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CURRENT LIFE SAFETY PLANS

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In In his recent ASHE Annual Conference presentation, George Mills of TJC reminded attendees about the requirements for current LS plans. Much of this information is in a related February 2012 *EC News* article and is summarized below.

TJC Standard LS.01.01.01, EP 2, requires an organization to have a current Statement of Conditions™ (SOC™). EP2 is scoring category A with documentation required. In order to have a current SOC™ an organization must create and maintain an up-to-date and complete Basic Building Information (BBI). Since the BBI requires organizations to indicate the location of current LS drawings, not being able to supply those current LS drawings during a survey can result in a direct impact RFI against EP2.

TJC has stated that current LS drawings must address the following topics:

- A legend that clearly identifies the features of fire safety (including door ratings, exits, etc.)
- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- · Locations of all hazardous storage areas
- Locations of all rated barriers, along with their ratings
- Locations of all smoke barriers and smoke tight partitions
- Suite boundaries, including the size of the identified sleeping and non-sleeping suites
- Locations of smoke compartments
- · Locations of chutes and shafts
- Any approved equivalencies or waivers

While TJC does not specify where LS drawings should be located, the engineering department is a logical place to keep such documents. Be sure to have ready access to the latest



accurate version since presenting an older version during survey could be counterproductive.

We recommend that these drawings also contain the following information to assist the organization in managing its Life Safety Code® compliance:

- Occupancy types and separations, including new vs. existing designations
- Horizontal exits
- · Exits directly to the outside
- · Travel distances to smoke barriers and exits
- Construction types
- Exit passageways













WEEKLY GENERATOR RUN TESTS

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NFPA Disclaimer: Although the author is Chair 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. NFPA members can obtain NFPA staff interpretations of NFPA 110 at www.nfpa.org/110.

A question that I am commonly asked is whether weekly generator run tests are required. This question occurred almost a half dozen times at the recent ASHE Annual Conference.

NFPA 110 requires weekly Emergency Power Supply System (EPSS) inspections as stated in this excerpt from NFPA 110-2010 (The EPSS consists of the generators downstream to the transfer switch load terminals, inclusive):

- "8.4 Operational Inspection and Testing.
- 8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly."

However NFPA 110 does not require weekly emergency generator run tests. In fact NFPA 110 clarified this issue in the 2010 edition Annex as stated below:



"A.8.4.1 Weekly inspection does not require running of the EPS. Running unloaded generators as part of this weekly inspection can result in long-term problems such as wet stacking. See Figure A.8.4.1(a) and Figure A.8.4.1(b)."

Some state and local Authorities Having Jurisdiction (AHJs) do require weekly generator run tests. Some major diesel generator manufacturers do recommend weekly generator run tests, particularly if the generators are used in Level 1 applications such as hospitals.

NFPA 110 gives the default guidance for routine EPSS maintenance and operational testing:

- "8.1.1 The routine maintenance and operational testing program shall be based on all of the following:
- (1) Manufacturer's recommendations
- (2) Instruction manuals
- (3) Minimum requirements of this chapter
- (4) The authority having jurisdiction"

The referenced NFPA 110 Annex Figure A.8.4.1(a) and Figure A.8.4.1(b), like all informational Annex material, are not "minimum requirements of this chapter" but do provide guidance for items to be inspected that can be used in the absence of detailed manufacturer recommendations on inspections.

If you must run your generator unloaded and do not have a mandatory minimum run time, considering starting it, operating until the water temperature and the oil pressure have stabilized (basically so that it is warm and fully lubricated) and then shutting it down. This can help minimize the potential for wet stacking from running the diesel generator unloaded.





CORRIDOR CLUTTER REMAINS AN ISSUE IN MANY HOSPITALS

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An article by TJC Director of Engineering George Mills in the August 2012 edition of *EC News* discussed at length the continuing issue of corridor clutter. This article is in the *EC News* "Clarifications and Expectations" column that is intended to increase accredited organizations' awareness of the NFPA 101 Life Safety Code®.¹ We recommend that you obtain and review this article and its follow-up article in the next issue of *EC News*.

Corridors need to be kept clear of clutter because of NFPA 101 Life Safety Code® requirements and also for ease of rapid patient movement in response to emergency conditions.

Crash carts and isolation carts may be stored in corridors while they are "in use" according to TJC. Crash carts must always be available and ready for use, so they are always "in use." Isolation carts are in use as long as they are outside a patient room to which the patient for that cart has been assigned. An isolation cart outside a patient room is not in use after that patient has been discharged. If a hospital chooses to use door-hanging isolation cabinets rather than isolation carts, it is important to ensure that all NFPA 101 Life Safety Code® clear width requirements are maintained when the door is open. With the door closed the maximum six inch obstruction rule (reducing corridor width by not more than six inches) still applies even to that cabinet.

The multi-jurisdictional Healthcare Interpretations Task Force (HITF) has considered the issue of temporarily "storing" or holding patients in exit access corridors due to emergency department throughput challenges. After a thorough discussion of the pros and cons associated with this practice, the HITF adopted a

policy position against the practice unless it is necessitated by "declared surge emergency situations that might occur as result of manmade or natural disaster events." Hospitals should review the full policy position. (For those who do not subscribe to *EC News* the NFPA's HITF web page is available at www.nfpa.org/displayContent.asp?categoryID=829, and the minutes of that December 9, 2008 HITF meeting are available at http://www.nfpa.org/assets/files/PDF/CodesStandards/HITFMinutes12908.pdf.)

Computers on wheels that have not been actively used for charting or other patient documentation for 30 minutes are no longer considered to be in use and according to Mr. Mills "must be stored in an acceptable place – which is not the egress corridor."

In several recent conferences, Mr. Mills has also been stating that, based upon HITF interpretation, linen hampers and latex carts are not allowed to be parked in exit access corridors. Whether or not this topic is further addressed by TJC in next month's *EC News*, it is worth noting that the 30 minute time limit "in use" exemption by HITF in its December 2007 interpretation entitled "Portable Devices/Equipment in Corridors" only specifically addressed crash carts and isolation carts with the statement "Note: This limitation should not be applied to crash carts or isolation carts." The December 2007 interpretation is available from NFPA at http://www.nfpa.org/assets/files/PDF/CodesStandards/HITFMinutes1207.pdf.

¹Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

PUBLICATIONS AND SEMINARS

Publications

"Risk and Reward - Assessing the need for electrical system shutdowns," Health Facilities Management, August 2012

Seminars

September 1 Tennessee ASID State Meeting, "Interior Design Implications for Healthcare Technology Planning"

October 4 New England Healthcare Engineering Society Annual Conference, Springfield, MA, "Emergency Power Challenges in

2012 and Beyond"

October 8 Florida AHCA Fall Seminar, Orlando, FL, "Managing Hospital Electrical Shutdowns" and "IPD Case Studies"

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"

November 16 Louisiana Society for Healthcare Facilities Management Meeting, Eunice, LA, "NFPA 110/111 Changes for 2013"

