

Healthcare Facilities Management

Module 1: Introduction & Compliance Student Workbook



Lesson 3 ~ Compliance 3





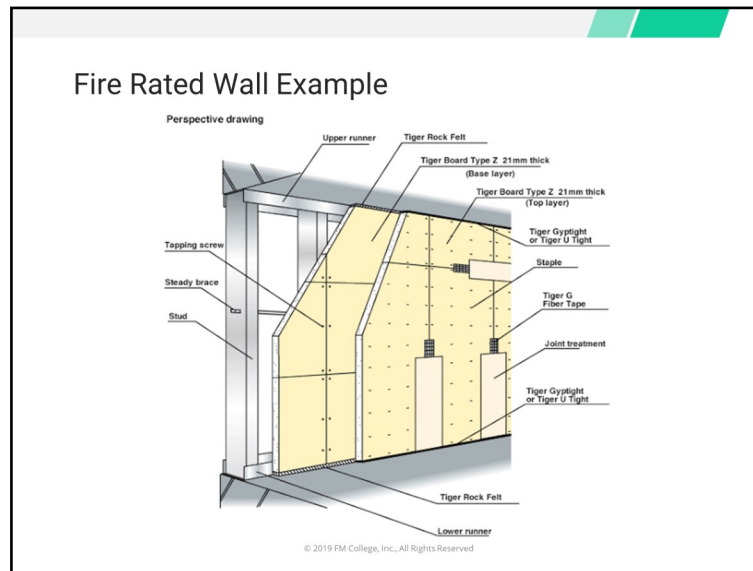


(TJC) Life Safety (LS)

LS.03.01.10 - Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat (Per LSC).

- EP 1: Construction height & type
- EP 2: Interior non-bearing walls – non-combustible
- EP 3: Change of use/occupancy complies
- EP 4: Ambulatory occupancies separated from healthcare occs.
- EP 5: Continuous fire barriers comply
- EP 6: Fire rating of common walls comply
- EP 7: Fire rated door/hardware
- EP 8: Fire ratings of openings/doors
- EP 9: Fire dampers in ducts penetrating fire walls
- EP 10: Penetrations are fire-stopped
- EP 11: All other LSC requirements met

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(TJC) Life Safety (LS)

LS.03.01.20 - The hospital maintains the integrity of the means of egress (Per LSC).

- EP 1: Doors in “means of egress” locking requirements
- EP 2: Self-closing doors may have auto-release device
- EP 3: Fire exits discharge at grade level or thru approved passage
- EP 4: Capacity of means of egress
- EP 5: Exit corridors and means of egress > 44” wide
- EP 6: Exits and path of egress clear of obstructions
- EP 7: Exit doors free of mirrors, attachments, etc.
- EP 8: 2 exits/egress paths from each floor, smoke compartment

See next slide →

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(TJC) Life Safety (LS)

LS.03.01.20 - The hospital maintains the integrity of the means of egress (Per LSC).

- EP 9: New construction – no dead-end corridor longer than 50’
- EP 10: Sprinklered buildings, patient travel distance to exit door
- EP 11: Nothing stored in exit enclosure
- EP 12: Means of egress automatically & adequately illuminated
- EP 13: Illumination in egress such that no one failed light will leave pathway dark.
- EP 14: “No Exit” signs posted where needed
- EP 15: Exit signs visible when path not apparent
- EP 16: New buildings with life support systems lighting req’ts
- EP 17: Meet all other LSC means of egress requirements

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Fire Door Assemblies



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(TJC) Life Safety (LS)

LS.03.01.30 - The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke (Per LSC).

- EP 1: New construction – vertical openings
- EP 2: Exit stairs firewall requirements
- EP 3: Hazardous areas – fire rating requirements
- EP 4: Laboratories that are “severe hazard” LSC and NFPA 99
- EP 5: Storage of alcohol-based hand rubs (ABHR)
- EP 6: Commercial cooking equipment per NFPA 96 and LSC
- EP 7: Wall/ceiling finishes Class A/B
- EP 8: New corridor floor finishes Class I or II

See next slide →

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(TJC) Life Safety (LS)

LS.03.01.30 - The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke (Per LSC).

- EP 9: Openings in vision panels/doors corridor walls
- EP 10: New construction, corridors to exits – 1-hour fire walls
- EP 11: Ambulatory spaces separated from other occupancies by 1-hour walls
- EP 12: At least 2 smoke compartments per story, req'ts
- EP 13: Smoke barriers / floor to floor & wall to wall
- EP 14: Ducts penetrate smoke barrier, auto damper req'ts
- EP 15: Fixed fire window assemblies req'ts
- EP 16: Doors in smoke barriers req'ts
- EP 17: Meet all other fire and smoke protection req'ts of LSC

Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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(TJC) Life Safety (LS)

LS.03.01.34 - The hospital provides and maintains fire alarm systems (Per LSC).

- EP 1: Fire alarm system installed per NFPA 70 & 72
- EP 2: Master Fire Alarm Control Panel in protected area
- EP 3: Initiation of alarm by manual, sprinkler and add'l detectors
- EP 4: New buildings, auto notification by audible and visual means
- EP 5: Exist. buildings, auto notification by audible and visual means
- EP 6: Auto activation and alternate power supply
- EP 7: Fire alarm signal auto transmitted to aux. or central system
- EP 8: Remote annunciator panel is in a location approved by AHJ
- EP 9: Fire alarm system contains audible & visual evacuation signal
- EP 10: Meet all other LSC fire alarm requirements

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Fire Alarm Panel Location



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(TJC) Life Safety (LS)

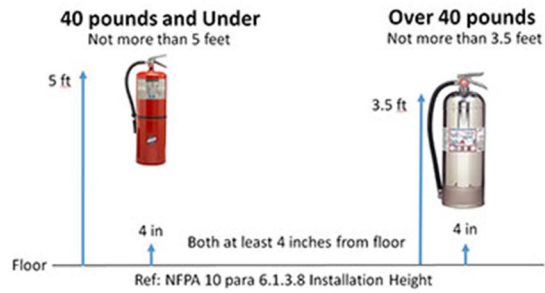
LS.03.01.35 - The hospital provides and maintains equipment for extinguishing fires (Per LSC).

- EP 1: New buildings – Fire alarm monitors auto-sprinkler system
- EP 2: Fire alarm system connected to water flow alarms
- EP 3: Pipe supports for sprinkler system in good repair
- EP 4: Sprinkler piping not used to support any other item
- EP 5: Sprinkler heads in good repair
- EP 6: 18 inches of open space below sprinkler to storage
- EP 7: Travel distance to nearest portable extinguisher <75' (LSC and NFPA 10)
- EP 8: Meet all other LSC extinguishing requirements

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Fire Extinguisher

Fire Extinguisher Mounting Height



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(TJC) Life Safety (LS)

LS.03.01.40 - The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke (Per LSC).

- EP 1: Windowless buildings/portions meet req'ts
- EP 2: Existing high-rise buildings have an approved automatic sprinkler system
- EP 3: Meet all other LSC extinguishing requirements

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Windowless Area – Smoke Evacuation Required?



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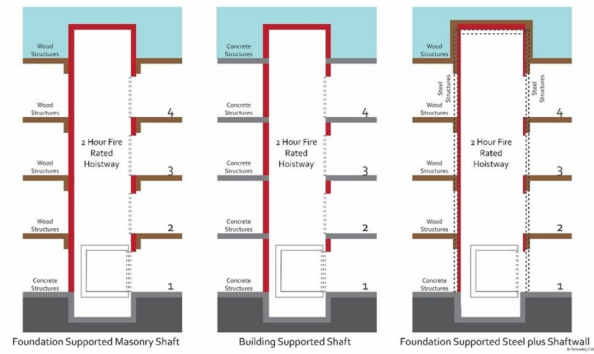
(TJC) Life Safety (LS)

LS.03.01.50 - The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke (Per LSC).

- EP 1: Equipment using gas complies with NFPA 54
- EP 2: HVAC equipment installed per OEM specs
- EP 3: Any heating device (other than central) no combustible material contact and auto shut-off
- EP 4: Suspended unit heater requirements
- EP 5: Elevator fire system requirements
- EP 6: Escalator/dumbwaiter/walk fire system requirements
- EP 7: Unvented fuel-fired heaters not allowed
- EP 8: All heating equipment auto shut-off high temp or ignite fail
- EP 9: Waste chute installation req'ts
- EP 10: Meet all other LSC building service requirements

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Elevator Requirements



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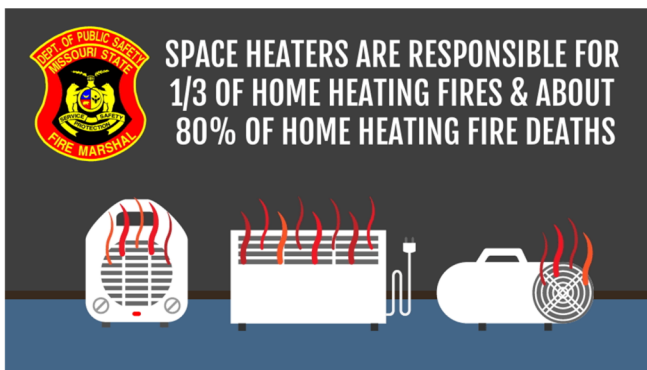
(TJC) Life Safety (LS)

LS.03.01.70 - The hospital provides and maintains operating features that conform to fire and smoke prevention requirements (Per LSC).

- EP 1: Ashtrays in permissible area – standards
- EP 2: Smoking prohibited where flammable/oxygen products used or stored
- EP 3: Draperies, etc. comply with LSC
- EP 4: Un-sprinklered buildings – upholstery/mattress req'ts
- EP 5: Combustible wall decorations – req'ts
- EP 6: Soiled linen & trash bins > 32 gal. – storage req'ts
- EP 7: Smoke control systems testing per LSC and NFPA 92
- EP 8: Portable space heaters prohibited in patient areas
- EP 9: Meet all other LSC operating feature requirements

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Space Heaters



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04

Emergency Operations Plan

Required Descriptions

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Emergency Operations Plan

Emergency Operations Plan

<p>Management & Strategy EM.02.01.01</p> <ol style="list-style-type: none"> 1: Leaders and medical staff participate in development 2: Written EOP is developed and maintained 3: EOP describes capabilities and response procedures 4: EOP describes recovery and restoration strategies 5: EOP describes initiation and termination of response and recovery 6: EOP identifies individual(s) who can activate the plan 7: EOP identifies alternative sites for care, etc. 8: In actual emergencies the hospital follows the plan 12: The EOP includes business continuity activities 13: Requirements for EOP if there are transplant center(s) 14: Procedure for 1135 waiver for alternative care site 15: EOP describes shelter arrangements for 	<ol style="list-style-type: none"> 9: Communication/coordination of response with other HOs 10: Communication/coordination of resources with other HOs 11: Process/circumstances for communicating patient status 12: Communicating patient status to third parties 13: Communication with alternative care sites <p>Resources EM.02.02.03</p> <ol style="list-style-type: none"> 1: Obtaining and replenishing medication 2: Obtaining and replenishing medical supplies 3: Obtaining and replenishing non-medical supplies (food etc.) 4: Sharing of resources with other health care orgs & community 5: Sharing of resources with other health care orgs in region 6: Monitoring of resource stock levels 9: Transportation arrangements for patients/meds/supplies etc. 10: Transfer of patient information
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MODULE 02-F

JCI – MANAGEMENT STANDARDS ~ FM & SAFETY (FMS)

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01

Leadership & Planning

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(JCI - FMS) Leadership & Planning

FMS.1 - The hospital complies with relevant laws, regulations, building and fire safety codes and facility inspection requirements.

- ME 1: Understand applicable laws, regulations, codes etc.
- ME 2: Laws, regulations, codes implemented or approved alternatives
- ME 3: Conditions from AHJ* reports and citations are met

* Authority Having Jurisdiction

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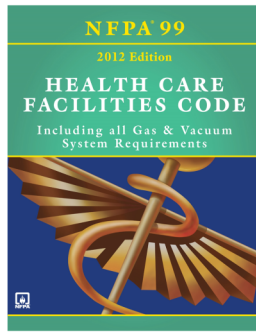
Model Building Codes: International Building Code



Chapters	Subjects
1-2	Administration and definitions
3	Use and occupancy classifications
4, 31	Special requirements for specific occupancies or elements
5-6	Height and area limitations based on type of construction
7-9	Fire resistance and protection requirements
10	Requirements for evacuation
11	Specific requirements to allow use and access to a building for persons with disabilities
12-13, 27-30	Building systems, such as lighting, HVAC, plumbing fixtures, elevators
14-26	Structural components—performance and stability
32	Encroachment outside of property lines
33	Safeguards during construction
34	Existing building allowances
35	Referenced standards
Appendices A-M	Appendices

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National Fire Protection Association NFPA 99



1 Administration
2 Referenced Publications
3 Definitions
4 Fundamentals
5 Gas and Vacuum Systems
6 Electrical Systems
7 Information Technology and Communications Systems for Health Care Facilities
8 Plumbing
9 Heating, Ventilation, and Air Conditioning (HVAC)
10 Electrical Equipment
11 Gas Equipment
12 Emergency Management
13 Security Management
14 Hyperbaric Facilities
15 Features of Fire Protection
Annex A Explanatory Material
Annex B Additional Explanatory Notes
Annex C Sample Ordinance Adopting NFPA 99
Annex D Informational References

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Adobe Acrobat Document

National Fire Protection Association NFPA 101

1 Administration	17 Existing Day-Care Occupancies	33 Existing Residential Board and Care Occupancies
2 Referenced Publications	18 New Health Care Occupancies	34 Reserved
3 Definitions	19 Existing Health Care Occupancies	35 Reserved
4 General	20 New Ambulatory Health Care Occupancies	36 New Mercantile Occupancies
5 Performance-Based Option	21 Existing Ambulatory Health Care Occupancies	37 Existing Mercantile Occupancies
6 Classification of Occupancy and Hazard of Contents	22 New Detention and Correctional Occupancies	38 New Business Occupancies
7 Means of Egress	23 Existing Detention and Correctional Occupancies	39 Existing Business Occupancies
8 Features of Fire Protection	24 One- and Two-Family Dwellings	40 Industrial Occupancies
9 Building Service and Fire Protection Equipment	25 Reserved	41 Reserved
10 Interior Finish, Contents, and Furnishings	26 Lodging or Rooming Houses	42 Storage Occupancies
11 Special Structures and High-Rise Buildings	27 Reserved	43 Building Rehabilitation
12 New Assembly Occupancies	28 New Hotels and Dormitories	Annex A Explanatory Material
13 Existing Assembly Occupancies	29 Existing Hotels and Dormitories	Annex B Supplemental Evacuation Equipment
14 New Educational Occupancies	30 New Apartment Buildings	Annex C Informational References
15 Existing Educational Occupancies	31 Existing Apartment Buildings	
16 New Day-Care Occupancies	32 New Residential Board and Care Occupancies	

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(JCI - FMS) Leadership & Planning

FMS.2 - The hospital develops and maintains a written program(s) describing the processes to manage risks to patients, families, visitors, and staff.

- > ME 1: Written programs to address risk areas
- > ME 2: Programs are current and fully implemented
- > ME 3: Process in place to review/update annually or when changes occur
- > ME 4: Hospital insures that "independent entities" comply also.

"independent entities": Not directly part of the hospital organization (tenants, leasees, contractors, etc.)

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Hazard Vulnerability Analysis

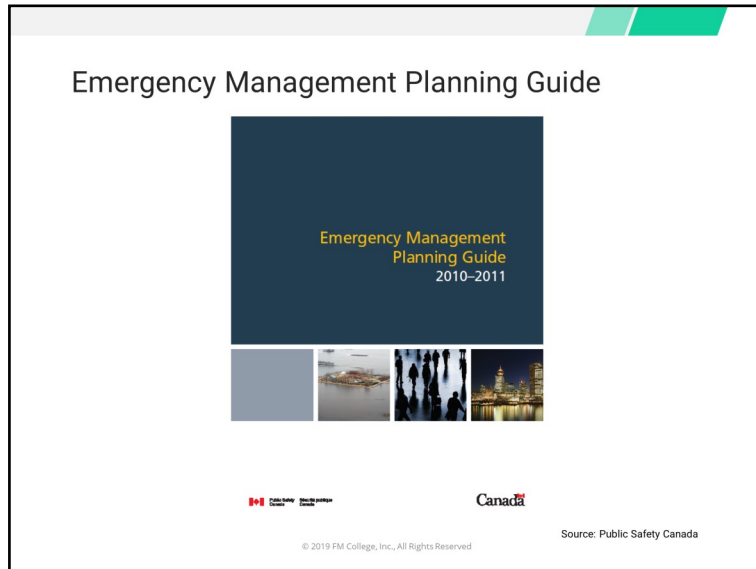
HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)					RISK	
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE		EXTERNAL RESPONSE
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preparation	Time, effectiveness, resources	Collateral: Advers. Advers. and supplies	Reactive threat*
SCORE	0 = low 1 = Low 2 = Moderate 3 = High	0 = low 1 = Low 2 = Moderate 3 = High	0 = low 1 = Low 2 = Moderate 3 = High	0 = low 1 = Low 2 = Moderate 3 = High	0 = low 1 = High 2 = Moderate 3 = Low or High	0 = low 1 = High 2 = Moderate 3 = Low or High	0 = low 1 = Moderate 2 = High 3 = Low or High	0 - 100%
Mass Casualty Incident (Trauma)								0%
Mass Casualty Incident (Infectious/Disease)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.00 0.00 0.00

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(JCI - FMS) Leadership & Planning

FMS.3 - One or more qualified individuals oversee the planning and implementation of the facility management program to reduce and control risks in the care environment.

- ME 1: Program oversight assigned to qualified individual(s) (QI)
- ME 2: Documented training/experience for QIs
- ME 2: QIs plan and implement program
 - Plan
 - Implement
 - Train
 - Test/monitor
 - Review/revise
 - Annual report

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02

Safety and Security

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(JCI - FMS) Safety and Security

FMS.4 - The hospital plans and implements a program to provide a safe physical facility through inspection and planning to reduce risks.

- ME 1: Program in place to provide safe facility
- ME 2: Documented, current, accurate facility inspection
- ME 3: Based on the inspection, comprehensive risk assessment

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LS & EOC Review Tool



Life Safety & Environment of Care Document List and Review Tool

The following pages present documentation required by the Hospital Accreditation Program Life Safety (LS), and ~~addition~~ Environment of Care (EOC) standards. The Life Safety surveyor will begin review of these documents soon after arrival for the on-site survey.

Surveyors may request other EOC and LS documents, as needed, throughout the survey.

This list also includes some elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these expectations.

Organizations may want to consider using this tool in their continuous compliance and survey readiness efforts.

Revisions to this document are identified by underlined text.

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Source: The Joint Commission

(JCI - FMS) Safety and Security

FMS.4.1 The hospital plans and implements a program to provide a secure environment for patients, families, staff, and visitors.

- ME 1: Program in place to provide secure facility
- ME 2: All staff, contractors and vendors identified
- ME 3: All secure areas identified, documented, monitored and kept secure

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Security of People and Places



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(JCI - FMS) Safety and Security

FMS.4.2 The hospital plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection and in keeping with laws and regulations.

- ME 1: Plan & budget to meet applicable laws, etc.
- ME 2: Plan & budget upgrading & replacing components, systems, buildings etc. needed to remain safe and secure
- ME 3: hospital leadership applies budget resources to maintain safe & secure facility

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(JCI - FMS) Safety and Security

FMS.4.2.1 When planning for demolition, construction, or renovation, the organizations conducts a pre-construction risk assessment.

- ME 1: When planning for construction/demolition etc. a Pre-construction risk assessment (PCRA) is conducted
- ME 2: Action taken based on PCRA to minimize risks
- ME 3: Contractor compliance monitored, enforced & documented

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ILSM Policy (Example)

BOF STANDARD OPERATING PROCEDURES

Section	Environmental Health and Safety	06/30/05 Effective
Subject	Occupational Safety and Fire Prevention	01/01/2015 Revised
Policy	Internal Life Safety Risk Assessment Policy	Chairman of Occupational Safety & Fire Prevention - Author

Risk Assessment and Interim Life Safety Measures Policy

Purpose This policy is designed to ensure that when Life Safety Features are compromised during the course of construction, renovation or alteration activities, they are done so in a manner that will reduce the potential adverse impacts on the overall Building Life Safety. This policy is a companion policy to the Infection Control Risk Assessment policy to represent a full Pre-Construction Risk Assessment.

Audience This policy applies to all individuals involved with construction, renovation, repair and alteration activities at the University of Texas Medical Branch (UTMB Health). Specifically, the primary audiences of this policy are:

- All contractors performing work affecting the physical environment at UTMB Health
- Facilities Planning & Development (Construction including Contractors)
- Offices of Facility Planning and Construction (i.e. OFPC)
- In-house Construction group
- Maintenance personnel
- The UTMB Health Police Department
- Environmental Health and Safety Department

Scope This policy applies to buildings controlled by UTMB Health. Unoccupied or new buildings are not included in the scope of this policy unless the activities occurring at those sites affect the Life Safety System of adjoining buildings (i.e. exits, paths, or other Life Safety Features). This policy will apply to partially occupied buildings prior to their final completion of construction where the building's Life Safety System is impaired.

Source: https://www.utmb.edu/bof/osfp/images/ILSM_POLICY.pdf

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03

Hazardous Materials

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(JCI - FMS) Hazardous Materials

FMS.5 - The hospital has a program for the inventory, handling, storage, and use of hazardous materials and waste.

- ME 1: Hazmat & waste identified as to type/location/quantity and current inventory maintained
- ME 2: Requirements for safe handling/storage/use established and implemented
- ME 3: Proper protective equipment (PPE) and requirements established and implemented
- ME 4: Proper labeling of hazmat and waste
- ME 5: Documentation requirements established and implemented including licenses, permits, etc.

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Risks related to hazardous materials and waste



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(JCI - FMS) Hazardous Materials

FMS.5.1 The hospital has a program for the control and disposal of hazardous materials and waste.

- ME 1: Reporting/investigation program implemented for spills, incidents etc.
- ME 2: Procedures for the management of spills/exposure including PPE
- ME 3: Hazardous materials Safety Data Sheets and procedures, etc. are up to date and available
- ME 4: Hazmat and waste safely disposed of by facility or contractors per applicable laws & regulations

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04

Disaster Preparedness

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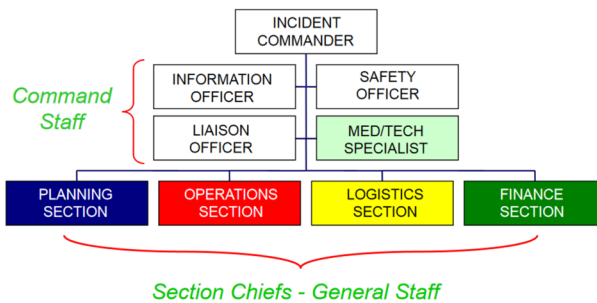
(JCI - FMS) Disaster Preparedness

FMS.6 - The hospital develops, maintains, and tests an emergency management program to respond to emergencies and natural or other disasters that have the potential of occurring within the community.

- ME 1: A hazard vulnerability analysis (HVA) has been conducted by the hospital of major internal, external and community events
- ME 2: Based on the HVA the probable impact of each type of event on care and services is identified
- ME 3: Program established and implemented for likely events
- ME 4: Annual testing of at least the critical elements of the program (ideally with add'l element testing on-going)
- ME 5: Debriefing at the end of each test
- ME 6: Follow up identified from above are developed and implemented

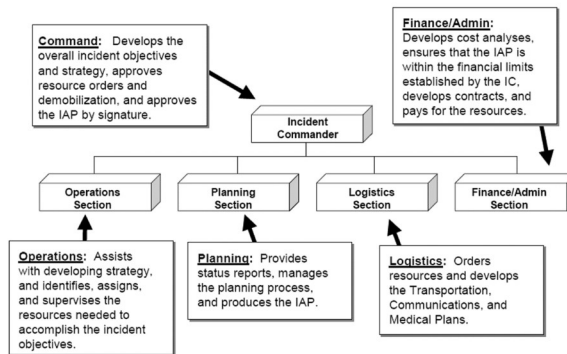
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HICS Approach



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Incident Command System



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(JCI - FMS) Disaster Preparedness

FMS.6 - The hospital develops, maintains, and tests an emergency management program to respond to emergencies and natural or other disasters that have the potential of occurring within the community.

➤ Program elements:

- Type likelihood and consequences
- Structural integrity of facility during disaster(s)
- Hospital role
- Communication strategies
- Resource management & alternative sources
- Clinical activity management
- Staff roles/responsibilities
- Managing when staff personal responsibilities conflict with hospital responsibility for patient care

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EOP Community Drill



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05

Fire Safety

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(JCI - FMS) Fire Safety

Program: Compliance with fire safety code and identify risks/minimize related to:

- Operating room pressure relationships
- Fire separations
- Smoke separations
- Hazardous areas
- Fire exits
- Kitchen grease producing cooking devices
- Laundry and trash chutes
- Emergency power systems
- Medical gas systems

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(JCI - FMS) Fire Safety

FMS.7 The hospital establishes and implements a program for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies.

- ME 1: Program established and implemented
- ME 2: Program includes compliance with fire safety code and program elements (previous slide)
- ME 3: Strategies implemented for any deficiencies
- ME 4: Means of early detection of fire/smoke
- ME 5: Plans for abatement of fire & smoke
- ME 6: Safe exit plan during emergencies

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(JCI - FMS) Fire Safety

FMS.7.1 The hospital regularly tests its fire and smoke safety program, including any devices related to early detection and suppression, and documents the results.

- ME 1: All staff participate in at least one test/drill per year
- ME 2: Staff can demonstrate how to bring patients to safety
- ME 3: Fire detection/abatement equipment inspected, tested and maintained (per OEM)
- ME 4: Inspection/testing/maintenance is documented

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Drills, Tests & Documents



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(JCI - FMS) Fire Safety

FMS.7.2 The fire safety program includes limiting smoking by staff and patients to designated non-patient care areas of the facility.

- ME 1: Fire safety program addresses eliminating/limiting smoking
- ME 2: Program applies to everyone
- ME 3: Program identifies who may grant patient exceptions and where they apply



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06

Medical Equipment

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(JCI - FMS) Medical Equipment

FMS.8 The hospital establishes and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.

- ME 1: Program established and implemented
- ME 2: Inventory of medical equipment
- ME 3: Equipment inspected and tested when placed in service, and based on age, use and OEM requirements thereafter
- ME 4: Program includes preventative maintenance
- ME 5: Staff servicing equipment are qualified and trained

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Medical Equipment Testing



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(JCI - FMS) Medical Equipment

FMS.8.1 The hospital has a system in place for monitoring and acting on medical equipment hazard notices, recalls, reportable incidents, problems, and failures.

- ME 1: System in place
- ME 2: Deaths, serious injuries or illnesses related to medical equipment are reported as law requires
- ME 3: Program addresses use of equipment with a reported problem, failure, or subject to hazard notice or recall

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07

Utility Systems

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(JCI - FMS) Utility Systems

FMS.9 The hospital establishes and implements a program to ensure that all utility systems operate effectively and efficiently.

- ME 1: Inventory of components and maps of distribution
- ME 2: Inspection/maintenance activities written documentation for all components on inventory
- ME 3: Inspection/maintenance/testing intervals identified in writing based on OEM, risk level and hospital experience
- ME 4: Equipment labeled to aid partial/complete emergency shutdown

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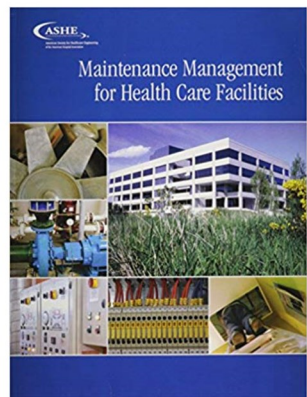
(JCI - FMS) Utility Systems

FMS.9.1 Utility systems are inspected, maintained, and improved.

- ME 1: Systems/equipment inspected based on hospital criteria
- ME 2: Systems/equipment tested based on hospital criteria
- ME 3: Systems/equipment maintained based on hospital criteria
- ME 4: Systems/equipment improved when necessary

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Alternative Equipment Maintenance (AEM)



- Strategies of an AEM must not reduce the safety of equipment
- Based on accepted standards of practice
- Equipment with activities based on OEM must have 100% completion rates
- AEM scheduled frequencies for both high-risk and non-high-risk equipment must have 100% completion based on the Hospital's AEM program frequencies
- Written AEM Program with policy justification
- Good reference!

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(JCI - FMS) Utility Systems

FMS.9.2 The hospital utility systems program ensures that potable water and electrical power are available at all times and establishes and implements alternative sources of water and power during system disruption, contamination, or failure.

- ME 1: Potable water available 24/7
- ME 2: Electric power available 24/7
- ME 3: Areas of greatest risk identified on the event of a power/water interruption or water contamination
- ME 4: Hospital seeks to reduce risks from such events
- ME 5: Alternative sources of power and water are planned

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(JCI - FMS) Utility Systems

FMS.9.2.1 The hospital tests its emergency water and electrical systems and documents the results.

- ME 1: Alternate water sources tested quarterly or more frequently by AHJ
- ME 2: Test results documented
- ME 3: Alternate electrical sources tested quarterly or more frequently per AHJ, OEM or source power conditions
- ME 4: Test results documented
- ME 5: Emergency power fuel supply levels on site are established and adequate

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Generator Testing



NFPA 70

- Article 700.3 (C & D) & 701.3 (C & D)

NFPA 99

- 6.3.2, 6.4.1, 6.4.2, 6.4.4

NFPA 101

- 7.9.3, 7.10.9, 18.2.9, 18.2.10

NFPA 110

- 4.1, 5.6.5, 7.3.1, 8.1.1, 8.3.8

NFPA 111

- 8.4

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(JCI - FMS) Utility Systems

FMS.9.3 Designated individuals or authorities monitor water quality regularly.

- ME 1: Potable water quality tested at least quarterly, or more frequently per AHJ or local conditions, and tests documented.
- ME 2: Non-potable water tested every 6 months, or more frequently per AHJ or local conditions, and tests documented.
- ME 3: Water in renal dialysis tested monthly
- ME 4: Measures implemented to prevent/reduce risk of bacteria in water. Measure effectiveness is monitored.
- ME 5: Actions taken/documented when water is found to be unsafe.

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Water Quality Testing



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08

Facility Mgmt/Safety Program Monitoring

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(JCI - FMS) Facility Mgmt/Safety Program Monitoring

FMS.10 The hospital collects and analyzes data from each of the facility management and safety programs to support planning for replacing or upgrading medical equipment, technology and systems, and reducing risks in the environment.

- ME 1: Monitoring data collected and analyzed for each program
- ME 2: The data is used to support planning for replacements & upgrades medical equipment, technology, systems and reducing risks
- ME 3: Reports on data and recommendations provided quarterly to hospital leadership

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09

Staff Education

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(JCI - FMS) Staff Education

FMS.11 The hospital educates, trains, and tests all staff about their roles in providing a safe and effective patient care facility.

- ME 1: Annually – education provided to all staff on each component of the facility management and safety program
- ME 2: Education provided to vendors, contract workers and others as identified by the hospital
- ME 3: Staff knowledge is tested regarding their roles in each of the FM programs
- ME 4: Training testing and results are documented

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(JCI - FMS) Staff Education

FMS.11.1 Staff members are trained and knowledgeable about their roles in the hospital's programs for fire safety, security, hazardous materials, and emergencies.

- ME 1: Staff can describe or demonstrate their role in a fire
- ME 2: Staff can describe or demonstrate actions to eliminate minimize or report safety/security/other risks
- ME 3: Staff can describe or demonstrate precautions, procedures and participation in emergency situations
- ME 4: Staff can describe or demonstrate procedures in internal and community disasters

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Staff Training



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(JCI - FMS) Staff Education

FMS.11.2 Staff are trained to operate and to maintain medical equipment and utility systems.

- ME 1: Staff trained to operate medical equipment per their job requirements
- ME 2: Staff trained to operate utility equipment per their job requirements
- ME 3: Staff trained to maintain utility equipment per their job requirements

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THANK YOU

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