of the WMTS, ASHE maintains a database of WMTS transmitters and their allocated frequencies. With the database, ASHE is able to identify potential frequency conflicts between hospitals and/or other users. Wireless telemetry devices must be registered before they are placed in operation. SSR

JCAHO EC Advisory Bulletin: ECAB #06-01

Roller Latches on Corridor Doors

Just a reminder that effective March 13, 2006 all hospitals seeking accreditation for Medicare certification purposes are required to replace all existing roller latches on their corridor doors with positive latching devices. This is mandated by both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as well as the Centers for Medicare and Medicaid Services (CMS). [See JCAHO 2006 Hospital Accreditation Standards (HAS) manual, Rationale for EC.5.20, Note 2]. SSR

Compliance News

Alcohol-Based Surgical Prep Solutions

by Dean H. Samet, CHSP - DSamet@ssr-inc.com

The American Society for Healthcare Engineering (ASHE) proposed an amendment to the NFPA last year to provide additional guidance to health care facilities on effectively managing the risk of fires when using alcohol-based surgical prep solutions in the presence of an ignition source (cautery, electro surgery, laser, etc.).

This proposal was in response to enforcement of existing NFPA 99 language which prohibited the use of alcohol "skin prep" solutions (a critical infection control product) when use of an ignition source was contemplated.

On August 8, 2005, the NFPA accepted ASHE's Tentative Interim Amendment (TIA) to the NFPA 99, Standard for Health Care Facilities, 2005 edition (See: 13.4.1.2.2 thru 13.4.1.2.2.8). Basis of ASHE's TIA recommendations:

1) Use skin prep solutions according to manufacturer's instructions.
2) Introduce a "time-out" before initiating activation of ignition source to assure there is no pooling of fluid or soaking of drapes and that the solution has fully dried. SSR

Publications & Seminars

Look for these articles in publication

"Lessons Learned - Recent Disasters Give Reason to Rethink Emergency Management Strategies," *Health Facilities Management*, December 2005

Seminars in 2006

Feb 3	Missouri Society of Healthcare Facility Managers and Kansas City Area Healthcare Engineers, Kansas City, "2006 JCAHO EOC Update"
Feb 17	Nebraska Society of Healthcare Engineers, Omaha, "2006 JCAHO EOC Update"
Feb 28	ASHE PDC, San Diego, "Implementing a Facility Power Management System"
Mar 9	Georgia Society for Healthcare Engineers, McRae, "BMP Educational Session"
Apr 26-27	Ascension Health Risk & Safety Conference, Baltimore, "Preparing the Field of Play (Hazard Surveillance)" and "Preparing for Game Day (Unannounced JCAHO Surveys)"
May 13	American Industrial Hygiene Conference & Exposition, Chicago, "Life Safety Engineering"
July 11	ASHE Annual Meeting, Boston, "A-Z of BMP"
July 12	ASHE Annual Meeting, Boston, "Misinterpreted Aspects of the Life Safety Code"

SSR Smith Seckman Reid, Inc.

Compliance News

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

For more information please contact

DEAN SAMET, CHSP
800-545-6732
DSamet@ssr-inc.com
www.ssr-inc.com