

# **HEALTHCARE INTERPRETATIONS TASK FORCE AGENDA**

**June 3, 2008**

**Lagoon K - Mandalay Bay Convention Center**

**Las Vegas, NV**

**1:00 P.M. – 6:00 P.M.**

1. Call to order 1:00 P.M.
2. Introduction of Members and Guests.
3. Review / Approval of December 5, 2007 Minutes (See Enclosure A – Page 4).
4. Review of Questions (See Enclosure B – Pages 17-26).
  - A. Inspection - Jaeger & Associates, LLC (See ITEM B-1 – Page 17).
  - B. Existing Exterior Wall and Ceiling Finishes – Jaeger & Associates, LLC (See ITEM B-2 – Page 18).
  - C. Storage Rooms 50 ft<sup>2</sup> (4.6 m<sup>2</sup>) or Less – Areas Storing Combustible Material – New Health Care Facilities. – Jaeger & Associates, LLC (See ITEM B-3 – Page 19).
  - D. Existing Fire Alarm Systems – Jaeger & Associates, LLC (See ITEM B-4 – Page 20).
  - E. Bare Steel – Department of Veterans Affairs (See ITEM B-5 – Page 21).
  - F. One Operation - Department of Veterans Affairs (See ITEM B-6 – Page 22).
  - G. Fire Extinguisher Inspections - Department of Veterans Affairs (See ITEM B-7 – Page 24).
  - H. Alcohol Hand Rubs in Business - Department of Veterans Affairs (See ITEM B-8 – Page 25).
  - I. Locking Arrangements – Health Care Administration (See ITEM B-9 – Page 26).
  - J. Promulgation of the LSC Guidelines, Appendix I – Health Care Administration (See ITEM B-10 – Page 26).
  - K. Regulating Items Stored in the Exit Access Corridors – Health Care Administration (See ITEM B-11 – Page 26).

**5. New Business**

**6. Old Business**

Status of the power strip issue.

**7. Date / Location for Next Meeting**

**8. Adjournment (by 6:00 P.M.)**

**ENCLOSURE A**

**DECEMBER 5, 2007 MINUTES**

**MINUTES  
HEALTHCARE INTERPRETATIONS TASK FORCE**

**Wednesday, December 5, 2007 – 8:30 AM – 5:00 PM**

**Greenberg Traurig Law Firm**

**Room 10-9**

**2101 L Street, N.W., Suite 1000**

**Washington, DC**

1. The meeting was called to order at 8:45 AM. The agenda (**See Enclosure A**) was briefly reviewed.
2. Introduction of members and guests present was completed. Those in attendance included:

<b>MEMBER</b>	<b>REPRESENTING</b>
Joseph Bermes* (ALT)	Indian Health Services
Ken Bush*	International Fire Marshals Association
Doug Erickson	American Society for Healthcare Engineering
Pete Larimer*	Veterans Affairs
Thomas Jaeger	Jaeger Associates/American Health Care Association
David Klein*	Veterans Affairs
Jim Merrill*(ALT)	Centers for Medicare/Medicaid Services
George Mills*	The Joint Commission
Dwight Packer*	Indian Health Services (Division of Engineering Services)
Robert Solomon	National Fire Protection Association

\* Voting AHJ Member

<b>GUESTS</b>	<b>REPRESENTING</b>
Lyn Bentley	American Health Care Association
Anton Krycek	Ergotron
Nancy McNabb	National Fire Protection Association

A review of the HITF membership list was completed. Dwight Packer (IHS) would be voting today. Gene Cable (VA) recently retired. David Klein will assume the principal role and Pete Larimer will be his alternate.

Robert Solomon expressed his thanks to Lyn Bentley and AHCA for hosting the meeting. The new facility was very accommodating for the Task Force.

3. The minutes of the June 5, 2007 meeting (Boston Convention & Exhibition Center) were approved as submitted

## ENCLOSURE A -DECEMBER 2007 MINTUES

4. **Review of questions.** Five questions were submitted as a part of the original agenda. In addition to those questions, some additional information on batteries was going to be made available.

**A. Items in the Corridor.** After extensive discussion on this issue at the June 2007 meeting and a letter ballot on the subject, several items remained unresolved. During the ballot on this subject, concerns were brought forward regarding the length of time that equipment might be present in the corridor; should there be further restrictions on the type of equipment that is governed by any interpretation that may ultimately be released by the HITF; and consideration for any additional limits on the geometry of a space or area that equipment may be located in. Among the portions of NFPA 101 that were reviewed as a part of this discussion included: 18.3.2.1; 18.3.6.1; 18.4.3.5; A.18.2.3.4. Additional information on battery systems (specifically relating to battery type and battery changing systems) was provided as a part of this discussion.

Following deliberations the HITF – AHJ members present voted 5 – 0 to issue an interpretation on the subject. **(See Enclosure B)** for the HITF position.

**B. Fire Damper Testing.** This question includes the damper testing provision in NFPA 90A (which is now actually regulated in the 2007 edition of NFPA 80). The issue here is if the 6 year provision for hospitals can be extended to the business occupancy portion that may be separated by the new construction. It was determined that it would be inappropriate for the HITF to consider the issue. The item is going to be referred to staff for NFPA 80 to allow the question to be considered. A response will be provided in time for the next meeting of the HITF.

**C. Power Strips in Sleeping Rooms.** This question involves the allowance to utilize Relocateable Power Taps – RPTs (Power Strips) in patient rooms of healthcare occupancies. NFPA 70, NFPA 99 and NFPA 101 all have regulations that control the electrical components and equipment in a patient room. It appears that it is the intent of these documents to restrict RPT use so that it is not used in conjunction with medical equipment. RPTs have been provided in patient rooms to allow personal electronic equipment – such as lap top computers, portable DVD players – to be powered through the RPT – not medical equipment. This issue will be explored further within NFPA and UL.

*(NB: Editors Note.* Brief discussion with UL has revealed that UL 1363 governs RPTs and does impose a restriction on use in patient care areas. On March 1, 2008, UL 1363A will become effective. UL 1363A (recognized component) will integrate hospital grade receptacles in the RPT design. This may help to address the restricted use of the UL 1363 RPT.)

**D. Green House Projects-Cooking Equipment.** The Task Force discussed the concept described in the background for this question regarding the trend in

## ENCLOSURE A -DECEMBER 2007 MINTUES

nursing home designs to include smaller buildings on campus type environments with a small number of residents in each building. CMS is organizing a two day workshop on this design concept in April 2008 (See information at: [www.pioneernetwork.net](http://www.pioneernetwork.net)). The deliberations of the HITF indicated that an AHJ has the option to consider requirements or guidance found in other editions of codes or standards that address a particular subject. The HITF – AHJ members present voted 5 – 0 to issue an interpretation on the subject. (**See Enclosure C**) for the HITF position.

- E. Emergency Power/Diesel Generators.** The practice of requiring retroactive application of certain provisions of NFPA 110 to an existing generator installation was discussed. NFPA 110 generally does not impose provisions to retrofit or upgrade generators and associated equipment. The HITF developed a response to the question and that is being handled by a letter ballot. Results will be made available before the next meeting.

### 5. New Business.

- A.** Consideration was given to adding another position to the HITF. The slot should be reserved for an individual to represent the views of a state health department. Robert Solomon was given some suggestions and will plan to contact one or more such individuals. Ideally, an individual who is active with the Association of State Health Facility Survey Agencies would be an ideal candidate.
- B.** At Home Health Care. There is additional evidence that the levels of at home health care are continuing to expand. The types of care, level of care and the types of medical equipment and systems that are being placed in homes are becoming more complex. The NFPA 99 Committee may need to look at development of certain provisions that can help to address this problem. In addition, this may be an appropriate subject that could be addressed through a public education program as well.
- C.** As previously noted, “at home” or “green house” nursing home designs are becoming more popular. It is likely in the not too distant future that provisions in Codes and Standards will have to be modified to address this category of nursing homes.

### 6. Old Business.

There were no issues under old business.

- 7. Next Meeting.** The next meeting has been scheduled to be held on June 3, 2008 at the World Safety Conference & Expo at Mandalay Bay Convention Center, Las Vegas, NV.

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**8. Adjournment.** The meeting adjourned at 3:30 PM.

**Minutes prepared by Robert Solomon**

**ENCLOSURE A**

**AGENDA**

## **HEALTHCARE INTERPRETATIONS TASK FORCE AGENDA**

**DECEMBER 5, 2007**  
**Greenberg Traurig Law Firm**  
**800 Connecticut Avenue N.W., Suite 500,**  
**Washington, DC 20006**  
**Tel: 202.331.3100 Fax: 202.331.3101**  
**8:30 A.M. – 5:00 P.M.**

1. Call to order 8:30 A.M.
2. Introduction of Members and Guests.
3. Review / Approval of June 2007 Minutes (See Enclosure A – Page 1)
4. Review of Questions (See Enclosure B – Page 11-15)
  - A. Items in the Corridor **TJC** (Unresolved/Continuation from June 2007 meeting) (See ITEM B-1 – Page 11)
  - B. Fire Damper Testing **TJC** (See ITEM B-2 – Page 14)
  - C. Power Strips in Sleeping Rooms **AHCA** (See ITEM B-3 – Page 14)
  - D. Green House Projects-Cooking Equipment **AHCA** (See ITEM B-4 – Page 14)
  - E. Emergency Power/Diesel Generators **AHCA** (See ITEM B-5 – Page 15)
5. New Business
6. Old Business
  - Alternative Method of Managing Maintenance-related Issues (See Minute Item 4D from the June 2007 Meeting – Page 3)
7. Date / Location for Next Meeting
8. Adjournment (by 5:00 P.M.)

ENCLOSURE A -DECEMBER 2007 MINTUES

**ENCLOSURE B**

**EQUIPMENT IN CORRIDORS**

## **HITF INTERPRETATION DECEMBER 2007 NO. 1**

Document to be interpreted: NFPA 101 (2000)

Edition: 2000

Background Information (optional):

### **PORTABLE DEVICES/EQUIPMENT IN CORRIDORS**

#### **Background:**

Healthcare occupancies are prone to having more and different types of equipment in them. While NFPA 101: Sections 18.2.3.4. and 19.2.3.4 work to address the importance of maintaining minimum corridor widths, portable devices / equipment invariably find their way into these corridor spaces. Computers on wheels (COWs) are a particular concern.

NOTE: Because the size, geometry, and combustibility of mattresses and bed furnishings can vary to a great degree, and the possibility of other items being “stored” on the mattress surface, beds should not be considered portable devices / equipment for the purposes of this interpretation.

#### **Questions:**

**Q1.** How long should portable devices / equipment on wheels (such as COWs, portable x-ray machines (i.e. C-arms), EKG / EEG or other diagnostic equipment or other equipment with electrical connections) located in a corridor be permitted to be inactive before they are considered to be in storage? In this context, inactive is the amount of time that passes between users accessing the equipment.

**A1.** -Although the code does not address a specific time limit (See NFPA 101:A.18.2.3.4/A.19.2.3.4), recent interpretations by the Joint Commission and Centers for Medicare/Medicaid Services have established a time of 30 minutes as a maximum limit on the amount of time that portable devices/equipment on wheels can be considered to be in use. The HITF agrees that this is a reasonable time frame for an AHJ to consider.

*Note: This limitation should not be applied to crash carts or isolation carts.*

**Q2.** Based on the answer to Q1, if the portable devices / equipment on wheels do not compromise the required egress width, can they be stored in the egress corridors, i.e. alcoves or spaces?

## ENCLOSURE A -DECEMBER 2007 MINTUES

**A2.** YES. Alcoves or spaces being used for such purposes are not considered to be hazardous areas as defined by NFPA 101:18.3.2.1/19.3.2.1, nor should they be subject to the requirements for areas open to the corridor (See NFPA 101:18.3.6.1/19.3.6.1).

**Q3.** If the answer to Q2 is yes, can the portable devices / equipment on wheels be charging in these acceptable locations or while in use?

**A3.** YES, provided that the battery and charging systems meet the following design requirements to ensure safe operation:

-Sealed Lead-Acid Batteries:

- Absorbed Glass Mat design and
- Sealed Case (Sealed Lead-Acid)

-All Battery Systems (SLA, NiMH, Li+ Ion, Li+ Ion Polymer):

- Smart Charging system with overcharge protection and
- Shorted cell protection that shuts down upon detecting a shorted cell

**ENCLOSURE C**  
**COOKING EQUIPMENT**

## **HITF INTERPRETATION DECEMBER 2007 NO. 2**

Document to be interpreted: NFPA 96 (1998) 1.3.5

NFPA 96 (2008) 1.1.4

Edition: 1998 and 2008

### Background Information (optional):

Typical to the past, the evolution of long term care facilities is ahead of the codes and standards. One real world significant change is what is referred to as the “greenhouse project”. Small (10-12 beds), long term care facilities are being built in a campus like setting. The proponents of the smaller facilities feel this provides a more residential environment for the patients and improves the program of care for patients.

As you know, the codes and standards define a health care occupancy if it has four or more beds and the requirements remain the same whether there are 4 beds or 400 beds. An example where this is problematic is that each of these small facilities has a kitchen. Only residential appliances are used in the kitchen. Kitchens may be used to cook or warm meals for patients or they may be for personal use by staff or patients. The real issue is that the cooking appliances are residential type appliances. Most states are requiring the facilities to install commercial range hood and duct systems in compliance with the 1998 NFPA 96.

Currently, residential cooking equipment used for occupational therapy and in nourishment centers in health care facilities are generally not required to comply with NFPA 96.

Although both the 1998 and 2008 editions of NFPA 96 state that the standard applies to all cooking operations, except in single family homes, the 2008 NFPA 96 states in Section 1-1.4 the following:

Section 1-1.4 This Standard does not apply to facilities where all the following are met:

- (1) Only residential equipment is being used.
- (2) Fire extinguishers are located in all kitchen areas in accordance with *NFPA 10, Standard for Portable Fire Extinguishers*.
- (3) Facility is not assembly occupancy
- (4) The Authority Having Jurisdiction has approved the installation.

**Question:**

Does the 1998 NFPA 96 require cooking operations in health care facilities that comply with the intent of Section 1-1.4 of the 2008 NFPA 96?

**Answer:**

The Authority Having Jurisdiction (AHJ) always has the option of invoking the equivalency clause contained in NFPA 96: 1-3.5 (1998 Edition). This could certainly include the AHJ reviewing and taking into account any provision contained in a more recent edition of NFPA 96 - such as the 2008 edition and the scoping limits of Section 1.1.4. While it is likely that future editions of NFPA 101 will have special requirements for these future concept nursing home designs, AHJs may have to rely on certain equivalency provisions and application of “concept” ideas until any future regulations are finalized.

**ENCLOSURE B**

**REVIEW OF QUESTIONS**

**INTERPRETATION REQUESTS  
JUNE 2008**

**ITEMS B-1 - B-4:** The below requested interpretations are all based on numerous nursing homes being cited for deficiencies of the 2000 Life Safety Code related to the subject of the Interpretations.

**ITEM B-1 - INSPECTION**

**Issue:** There has been a significant increase in the enforcement of the inspection, testing and maintenance requirements of fire protection and emergency power systems in nursing homes. Insuring that fire protection and emergency systems are adequately inspected, tested and maintained is an important component of any fire/life safety program and the industry supports the increased enforcement. What the industry questions is the rigid enforcement of the frequency as to when specific tasks have to be performed. For example, if a system or device is required to be tested annually, a facility will receive a deficiency if the testing frequency is one year and one day. Sometimes contractors' schedules result in the tests being "approximately" annually. Unfortunately, most standards just cite a specific frequency without any explanatory language for a grace period. On the other hand standards like the 1998 NFPA 10 are confusing in that in one section it states "inspected at approximately 30 day intervals" (Section 4-3.1 and in Section 4.3.4.2 it states "at least monthly".

*4-3 Inspection.*

*4-3.1\* Frequency.*

*Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.*

*A-4-3.1*

*Frequency of fire extinguisher inspections should be based on the need of the area in which fire extinguishers are located. The required monthly inspection is a minimum. An inspection should be more frequent if any of the following conditions exist:*

*4-3.4.2*

*At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded.*

**Question No. 1:**

Are the inspection, testing and maintenance frequencies stated in the NFPA standards intended to be absolute or approximate allowing some sort of grace period?

## ENCLOSURE B

### Question No. 2:

If the answer to Question No. 1 is that the frequencies are approximate, what would be a reasonable “grace period” for required frequency of weekly, monthly, quarterly, semi-annually and annually?

### ITEM B-2 – EXISTING EXTERIOR WALL AND CEILING FINISHES

**Issue:** Facilities are being cited for not having flame spread rating/fire test data on existing interior finishes of wallpaper of 1/28” or less in thickness. Prior to the 2000 Life Safety Code, interior finishes of 1/28” or less in thickness, i.e. paint and wallpaper, were exempted from complying with interior finishes requirements. Because these wall finish materials were not previously regulated, the facilities have no surface burning characteristics data. The facility is then cited for a deficiency and required to replace the existing finish material. Please see excerpts from previous and 2000 editions of the Life Safety Code. We do agree that newly installed interior finishes in existing buildings must comply with Section 10.2.1 of the 2000 Life Safety Code. We do not agree that previously approved existing wall finishes must comply with Section 10.2.1. If existing wall finishes of 1/28” or less were required to comply with Section 10.2.1, this would be a retroactive requirement to all existing wall finishes of 1/28” or less in thickness. We also want to point out that these wall finishes have a useful life and will eventually be replaced with finishes complying with Section 10.2.1.

**1985 Life Safety Code** (most recent edition enforced by CMS prior to the 2000 edition)

*Section 6-5.1.4 The classification of interior finish materials specified in 6-5.2.1 shall be that of the basic material used by itself or in combination with other materials.*

*Exception No. 1: Subsequently applied paint or wall covering not exceeding 1/28 in. (.09 cm) in thickness.*

**1997 Life Safety Code**

*Section 6-5.1.2 Interior wall and ceiling finish means the exposed interior surfaces of buildings including, but not limited to, fixed or movable walls and partitions, columns and ceilings.*

*Exception: Materials less than 1/28 in. (.09 cm) in thickness applied directly to the surface of walls and ceilings shall not be considered as interior finish if such materials have surface burning characteristics no greater than paper of this thickness applied directly to a noncombustible backing in the same manner.*

## ENCLOSURE B

### **2000 Life Safety Code**

#### *10.2\* INTERIOR FINISH*

##### *10.2.1 General.*

*Classification of interior finish materials shall be in accordance with tests made under conditions simulating actual installations, provided that the authority having jurisdiction shall be permitted to establish the classification of any material on which a rating by standard test is not available.*

*Exception: Materials applied, in total thickness of less than 1/28 in. (0.09 cm), directly to the surface of walls and ceilings shall be exempt from tests simulating actual installation if they meet the requirements of Class A interior wall or ceiling finish when tested in accordance with 10.2.3.1 using inorganic reinforced cement board as the substrate material.*

##### *A.10.2*

*The requirements pertaining to interior finish are intended to restrict the spread of fire over the continuous surface forming the interior portions of a building.*

### **Question:**

Are existing interior wall and ceiling finishes of 1/28 in. or less in thickness, installed prior to the adoption of the 2000 Life Safety Code, required to comply with the requirements of Section 10.2.1 of the 2000 edition?

### **ITEM B-3 – STORAGE ROOMS 50 FT<sup>2</sup> (4.6 M<sup>2</sup>) OR LESS – AREAS STORING COMBUSTIBLE MATERIAL – NEW HEALTH CARE FACILITIES**

**Issue:** Facilities are being cited for deficiencies because their existing fire alarm systems do not comply with the maximum time delay of 10 seconds required after January 1, 2000. It is our position that previously approved fire alarm systems installed prior to the adoption of the 2000 Life Safety Code and 1999 NFPA 72 are not required to comply with the 10 second delay requirement after January 1, 2002. Our opinion is based the language in Section 1-2.3 of 1999 NFPA 72, Section 2-1 of 2000 NFPA 101 and good common sense.

### **1999 NFPA 72 National Fire Alarm Code**

#### *1-2.3*

*Unless otherwise noted, it is not intended that the provisions of this document be applied to facilities, equipment, structures, or installations that were existing or approved for construction or installation prior to the effective date of the document.*

*Exception: Those cases where it is determined by the authority having jurisdiction that the existing situation involves a distinct hazard to life or property.*

## ENCLOSURE B

### *1-5.4.1.2\**

*The time delay between the activation of an initiating device and the automatic activation of a local fire safety function shall not exceed 20 seconds.*

*Effective on January 1, 2002, the time delay between the activation of an initiating device and the automatic activation of a local fire safety function shall not exceed 10 seconds.*

### *A-1-5.4.1.2*

*It is not the intent of this paragraph to dictate the time frame for the local fire safety devices to complete their function, such as fan wind-down time, door closure time, or elevator travel time.*

### **Question:**

Are existing fire alarm systems approved and installed prior to the adoption of the 2000 Life Safety Code (NFPA 101) and 1999 National Fire Alarm Code (NFPA 72) required to comply with the 10 second delay requirement effective January 1, 2002?

## **ITEM B-4 – EXISTING FIRE ALARM SYSTEMS**

**Issue:** The 2000 Life Safety Code does not classify storage rooms 50 ft<sup>2</sup> (4.6 m<sup>2</sup>) or less in area storing combustible material as a hazardous area in new health care facilities. The language for existing health care facilities is different in that for existing health care facilities, rooms or spaces 50 ft<sup>2</sup> (4.6 m<sup>2</sup>) or less in area, including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction. The difference between new and existing health care facilities is that the 50 sq. ft. rule applies to both repair shops and storage rooms in existing buildings.

The 2000 Life Safety Code allows all spaces open to the corridor, if properly protected, except for patient treatment rooms, patient sleeping rooms and hazardous areas (see Sections 18/19.3.6)

### **Question No. 1**

Is there any limit on the amount and type of combustibles that can be stored in the storage rooms of 50 sq. ft. or less in new and existing health care facilities and repair shops of existing health care facilities?

### **Question No. 2**

If the answer to Question No 1 is yes, what is the limit for amount and type of combustibles that can be stored?

### **Question No. 3**

Can these rooms or areas be open to the corridor if properly protected in accordance with the requirements of Sections 18/19.3.6.1?

## ENCLOSURE B

### Question No. 4

Is a room or area storing noncombustible storage or equipment considered a hazardous area regardless of size?

### ITEM B-5 – BARE STEEL

NFPA 101, 2000 edition,  
Section 19.1.6.2 Exception

NFPA 101, 2006 edition,  
Section 19.1.6.5

#### Background Information:

*19.1.6.5\* Any building of Type I(442), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met:*

- (1) The roof covering shall meet Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings.*
- (2) The roof shall be separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 in. (63 mm) of concrete or gypsum fill.*
- (3) The attic or other space shall be either unoccupied or protected throughout by an approved automatic sprinkler system.*

The referenced sections permit roofing systems involving combustible supports. Generally these supports are wood and could include 2" x 4" members. However, sometimes unprotected steel structural components are utilized in the space (see Figure 1).

## ENCLOSURE B



**Figure 1. Unprotected Steel (ref: 19.1.6.5)**

### **Question:**

Since 19.1.6.5 requires the space to be either unoccupied or protected throughout by an approved automatic sprinkler system, are unprotected steel structural components (without fire proofing) permitted?

### **ITEM B-6 – ONE OPERATION**

NFPA 101, 2000 edition,  
Sections 7.2.1.5.4, 18/19.2.2.2.2, 18/19.2.2.2.4, 18/19.2.2.2.5

NFPA 101, 2006 edition,  
Sections 7.2.1.5.9.2, 18/19.2.2.2.2, 18/19.2.2.2.4, 18/19.2.2.2.5, 18/19.2.2.2.5.2

### **Background Information:**

General Background: Chapter 7 requires that where locks or latches are provided, the releasing mechanism shall open the door with not more than one releasing operation. However, Chapters 18 and 19 allow doors in the means of egress to be locked where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. Note that the use of a key carried by staff frequently will require two operations to open the door (one operation to unlock the door using the key and one operation to unlatch the door using the door handle, see Figure 1 below).

## ENCLOSURE B

Often equipment such as wander alert systems, which require multiple operations to open a door are used based on the clinical needs of the patients. Such systems are widely accepted for use in dementia units for the safety of the patients.



**Figure 2. Door Requiring Two Operations**

### **Question 1:**

Where the provisions in Chapters 18 and 19 of the Life Safety Code permit locking doors in the direction of egress travel based on the clinical needs of the patients, is it permitted to have more than one operation to open the door?

## ENCLOSURE B

Background for Question 2: In mental health units, hardware that is designed for the safety of the patients may require more than one operation to open a door. For example, in Figure 2, a graspable knob normally used to release the door latch was replaced by a mechanism designed to reduce potential anchor points for patient hanging. In this situation, a grasp point was added to the door in order to allow the door to be pulled open. Other hardware options designed for the clinical needs of the patients may require more than one operation to open the door.



**Figure 2. Mental Health Door Hardware**

### **Question 2, Special Hardware:**

Where the clinical needs of the patients require special hardware (releasing mechanism) to unlatch the door, is it permitted to have more than one operation to open the door?

### **ITEM B-7 – FIRE EXTINGUISHER INSPECTIONS**

NFPA 10, 2002 edition, section 6.2.1:

*6.2.1\* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require.*

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## ENCLOSURE B

NFPA 10, 2007 edition, Section 7.2.1.2, 7.2.4.3, 7.2.4.5:

*7.2.1.2 Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals.*

*7.2.4.3 At least monthly where manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded.*

*7.2.4.5 Records shall be kept to demonstrate at least the last 12 monthly inspections have been performed.*

### Background Information:

If taken literally, the text in section 7.2.1.2 of the 2007 edition requires that inspections must be performed at an interval not less than 30 days apart. This would allow the inspections to be performed at an interval greater than “approximately 30-day intervals” as was previously required in the 2002 edition. NFPA Committees were instructed to remove unenforceable language, such as the word “approximately.” We believe that the removal of the word “approximately” was for that reason because there was no technical justification identified for the change and the proposal did not explicitly show the word to be struck out.(see NFPA 10 ROP, 10-54A, Log #CP-4).

Some AHJs are now requiring that inspection tags include the day of the month so that the 30-day interval can be measured. However, sections 7.2.4.3 and 7.2.4.5 in the 2007 edition seem to indicate that the committee intended for 12 inspections to be conducted, one per month, without requiring a 30-day interval.

### Question 1:

Is it permissible to document fire extinguisher inspections by indicating the month and year (without the day of the month)?

### Question 2:

If the answer to Question 1 is NO, if an inspection is conducted on March 1, is the next inspection required to be on March 31?

## **ITEM B-8 – ALCOHOL HAND RUBS IN BUSINESS**

NFPA 101, 2006 edition, Sections 18/19.3.2.6, 20/21.3.2.6

### Background Information:

Alcohol Based Hand Rub (ABHR) products are regulated in Healthcare Occupancies (18/19.3.2.6) and Ambulatory Healthcare Occupancies (20/21.3.2.6). These are occupancy classifications that apply to occupants who are incapable of self preservation (18/19) or are rendered incapable due to the treatment (20/21).

## ENCLOSURE B

ABHR are not regulated in Ch 38/39, Business Occupancies. The Business occupancy classification applies to occupants who are generally capable of self preservation. Clinics that do not render 4 or more patients incapable of self preservation are classified as business occupancies.

In the EC News of April 2006, The Joint Commission published an article concerning use of ABHR in corridors without regard to the occupancy type. NFPA 101 (2006 edition) regulates ABHR for Healthcare and Ambulatory Healthcare Occupancies, but the issue is not addressed in Business Occupancies.

Questions from the field have arisen regarding whether the restrictions published in the article, which are reflected in NFPA 101-2006 edition, apply to all corridors, including those that are in clinics that are classified as Business Occupancies.

### **Question:**

Are there any restrictions for ABHR in facilities classified as Business Occupancies?

## **ITEM B-9 – LOCKING ARRANGEMENTS**

### **Question:**

What locking arrangements are permitted by CMS in hospital facilities based on the 2000 LSC?

## **ITEM B-10 – PROMULGATION OF THE LSC GUIDELINES, APPENDIX I**

When will CMS move forward on the promulgation of the LSC guidelines, appendix I? It's been 2 years since the draft was circulated for comments and nothing has been issue since that time.

## **ITEM B-11 – REGULATING ITEMS STORED IN THE EXIT ACCESS CORRIDORS**

Have there been any new developments for regulating items stored in the exit access corridors, such as computer on wheels, temporary nurse stations, furniture, etc.