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June 12, 2014

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

#### **Re: CMS-3227-P, Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities**

Dear Ms. Tavenner:

The Society for Healthcare Epidemiology of America (SHEA) appreciates the opportunity to provide input to CMS in response to the request for comment on the proposed rule for Fire Safety Requirements for Certain Health Care Facilities. SHEA represents more than 2,000 physicians and other healthcare professionals globally with expertise in healthcare epidemiology and infection prevention. The Society promotes infection prevention by supporting science, research, guidelines, expert guidance, education, antimicrobial stewardship and transparency in public reporting related to healthcare associated infections (HAIs). SHEA's comments address the topics of anesthetizing locations and alcohol based hand rubs (ABHRs).

#### **Anesthetizing Locations**

CMS is proposing to add language to regulations for hospitals, critical access hospitals (CAHs) and ambulatory surgery centers (ASCs) requiring them to have supply and exhaust systems in windowless anesthetizing locations that automatically vent smoke and products of combustion, prevent recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake. This proposed regulation is similar to a 1999 NFPA 101 and NFPA 99 requirement that is no longer included.

**SHEA recommends that CMS *not* include this proposed smoke evacuation requirement but rather adopt the LSC language in its current form.**

RATIONALE: SHEA notes that using dedicated systems as described above could require the shut-down of air handling units (AHUs) providing ventilation to multiple operating rooms. This might unintentionally increase the risk of surgical site infections (SSIs) to patients in other operating rooms not affected by fire involving only one operating room in a surgical suite. In addition, a comparison of frequency of fire incidents in ORs compared to SSIs demonstrates that while both are to be avoided, SSIs are a more frequent risk to patient harm. According to the ECRI Institute, the number of fires in US health care facilities per year is estimated between 200-240<sup>1</sup> while the number of SSIs is estimated by the Centers for Disease Control and Prevention to be between 141,624 - 157,352 annually.<sup>2</sup>

Prior proposals reviewed by NFPA 99 of controls for these systems found these unnecessary as there was enough airflow to dissipate the likely volume of smoke so that it doesn't hinder any lifesaving actions. NFPA 99 still requires purge systems for electrosurgical and laser surgeries. The Association of periOperative Registered Nurses tells us that there is much more smoke from those procedures than fires from O2 or other sources such as alcohol-containing preoperative skin prep.

Lastly, SHEA is concerned that there isn't enough time to appropriately study the potential effects of this proposed rule on patients. We believe it would be prudent to study the effects of this proposal in more detail before arbitrary inclusion of dedicated exhaust systems. Suite-wide disruption in supply air from AHUs will likely increase the potential for SSI for patients under care in other rooms.

***Alcohol-based Hand Rub (ABHR) Formulation: Sections 18.3.2.6 and 19.3.2.6—  
Alcohol Based Hand Rubs (ABHRs)***

SHEA supports inclusion of language that allows the use of aerosol-activated ABHR dispensers in the same locations that apply to existing manual- or sensor-activated dispensers. Both types of dispensing technology are essential tools that are used daily in healthcare facilities to prevent HAIs.

SHEA supports the adoption of the 2012 LSC and thanks CMS for the opportunity to provide our input.

Sincerely,



Daniel Diekema, MD, FSHEA, FIDSA  
2014 SHEA President

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<sup>1</sup> [https://www.ecri.org/Products/Pages/Surgical\\_Fires.aspx](https://www.ecri.org/Products/Pages/Surgical_Fires.aspx)

<sup>2</sup> <http://www.cdc.gov/HAI/surveillance/>