The Joint Commission's (TJC) standard HR.2.10 states that, “The hospital provides initial orientation,” while the rationale for HR.2.10 says, “Orientation is a process in which initial job training and information are provided to staff.” Although contractors are not employees of the hospital, they are often performing services in the hospital. Working in a healthcare environment poses unique challenges unlike other job sites. It is critical that contractors are trained for what is expected of them in regards to the Environment of Care standards and infection control practices.

A healthcare facility would not expect its own employees to know what to do in case of a fire, or a bomb threat, or what infection control procedures to implement if they had never been trained. Often, facility managers feel they don’t have time to perform this task, and contractors are allowed to begin working without proper indoctrination. Ultimately who will be held responsible if a contractor violates a hospital policy in regards to the Environment of Care standards or infection control measures? More than likely the construction manager, facility manager, or safety officer will take part, if not all, of the blame.

Consider these scenarios:

Contractor “A” is responsible for accidentally starting a fire due to sparks from welding on the roof. Does this contractor know how to alert/alarm, how to contain the fire, or how to extinguish the fire?

Contractor “B” is replacing baseboard and an instrument sterilizer is in the way. Does this contractor unplug and move this piece of medical equipment and risk the consequences of flooding the area, or does he know it’s not acceptable to alter the medical equipment? Does he know who the appropriate contact person or department is that is qualified to disconnect and move it?

Contractor “C” is performing a large remodeling project outside of the Intensive Care Unit that will require a considerable amount of sanding. Does this contractor know what infection control procedures to implement?

Protecting patients should be a number one goal for all hospital staff, including facility managers, construction managers, safety officers, etc., (Continued on page 3)
Compliance News

by Dean Samet - DSamet@ssr-inc.com

For healthcare occupancies, the damper inspection/testing requirement has been moved by the NFPA from NFPA 90A to NFPA 80 and NFPA 105, and has extended the frequencies from at least once every four years to at least once every six years. The four year inspection/testing frequency will remain for business, ambulatory and residential treatment occupancies.


NFPA 80, Section 19.4.1.1 states, “The [fire damper] test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.”

NFPA 105, Section 6.5.2 states, “Each [smoke] damper shall be tested and inspected one year after installation. The [smoke damper] test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.”

TJC Recommendations for Complying with Inspection/Testing Requirements for "Inaccessible" Smoke and Fire Dampers
by Dean Samet, CHSP - DSamet@ssr-inc.com

The Joint Commission has historically allowed organizations to identify those inaccessible damper locations on the organization’s Statement of Conditions™ (SOC™) Plan for Improvement (PFI) with an “open” projected completion date and promise of rectifying those conditions at some time in the future during a planned renovation, modernization, or construction project. This ruling was in accordance with the NFPA’s Healthcare Interpretation Task Force of many years ago.

Now with the e-SOC and e-PFI, The Joint Commission rules have to be modified. In the e-SOC/PFI, the “Projected Completion Date” is a required field, so leaving it blank or open is no longer an option. TJC is now allowing you to enter a 6-year completion date for those inaccessible smoke and/or fire dampers that have been identified (see accompanying article for new NFPA 80 and 105 requirements). If the inaccessible dampers cannot be rectified by the end of that 6-year period, TJC is requiring that a PFI Extension Request be submitted if needed.
Expanded Scope of Service for Life Safety Code Specialist Surveyors
by Dean Samet, CHSP - DSamet@ssr-inc.com

As reported in the May/June 2007 issue of SSR Compliance News, effective January 1, 2008, The Joint Commission (TJC) will add a Life Safety Code (LSC) Specialist surveyor to all hospitals in lieu of only those with 200 licensed beds or more, as has been the practice since January 2005. For hospitals with more than 750,000 square feet, TJC will have the LSC Specialist surveyors spend two days evaluating the hospitals for compliance with the NFPA 101 Life Safety Code®, 2000 edition, and select Environment of Care standards, including the electronic Statement of Conditions™. The LSC Specialist surveyors will also provide education to the organization during the survey about related compliant and non-compliant areas, any opportunities for improvement, and any necessary remedial action that might be required.

Note: Per The Joint Commission’s August 2007 Perspectives, under certain conditions in 2007, TJC might include a second day of survey for the LSC Specialist surveyors for hospitals with more than 750,000 square feet as determined by the following process:
- TJC will conduct a prospective review of all hospitals due for survey in 2007.
- Data will be collected for the subset of those hospitals that report more than 750,000 square feet in their electronic Basic Building Information (e-BBI)

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Training Contractors Working in a Healthcare Environment
Continued from page 1

and their plans should include a process for training not only internal facility staff but construction managers and outside contractors as well.

If you are the person responsible for contractors working in a facility, the goal to train contractors can be approached with a small amount of ingenuity. You don’t have to do it all yourself, but you should make sure that it does happen. Involve a multi-disciplined team to train your contractors, use your infection control practitioner, and/or your safety officer to help facilitate training. You may want to train all of your contractors at once, or have several smaller classes. Consider creating an annual or quarterly program.

There will almost always be obstacles to overcome. Use incentives such as making the education day a “contractor appreciation” type of day by offering lunch and prizes to give away. Another great incentive is to make those contractors that attend, “preferred contractors.” Preferred contractors appreciate being recognized as such and can bid on jobs before those that do not have the “preferred” status.

Most importantly make sure that facility employees and contractors understand that patient safety comes first and that everyone has a responsibility in this goal.
on their electronic Application for Accreditation (e-App), regardless of the bed count.

- The following data will be collected: The number of monitored critical beds; The number of buildings; The age of the building(s); The portion (%) of the building(s) that has been renovated; The portion (%) of the building(s) that has fire suppression systems in place; Whether or not the building(s) has an addressable fire alarm and/or smoke detection system.

- A team composed of an engineer from TJC’s Standards Interpretation Group, a field director from Accreditation and Certification Operations, and the manager of Accreditation Systems Integration will review the data and determine the need for a second day of an LSC Specialist survey on a case-by-case basis.

- If it is then determined that a second day of an LSC Specialist survey is needed, the survey team complement will be adjusted accordingly.

- In a few instances, an organization that has fewer than 200 beds may now have an LSC Specialist surveyor for two days, based on the organization’s size (more than 750,000 square feet) and the aforementioned criteria.

**Publications & Seminars**

**Seminars in 2007**

- **September 10-13** BICSI Fall Conference, Las Vegas, NV, "Considerations when Applying Codes and Standards in Data Center Design"
- **October 3** NEHES Fall Conference, Portland, ME, "Environment of Care Survey Focus 2007"
- **October 16** Midwest Healthcare Facilities Technical Conference, Detroit, MI, "Planning for Power Failures and Sentinel Event Alert 37"
- **October 17** EC Summit, Las Vegas, NV, "TJC Environment of Care Survey Focus"
- **October 18** FacilityCare Magazine Audio Conference, "Planning for Power Failures"
- **October 24** Florida Healthcare Engineers Association Annual Meeting, Orlando, FL, "A-Z of BMP"
- **November 28** Houston Healthcare Technical Conference, Houston, TX, "Planning for Power Failures and Sentinel Event Alert 37"