

MINUTES

HEALTHCARE INTERPRETATIONS TASK FORCE

7 JUNE 2005

Mandalay Bay: North Convention Center

Las Vegas, NV

1. The meeting was called to order at 2:10 PM
2. Introduction of members and guests present were completed:

Attendance included:

MEMBERS

Principals

Robert Solomon

Joe Bermes

Ken Bush

Gene Cable

Philip Hogue

Tom Jaeger

George Mills

Dale Woodin

REPRESENTING

NFPA (Chair)

IHS

IFMA

VA

DOD

AHCA

JCAHO

ASHE

Alternates

Doug Erickson

Josh Elvove

John Fishbeck

Greg Harrington

Jim Merrill

Dick Strub

ASHE

VA

JCAHO

NFPA

CMS

AHCA

GUESTS

Jess Beitel
John Biechman
Mike Crowley
A. Richard Fasano
Jeff Mattern
Dean Samet
Phil Thomas

REPRESENTING

Hughes Associates
NFPA
Rolf Jensen & Associates
Russell Phillips & Associates
Chair, TC on Air Conditioning Systems
Smith - Seckman – Reid
Beverly Enterprises

3. The Minutes of the 16 November 2004 meeting were approved as submitted.
4. Two questions were submitted in advance for consideration. Two additional items for consideration were handed out.

- A. **Rated Ceilings:** This item related to the need, or requirement to physically secure ceiling tiles to an architectural grid or specify a minimum tile density when the ceiling was being used to satisfy the “limit the transfer of smoke” criteria of NFPA 101. The HITF did issue an interpretation on this subject. See HITF position on enclosure 4A.
- B. **Door Locking:** This item related the conditions or circumstances in which “clinical needs” can be used to justify door locking. NFPA staff position on this subject is that for items like infant abduction or to manage an unruly, yet competent patient, the clinical needs argument should not be used to justify pure security issues. The HITF voted to defer action on this and refer it to a task group. Members of this task group are: Tom Jaeger – Chair, Joe Bermes, and Dale Woodin. The task group will consider items such as: acceptable locking mechanisms; acceptable releasing mechanisms; clinical needs versus elopement versus security; what bigger picture items (theft, general security issues) may need to be addressed.

- C. Delayed Egress Locks:** This item related to the need for doors equipped with delayed egress locks to unlock immediately upon activation of the building fire alarm system if activated by a manual fire alarm station. The HITF did issue an interpretation on this subject. See HITF position on enclosure 4C.
- D. Smoke Detector Functions:** This item related to the various supplemental actions that a required smoke detector may trigger. Specifically, the function of required detectors in healthcare and ambulatory healthcare occupancies may have slightly different duties depending on what areas the detectors are installed in. The following table summarizes these combinations.

HEALTH CARE OCCUPANCY

	<u>CONDITION</u>	<u>NOTIFICATION</u>
1.	Detectors in elevator lobby, hoistway and machine rooms	Required to notify occupants: NO
2.	Detectors used to close fire dampers, shut down HVAC.	Required to notify occupants: NO
3.	Detectors used as noted in conditions 1 and 2 above.	Required to notify emergency forces: YES – both the staff and the fire department.
4.	Detectors used as noted in Condition 2 above.	Audible and visible supervisory signal to constantly attended location: NO

AMBULATORY HEALTHCARE OCCUPANCY

	<u>CONDITION</u>	<u>NOTIFICATION</u>
1.	Detectors in elevator lobby, hoistway and machine rooms.	Required to notify occupants: NO
2.	Detectors used to close fire dampers, shut down HVAC.	Required to notify occupants: NO
3.	Detectors used for door release service.	Required to notify occupants: NO
4.	Detectors used as noted in conditions 1, 2 or 3 above.	Required to notify emergency forces: YES – both the staff and the fire department.
5.	Detectors used as noted in Condition 2 and 3 above.	Audible and visible supervisory signal to constantly attended location: NO

The text in the relevant sections of NFPA 101 (For example, See NFPA 101, 2003: 18.3.4.2, 18.3.4.3.1, A.18.3.4.2, 19.3.4.2, 19.3.4.3.1, A.19.3.4.2, 20.3.4.2, 20.3.4.3, 21.3.4.2, 21.3.4.3) address occupant notification based on operation of “... any required detection devices, or detection systems.” This further speaks to notification of occupants upon operation of any fire alarm activating device. The HITF members do not believe that NFPA 101 intended for these devices to initiate alarms for occupant notification, but rather for notification of staff who may have to take action to relocate or reposition patients. The HITF would like to determine if any changes to the 2006 edition of NFPA 101 will address these issues any further. No formal action is recommended at this time.

5. Three discussion items were brought up. The discussion items involve issues of interest but do not require an HITF action.
 - A. **Corridors as Air Plenums:** This item was included on the agenda to review the prohibition on corridors being allowed for supply or return air purposes. NFPA 90A: 4.3.11, 2002 Edition, contains the restriction that is applicable to healthcare, detention and correctional and residential

occupancies. The GAO Nursing Home Fire Safety Report (July 2004) mentioned a concern with this practice being grandfathered in some nursing home facilities.

It is estimated that thousands of nursing homes may exist with through-the-wall air conditioning units. Make up air for these units would technically come via the corridor and the conditioned air may circulate back to the corridor from the room.

In the past, allowances have provided to allow for “incidental” air use. There has never been a defined limit on how much air would be deemed to be incidental. At one extreme, any amount of air that is taken from, or added to the corridor is technically a violation of NFPA 90A. The allowances and waivers to the NFPA 90A restriction have been based on presence and use of: automatic sprinklers; automatic fan shutdown; other methods that were not described.

One solution to the issue may be for CMS to provide guidance or to define incidental air. 50 CFM (normally needed for lavatory ventilation) may be a starting point. Such guidance from CMS would greatly assist nursing home owners/operators with this issue – and just as important, it would provide CMS inspectors and their agents with a trigger to flag the issue.

If it is feasible, this issue should also be considered by the NFPA 90A committee during their next revision cycle.

- B. Facility Lock Down/Lock Out Procedures:** ASHE has been studying the issue of physical security at healthcare facilities. Situations where there may be a need to prevent access to a hospital (civil disturbance) or there may be a need to prevent egress from a hospital (contagion release) must be carefully managed. ASHE expects to release some draft guidance on this subject in late 2005/early 2006.

C. **Time Based Standards:** JCAHO has been studying the issue of frequency of testing. Specifying that an action be done on a quarterly basis could, in the extreme, be interpreted as follows:

FIRST QUARTER: JAN – FEB – MAR
SECOND QUARTER: APR – MAY – JUNE
THIRD QUARTER: JULY – AUG – SEPT
FOURTH QUARTER: OCT – NOV – DEC

An entity that arranged for testing on 31 March and 1 April; and then again on 30 September and 1 October would literally satisfy conditions for a quarterly test. Likewise, could an “Annual” test be conducted on December 31st and January 1st and then not again until December 31st at the end of the second year?

JCAHO does not believe that was ever the intent of either the JCAHO EL Standards, NFPA Codes or Standards on any other document that specifies a frequency.

One idea being suggested by JCAHO is to use a quantitative approach with a built in tolerance. An example of this would be:

<u>CURRENT TERM</u>	<u>PROPOSED TERM</u>
Quarterly	90 days from last occurrence +/- 10 days
Annually	365 days from last occurrence +/- 10 days

JCAHO will continue to consider these issues and determine if further action is needed.

6. New Business

A. Update on Retrofitting of Automatic Sprinkler in Nursing Homes.

This provision has been proposed for the 2006 edition of NFPA 101 that will be voted on later in the week. From the CMS perspective, issues on some form of funding assistance and a phase in period will have to be considered.

B. Update on CMS Rulemaking Issues: Provisions for Alcohol Based Hand Rubs (ABHR) in healthcare occupancies and installation of smoke detectors/smoke alarms in existing nursing homes were published in March 2005 as a proposed/final rule. Several HITF members/organizations commented on the rules which took effect on May 25, 2005.

7. Old Business:

There were no issues under Old Business.

8. Next Meeting.

The next meeting has tentatively been scheduled for 6 June 2006 in Orlando, FL.

9. Adjournment.

The meeting was adjourned at 4:50 pm.

Minutes prepared and submitted by Robert Solomon, PE, NFPA

ENCLOSURE 4A & 4C

Enclosures 4A and 4C

HEALTHCARE INTERPRETATIONS TASK FORCE

HITF INTERPRETATIONS 7 JUNE 2005

Enclosure 4.A.

NFPA Document No: NFPA 101 2000 Edition:

Code Language: 19.3.6.2.3* In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke.

A.19.3.6.2.3 An architectural, exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers; ducted HVAC supply and return-air diffusers; speakers; and recessed lighting fixtures is capable of limiting the transfer of smoke.

Did this question arise from an actual field situation? Yes

Please state your business interest in the matter and identify other parties involved: This question continues to surface with state officials interpreting the Life Safety Code for CMS.

Question: Is it the intent of the LSC to require the architectural suspended-grid ceiling to have the acoustical ceiling tiles clipped in place or of a specific weight (e.g. one pound per square foot) to meet the requirements of paragraph 19.3.6.2.3?

HITF Response: NO.

Enclosure 4.C.

NFPA Document No: NFPA 101-2000 Edition

Code Language: 7.2.1.6.1 Delayed-Egress Locks.

Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an

Enclosures 4A and 4C

approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met.

(a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6.

18.2.2.2.4

Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.

*Exception No. 2**: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path.

19.2.2.2.4

Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.

*Exception No. 2**: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path.

Did this question arise from an actual field situation? Yes

Please state your business interest in the matter and identify other parties involved:

Healthcare facilities are being cited for a deficiency if the delayed-egress locks do not automatically unlock upon manual activation of the fire alarm system. Not only are the facilities being cited for a deficiency, but they are also being cited for having immediate jeopardy resulting in endangering the lives of many patients. The immediate jeopardy claim results in heavy financial penalties.

Question: Do Sections 18 & 19.2.2.2.4 Exception No. 2 or Section 7.2.1.6.1 of the 2000 Life Safety Code require delayed-egress locks installed on doors in the means of egress to automatically unlock upon manual activation of the fire alarm system?

HITF Response: NO.