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Tabletop Drills

Q: Is a tabletop drill acceptable as an implementation of the disaster plan?

A: As of January 1, 2002, Emergency Drills must include a "community wide" practice drill component in at least one of the required drills. Because of the potential cost and complexity of conducting a community wide emergency simulation, the Joint Commission has allowed the community wide component of the drill to be conducted as a tabletop exercise. This tabletop drill may be conducted in a single location and involve a limited number of key personnel. This type of drill may allow personnel to invoke the community command structure, determine communication requirements, coordinate longer-range logistics and rehearse other plan attributes in a compressed timeframe. As such, tabletop drills can be a very effective tool in clarifying roles and responsibilities of both the organization and the local responders.

However, in addition to the community wide component for organizations that offer emergency services or are designated as disaster receiving stations, at least one drill must also include an "influx of simulated patients". Tabletop drills are not acceptable by the Joint Commission to satisfy the "influx of patients" component of a drill. For an "influx" drill to be acceptable, it must be an active process that is conducted throughout the facility, involve personnel from the organization, and simulate the movement of patients. A tabletop drill does not meet this requirement.

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November 7, 2000

"Paper Patient" Drills

Q. Can "paper patients" be used in lieu of mock patients during an external disaster drill?

A. Organizations are finding it increasingly difficult to conduct external disaster drills with mock victims, sometimes because of a shortage of volunteers. Because volunteer victims have been injured during the course of a drill, liability concerns have increased. Many of the youth groups that were consistently involved in drills are now declining to participate. In response to the issues, the Joint Commission has allowed paper patients to replace live victims.

Paper patient drills should not be confused with tabletop drills. The simulated paper patients must be treated as if they were live patients and must therefore be processed through a variety of departments and/or services based upon their condition, diagnosis, and treatment.

Origination Date: November 7, 2000

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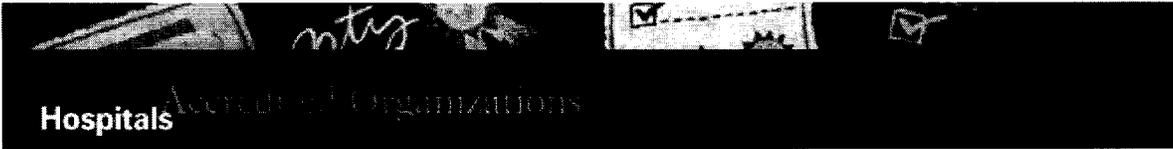
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Disaster Drills

Q. If a health care organization has no part in the community wide disaster plan, does the organization still have to have one drill per year with an influx of patients from the outside? Can the "influx of patients" be from patients or visitors who are injured by an event occurring inside the medical center?

A. Any accredited organization that provides emergency services or is designated as a disaster receiving station needs at least one external drill per year that includes an influx from outside the organization of volunteer or simulated patients. If you have a drill scenario whereby only patients and visitors within the hospital are injured during some sort of disaster, then that would be considered an internal disaster drill. Enough "victims" should be used for the mass-casualty exercise to adequately test the system, with the number of victims necessary to test the organization's resources and reactions under stress. A real incident may be used if it activates the plan; modifies the normal use of services, equipment, staff, and normal patient management procedures; and fits the timing requirements outlined in the standards.

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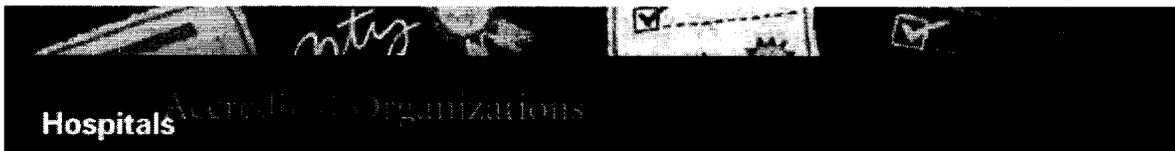
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Exit Maps

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Q. Are exit maps required to be posted in health care organizations? If so, where and how many are needed?

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A. Neither Joint Commission standards nor the NFPA 101 Life Safety Code require that exit maps be posted in hospitals or other health care occupancies. However, there have been cases where the local or state fire marshals have required such maps. If another authority having jurisdiction (AHJ) mandates the posting of such maps, then the Joint Commission would expect compliance with that AHJ.

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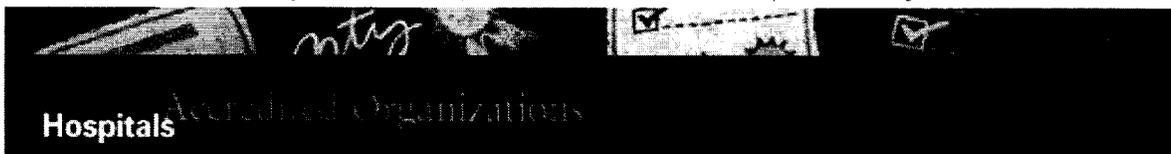
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Trash Cans

Type 1 Recommendations

Q. How large may a trash receptacle (can) be if it is in a general patient care area? How many cans can be present in an unprotected area (out on the floor)?

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A. A soiled linen or trash receptacle may not exceed 32 gallons in volume. There are two ways to think about how many individual receptacles may be present out on the floor:

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No more than .5 gallons per square foot. A normal patient room is 120 square feet, so the amount of trash should be no more than 60 gallons. Would two full 32-gallon trash cans be too much? Yes, by 4 gallons.

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No more than 32 gallons may be located in a room of 64 square feet (8 by 8 feet). That is a lot of trash in a small room. So, are 50 gallon cans (barrels) out of the question? Permanently on the nursing floor; yes, but they may be used and stored in a Hazard Location when not attended.

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May the janitorial staff push around a 200 gallon cart and pick up trash? Yes, if attended. When not attended, the 200 gallon cart is stored in the trash collection room. A trash collection room is a Hazard Location, so it is either protected with one-hour construction, or sprinkled and constructed to limit the transfer of smoke. There is no limit on the size of the containers or the amount of trash in this room.

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Note also that the container UL rating and composition requirements have been removed.

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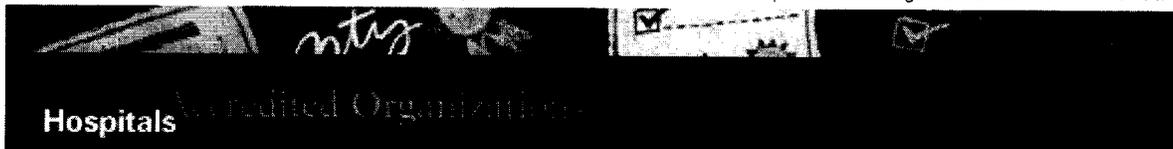
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Type 1 Recommendations

Q. Health care organizations are responsible for adhering to local, state and federal regulations for proper handling and disposal of hazardous materials and wastes. How is it possible for the Joint Commission surveyors to determine whether an organization is complying with all of these codes, standards and regulations when they often differ from one location or state to another?

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A. The process of conducting surveys at a wide range of geographic locations presents unique challenges to each surveyor. The federal EPA regulations apply to most organizations, and it is with these regulations that surveyors are most familiar. State and local regulations are generally even more restrictive. Thus, the surveyor must usually determine what additional requirements the state or local regulations have imposed.

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The organization's hazardous material and waste management program is required to be designed and operated in accordance with all applicable laws and regulations. This written program contains the policies and procedures that are necessary for the organization to be in compliance with all applicable laws. Through a thorough review of the hazardous materials and waste program, surveyors are able to determine the extent to which the state and local regulations have been included within the scope of the program. Each organization is encouraged to maintain a reference library of all applicable federal, state and local laws and regulations. Maintenance of this library helps demonstrate that all of the various regulatory requirements have been taken into consideration during program design. If the organization is unable to refer to the actual regulations, it is difficult to see what requirements the program is based on and how the organization keeps abreast of change to these regulations.

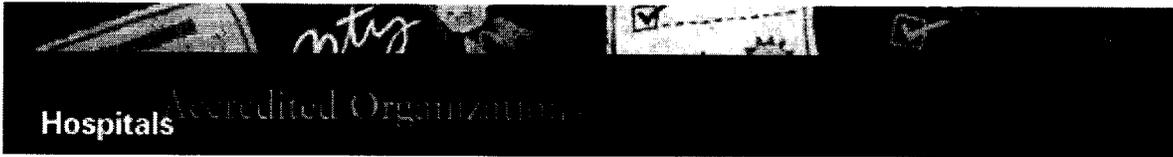
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Type 1 Recommendations

Staff Only Refrigerators

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Q. Is there a JCAHO standard which requires us to maintain temperature logs for staff only refrigerators?

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Facts about the Emergency Management Standards

A. There is no JCAHO standard that requires thermometers in, or temperature logs for, staff only refrigerators. Staff refrigerators are not usually in the equipment or utilities management program. They are similar to microwaves or coffee machines. If they stop working, you either fix or replace them. Organizations should have plans that address this issue from a housekeeping and cleanliness point of view. Thermometers and logs are one way of monitoring, but by no means the only way. You may choose to simply clean them out once a week. We do recommend that you contact your state board of health, they may have an overriding standard.

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Temporary Constuction Barriers

Q. Do plastic sheets constitute acceptable temporary barriers in and around construction areas?

A. Flammable plastic sheets, **DO NOT!** Even though flammable plastic sheets taped across an opening may form a dust seal, they are completely and utterly incapable of controlling fire. The only thing they can do is keep air from moving around. This is a good thing for controlling dust and its associated infection control implications. It's also good on a limited basis for stopping smoke caused by a fire in the construction zone, but these sheets do absolutely nothing to stop the fire itself.

EC.1.5 ILSM item 4 states that temporary construction partitions [should be] smoke tight and built of noncombustible or limited combustible materials (sheet rock, gypsum board) that will not contribute to the development or spread of fire." Be sure that you can furnish evidence of "limited combustibility" if you are questioned during survey.

Our position is that plastic sheet barriers of a limited combustible type are "tolerated" for short term use, possibly 30 days or less. If the project is going to take longer, or the hazards of construction are very high (torch cutting, welding, brazing, open flame), then noncombustible barriers should be erected.

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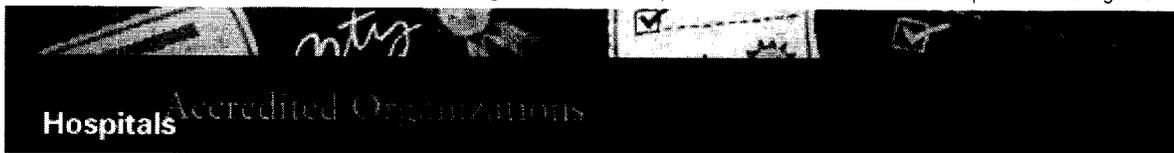
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Standpipe Fire Hose Testing

Q. Do fire hoses for standpipes or fire hose cabinets have to be tested with any particular frequency?

A. Yes, per NFPA 1962-1993 edition (Section 2-3), all occupant-use hoses should be service-tested (hydrostatically) in accordance with Chapter 5 of that standard at intervals not exceeding five years after installation and every three years thereafter. A summary of the inspection, testing, and maintenance requirements for all components of a standpipe and hose system can be found in NFPA 25, Table 3-1.

Many state and local fire officials have been requiring health care organizations to remove their 1-1/2" occupant-use hose. Fire departments cannot always rely on building hose so they always bring their own trusted hose. If you choose to remove your building fire hose, you should always check with your fire department first. In addition, it is recommended that this coordination be in writing to avoid potential problem areas in the future.

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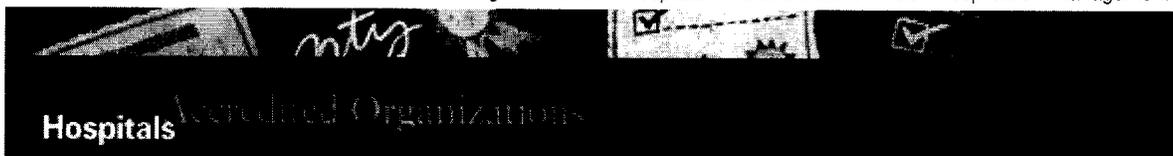
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One-Time Extension Based on Unforeseen Conditions

Q. When the Joint Commission grants an organization an extension for one or more PFI items, does the organization receive a new six-month window beyond the newly approved completion date?

A. The universal answer is "no". Organizations are not given an automatic additional six months extended completion date. When requesting a one-time extension it is our expectation that the revised completion date has been thoroughly considered, major impediments are cleared, and the new date is accurate.

The original six months was a grace period allowance to cover unforeseen conditions. To give an additional six month extension would, in essence, grant a one-year minimum extension.

The Joint Commission will review, on a case-by-case basis, extension dates that have not been achieved. Under extraordinary conditions, a further extension may be granted. This will be the rare exception to our policy of a one-time extension based on unforeseen conditions.

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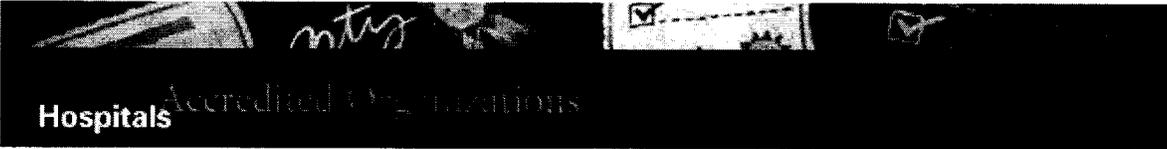
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Management Plans in Business Occupancies

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Q. Are we expected to have as detailed a management plan for each area in the environment of care for our business occupancies as we do for our hospital?

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A. While plans are required to cover each of the seven areas, the content of the organization's EC plans and policies for that address business occupancies should be designed to meet the needs of your organization. These will vary based on the nature and complexity of operations. Some standards may not apply to your organization for the business occupancy location that is part of your organization. For example, you may not use radioactive materials in the business occupancy; therefore, those portions of EC.1.3 (c) and EC.1.4 (N) related to radioactive waste and decontamination would not apply.

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Similarly, the scope and complexity of a business occupancy's emergency preparedness plan will be far less extensive than a hospitals. For most emergencies, plans will involve only the steps necessary for an orderly shutdown of the clinic or office. At a minimum, the plan should include notification of all scheduled patients, provision of an alternate care site, transfer of patient records, transportation if necessary, etc. Business occupancies must also have plans to deal with the few emergencies, for example, tornadoes, earthquakes, where immediate action will be necessary to protect occupants.

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The point of these examples is to emphasize the Joint Commission's objective to assure all applicable standards are met. The intent is not to require volumes of paperwork, but to assure a reasonable EC program is in place and tailored to the needs of the organization.

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EC Management Plans in Several Settings

Q. If a health care organization has several types of care (for example, hospital, long term care and behavioral health care) does each EC management plan have to specifically address each of these areas?

A. Yes. Either one plan covers all areas, or a unique plan must be written for specific areas. Either approach is acceptable. There will be specific and unique issues that must be addressed regardless of method. Remoteness will complicate attempts to write a common plan. Separate facilities might be better served with independent plans.

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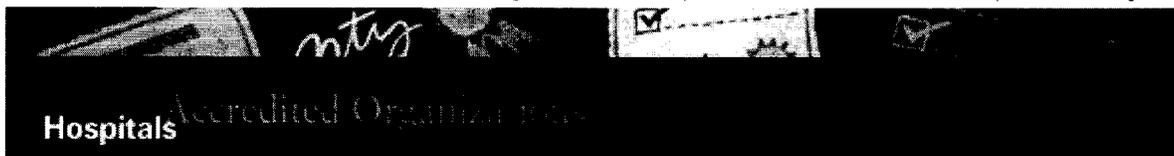
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Infant Abduction Drills

Q. Does the Joint Commission require mock infant abduction drills?

A. The plan for preventing or thwarting an infant abduction should be tested to the extent and with the frequency necessary to ensure that the plan is effective as would apply to any other plans for responses to potentially hazardous, unusual or emergency situations. Any testing should ensure that staff knowledge and competence is adequate as it relates to their role in responding. The need for drills should be addressed by the organization as part of their risk assessment and planning process.

Origination Date: February 9, 2001



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Organization Update Form

Q. I have reviewed the new 2001 utility standard, EC.1.7 (formally EC.1.9). I see that the goal for this new standard is summed up in the planning intent which is to "reduce the potential for organizational acquired illness", but there is no prescriptive standards given as to how this is to be done. What references should I be using?

A. You are correct, this standard was written globally, to take advantage of new technologies as they evolve. It is important to remember that this is an utility equipment standard, not an infection control standard. This addition under utilities was designed to engender communication between plant managers and infection control professionals. Collaboration between the plant managers and infection control professionals most likely will include the review and approval of engineering policies and procedures related to inspections and preventive maintenance, and the culturing guidelines to be used if there is a case of a suspected or known nosocomial infection.

To specifically address this goal for 2001, two new intent statements have been added to the Management Plan requirements.

Intent item i, addresses water based systems. The key points are to ensure that equipment that re-circulates water continuously is properly designed, accurately installed and adequately maintained. If this is done, then pathogenic biological agents will be controlled and not allowed to harm those with impaired auto immune systems. Guidance for how this may be accomplished can be found in ASHRAE 12-2000 (see ASHRAE.ORG) or in the soon to be published CDC Guidelines for Environmental Infection Control in Healthcare Facilities.

Intent j addresses the correct design, installation and maintenance of air handling and ventilation systems. The areas of concern are 1) pressure relationships; 2) air exchange rates; and 3) filtration efficiencies. These concerns are paramount in areas of facilities where patients are treated or housed that may have auto immune systems that are suppressed. These areas

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include operating rooms, special procedure rooms, delivery rooms, protective isolation rooms, laboratories and sterile supply rooms. Guidance for this issue can be found in the AIA Guidelines for Design and Construction of Hospitals and Healthcare Facilities, tables II and III. Guidance will also be available from the CDC publication addressed above. Given, however, that the AIA Guidelines provide model criteria primarily for new construction, existing facilities currently unable to meet these guidelines should ensure that they maintain original design criteria for these elements to the maximum extent possible. The AIA Guidelines or similar standards or guidelines should then be utilized as design criteria whenever areas are renovated or modernized to accommodate these functions.

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