

HITF INTERPRETATION

JUNE 2009 NO. 1

Document to be interpreted: NFPA 101, 2000 edition, 19.2.7.

Edition: 2000

Background Information (optional): EXIT DISCHARGE

Issue: Many existing health care facilities have exits that discharge to surfaces in accordance with the provisions of Chapter 19.2.7 and 7.7.1 such as grass lawns, or dirt and gravel yards. Authorities Having Jurisdiction are now determining these exits to be deficient and are requiring that all existing exits discharge to a paved hard surface sidewalk to a public way.

Some of these existing health care facilities are rural and located far distances from a public way so that it would be impracticable to extend the exit discharge all the way “to a public way”.

Background Information:

In Reference to Question 1, Exit Discharge Obstructions:

19.2.7 Discharge from Exits. Discharge from exits shall be arranged in accordance with Section 7.7.

7.7.1 Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way.*

A.7.7.1 Exterior walking surfaces within the exit discharge are not required to be paved and often are provided by grass or similar surfaces. Where discharging exits into yards, across lawns, or onto similar surfaces, in addition to providing the required width to allow all occupants safe access to a public way, such access also is required to meet the following:

- (1) The provisions of 7.1.7 with respect to changes in elevation*
- (2) The provisions of 7.2.2 for stairs, as applicable*
- (3) The provisions of 7.2.5 for ramps, as applicable*
- (4) The provisions of 7.1.10 with respect to maintaining the means of egress free of obstructions that would prevent its use, such as snow and the need for its removal in some climates.*

7.1.10 Means of Egress Reliability.

7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.*

A.7.1.10.1 A proper means of egress allows unobstructed travel at all times. Any type of barrier including, but not limited to, the accumulations of snow and ice in those climates subject to such accumulations is an impediment to free movement in the means of egress.

This section of the LSC has changed very little from the 1985 edition except that the language now incorporates a formal interpretation from that edition. The formal interpretation of the 1985 edition reads as follows:

Chapter 5 of 1985 LSC: FI 81-33, Reference 5-7.1.

Question 1: In a health care occupancy, are sidewalks required between the exit door and the public way in order to qualify as an exit discharge as stated in Paragraph 5-7.1?

Answer: No.

Question:2: If the answer to Question 1 is “no”, then is an open and unobstructed yard large enough to provide all occupants with a safe access to a public way acceptable as an exit discharge?

Answer: Yes, however, the path of safe access to the public way must also meet 5-1.6 with respect to changes in elevations and 5-1.7.3 with respect to maintaining the means of egress free of obstructions which would prevent its use, such as snow in some climates and the need for its removal.

There is nothing in this FI regarding grass, gravel, or dirt not being acceptable. In fact the answer to the first question is very clear that a sidewalk is not required and yet many AHJs are using paragraph 7.1.10 to not accept a discharge of grass, dirt or gravel because they assert that when it rains, these surfaces become wet and therefore may become an obstruction to egress.

It is easy to understand how snow or ice may become a barrier to the exit discharge and must be removed, but A.7.7.1 clearly indicates many “...walking surfaces within the exit discharge are not required to be paved and often are provided by grass or similar surfaces”. Still, because there is the presence of a grass lawn, the AHJs assert a wheelchair cannot be pushed through a grass lawn and require a paved surface from every exit discharge. The paving of these existing exit discharges is very costly and provides no measurable additional benefit to the safety of the patients or residents if they are properly maintained.

In Reference to Question 2, Exit Discharge Extension:

Although there is no definitive distance an exit discharge must extend when there is no public way in proximity to the building, there are some paragraphs in the Annex material of Chapter 7 that may give some indication how far it should extend.

A.7.8.1.1

Illumination provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

A.7.9.1.1

Emergency lighting provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

These paragraphs provide some additional insight into the thinking of the Technical Committee on Means of Egress. That is, the primary purpose of exterior egress route is for the occupants to

be able to move to a public way or a distance *considered safe* from the building, whichever is closest.

Often some AHJs use 50 ft. as a safe distance away from the building. The 50 ft. distance comes from Sections 22 & 23.2.7.1 for detention and correctional facilities. Others use 30 feet and still others 40 feet. How far does the Interpretations Task Force think a person must move away from the building to be at a distance “considered safe”.

Questions:

Question 1:

In a healthcare occupancy, are sidewalks required between the exit door and the public way in order to qualify as an exit discharge as stated in Section 7.7.1?

Answer 1: NO.

See NFPA 101: Annex Section A.7.7.1.

Question 2:

If the answer to Question 1 is NO, when is “grass or similar surfaces” not acceptable as a means of exit discharge?

Answer 2:

See NFPA 101: Annex Section A.7.7.1 that provides guidance on the appropriate conditions to utilize a non-paved surface.

HITF INTERPRETATION JUNE 2009 NO. 2

Document to be interpreted: NFPA 101, Sections 19.3.6.2.1, 19.3.6.2.2, A19.3.6.2.2, 18 & 19.3.7.3, 8.3.6.1 and 8.3.6.2

Edition: 2000

Background Information: REQUIREMENTS FOR UTILITY PENETRATION PROTECTION IN CORRIDOR WALLS AND SMOKE BARRIERS IN EXISTING BUILDINGS.

Various AHJ's are interpreting the 2000 Life Safety Code as to the requirements for the protection of penetrations of corridor walls and smoke barriers differently. Some require fire stopping materials and others require materials that are capable of maintaining smoke resistance. We believe it is the intent of the Code that utility penetrations of corridor walls and smoke barriers only require materials that resist the passage of smoke and do not require fire stopping materials. Please see Sections A19.3.6.2.2, 8.3.6.1 and 8.3.6.2 below.

A.19.3.6.2.2

The purpose of extending a corridor wall above a lay-in ceiling or through a concealed space is to provide a barrier to limit the passage of smoke. The intent of 19.3.6.2.2 is not to require light-tight barriers above lay-in ceilings or to require an absolute seal of the room from the corridor. Small holes, penetrations or gaps around items such as ductwork, conduit, or telecommunication lines should not affect the ability of this barrier to limit the passage of smoke.

8.3.6 Penetrations and Miscellaneous Openings in Floors and Smoke Barriers.

8.3.6.1

Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:

- (1) *The space between the penetrating item and the smoke barrier shall meet one of the following conditions:*
 - a. *It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.*
 - b. *It shall be protected by an approved device that is designed for the specific purpose.*
- (2) *Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions:*
 - a. *It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.*
 - b. *It shall be protected by an approved device that is designed for the specific purpose.*
- (3) *Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions:*

- a. *It shall be made on either side of the smoke barrier.*
- b. *It shall be made by an approved device that is designed for the specific purpose.*

8.3.6.2

Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions:

- (1) *It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier.*
- (2) *It shall be protected by an approved device that is designed for the specific purpose.*

Questions:

Question 1:

Can utility penetrations of corridor walls in existing buildings be filled with materials that are not listed fire stop material provided that the materials resist the passage of smoke?

Answer 1: YES – Provided that the materials are limited combustible or non-combustible.

Question 2:

Can utility penetrations of smoke barriers in new buildings be filled with materials that will resist the passage of smoke and need not be fire stop material?

Answer 2: NO.

New smoke barriers are required to be constructed with walls that have a rating of 1 hour thus use of a listed fire stop material/system is required.

Question 3: Can utility penetrations of smoke barriers rated less than 1 hour in existing buildings be filled with a limited combustible or non-combustible material that will resist the passage of smoke but that is not listed as a fire stop material?

Answer 3: YES – Provided that the materials are limited combustible or non-combustible.

HITF INTERPRETATION JUNE 2009 NO. 3

Document to be Interpreted: NFPA 101, Sections 19.2.8, 19.2.9, 7.8.1.1, 7.9.1.1, A7.8.1.1 and A7.9.1.1

Edition: 2000

Background Information: **REQUIREMENTS FOR THE LIGHTING OF THE EXTERIOR EXIT DISCHARGES.**

Many AHJ's require that the illumination and the emergency lighting of the exterior exit discharge pathway be illuminated to the public way.

Many nursing homes are located in rural areas where the public way can be 100's to 1000's of feet away from the building. As a result, the nursing home industry has spent \$100's of thousands of dollars to extend both normal illumination and emergency lighting to the public way. We often point out the language in Sections A7.8.1.1 and A7.9.1.1, (see below) but are told that Annex material doesn't apply, disregarding the guidance given by the Technical Committee. Whether the language in Sections A7.8.11 and A7.9.11 should be in the body of the Code or in the Annex is clearly a subject for debate, but we do believe that it was the intent of the Technical Committee on Means of Egress that the lighting for both need only extend to the public way or area safely away from the building, whichever is closest.

A.7.8.1.1

Illumination provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

A.7.9.1.1

Emergency lighting provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

Questions:

Question 1: If approved by the AHJ, for a healthcare facility can the exterior exit discharge, and the illumination and emergency lighting of the exterior exit discharge, extend to an area that is closer to the building than the public way if the area is a safe distance away from the building?

Answer 1: YES

HITF INTERPRETATION

JUNE 2009 NO. 4

Document to be Interpreted: NFPA 101, NFPA 99 and NFPA 110

Edition: 101 (2000)
99 and 110 (1999)

Background Information: **WHETHER NFPA 99 AND/OR NFPA 110 REQUIRES A BACK UP ON-SITE FUEL SUPPLY WHEN THE ESSENTIAL ELECTRICAL SYSTEM FUEL SUPPLY IS AN OFF-SITE FUEL SUPPLY SUCH AS NATURAL GAS.**

With in the last year or so, AHJ's have been requiring that essential electrical systems that are supplied by an off-site fuel supply, such as natural gas, install an on-site, back up fuel supply. Many of these existing emergency electrical systems have been in place for many years with no record of failure due to the interruption of the off-site fuel supply. Even with recent natural disasters, particularly in the Gulf States, we are not aware of failures of essential electrical systems due to the interruption of off-site fuel supplies. The requirement for the back up on-site fuel supply is applied to both nursing facilities with and without life support systems or equipment or whether the facilities have a Level 1, 2 or 3 essential electrical system. Some AHJ's claim that the off-site fuel supplies are unreliable, without providing any loss experience or reliability data. Other AHJ's claim that NFPA 99 and NFPA 110 requires that essential electrical systems must be located "on-site" and that includes the fuel system, even when it is clear that NFPA 110's list of approved fuels includes fuels that are normally supplied from off-site sources.

Questions:

Question 1:

Do all off-site fuel supplies to essential electrical systems require on-site back up fuel supplies?

Answer 1: NO.

New installations in accordance with NFPA 99, 1999 Edition only require an alternate fuel source for Level 1 or Level 2 systems if there is a high probability of interruption of the source.

Question 2:

Do new nursing homes that have life support equipment require a Level 1 Emergency Power System?

Answer 2: YES.

See NFPA 99, 1999 Edition, Section 16-3.3.2.

Question 3:

If the answer to Question 2 is NO, what type of essential electrical system does a nursing home require for life support?

Answer 3: N/A

HITF INTERPRETATION

JUNE 2009 NO. 5

Document to be interpreted: NFPA 101, (2009) 18.3.5.1/19.3.5.1
NFPA 13, (2007) Installation of Sprinkler Systems

Edition: 101-2009
13-2007

Background Information (optional): **PATIENT LIFT EQUIPMENT
SPRINKLER OBSTRUCTION**

Sections 18/19.3.5.1 require sprinkler systems to be installed in accordance with the NFPA 13, Installation of Sprinkler Systems. NFPA 13 does not specifically address spacing of sprinklers relative to moving rails that are used for patient lift devices.

Ceiling mounted patient lift equipment has been installed in fully sprinkler protected health care facilities. The patient lift equipment is typically two rails fixed to the structure mounted parallel to each other at a distance of 8 feet apart with a moving rail mounted perpendicular to the fixed rails. This rail moves along the fixed rails such that patients can be lifted and moved throughout the patient room depending on the location of the rails.

At any given time, the movable rail will be “parked” when it is not being utilized to make a patient move or when there is no patient in the room. There is no apparent section in NFPA 13 that covers sprinkler placement relative to these moving rails.

A photo of a typical installation is provided below along with an informal interpretation from NFPA staff on this issue.

From: Hawthorne, Tim [mailto:thawthorne@NFPA.org]
Sent: Tuesday, April 14, 2009 3:41 AM
To: Larrimer, Peter A (CEOSH)
Cc: Mucci, Patti; Goyette, Joanne
Subject: NFPA 13

Peter Larrimer:

The intent of NFPA 13 is to minimize the obstructions. The requirements of NFPA 13 are intended to be minimum requirements that provide a reasonable degree of protection from fire. They cannot anticipate every situation. These are written under the Scope and Purpose in Chapter 1.

Based on the description and photos you have provided, I believe you have met the intent of NFPA 13, but the AHJ has the final approval of all systems.

Please note the authority having jurisdiction determines compliance with the Code.

This response does not represent a Formal Interpretation as noted below.

Timothy A. Hawthorne
Fire Protection Specialist
NFPA – Quincy, MA USA

IMPORTANT NOTICE: This correspondence is not a Formal Interpretation issued pursuant to NFPA Regulations. Any opinion expressed is the personal opinion of the author, and does not necessarily represent the official position of the NFPA or its Technical Committees. In addition, this correspondence is neither intended, nor should be relied upon, to provide professional consultation or services.

From: Larrimer, Peter A (CEOSH) [mailto:peter.a.larrimer@va.gov]
Posted At: Thursday, April 09, 2009 9:36 AM
Posted To: Sprinklers
Conversation: Sprinkler Spacing Relative to Moving Rails - Obstructions
Subject: Sprinkler Spacing Relative to Moving Rails - Obstructions

We have typical patient lift equipment installed as pictured below:



The spacing of the sprinkler relative to the two fixed rails are installed to meet all the obstruction rules of NFPA 13. The moving rail, perpendicular to the fixed rails, will move and can obstruct the sprinkler during its movement when it is located near the sprinkler and it can obstruct the sprinkler if it is "parked" near the sprinkler.

1. Is the intent of NFPA 13 that the obstructions caused by the moving rail be address by the sprinkler design for all of the moving rail positions? Please provide a code reference in the 1999 and 2007 edition of NFPA 13 to support your response.
2. Is it the intent of the code that the moving rail is "parked" such that the sprinkler discharge is not obstructed? Please provide a code reference in the 1999 and 2007 edition of NFPA 13 to support your response.

Your response to these questions are appreciated.

Pete

Peter A. Larrimer, P.E.

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Background information for Question 1.

The following is an example of the obstruction rules that have been applied to obstructions in a sprinkler protected facility. This example applies to standard upright and pendent sprinklers. There are other obstruction rules that may also apply depending on the type of sprinkler or configuration.

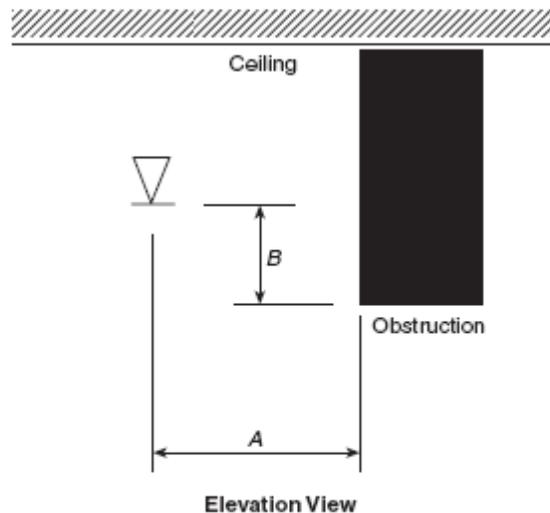


FIGURE 8.6.5.1.2(a) Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP).

Questions:

Question 1

Is it the intent that the obstruction requirements of NFPA 13 apply to the fixed rails of the patient lifting system?

Answer: YES.

Question 2:

Is it the intent that the obstruction requirements of NFPA 13 apply to the movable rail of the patient lifting system when the rail is “parked” in any position?

Answer: NO

HITF INTERPRETATION

JUNE 2009 NO. 6

Document to be interpreted: NFPA 101, (2009) Section 9.6.1.6/A.9.6.1.6
NFPA 101, (2000) Section 9.6.1.8/A.9.6.1.8

Edition: 2009 and 2000

Background Information (optional): **FIRE ALARM SYSTEM OUT OF SERVICE**

While the 2000 edition of the Life Safety Code provides no direction as to what is meant by “out of service”, the 2009 edition provides some guidance in the second paragraph of A.9.6.1.6.

NFPA 101(2009 ed.), Sections 9.6.1.6 and A.9.6.1.6 are as follows:

9.6.1.6* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown, until the fire alarm system has been returned to service.

A.9.6.1.6 A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Such individuals should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. (*Also see NFPA 601, Standard for Security Services in Fire Loss Prevention.*)

The term *out of service* in 9.6.1.6 is intended to imply that a significant portion of the fire alarm system is not in operation, such as an entire initiating device, signaling line, or notification appliance circuit. It is not the intent of the *Code* to require notification of the authority having jurisdiction, or evacuation of the portion of the building affected, for a single nonoperating device or appliance.

NFPA 101 (2000 ed.) Sections 9.6.1.8 and A.9.6.1.8 are as follows.

9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.

A.9.6.1.8 A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. These individuals

should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. (Also see NFPA 601, *Standard for Security Services in Fire Loss Prevention*.)

Questions:

Question 1:

Does a single non-operating initiating device or a single non-operating notification appliance result in a fire alarm system being “out of service”?

Answer: NO.

Based on application of the 2009 edition of NFPA 101, a single non-operational device (initiating a notification) does not necessarily result in a system being out of service. See NFPA 101 (2009) – Section A. 9.6.1.6. Other measures, such as posting of a fire watch will have to be considered.

The HITF notes that The Joint Commission, June 2009 Edition of Perspectives (See P. 3-4) contains information on actions that can be taken including interim life safety measures and conducting a fire watch when a system or portion of a system is out service.

Study Ties Joint Commission Accreditation to Improved Emergency Preparedness

A new report funded by the Department of Health and Human Services (DHHS) says that U.S. hospitals are significantly better prepared for disasters and public health emergencies now than they were in 2001—and Joint Commission emergency management standards were cited as a catalyst for this improvement. While the study, “Hospitals Rising to the Challenge: The First Five Years of the U.S. Hospital Preparedness Program and Priorities Going Forward”^{*} focuses on the Hospital Preparedness Program (HPP) established by the DHHS in 2002, it cites increased emphasis placed by accrediting organizations as a significant driver of this improvement, in addition to events such as the 2001 terrorist attacks and Hurricane Katrina. Although much of the improvement that was found in the research was likely spurred by the perceived threat of terrorism, the authors also noted that The Joint Commission’s revised emergency preparedness standards in January 2001 required hospitals to begin collaboratively planning with other health care organizations in the community.

How Accreditation Helps

The importance of Joint Commission accreditation is noted throughout the report, specifically identifying that an “impetus for increased hospital leadership engagement in preparedness efforts is the greater emphasis on emergency

Continued on page 4



** Toner E., et al: Hospitals Rising to the Challenge: The First Five Years of the U.S. Hospital Preparedness Program and Priorities Going Forward. Prepared by the Center for Biosecurity of the University of Pittsburgh*

Medical Center for the U.S. Department of Health and Human Services. March 2009. <http://www.upmc-biosecurity.org/website/resources/publications/2009/2009-04-16-hppreport.html> (accessed May 13, 2009).

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IN SIGHT

This column informs you of developments and potential revisions that can affect your accreditation and certification and tracks proposed changes before they are implemented. Items may drop off this list before the approval stage if they were rejected at some point in the process.

APPROVED

- *Standards Improvement Initiative* Revised “Document and Process Control” (DC) chapter for the **laboratory** program
- *Standards Improvement Initiative* Revised “Emergency Management” (EM) chapter for the **behavioral health care, laboratory, long term care, and Medicare/Medicaid certification–based long term care** programs
- *Standards Improvement Initiative* Revised “Quality System Assessment for Non-Waived Testing” (QSA) chapter for the **laboratory** program
- *Standards Improvement Initiative* Revised “Rights and Responsibilities of the Individual” (RI) chapter for the **behavioral health care, long term care, and Medicare/Medicaid certification–based long term care** programs

JOINT COMMISSION FIELD REVIEW

- Revisions to the current National Patient Safety Goals using the *Standards Improvement Initiative* principles—no new goals have been developed—for the **ambulatory care, behavioral health care, critical access hospital, disease specific care, home care, hospital, laboratory, long term care, Medicare/Medicaid certification-based long term care, and office-based surgery** programs
- Proposed standards on culturally competent patient-centered care for the **hospital** program

IN COMMITTEE OR BOARD REVIEW

- *Standards Improvement Initiative* Revised “Provision of Care, Treatment, and Services” (PC) chapter for the **long term care and Medicare/Medicaid certification–based long term care** programs
- *Standards Improvement Initiative* Revised “Record of Care, Treatment, and Services” (RC) chapter for the **behavioral health care, long term care, and Medicare/Medicaid certification–based long term care** programs

CURRENTLY IN DEVELOPMENT STANDARDS

- Comprehensive *Standards Improvement Initiative* encompassing the **behavioral health care, laboratory, long term care, and Medicare/Medicaid certification–based long term care** programs
- Proposed standards on culturally competent patient-centered care for the **hospital** program
- Revisions to the current National Patient Safety Goals using the *Standards Improvement Initiative* principles (no new goals have been developed) for the **ambulatory care, behavioral health care, critical access hospital, disease specific care, home care, hospital, laboratory, long term care, Medicare/Medicaid certification–based long term care, and office-based surgery** programs

JOINT COMMISSION INTERNATIONAL

Field review notifications are sent out electronically as well as posted on the Joint Commission International (JCI) Web site. For JCI standards questions, please contact the associate director, International Accreditation Services, at jciaccreditation@jcrinc.com.

IN DEVELOPMENT AT JCI

- Revisions to international **disease-specific care** certification standards

IN COMMITTEE REVIEW

- Revisions to international **ambulatory care** standards
- Revisions to international **laboratory** standards

Conducting the Fire Watch of Standard LS.01.02.01

Joint Commission life safety (LS) standard LS.01.02.01, EP 1, discusses how **ambulatory care, behavioral health care, critical access hospital, home care, hospital, and long term care** organizations must respond to a situation in which the fire alarm system or sprinkler system is out of service for more than four (4) hours in a 24-hour period. This element of performance (EP) requires an organization to conduct and document a fire watch* that includes, at a minimum, the following actions:

- Notifying the fire department, fire marshal, or other appropriate emergency response group, and documenting when that notification occurs
- Conducting rounds of the area affected by the outage, and documenting those rounds

With the reorganization of the *Life Safety Code*[®]-related standards into a standalone “Life Safety” chapter in the 2009 accreditation manuals, organizations have had questions about when exactly a fire watch is required during scheduled outages and what the phrase “out of service” means.

When to Conduct a Fire Watch

An organization experiencing a compromising situation (as described above) must implement a fire watch until the fire alarm system or sprinkler system has been returned to service or is stable. In many situations, this distinction comes down to whether an event or activity is scheduled or unscheduled.

A scheduled activity would be an event known to and under the knowledge of and control of organization staff, for example, a construction project or servicing or upgrading the fire alarm system or sprinkler system. All other situations would typically be considered unscheduled activities, including a contractor stepping outside the defined boundaries of a contracted service or activity or staff covering an alarm near a cooking area.

The checklist in the box on page 4 is intended only to provide guidance regarding the phrase “out of service”; each organization still needs to assess each situation to determine its status and responsibilities. In many cases, even if a fire watch is not required, the organization must evaluate

* *NFPA 101-2000 9.6.1.8 and 9.7.1.8 states that where a required fire alarm system/automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system/sprinkler system is returned to service.*

whether its procedures for interim life safety measures (ILSM) should be implemented.

For example, if during a *scheduled* activity the fire alarm system or sprinkler system is compromised for 2 hours in the morning and 3 hours in the afternoon, the requirement to automatically implement the fire watch would not apply, although it technically meets the criteria of “more than 4 hours in a 24-hour period,” because the outages can be considered separate incidences and are being appropriately managed.

However, if it was an *unscheduled* activity, the fire watch should be implemented for the duration of the interruption. For example: The fire alarm system or the sprinkler system was disrupted for 2 hours in the morning, restored, and then failed again for at least another 2 hours. The fire watch should be implemented until the fire alarm system or sprinkler system is once again stable and fully functioning. This situation would not be considered several independent events aggregated within the 24-hour period but would be seen as a single event that covered 4 or more hours within a 24-hour period of time—thus meeting the criteria for a fire watch.

Who Conducts a Fire Watch

Just who can conduct a fire watch? An annex of the National Fire Protection Association (NFPA)-101 2000 explains:

A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. These individuals should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education.

In 1998, the NFPA’s Healthcare Interpretations Task Force agreed that the clinical staff in an area affected by a fire alarm impairment or a sprinkler system impairment can be used to satisfy the requirements for a fire watch, provided there is adequate staffing to continuously patrol the affected area and staff have the means to make proper notification to other occupants in the event of a fire.

For questions about conducting a fire watch, please contact the Standards Interpretation Group at 630-792-5900 or SIGInquires@jointcommission.org.

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Defining “Out of Service” Responsibilities

Service Situation	Fire Watch Required?	ILSM Evaluation Required?
A. Putting a shield over <i>one</i> smoke detector to prevent dust/false alarms for more than 4 hours	No	Recommended
<i>Rationale:</i> Other features of fire protection are not compromised during the event, such as additional smoke detectors or sprinkler heads in the affected area.		
B. Covering <i>all</i> smoke detectors during a controlled event, such as only during the time contractors are working in an affected area, although after hours, the entire area is fully operational	No	Yes
<i>Rationale:</i> During a controlled event the organization is managing the deficiency. The area would be continually monitored, and ILSM should be implemented as per policy.		
C. Shutting off a zone valve to the sprinkler system or disabling a fire alarm zone for more than 4 hours		
● Scheduled event (that is, working on, servicing, or upgrading fire alarm system or sprinkler system)	Not in all cases	Yes (emphasis on occupant notification)
<i>Rationale:</i> During a controlled event, the organization is managing the deficiency. The area would be continually monitored, and ILSM would be implemented as per policy.		
● Unscheduled event (that is, shutting off a zone valve to the sprinkler system or disabling a smoke zone for more than 4 hours in response to a system failure)	Yes	Yes

Key: ISLM: interim life safety measures

Study Ties Joint Commission Accreditation to Improved Preparedness (continued)

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preparedness mandated by the Joint Commission.”^(p.24) By evaluating data from 2002–2007, the researchers found that the most useful indicators for measuring the preparedness of hospitals include the following:

- Ability to surge to accommodate additional patients during disasters (for example, targets for staff, supplies, and space)
- Training staff for disasters
- Performance during actual disasters and structured exercises

They recommend that measuring individual hospital preparedness should be based on Joint Commission standards for emergency management, which already significantly overlap with HPP guidelines.

Participants in the expert working group reported that Joint Commission emergency management standards were a good basis for developing individual hospital preparedness metrics and “serve to improve efficiency in individual reporting and to reduce reporting burdens on hospital disaster coordinators.”^(p.55)

Hospitals have stockpiled emergency supplies and medicines, have improved communication systems, and conduct more frequent and higher quality disaster exercises. The report also highlights how hospital senior leaders actively support and participate in preparedness activities, and how hospital emergency operations plans are now more comprehensive and better coordinated with community emergency plans, in part because of Joint Commission accreditation.

Read an executive summary or the full report online at the Center for Biosecurity’s Web site at <http://www.upmc-biosecurity.org>.