



1275 K Street, NW, Suite 1000
Washington, DC 20005-4006
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
www.apic.org

May 23, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Re: CMS-3277-P, Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities

Dear Ms. Tavenner:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments on the proposed rule for Fire Safety Requirements for Certain Health Care Facilities. APIC is a nonprofit, multi-disciplinary organization whose mission is to create a safer world through prevention of infection. Our 15,000+ members oversee the infection prevention and control programs in hospitals, critical access hospitals, long-term care facilities, and ambulatory surgery centers as well as other locations where healthcare services are provided. In these settings, we work closely with the fire safety/life safety officers to ensure a safe environment. APIC is pleased that this proposed rule will adopt the 2012 edition of the Life Safety Code (2012 LSC) and eliminate any references to earlier editions of this code. Our members will find it extremely helpful that 2012 LSC sets forth the same restrictions in new and existing healthcare and ambulatory healthcare occupancies as many have responsibilities for oversight of more than one type of healthcare setting. Our comments will address the use of alcohol based hand rubs (ABHR).

Several studies have shown that healthcare workers can transmit microorganisms from patient to patient as well as to and from the environment surrounding a patient.¹ Hand hygiene is the most effective means of interrupting that transmission. The use of an ABHR is a fast and effective way to perform hand hygiene. The Centers for Disease Control and Prevention's (CDC) hand hygiene guidelines recommend (Category 1A) the use of easily accessible ABHR dispensers as part of a multi-modal approach to improve hand hygiene compliance.¹ Multiple publications have discussed how the introduction of ABHRs and the placement of the ABHR dispensers has positively impacted hand hygiene compliance.²⁻⁷ APIC appreciates the inclusion of language which allows the use of aerosol dispensers as well as automatic dispensers. Both types of dispensing technology are essential tools used daily in healthcare facilities to prevent healthcare-associated infections. We also appreciate the suggested specifications applying to dispensers to provide direction for the manufacturers.



The clarification provided on the proximity of ABHR dispensers to an ignition source will allow for more options to make the ABHRs more easily accessible and thus assist with providing a safe environment through improved hand hygiene compliance.

As part of the administrative measures to improve hand hygiene compliance, the CDC hand hygiene guidelines recommend placing an ABHR dispenser at the entrance to the patient room and at the bedside or other convenient location.¹ APIC strongly supports the inclusion of the 2012 LSC change allowing for the exemption of one dispenser per patient room in the total volume count per smoke compartment. Inclusion will provide healthcare organizations a better understanding of the allowable amounts of ABHR when planning installations but more importantly will provide healthcare personnel more convenient access to hand hygiene products, thus improving patient safety.

APIC supports the adoption of the 2012 LSC and thanks CMS for the opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads "Jennie L. Mayfield". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Jennie L. Mayfield, BSN, MPH, CIC
2014 APIC President

1. Centers for Disease Control and Prevention. Guideline for hand hygiene in health-care settings: recommendations of the Healthcare Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *MMWR Recomm Rep* 2002; 51(RR – 16): 1-45.
2. Trick WE, Vernon MO, Welbel SF, Demarais P, Hayden MK, Weinstein RA; Chicago Antimicrobial Resistance Project. Multicenter Intervention Program to Increase Adherence to Hand Hygiene Recommendations and Glove Use and to Reduce the Incidence of Antimicrobial Resistance. *Infect Control Hosp Epidemiol* 2007; 28(1): 42-49.
3. Sax H, Allegranzi B, Uckay I, Larson E, Boyce J, Pittet D. "My Five Moments for Hand Hygiene": A User-centered Design Approach to Understand, Train, Monitor and Report Hand Hygiene. *J Hosp Infect* 2007; 67: 9-21.
4. Thomas BW, Berg-Copas GM, Vasquez DG, Jackson BI, Wetta-Hall R. Conspicuous vs customary location of hand hygiene agent dispensers on alcohol-based hand hygiene product usage in an intensive care unit. *J Am Osteopath Assoc* 2009; 109(5): 363-267.
5. Rupp ME, Fitzgerald R, Puumala S, Anderson JR, Craig R, Iwen PC, et al. Prospective, controlled, cross-over trial of alcohol-based hand gel in critical care units. *Infect Control Hosp Epidemiol* 2008; 29(1): 8-15.
6. Bischoff WE, Reynolds TM, Sessler CN, Edmond MB, Wenzel RP. Handwashing compliance by healthcare workers: the impact of introducing an accessible, alcohol-based hand antiseptic. *Arch Intern Med* 2000; 160: 1017-1021.
7. Chan BP, Homa K, Kirkland KB. Effect of Varying the Number and Location of Alcohol-based Hand Rub Dispensers on Usage in a General Medical Unit. *Infect Control Hosp Epidemiol* 2013; 34(9): 987-989.