



Physical Environment Portal: Module 2, LS.02.01.20 Leadership

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Means of Egress

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Door Locking

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obstructions is important for several reasons: (1) fire rescue, (2) employee health and safety, and (3)
compliance with the Joint Commission and CMS.

Fire Rescue

The Life Safety Code evolved from work in 1913 by the Committee on Safety to Life. In 1927 the committee created the Building Exits Code. The committee was restructured in 1963, and its first publication under that new structure was the Code for Safety to Life from Fire in Buildings in Buildings and Structures



Standards. When some or all of the Code is adopted as regulations it can be enforced by authorities having jurisdiction. For example, both the Joint Commission and CMS have adopted the 2010 edition of the Life Safety Code. The Federal Register requires complete compliance with the Life Safety Code.

Compliance with the Life Safety Code is not an option. The code clearly requires the egress corridor to be clear and unobstructed. The Life Safety Code “establishes minimum criteria for the design of egress facilities so as to permit prompt escape of occupants from buildings, or where desirable, into safe areas within the building.” (NFPA 101-2012, 1.2.2) The code also addresses corridor width. For existing healthcare, the required width cannot be less than 48 inches. However the code also states that we are not to diminish this width below that required for new construction, which is 8 feet clear width. So what does this mean? If the original building was constructed in the early 1900’s the corridor width may have been built at 7 feet clear width, and still be acceptable construction as existing. A current corridor built originally 8 feet wide may not be reduced below the requirement for new construction, again being 8 feet clear width.

The reason for the 8 feet clear width is simply to accommodate patient movement in an emergency situation, such as a fire. Not having to wheel a patient around equipment in the corridor has proven to save lives.

Employee Wellness

Staff carrying equipment may accidentally bump into equipment improperly stored in the egress corridor, causing injury or dropping the items being carried. Staff injuries may reduce effective staffing levels, cause discomfort to staff during healing, and possible compensation claims. Dropping equipment may be loud and disturbing to patients in the area, or damage the items being carried.

Compliance

The Joint Commission and CMS, as authorities having jurisdiction who have adopted the National Fire Protection Association Life Safety Code, include enforcement is part of accreditation. CMS has adopted the NFPA codes by statute, which is why issues like compliance with the Life Safety Code is not an option but a requirement.

It should be noted that the Joint Commission allows crash carts to always be in the means of egress, as they are always in a stand-by mode. There is no requirement to have these plugged into receptacles that are also powered by the emergency generator, although this may be best practice. Isolation carts and Chemotherapy carts are also allowed in the means of egress while associated with a specific patient.

All survey findings in the Life Safety Chapter are scored at the CMS Conditions of Participation (COP) at §482.41 (A-0700). Non-compliance may lead to a condition level deficiency, depending on “manner and degree” (CMS phrase). Manner and degree consider how often non-compliance is occurring (i.e. trending) and the criticality of the non-compliance. Often findings in the Life



2. A. Practical Application (LS.02.01.20 EP 1)

Healthcare means of egress must not have anything stored in them. If it looks cluttered, it probably is.



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- Are there obvious charging stations in the egress pathway or other obvious locations for equipment to be kept when not in use?
- If the area is a suite, less corridor width may be required. But if the area is not identified on the Life Safety Drawings as a suite it must be assumed that the area is not a suite.
- Are objects found in exit paths allowed? (i.e. crash carts, isolation carts and chemo carts are permitted with restrictions). If these are present are there patients in the related rooms with those diagnosis?
- If other carts or equipment are present are they reasonably in use? (Generally under 30 minutes.) Is there a pattern, rather than just one object in place for 32 minutes?
- Who is responsible for equipment in the corridor? Are they present or reasonably using the equipment?
- If allowed carts are present, who is responsible to move them and to where in the event of a fire?
- If clutter is an issue, is the organization aware? Are they addressing the issue? (NOTE: the organization cannot create a PFI to resolve the deficiency).
- Is clutter monitored and checked by the organization (Such as on the environmental rounds)?
- Is there a policy? If so are they following their policy?
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- Ask how the staff in the area are trained and retrained for the operation of the door.
 - a. Is there a written competency for this security process?
 - b. Is there documentation of egress locking issues?
- Ask if the staff feel the process in place is adequate to meet the needs of the department.

The above probing questions are intended to identify:

- If clinical staff knowledge is adequate and accurate.
- If staff are required to have a key or specialized knowledge, do they?
- If a key is required, does it and the lock work?
- Have staff been properly trained?

NOTE: the above script suggestions were developed by a LSCS Richard Wiese, P.E., CHSP for this portal.

4. Additional Information for LS.02.01.20 EP 1 & 22, Door Locking

Door locking options are provided in the NFPA Life Safety Code (101-20) section 18/19.2.2.2 Doors. In this section we find that:

- a. Locks shall not be permitted on patient sleeping room doors;
- b. Doors not located in in a required means of egress shall be permitted to be subject to locking;
- c. Doors within a required means of egress shall not be equipped with at latch or lock that requires the use of a tool or key from the egress side.

Fortunately the Life Safety Code includes Exception language, which allows exceptions to the code requirement. Here are the requirements with the exception language:

- a. Locks shall not be permitted on patient sleeping room doors.
 - When patient room doors are locked for patient privacy from the corridor side, but the patient can still leave the room (preventing entry into the room), staff must still have the ability to enter the room as needed; therefore, staff carry the keys at all times.
 - When patient room doors are locked from both in and outside the room based on the clinical needs of the patients and preventing the patient from leaving the room or unauthorized entry into the room, staff must carry the key at all times.
- b. Doors not located in in a required means of egress shall be permitted to be subject to locking.
 - No exception language.
- c. Doors within a required means of egress shall not be equipped with at latch or lock that requires the use of a tool or key from the egress side.
 - When patient room doors are locked from both in and outside the room based on the clinical needs of the patients and preventing the patient from leaving the room or unauthorized entry into the room, staff must carry the key at all times.
 - Delayed egress locks may be allowed, provided there is only one per any egress path.
 - Access-controlled egress doors shall be permitted.