



COMPLIANCE NEWS



" . . . employers must provide their employees with a workplace free from recognized hazards . . . "

Pandemic Flu Preparedness Guidance for Healthcare by OSHA

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

A country-wide or global disease outbreak is called a pandemic. A flu pandemic is the result of a newly emerging influenza virus which spreads easily from one person to another and for which people have little or no immunity and for which there is no vaccine. To help prepare for and address such occurrences, the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor, recently released their publication entitled Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers (OSHA 3328-05 2007).

According to OSHA, this document is not a standard or regulation, nor does it create new legal obligations. Likewise, it cannot and does not diminish any obligations established by Federal or state statute, rule or standard. The document is advisory in nature, informational in content, and is intended to assist employers in providing a safe and healthful workplace. The document is organized into four major sections: 1) Clinical background information on influenza; 2) Infection control; 3) Pandemic influenza preparation; and, 4) OSHA standards of special importance.

One should also note that the Occupational Safety and Health Act requires employers to comply with hazard-specific safety and health standards. In addition, pursuant to Section 5(a)(1), the General Duty Clause of the Act, employers must provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. Employers can be cited for violating the General Duty Clause if there is a recognized hazard and they do not take reasonable steps to prevent or abate the hazard.

Note: This and other related documents are available at www.osha.gov. 

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We appreciate your continued interest in *Compliance News*.
(If you are unable to receive emails, please let us know.)

Compliance News

First Respirators Cleared for Use in Public Health Medical Emergencies by FDA

by Dean Samet - DSamet@ssr-inc.com

The U.S. Food and Drug Administration (FDA) announced in May 2007 that they have cleared for marketing the first respirators that can help reduce the wearer's or user's exposure to airborne germs during a public health medical emergency such as an influenza pandemic.

There are two filtering facepiece respirators manufactured by the 3M Company called the 3M Respirator 8612F and 8670F that have received FDA clearance and will be available to the general public without a prescription. These devices are also certified as N95 filtering facepiece respirators by the National Institute for Occupational Safety and Health (NIOSH). NIOSH certifies respirators for use in occupational settings in accordance with an appropriate respiratory protection program. It is anticipated that other manufacturers will also have respirators that will be cleared by the FDA and certified by NIOSH.



Such respirators are only a part of several approaches that can be used to help mitigate or reduce the spread of infection among persons during an influenza or other pandemic. Inhaling airborne pathogens suspended in the air is just one way of becoming infected. Touching contaminated surfaces or persons with infectious diseases, or being exposed to infected bodily fluids may be additional paths of exposure. Thorough and appropriate hand hygiene practices can help mitigate the transfer of potentially infectious bacteria and pathogens and help block influenza transmission.

Typical medical masks are unfitted disposable devices primarily intended to reduce the transfer of potentially infectious bodily fluids among persons. A respirator is a fitted device that protects the wearer against inhaling airborne pathogens. The N95 filtering facepiece respirators are also designed to be disposable. N95 respirators that are certified by NIOSH and properly fitted are most likely to provide the best protection against airborne influenza virus.

Note: For further information go to www.fda.gov; www.cdc.gov/niosh; www.pubmed.gov; www.national-academies.org. SSR

Hanging of Non-System Components from Sprinkler Piping

by Robert Trotter - RTrotter@ssr-inc.com

In accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems*, fire sprinkler piping hangers are designed to support five times the weight of the water-filled pipe plus 250 pounds at each point of piping support. The rules covering the hanging of sprinkler piping take into consideration the weight of water-filled pipe plus a safety factor. No allowance has been made for the hanging of non-system components such as wires, suspended ceiling grid, etc., from sprinkler piping. To hold contractors accountable, many healthcare organizations have developed "above the ceiling" work permits. While performing above ceiling inspections or work, make sure contractors and your own personnel hang such non-system components independent of sprinkler piping. The consequences of a hanger failure resulting in a broken pipe will have an adverse effect on any healthcare occupancy. SSR



Legibility of Exit Signs

by Robert Trotter - RTrotter@ssr-inc.com



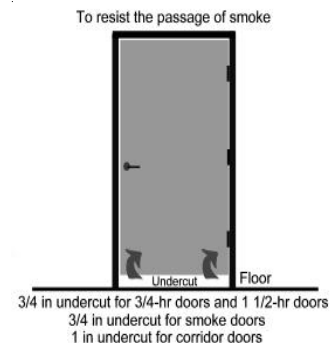
Healthcare occupancies are required to comply with the means of egress provisions of the 2000 edition of NFPA 101®, Life Safety Code®. Section 19.2.10.1 sends us to Chapter 7, Section 7.10 Marking of Means of Egress. One of the most important components of the means of egress is EXIT signs. Section 7.10.3 states, “Signs . . . shall have the word EXIT or other appropriate wording in plainly legible letters.” Also, Section 7.10.1.2 states, “Exits, other than main exterior doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access.” Note: A.7.10.1.2 adds, “. . . there are many types of situations where the actual need for signs is debatable. In cases of doubt, however, it is desirable to be on the safe side by providing signs . . .” Similarly, other applicable regulations regarding EXIT signs not often considered are mandated by the Occupational Safety and Health Standards. OSHA 29 CFR, 1910.37 (b)(2) “Each exit must be clearly visible and marked by a sign reading “Exit” and 1910.37 (b)(7) “Each exit sign must have the word “Exit” in plainly legible letters . . .”

You are the judge; does the EXIT sign in the adjacent photo have plainly legible letters? Is it capable of being read, deciphered and understood? Does it comply with the aforementioned applicable requirements? **SSR**

What Does "Undercut" Mean?

by Robert Trotter - RTrotter@ssr-inc.com

Healthcare organizations must be familiar with the term “undercut” in order to comply with provisions of the Statement of Conditions™ and the Life Safety Code®. The term applies to the distance between the bottom edge of the door and the sill or floor surface when the door is in the closed position. Sometimes its purpose is to aid in proper operation of the HVAC system. However, too large a gap may allow the passage of smoke in the event of a fire. For ¾-hour doors in 1-hour Fire Resistance Rated Separations (FRRS) and 1½-hour doors in 2-hour Fire Resistance Rated Separations the maximum allowable undercut is $\leq \frac{3}{4}$ inch. Doors in smoke barriers should have no more than $\leq \frac{3}{4}$ inch undercuts to prevent the passage of smoke; while corridor doors are permitted to have maximum ≤ 1 inch undercuts. Building Maintenance Programs (BMP) require 1½-hour FRRS doors and 1-hour FRRS doors (including occupancy separation doors, stair doors, horizontal exit doors, and hazardous area room doors) to have no greater than $\leq \frac{3}{4}$ inch undercuts. **SSR**



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Will Your Rolling Fire Doors Close Properly?

by Robert Trotter - RTrotter@ssr-inc.com



All rolling steel fire doors and fire shutters are required to close automatically upon activation of a smoke detector or release of a fusible link in the event of a fire. Lack of the automatic feature(s) and manual operation only of these rolling doors or shutters in the event of a fire does not meet the letter or intent of the applicable Code. Because doors, shutters, and windows are to be operable at all times, the surrounding areas must be kept clear of anything that could obstruct or interfere with the free operation of the door. A door held open by an obstruction may pose greater risk to occupants allowing the spread of products of combustion and fire. **SSR**

Publications & Seminars

Look for these articles in publication

"Prescription for Power - Advice on EP system reliability," *Health Facilities Management*, May 2007

Seminars in 2007

- July 8 Shriners' Hospitals Facility Directors' Annual Meeting, New Orleans, LA, "Sentinel Event Alert 37 - A New Paradigm in Emergency Power Planning"
- July 10 ASHE Annual Meeting, New Orleans, LA, "Planning for Power Failures" and "Selling the Maintenance Mission"
- August 1-3 Kentucky Society of Healthcare Engineers Annual Conference, Bowling Green, KY, "The Joint Commission Environment of Care Update 2007," "Optimize Your Life Safety Program," "Code Based Maintenance Requirements for BMP Items," "A-Z of BMP," "EC/TJC Update," and "Electrical Systems and Medical Gas Systems"
- September 10-13 BICSI Fall Conference, Las Vegas, "Considerations when Applying Codes and Standards in Data Center Design"
- September 19 South Dakota Association of Healthcare Organizations 81st Annual Convention, Sioux Falls, SD, "A-Z of BMP"
- October 3 NEHES Fall Conference, Portland, ME, "Environment of Care Survey Focus 2007"
- October 17 EC Summit, Las Vegas, NV, "TJC Environment of Care Survey Focus"
- November 7-9 Midwest Healthcare Engineering Conference, Indianapolis, IN, "Planning for Power Failures," "2007 Environment of Care Survey Focus," "The Value of a Post Occupancy Evaluation," and "Integration of Communications and Technology Systems in the Planning, Design and Construction of Healthcare Facilities"



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