How to better prepare for the EPA

Three ideas may increase your compliance odds

One afternoon at 4 o’clock in June 2003, the Veterans Affairs (VA) Medical Center in White River Junction, VT, received a surprise phone call. On the other end of the line was the Environmental Protection Agency (EPA), which informed the hospital its representatives would walk in at 8:30 the next morning for a comprehensive inspection.

Perry Seale, the medical center’s safety manager, had made it through numerous visits from other regulators, survived internal and external emergencies, and endured large construction projects. But the EPA’s visit topped them all. “This was without question probably the most difficult inspection I’ve ever faced,” Seale says.

When the EPA makes a surprise visit at your facility it will look for compliance with the following three main regulations:

1. **Clear Air Act**, which protects air quality by limiting the release of pollutants
2. **Clear Water Act**, which regulates discharges of contaminated wastewater
3. **Resource Conservation and Recovery Act (RCRA)**, which imposes requirements and restrictions on hazardous waste generators and waste treatment, storage, and disposal

When the EPA inspects your facility for all three acts, the visit—

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A hospital finds that fun and games kick kitchen safety up a notch

The next time you have a moment to visit your healthcare facility’s kitchen, cast a critical eye on the safety of the workers there.

“Food services tends to be a fairly dangerous place,” says Margaret Barry, RD, LDN, director of food and nutrition services at Monson Developmental Center in Palmer, MA. Knives, grease, appliances, and chemicals occupy hospital kitchens in abundance.

“You’ve got hot grease [and] slippery floors, and you can have some accidents,” says Barry, who oversees a team of 30 employees who work two shifts from 4 a.m. to 7:30 p.m. She is employed by Ontario-based Morrison Healthcare Food Services, which contracts with Monson Developmental Center.

In 2003, one of Barry’s workers broke his jaw while at work. He was loading food trays into...>p. 4
is known as a “multimedia inspection.” The inspection can last more than a week with multiple EPA representatives; Seale hosted six inspectors.

The EPA can also conduct a “single media inspection,” in which it looks at only one of the acts mentioned above, typically RCRA. Be ready for two inspectors over the course of several days if this visit occurs in your hospital.

Don’t expect advanced warning, says Ken Rota, chief of the RCRA compliance unit for the EPA’s Region 1 office in Boston. “We always come at the wrong time,” Rota says. “I don’t know if there’s a right time. We put a dent in your day.”

Now, some solutions
As of May, the VA Medical Center’s inspection was still open with final results pending, so Seale wouldn’t detail specific items in the visit. But he offers the following three ideas that may help other hospitals if the EPA knocks on their doors:

1. Provide resources and take notes—Once the hospital knew the EPA was coming, Seale made sure inspectors would have the right staff members, keys, and resources in front of them. He designated someone from quality management to act as a “go-to” person if the EPA needed to see a specific record, policy, or staff member.

While you accommodate them, ask inspectors to explain issues they’re investigating and what they write down in their inspection reports. Take notes on what the EPA finds and “provide relentless follow-up on [these] items,” he says.

Don’t use the visit as an opportunity to ask the inspector questions about compliance, says Kyle SanGiovanni, environmental coordinator at the University of Medicine & Dentistry of New Jersey. The EPA inspected the university’s campus in Newark, NJ, in March 2002, which included a visit to the University Hospital.

His experience is that EPA inspectors expect hospital representatives to be well-versed on environmental compliance. Asking questions about compliance may alert inspectors and open the door for further scrutiny, SanGiovanni says.

2. Conduct your own inspections—It never hurts to walk around and see what problems you can find. One tactic Seale uses is to go into a department and tell staff members there to put every chemical in the room on the floor.

Contrary to an onslaught of opinion, the Environmental Protection Agency (EPA) will extend the deadline to comply with its oil spill prevention revisions until 2005. The EPA published the proposed revisions in the June 17 Federal Register, and a public comment period closed on July 7.

The following are the details on the extensions:
• Hospitals open for business on or before August 16, 2002, now have until August 17, 2005, to review and update their existing oil spill plans to meet the revisions
• Hospitals that open from August 17, 2002, to February 18, 2006, must prepare oil spill plans by February 18, 2006
• All hospitals open on or before February 18, 2006, have until that day to put their updated or new plans into practice
• After February 18, 2006, new hospitals must prepare and put into practice their oil spill plans before they open

Go to www.epa.gov/oilspill/ for more information.
You’ll be surprised at what you’ll find when you examine the interesting items that come out from the backs of shelves, some of which could be EPA red flags, he says.

It is particularly common to find collections of expired or unused chemicals in clinical laboratories, which sometimes constitute hazardous waste, Rota says. “If you walk into a lab and find ‘guck,’ and you don’t know what it is and the guy in the lab doesn’t know,” that’s bad news for everyone, Rota says. (See the diagram below for hot spots in various areas of the hospital.)

The areas underneath sinks can also be a problem spot if you don’t check them often. Keep an eye open for rusty cans, materials flaking off old bottles, or labels peeling from containers, Seale says. Such substances are risky because employees are often hard-pressed to remember what the chemicals are, and by implication, how to properly use and dispose of them.

3. Think outside your walls—There are plenty of areas just outside your doors for EPA inspectors to zoom in on. For example, does your hospital own vehicles, and if so, do employees wash them outside? “If you say yes, a light goes off [for the EPA],” Seale says. The final destination of any runoff water will concern the agency.

Also, make sure exterior electrical transformers have adequate protection from damage. Often, oil runs through this equipment to cool it, and it’s usually more than 55 gal, which is an EPA threshold. Could a snowplow hit your transformer’s pole? Seale asks.

Editor’s note: Rota, SanGiovanni, and Seale spoke during an EPA seminar in Tyngsboro, MA, on May 20.

Environmental floor plan: Common problems throughout the hospital

This floor plan shows various concerns in typical departments and units, all of which can attract the attention of regulators, such as those from the Environmental Protection Agency.

Sources: Adapted from material presented by Ken Rota, Environmental Protection Agency; Kyle SanGiovanni, University of Medicine & Dentistry of New Jersey in Newark; Perry Seale, Veterans Affairs Medical Center in White River Junction, VT.
a box truck when the tray cart slipped off a mechanical tailgate and struck him in the face. Other common risks in food services include falls, cuts, and burns.

A new push for safety
Compass Group, an international food services company, purchased Morrison Healthcare in 2003, and with the buyout came added safety efforts for kitchen workers. Employees always wore slip-resistant shoes at Monson Developmental Center’s kitchen, but new efforts to promote cutting gloves, goggles, and dust masks took some workers by surprise.

The new equipment was important, however. Goggles shield workers who handle grease cutters and dishwashing chemicals, while the dust masks protect employees who transfer cornstarch-based thickener, which can send up clouds of aerosolized material.

Bolstering workers’ enthusiasm
The reluctance from her employees put the onus on Barry to reeducate her team in a way that caught the workers’ attention but didn’t sour them on the new equipment. Initially, she scheduled meetings with employees to identify whether they needed additional personal equipment, and if they did, how to use and clean the items.

Meanwhile, if she saw someone slicing tomatoes without cutting gloves on, she reminded them to use the gloves.

She also decided to praise those folks who correctly wore their personal protective equipment by taking digital pictures and exporting them into a Microsoft calendar program. Barry uses the calendar to remind workers of holidays and birthdays.

The caption under a picture might say, “Morrison Healthcare Food Services this month recognizes Donna, who’s wearing cutting gloves.” She hopes this effort acts as an incentive to others. “Everyone has a good laugh [with the photo], but it works,” she says.

I’ll take good ideas for $100
To build team spirit, Barry also came up with a safety-themed game inspired by the Jeopardy! TV show. Just like the real game, players in the hospital buzz in and provide the questions for various answers on the board. (Barry provides an example of the game on p. 5.)

At one point, food services employees battled it out with security officers to win the game. To make the game seem more realistic, she used podiums and an overhead projector to display the game’s answers. Barry also grabbed unused nurse-call buzzers for the contestants to press when they wanted to offer a question. The team that won enjoyed a pizza party afterward, which ended up being the biggest expense.
Train with this Jeopardy!-themed safety game

Food services staff members at Monson Developmental Center in Palmer, MA, use this training tool inspired by the TV game show Jeopardy! Much like the real program, contestants must provide their responses in the form of questions. The team with the highest score within the designated time wins.

What contestants see on a board or overhead image

<table>
<thead>
<tr>
<th>Personal protective equipment (PPE)</th>
<th>What you need to know</th>
<th>Preventing injuries and accidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>Wear this PPE when using chemicals that disperse in the air</td>
<td>This term is abbreviated “MSDS”</td>
</tr>
<tr>
<td>$400</td>
<td>The task during which you should wear goggles</td>
<td>You can pay for safety shoes through this biweekly convenience</td>
</tr>
<tr>
<td>$600</td>
<td>When using knives or cleaning the slicer, wear this PPE</td>
<td>The sign that indicates water is on the floor is this color</td>
</tr>
<tr>
<td>$800</td>
<td>The handling of hot objects requires the use of this PPE</td>
<td>Bandages approved for use in food services are this color</td>
</tr>
<tr>
<td>$1,000</td>
<td>Compass Group contracted with this company to provide slip-resistant shoes</td>
<td>Employees wear this PPE device around their waists</td>
</tr>
</tbody>
</table>

The correct questions as judged by the ‘host’ of the game

<table>
<thead>
<tr>
<th>Personal protective equipment (PPE)</th>
<th>What you need to know</th>
<th>Preventing injuries and accidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>What is a dust mask?</td>
<td>What is a material safety data sheet?</td>
</tr>
<tr>
<td>$400</td>
<td>What is cleaning with hazardous chemicals?</td>
<td>What is a payroll deduction?</td>
</tr>
<tr>
<td>$600</td>
<td>What are cut-resistant gloves?</td>
<td>What is yellow?</td>
</tr>
<tr>
<td>$800</td>
<td>What is an oven mitt?</td>
<td>What is blue?</td>
</tr>
<tr>
<td>$1,000</td>
<td>What is Lehigh Safety Shoes?</td>
<td>What is a back belt?</td>
</tr>
</tbody>
</table>

Source: Margaret Barry, RD, LDN, director of food and nutrition services at Monson Developmental Center in Palmer, MA. Reprinted with permission.
Try these sample EC performance indicators

Not sure which performance indicators to use as you seek areas to improve within the environment of care (EC)?

We’ve compiled a list of examples for your consideration. When reviewing them, select those that are appropriate to your hospital.

Safety management
- Percentage of successful follow-up actions taken in response to hazard surveillance deficiencies (strive for a rate better than 95%)
- Number of employee needlesticks
- Number of patient elopements/escapes
- Number of patient falls
- Number of employee back injuries

Security management
- Percentage of annual security training attendance (strive for a rate better than 95%)
- Number of working panic devices (aim for 100% compliance)
- Number of door-alarm batteries that are inoperable (seek zero battery failures)
- Number of maternity ward false alarms

Hazardous materials and waste management
- Number of needlesticks as a result of inappropriate disposal
- Numbers of spills cleaned in accordance with hospital policy
- Reduction in the volume of regulated wastes
- Number of radiation exposures
- Number of mercury devices removed from the hospital
- Number of mercury devices remaining in the hospital

Emergency management
- Number of timely callbacks to emergency pages (aim for a seven-minute response time)
- Number of fully stocked disaster carts (seek 100% compliance)
- Percentage of annual emergency management training attendance (strive for a rate better than 95%)
- Percentage of leadership trained on the incident command system

Fire safety management
- Percentage of completed Life Safety Code® preventive maintenance efforts
- Percentage of annual fire safety training attendance (strive for a rate better than 95%)
- Number of fire emergencies
- Number of false alarms in construction areas
- Number of first responders attending fire drills

Medical equipment management
- Percentage of completed preventive maintenance efforts
- Number of pieces staff members can’t locate
- Number of hazard recalls or alerts that the hospital completed
- Number of incident reports for user errors
- Number of incident reports for damaged equipment
- Percentage of user-training attendance (aim for a rate better than 95%)

Utilities management
- Percentage of completed preventive maintenance efforts
- Percentage of annual utilities training attendance (strive for a rate better than 95%)
- Number of elevator failures
- Number of elevator entrapments
- Electricity costs (try to reduce them by 4%)
- Fuel costs (try to reduce them by 2%)
- Number of utility failures resulting in adverse patient outcomes

Source: Taken from our new book, Environment of Care Sample Report to the Board, published by HCPro, Inc. ($99) For more information or to order a copy, go to www.hcmarketplace.com and type “EC” into the search bar. You can also call our Customer Service Department at 800/650-6787.
Snoop around your property for security gaps

You’ve heard the predictions from government officials about impending terrorist attacks on the United States. Perhaps you’re familiar with some of the steps authorities will take to protect people during national security events such as the political conventions.

Hospitals can use these activities as an impetus to revisit their own security measures. One idea touted by Dennis Grady, FASHE, CHFM, is to conduct a hazard vulnerability analysis specific to security concerns.

Grady, administrative director of facilities management and safety officer at Memorial Regional Hospital in Hollywood, FL, discovered several concerns when he performed a hazard vulnerability analysis.

Check them out
Consider the following potential risks that he identified, all of which would-be terrorists, vandals, and others could take advantage of:
- A construction site next to an open hospital door
- A trash area exposed to the hospital and the street
- Cars allowed to park at the main entrance or under a bridge that connects two buildings
- Trucks permitted to park next to the garage
- Dumpsters resting against a glass portion of a building
- Gas pumps for hospital vehicles located near a public road
- A collection of nitrogen/oxygen tanks near a street, the security office, and a bridge
- A water supply meter installed a few feet away from a street
- Communication cabinets, which house optic fiber cables and phone lines, open to the parking lot and near streets
- Fresh-air intakes located at ground level
- Portable outdoor toilets used during construction lying near a portion of a building

“You could probably put enough explosives in the outhouse to take out that wing,” Grady says of the last item.

He also expressed particular concern about the communication cabinets because of their accessibility to anyone walking by. “Those would be really easy to take out,” and in doing so possibly causing a shutdown of hospital phones and other systems, he says.

A rundown of risks
As a quick refresher, a hazard vulnerability analysis digs into how potential incidents would affect a hospital’s operations and services. Under its environment of care standards, the Joint Commission on Accreditation of Healthcare Organizations requires you to conduct this analysis to identify potential emergencies that could affect your hospital.

There’s no prescribed way to conduct this assessment, although often hospitals will create a grid chart or spreadsheet that lists potential events and weighs them against each other by probability, risk, and the facility’s preparedness to deal with them. Using a point scale, you can rate each incident on those factors and come up with a priority list of risky events.

Editor’s note: Grady spoke during the American Society for Healthcare Engineering’s International Conference on Health Facility Planning, Design, and Construction in Tampa in March.
A look at the JCAH0’s latest scoring revisions

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has changed how it scores elements of performance under various standards in the Comprehensive Accreditation Manual for Hospitals. These revisions apply to Category A, B, and C elements, which are categories the JCAHO uses to break down scoring methods.

Clip this story and staple it to the special insert we ran in the February BHS about scoring the environment of care (EC) standards, just to keep your scoring information in one spot.

Meanwhile, let’s look at what the changes mean to you as explained by Steve Bryant, practice director of accreditation services at The Greeley Company, a division of HCPro, Inc., in Marblehead, MA. HCPro is the publisher of BHS.

**Category A elements of performance**

The scoring changes only relate to Category A elements that have multiple bulleted items. Category A elements are usually yes or no questions: You either have a policy or plan, or you don’t. If you have it, you receive a score of 2. If you don’t, you get a 0.

But you also need a track record, Bryant says. You may have a policy, but if it has been in place for only six to 11 months, you’ll receive a score of 1. You will receive a score of 0 if your policy has been in place for less than six months.

With the recent changes, the JCAHO now says that if there are multiple bullets under a Category A element, you have other chances to score a 1. It gives you more flexibility, Bryant says. The following is how the JCAHO will now score elements with multiple bulleted items:

- **2** = if you comply with all the bulleted items
- **1** = if you comply with any bulleted item
- **0** = if you don’t comply with any of the bulleted items

This type of scoring applies to a few EC standards, such as EC.4.10 (emergency management plans).

EC.4.10’s element of performance #2 has three bulleted items, which include requirements about establishing priorities with the community about potential emergencies, what the facility’s role is in a community-wide emergency plan, and how the hospital and community interact in an incident command system.

Therefore, you will receive a score of 2 if your emergency management plan contemplates all three aspects, a score of 1 if your plan considers only one or two of the aspects, and a score of 0 if your plan does not address any of them, Bryant says.

**Category B elements of performance**

The changes to Category B elements are similar to Category A’s, except that surveyors will evaluate compliance in two ways. The scoring for multiple bulleted items is the same as Category A. However, surveyors will also consider whether you demonstrated principles of good process design if your method of compliance isn’t obvious.

For example, under EC.5.30, element of performance #8 sets the following seven requirements for evaluating staff knowledge during fire drills:

1. When and how to sound fire alarms (where such alarms are available)
2. When and how to transmit for off-site fire responders
3. Containment of smoke and fire
4. Transfer of patients to areas of refuge
5. Fire extinguishment
6. Specific fire response duties
7. Preparation for building evacuation

You’ll receive a

- **2** if you evaluate staff knowledge on all seven items
- **1** if you evaluate staff knowledge on at least one of the items
- **0** if you don’t evaluate staff knowledge on any of them

If staff responses to questions regarding the seven items are inconsistent, the surveyor may delve into...
how you trained employees in each of these areas, Bryant says.

Remember, with Category B elements, there is flexibility with how you accomplish the standard’s goals. The flip side comes if surveyors are unfamiliar with your process or perceive it to be atypical. In that case, they may want to ensure that when you designed the training, you considered the hospital’s mission, patients’ needs, currently accepted practices, current safety information, and relevant performance improvement results. Surveyors will also use the second part of this evaluation if they have concerns about the quality of your training development.

**Category C elements of performance**

The revisions to Category C’s scoring are more complicated. The first change is that when surveyors notice instances of noncompliance with a Category C element, they must find those instances from different sources. This type of scoring applies to EC.3.10 (managing hazardous materials), for example. Element of performance #3 requires hospitals to carry out a plan for handling, storing, transporting, and disposing of hazardous wastes.

So if you happen to have a hazardous waste manifest that contains the same problem in five different places, a surveyor can only count that as one instance of noncompliance, Bryant says. The others instances must come from different sources, such as five manifests. Therefore, the JCAHO can’t solely count a single bad record against you.

The scoring changes are slightly different than the ones for Category A and B. When surveyors evaluate Category C, they generally assume a sample size of 10. Chances are they will look at more than 10 records. But using the sample size of 10, they will issue the following scores when dealing with Category C elements that have multiple bullets:

- 2 = if you meet all bulleted items or if you are missing one item
- 1 = if you miss two of the bulleted items
- 0 = if you miss three or more of the bulleted items

**The overall significance**

These changes are very specific for the scoring of elements of performance with multiple components. Be aware of them so surveyors don’t inadvertently overscore you during a survey, Bryant says.

However, he doesn’t recommend getting hung up on the loopholes or the greater flexibility in scoring when you do your own evaluations. When the JCAHO specifies the minimum requirements in an element, make sure your hospital provides those provisions because they make good safety sense, Bryant says.

You can worry about the technicalities of the scoring when you perform your periodic performance review and during your triennial survey, he says.

**SOC change clears up a scoring concern**

Environment of care (EC) standard EC.5.20 has a new element of performance, which went into effect July 1.

EC.5.20 discusses the Statement of Conditions (SOC). The added element states that the hospital makes “significant progress” toward any planned improvements listed in a previously approved SOC.

This really isn’t a new expectation, but rather one that the Joint Commission on Accreditation of Healthcare Organizations now spells out more clearly. The added element will also smooth over some scoring concerns about EC.5.20, according to the American Society for Healthcare Engineering (ASHE).

Now, with the third element, receiving a partial compliance score on one of the three elements—while taking in compliant scores on the other two—will result in 67% compliance for the standard, which squeaks by the required 65%, ASHE says. For more information, go to www.jcrinc.com/subscribers/perspectives.asp?durki=2815, click on “hospitals,” and scroll down to the “EC” heading.
Bits & briefs

CDC offers up revisions for comment
The Centers for Disease Control and Prevention (CDC) is seeking public comment on a draft revision to its patient isolation precautions guideline.

New issues discussed in the Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings include the following:
• Respiratory hygiene and cough etiquette
• The protective environment, which is designed to guard allogeneic hematopoietic stem cell transplant patients
• Strategies for control of multidrug-resistant organisms

The CDC must receive comments by August 13. To read the draft and learn how to submit comments, go to www.cdc.gov/ncidod/hip/isoguide.htm. The updated guideline, once finalized, will replace the 1996 Guideline for Isolation Precautions in Hospitals.

A deadly twist for this drill
The biggest terrorism drill ever conducted in Charlotte, NC, had an interesting twist that you might want to try during your emergency preparation exercises.

The June drill involved patients who reported to hospitals showing signs of smallpox infection. As part of the training, the head of a regional bioterrorism surveillance team headed to one of the hospitals to investigate. However, the drill’s organizers pulled a fast one on participants by “killing” this bioterrorism expert in a car accident on the way to the medical facility, the Charlotte Observer reported.

That event further challenged participants, who had to rely on their own knowledge and decision-making without the benefit of the expert’s help.

You could replay this type of scenario during your hospital’s drills. For example, how well would people react if an infection control officer or incident commander was killed in the midst of a disaster?

Too much free time?
A man who told police he just wanted to scare people

Engineering will have more sway in surveys
The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Society for Healthcare Engineering (ASHE) will team up to “improve the evaluation of life safety and environment of care [EC] issues throughout the accreditation cycle,” according to a JCAHO press release.

The partnership will focus on the following goals:
• An electronic assessment tool will feature a series of questions about hospital size, date of original construction, recent construction, and areas covered by sprinklers. These questions, which hospitals will see in applications for accreditation starting in 2005, will help the JCAHO determine whether additional expertise or surveyors are necessary for accreditation visits.
• The JCAHO and ASHE are developing training to broaden surveyor knowledge about the Life Safety Code and EC issues, with the first courses to begin in late 2004; ASHE plans to offer similar training to healthcare facility directors to create more consistency among hospitals and surveyors.
• ASHE will support JCAHO recruitment of experienced healthcare facility engineers to its survey team. An ASHE advisory group will identify desired experience levels for these engineers and provide the JCAHO with current listings of certified healthcare facility managers as designated by the CHFM credential.
for some unknown reason allegedly left a phony bomb in the men’s bathroom of University Hospital in Syracuse, NY.

After taking clay and wires from a nearby crafts fair, the suspect went to the hospital to visit a friend. While there, he allegedly swiped a pair of latex gloves, used the clay and wires to form a faux bomb, and left it behind a toilet, according to the Post-Standard newspaper.

A security guard eventually noticed the item and called police, who in turn evacuated several cafeteria and housekeeping workers, and some visitors. No patients or clinical workers were forced to leave, although authorities closed the emergency room for two-and-a-half hours.

An anonymous tip pointed the police to the suspect, and security tapes showed the man entering and exiting the bathroom with latex gloves on, the Post-Standard reported.

Bloodborne rules apply to every hospital now
The Centers for Medicare & Medicaid Services recently cautioned that all hospitals receiving Medicare funding must comply with the federal bloodborne pathogens standard.

The standard, published by the Occupational Safety and Health Administration (OSHA), is familiar to many of you. A new provision in the Medicare Prescription Drug, Improvement and Modernization Act of 2003 specifically requires compliance with the bloodborne regulations.

Although most hospitals already comply with this standard, nonfederal, government-owned hospitals are not subject to OSHA’s rules (such as a community hospital owned by a city). Many of these government-owned hospitals are also in states that don’t have their own bloodborne pathogens laws. Therefore, lawmakers chose to eliminate this gap with the revised Medicare provision.

Nonfederal, government-owned hospitals must now comply with the bloodborne standard in the following states and territories: Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Kansas, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Texas, West Virginia, Wisconsin, the District of Columbia, and Guam.

For full details, go to www.cms.hhs.gov/providers/mm947.pdf.

Fights, shots, and an escape in Detroit
Two hospital security officers, face-to-face with a car barreling toward them, fired shots at the vehicle, hitting a passenger.

The shooting was only part of a wild night at Sinai-Grace Hospital in Detroit on June 13. Earlier, two men at a party got into a fight, and when both ended up in the emergency room at Sinai-Grace, they started brawling again, the Detroit Free Press reported.

After the fight in the emergency room, security officers kicked both men out. One of the men got into a car, rammed a parking gate, and allegedly drove at to the two security officers, who had to dodge the vehicle.

After the officer shot at the car, the injured passenger got out, while the original suspect got away, according to the Free Press.

Judge nixes lawsuit by former lab worker
A judge dismissed a lawsuit filed by a former laboratory worker against Maryland General Hospital in Baltimore.

The worker said she contracted HIV and hepatitis when a lab machine malfunctioned and splattered her with infected blood. However, the judge ruled that she couldn’t file the suit because she can collect workers’ compensation for her injuries, the Associated Press reported.

This development is the latest in a string of events at Maryland General. Various regulators concluded that the hospital issues hundreds of blood test results even though lab equipment readings indicated those results might be incorrect. ■
It’s fairly common for hospitals to seek relief from Life Safety Code® (LSC) provisions that are too stringent or impossible to meet in a particular building.

When you encounter an obstacle, ask regulators whether you might sidestep the LSC requirement, amend it for your site, or offer equivalent protection as an alternative. Terms for these requests vary by authority. For example, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) calls it an equivalency, while the Centers for Medicare & Medicaid Services refers to it as a waiver.

But don’t assume authorities will recognize each other’s decisions, because chances are, they won’t, says Brian Kubiel, director of safety management at Kimball Medical Center in Lakewood, NJ.

Equivalencies, waivers, and variances—although they dig into the same overall issue of LSC compliance—aren’t the same terms. An equivalency goes hand-in-hand with a facility offering another, equivalent means of protection, whereas a waiver implies you don’t need to meet the requirement in question.

Let’s suppose a state department of health grants approval to install an item that impedes the minimum width of an exit corridor—a violation of the LSC. You’ll probably also need to approach the JCAHO about receiving an equivalency for this item, says David Hood, director of operations for fire protection consulting firm Russell Phillips & Associates in Rochester, NY.

Submit your state’s approval along with the equivalency application; it provides a good backup argument for your request, Hood says.

In the bigger picture, variances offer a strong reason to become friendly with your local fire officials and building departments. When everyone is familiar with each other ahead of time, it can make variance and interpretation decisions go a lot smoother, Kubiel says. ■