### **MINUTES** HEALTHCARE INTERPRETATIONS TASK FORCE **DECEMBER 8, 2006**

### **CMS Offices** 7111 Security Blvd. Room B-310 Baltimore, MD 8:30 A.M. - 4:00 P.M.

- 1. The meeting was called to order at 8:45 AM
- 2. Introduction of members and guests present was completed. Those in attendance included:

MEMBER	REPRESENTING
Joe Bermes*	Indian Health Services
Ken Bush*	International Fire Marshals Association
Eugene Cable*	Veterans Affairs
Philip Hoge*	DOD/US Army Corps of Engineers
Tomas Jaeger	Jaeger Associates/American Healthcare
	Association
David Klein (ALT)	Veterans Affairs
Jim Merrill (ALT)	Centers for Medicare/Medicaid Services
Hank Payne (ALT)	Indian Health Services
Robert Solomon	National Fire Protection Association
Dale Woodin	American Society for Healthcare
	Engineering
Mayer Zimmerman*	Centers for Medicare/Medicaid Services
* Voting AHJ Member	

#### **GUESTS** REPRESENTING

Pamela Baker American Association for Accreditation of **Ambulatory Surgery Facilities** American Healthcare Association Lyn Bentley Marilyn Dahl Centers for Medicare/Medicaid Services **Justin Givens** Centers for Medicare/Medicaid Services Antoinette Gray American Association for Accreditation of **Ambulatory Surgery Facilities** Centers for Medicare/Medicaid Services Karen Jackson

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Nancy McNabb Jeff Pearcy National Fire Protection Association American Association for Accreditation of Ambulatory Surgery Facilities

- 3. The minutes of the June 6, 2007 meeting (Orlando, FL) were approved as submitted.
- **4.** Review of questions. Four questions and two discussion items were submitted as a part of the original agenda. Items reviewed included:
  - A. HITF: Door Gap Task Group Report. It was noted that an accompanying figure was separately distributed for the report. The draft report (8/14/06) was discussed. The task group looked a numerous scenarios and discussed lingering concerns. This item was prompted by implicit interpretation from some AHJs who defaulted to NFPA 80 allowances for 1/8 inch (max) gaps in all corridor doors. Even though NFPA 101 excludes NFPA 80 compliance with certain corridor doors, lack of a number resulted in the need to provide some guidance. The three questions in the TG report were accepted by the HITF AHJ voting members 4-1 and issued as shown (Enclosure 1). EDITORS NOTE-A committee sponsored proposal for NFPA 101/NFPA 5000 was sponsored at the JAN 2007 committee meeting to get broader input on this issue)
  - **B.** AHCA: Smoking Restrictions in Nursing Homes. This subject concerns the extent to which the smoking regulations of NFPA 101 (18.7.4/19.7.4-2000 ed) extend to areas out side of and away from the primary nursing care facility. These areas could be a separate structure as well as simple concrete pads with or without an enclosure of some sort. There was agreement that patients/resident/staff who may use such areas requiem the same level of protection provided inside the main facility or building. The two questions in the request were accepted by the HITF AHJ voting members 4-1 and issued as shown (**Enclosure 2**).
  - C. AHCA: Nursing Home Staff and Fire Drills. This subject concerns the extent to which all staff must be available to participate in the 4 mandatory drill per year in accordance with NFPA 101 (18.7.1.2/19.7.1.2-2000 ed). The facility is to schedule and undergo four drills. The code recognizes that staff may be out sick, on vacation, on business related travel or working a different shift, thus there is no intent to do an accounting for each staff member. The first question in the request was accepted by the HITF AHJ voting members 5-0 and issued as shown (Enclosure 3).

**D. CMS: Door Locking in Nurseries.** This discussion was also related to the Door Locking Task Group report. This subject centers on the expanding definition of clinical needs for establishing a condition in which certain door can be locked. Locking of doors can take various forms now including door hardware equipped with a manual lock, key locking, key pads, badge swipe, wander guard and proximity technology. There was general agreement that the code has done an excellent job of addressing clinical needs. It is difficult to argue though that a security need (infant abduction threat for example) is a clinical need as intended by the NFPA committees.

Looking ahead, it was suggested that the HITF may want to consider a joint task group with the NFPA Technical Committee on Premises Security to determine what appropriate technologies may exist to best address the broader issues at hand. This would include adding requirements to, as an example NFPA 101:18.1.1.1.5, for:

- Features, systems and configurations for security needs.
- Incorporation of badge, keypad and proximity locking options.
- Procedures and protocols for lock down scenarios due to a hostile act (inside or in close proximity to the facility), civil unrest or quarantine scenarios.
- Selection of specific areas where the security provisions could apply such as newborn, neonatal and pediatric care areas.

A task group to look at lock down issues will determine what other issues would need to be considered. Task Group members are: Dale Woodin-Chair, Gene cable and Phil Hoge.

(EDITORS NOTE-A committee sponsored proposal for NFPA 101/NFPA 5000 was sponsored at the JAN 2007 committee meeting to get broader input on this issue)

**E. NFPA: Emergency Power Supplies.** NFPA was contacted by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) concerning an interpretation of NFPA 99, NFPA 101 and a CMS ruling concerning battery backup for certain medial equipment components. The use of battery back up power sources (NFPA 111) for certain types of continuous life support equipment (See definition in NFPA 99:3.3.37) in ambulatory surgical centers is allowed per NFPA 99 and NFPA 101. CMS (the AHJ in this case) has taken a position that the back up power source can only be provided by a generator (NFPA 110). The CMS position is consistent with 42CFR483.70(b)(2) that only makes reference to use of a generator.

CMS said they do have the ability to grant a waiver to the CFR citation and offered to work with AAAASF to resolve the concern. The HITF took no formal action on the subject.

#### 5. New Business.

- **A.** Dale Woodin provided an overview of some recent research that was conducted on the safe use of aerosol type (Level I) hand sanitizers. The research, conducted for Consumer Specialty Products Association was developed to determine the efficacy and use of these products in their healthcare environment. The information will be provided to committees at NFPA and ICC to consider for expanded use in healthcare facilities.
- **B.** Gene Cable provided an item concerning minimum corridors widths in suites. This item was voted to be held over until the next meeting.
- C. Gene Cable brought up an issue concerning sprinkler exemptions from certain small closets in hospitals and nursing homes. The HITF suggest that this issue has to be determined by the NFPA TC on Automatic Sprinklers and the TC on Healthcare Occupancies. There is simply no margin in NFPA 101 or NFPA 13 at present that would suggest that there is some minimum closet size that would not require sprinklers.
- **D.** Gene Cable brought up two by-law type issues. One concerns a name change for the HITF and one concerns a change in the vote margin needed to issue an interpretation. Both items will be held over until the next meeting.
- **6. Old Business.** A follow up to an NFPA 90A Formal Interpretation concerning a 50 CFM air infiltration limit was discussed. The background on the FI was discussed, but the main concern, is the 50 CFM an absolute maximum value still needs to be resolved.
- **7. Next Meeting.** The next meeting will be held during the 2007, WSCE in Boston. The tentative date was Tuesday, June 5, 2007 from 2:00-6:00 PM.
- **8. Adjournment.** The meeting adjourned at 2:45 PM.

# ENCLOSURE 1 DOOR GAP TASK GROUP REPORT

#### HITF INTERPRETATION DECEMBER 2006 NO. 1

NFPA DOCUMENT NO: NFPA 101 2000 Edition

SUBJECT/BACKGROUND: Allowable gaps in certain corridor doors.

The following questions apply to requirements in the 2000 Life Safety Code for corridor doors other than those in required enclosures of vertical openings, exits, or hazardous areas, and other than those in smoke barriers.

**Question 1:** Does the Life Safety Code limit the gap between the edge of a corridor door and the door frame to 1/8-inch?

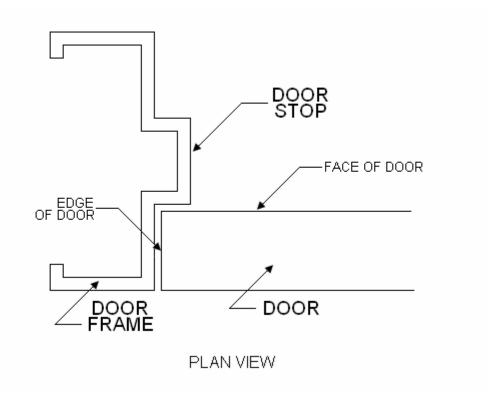
**Answer**: No. However, because the door stop functions as an astragal, the gap between the edge of a corridor door and the door frame shall not be greater than the depth of the door stop.

**Question 2:** Does the Life Safety Code limit the gap between the face of a corridor door and the door stop to 1/8-inch?

**Answer:** No. The Code does not specify a maximum gap dimension and specifically states that corridor doors are not required to comply with NFPA 80, Standard for Fire Doors and Fire Windows. The Code goes on to state that corridor doors should be relatively smoke tight. Due to the lack of specific dimensions for door gaps and the subjective language in the Code, the following guidance is deemed appropriate. In a smoke compartment that is not fully sprinklered, a gap not exceeding 1/4-inch between the face of a corridor door and the door stop should be permitted, provided that the door latch mechanism is functioning. In a smoke compartment that is fully sprinklered, a gap not exceeding ½-inch between the face of a corridor door and the door stop should be permitted, provided that the door latch mechanism is functioning. In a smoke compartment that is not fully sprinklered, to achieve a better fit the thickness of a 1¾-inch thick corridor door should be permitted to be reduced by removing not more than ¼-inch from the face of the door. In a smoke compartment that is fully sprinklered, the Code does not impose construction requirements on a corridor door, provided that it resists the passage of smoke.

**Question 3:** Does the Life Safety Code limit the gap between the meeting edges of the leaves of a two-leaf corridor door to 1/8-inch?

**Answer:** No. The gap is permitted to exceed 1/8-inch provided that the meeting edges of the leaves are equipped with an astragal, a rabbet, or a bevel.



# ENCLOSURE 2 SMOKING RESTRICTIONS IN NURSING HOMES

#### HITF INTERPRETATION DECEMBER 2006 NO. 2

NFPA DOCUMENT NO: NFPA 101 2000 Edition

SUBJECT/BACKGROUND: Smoking Policies.

Many nursing homes are establishing no smoking policies. This results in both staff and patients who want to smoke to smoke outside. Life safety surveyors are now requiring that the outside smoking areas comply with Sections 18 & 19.7.4 of the 2000 Life Safety Code. Specifically, the surveyors are requiring that the outside smoking areas be provided with noncombustible ashtrays of safe design and that metal containers with self closing covers be readily available to each outside smoking area.

**Question 1:** Do the requirements of Sections 18 & 19.7.4 apply to designated smoking areas outside the building?

Answer: YES.

Question 2: If the answer to Question #1 is yes, is there a distance away from the building in which the requirements of Sections 18 & 19.7.4 would not apply?

Answer: NO.

### ENCLOSURE 3 NURSING HOME STAFF AND FIRE DRILLS

#### HITF INTERPRETATION DECEMBER 2006 NO. 3

NFPA DOCUMENT NO: NFPA 101 2000 Edition

SUBJECT/BACKGROUND: Staff Drills.

Life safety surveyors are now requiring that every staff member of a nursing home participate in a minimum of 4 fire drills per year and provide written documentation to verify that each staff member has participated in 4 drills. Although this may sound like a simple and reasonable requirement, not all staff members are present when their shift has a drill. Staff members may be on vacation, sick, in training outside the facility, etc. It is not practical to conduct 2 to 3 drills per quarter per shift to insure that every staff member participates in 4 drills per year. The alternative is to have staff, which missed a drill on their shift, to participate in a drill on another shift. This would require paying overtime to these staff members. It is sometimes very difficult to get staff to come in during other shifts, particularly if they have second jobs or dependent children and I haven't even looked into the union issues it might create.

Question: Does the 2000 Life Safety Code require in Sections 18 & 19.7.1.2 that all staff members of a health care facility participate in 4 quarterly fire drills per year?

Answer: NO.