Managing barriers and avoiding Joint Commission citations

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In recent years, seven of the top 10 hospital citations from the Joint Commission have stemmed from problems in the health care physical environment. Most alarming in this list of common citations is the perennial inclusion of several standards related to fire and smoke barrier systems, indicating a long-term issue with these systems. To address this issue, the Joint Commission, Firestop Contractors International Association (FCIA), American Society for Healthcare Engineering (ASHE), and Underwriters Laboratories (UL) came together to develop a comprehensive and informative new symposium that focuses on proper design, installation, inspection, and maintenance (DIIM) of fire and smoke barriers and associated features, including firestopping, fire dampers, fire-rated glazing, and fire doors that make compartmentation effective in health care facilities.

In 2013 the Joint Commission's third most cited compliance issue was for Life Safety Standard LS.02.01.10 – "Building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat." Citations in this area are directly related to fire barrier penetrations, fire door issues, and duct issues. "Almost half the time we surveyed, we found problems with our barriers," said George Mills, MBA, FASHE, CEM, CHFM, director of the Department of Engineering at the Joint Commission. Although penetrations within fire barriers are the leading citation issue, the failure of fire doors is another significant problem. Hospital doors experience a lot of wear and tear in daily operations, which can lead to damaged door hardware and doors that do not close properly.

Number six on the Joint Commission's list of 2013 compliance issues was Environment of Care Standard EC.02.03.05 – "The hospital maintains fire safety equipment and fire safety building features." Citations in this area are related to the maintenance, testing, and inspection of fire protection features. Many times the testing has been done properly, but poor documentation or improper follow-up on the documentation leads to citations. The failure to completely understand the documentation provided by third party testing organizations or to have timely access to the documentation has led to citations. Lack of a proper written inventory of the components of fire protection systems has also led to citations under this standard, along with the failure to prop-

Smoke and fire barrier penetrations are a top cause of Joint Commission citations in hospitals.

erly correct deficiencies indicated on the documentation in a timely manner.

Coming in at number seven on the 2013 citation list was Life Safety Standard LS.02.01.30 – "The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke." The chief issue leading to these citations is penetrations in smoke barriers. The failure to properly fill these penetrations with appropriate fire-stopping material is the leading cause for citations under this standard.

One of the primary reasons ASHE joined with other groups to create the Barrier Management Symposium was the fact that these citations have been a problem for years. Over the past five years, these three standards have not only been in the top 10 compliance issues, but LS.02.01.10 has been one of the top two most cited compliance issues each year. While standard LS.02.01.30 has seen some improvement over the last two years (dropping to number six and seven, respectively) the three years prior to this it was consistently the fifth most cited standard. Standard EC.02.03.05 has also seen some improvement (dropping to number six in 2013) but was as high as the second most cited standard in previous years and did not make it out of the top five until 2013. This clearly indicated a need to increase awareness of how to better design, install, inspect, and maintain fire and smoke barriers for long-term success while providing increased safety for patients, staff, and visitors.

The Barrier Management Symposium focuses on the proper DIIM of fire and smoke barriers and the system components that make effective compartmentation within health care facilities. Hospitals do not typically evacuate patients during most emergencies. Instead, hospitals are designed with special features, including compartmentation and smoke and fire protection, to accommodate defend-in-place methods that keep patients protected within safe zones in the hospital. This prevents the unnecessary movement of patients, many of whom rely on life-sustaining equipment or who would be harmed by a sudden evacuation.

Since hospitals are so reliant upon the defend-in-place strategy when it comes to fire response, it is vital that the compartmentation of the hospital function properly. Relying on this type of a strategy requires that the building provide additional protection for those who cannot readily evacuate during an emergency. One of the symposium's goals is teaching that the barriers are more than just walls—they are a system crucial to successfully protecting our

patients and staff, Mills said. For the defend-in-place model to be successful in health care, the physical barriers, suppression and fire response, and notification and alarms must all be reliable, Mills added.

The defend-in-place strategy also requires additional staff responsibilities. In addition to proper training and regular drills to make sure all staff know how to properly respond as part of the defend-in-place strategy in the event of an emergency, facility staff at health care institutions are required to carry out regular inspections of their passive fire protection systems and to properly maintain them. This includes firewalls, fire doors, fire dampers, and smoke dampers. "A consistent training program that teaches the theory behind the design and then how to maintain and evaluate should increase compliance, and result in a safer health care environment," Mills said.

The Barrier Management Symposium provides in-depth education to help staff understand the various aspects of smoke and fire systems, including the testing that qualifies products for use, code requirements, installation, inspection, and the management and maintenance of barriers for ongoing reliability. "The [program] also emphasizes the fact that these products become systems when they are properly 'DIIM'd," said Bill McHugh, executive director of FCIA. The symposium includes video presentations and an explanation of how each design element is tested to assess compliance with code requirements.

One of the key goals of the symposium is making the education accessible to as many health care facility professionals as possible. Mills stressed the importance of consistent education programs across localities and regions. To accomplish this goal, the Joint Commission, FCIA, ASHE, and UL are delivering the program in locations around the nation.

ASHE is partnering with the affiliated chapters in each of the 10 ASHE regions to coordinate and host the symposium on a local basis. The one-and-a-half-day symposium is centrally located in the region and scheduled to help reduce travel as much as possible. To help keep the costs of the program to a minimum , all program faculty donate their time and travel expenses. To date, symposiums have been delivered within Regions 2, 4, and 8 with more being scheduled for later this year in Regions 5 and 9. To find a symposium near you, please visit www.fcia.org/barriermanagementsymposium.htm.

The symposium encourages facility professionals to:

Focus on technologies that have protected buildings for centuries.

Improve the health care built environment, which demands the best in fire and life safety, through effective compartmentation.

Manage the product and system evaluation, installation, inspection, and maintenance of fire and smoke barrier components as a complete system. These systems are integrated to work together to provide reliable building safety.

Increase knowledge about how to purchase, evaluate, and manage all effective compartmentation technologies.

Is your facility compliant with these commonly cited Joint Commission standards?

Life Safety Standard LS.02.01.10 – Building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat.

Environment of Care Standard EC.02.03.05 – The hospital maintains fire safety equipment and fire safety building features.

Life Safety Standard LS.02.01.30 – The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.