



Tentative Interim Amendment

NFPA[®] 99

Health Care Facilities Code

2012 Edition

Reference: 11.5.1.1.2 through 11.5.1.1.4 and A.11.5.1.1.2 through A.11.5.1.1.3

TIA 12-6

(SC 14-3-9/TIA Log #1125)

Pursuant to Section 5 of the NFPA *Regulations Governing the Development of NFPA Standards*, the National Fire Protection Association has issued the following Tentative Interim Amendment to NFPA 99, *Health Care Facilities Code*, 2013 edition. The TIA was processed by the Technical Committee on Medical Equipment and the Health Care Facilities Correlating Committee, and was issued by the Standards Council on March 3, 2014, with an effective date of March 23, 2014.

A Tentative Interim Amendment is tentative because it has not been processed through the entire standards-making procedures. It is interim because it is effective only between editions of the standard. A TIA automatically becomes a public input of the proponent for the next edition of the standard; as such, it then is subject to all of the procedures of the standards-making process.

1. Revise text to read as follows:

11.5.1.1 Elimination of Sources of Ignition.

11.5.1.1.1 Smoking materials (e.g., matches, cigarettes, lighters, lighter fluid, tobacco in any form) shall be removed from patients receiving respiratory therapy.

11.5.1.1.2* When a nasal cannula and its associated supply tubing are delivering oxygen outside of a patient care room, no sources of open flame shall be permitted in the site of intentional expulsion.

11.5.1.1.3* When any other oxygen delivery equipment not specified in 11.5.1.1.2 is in use, ~~N~~o sources of open flame shall be permitted in the area of administration.

11.5.1.1.4* Solid fuel-burning appliances shall not be permitted in the area of administration.

11.5.1.1.5* Sparking toys shall not be permitted in any patient care room.

11.5.1.1.6 Nonmedical appliances that have hot surfaces or sparking mechanisms shall not be permitted within oxygen-delivery equipment or within the site of intentional expulsion.

A.11.5.1.1.2 Outside of a patient care room, 11.5.1.1.2 prohibits sources of open flames within the site of intentional expulsion [1 ft (0.3 m)] of a nasal cannula. No sources of open flame are permitted within the area of administration [15 ft (4.3 m)] for other types of oxygen delivery equipment or in patient care rooms (see 11.5.1.1.3).

The amount of oxygen delivered by a nasal cannula is limited. One (1) ft (0.3 m) is sufficient separation from an oxygen-enriched atmosphere produced by a nasal cannula which is an oxygen delivery equipment used outside of patient care areas. In the open air, dilution goes to ambient levels (not oxygen-enriched atmosphere) within a few inches of the cannula openings, but 12 in. (300 mm) provides an adequate safety factor. Other oxygen delivery equipment such as masks, are not included since masks would not typically be associated with mobile patients in health care facilities and may deliver greater quantities of oxygen than nasal cannula.

The household-style nursing homes that include kitchens intended for residents' use and enclosed gas fireplaces present a source of flame ignition to which residents will be exposed. Residents utilizing a nasal cannula would potentially not be allowed to participate in the cooking because it would place the cooking flame within the site of intentional expulsion. However, they would be allowed in the kitchen area to assist in preparing the food and to socialize with other residents and staff in the kitchen similar to what happens in the kitchens of residential environments.

The primary concern is that flame-producing equipment exists in many places in a nursing home and that it would be impractical to maintain a resident with a nasal cannula a minimum of 15 ft (4.3 m) (Area of Administration) away from the flame-producing equipment. Typical flame-producing equipment found in a nursing home includes the following:

1. Candles in chapels
2. Open kitchens using gas cooking equipment
3. Fireplaces
4. Fuel-fired heating equipment
5. Private family dining rooms using fuel-fired equipment
6. Canned cooking fuel (e.g., used under chafing dishes)

A.11.5.1.1.3 Patients and hospital personnel in the area of administration should be advised of respiratory therapy hazards and regulations.

Visitors should be cautioned of these hazards through the prominent posting of signs. (*See 11.3.4.*)

A.11.5.1.1.4 Solid fuel-burning appliances include wood-burning fireplaces, wood stoves, and similar appliances. These pose a greater risk in locations where oxygen is being provided than gas-fueled appliances, in part due to their ability to emit embers into the environment.

A.11.5.1.1.5 Such toys have been associated with fire incidents in health care facilities.

A suggested text for precautionary signs for oxygen tent canopies and oxygen hoods used in pediatric nursing units is the following:

CAUTION: OXYGEN IN USE
ONLY TOYS APPROVED BY
NURSES MAY BE GIVEN TO CHILD

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(Note: For further information on NFPA Codes and Standards, please see www.nfpa.org/codelist)

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