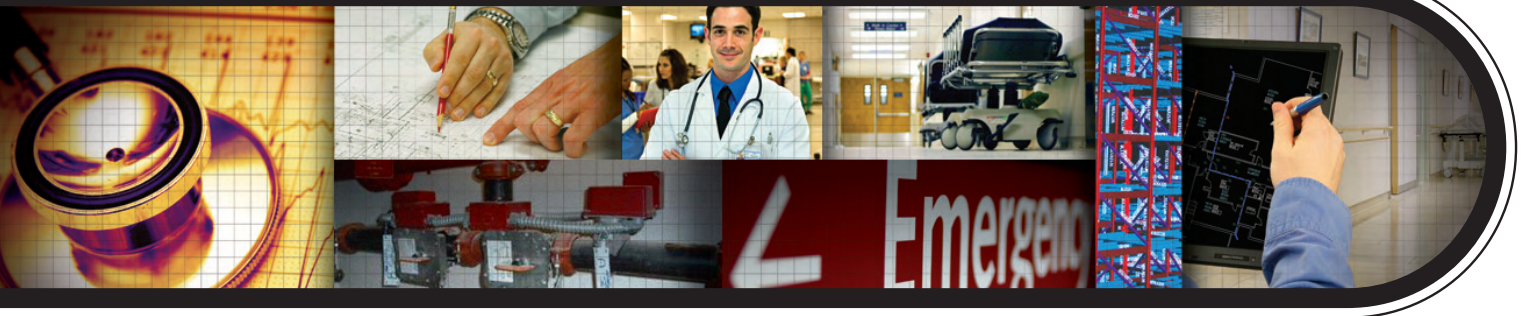


# COMPLIANCE*news*



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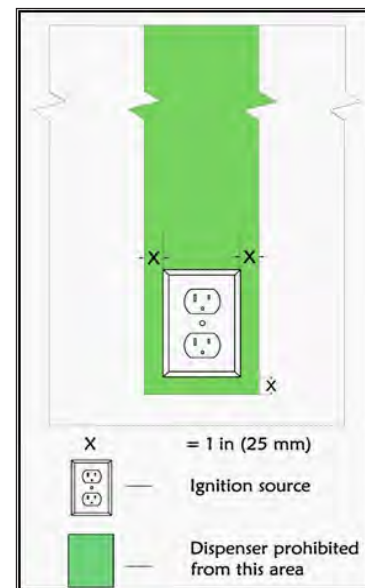
## ALCOHOL-BASED HAND-RUB DISPENSER PLACEMENT

By Robert Trotter, CBO, CFM [rtrotter@ssr-inc.com](mailto:rtrotter@ssr-inc.com)

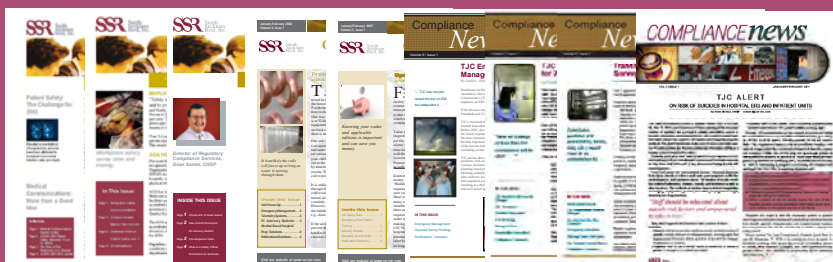
Health care organizations should already be familiar with the current code-based requirements of NFPA 101®, Life Safety Code® and The Joint Commission (TJC) regarding the placement of Alcohol-Based Hand-Rub (ABHR) Dispensers. TJC is now allowing ABHR dispensers to be placed according to the requirements of the 2009 and 2012 editions of NFPA 101®, Life Safety Code®. The primary change from previous TJC requirements is the reduction of the minimum measurements from the ignition source to the dispenser. LSC Sections 18/19.3.2.6 (7) state: Dispensers shall not be installed in the following locations:

- Above an ignition source within 1 inch (25 mm) horizontal distance from each side of the ignition source.
- To the side of an ignition source within a 1 inch (25 mm) horizontal distance from the ignition source.
- Beneath an ignition source within a 1 inch (25 mm) vertical distance from the ignition source.

For ignition sources such as duplex receptacles and light switches the measurements are taken from the side edges of the ignition source coverplate as depicted in the diagram.



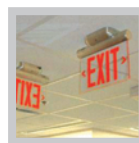
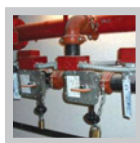
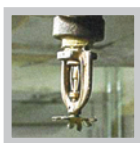
Detail by: Kendall Lampley, CAD Technology Specialist



We are in our 10th year of publishing *Compliance News* and we'd like to thank our loyal readers!

For your convenience, an archive of past issues, including a list of all previous articles, can be found at:

<http://www.ssr-inc.com/newsletters.php?type=compliance>



## INFLUENZA VACCINATION STANDARD REVISED BY TJC

By Dean Samet, CHSP [dsamet@ssr-inc.com](mailto:dsamet@ssr-inc.com)

In their December 2011 edition of *The Joint Commission Perspectives*, TJC announced their Infection Prevention and Control (IC) Standard IC.02.04.01 would be revised, strengthened, and extended to all TJC accreditation programs in which the standard is not currently applicable. The revised IC changes for hospital, critical access hospital, and long term care accreditation programs will be effective July 1, 2012. The revised IC changes for ambulatory care, behavioral health care, home care, laboratory, office-based surgery, and Medicare/Medicaid certification-based long term care accreditation programs will be implemented in a phased approach commencing July 1, 2012.

Revised Standard IC.02.04.01 elements of performance (EPs) will require accredited organizations to:

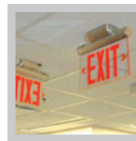
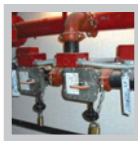
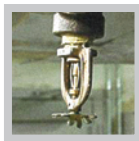
- 1) Establish an influenza vaccination program.
- 2) Educate licensed independent practitioners and staff about influenza vaccine; nonvaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.
- 3) Offer vaccination against influenza to licensed independent practitioners and staff and provide the vaccination at accessible sites and times.
- 4) Include in their infection control plan the goal of improving their influenza vaccination rate.
- 5) Set incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020.
- 6) Have a written description of the methodology used to determine their influenza vaccination rate.
- 7) Evaluate (at least annually) the reasons given for the declining influenza vaccination.
- 8) Improve their vaccination rate according to their established goals at least annually.
- 9) Provide influenza vaccination rate data to key stakeholders at least annually.

If organizations are accredited under more than one accreditation program, it is important they review TJC program-specific requirements for each. It is also important to note that Standard IC.02.04.01 does not mandate influenza vaccination for licensed independent practitioners and staff as a condition of The Joint Commission accreditation, nor does it require accredited organizations to pay for the influenza vaccination for licensed independent practitioners and staff.

For program-specific language for Standard IC.02.04.01, go to The Joint Commission Web Site at:

[http://www.jointcommission.org/standards\\_information/prepublication\\_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx)





## CMS HOSPITAL EQUIPMENT MAINTENANCE REQUIREMENTS CLARIFIED

By Dean Samet, CHSP [dsamet@ssr-inc.com](mailto:dsamet@ssr-inc.com)

Hospitals are expected to maintain equipment inventories and documentation of their maintenance activities. Federal or state laws and regulations may require that equipment maintenance activities be performed in accordance with the manufacturer's recommendations, or may establish other maintenance requirements. In such instances, hospitals must be in compliance with the most stringent maintenance requirements mandated. Absent such mandated requirements, the Centers for Medicare & Medicaid Services (CMS) is allowing hospitals to follow one of the following: The manufacturer's recommended maintenance schedule; to schedule more frequent maintenance than the manufacturer recommends; or, in some cases of non-critical equipment, to schedule less frequent equipment maintenance than the manufacturer calls for.

In a December 2, 2011 Memorandum (Ref: S&C: 12-07-Hospital), CMS provided a clarification for hospital equipment maintenance requirements. In their memorandum summary they stated the following:

- A) Alternate equipment maintenance schedules permitted in some instances: Hospitals may adjust maintenance, inspection, and testing frequencies for some facility and medical equipment below those recommended by the manufacturer, based on an assessment by qualified personnel of the risk to patient and staff health and safety.
  - Manufacturer-recommended maintenance frequency is required for:
    1. All equipment critical to patient health and safety\*; and
    2. Any new equipment until a sufficient amount of maintenance history has been acquired.

- B) Alternative equipment maintenance methods are not permitted\*\*: Hospitals must continue to follow the manufacturer's recommended techniques for maintaining equipment, even if the hospitals alter the frequency of maintenance activities.

*\* At a minimum, critical equipment includes, but is not limited to, life-support devices, key resuscitation devices, critical monitoring devices, equipment used for radiologic imaging, and other devices whose failure may result in serious injury to or death of patients or staff.*

*\*\*Maintenance strategies are various methodologies for determining the most efficient and effective application of maintenance activities. There are several maintenance strategies including Preventive, Predictive, Reactive, and Reliability-Centered, which can be used to determine the appropriate frequency for maintenance, inspection, and testing of equipment based upon acceptable risk to patient health and safety.*

Section 482.41(c)(2) of the CMS Conditions of Participation, Interpretive Guidelines & Survey Process, requires that hospital facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. It is important to remember that although the hospital may elect to adjust the frequency of some maintenance activities below those recommended by the manufacturer, the content of the recommended maintenance activities must not be substituted or eliminated.

**Note:** The above memorandum updates the guidance in Appendix A of the State Operations Manual related to hospital facility and medical equipment.





## LOADED OR CORRODED SPRINKLERS

By Robert Trotter, CBO, CFM [rtrotter@ssr-inc.com](mailto:rtrotter@ssr-inc.com)



The Life Safety Code® mandates that all automatic sprinkler and standpipe systems required by this Code must be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Sys-

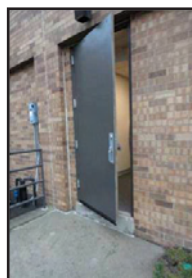
tems. Section 2-2.1.1 of the 1998 edition states "Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler must be replaced that is painted, corroded, damaged, loaded, or in the improper orientation." The Appendix says that the conditions described above can have a detrimental effect on the performance of sprinklers by affecting water distribution patterns, insulating thermal elements, delaying operation, or otherwise rendering the sprinkler inoperable or ineffectual.

tems. Section 2-2.1.1 of the 1998 edition states "Sprinklers shall

## FLOOR LEVEL AT EXIT DOORS

By Robert Trotter, CBO, CFM [rtrotter@ssr-inc.com](mailto:rtrotter@ssr-inc.com)

According to the Life Safety Code® the elevation of the floor surfaces on both sides of a door shall not vary by more than 1/2 inch. The elevation must be maintained on both sides of the doorway for a distance not less than the width of the widest leaf. Thresholds at doorways may not exceed 1/2 inch in height. Raised thresholds and floor level changes in excess of 1/4 inch at doorways are to be



bevelled with a slope not steeper than 1 in 2. However, in existing buildings where the door discharges to the outside or to an exterior balcony or exterior exit access, the floor level outside the door is permitted to be one step lower than the inside, but may not be in excess of 8 inches lower.

## PUBLICATIONS AND SEMINARS

### Publications

"Fire Procedures," *Facility Care*, October 2011

### Seminars

- April 30 - May 1 Texas Association for Healthcare Facilities Management (TAHFM) Interlink, Arlington, TX, "Environment of Care & Life Safety Accreditation Challenges," "NFPA 110/111 Update" and "NFPA Standards Panel"
- June 11-14 NFPA Annual Conference, Las Vegas, NV, "Managing Hospital Electrical Shutdowns in 2012 and Beyond" and "NFPA 110-2013 & NFPA 111-2013 Revisions"
- July 15-18 ASHE Annual Conference, San Antonio, TX, "Managing Hospital Electrical Shutdowns" and "NFPA 110/111 Changes for 2013"