

Safety

ESSENTIALS

For Nursing Facilities

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CCAP Loss Control

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PELICAN Insurance



Pennsylvania Liability Insurance for County Affiliated Nursing Homes

A Reciprocal Risk Retention Group providing Liability and Professional Liability Insurance

Sponsored by Pennsylvania Association of County Affiliated Homes (PACAH)

A Program of the County Commissioners Association of Pennsylvania (CCAP)

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PREVENTING WINTER HAZARDS

Winter storms can be beautiful and cause personal injury and damage property. Severe winter weather can occur in many forms. Rain, sleet, ice, snow, hail, blizzards, or any combination of these is possible. Often a change of only a few degrees in temperature can make the difference between a rainy winter day and a severe snow storm. Severe winter storms can also occur back to back in quick succession, providing little time for your facility to recover from one storm before the next one strikes.



Below are recommendations to assist in reducing hazards at your facility that are associated with winter weather.

General Controls

- Establish procedures and train employees in the proper control of winter hazards.

Provide the proper tools for control of snow and ice, including:

- Snow blowers
- Snow shovels
- Ice chippers
- Snow pullers
- Ice melting compounds
- Door mats and/or nonskid runners
- Be sure heating systems are serviced and maintained in good working order.
- Check fire protection systems frequently to prevent freeze-ups and assure proper operation during severe weather.

Interior Controls

- Provide foot wipers or nonskid runners near all entrance ways. (All temporary floor coverings should be kept clean and replaced when worn).
- Instruct employees to keep wet floors mopped during inclement weather.



Exterior Controls

- Make advance arrangements for prompt snow plowing of parking lot driveways.



- Provide for prompt shoveling and de-icing of sidewalks, walkways and steps.
- Watch for refreezing of melted snow and ice on walkways and parking lots.
- Control build-up of icicles and frozen snow masses on roof overhangs, rain gutters and overhead fixtures.
- Maintain walkway and parking lot surfaces in good condition to prevent ice and snow-filled holes from creating concealed tripping hazards.
- Provide adequate lighting to illuminate parking lots, walkways and steps.
- Keep outside recreation areas closed until free of ice and snow.



RESIDENT OWNED EQUIPMENT

Questions continue about the acceptability of residents coming into the facility and bringing with them medical equipment that they had used at home (i.e. respiratory equipment, infusion devices, etc.). While it may seem of little consequence, since residents manage the equipment themselves at home, their use of personal medical equipment in the facility comes with some risk. A Pittsburgh nursing facility described a situation in which a resident on an IV medication that needed to infuse without interruption was admitted to the facility; interruption of infusion risked a stroke for the resident upon resumption of the infusion. Because of various situational factors, assuring availability of the medication was difficult.

For the purposes of this article, personal equipment is classified into two basic types — general and medical devices. General devices are those that may be used for entertainment or for personal care (e.g., electronic devices, electric shavers). Medical devices are those that are part of a resident’s medical treatment or that assist with activities of daily living (e.g., ventilator, motorized wheelchair). A breakdown of the types of more common devices is displayed below.

GENERAL

Electronics

notebook computer, personal digital assistant, cellular telephone, compact disc player, radio

Personal Care

electric shaver, hair dryer, curling iron/hot rollers

MEDICAL

Medical Treatment

ventilator, vaporizer, continuous positive-airway pressure unit, suction machine, home dialysis unit, insulin pump/other pump

Mobility/Support Aids/Other

motorized wheelchair, crutch, cane, walker, orthopedic supports, transcutaneous electrical nerve stimulator unit, heating pad

Resident injury and facility liability are two important concerns surrounding residents’ use of personal medical equipment in nursing facilities. Prior to admission it is essential to consider a number of factors that can influence risk in this situation.

These factors include staff competence with the equipment, who will manage the equipment and any medications, and the availability of any medications. Additional factors that can influence risk include the initial equipment evaluation for safety and function, compliance with guidelines for maintenance of equipment in clinical areas, cleaning to remove bacterial contaminants, and means for keeping the equipment with the resident.

Residents and their families also need to understand the complexities involved in bringing personal equipment into the facility. The following is an example of a Long Term Care facility’s policy on Resident Owned Equipment.

Resident owned electrically powered medical equipment is not permitted with the following exceptions:

- Residents may bring and use their own CPAP (continuous positive airway pressure) machines or BiPAP (bi-level positive airway pressure) machines. The device must be inspected by the appropriate designated person at the facility upon the resident’s admission to the facility.
- The resident owns and requires a unique device that is not in the facility’s inventory and is not easily obtainable. The device must be approved by the resident’s physician and approved by the facility upon the equipment being inspected by the appropriate identified person at the facility.
- If the resident owned device does not have a healthcare/hospital-grade three-prong plug on it, an isolation transformer is attached to it. Exceptions: if the facility determines that the device is double insulated, a two-prong plug shall be permitted. (Refer to Appendix B, Chapter 7 of Health Care Facilities, NFPA 99, for more information on this issue.)
- Resident owned equipment must meet electrical safety standards and be labeled with an inspection date, actions taken, and the appropriate due date for re-inspection.

Safety risk managers should collaborate with biomedical, engineering and maintenance personnel and address the safety of resident owned

equipment through appropriate channels when developing policies and procedures for their facilities. The following risk management actions should be considered.

- Use the list of common types of resident owned equipment to determine the equipment likely to be requested to be used in the facility. Assess the facility’s ability to inspect and test allowable medical devices for integrity and performance.
- Develop a policy statement on resident owned equipment that clearly states the restrictions and allowances. Refer to the institutional policy on cell phone and/or wireless communication device use. Procedures should address biomedical or clinical engineering department safety inspections, which must include a check for electrical and mechanical soundness, placement of an inspection sticker on the equipment, a check for any equipment recalls or hazards, signing of any waivers, and actions to take for unapproved equipment or devices that do not meet acceptable standards.
- Include information about the facility’s policy on the use of resident owned equipment in the admission brochures.
- Provide education and guidance to staff on the policy, and include information about the risks of using non-facility owned equipment. Specific training should be provided to staff responsible for visual inspection of personal electrical devices.
- Ensure that physician approval is obtained for the use of resident owned medical devices and that nursing and other pertinent staff are knowledgeable about their operation.
- Work with legal counsel in the development of release forms and/or waivers for residents to sign to indicate that the resident retains responsibility and liability for the equipment.

Following these recommended guidelines will reduce the potential of resident injury and facility liability.

SPRINKLER SYSTEMS IN LONG-TERM CARE FACILITIES

On August 13, 2008, the Centers for Medicare and Medicaid Services (CMS) published a regulation that requires Long-Term Care (LTC) facilities that receive Medicare or Medicaid funding to install automatic sprinkler systems within 5 years. The requirement applies to both new and existing facilities. Previously, CMS required that only newly constructed facilities be sprinklered.



CMS requires that LTC facilities comply with the fire safety requirements of NFPA 101, Life Safety Code, published by the National Fire Protection Association (NFPA). In January of 2003, the CMS adopted the 2000 edition of this code. The 2000 edition only required sprinkler systems for "new" facilities and did not require facilities existing before the code to install sprinklers. In 2005, CMS began requiring that unsprinklered or partially sprinklered LTC facilities have and maintain at least battery-operated smoke alarms in resident rooms and public areas.

The 2006 edition of NFPA 101 extended the automatic sprinkler system requirement to all LTC facilities. CMS supported the NFPA stance that both new and existing facilities should be protected by automatic sprinklers. To expedite the adoption of this requirement, CMS initiated a stand alone rulemaking on sprinkler systems rather than try to adopt the entire 2006 edition of NFPA 101.

The final rule requires that every LTC facility install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems, throughout the facility, if it did not have such a system already. In addition, facilities are required to test, inspect, and maintain the system in accordance with the 1998 edition of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. A five year phase-in requirement was incorporated in the final rule. This phase-in period allows facilities the time and flexibility to install sprinkler systems in a manner that is sensitive to the individual circumstances of each facility. State and local jurisdictions may adopt and enforce additional requirements.



Installing sprinklers decrease the chances of fire-related deaths by 82%. CMS cites a 2004 Government Accountability Office (GAO) report. This report examined two LTC facility fires that occurred in 2003; one in Hartford, CT and the other in Nashville, TN; that resulted in 31 resident deaths.

The GAO report cited sprinklers as the single most effective fire protection feature for LTC facilities. If these two facilities were equipped with automatic sprinklers, chances are very high that there would have been no deaths and no one would have heard about them.

For illustrative purposes, CMS has offered cost estimates that looked at five, seven, and 10-year phase-in periods to implement the sprinkler requirement. Based on a 10-year time frame for implementation, CMS estimates that the regulation would affect 2,462 nursing homes; 1,947 that are partially sprinklered and 515 without any sprinklers. The estimated cost, for installing a sprinkler system in an average size building (50,000 SQ. FT.), without any existing sprinklers would be \$205,000 to \$307,500 (depending on the cost per square foot).

The rule was published in the Federal Register on August 13, 2008 (73 FR 47075). It may be accessed online at <http://edocket.access.gpo.gov/2008/pdf/E8-18670.pdf>.

Preventing Winter Hazards - Continued from Page 1

Maintain accessibility of emergency areas, fire lanes, fire hydrants and fire protection equipment.

Do not permit snow piles to obstruct the view of traffic entering or leaving the premises.

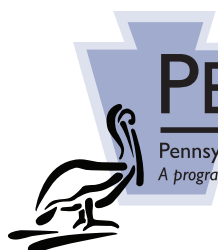
Following the above recommendations will enable your facility to control winter hazards this winter, and therefore keep your staff, residents and visitors safe.

PELICAN Insurance

PELICAN began writing business effective March 1, 2003. PELICAN Insurance now has a total of 31 members.

PELICAN Insurance provides primary General Liability and Nursing Home Professional Liability insurance. The PELICAN Insurance program is open to non-profit nursing homes who are PACAH members.

If you would like any additional information regarding the PELICAN Insurance program, or if you would like to request an application, please contact John Sallade, Managing Director, Insurance Programs by email at: jsallade@pacounties.org, or by telephone at 800-895-9039.



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The words listed here are found in the articles in this issue of Safety Essentials. Look for them in the word search puzzle.

CLINICAL
 CONTROL
 DEVICES
 ENGINEERING
 EQUIPMENT
 GENERAL
 HAZARD
 INSTALLING
 INSURANCE
 JURDISTICTION
 LIABILITY
 MAINTENANCE

MEDICAL
 MEMBERS
 OBSTRUCT
 OWNED
 PELICAN
 PROTECTION
 REGULATION
 RESIDENT
 SEVERE
 SPRINKLER
 SYSTEM
 WINTER



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