

ENGINEERING, FACILITIES, EQUIPMENT AND PROCUREMENT

Facilities Management

Healthcare Interpretations Task Force

During the National Fire Protection Association Fall Meeting the AFMLO Facilities Management team was afforded an exceptional opportunity to become part of the Healthcare Interpretations Task Force. This group is made up of representatives from American Health Care Association (AHCA), American Society for Healthcare Engineering (ASHE), International Fire Marshals Association (IFMA), Healthcare Financing Administration (HCFA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Fire Protection Association (NFPA), and Department of Veterans Affairs (DVA). The mission of the task force is "to provide consistent interpretations on national codes and standards referenced by Healthcare Financing Administration (HCFA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and state and territorial authorities having jurisdiction. This is accomplished through the evaluation of field conditions, surveyor/inspector/fire marshal interpretations, questions by consumers of these services generated through a member of the task force." Membership in this group affords us the opportunity to shape and influence the interpretation of the various codes and standards, in particular the *Life Safety Code*[®]. One of the tasks of the representatives is to let everyone in their respective organizations know the interpretations reached by the task force.

The following interpretations were discussed and voted on by the HITF during their meeting in November, 1999:

NFPA 101, 1985 and Subsequent Editions

Background Information: Many Authorities Having Jurisdiction (AHJ's) require floor plans showing evacuation routes be posted on each floor of a healthcare facility. The AHJ's often cite Sections 31-4.1.1 and 31-4.2.2 of the 1985 edition of NFPA 101 and similar sections in other editions of the *Life Safety Code*[®]. For example, HCFA's Fire Safety Report for the 1985 Code in K48 states "A simple floor plan showing the evacuation routes is posted in prominent locations on all floors. 31-4.1.1, 31-4.2.2"; however, the referenced Code section does not specifically require these evacuation plans.

Question: Does the Life Safety Code require that floor plans showing evacuation routes be posted on all or any floors of a healthcare facility?

Answer: NO

NFPA 101, 1997 Edition; Sections 7-6.1.8 and 7-7.6

Background Information: None

Question 1: Is it the intent that the referenced code sections require a fire watch in unoccupied areas of a healthcare occupancy under construction for the duration of the shutdown?

Answer 1: YES

Question 2: If the answer to question 1 is yes, is the fire watch requirement applicable 24 hours a day for the duration of the shutdown?

Answer 2: YES

NFPA 10, 1998 Edition; Section 1-6.2

Background Information: Some AHJ's (inspectors) require signs marking the location of portable fire extinguishers to be mounted perpendicular to the wall in which the extinguisher cabinet is mounted. They also require this same type of signage when extinguishers are surface mounted on a wall. The referenced code section requires only that "extinguishers mounted in cabinets or wall recesses...be marked conspicuously."

Question 1: Is it the intent of NFPA10 to require signs marking the location of wall mounted portable fire extinguishers when not in cabinets or recesses?

Answer 1: NO

Question 2: Where signs are installed to meet the marking requirements of the referenced code, must they be mounted perpendicular to the wall in which the extinguisher cabinet is mounted?

Answer 2: NO

Question 3: If the answer to question 2 is no, does a conspicuous sign, including those mounted parallel to the wall, meet the intent of this section?

Answer 3: YES. NFPA 10, Section D-2-2.2 provides guidance to support this position.

***NFPA 101, 1997 Edition; Section 13-5.4.1;
NFPA 82, 1994 Edition; Section 3-2.2.4.***

Background Information: One state agency has been mandating the four foot extension on linen chutes that is required in NFPA 82, Section 3-2.2.4, be provided for existing chutes. NFPA 101, Section 13-5.4.1 requires compliance with NFPA 82 for any new chutes that may be installed in existing healthcare facilities.

Question: Is it the intent of NFPA 101, Section 13-5.4.1 to require existing chutes, that are not otherwise being altered or replaced, to comply with the four foot extension rule that is contained in NFPA 82, Section 3-2.2.4?

Answer: NO. The language of NFPA 101 is very clear that it only requires compliance with NFPA 82 (via the reference to NFPA 101, Section 7-5) for new chutes. In addition, NFPA 82, Sections 1-3.1 and 1-3.2 apply the standard to new construction and allows existing chutes to remain without be altered. NFPA 101, Sections 1-3.4, 1-3.8 and 7-5.2, exception, support this conclusion as does the general statement (specifically the last sentence) contained in NFPA 101, Section 33-1. This last statement describes the intended use of the referenced documents contained in NFPA 101.

If during the course of work you find you have a question on the *Life Safety Code*[®], you can forward the question to the Facilities Management Support Team and we will submit it to the task force for an interpretation. Please format your question similar to what you see above with some background information, citing the section where the question is based on, what edition of the *Life Safety Code*[®] you are referencing, and then state your question. Your question is then forwarded to the chairman for inclusion on the agenda and for discussion at the next meeting. This task force meets at least twice a year during the NFPA meeting.

In the very near future we will be discussing the Healthcare Interpretations Task Force with the Army and the Navy. The purpose of this discussion will be to set-up a schedule so all the services will have the opportunity to get involved either as the primary or alternate Department of Defense representative to the task force.

JCAHO Random Unannounced Survey Policy

The Joint Commission has announced some significant changes to the random unannounced survey process. These changes take effect 1 January 2000. The changes include organizations will no longer receive advance notice of the unannounced surveys. The window your organization can be in for an unannounced survey has also changed. The new window is now 9 months to 30 months following your triennial survey, as opposed to the old window which was the mid-point following your triennial survey. Also, the random unannounced surveys will no longer be based on preannounced standards. The random surveys will now be looking at the standards from any recommendations your organization received, known sentinel events, and "other relevant information regarding the organization's performance." For further information visit the Joint Commission's website at www.jcaho.org.

(Reference: <http://www.jcaho.org/news/nb208.html>)
(AFMLO-FOM-F, Maj Dick Hart, DSN 343-4081, email richard.hart@ft-detrick.af.mil)

Contractor Reporting of HAZMAT Usage

True or false: Failure by contractors to report HAZMAT usage may subject your installation to penalties for violating environmental regulations.

If you said the answer is "true," you're right. It is often the customer and not the contractor who pays the price for the contractor's improper management of HAZMAT. Air Force personnel involved in preparing or monitoring contracts would be wise to take a closer look to ensure compliance with the law.

Because not all contracts involve HAZMAT usage, clauses requiring HAZMAT reporting are not automatically included in every contract. It is up to the customer to notify the Contracting Officer when these clauses are needed. The requirements apply even when contractor services are paid for

using the International Merchant Purchase Authorization Card (IMPAC).

The recommended practice, whenever a contract will involve HAZMAT usage, is to ask the Contracting Officer to invoke FAR clauses 52.223-3, *Hazardous Material Identification and Material Safety Data*, and 52.223-5, *Pollution Prevention and Right-to-Know Information*. Additionally, the contract should include a requirement for the contractor to fill out local HAZMAT tracking forms and provide a regular, itemized report of all HAZMAT usage.

Refer to Air Force Instruction (AFI) 32-7086 for more information on HAZMAT management on Air Force installations. Section 2.6.9.2 deals with contractor reporting of HAZMAT usage. (Capt Klimek, FOM-F, DSN 343-2117, email stephan.klimek@ft-detrick.af.mil)

Minimizing the Impact of DSCP Cost Recovery Factor (CRF) Increases

See **Attachment 6**, Memorandum for Distribution, dated 22 Nov 99, Subj: Minimizing the Impact of DSCP Cost Recovery Factor (CRF) Increases. (AFMLO/FOM-P, Maj Gil Weston, DSN 343-4168, email gil.weston@ft-detrick.af.mil)

Quality Assurance

Food and Drug Administration (FDA) Recalls/Alert Notices

Attachment 2, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM, Capt P.J. Toth, DSN 343-7445, email paul.toth@ft-detrick.af.mil)

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