

# HEALTHCARE INTERPRETATIONS TASK FORCE

20 MAY 2003  
HYATT HOTEL  
DALLAS, TX

## MINUTES

1. The meeting was called to order at 2:05 PM.
2. Members and Guests present were:

### MEMBER

Ken Bush\*  
Douglas Erickson  
Kenneth Faulstich\*  
Greg Harrington  
Tom Jaeger  
Skip Lightner\*  
Jim Merrill\*  
Dean Samet\*  
Robert Solomon  
Dale Woodin

### REPRESENTING

Maryland SFM/IFMA  
ASHE  
VA  
NFPA  
Gage-Babcock Associates/AHCA  
IHS  
CMS  
JCAHO  
NFPA  
ASHE

\* Eligible to vote on Interpretations

### GUESTS

Josh Elvove  
Suresh Shah  
Chad Beebe

VA  
IHS  
Washington Dept. of Health

3. The Minutes of the November 2002 meeting were approved with one correction. Dean Samet should have been shown as being eligible to vote.
4. There were two questions to discuss for interpretation.
  - A. **Request for Tom Jaeger/AHCA.** This issue centers around the appropriate protection levels for circumstances when patient owned furnishings are brought into a facility. Some interpretations have been rendered on the Life Safety Code stating that even with sprinklers present, the smoke detector is still required in the room.

**ACTION:**

The HITF issued an interpretation that essentially states that the detector is not required when the room is protected with an automatic sprinkler system. (See Enclosure 1)

- B. **Request from Phil Jose/VA.** This issue involves use of an alternative device to the traditional rabbet, bevel or astragal used to minimize the clearance on doors used in smoke barriers. The device in question was described as a split astragal with brushes attached to the leading edges of the door.

**ACTION:**

The HITF deferred action on this item until the November 2003 meeting. The HITF had concerns that: This may be evaluating an equivalency; clarification is needed as to the type of test protocol and listing that the product has undergone.

5. Old Business

- A. **Alcohol Gel Disinfectants.** At the November 2002 meeting, the HITF discussed potential fire and life safety hazards associated with these products. ASHE has established a proposed test protocol and research agenda that includes:

- Project will mostly be funded by ASHE and JCAHO.
- GBA will be conducting fire modeling studies.
- CDC, CMS, IFMA (and as others) will be involved in the study.
- Study will examine the “typical” material that has a 60 percent alcohol content; contains 20 oz. of material; and that is dispensed from a plastic dispensing unit.
- A series of test protocols will include:
  - Consider test in proximity to a clean and/or soiled linen cart.
  - Patient sleeping or patient treatment suite.

Testing is in progress and a preliminary report should be available by August 2003.

- B. **Delayed Fire Department Notification.** At the November 2002 Meeting, the HITF was informed of a policy in San Antonio, TX whereby the fire department was not to be notified until fire or smoke was visually confirmed. Whatever has instigated that policy has been corrected and the delayed response is no longer in effect.

6. New Business.

- A. **NFPA 99 Issue.** An issue dealing with NFPA 99 (1999 ed. vs. 2002) will be brought forward at the November 2003 HITF meeting. The issue includes Essential Electrical Systems (NFPA 99: 3.4 (1999); NFPA 99: 4.4 (2002)). The issue relates to use of a battery system in lieu of a prime mover.

7. Next Meeting. The next meeting will be held on Tuesday 18 November, 2003 in Reno, NV. The time will be determined so as to not conflict with the Health Care Section Board Meeting.
8. The Meeting adjourned at 3:20 PM.

RES/jtm

Enclosure

**HITF**  
**MAY 2003**  
**NFPA 101, Life Safety Code 2002 Edition**  
**Section 19.7.5**

BACKGROUND: With the increased use of the 2000 edition of the Life Safety Code we are seeing different interpretations of the Exceptions to Sections 19.7.5.2 and 19.7.5.3 of the 2000 edition.

As background, these exceptions were added to the Code in the 1997 edition because Medicare/Medicaid Regulations require nursing homes to allow patients to bring in their own furniture and mattresses to allow for as much of a residential environment as possible. With out these exceptions, the Regulations would be in conflict with the Life Safety Code in nonsprinklered facilities, thus the additional requirement for the smoke detector.

Many AHJ's are interpreting that the smoke detector is required even in sprinklered buildings, which we disagree. Admittedly the language in the exceptions might be better if it stated the exception only applies to nonsprinklered rooms, but it doesn't need to state that.

The appropriate Sections in Chapter 10 clearly state that upholstered furniture and mattresses are not required to be regulated if they are located in rooms or spaces protected by sprinklers. Likewise if you look at the requirements for new health care occupancies you will note there are no requirements for furniture or mattresses provided by the patient. The reason being that sprinklers are mandated in new health care facilities.

In existing sprinklered buildings it would make no sense that if the facility provided unregulated mattresses or furniture there would be no requirement for the smoke detector, but if the patient provided the mattresses or furniture there would be a requirement for the smoke detector.

QUESTION: Is a smoke detector required to be installed in a patient sleeping room protected by an approved automatic sprinkler system when either upholstered furniture or mattresses are provided by the patient per the Exceptions to Sections 19.7.5.2 and 19.7.5.3?

RESPONSE NO. The provisions of 19.7.5.2 and 19.7.5.3 intend to refer to the criteria of Chapter 10. Sections 10.3.2, 10.3.3 and 10.3.4 do not specify or set any regulations for mattresses and upholstered furniture in existing healthcare occupancies that are protected with automatic sprinklers.