

Engineering Services Frequently Asked Questions

Question:

We have a plan to submit for a project that we have planned for a while. Are you still doing plan reviews?

Answer:

We suggest that you do *not* submit non-COVID19 project plans for review at this time. If you choose to submit plans, submittal form and fee for non-COVID19 projects, staff will review the plans once COVID work is sufficiently slowed down or complete.

Question:

Because of the COVID pandemic, are all Life Safety Code rules off?

Answer:

The rules are never off. In times of emergency, the facility emergency plan is enacted. Everything that a facility does must be in accordance with the emergency plan and risk assessments. For each risk identified, enact the mitigation (like ILSM's) called out in the risk assessment. Anything that is done must be approved by the person in charge of the disaster response team, not physicians or clinicians.

Question:

Are we required to perform fire drills as required by the life safety code?

Answer:

CMS is permitting a documented orientation training program related to the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedure and the fire protection devices in their assigned area. Please see the current summary of the [1135 waiver \(pages 26/27 for fire drills\): https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf](https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf)

When federal life safety code surveys continue, facilities must be able to show their documented orientation training program related to their fire plan. The program must detail how and when their staff (new, existing and temporary) received fire drill training.

Question:

Because of the pandemic, are we allowed to defer the inspection, testing and maintenance provisions of the Life Safety Code and Health Care Facilities Code?

Answer:

CMS will permit facilities (Hospitals, CAHs, inpatient hospice, ICF/IIDs, and SNFs/NFs) to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment. CMS is temporarily modifying these provisions to the extent necessary to permit these facilities to adjust scheduled ITM frequencies and activities required by the LSC and HCFC. The following LSC and HCFC ITM are considered critical are not included in this waiver:

- Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing.
- Portable fire extinguisher monthly inspection.

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- Elevators with firefighters' emergency operations monthly testing.
- Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing.
- Means of egress daily inspection in areas that have undergone construction, repair, alterations or additions to ensure its ability to be used instantly in case of emergency.

Fire drills are addressed in this blanket waiver. Current fire plans must include a documented orientation training program for all employees. For more information on ITM (pages 25/26) and fire drills (pages 26/27), please refer to the following link: '[COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf)' (PDF) <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Please keep in mind that these systems exist to protect life; it is important that systems are working properly. Facilities are expected to perform a risk assessment to determine how the ITM can be adjusted safely. Facilities are also expected to clearly document why and how the organization will use the waiver, when the facility expects to resume normal activities and how staff is educated and trained on any changes. For guidance, the American Society for Health Care Engineering (ASHE) has produced guidance on ITM in health care during the [COVID19 pandemic \(Word file\)](https://www.ashe.org/system/files/media/file/2020/04/1135-Waiver-Template-ITM-Recommendation%20Table.docx) <https://www.ashe.org/system/files/media/file/2020/04/1135-Waiver-Template-ITM-Recommendation%20Table.docx>

Question:

Do you have any guidance on how we can temporarily make a bedroom negative pressure for people with COVID19?

Answer:

Yes, please see 'Guidelines for Temporary Negative Pressure Isolation Rooms' and 'Airborne Infectious Disease Management' for more helpful information. Both documents are located on the [MDH Engineering website: https://www.health.state.mn.us/facilities/regulation/engineering/index.html](https://www.health.state.mn.us/facilities/regulation/engineering/index.html).

Question:

We have been in contact with a mechanical engineer to temporarily make a bedroom negative pressure. Does engineering need signed plans, submittal form and fee for this project? We are kind of in a hurry.

Answer:

Engineering does not need signed plans, submittal form nor fee for *temporary* projects that address the COVID-19 pandemic. Any changes your facility makes must be in accordance with the facility emergency plan and risk assessments. MDH Engineering is available to answer questions and/or discuss design issues that come up as you implement your emergency plan. We are working with facilities throughout the state and can share with you what other facilities are doing with regard to the pandemic.

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Question:

We want to build a wall across a corridor to make a wing in our facility a 'COVID-19' wing. Do you have any guidance on that?

Answer:

Yes, please see 'Temporary Wall Construction Guidelines', located on the [MDH Engineering website \(https://www.health.state.mn.us/facilities/regulation/engineering/index.html\)](https://www.health.state.mn.us/facilities/regulation/engineering/index.html).

Question:

If we need to perform operations or procedures on COVID19 patients, should we make those rooms negative pressure?

Answer:

No. The industry standard is that operating/procedure rooms remain positive pressure. This is done to protect patients undergoing a procedure. Industry and MDH recommend using the same guidance for COVID operating/procedures rooms as Tuberculosis patient operating/procedure rooms. The following is guidance provided by ASHE.

[ASHE issues recommendation for OR use during COVID-19 \(https://www.ashe.org/ashe-issues-recommendation-or-use-during-covid-19\)](https://www.ashe.org/ashe-issues-recommendation-or-use-during-covid-19)

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To obtain this information in a different format, call: 651-201-4229.