

EC NEWS

Air Handling Requirements:

This month's lead article is on Optimizing Indoor Air Quality. Given this year's extensive and intensive focus on Covid-19, and prior years focus on other airborne infectious diseases including aspergillus mold, this article is a great summary of indoor air handling requirements.

They detail TJC's requirements relative to EC.02.05.01, EP 15 for critical spaces and EP 16 for noncritical spaces. The authors also discuss air exchanges and filtration requirements or MERV, minimum efficiency reporting values, for filtering room air which has become even more important this past year. The authors also discuss a concept that they consider a best practice that is not apparent from the standards, although it

could be implied, and that is the idea of a ventilation management plan. This is not explicitly required in EC.01.01.01, however a utilities management plan is, and ventilation/HVAC is certainly one of the utilities you would discuss in the utilities plan. The ventilation plan is also recommended by a 2016 addendum to ASHRAE 170 2013.

The article also provides two very informative links to additional information including ASHRAE's FAQs and OSHA's Covid-19 Guidance on Ventilation in the Workplace. The FAQs in a web and PDF format may be found at: <https://www.ashrae.org/technical-resources/healthcare-faq>. The OSHA guidance document can be found at:



<https://www.osha.gov/Publications/OSHA4103.pdf>

The EC News article along with the ASHRAE FAQs and the OSHA Guidance should be shared with facilities leadership and infection prevention and a gap analysis conducted to determine what existing practices may need to be modified.

EC/LS Top 10:

TJC has not been able to conduct many surveys this year, so we have not seen much in the way of details about scoring patterns for 2020. This month's EC News contains the first glimpse at EC/LS scoring from just under 300 surveys conducted this year. The article contains a comparison of scoring along the SAFERT™ Matrix in 2019 and 2020, however as there is a much smaller number of surveys conducted as yet this year, and the Matrix is subjective, this is not conclusive of anything significant. However, TJC also included the ten most frequently scored EC/LS elements of performance from each of those years and 9 of the top 10 are identical. Listed below are this year's Top 10 as well as a statement about the types of issues frequently identified and advice for not being identified with these same issues at your hospital.



LS.02.01.35, EP 4:

This is the somewhat invisible problem we have talked about many times before in our newsletters. This is the issue with **sprinkler pipe "supporting"** some other material above the suspended ceiling in the hospital. The term supporting is very loosely interpreted and it can include touching, leaning, resting upon, or actually attached to sprinkler pipe. The key is that **nothing can touch the sprinkler pipe** and you can only see the problems when you remove a suspended ceiling tile and look at conditions above the ceiling.

There should be **two opportunities** to catch these defects. The **first** is upon completion of any **above the ceiling work done by staff or contractors**. There should be an acceptance inspection at the conclusion of work to verify the maintenance worker did not violate this standard when performing the work. Remember when laying computer cable or HVAC ducts these sprinkler pipes look nice and sturdy anchor points for those who are not familiar with this NFPA prohibition. The **second** opportunity to find this issue is by establishing a **"whole house inspection process above the ceiling."** Admittedly this is a huge task, but you don't know how big the iceberg is unless you look up above that ceiling to understand the scope of your hospital's existing defects.

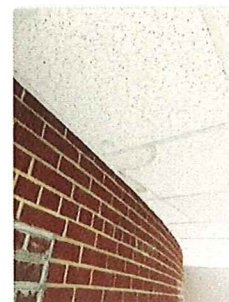


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EC.02.06.01, EP 1:

The EP requires that interior spaces meet the needs of the patient population and are safe and suitable for the care, treatment, and services provided. This sounds fairly simple and straightforward, but it is not. There are really two failure points with this EP. The first is that ligature hazards identified in the environment and not identified, mitigated, and documented on your environmental risk assessment can be scored under this EP. Second is that any defect in physical environment could potentially be scored deficient here. This could include tripping hazards, peeling paint that cannot be cleaned, torn mattresses, rust on equipment, or anything else that looks risky or unsanitary.

The only way to prevent this very frequently scored issue is to proactively identify and correct these defects before they are identified by TJC. Very often we see these issues noted as "observed and corrected on site." This means the problematic issue is either taken out of service immediately, or the issue was easily corrected by some other method. If that is the case, you have to ask yourself why these defects can't be identified internally by staff working in the area, by quality or infection prevention rounds, or during EC rounds.



③

EC.02.02.05, EP 6:

This EP requires the inspection, testing, and maintenance of non-high risk utility systems with a 100% completion rate. TJC and CMS in more recent years raised their expectation for the completion rate and that continues to affect some organizations with gaps in their completion either due to workload or missing some aspect of a manufacturer's guidance on inspection, maintenance, or testing.

The scoring pattern on this one may go down in the coming year as the national emergency has allowed certain inspection, maintenance, and testing requirements to be waived.



④

LS.02.01.35, EP 14:

This is the same standard as #1 above, but a different EP. This is the miscellaneous EP, where any fire extinguishing system issue not covered by its own, very specific, EP can be scored. Examples we have seen include sprinkler heads not turned up in an area without a drop ceiling and a heat detector being within two feet of a sprinkler head.



⑤

EC.02.02.01, EP 5:

The EP requires the organization to manage the risks of hazardous chemicals and the most frequent culprit is the surveyor identifying a chemical, asking staff to pull up the SDS, and then noting that it is a corrosive substance and there is no nearby eye wash station.

This is a good issue to examine during EC rounds, but unfortunately it is too easy for any inpatient or outpatient department, or even a contractor, to purchase some new chemical and begin to use it within the hospital. Hospitals may want to consider some restrictions on user departments or contractors directly purchasing chemicals for cleaning or maintenance of equipment.

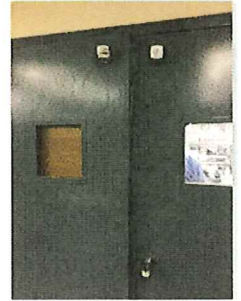
Another option to consider is a list of approved agents and teaching staff during orientation or annual training that if they see something new, not previously approved they should question its use, or ask to see the SDS. A third option is to have the requesting manager verify the purchasing request that they have personally reviewed the SDS and noted that the agent they are seeking to obtain is not corrosive or listed as a Category 1 eye exposure risk.



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LS.02.01.10, EP 11:

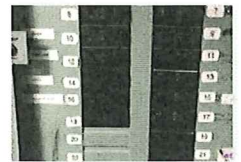
This EP requires fire rated doors to be self-closing and latching with appropriate gaps between the leaves and undercuts. These fire doors, which may at times be smashed by stretchers or other equipment being moved through the hospital, require annual inspection and maintenance. This is another one where we often see the issue noted on the survey report as "observed and corrected on site." Again, if it's that easy to fix, it needs to be identified and corrected before TJC arrives. The only way to do this is a periodic inspection process throughout the organization to proactively identify the defective doors and to correct the defects. In addition, just as organizations have incentivized clinical incident reporting, there may be a way to incentivize the reporting of damaged, non-latching fire doors, or doors with excessive sunlight coming between the leaves or under the door.



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EC.02.05.01, EP 9:

The EP requires utility system circuits to be labeled for partial or complete emergency shut down. There are two important notes in this EP where TJC identifies the types of issues where this applies. The second note is particularly important in that it requires the fire alarm system circuit to be clearly labeled, the circuit breaker to be marked in red, and access to be restricted to authorized personnel. The absence of a red circuit breaker is an issue we have seen scored frequently against this EP.



⑧

LS.02.01.30, EP 14:

This is the same standard as #6 above, but a different EP. This EP requires penetrations to be sealed with an appropriate fire rated material. This is a subject we have discussed frequently and this issue has been scored with alarming frequency for many, many years. Identification frequently requires inspection above the ceiling and the defect often jumps out at the surveyor when they observe missing fire stop, different color fire stop materials, dried out and cracked fire stop, or even urethane foam material which is not an approved fire stop.



Again, there are two opportunities to identify these issues, one being immediately after staff or contractors complete work that involves drilling between walls or floors, and the second is through a periodic inspection process to identify fire stop that has dried out and potentially no longer fills the gap it filled when new. In regard to the different color fire stop, if you change brands, do keep the manufacturers specifications so that you can show the surveyor the product was an approved fire stop material. Never mix two different materials to seal the same penetration. In addition, take a look at what contractors plan to use, or provide them your approved product, to prevent this problem from being identified at a later time.

⑨

LS.02.01.35, EP 5:

This is the same standard as #1 and #4, which means this standard is particularly problem prone. EP 5 requires that sprinklers are not damaged, free from corrosion, paint or any foreign material, and that the escutcheon plate is properly installed. This is something that surveyors do much better than staff, they walk around and periodically look up at the ceiling to note if the sprinkler heads are clean or the escutcheon plates are drooping or missing. Sprinkler heads get dirty, dusty, and sometimes greasy and potentially may not work as expected as a result. Potentially these situations could be identified during EC rounds, or perhaps by staff working in the area, just looking up at the ceiling every few months. If you do try to sensitize staff to this issue, do remind them not to attempt to correct the issue themselves, but rather to report the issue and have a professional service gently clean the sprinkler head so as to not damage or set it off.



10

EC.02.05.09, EP 12:

This EP was not reported last year in the top ten, although it was an issue that was scored quite often. The EP requires proper storage and handling of medical gas cylinders and the one that has proven difficult is proper segregation of full vs empty oxygen cylinders. A second issue which has been frequently scored for many years is failure to properly store a medical gas cylinder in either a rack or on an approved rolling cart. Unsecured medical gas cylinders are unstable and may tip over, raising the fear that they will become a projectile if the head snaps off during a fall. This is a type of issue that can and should be readily identified and managed by clinical staff as they are the ones who are obtaining, using, and storing medical gases used in patient care settings



These top ten lists are informative and point out the most frequently cited issues. We often call these “low hanging fruit,” or the types of issues surveyors get used to looking for because they are easily scoreable and scored in so many different organizations each year. The early and easy identification of this low hanging fruit during a survey can start things off on a wrong footing, giving the surveyors the impression, you were not prepared, or not maintaining a safe environment. Knowing what troubles many hospitals can help you to prevent making the same mistakes at your organization.

Water Management:

EC News this month contains a summary of material presented by the Joint Commission’s Engineering and Surveyor leadership during ASHE’s virtual conference in October. They highlighted the issue of water management, which is a subject currently in development for new standards anticipated in July 2021, but already covered by guidance from the CDC, ASHRAE, and CMS.

Based on these national references, surveyors are already asking about risk assessments, water management plans, testing protocols, and control measures. The article then provides an early draft copy of more explicit water management standards currently in development. We encourage our readers to take the time now to review the draft standards published in EC News and to plan out their implementation efforts if not already in existence based on earlier CDC, CMS and ASHRAE guidance.

**Non-Waivable ITM Requirements:**

This same article developed from the TJC presentation at ASHE then identifies what are called non-waivable requirements for inspection, testing, and maintenance (ITM). During the Covid-19 national emergency there have been many blanket waivers including some, but not all ITM activities. This article highlights specific ITM activities for which there was no waiver and surveyors will still expect a complete track record. Specifically, there were no waivers for:

- EC.02.03.05, EP 6: weekly fire pump testing
- EC.02.03.05, EP 15: monthly fire extinguisher inspections
- EC.02.03.05, EP 27: monthly, elevator firefighter emergency recall testing
- EC.02.05.07, EP 5: monthly generator testing time under load for 30 minutes
- EC.02.05.07, EP 6: monthly generator testing load of 30%, or manufacturers exhaust gas temperature or testing annually at 50% for 30 minutes followed by 75% for 60 minutes
- EC.02.05.07, EP 7: automatic transfer switch testing monthly

Remember if you were not able to complete these ITM activities, there is no opportunity to correct the gaps at this point. You might get an RFI, but an RFI just requires correction going forward which is easily resolvable as compared to a perception that documentation was falsified.