HEALTHCARE INTERPRETATIONS TASK FORCE
AGENDA

JUNE 8, 2010
Mandalay Bay Convention Center
South Convention Center
Level 2 - Reef C
3950 Las Vegas Boulevard South
Las Vegas, NV 89119
1:00 P.M. – 6:00 P.M.

1. Call to order 1:00 P.M.

2. Introduction of Members and Guests.

3. Review of Questions
   A. 18 in. Sprinkler Clearance - American Society for Healthcare Engineering (ASHE) - (See Enclosure A-1 – Page 3)
   B. Door Pin - American Society for Healthcare Engineering (ASHE) - (See Enclosure A-2 – Page 4)
   C. Exit Access from Suites - American Society for Healthcare Engineering (ASHE) - (See Enclosure A-3 – Page 5)
   D. Storage Areas - American Society for Healthcare Engineering (ASHE) - (See Enclosure A-4 – Page 6)

4. New Business
   - ITM Summit – May, 2010
   - Health Care Summit – July, 2010

5. Old Business

6. Date / Location for Next Meeting

7. Adjournment (by 6:00 P.M.)
ENCLOSURE A

Review of Questions
ITEM A-1 – 18” SPRINKLER CLEARANCE


Edition: 1999 and 2002

Background Information (optional): 18” Sprinkler Clearance

In a healthcare setting many organizations use perimeter walls for storing items. This storage is accomplished with the use of wire racks that may be free standing on the floor or have wheels so they can be moved to facilitate cleaning. Some AHJs are requiring that perimeter wall shelving be fastened to the wall. NFPA 13 (2002) A.8.6.6 states “shelving on a wall or shelving against”. The word against seems to imply a free standing unit set against the wall is permitted without fastening.

**Question:**
Is it required that perimeter wall shelving that extends to the ceiling be fastened to the wall?
ITEM A-2 – FIRE PINS IN FIRE DOORS

Document to be interpreted: NFPA 101 (2000) 4.5.3.1, 4.5.3.2

Edition: 2000

Background Information (optional): Fire pins in fire doors

In recent months, hospitals, during routine inspections have been presented inspection citations as a result of employing thermally fused pins in fire door assemblies with less-bottom-rod (LBR) exit devices. These citations are issued because the door will fail to operate as a means of egress, as defined by the Life Safety Code, when the thermally fused pins are activated.

Thermally fused fire pins have long been used in fire door assemblies when LBR exit devices are installed. The thermally fused fire pin is an integral part of the fire door assembly and without it, the assembly cannot be fire rated.

Thermal pins are activated only when their core temperature exceeds approximately 400 F, at which point temperatures on the fire side of the door assembly are in excess of 1200 F. At these temperatures there is no longer an egress requirement from the fire-side of any opening at these elevated temperatures.

Regardless of the use of a thermally fused pin, the door assembly will not function as a means for egress at these temperatures because the door will have expanded so forcefully into the frame it will not open. Secondly, there are additional thermal pins used in nearly every type of fire rated latching hardware, including the top latch of the very same LBR exit device your inspectors are rejecting.

The fire door assembly in a pathway of egress serves two purposes, a means for egress, and a fire barrier. We submit to you that when the fire barrier function of the assembly is required, the egress function is moot and irrelevant.

Question:

For fire doors in health care facilities, are UL listed doors with fire pins an approved assembly for fire wall assemblies?
ITEM A-3 – EXIT ACCESS FROM SUITES

Document to be interpreted: NFPA 101 (2000) 19.2.6.2.4

Edition: 2000

Background Information (optional): Exit Access from Suites

In many cases within a healthcare setting there are suites built and designed with stairwells within them. These stairwells provide similar or greater protection than exit access corridors. In some cases AHJs are enforcing travel distance limitations to “exit access corridors” even though there is a valid “exit” stairwell within the suite.

**Question 1:**
Is it the intent of 101 (2000-19.2.6.2.4) to require every sleeping suite to have access to an “Exit Access Corridor”?

**Question 2:**
If the answer to question 1 is “yes”, is a stairwell within the suite allowed to be substituted as an “exit access corridor”?

**Question 3:**
If the answer to question 1 is “no”, is an exit to a stairwell within the suite permissible to meet the intent?
ITEM A-4 – INVENTORY MANAGEMENT SYSTEMS IN STORAGE ROOMS

Document to be interpreted: NFPA 101 (2000) table 18.3.2.1

Edition: 2000

Background Information (optional): Inventory management systems in storage rooms

Many hospitals are using inventory management systems at nurse’s stations, in supply rooms, in alcoves, and other areas that are meant to be convenient and secure. These stations have locking doors and are designed to release only the supplies that are requested by the caregiver.

Question:
Does a room or area larger than 50 sq. ft. holding supplies inside inventory management cabinets constitute a storage room?