




2009

The Physical Environment

Questions & Answers

George Mills, Senior Engineer
Standard Interpretation Group
The Joint Commission


PFI: 6 Month Grace Period



If an organization realizes that they are running way behind and are going to have trouble completing the PFI, they need to communicate with The Joint Commission before their planned completion date to make arrangements. But if they are on track to finish as they approach the planned completion date, and know they will run a little over and are sure they will be able to finish within 6 months, they can use that grace period.

- Q. Does the Joint Commission still allow a 6 month grace period for completion of a PFI after the planned completion date posted in the eSOC?
- A. Yes. See “Managing Compliance with the NFPA Life Safety Code in the introduction to the Life Safety Chapter: “All corrections must be completed within 6 months of the Projected Completion Date.”

Time Defined

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- ▶ *Daily, Weekly, Monthly* and *Quarterly* are calendar references, even if it is the Jan 1: June 30 scenario.
 - ▶ Bi-monthly is every other month (6 times per year).
 - ▶ Semi-annual and annual will be defined as:
 - Semi-annual: 6 months since last occurrence +/- 20 days
 - Annual: one year since last occurrence +/- 30 days.

Fire Extinguisher: Dating



Month, day year and initials of inspector as per NFPA 10-1998 EC.02.03.05 EP 15

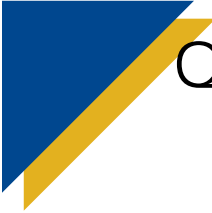
4-3.4 Inspection Recordkeeping.

4-3.4.1 Personnel making inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action.

4-3.4.2 **At least monthly, the **date** the inspection was performed and the initials of the person performing the inspection shall be recorded.**

4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record.

PFI modifications




Q. Can users of the PFI make changes to their PFIs created since the previous survey, including planned completion dates up to the point that the eSOC is locked for the survey. Is this still true for 2009?

A. Provided the PFI item has not been accepted by a Joint Commission surveyor, the user may make modifications as needed to manage the process.

The View All screen of the PFI indicates modifications have been made, and Joint Commission surveyors may inquire regarding the modification.

FLAMMABLES IN USE



With regards to flammables in use (such as dispensers of alcohol hand gels) in a clinical setting, it is our understanding that no greater than 10 gallons in aggregate can be in use per fire compartment.

The point of discussion is that we have experienced state surveyor variance about storage of the same:

1. One surveyor opinion notes that as long as 10 gallon limit is not exceeded, the storage of a few units is OK to have at a nursing station or in a supply room & that he/she would not cite this condition
2. An alternate surveyor opinion is that the 10 gallon rule applies to "in use" only and any other flammable on site in the unit must be stored in a rated flammables cabinet referencing NFPA 30 chapter 9.

▶ Question:

- Which of the above is correct?


FLAMMABLES IN USE




The Tentative Interim Amendment (TIA 00-1(101)) in NFPA 101-2000 states:

4. Not more than an aggregate of 10 gallons of ABHR solution shall be **in use in a single smoke compartment outside of a storage cabinet.**
5. **Storage quantities greater than 5 gallons in a single smoke compartment** shall meet the requirements of NFPA 30, *Flammable and Combustible Liquids Code*.

TESTING REQUIREMENTS

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- ▶ The Joint Commission Standards and Elements of Performance identify for accredited organizations compliance requirements.
 - ▶ In the Physical Environment there are requirements for compliance with specific codes found in the National Fire Protection Association (NFPA) body of codes.
 - ❑ The NFPA, which is consensus-based code development body, has a convention of codes and annex material.
 - ❑ The codes are enforceable if adopted by an authority having jurisdiction (AHJ)
 - ❑ Annex material is not enforceable, as it is informational or explanatory material only.

Corridor Obstructions and the Annex




Q. LS.02.02.20, EP 13 (corridor obstructions) states exit access is clear of obstructions and (reference LSC 7.10.1) states that means of egress shall be continuously maintained free of all obstructions.

LSC 101, 19.2.3.3, states the corridor shall be arranged to avoid any obstructions. Without reference to LSC 101 Explanatory Material, hospital corridors must be void of any and all objects regardless if they are in use or not. Also, there is not reference to objects in corridors unattended for 30 minutes.

A. Annex provides clarification and is not enforceable. It may be used to provide guidance.

The 30 minute is an interpretation generated from the Health Interpretations Task Force (HITF) and is consistent between the Joint Commission and CMS.

Corridor Clutter

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- If the corridor looks cluttered, it probably is
- ▶ Carts with wheels that are not parked and forgotten (**not longer than 30 minutes**), but are actively used are allowed provided they are "in use"
 - ▶ Crash Carts are always considered "in use" and allowed with staff understanding that in an emergency situation the cart is moved out of the corridor
 - ▶ Isolation carts, located outside a occupied patient room & required would be "in use"

Computers On Wheels


- ▶ Computers on Wheels and other wheeled carts may be stored in a corridor for not more than 30 minutes
- ▶ Computers on Wheels may be charging in the corridor while being used
- ▶ Computers on Wheels may be stored in alcoves
 - The corridor width must not be compromised

Computers On Wheels

What about the Batteries?

- ▶ Battery and charging systems must meet the following design requirements to ensure safe operation:
 - ❑ Sealed Lead-Acid Batteries:
 - Absorbed Glass Mat design and
 - Sealed Case (Sealed Lead-Acid)
 - ❑ All Battery Systems (Li+ Ion, Li+ Ion Polymer):
 - Smart Charging system with overcharge protection and
 - Shorted cell protection that shuts down upon detecting a shorted cell

EC.02.05.09 Tank Farm

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- Q. EC.02.05.09, EP 1 states the hospital tests, inspects and maintains critical components of the piped medical gas systems. The bulk storage tank(s) and associated systems are critical components of the piped medical gas system but are not referenced in the scope of the EP.
- A. This would be a new requirement according to SII guidelines. We would also like to address cylinder handling and storage issues in the future.


10 Second Transfer: NFPA 99-2010 Resolution

Revise existing Section 4.4.4.1.1.1 to read:

Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 4.4.1.1.10 and 4.4.3.1.

The 10-second criteria shall not apply during the monthly testing of an essential electrical system. If the 10-second criteria is not met during the monthly test, a process shall be provided to annually confirm the emergency systems capability to comply with 4.4.3.1.


ATS Testing



Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 8.

Substantiation: When testing is performed using a test switch on an ATS, normal power is still available to the system. This presents a significant problem for systems with utility paralleling, closed transition, or in phase transfer to meet the 10-second criteria for picking up the essential load. The standard established the 10-second criteria for when the normal power is lost, and not as a testing criterion for the monthly load test.

Sleeping Accommodations



Q. A sleep center with 8 beds within an otherwise Business occupancy.

Is a sleep study considered "treatment", and therefore should this be classified as a Lodging and Rooming House occupancy in the eBBI under the Residential Treatment Center heading in the eBBI?

A. No, this is a business occupancy, because the occupants are not rendered incapable of self preservation.



SEPSS

Q. SEPSS you should footnote this standard to say SEPSS only applied to equipment not on the emergency generator.

- ❑ I have seen surveyors wanting to write this for UPS systems.

A. SEPSS are not bridging devices




MASTER ALARM PANEL: LS.02.01.34 EP 2

- ▶ The master fire alarm control panel is located in a protected environment (an area enclosed with 1-hour fire-rated walls and $\frac{3}{4}$ hour fire rated doors) that is continuously occupied **OR** in an area with a smoke detector.
 - NFPA 72-1999 1-5.6 & 3-8.4.1.3.3.2


LD.04.01.05 EP 4: What To Do When The Documentation Isn't There...

- ▶ During survey documentation is often requested by the surveyor for review
- ▶ Occasionally the organization replies that the information is not at the site, or is with a third party contractor, etc but will be available later in the survey
 - ❑ The requested information should be utilized by the organization, so not having the information may indicate a lack of accountability
- ▶ Regardless if the late arriving documentation indicates compliance this issue of not managing data should be scored at LD.04.01.05 EP 4
 - ❑ Leaders hold staff accountable for their responsibilities

General Life Safety Interpretations

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- ▶ Rated doors must have legible labels on the door and jambs
 - ❑ Jambs prior to 1967 may not have a rating label
 - ❑ Missing labels may be equivalized if evidence of compliance is provided to central office
 - ❑ Alternative is to have third party testing agency re-label doors
 - ❑ Are ILSM in place where non-compliant door assemblies are found?

General Life Safety Interpretations

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- ▶ Fire stop: existing application is acceptable if:
 - ❑ It was installed in a manner consistent with original design specifications
 - ❑ It is in acceptable condition currently
 - If the firestop is cracking, etc, then it is to be removed and repaired using current technologies
 - ▶ JC does not accept the expanding foam *used for insulation* in any fire or smoke barrier
 - This product does have a UL label, for insulation properties
 - Easily ignited
 - Toxic gases when burned

Non Flammable Medical Gas Storage: General Issues

- ❑ 300 ft^3: **12** 'e' cylinders per smoke compartment, in rack or appropriate holders
 - Each 'e' cylinder is 24.96 ft^3
 - Smoke Compartment is limited to $22,500\text{ ft}^2$
- ❑ Between 300 and 3000 ft^3 must be stored in a room that is limited construction with doors that can be locked
- ❑ "In use" verses "in storage"
 - On gurney is considered "in use"
 - In rack is "in storage"
 - limited to 12 racked, per smoke compartment
- ❑ "Empty" are NOT considered part of the 12 "in storage"

Non-flammable Gas Storage: NFPA 99-2005

NFPA 99-2005 edition has additional language regarding O₂ storage requirements, specifically:

Storage of nonflammable gases:

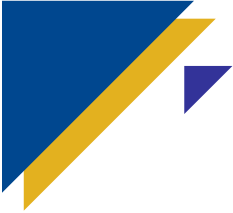
- 9.4.1 \geq 3000 cubic feet
- 9.4.2 300 – 3000 cubic feet
- 9.4.3 0 - 300 cubic feet

Other:

- 5.1.3.3.2 design and construction
- 5.1.3.3.3 ventilation of locations for manifolds
- 5.1.3.3.3.2 ventilation for motor driven equipment
- 5.1.3.3.3.3 ventilation for outdoors

NOTE: CMS also recognizes the above references

Building Maintenance Program



“The elimination of the Building Maintenance Program was a huge misstep in my opinion.”

- ❑ If we are truly interested in improving the Life Safety aspects of our facilities why would we eliminate a program that advocates for increased surveillance?
- ❑ This program should be brought back in the future and made mandatory at all hospitals. Not asking to re-instate the scoring advantage, but a program that speaks to Life Safety every day. Your comments please.

SIG SUPPORT: 630 792 5900



George Mills, MBA, FASHE, CEM, CHFM
Senior Engineer SIG

Jerry Gervais, CHSP, CHFM
Engineer SIG

John Maurer CHSP, CHFM
Engineer SIG

Open Position
Engineer SIG