MEMORANDUM

TO: Healthcare Interpretations Task Group

FROM: Robert Solomon

DATE: 24 November 1998

SUBJECT: Interpretations

The following interpretations were issued by votes of 3 in favor, 0 not in favor and 1 abstention. These were discussed and voted on by the HITF at their meeting on 17 November, 1998 in Atlanta, GA.

1. 98-4 NFPA 101, 1997 Edition. Section 1-7.5

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 1994 Edition of the code.

Background Information:

This section of the Life Safety Code does not specifically address what percentage, if any, of fire drills must be announced or unannounced. This section expects fire drills to be held at both expected and unexpected times but does not specifically require more unannounced drills than announced fire drills.

Recently, JCAHO stated that at least 50% of the fire drills must be unannounced although this requirement is not part of their EC standards. (See Healthcare Fire Protection Newsletter, October 1998, Volume 4, No. 10, page 11 as quoted by Janet McIntyre, spokesperson for the JCAHO). This is their interpretation of section 1-7.5.

Question:

Does Section 1-7.5 require that 50% or more of the fire drills conducted be of the unannounced type?

Answer:

NO. Each authority having jurisdiction may establish a percentage of unannounced drills as appropriate for the circumstances. For example, JCAHO has recently indicated that at least half of the fire exit drills should be conducted as unannounced drills. Regardless of this, no drill should ever jeopardize the welfare of the patient receiving care.

2. 98-5 NFPA 101, 1997 Edition. Section 12-3.6.1/13-3.6.1

Background Information:

In many health care settings, charting areas for use by nurses are provided in corridors. These spaces are open to the corridor and are not enclosed. They are in addition to and often not visible from nursing stations. They range in size from a small desk in an alcove to large rooms and sometimes have several racks/shelves of paper records and/or x-ray film. Generally, they are not occupied at all times. Sections 12/13-3.6.1 requires corridors to be separated from all other areas but allows several exceptions such as nursing stations to be open to the corridor. The 1997 edition of the Life Safety Code Handbook states in the explanatory commentary that...."Areas used for charting and communications by doctors and nurses are permitted to be open to the corridor." Some AHJs are confused whether this statement in the LSC HB is universally applied.

Ouestion:

Is it acceptable to have charting areas that are not part of a nursing station open to a corridor in a health care occupancy in accordance with 12/13-3.6.1, Exception No. 3?

Answer:

NO. However, if such spaces can be protected using any of the options in:

101: 12-3.6.1, Exception No. 1; or 101: 13-3.6.1, Exception No. 1; or 101: 13-3.6.1, Exception No. 6

such spaces can be open to the corridor.

3. 98-6 NFPA 101, 1997 Edition. Section 13-3.6.3.2

Background Information:

Some AHJs require that doors to hazardous areas off of a corridor in existing health care occupancies be provided with positive latching. Section 13-3.6.3.2 of the Life Safety Code requires doors to be provided with means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. It does not state that latching is specifically required. The means used must be capable of keeping the door fully closed if a force of 5 lbf is applied at the latch edge of the door. The appendix note to 13-3.6.3.2 states that a number of options exist for patient sleeping room doors such as"Doors protecting openings to patient sleeping rooms or treatment rooms, or spaces having a similar combustible loading might be held closed using a closer exerting a minimum closing force of 5 lbf on the door latch stile." Although the appendix note does not address doors to hazardous areas off corridors, some AHJs permit a self-closing device to serve as the means for keeping the door closed. For sprinkler protected hazardous areas in existing health care occupancies, Section 13-3.2.1 requires doors be equipped with self or automatic closers.

Question:

Is positive latching required for corridor doors to hazardous areas that are sprinkler protected in existing health care occupancies?

Answer:

NO. Provided that a self closing or automatic closing device is installed on the door and that such device can meet the 5 pounds (force) criteria of 101: 13-3.6.3.2.

4. 98-7 NFPA 101, 1997 Edition. Section 5-10.1.4

Background Information:

Section 5-10.1.4 requires that access to exits be marked by approved readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. It further states that sign placement shall be such that no point in the exit access corridor is more than 100 feet from the nearest sign, with an exception for existing buildings. Some AHJ's interpret this to require two exit signs to be visible from any location in an exit access corridor, even in existing buildings.

Question:

Must two exit signs always be visible from any location in an exit access corridor per Section 5-10.1.4?

Answer:

NO.