

HITF INTERPRETATION JUNE 2006 NO. 1

NFPA DOCUMENT NO: NFPA 101 2000 Edition

SUBJECT/BACKGROUND: Top of the wall blocking to protect the cavity in corridor walls.

Regarding barrier construction, some healthcare facilities would like to create corridor walls with open tops (drywall on two sides, no blocking to close the cavity of the smoke partition. In sprinklered buildings some healthcare facilities would like to create corridor walls that limit the transfer of smoke with drywall on two sides below the lay in ceiling, and either a) run one side to the deck above or b) stop both sides just above the ceiling, thus creating an opening on the occupied side, with no blocking to close the cavity of the corridor wall. Both of these design features could allow the products of combustion to enter the barrier cavity, compromising the integrity of the construction.

QUESTIONS:

1. In a fully sprinklered new healthcare occupancy (18.3.6.2) with non-rated corridor walls is it acceptable to:
 - a. Have the wall constructed of noncombustible material that limits the transfer of smoke on both sides up to the lay-in ceiling or extend only one side to the deck above? **Both arrangements are permissible.**
 - b. Does a corridor wall constructed as mentioned in a) above need to be blocked at the top of the cavity to prevent products of combustion from entering the assembly? **No. This is not a required element.**
2. In a fully sprinklered existing healthcare occupancy (19.3.6.2.1, Exceptions 1, 2 & 3) with non-rated corridor walls, is it acceptable to:
 - a. Have the wall constructed of noncombustible material that limits the transfer of smoke on both sides up to the lay-in ceiling or extend only one side to the deck above? **Both arrangements are permissible.**
 - b. Does a corridor wall constructed as mentioned in a) above need to be blocked at the top of the cavity to prevent products of combustion from entering the assembly? **No. This is not a required element.**
3. Are penetrations such as waste lines, electrical back boxes, recessed equipment such as charting stations that enter the corridor side of the wall, required to be wrapped or blocked to prevent smoke from entering the corridor wall cavity? **No. There is no requirement to wrap or block such components but they must be trimmed to limit the transfer of smoke.**

HITF INTERPRETATION JUNE 2006 NO. 2

NFPA DOCUMENT NO: NFPA 82 1999 Edition

SUBJECT/BACKGROUND: A typical design in health care is for linen and waste chutes to terminate in a collection room. NFPA 82-1999 3-2.4 addresses chute loading doors (those doors on the upper floors where staff loads the chute). NFPA 82-1999 3-2.6 requires the chute to terminate in a rated room equivalent to the rating of the chute. The terminus room is to have automatic or self closing 1 ½ hour fire doors. The drawings in the code (Figure 3-2.5.1 Gravity Chute) indicate the need for a bottom terminal door that is self-closing and fire rated, although this is not stated in the body of the text.

QUESTIONS:

1. Are both the chute terminal door at the bottom of the chute and the collection room access door required to be automatic or self closing 1 ½ hour fire doors? **Yes.**
2. If the collection room access door is an automatic or self closing 1 ½ hour fire door, will this suffice for protecting not only the chute but the collection room? If not, what is the philosophy and code reference for requiring both of these doors? **No. Protection of the chute terminus room (collection room) requires that protection be provided between the room itself and the shaft (hence the requirement for the rated chute door) and between the chute terminus room and surrounding or adjacent spaces (hence the requirement for the rated door at the opening). See NFPA 82, 1992 Edition, Sections 3-2.2.9 and 3-2.4.3 (NFPA 82, 2004 Edition, Sections 5.2.3.2 and 5.2.5.3.2).**

HITF INTERPRETATION JUNE 2006 NO. 3

NFPA DOCUMENT NO: NFPA 101 2000 and 2006 Editions

SUBJECT/BACKGROUND: HITF addressed a very similar question in May 15, 2001 Disneyland Hotel from NFPA staff, "NFPA Request - Frequency of fire drills at SNF". It apparently concerned a State agency and drill requirements at a SNF attached to a hospital. The HITF did not make a formal interpretation and the minutes went on to say, "Unless the state regulatory agency made some determination with respect to licensing that the SNF and healthcare facility were one in the same, the drills must be completed independent of each other."

A new situation is emerging where fire alarm systems, with their amazing micro processing capabilities, are designed to limit where the alarm is sounded. These options are taken in coordination with the fire plan.

For example, a large 7-story healthcare facility is separated by 2-hour fire barriers into three buildings, Russell, Hamblet, and Stevens. Where buildings are attached and the option is taken to sound an alarm signal only in the Hamblet building, what effect would that have on the fire drill requirement? For the facility, did we just go from 12 drills per year to 36? The telephone operator still makes the Code Red announcement heard in all three buildings and selected staff respond from all three buildings according to the fire plan, to the fire area.

NFPA 101 A.19.7.1.4 states, "the purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan." . . . "Fire drills should be scheduled on a random basis to ensure the personnel in health care facilities are drilled not less than once in a 3-month period."

JCAHO EC.5.30 (2006) states, "The organization conducts fire drills regularly." EP 1. "Fire drills are conducted quarterly on all shifts in each building defined by the LSC as the following: Ambulatory Health care occupancy, Health care occupancy, Residential occupancy." EP # 5 "Staff in all areas of every building where individuals are housed or treated participate in drills to the extent called for in the facility's fire plan." EP # 7 "The effectiveness of fire response training according to the fire plan is evaluated at least annually."

Specific example # 1: A health care facility consists of two buildings that abut each other but are separated by a 2-hour fire barrier. The fire plan calls for selected staff in building A to respond to the fire zone in building B. The fire alarm system activates only in Building B and a "Code Red" announcement is transmitted to both buildings according to the fire plan. Are a total of 12 drills per year sufficient, randomly conducted among the two buildings? I believe YES.

Specific example # 2: Given the same situation as example # 1 except the fire plan does not call for staff in "Building A" to take action for an alarm in Building B, the fire plan does NOT call for staff response from one "building" to another. The phone operator "Code Red" announcement is still transmitted to both buildings. Does the drill in building B count as a fire drill only for building B? I believe YES. Now 24 drills are required for the facility? I believe YES.

Specific example # 3: Given a situation where a medical center is divided into several distinctly separated buildings, such as a mental health campus facility consisting of nine buildings connected by tunnels. The fire plan is specific to the building in alarm with the plan stating that available personnel from the neighboring two buildings respond to assist. The fire alarm system gives an automatic voice Code Red announcement throughout all nine buildings. Would 12 drills per year be sufficient for each group of three buildings? I believe YES. Campus wide would 36 drills per year meet the Code intent, 12 drills for each group of three? I believe YES.

QUESTION:

Is it the intent of the Code that twelve drills, once per quarter per shift, be conducted according to the extent of participation called for in the fire plan regardless of the configuration of the building? **Yes. The intent of conducting the drills is to expose staff in each building to the protocol. Drills should be initiated and rotated in different locations of each building to ensure broad participation in the drill, knowledge of the protocols to be followed and to verify that the staff members are adequately trained.**