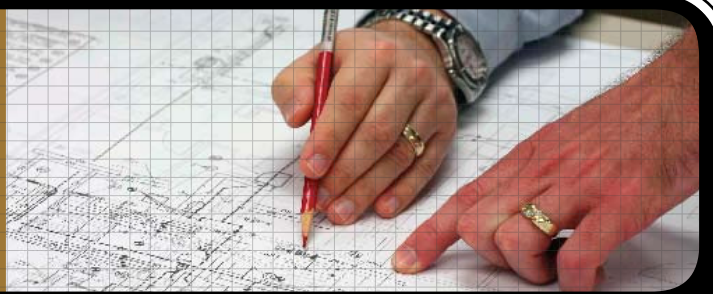


Compliance News



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“This decision and temporary scoring reprieve was made after specific concerns had been identified . . .”



2008 Emergency Management Standards Scoring Alert

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

The Joint Commission Accreditation Committee announced in April that the below listed Elements of Performance (EPs) for hospitals, critical access hospitals, and long term care facilities will not contribute to the total count that aggregates toward an adverse accreditation decision of Conditional or Preliminary Denial of Accreditation, at least for the remainder of 2008. However, that does not mean that TJC will not be scoring these EPs during 2008 surveys. Please see full explanation on The Joint Commission web site www.jointcommission.org under Hospitals - Fast Track, “What’s New.” This decision and temporary scoring reprieve was made after specific concerns had been identified by several user groups, individual letters, and an internal TJC review by the Standards Interpretation Group. The Joint Commission Accreditation Committee agreed that organizations needed additional time to comply with these elements of performance.

EC.4.11 EP .9 & .10
EC.4.12 EP .6
EC.4.13 EP .7
EC.4.14 EP .8 & .10
EC.4.15 EP .2, .3, & .5
EC.4.16 EP .2 & .3
EC. 4.17 EP .4
EC. 4.18 EP .4, .5 & .6

The Joint Commission goes on to explain that the Accreditation Committee affected only those elements of performance listed above with the following expectations:

- 1) These EPs are expected to be compliant as soon as possible but no later than December 31, 2008.
- 2) During survey activities any of these EPs not compliant at the time of survey will be cited in the accreditation report.
- 3) These EPs will not contribute to the total count that aggregates toward a decision of Conditional or Preliminary denial of Accreditation.
- 4) Evidence of Standards Compliance (ESC) will still be required within 45 days. The ESC could include action plans defining the strategy to comply with these EPs by the end of 2008.
- 5) All remaining Standards and Elements of Performance are required to be compliant as of January 1, 2008.
- 6) EC.4.20, Exercise Standards, must be compliant by December 31, 2008 or before.

Again, this temporary scoring reprieve only pertains to adverse accreditation decision aggregate scoring. All Elements of Performance in the Environment of Care Emergency Management Standards chapter will be scored at the time of survey.

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Automatic Six-Month Extension for SOC-PFI

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



Just a reminder that The Joint Commission (TJC) allows organizations to exceed their Statement of Conditions (SOC) Plan for Improvement (PFI) “projected completion date” by up to six months on previously accepted or original PFIs without any penalty. Note: This same six-month grace period cannot be applied to approved PFI revision requests or extensions. (See Environment of Care® News, July 2006, Vol. 9, No.7.) TJC looks for sufficient progress in completing PFI items at the time of survey. Failure to make “sufficient progress” toward the corrective actions described in the approved PFI could result in a recommendation of Conditional Accreditation. (See Conditional Accreditation rule CON04 in The Accreditation Process chapter of the accreditation manual.)

If an organization requests an extension to its originally listed projected completion date before the six-month grace period expires and before their survey, TJC may typically grant a one-time extension. If the six-month grace period has expired, and the organization requests an extension prior to survey, TJC may still grant a one-time extension. However, in this latter case, since the organization would then be out of compliance, it may be cited at Leadership standard LD.2.20 EP2 (attributed to management issues) or LD.3.80, EP4 (attributed to lack of resources). Also, PFI entries that have excessively long projected completion dates or list non-LSC deficiencies could be scored at LD.4.50, EP3. (PI activities not reprioritized.)

Non-Rated Protective Plates on Hospital Doors

By Robert Trotter - RTrotter@ssr-inc.com

For fire doors, NFPA 80, Standard for Fire Doors and Fire Windows states, “Protective plates are usually utilitarian in nature and are used to provide additional resistance to wear or impact.” Protective materials applied to the face of a door are generally made of approximately 0.05-inch thick brass, bronze, aluminum, or stainless steel or 1/8-inch thick laminated plastic applied on one or both door faces and located within the lower 16 inches of the door. Plates above this height could affect the fire performance of the door but may be permitted to be used if tested and/or approved as part of the fire-rated assembly. Fire doors \geq ¾-hour Fire Resistance Rating Assembly must be free of non-rated protective plates which extend > 16 inches above the bottom of the door. Exception: Doors in rated enclosures of hazardous areas are permitted to have non-rated, factory- or field-applied protective plates extending not more than 48 inches above the bottom of the doors. However, this exception is not extended to doors in hazardous areas of new health care occupancies.

For corridor and smoke barrier doors, per The Joint Commission’s Statement of Conditions™ and NFPA 101® Life Safety Code®, corridor doors and doors in smoke barriers of existing health care occupancies must be free of nonrated, factory- or field-applied protective plates > 48 inches above the bottom of the door. In new and existing ambulatory health care occupancies, the protective plates on fire doors \geq ¾-hour Fire Resistance Rating Assembly must be free of nonrated protective plates which extend > 16 inches above the bottom of the door, without exception.



Pictured left is a door with a protective plate at 55 inches above the bottom of the door.

Pictured right is a protective plate < 16 inches above the bottom of the door.

Privacy Curtain Requirements

By Robert Trotter - RTrotter@ssr-inc.com



According to 2000 NFPA 101® Life Safety Code®, there are two key considerations in evaluating privacy curtains or cubicle curtains in new and existing health care occupancies and in new and existing ambulatory health care occupancies. Curtains must be flame resistant and have a label affixed indicating it was tested in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. The purpose of these test methods is to assess the propagation of flame beyond the area exposed to the ignition source. In addition to the provisions noted above which deal with ignition resistance, additional requirements with respect to the location of cubicle curtains relative to sprinkler placement are also considered. The most common applications include hanging the cubicle curtains 18 inches below the sprinkler deflector or using a ½-inch diagonal mesh. The use of mesh can affect the discharge pattern of the sprinkler. An open weave top panel mesh can be used when it has a minimum vertical distance of 18 inches below the sprinkler deflector with mesh openings having a minimum percent opening of 70 percent or larger. Newly introduced cubicle curtains in sprinklered areas must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. (Also see Life Safety Code Sections 19.3.5.5, 19.7.5.1, and 10.3.1 requirements and Annex A.19.3.5.5 for further explanatory material.)



Egress Doors & Releasing Devices

By Robert Trotter - RTrotter@ssr-inc.com

Egress doors must be opened easily from the side from which egress is to be made. Where traditional panic hardware, fire exit hardware, or any other latching and release devices are provided, such doors must be operable with not more than one releasing operation. The releasing mechanism for any latch must be located not less than 34 inches and not more than 48 inches above the finished floor. As shown in the example pictured, the “delayed-egress” locking device will keep the door in the locked condition even though the panic hardware has been released. This condition is clearly prohibited by NFPA 101®, Life Safety Code® and would result in a Requirement for Improvement (RFI) by The Joint Commission. (See LSC Sections 7.2.1.7 and 7.2.1.6.1.)



Transfer Grilles

By Robert Trotter - RTrotter@ssr-inc.com

Transfer grilles in new and existing health care occupancies, regardless of whether they are protected by fusible link-operated dampers, are not permitted in corridor walls and doors. However, there are exceptions for sink closets, bathrooms, and toilet rooms which may have doors equipped with a fixed grille or louver to allow exhaust air to be “made up” from the corridor. Where a door to any of these rooms is equipped with a grille or louver, such spaces are not permitted to be used for storage of flammable or combustible materials. Caution must be exercised when using this exception for sink closets because they are often used for storage of combustibles.

To learn more about commissioning and LEED, please see the SSRcx news here . . .



PUBLICATIONS & SEMINARS

Look for these articles in publication

"Power Players - Finding emergency power system vulnerabilities," *Health Facilities Management*, February 2008

Speaking Engagements/Seminars in 2008

- June 18** Nebraska Hospital Association Webinar, "Planning for Power Failures"
- June 26** Square D Healthcare Technical Conference, Indianapolis, IN, "Planning for Power Failures"
- July 20-23** ASHE 45th Annual Conference & Technical Exhibition, Washington, DC, "Taking Care of Business - How Power Shutdowns Can Facilitate Emergency Management" and "NFPA 110 Update - Paying More Attention to the Business of Emergency Power Reliability"
- July 24** Shriners Hospitals for Children Facility Directors' Annual Conference, Alexandria, VA, "TJC's 2008 Emergency Management Standards"
- September 26** Safety Officers Network Area Resources, North Platte, NE, "TJC's New 2008 Emergency Management Standards" and "2009 Life Safety Chapter, Scoring & EC Focus"
- October 7-10** New England Healthcare Engineers Society Fall Conference, New Haven, CT, "New TJC Emergency Management Standards"
- October 16** Kansas City Area Healthcare Engineers Conference, "TJC's New 2009 Life Safety Standards Chapter & Scoring"
- October 20-22** EC Summit, Las Vegas, NV, "TJC's New Life Safety Chapter and Standards Criticality Scoring Process for 2009" and "Planning for Power Failures"
- October 27-29** AHCA Conference/Florida Healthcare Engineers Association Annual Meeting, Orlando, FL, "Emergency Power Challenges in 2009 and Beyond"
- November 5-7** Midwest Healthcare Engineering Conference, Indianapolis, IN, "TJC's New 2008 Emergency Management Standards: What's New? What's Not?" and "Filling the Rx for Reliable Power in 2009 and Beyond"
- November 20** Colorado Association of Hospital Engineers & Directors, Denver, CO, "TJC Newly Expanded 2008 Emergency Management Standards"

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Compliance News

A newsletter dedicated to accreditation, regulatory compliance and facility management issues for healthcare executives and facility managers.