

General Awareness Information

Disaster Inspections of Medical Facilities

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U.S. Public Health Service Engineer Professional Advisory Committee Emergency Preparedness Subcommittee

Disclaimer

This document provides guidance on the Engineering Professional Advisory Committees (EPAC) current thoughts on the subject. An alternative approach may be used if such approach satisfies the situation. Periodically, EPAC will review this document and modify it according to comments submitted.

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Table of Contents

	Page
Purpose	1
Background	1
Healthcare Occupancy	1
Continuous Access to Hospital Following Disaster	2
Codes and Standards	2
Attachments Health Facility Rapid Safety Evaluation Health Facility Disaster Evaluation with Checklist	3 4 7

Purpose

This document describes the factors that make healthcare facilities different from office buildings and discusses the need for careful planning and preparation when dealing with post-disaster situations. Healthcare facilities must be operational and have the capacity to deal with the undesirable effects of a disaster.

This document also reviews the knowledge required to make a preliminary safety inspection following a disaster event. Because disasters affect all facilities within a certain geographical area, a systematic review and inspection of critical facilities, such as hospitals, is needed to ensure continuation of service.

Background

Healthcare is an evolving industry that requires facility managers and engineers to know the latest healthcare planning, design and construction technologies, and related issues. Hospital accreditation involves compliance with the Ambulatory Healthcare and Business Occupancy building codes and standards, infection control standards and medical safety issues, and life safety standards (National Fire Protection Association [NFPA] 101, Life Safety Code) for patients and other occupants.

Healthcare facilities contain unique features and are more difficult to analyze than commercial buildings. For example:

- Healthcare facilities contain contaminated medical wastes, hazardous laboratory wastes, and regular solid wastes. Dealing with this waste is a formidable challenge.
- Specialized equipment and chemicals such as radiology equipment, medical diagnostic and treatment equipment, medical gases and piping (NFPA 99, Standard for Healthcare Facilities), and pharmaceuticals have critical storage requirements.
- The electrical system (NFPA 70, National Electric Code), especially related to patient care activities (NFPA 99), requires greater reliability (NFPA 110, Standard on Emergency and Standby Power Systems) and added redundancy within its power distribution system.
- Because of the risk of exposure to contagious patients, traffic patterns and indoor air pathways must be preserved as designed (AIA Guidelines, Hospital and Healthcare Facilities, Table 2, Ventilation Requirements for Areas Affecting Patient Care) to protect all the occupants.
- Most medical treatment and support spaces have specific adjacency criteria for optimal functionality and fire code safety requirements. However, not all engineers have the expertise to inspect and evaluate the complex safety issues unique to hospitals and clinics.

Healthcare Occupancy

Hospitals have a unique challenge related to evacuation of patients. Facility safeguards such as special construction features and materials, sprinklers, and strategically located fire barriers within the healthcare facility protect against fire or other disasters. Past

experiences and corroborating fire safety research have shown that it is impractical to evacuate patients, especially if it involves a vertical movement. Therefore, fire codes have dictated the necessary physical protection needed to protect patients in case of fire, but without being evacuated.

Continuous Access to Hospital Following Disaster

A hospital is in great demand following a disaster. It serves as a treatment center and a command center during the recovery period. All hospitals and health centers with 24-hour emergency rooms are structurally upgraded to withstand earthquakes and be fully operational within 24 hours. Because a hospital is an essential facility, it is seismically designed to a higher standard, which is referred to as immediate occupancy.

The fire safety upgrades mentioned earlier coupled with the seismic reinforcing enhances the suitability of hospitals to meet the continuous access requirement. This requirement would probably need additional security considerations, but probably could be implemented with a minimum of structural changes. Some scenarios would have to be evaluated for certain disasters such as floods or hurricanes but the building itself seems suited for the continuous access requirement.

The health facility must have an emergency operation/security plan in place to meet the demands placed on it in a post-disaster situation. The organized plan must contain sufficient detail to allow areas of the health facility to operate effectively and efficiently to meet these disaster emergency demands. Because the healthcare facility is designated as an essential facility for disaster recovery, coordination with local and regional emergency agencies should also be reviewed and made part of the emergency plan.

Codes and Standards

Specific building codes and standards must be followed by all healthcare facilities in order to retain Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation. Following is a brief list of the major codes and standards that the healthcare facility must comply with under periodic review to maintain its JCAHO accreditation:

-NFPA Standards 70, 99, 101, 110 and 111
-ASHRAE Standards
-ANSI Standards
-AIA Guidelines for Design and Construction of Hospitals and Healthcare Facilities
-JCAHO Environment of Care Essentials for Healthcare

Attachments

Healthcare Facility Inspection

Attached are instructions and checklists for two separate post-disaster inspections, the preliminary Health Facility Rapid Safety Evaluation and the more comprehensive Health Facility Disaster Evaluation. The preliminary Rapid Safety Evaluation is intended for health facilities with slight damage or as a screening tool for hospitals exhibiting extensive visual damage. The more comprehensive Disaster Evaluation, performed by a professional engineer or registered architect, would contain a determination for each item on the checklist portion. The completed evaluation would then be used to determine the specific safety condition and serviceability of the health facility.

The following materials are provided:

• Health Facility Rapid Safety Evaluation (1 page)

-ATC-20 Rapid Evaluation Safety Assessment Form (1page) -ATC-20 Fixed Equipment Checklist (1page)

•Health Facility Disaster Evaluation with checklist (3 pages)

- 1. The table below lists examples of systems failures that may be encountered in a rapid safety evaluation.
- 2. The following forms were developed by Applied Technology Council (ATC) for the ATC 20-1 Field Manual and include the following:
 - Rapid Evaluation Safety Assessment Form
 - Fixed Equipment Checklist

These forms can be used as a guide for rapid preliminary inspection of a health facility after a disaster. These documents are not a comprehensive or detailed survey of conditions but a preliminary reference. The remarks columns should be used to alert more qualified specialists of potential problems.

3. The ATC form and checklist were developed primarily for a seismic disaster but can also be applied to all disasters where serious facility damage is anticipated (e.g., tornados, flooding, hurricanes).

EXAMPLES OF SYSTEM FAILURES IN A DISASTER TO ASSIST IN A RAPID SAFETY EVALUATION

Hospital System	Symptom of System Failure		
Computer Systems, Hospital Network	No response, system down		
Main Electrical Power & Emergency Gen.	Many lights out, only emergency (red) outlets work. All outlets in OR, ICU/PCU, and NICU are on emergency power.		
Elevators Malfunctioning	Alarm indicates stoppage between floors		
Fire Alarm System	No detectors or alarm operable		
Sprinkler System	No water; non-operable		
Medical Gases	Gas alarms; no oxygen, medical air,		
	nitrous or nitrogen		
Medical Vacuum	Vacuum alarm; no vacuum		
Natural Gas Supply	Gas odor if leak; no flame at kitchen		
	stoves		
Nurse Call System	No contact on patient call system		
Patient Care Equipment Systems	All equipment in non-function mode		
Sewer/Drain System	Drain lines backing up/odor in lower areas		
Steam Generation and Distribution	Absence of building heat and sterilizers inoperable		
Telephone System	Local or regional network inoperable		
Potable Water	Reduced or no pressure at faucets; potential flooding at lower areas of building/site		
Ventilation System	No air movement; loss of temperature control		

	F	Parcel No	
fety Asse	ssment l	Form	
OVERALL RATING: (Check One) INSPECTED (Green) Exterior only Exterior and Interior LIMITED ENTRY (Yellow) UNSAFE (Red)			
Inspector Affiliation INSPECT Mo/day/y	ID TION DAT	E:	
e review is r and/or barr	needed, pos icading aro	t LIMITEI und the hz	DENTRY.
	Yes	No	More Review Needed
ictural Geo	technical (Other	
			ATC-20
	OVERA IN IL UU INSPECT Inspector Affiliation INSPECT Mo/day/y Time ted below. A e review is r and/or barr re covered b	OVERALL RATIN INSPECTED Ex Ex LIMITED E UNSAFE (R INSPECTOR: Inspector IDAffiliationI INSPECTION DAT Mo/day/year Time ted below. A "yes" answ e review is needed, pos and/or barricading aro re covered by 6 and are Yes on d distress on actural Geotechnical	INSPECTED (Green)Exterior onlyExterior and I LIMITED ENTRY (Ye UNSAFE (Red) INSPECTOR: Inspector IDAffiliationI AffiliationI INSPECTION DATE: Mo/day/yearT Time ted below. A "yes" answer to 1, 2, e review is needed, post LIMITEI and/or barricading around the ha re covered by 6 and are to be post Yes NoN nd distress

FACILITY: Name: Address:	1	Inspecto Affiliation INSPEC Mo/day/	INSPECTOR: Inspector ID			
CHECKLIST:		Equipmen			am pm	
General Items:	No	Yes	Yes Inoperable	Comments		
Main boilers Chillers Emergency generators Fuel tanks Battery racks Fire pumps On-site water storage Communications Equipment Main transformers Main electrical panels Elevators (traction) Other fixed equipment:	_					
Special Concerns for Hospita	als and C)ther Healt	h Care Fa	cilities:		
Radiation equipment Toxic chemical storage: Liquid oxygen tanks						
Other:						
Recommendations/Commen	ts:					

HEALTH FACILITY DISASTER EVALUATION

Date	
Facility Name	
Facility Location	
Reviewer	

Purpose

The following table is used to evaluate the condition of a health care facility after a disaster has occurred. Its purpose is to collect IMMEDIATE data after a specific disaster. Government staff will use this data to determine the current condition of the facility and to help them determine if facility is operational and safe.

Evaluation

The table should be completed by a professional engineer/architect (PE/A) or a certified facility maintenance engineer should complete the table and then forward it to the local health care administrator (HCA). The PE/A should make a recommendation to the HCA if the facility should be either labeled as having "limited entry" or "no entry" to the public. For limited entry, the PE/A must define what areas should be limited. The PE/A must clearly post the signs with appropriate signage or plastic ribbon tape. Following are recommendations for appropriate signage:

LIMITED ENTRY

Warning: This structure/system/equipment has been damaged and its safety is questionable.

NO ENTRY

Warning: This structure/system/equipment has been seriously damaged and is unsafe.

After the completion of this table and appropriate signage posting, a thorough engineering evaluation of the facility is recommended. A team of registered architects and engineers with appropriate knowledge in their particular area of specialty should perform this investigation. The makeup of this team would be based upon the results that have been entered into table, and the need for repairing the damaged and/or securing the safety of the facility. This team should not only review the damage that has occurred throughout the facility, but also make appropriate contacts to all service contracts that the facility uses in its daily operation.

		Structure/System/Equipment Damage					
	N/A	NO	YES				
	ĺ		Operable/Safe	Inoperable/Unsafe			
CIVIL SYSTEMS CHECK LIST			-	•			
Domestic Water Supply Main							
Fire Supply Main							
On-Site Water Storage							
Sewer Line							
Storm Water Piping from Roof							
Surface Water Drainage							
Road Access							
Facility Parking							
Facility Sidewalks							
ELECTRICAL SYSTEMS CHECK		[
Electrical Service to Facility Main Power Transformer							
Main Power Transformer Main Electrical Panels							
Emergency Generator Communication Systems							
 Telephone 	-						
Computer Local Area Network							
 Public Address System 							
 Fax Machines 							
Fire A larm System							
 Smoke Detectors 							
 Strobe Lights 							
Emergency Lighting System							
Normal Lighting System							
MECHANICAL SYSTEMS CHEC	K LIS'	Γ					
Building HVAC Control System							
HVAC System Components		•					
 Main Boilers 							
 Chillers 							
 Pumps 							
Fire Sprinkler System							
Fuel Supply (Oil, Propane, Natural							
Gas, Diesel)							
Medical Gas							
Vacuum Gas							
Fire Pumps							
Seismic Shut-Off Valves							
Motor Starters							

		Structure/System/Equipment Damage				
	N/A	NO		YES		
			Operable/Safe	Inoperable/Unsafe		
			•	•		
STRUCTURAL SYSTEMS CHEC	K LIST	[
Foundations						
 Building off foundation 						
 Fractured foundation 						
Vertical Support						
Columns not Plumbed/Buckled						
 Bearing Walls 						
 Beams/Trusses 						
Connections						
Horizontal Lateral Support		1				
 Shear Walls 						
 Diaphragms 						
 Cross Bracing 						
Connections						
Roof Support						
 Beams 						
 Trusses 						
Connections						
NON-STRUCTURAL SYSTEMS	CHECK	K LIST				
Exterior Facade						
 Bldg. Skin/Walls 						
Windows/Doors						
Roof System						
Elevators						
Fuel Tanks						
Toxic Chemical Tanks						
Liquid Oxygen Tanks						
Battery Racks						
MEDICAL EQUIPMENT CHECK	LIST					
X-Ray Equipment						
CAT Scanner						
MRI Units						
Ultra Sound Units						
Laboratory Equipment						
Radiation Equipment						
Other Fixed Equipment						

REVIEWER RECOMMENDATIONS

* LIMITED ENTRY INTO FACILITY:	Yes	No	
Authorized entry areas include			
Off-limit areas include			

* NO ENTRY TO FACILITY: Yes No