HACKETTSTOWN REGIONAL MEDICAL CENTER

CRITICAL AREA RELATIVE HUMIDITY & TEMPERATURE

Effective Date: August 2012 Policy No: AD029
Cross Referenced: Origin: Administration

Reviewed Date: April 2015 Authority: Chief Operating Officer

Revised Date: April 2015 Page: 1 of 2

SCOPE

All critical areas of the hospital, as defined herein, and individuals who work within those areas.

PURPOSE

To outline the process for ensuring the relative humidity and temperature of critical areas within the hospital are maintained within healthcare industry acceptable standards to inhibit bacterial growth, to prevent infection and to promote patient and clinical team comfort and safety.

DEFINITION

Critical Areas: Operating Rooms and Anterooms, Minor Procedure Rooms, Endoscopy Procedure Rooms, Labor & Delivery Operating Room and Anteroom, Laser Eye Room, Central Sterile and Vascular Lab.

POLICY

- I. The target range for relative humidity within critical areas is 20% 60%. The target range for temperature within critical areas is between 68°F 73°F.
- II. Hackettstown Regional Medical Center has chosen to adopt the Centers for Medicare & Medicaid Services' (CMS) categorical Life Safety Code waiver (effective April 2013) permitting new and existing ventilation systems supplying hospital anesthetizing locations to operate with a relative humidity of ≥ 20 percent.

PROCEDURE

- I. Routine Preventive Maintenance and Evaluation of the HVAC System in Critical Areas:
 - A. The Plant Operations Department implements and documents appropriate preventive maintenance practices as outlined in its departmental procedure to assure the HVAC system serving critical areas is working as designed.
 - B. The Plant Operations Department will perform daily checks of relative humidity and temperature and will take action as outlined in its departmental procedure to assure appropriate functioning of the HVAC system serving critical areas.
- II. Operational Actions and Observation of the Physical Environment:
 - A. Individuals who work within critical areas follow guidelines to protect stored items and to minimize impact to relative humidity and temperature, such as:
 - Keeping room access doors closed when not in use;
 - Keeping supply cabinet doors/drawers closed when not in use;
 - Minimizing presence of non-essential heat-producing equipment.
 - B. The Department Director/Manager/designee will make all relevant in-room adjustments to the physical environment based on:
 - Observation of excessive perspiration or condensation;
 - Comfort of the surgical team;
 - Clinical needs of the patient and/or particular procedure
 - C. The Department Director/Manager/designee will contact the Plant Operations Department for further evaluation if in-room adjustments prove ineffective in addressing the conditions in II.B.

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III. Response to Relative Humidity Readings Outside of Established Thresholds:

A. <u>During regular operational hours of affected critical areas</u>:
Collaboration will take place between the Plant Operations Department, the Department Director(s)/Manager(s) and the Infection Preventionist to determine need for any further actions.

B. During non-operational hours of affected critical areas:

Collaboration will take place between the Plant Operations Department and the Administrative Supervisor to determine need for any further actions. The Director(s)/ Manager(s) of the affected critical areas and the Infection Preventionist will be advised of this activity as soon as necessary in support of patient safety and hospital operations.

REFERENCES

Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

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HVAC Design Manual for Hospitals and Clinics, American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc. (W. Stephen Comstock Pub., 2003).

Centers for Disease Control and Prevention. Guidelines for environmental infection control in health-care facilities: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). MMWR 2003; 52 (No. RR-10)

Allo MD, Tedesco M. Operating Room Management: Operative Suite Considerations, Infection Control. Surg Clin N Am 85 (2005): 1291-1297.

AORN 2011-Perioperative Standards.

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