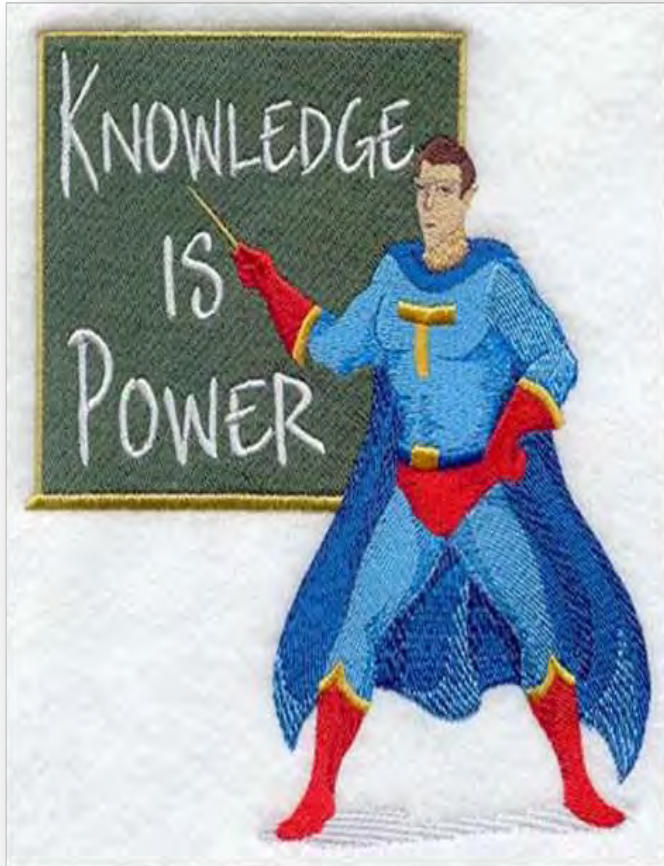




Healthcare Facilities
Management Society
of New Jersey

Staying Ahead of The Compliance Survey





Tonight's Presenter

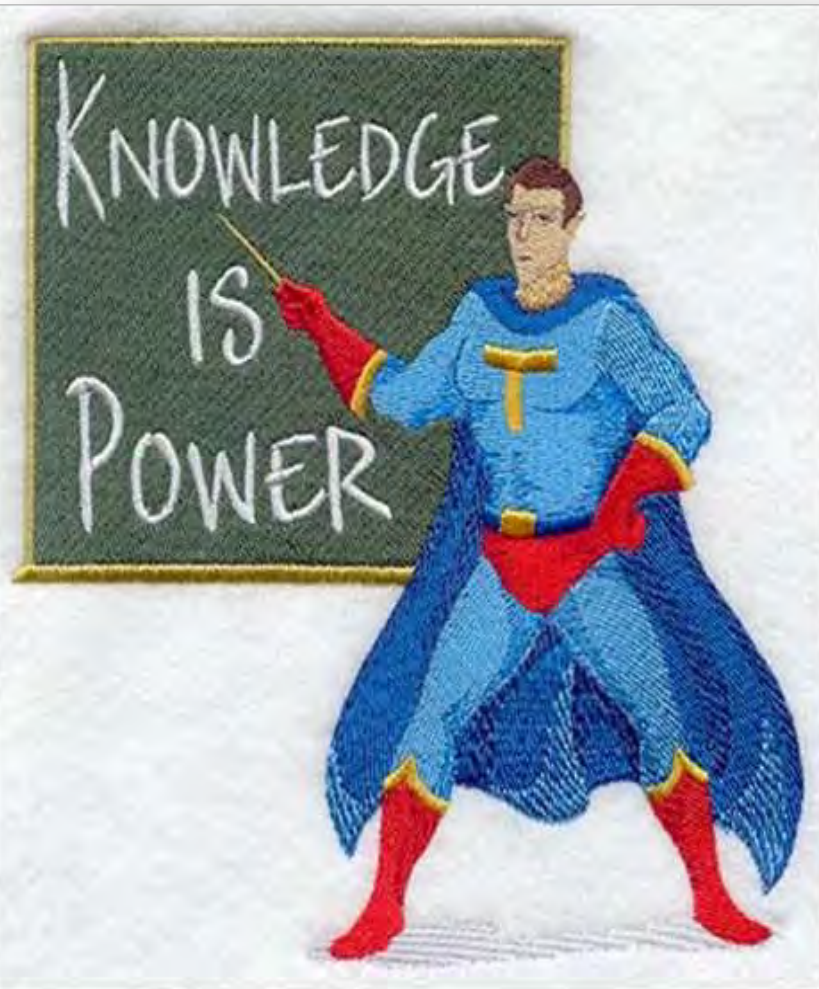
Joseph A. Glaski, MBA, FASHE, FDAI, CLSS-HC

- ***30+ years as Director & VP of Facilities and Engineering***
- ***NFPA Technical Committee member "Building Fire and Life Safety Director"***
- ***NFPA Technical Committee Member "NFPA 80 Fire Doors and other Opening Protectives".***
- ***Certified Fire Door Assembly Inspector –DHI #123662***
- ***Certified Life Safety Specialist – Healthcare***
- ***Certified Healthcare Physical Environmental Worker***
- ***Certified Healthcare Consultant #123662***
- ***ASHE - Advocacy and Codes Chair with HESGNY – NYC ASHE Chapter.***
- ***Past President Elect and Secretary with HFMSNJ***



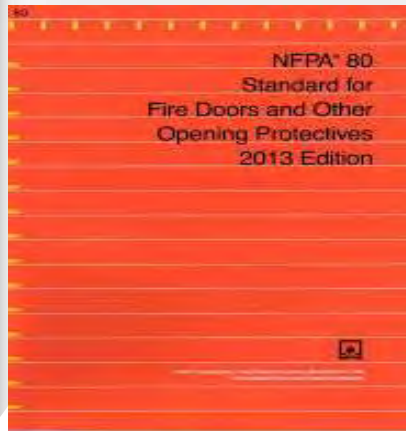
- ***"T" - The Team Compliance Hero will be guiding us through the presentation - Taking a deserved break from saving the world: One healthcare compliance survey at a time.***

Strategies for a Successful Survey



- The Facilities Manager is being pulled in several directions with added responsibilities i.e., Real Estate management etc..
- Preparing for a survey is very time-consuming.
- This makes being prepared for surveys even more challenging.
- The next few slides we will look at some recommended strategies to help with a successful survey.
 - **“T” - The Team Compliance Hero** will be guiding us through the presentation - Taking a deserved break from saving the world:
 - **“One healthcare compliance survey at a time”.**

First: Read the Codes & Standards!



- Take the time to read the TJC /DNV Standards & Codes that apply to your area of responsibility. The NFPA codes are available free online, and the Accreditation Agencies provide their standards online or can be purchased.
- Make sure you are applying the correct Standards & Codes.
- **Ask Questions!** Knowing the Standards & Codes will only build your confidence during the survey process.
- **Network among your peers!** Seek them out for clarification on a particular Standard or Code question.

For Example:

my ASHE online portal

Your local ASHE chapter members.

The Joint Commission Survey Activity Guide



First: Read the Codes & Standards!



Pre-Survey: The Open Book Test

- Documentation, Documentation, Documentation,
- Dates and Signatures
- Updated Standards
- Inventory/Device reconciliation
- Follow up on deficiencies
- Measure Twice Cut Once-
Team approach to reviewing binders



Pre-Survey: The Open Book Test



Facilities Managers Regulatory Readiness

Pre-Survey: The Open Book Test

- **Electronic Survey tool : Have all documentation available for each EP.**

[illegible]

TIPS !

The Survey Preparation!

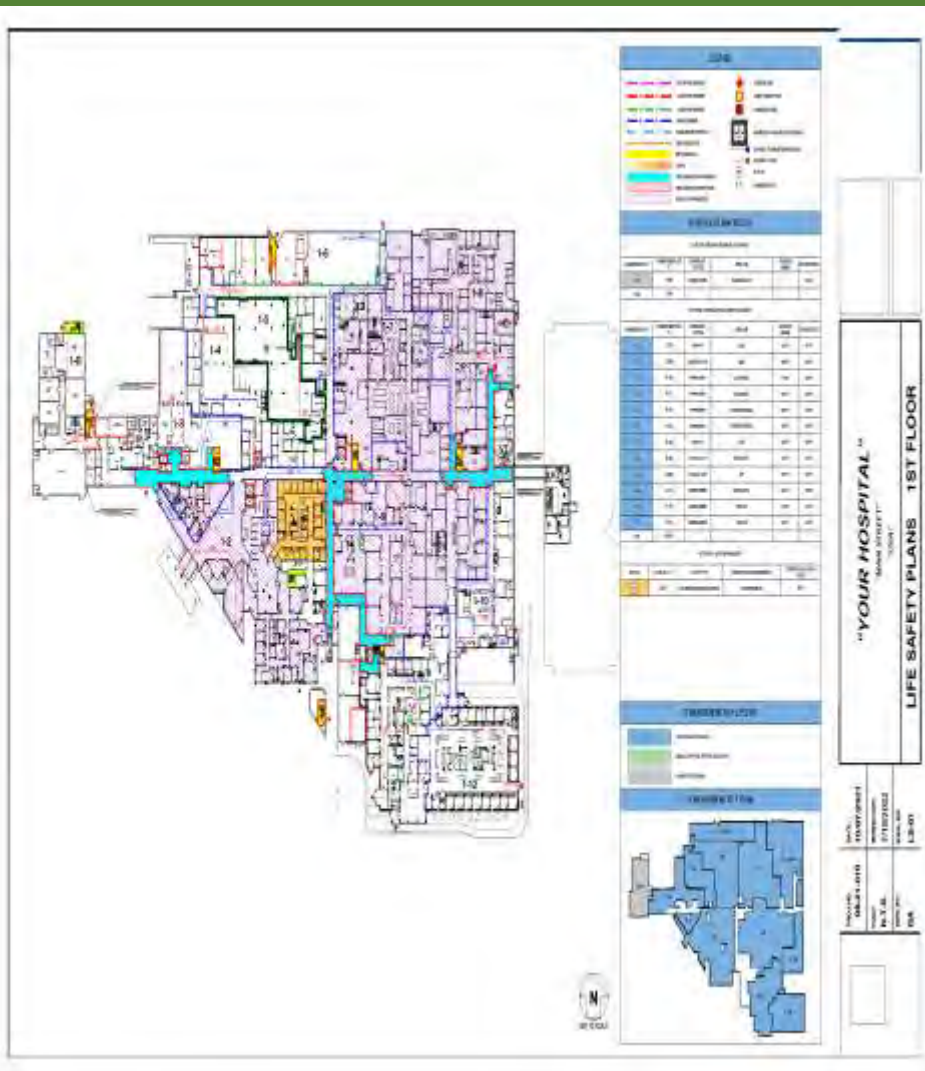


- Close the Loop! Check ITM reports and any repair work-orders and sign the reports.
- If a device did not pass the test or inspection, or was not tested due to inaccessibility, then ILSM/ALSM may be required based on your policy.
- If a device failed, it needs to be repaired or replaced, and then **retested**. The documentation proving this needs to be available to the surveyor.
- Remember to document **PASS or FAIL** in your ITM documents.
- Have all required certifications from Third-Party Vendors on file i.e., Fire Alarm Contractor, Sprinkler Contractor & Medical Gas Vendors.
- Remember: **If it's not documented then it's not COMPLIANT!**

T's Tips for Survey Success:

- It is best to not frustrate the surveyor during the survey.
- Have all your documentation prepared in advance and ready for the surveyor to review.

Second: Know Your Building AND Nursing Staff!



- Have current and accurate Life Safety drawings available during the survey.
- Know where your Smoke and Fire Barriers, and Fire Doors are located within your facility.
- Make sure Suite Entrance Doors are positive latching to meet corridor requirements i.e., you may need electrified hardware on your Suite Doors.
- Document any 'ITM Approved' waivers in your eSOC & EOC minutes.
- Annually reconcile any inventory changes to your Fire Alarm System.
- Conduct mock surveys on your ICRA/PICRA 2.0 for compliance & benchmarking. ***“Do what you say you are going to do in your PICRA”***
- Verify spare Electrical Breakers are in the “Off Position” and update your directory. This will be scored in **EC.02.05.01.EP 9. (NFPA70 408.4** - remains completely silent on this)
- Verify compliance in having the correct quantity of spare Sprinkler Heads
- Be ready and able to explain any Troubles on the Fire Alarm Panel & if there are troubles - have your ILSM in place

SURVEY DAY ONE

Facilities Managers Regulatory Readiness

Pre-Survey: TJC Site access

- 7:30am Drill



SURVEY DAY ONE



Facilities Managers Regulatory Readiness

Day of Survey: Reach out to network for any information on your surveyor.

The Joint Commission
Connect / PEN Posting Event Notification

Logged  Exit Application
The 

SURVEYOR BIOGRAPHY

Mr. 

Education:

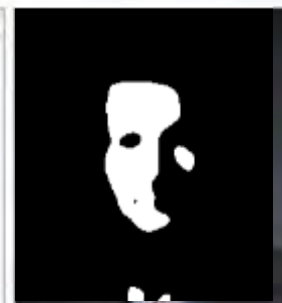
- BS,
- MS,

Previous Experience:

- Safety Officer,
- Corporate Direct
- Safety Officer,

Memberships:

- American Industrial Hygiene Association




SURVEY AGENDA ON DAY ONE

Day 1 of Survey:

SCHEDULE INFORMATION

Letter of Introduction for Unannounced Events

**Click on a Name link below for that person's biography and photo.

Program	Disease	Event Type	Schedule							Documents
Hospital Accreditation Program		Unannounced Full Event	Function	Name	Days	Scheduled Begin Date	Scheduled End Date	Team Lead	Conf Call Time	Agenda LSC Agenda
			Engineer		3	04/18/2022	04/20/2022		N/A	
			Ambulatory Specialist (AMH)		4	04/19/2022	04/22/2022		N/A	
			New York Office of Mental Inpatient		1	04/19/2022	04/19/2022		N/A	
			Teaching Hospital Administrator		3	04/19/2022	04/21/2022		N/A	
			Teaching Hospital Physician		4	04/19/2022	04/22/2022	✓	N/A	
			Teaching Hospital RN		4	04/19/2022	04/22/2022		N/A	
			Social Rehabilitation Specialist (AMH)		1	04/20/2022	04/20/2022		N/A	
			Ambulatory Specialist (AMH)		1	04/22/2022	04/22/2022		N/A	
			Trainee		3	04/19/2022	04/21/2022		N/A	
			Trainee		1	04/22/2022	04/22/2022		N/A	

This is the section of your secure extranet that displays information regarding Joint Commission activity at your organization. Your organization could experience an event such as a full survey or a for-cause survey. Regardless of the event type, information regarding the surveyor(s) will be posted here by the morning of the first day of survey. Organizations scheduled for an initial accreditation survey will find this information posted at least 30 days prior to their survey date unless the organization is a Hospital or Critical Access Hospital regardless of deemed status accreditation. Any initial organization seeking deemed status accreditation, Home Medical Equipment accreditation, or Advanced Diagnostic Imaging accreditation in order to comply w/CMS requirements would not receive a notice. Also, information regarding scheduled conference calls with the Standards Interpretation Department as part of the Intracycle Monitoring (ICM) process will display in this section.

If individuals claiming to be Joint Commission Surveyors are trying to access your organization, and this section of your extranet does not provide information above confirming that they are Joint Commission surveyors, please contact your security staff and do not allow them access to your organization. Also, please notify Jerome Thomas, Manager-Surveyor Planning at 630-792-5855 or Mark McCarl, Senior Survey Planning Representative/Mentor at 630-792-5727 of the Division of Accreditation and Certification Operations at The Joint Commission immediately.



New : JOINT COMMISSION SAFETY BRIEFING: WHAT TO INCLUDE

TJC advises that the Safety Briefing should take no more than five minutes. It's an informal session and should take place with the surveyors in their conference room soon after their arrival.

The Joint Commission Safety Briefing will not be a separate item on your survey agenda. Rather, you should incorporate it into the Surveyor Arrival Session which takes place on the morning of Day 1. (For full details on the survey process, be sure to consult the [2023 TJC Survey Activity Guide](#).)

The briefing should include any potential safety concerns and any associated response activities the surveyors should be aware of while they're on site. **For example,**

- Fire, smoke, or other emergencies
- Workplace violence (including active shooter scenarios)
- Any specific issues the organization is aware of such as civil unrest, labor actions, etc. that surveyors might encounter
- How surveyors should respond

THE BUILDING TOUR SURVEY



Day of Survey:

- Be ready with all documentation.
- Listen to what they are asking, only give them what they request.
- Ask questions for follow up /clarification or elaboration. The more they talk, the less they walk.
- Have Surveyor Friendly floor plans ready for the tour

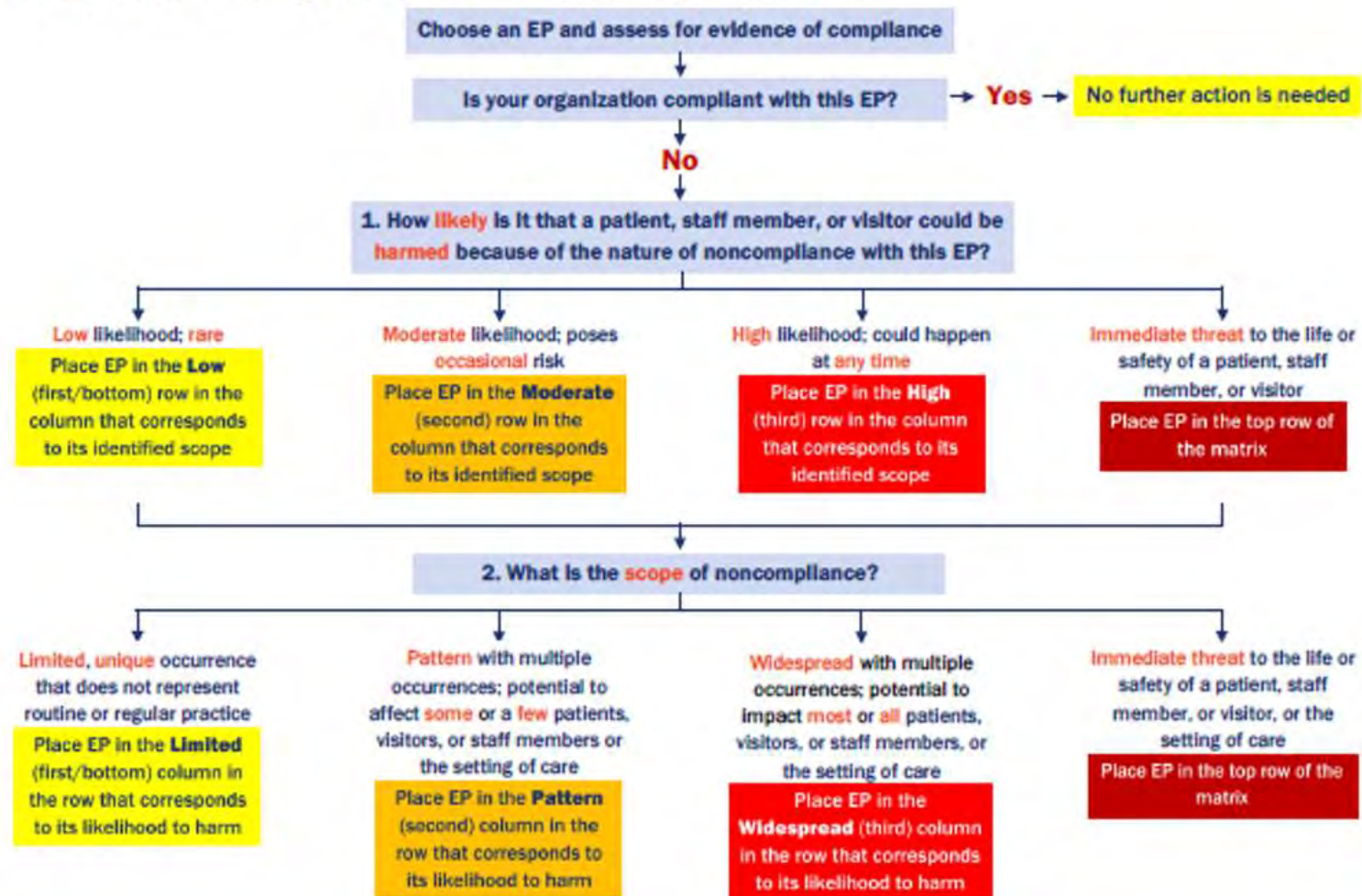


What is SAFER™?

- The **Survey Analysis for Evaluating Risk™** (SAFER™) is a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. The additional information related to risk provided by the SAFER Matrix helps organizations prioritize and focus corrective actions.
- The **SAFER Matrix™** provides one, comprehensive visual representation of survey findings in which all Requirements for Improvement (RFIs) are plotted on the SAFER matrix™ according to the likelihood of the issue to cause harm to patients, staff or visitors, in addition to how widespread the problem is, based on the surveyor's observations.
- The **SAFER Matrix** replaces the current scoring methodology, which is based on pre-determined categorizations of elements of performance (such as direct and indirect impact) – instead allowing surveyors to perform real-time, on-site evaluations of deficiencies. Placement of RFIs within the matrix will determine the level of detail required within each RFI's Evidence of Standards Compliance follow-up.

Determining Where to Place an Element of Performance (EP) on the SAFER Matrix

Use this figure to help determine where to place noncompliant EPs on the SAFER Matrix. After noncompliant EPs are plotted on the matrix, you will be able to better prioritize improvement efforts.



POST SURVEY – HOSPITAL TJC REPORT CARD

The Joint Commission What's Next - Follow-up Activity

Program: Ambulatory

Standard	EP	SARER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.02.01	5	Low / Limited	✓
EC.02.03.05	28	Low / Limited	✓
EC.02.09.01	15	Low / Limited	✓
	22	Low / Limited	✓
	2	Moderate / Pattern	✓
	5	Moderate / Limited	✓
EC.02.09.01	4	Low / Pattern	✓
IC.05.05.01	2	Moderate / Widespread	✓
	3	Low / Limited	✓
IC.05.05.01	1	Moderate / Pattern	✓
	2	Low / Limited	✓
LS.03.01.20	8	Moderate / Limited	✓
LS.03.01.34	10	Low / Limited	✓
NR.04.02.01	3	Low / Limited	✓
	3	Low / Limited	✓
UF.01.02.01	3	Low / Limited	✓

Organization Identification Number: [REDACTED]

4 of 20

Final Report: Postcard [REDACTED]

TJC Findings

The Joint Commission

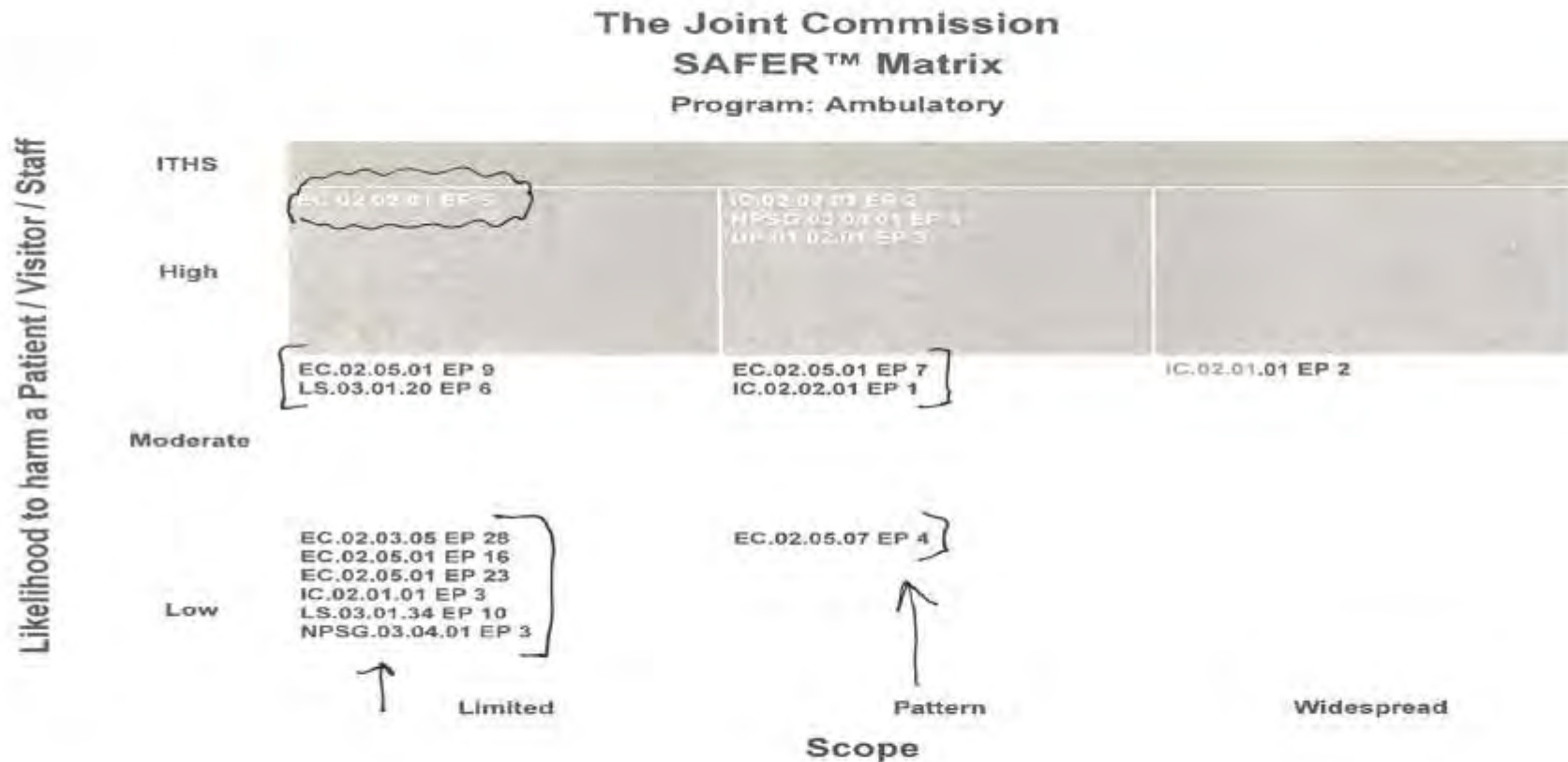
Standard	EP	SAFER SM Placement	EP Text	Observation
EC.02.02.01	10	Low Limited	In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. Note: Examples of non-critical care areas are general care nursing units, clean and soiled utility rooms in acute care areas, laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.	1) Observed in Building Tour at [redacted] site. The following observation was evidenced by air flow measurement performed by the surveyor using a velocimeter device. The air was negative to the soiled rooming area in the Clean Equipment Room. This was confirmed by the organization's Administrator.
EC.02.03.01	20	Low Limited	Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. Those power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non-patient care rooms, power strips meet other UL standards. For full text, refer to NFPA 99-2012, 10-2.3.6, 10-2.3.7, NFPA 99-2012, 10-2.3.8, and 30D. Tentative Interim Amendment (TIA) 12-01.	1) Observed in Building Tour at [redacted] site. In CH-2, there was a power strip mounted to the wall which was not UL 1363A or UL 60601-1 rated. This was confirmed by the organization's Administrator.
EC.02.03.02	1	Low Partial	Every week, the organization inspects the emergency power supply system (EPS), including all associated components and batteries. The results and completion dates of the inspections are documented. For full text, refer to NFPA 110-2010, 8-2.1, 8-2.2, 8-2.3, 8-2.4, 8-2.5.	1) Observed in Document Review at [redacted] site. The ECC was unable to provide documentation to show that all associated components of the generator were checked weekly. The only item being documented was the fuel level. This was confirmed by the organization's Administrator.
EC.02.03.03	2	Moderate Widespread	The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. Footnote: For further information regarding standard precautions refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/nisapac/recommendations/core-practices.html (Infection Control in Healthcare Settings). (See also EC.02.02.01, EP 3).	1) Observed in Floor Walk at [redacted] site. In 3 of 3 rooms conducted, the organization was not following CDC Core Practices for standard precautions. Personal protective equipment, consistent with exposure risk, was not utilized. During tracer activity observed patient being entered by CRNA with staff #2 at head of bedside with no one having eye protection/goggles on. This does not follow the organization's standard precautions policy IC-203. Masks and eyewear (or face shield) should be worn during procedures that are likely to generate a splash/splatter of blood/body fluids. The patient required at least suctioning and was coughing. During tracer activity observed circulating RN change and handle bloody suction tubing with bare hands. This is not in compliance with the organization's Surgical Asepsis Policy IC#205 which stated "unsterile gloves must be worn when performing any task that may expose staff this potentially infective materials." During tracer activity observed circulating RN complete tasks with exam gloves on then entered supply cabinet to retrieve sterile packing with out removing gloves or performing hand hygiene. This is not in compliance with the CDC standards or organization's hand hygiene policy.

TJC Findings

The Joint Commission

Standard	EP	SAFER TM Placement	EP Test	Observation
ES.03.02.01	2	High Field	The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as in the case with flexible endoscopes. Footnote 1: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/infectioncontrol/facilities/disinfectionsterilization/ (Sterilization and Disinfection in Healthcare Settings) (See also ES.02.04.03, EP 4).	1) Observed in Tracer Activities at _____ LLC. Tracer conducted 1 drug tracer activities observed multi-dose vials to be used in this DE for pain management procedure on multiple patients. This observation is not in compliance with the organization's policy on use of multi-dose vials MM470 which states "multi-dose vials should be dedicated to a single patient. If multi-dose vial must be used for more than one patient they should NOT be kept or accessed in the immediate patient treatment area". Observation was confirmed by the clinical coordinator and discussed with the Administrator. During tracer activities observed medical vials being accessed without the cap being changed with alcohol swab. This is not in compliance with the CLC safe injection practice of the organization's policy safe injection practice MM470 which states "The cap for the medication vial shall be wiped with an alcohol swab prior to accessing the medication vial." This was confirmed by the clinical coordinator.
ES.03.01.20	6 ✓	Moderate Limited	Exits, exit accessions, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material and snow and ice. (For full text, refer to NPSA 101-2012, 20.3.421.3.4)	1) Observed in Building Tour at _____ LLC. In the Receiving hallway, there were items being stored in the hallway which reduced the width of the corridor to 40 inches and not the required 48 inches. This was confirmed by the organization's Administrator. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following L 364s will be implemented and the deficiency has been resolved and according to the organization's L 364 policy. Conduct education promoting awareness of deficiencies (EP 12).
ES.03.01.34	10 ✓	Low Limited	The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012, 20.3.421.3.4	1) Observed in Building Tour at _____ LLC. In the Receiving Hall Storage Room, where smoke detection was present there were partitions greater than 125" which could prevent proper activation of the smoke detection. This finding was observed during survey activity, but a sufficient exists prior to the surveyor's departure. The appropriate action taken needs to be included in the organization's Evidence of Standards Compliance submission.

SAMPLE - SAFER MATRIX REPORT



TJC Evidence Standard Compliance - ESC

ENSURING SUSTAINED COMPLIANCE & ASSIGNING ACCOUNTABILITY

What procedures or activities have been identified to monitor your compliance with this element of performance?

What is the frequency of the monitoring activities?

What data will be collected from these activities?

To whom, and how often, will this data be reported?

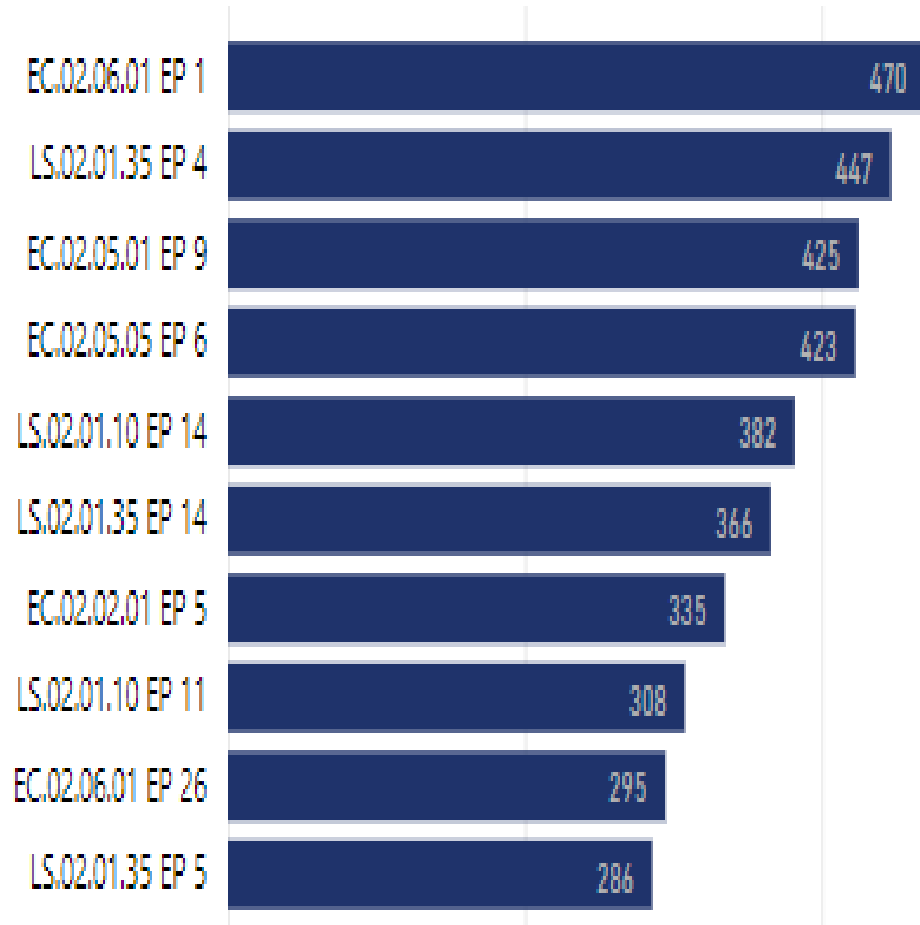
If the finding is identified as higher risk within the SAFER matrix, the ESC report on corrective actions taken must include the following elements

Will require the Organizations

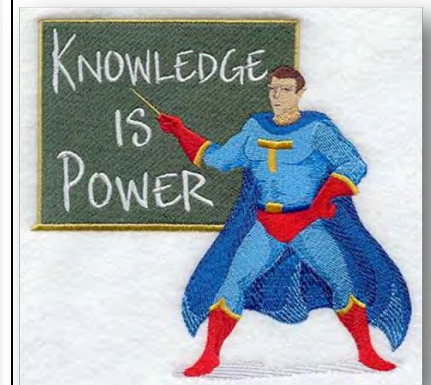
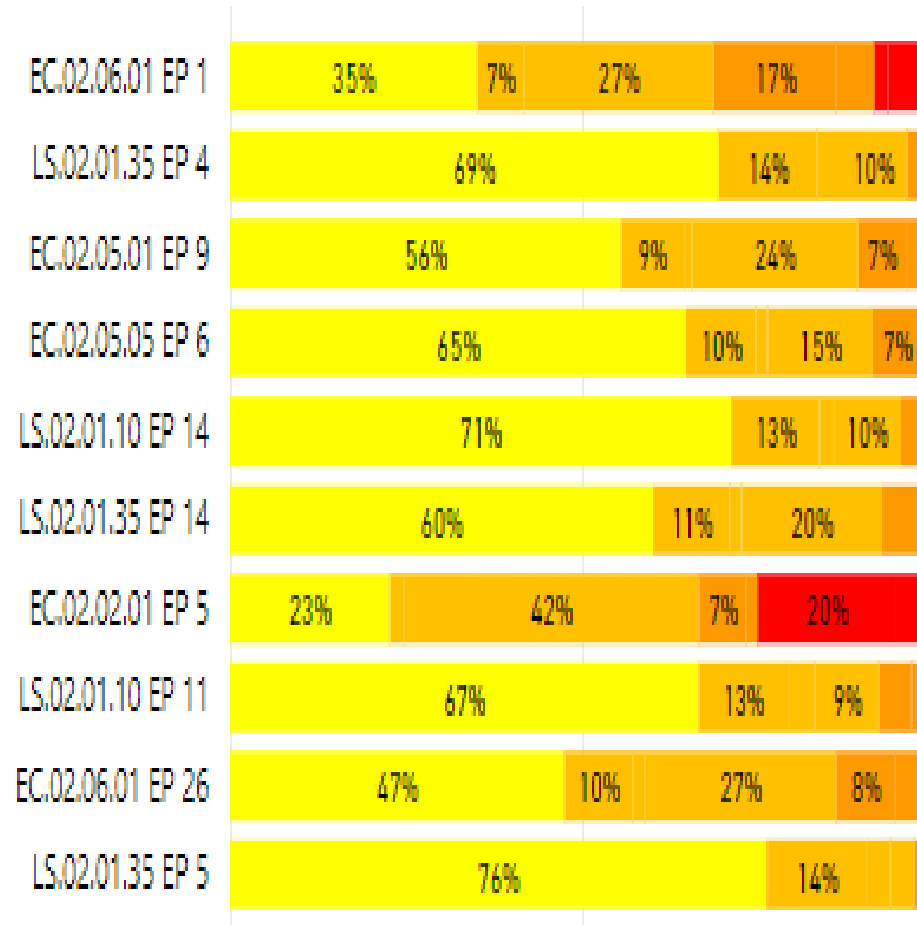
“LEADERSHIP INVOLVEMENT”

National RFI's 1/2022 -6/2022

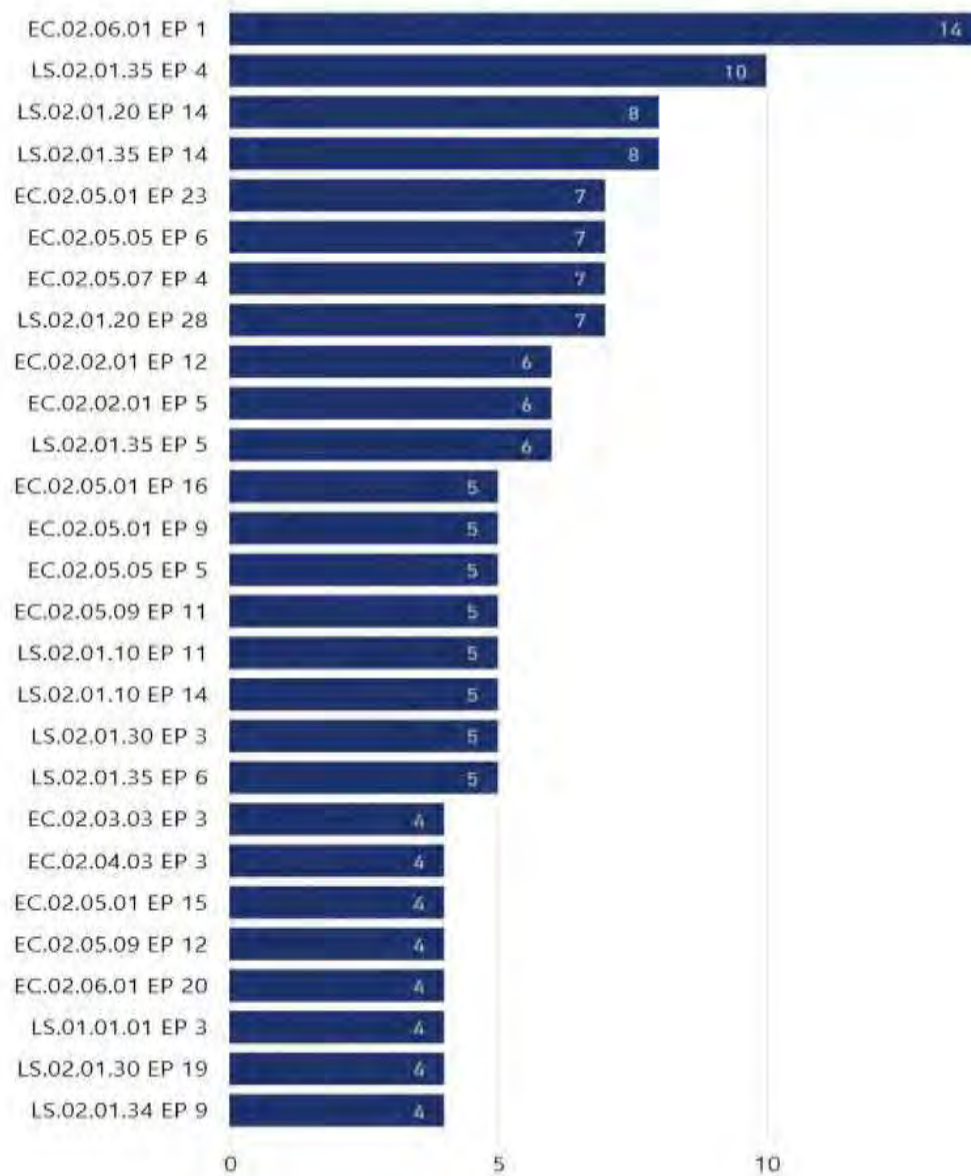
Number of EP-Level RFI's and SAFER Placement



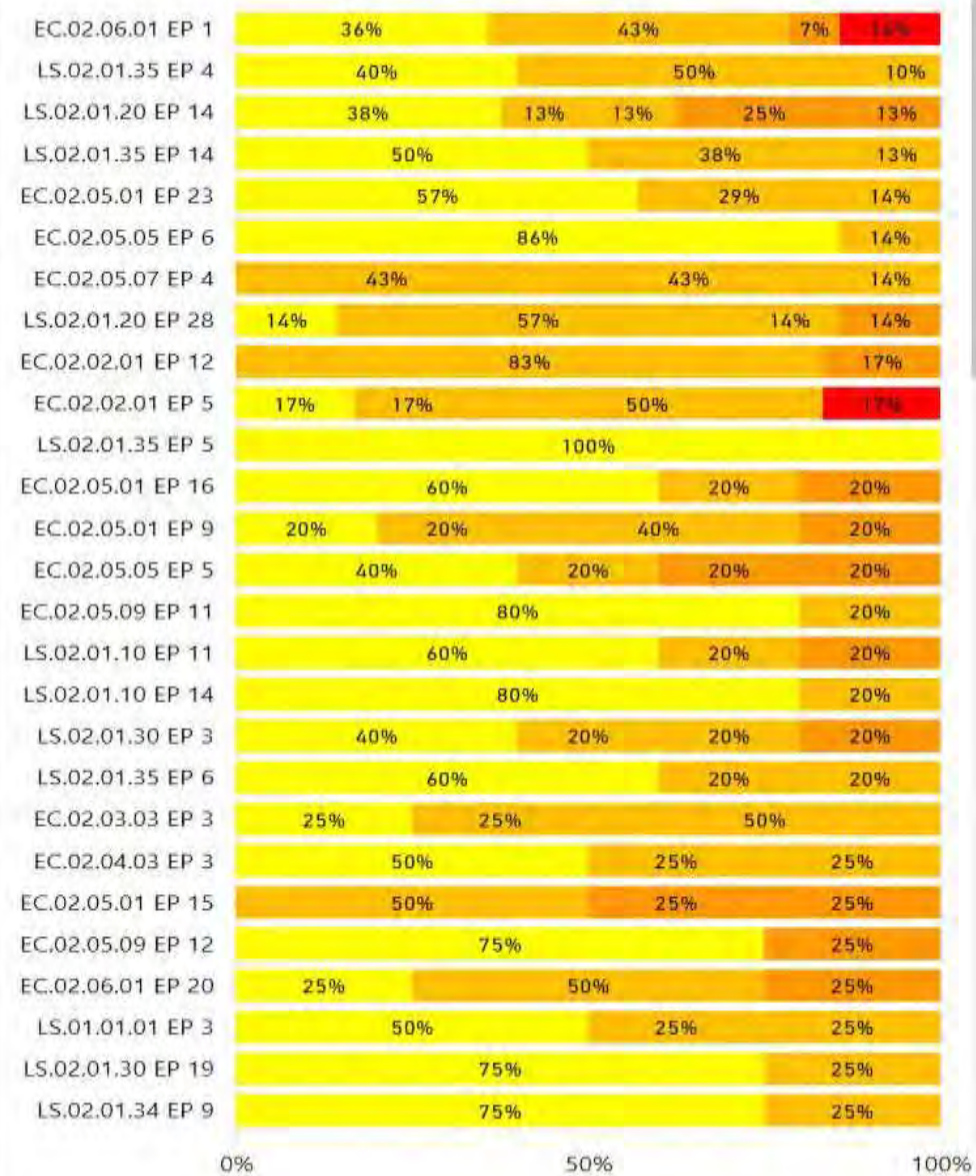
Proportion of SAFER Placement



Number of EP-Level RFIs and SAFER Placement



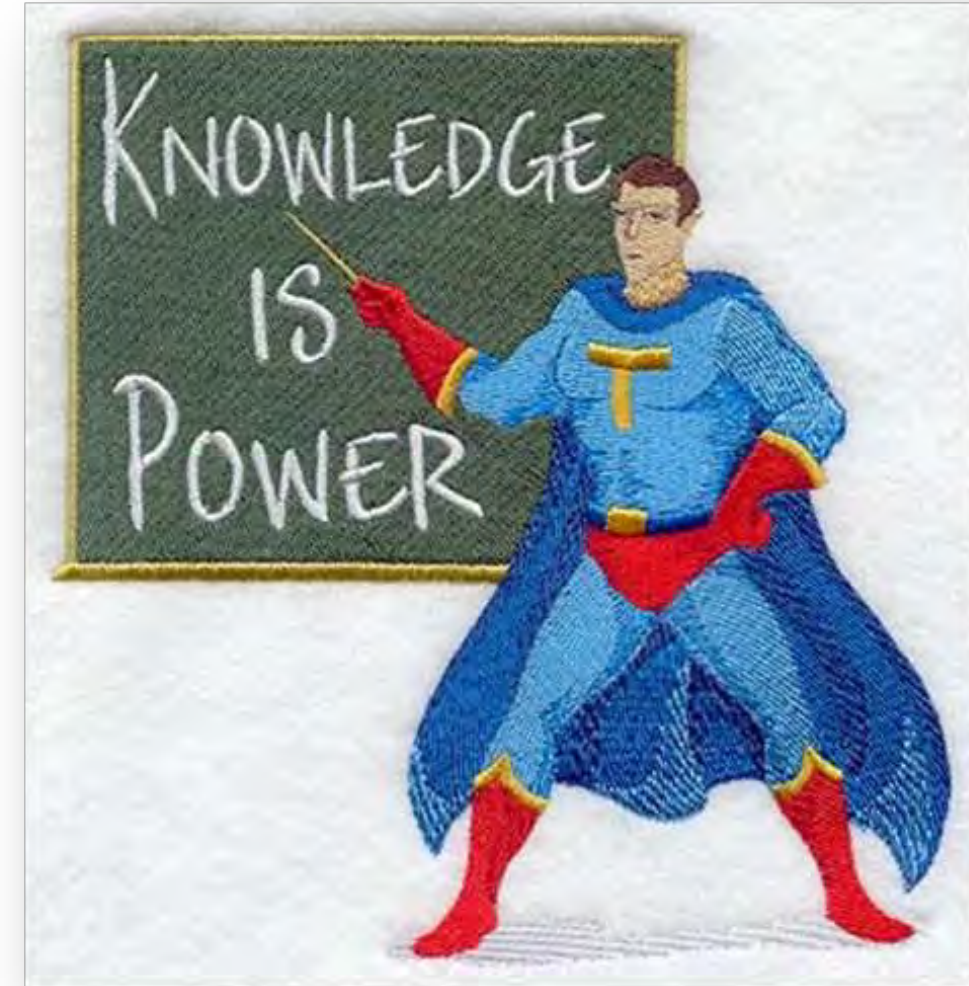
Proportion of SAFER Placement



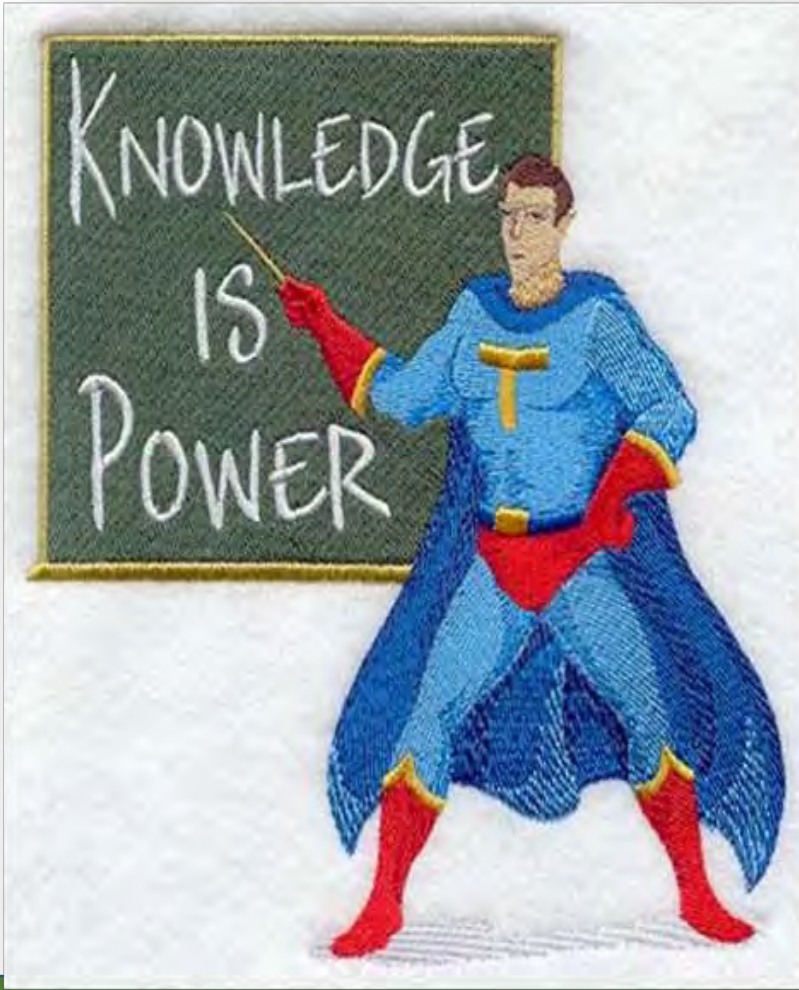
2021 New Jersey EOC / LS Data

SAFER Matrix Scoring

Likelihood to Harm	Immediate Threat to Health or Safety -			
	Limited	Pattern	Widespread	
High	1.7%	0.0%	0.0%	1.7%
Moderate	21.6%	7.3%	1.7%	30.6%
Low	49.6%	12.9%	5.2%	67.7%
	Limited	Pattern	Widespread	
	72.8%	20.3%	6.9%	
	Scope			



What's New – RECAP ?



Changes Effective Now Impacting All Programs

- The Joint Commission has modified its **Environment of Care (EC) survey process for ambulatory surgery centers** (those that are deemed and/or assigned life safety code surveyors), critical access hospitals, and hospitals.
- The change eliminates the one-hour, sit-down EC discussion with members of the safety or EC committee. Content from this session will be integrated into the document review and building tours conducted by the Life Safety Code® surveyors. Also, EC topics will be incorporated during individual tracer activities completed by the clinical surveyors.
- This new survey approach will provide the LS Surveyor additional time to review your Medical Equipment Program and the Building Survey.
- **EC & LS changes in Behavioral Health** – see JC prepublication standards effective July 1, 2021. Clarification on Fire drills is included since BHU is considered Healthcare Occupancies (12 drills per year instead of 4) there are a few other exemptions where locking arrangements are being used. See EC.0203.03 EP 1.

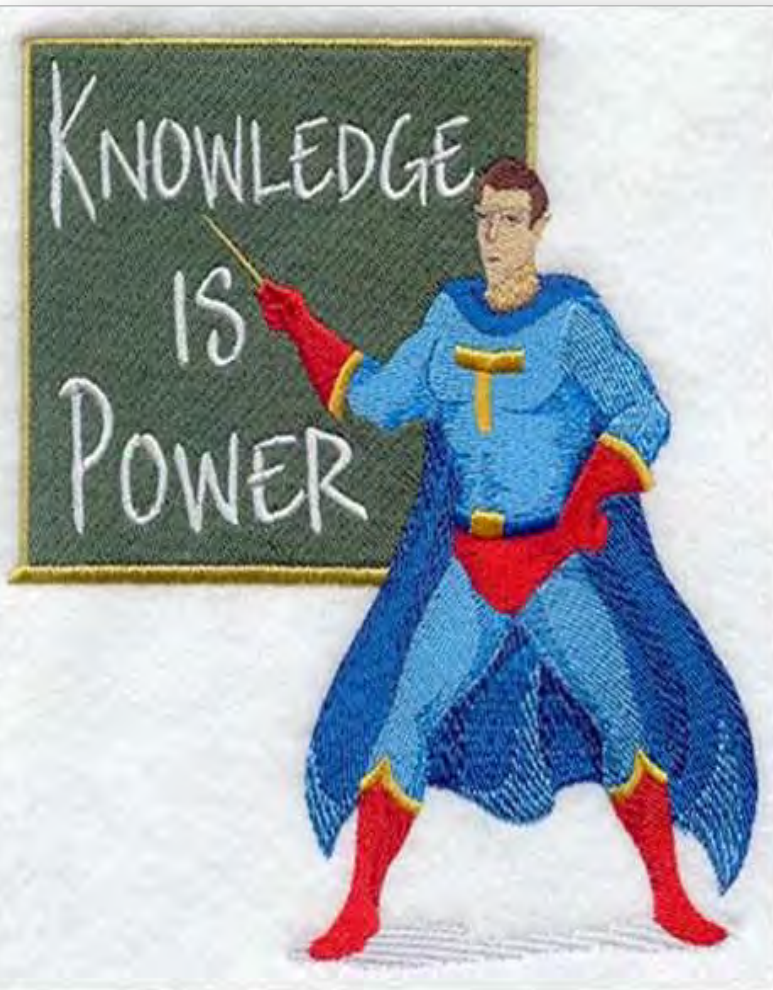
What's New – RECAP ?



Changes Effective Now Impacting All Programs

- **Life Safety Code® Building Assessment** – Specified the NFPA editions being surveyed.
- **Life Safety & Environment of Care Document List and Review Tool** – Tool has been expanded to include additional Environment of Care related documents for review. Eliminated EP's 7 & 8 in EC.02.03.05.
- **Kitchen Tracer Survey Guide** – This guide is the same as surveyors use when conducting their evaluation of the kitchen environment and dietary services. **Make sure you have the update tool published by TJC.**

What's New – RECAP ?



Changes Effective Now Impacting All Programs

- **Focus on Pre-Construction Risk Assessment** – Are you doing what your PICRA/ICRA policy states? **ICRA 2.0 tool ?**
- **Surveying what space?** Business Occupancies are now added to the Building Survey purview.
- Requires the LSC survey to extend to all Inpatient Locations and to locations where patients customarily go to receive Patient Care and would permit those locations to be classified as Healthcare
- See Pre-Publication of TJC “Business Standards”
LS.05.01.10 – LS.05.01.35 are Effective July 1,2021

What's New For 2023?

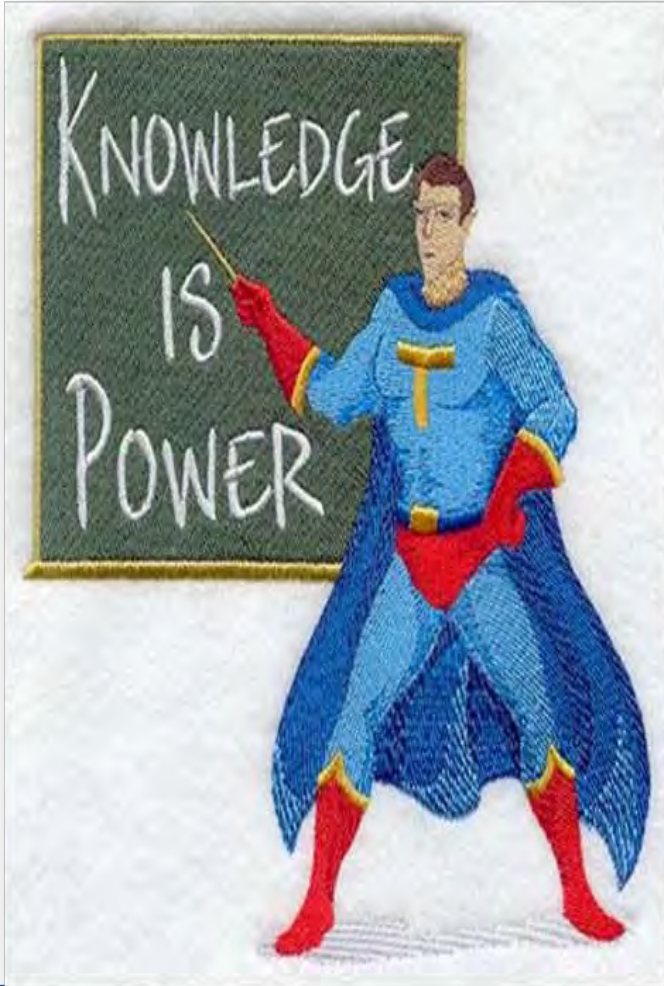


The Joint Commission Retires Select Accreditation Requirements

Effective February 19, 2023.

- The review began with hospital elements of performance (EPs) that met all the following criteria:
 - The EP did not support a CMS CoP or state regulation.
 - The EP has been in effect for at least three years.
 - The EP has been scored five times or less during full triennial surveys between 2017 and 2019 (the three years prior to the COVID-19 public health emergency).

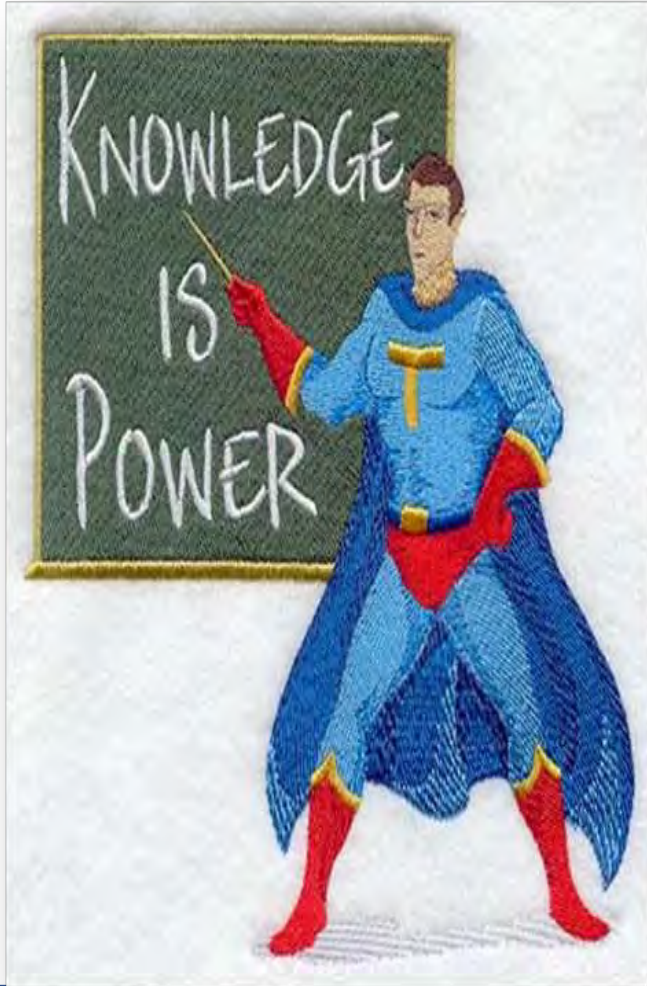
What's New For 2023?



The Joint Commission Retires Select Accreditation Requirements

- The Joint Commission is **eliminating 168** accreditation requirements that are above and beyond regulations from the Centers for Medicare & Medicaid Services (CMS) or any other state or federal agency.
- In addition to eliminating roughly 14% of the standards within their scope, TJC are revising an additional 13 standards in the near future.

What's New For 2023?



The revisions affect 182 standards across all accreditation programs.

- **56 Hospital** standards were identified for deletion, with 4 additional standards being revised to make them more effective.
- Ambulatory Health Care (**20 deleted**, 1 revised),
- Critical Access Hospitals (**37 deleted**, 4 revised)
- Behavioral Healthcare (**9 deleted**, 1 revised)
- Home Care (**10 deleted**, 1 revised)
- Laboratory Services (**6 deleted**, 1 revised)
- Nursing Care Centers (**12 deleted**)
- Office-Based Surgery (**18 deleted**, 1 revised).

What's New For 2023?



Environment of Care (EC) Chapter retired EP

Standard EC.02.01.03 EP 1

- The hospital prohibits smoking except in specific circumstances.
- The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.
 - **Note:** The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

Standard LS.02.01.40 EP 2

- The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.
 - The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.

EMREGENCY OPERATION PLAN



RE-NUMBERING OF EMREGENCY OPERATION PLAN

New Numbering System, elimination of redundant requirements and add the addition of new requirements.

The restructuring for TJC resulted in a reduction of EP' s **from 124 to 60.**

DNV-GL NIAHO; PE6.SR 4. Emergency Management

Same requirement changes as Joint Commission, just listed under PE6. SR 4.

“NEW” The Joint Commission Standards – 7/1/2022 - **EM.09.01.01 –EM.17.01.01.**

QUIZ # 1 - FOR HFMSNJ ATENDEES TONIGHT



EMREGENCY OPERATION PLAN

Standard EM.09.01.01 EP 1

Written EM Program w/all-hazards approach

Please answer the following question as to the new revised EM

Why did TJC revise the EM standard for HAP/CA from

EM.01.01.01 to EM.09.01.01

Answer : To Honor those of 911 and ALL First Responders

QUIZ #2 FOR HFMSNJ ATENDEES

2012 LSC–Smoke Zones



What is the maximum allowable size of a smoke compartment in New Health Care Construction?

- a) 22,500 sqft
- b) 40,000 sqft
- c) There is no limit

QUIZ #2 FOR HFMSNJ ATENDEES



2012 LSC–Smoke Zones

- Answer –a) 22,500 sq ft –NFPA 101 18.3.7.1(3)
- OR 40,000 sq ft if you are using NFPA 101- 2018 edition.
- 2018 LSC§18.3.7.1
- •2015 Edition of the IBC permits 40,000ft²
- •2018 Edition of the IBC restricts it to compartments with single-bed patient rooms or suites
- •2015 Edition of LSC only permits 22,500 ft²
- •2018 Edition LSC permits 40,000 ft² with restrictions similar to 2018 IBC, and in compartments with no patient sleeping

QUIZ #3 FOR HFMSNJ ATENDEES



2012 LSC—Exit Discharge

What is the maximum percentage of exit stairs that are permitted to discharge to the interior of a building?

- a) Exit stairs are not permitted to discharge to the interior
- b) 25 %
- c) 50 %
- d) 75 %

QUIZ #3 FOR HFMSNJ ATENDEES



2012 LSC–Exit Discharge

- **Answer –c) 50%**
- 2012 NFPA 101 §7.7.2
- Interior exit discharge shall lead to a free and unobstructed way to the exterior that is readily apparent or identifiable with exit signage

QUIZ #4 FOR HFMSNJ ATENDEES



NFPA 10 – Fire Extinguisher Installment

- A. At a height not more than 5 ft above the floor.
- B. At a height not less than 4 in. from floor.
- C. At any height as long as it is readily accessible and visible.
- D. Both A and B

QUIZ #4 FOR HFMSNJ ATENDEES



NFPA 10 – Fire Extinguisher Installment

- Answer – d) Both A and B

Reference NFPA Code: 2010 NFPA 10 §6.1.3.8

- NOTE: Extinguishers greater than 40 lbs. shall not be installed more than 3.5 ft above the floor.

QUIZ #5 FOR HFMSNJ ATENDEES



NFPA 80 - Labeling

It is acceptable for a fire door label to be covered by a continuous hinge.

A.True

B.False

QUIZ #5 FOR HFMSNJ ATENDEES



NFPA 80 - Labeling

- Answer – b) False
- 2010 NFPA 80 §4.2.2
- Labels must be readily visible and convenient for identification by the Authority Having Jurisdiction.

QUIZ #6 FOR HFMSNJ ATENDEES



NFPA 13 – Sprinkler Supports

What are the limitations on non-system components that can be supported by sprinkler piping or hangers?

- A. Acceptable as long as the components are less than 10 lbs.
- B. Acceptable as long as the components are tied to the sprinkler pipe.
- C. No items can be supported by sprinkler pipe.

QUIZ #6 FOR HFMSNJ ATENDEES



NFPA 13 – Sprinkler Supports

Answer – c) No items can be supported by sprinkler pipe.

2010 NFPA 13 §9.1.1.7

Citations have been noted for even a single wire on a sprinkler pipe.



**Healthcare Facilities
Management Society
of New Jersey**

Thank you to everyone attending!

The Team Compliance Hero is here to answer any of your questions!
&

Thank you, Joshua, for being our HFMSNJ Sponsor Tonight !



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