

# COMPLIANCE NEWS



*First receivers represent a specialized subset of emergency first responders.*

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## OSHA Offers Emergency Response Guidance for First Receivers

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

**J**CAHO IMPLEMENTED AN ENHANCED SURVEY PROCESS on January 1, 2006 to evaluate emergency management in hospitals. Because of this expanded focus on emergency management, hospitals may want to review and evaluate existing preparedness and response policies. One important component of an emergency management program may include receiving, decontaminating and treating victims contaminated with biological, chemical or radiological agents. To help hospitals address this issue, OSHA recently published a guidance document: *OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances* (January, 2005).

Healthcare workers that receive and/or treat contaminated patients may be termed *first receivers*. First receivers represent a specialized subset of emergency first responders. First receivers work at a location remote from the hazardous substance incident site. Their exposure is typically limited to contaminants transported on victims' clothing, skin and hair. OSHA recognizes that first receivers have different personal protective equipment (PPE) and training needs than emergency responders at the incident site.

Based on information in the guidance document, OSHA specifies minimum PPE requirements for first receivers of victims contaminated with unknown substances. Such PPE includes the following:

- Powered-air purifying respirator with protection factor of 1,000 and HEPA/organic vapor/acid gas respirator cartridges
- Chemical resistant suit
- Double-layer of protective gloves
- Chemical-protective boots
- Head and face protection (if not part of respirator)

OSHA specifies that such PPE usage is only applicable to hospitals meeting certain prerequisite conditions, including but not limited to, the following:

- A current hazard vulnerability analysis and emergency management plan exists.

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## Emergency Power Testing - Where is it going?

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

JCAHO highlighted an issue of critical importance to healthcare facilities in late January when it posted for a public comment a proposed new annual 4-hour generator load test as new element of performance (EP) #5 for Standard EC.7.40. The issue, of course, is the operational reliability of emergency power systems.

JCAHO's proposed new EP and its related footnotes state:



**5. The [organization] tests each emergency generator at least once every 12 months for a minimum of four continuous hours. This test shall be conducted under a load (dynamic or static) that is at least 30% of the nameplate rating of the generator.** <sup>3, 4</sup>

<sup>3</sup> This annual test may satisfy one monthly test if a **dynamic** load that is at least 30% of the nameplate rating of the generator is applied for 30 continuous minutes.

<sup>4</sup> After the test, the fuel supply should be replenished. Any problems identified during the test shall be resolved promptly. For additional guidance, see *NFPA 110 (2002 edition) Standard for Emergency & Standby Power Systems*.

Although JCAHO is an AHJ and can require whatever it deems appropriate, remember that the proposed 4-hour test does not necessarily test the entire emergency power system or even fully test the generator set itself, since the proposed EP allows a static load (i.e. load bank) at only 30% of the generator set nameplate rating to satisfy the loading criterion.

By comparison, the latest NFPA 110 (2005 edition) requires a more rigorous test of the entire emergency power supply system (EPSS) every 36 months:

8.4.9\* Level 1 EPSS shall be tested for the duration of its assigned class (see Section 4.2), for at least 4 hours, at least once within every 36 months.

8.4.9.1 The load shall be the EPSS system load running at the time of the test. The test shall be initiated by opening all switches or breakers supplying normal power to the EPSS.

*[ANNEX MATERIAL]: A.8.4.9 The intent of this requirement is to provide reasonable assurance that the EPSS with all of its auxiliary subsystems is capable of running for the duration of its assigned class with its running load. A full facility power outage is not intended for this test but is recommended where a total facility power outage has not occurred within the last 36 months. Supplemental load banks are not required. After the test, the fuel supply should be replenished if necessary.*

JCAHO is now considering the numerous public comments that it received. However JCAHO decides to finalize the EP wording, some sort of extended run test is likely. Facility directors may want to obtain a copy of NFPA 110-2005 and review its requirements for EPSS operation, maintenance and testing. **SSR**

*NFPA Disclaimer: Although the author is Chairman of the NFPA Technical Committee on Emergency Power Supplies, which is responsible for NFPA 110 and 111, the views and opinions expressed in this message 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.*

## JCAHO EC Advisory Bulletin: ECAB #06-02 Emergency Management Exercises

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


Effective July 1, 2006, the Joint Commission will be surveying for compliance with its rewritten and expanded EC.4.20 for emergency management exercises. The most notable changes are the addition of elements of performance EP 7-11 focusing on a variety of required “monitoring activities” during planned “exercises” and EP 12-16 calling for specific “critiques” of the exercise. The number and type of drills or exercises has not changed. The four to eight month drill separation requirement has been dropped.

EP 7-11 lists the following requirements: “During planned exercises,”

- 7) “an individual whose sole responsibility is to monitor performance and who is knowledgeable in the goals and expectations of the exercise, documents opportunities for improvement.” Note: This individual may be a staff member of the organization who is not participating in the exercise.
- 8) “the hospital monitors at least the following core performance areas: Event notification including processes related to activation of the emergency management all hazards command structure, notification of staff, and notification of external authorities.”
- 9) “the hospital monitors at least the following core performance areas: Communication including the effectiveness of communication both within the hospital as well as with response entities outside of the hospital such as local governmental leadership, police, fire, public health, and other healthcare organizations within the community.”
- 10) “the hospital monitors at least the following core performance areas: Resource mobilization and allocation including responders, equipment, supplies, personal protective equipment, transportation, and security.”
- 11) “the hospital monitors at least the following core performance areas: Patient management including provision of both clinical and support care activities, processes related to triage activities, patient identification and tracking processes.”

EP 12-16 lists the following “critique” requirements:

- 12) “All exercises are critiqued to identify deficiencies and opportunities for improvement based upon all monitoring activities and observations during the exercise.”
- 13) “Completed exercises are critiqued through a multi-disciplinary process that includes administration, clinical (including physicians), and support staff.”
- 14) “The hospital modifies its emergency management plan in response to critiques of exercises.”
- 15) “Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise.” Note: When improvements require substantive resources that can not be accomplished by the next planned exercise, interim improvements must be put in place until final resolution.
- 16) “The strengths and weaknesses identified during exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues (see EC.9.20).”

For more information call Dean Samet or go to JCAHO web site at [www.jcaho.org](http://www.jcaho.org). 

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- The hazardous substance was not released in close proximity to the hospital.
- Victims are promptly decontaminated upon arrival at the hospital.

For a full list of prerequisite conditions, please see the OSHA guidance document at the following internet address:

[http://www.osha.gov/dts/osta/bestpractices/html/hospital\\_firstreceivers.html](http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html).

If victims contaminated with known substances seek treatment at the hospital, OSHA expects hospitals to perform a proper hazard assessment to determine appropriate PPE for the substance(s) involved.

Regarding training, OSHA requires first receivers with roles in the hospital decontamination zone to receive annual 8-hour First Responder Operations Level Training, as specified in the OSHA Standard on Hazardous Waste Operations and Emergency Response [29 CFR 1910.120(q)] . Personnel with other response roles are permitted to receive training of a shorter duration, depending on their response role. The OSHA guidance document provides an explanation of appropriate training for employees with other response roles. **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**

- |               |  |
|---------------|--|
| March 9       | Georgia Society for Healthcare Engineers, McRae, "BMP Educational Session"   |
| April 26-27   | Ascension Health Risk & Safety Conference, Baltimore, "Preparing the Field of Play (Hazard Surveillance)" and "Preparing for Game Day (Unannounced JCAHO Surveys)" |
| April 27      | Oklahoma Association of Healthcare Engineers, Tulsa, "Advanced Management of Hospital Emergency Power Systems" and "Maintaining Your SOC"                          |
| May 13        | American Industrial Hygiene Conference & Exposition, Chicago, "Life Safety Engineering"  |
| June 15-16    | Texas Association of Healthcare Facilities Management, Austin, "NFPA 99"   |
| July 11-12    | ASHE Annual Meeting, Boston, "A-Z of BMP" and "Misinterpreted Aspects of the Life Safety Code"   |
| September 7-8 | Georgia Society for Healthcare Engineers, McRae, "Advanced Management of Emergency Power Testing"  |



## Compliance News

A Newsletter Dedicated to Accreditation, Regulatory Compliance and Facility Management Issues for Healthcare Executives and Facility Managers

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