

HEALTHCARE INTERPRETATIONS TASK GROUP

10 SEPTEMBER 98

The following interpretations were discussed and voted on by the members present at their 10 September 98 meeting.

1. 98-1

NFPA 101, All editions prior to the 1988 edition.

BACKGROUND: Prior to the 1988 edition of the *Life Safety Code*, the code only permitted doors in the required means of egress of a health care facility to be locked with time delay type locks or in mental health facilities with keys. The more recent editions of the code now refer to the clinical needs of the patient and do not limit key locking to just mental health facilities.

For example, today's nursing homes have Alzheimer's units or wings. Alzheimer's is not a mental health condition and was not identified prior to the mid 1980's other than through vague terminology such as "senility" or "dementia".

AHJ's using editions of the *Life Safety Code* prior to 1988 are not permitting nursing homes to lock Alzheimer's units other than with time delay locks (special locks) because they are not mental health facilities. Time delay locks are totally inadequate for Alzheimer's patients. Alzheimer's patients have no idea that their pressing on the panic bar is the cause for the alarm and the locks eventually open without staff interceding. The constant alarming only causes the staff to disconnect the systems.

QUESTION: Was it the intent of the Life Safety Code prior to the 1988 Edition to permit doors in the means of egress of health care facilities to be locked where the clinical needs of the patients required specialized security, provided staff can unlock the doors at all times?

ANSWER: YES. Locking of these doors is acceptable provided:

The clinical needs of the patients require specialized security measures for their safety; and

Staff can readily unlock such doors at all times.

2. 98-2

NFPA 101, 1997 Edition.

NOTE: While this interpretation is rendered based upon the 1997 edition of the Life Safety Code, it should be noted that this interpretation is also applicable to the 1985, 1981, 1973 and 1967 editions of the code.

QUESTION 1: Is it the intent of 12-3.6.2.1 and 13-3.6.3.1 to require conformance with NFPA 80, *Fire Doors and Windows* for non-rated corridor doors?

ANSWER 1: NO.

QUESTION 2: Would a non-rated corridor door, provided with an average 1 inch undercut, be an acceptable arrangement?

ANSWER 2: YES

3. 98-3

NFPA 101, 1997 Edition.

QUESTION: Can the normal clinical staff in an area affected by a fire alarm impairment or a sprinkler system impairment be used to satisfy the requirements for a fire watch?

ANSWER: YES. Clinical staff may fulfill this role provided, as determined by the authority having jurisdiction, there is an adequate staffing level to continuously patrol the affected area and that they have the means to make proper notification to other occupants in the event of a fire.