

COMPLIANCE news



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OSHA REVISES HAZARD COMMUNICATION STANDARD

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In its March 20, 2012 press release and conference call, OSHA announced revisions to its Hazard Communication Standard to align it with the United Nations' global chemical labeling system, known as the Globally Harmonized System (GHS) of Classification and Labeling of Chemicals. OSHA stated that this change is intended to improve understanding and "will improve the quality, consistency and clarity of hazard information that workers receive, making it safer for workers to do their jobs and easier for employers to stay competitive in the global marketplace."

According to OSHA, the standard will classify chemicals according to their health and physical hazards, and establish consistent labels and safety data sheets for all chemicals both made in the USA and imported from abroad.

Employers have until December 2013 to train employees to the new requirements. The new standard, informally known as HazCom 2012, will be fully implemented by 2016. OSHA noted that during the transition period to the effective completion dates noted in the standard, chemical manufacturers, importers, distributors and employers may comply with either 29 Code of Federal Regulations 1910.1200 (the final standard), the current standard or both.

How to obtain more information:

OSHA's press release is available at:

<http://www.dol.gov/opa/media/press/osha/OSHA20120280.htm>

The voluminous final rule revising the standard is available at:

<http://s.dol.gov/P1>

(That URL also contains links to an MP3 (audio) file of the conference call as well as further related information.)

The GHS is available from OSHA at:

<http://www.osha.gov/dsg/hazcom/ghs.html>

A list of OSHA's FAQ's and responses is available at:

<http://www.osha.gov/dsg/hazcom/hazcom-faq.html>





SSR FORMS PARTNERSHIPS WITH KOFFEL AND MSL

To achieve the most efficient and expeditious delivery of our regulatory compliance and facilities management consulting services, SSR has teamed up with highly regarded companies Koffel Associates and MSL Healthcare Consulting.

SSR continues to offer compliance education and consulting support for environment of care reviews, mock surveys, continuous survey readiness, utility management, facilities engineering, emergency power system management and troubleshooting, and emergency management. David Stymiest, PE, CHFM, FASHE, maintains a solid and growing practice in these areas as he has in the past. David can help you assess your needs and determine the best course of action for your situation.

For Life Safety Assessments, Statement of Conditions, Life Safety Plan updates and other facility management assistance, we will be working with Koffel Associates and MSL Healthcare Consulting. Bob Trotter, who was a major part of our compliance team for years, is now working with Koffel and will add his expertise to their 26 years of fire protection and Life Safety Code experience. We have worked with Sue McLaughlin and Steve Spaanbroek at MSL for a number of years, and have implicit trust in their capabilities. SSR may recommend partnering with either or both firms depending upon the client's needs and timing.

To opt-in to Koffel's mailing list, visit this link: SSRclients.Koffel.com. To open a dialogue with MSL, visit this page: www.mslhealthcare.com.

HAZARDOUS AREAS-LAUNDRY ROOMS

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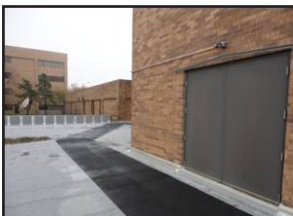


According to the Life Safety Code® central/bulk laundries larger than 100-SF in health care occupancies are considered hazardous areas. There are two principle considerations when determining the required level of protection. First, you have to determine if the hazardous area is located in a new or existing health care occupancy. Secondly, you should know the applicable requirements at the time of construction. In other words, if a hazardous area required one-hour fire resistance rated separation at the time of construction, the fire barrier is not permitted to be downgraded to less than what was required for new construction.

Laundries in new health care occupancies must be protected by sprinklers and safeguarded by a fire barrier having a one-hour fire resistance rating. Laundries in existing health care occupancies must be safeguarded by a fire barrier having a one-hour fire resistance rating or it must be provided with an automatic extinguishing system. Existing isolated hazardous areas may have sprinkler piping serving not more than six sprinklers connected directly to a domestic water supply system under certain conditions. Where the sprinkler option is used, the hazardous area must be separated from other spaces by smoke-resisting partitions and doors. Regardless of the new or existing provisions doors must be self-closing or automatic-closing. Doors in fire barriers must be provided with positive latching hardware.

DISCHARGE FROM EXITS

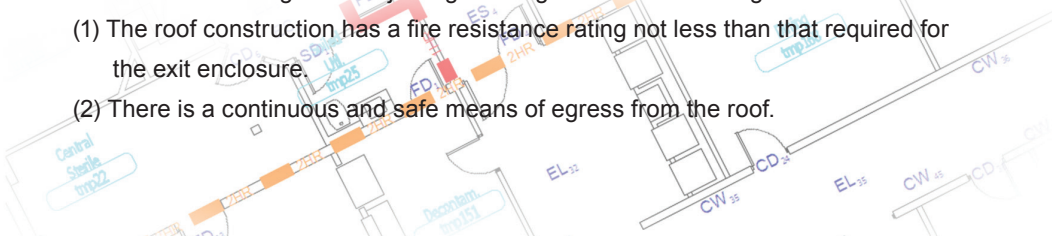
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The Life Safety Code® mandates that exits terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with a safe access to a public way. However, this requirement does not apply to rooftop exit discharge where approved by the authority having jurisdiction. Exits are permitted to discharge to roofs or other

sections of the building or an adjoining building where the following criteria are met:

- (1) The roof construction has a fire resistance rating not less than that required for the exit enclosure.
- (2) There is a continuous and safe means of egress from the roof.





CMS WILL CONSIDER 2012 LIFE SAFETY CODE® IN NOTICE-AND-COMMENT RULEMAKING PROCESS

By David L. Stymiest, PE, CHFM, FASHE dstymiest@ssr-inc.com

Last year CMS requested public comments about whether it should adopt the 2012 *Life Safety Code*® instead of the currently required 2000 edition. In its recently-issued final rule regarding revisions to the Conditions of Participation, CMS also addressed those public comments.

In response to the public comments that it received, CMS stated "We appreciate commenters' suggestions regarding the LSC regulations set out under our 'Physical environment' CoP at §482.41. Suggestions received were outside the scope of this final rule

and will be considered through separate notice-and-comment rulemaking in a LSC omnibus rule, targeted for publication in the near future."

The discussion and response are on pages 113-114 of Final Rule CMS-3244-F, RIN 0938-AQ89, entitled "Medicare and Medicaid Programs; Reform of Hospital and Critical Access Hospital Conditions of Participation." This document is available from CMS at http://www.ofr.gov/OFRUpload/OFRData/2012-11548_PI.pdf.

PUBLICATIONS AND SEMINARS

Publications

"Smooth Start - Ensuring emergency power system performance," *Health Facilities Management*, February 2012

Seminars

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| 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" |
| June 26 | Mississippi Society for Healthcare Facility Managers Annual Conference, Bay St. Louis, MS, "Continuous Compliance - Maintaining Constant Survey Readiness" |
| July 15-18 | ASHE Annual Conference, San Antonio, TX, "Managing Hospital Electrical Shutdowns" and "NFPA 110/111 Changes for 2013" |
| October 4 | New England Healthcare Engineering Society Annual Conference, Springfield, MA, "Emergency Power Challenges in 2012 and Beyond" |
| November 7-9 | Midwest Healthcare Engineering Conference, Indianapolis, IN, "Continuous Compliance - Maintaining Constant Survey Readiness" and "NFPA 110/111 Update - Paying More Attention to EP Reliability" |