

HEALTHCARE INTERPRETATIONS TASK FORCE

AGENDA

BOSTON CONVENTION & EXHIBITION CENTER (BCEC)

ROOM 104C

415 Summer Street

Boston, MA

JUNE 14, 2011

8:00 AM – 1:00 P.M.

1. Continental Breakfast at 8:00 AM
2. Call to order 8:30 AM.
3. Introduction of Members and Guests.
4. Review of Questions
 - A. Exit Access From Suites – The Joint Commission(See **Enclosure A-1 – Page 3**)
 - B. Pass-through Cabinets – International Fire Marshals Association (IFMA) (See **Enclosure A-2 – Page 4**)
 - C. Door Locks Patient Room Doors – Department of Veterans Affairs (VA) – (See **Enclosure A-3 – Page 13**)
 - D. Door Murals – Department of Veterans Affairs (VA) – (See **Enclosure A-4 – Page 15**)
 - E. Alcohol Hand Rub Dispensers – Department of Veterans Affairs (VA) – (See **Enclosure A-5 – Page 18**)
 - F. NFPA 25 – Standpipe System Flow Tests – Department of Veterans Affairs (VA) – (See **Enclosure A-6 – Page 20**)
5. New Business
 - Healthcare Summit – Part II
 - Organization Updates
6. Old Business
7. Date / Location for Next Meeting
8. Adjournment (by 1:00 P.M.)

ENCLOSURE A

Review of Questions

JUNE 2011

INTERPRETATION REQUESTS JUNE 2011

ITEM A-1 – Exit Access From Suites

Document to be interpreted: NFPA 101, 2000 edition, 19.2.6.2.4

Edition: **2000**

Background Information (optional): **(Revisit from July 2010 HITF Interpretation C) Exit Access From Suites**

Question:

Please clarify the second exit required to be to an egress corridor rather than an exit enclosure

Answer:

One of the two exits must be to an egress corridor; the other may be to an exit enclosure.

Document to be interpreted: NFPA 101, 2000 edition, 19.2.6.2.4

Edition: 2000

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”?

Answer 1: YES

See NFPA 101: 19.2.5.1.1, Exception #3 concerning suites.

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”?

Answer 2: NO

Please revisit Answer 2 above: I believe the correct answer is one of the two exit access doors must open onto an egress access corridor and the second could be an exit access door leading into an exit enclosure. The word “an” is singular (one door opening onto an exit access corridor) and silent on the second exit access door requirement (required in 19.2.5.2 & 19.2.5.3).

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ITEM A-2 – PASS-THROUGH CABINETS

Document to be interpreted: NFPA 101, 2000 and 2006 editions, 18.3.6.1, 18.3.6.2, 18.3.6.3.1, 18.3.6.3.2, 18.3.6.5

Edition: 2000 and 2006

Background Information (optional): Pass-through Cabinets

Healthcare Architects continue to look for innovative methods to increase the functional use of space in an attempt to increase efficiency and make use of space in a creative way. Recently a number of designs have included openings in the construction of corridor walls into patient rooms in a method that creates a pass-through opening for passing/storing supplies and materials such as bedding, towels, etc. from the corridor side of the wall into the patient room. These pass-through cabinets have been observed in a variety of sizes which include full wall height units to half wall height units. These cabinets are typically provided with a door of various construction provided on the corridor side of the wall, and may or may not be provided with a similar door on the patient room side of the wall. Cabinet doors are provided with various methods of securing the door in the closed position including latches and/or deadbolt type locks. As healthcare staff make their rounds down the corridor, they open the doors and stock the cabinets from the corridor side of the wall.

There is concern that these openings may not meet the requirements for corridor wall construction, corridor doors, and permitted openings in corridor walls. As the doors to these units are not typically used by occupants to enter/exit a room, there is a concern that the doors may not always be secured closed to resist the passage of smoke and would not be routinely checked in a fire emergency to insure that they are secured, endangering the occupants of the rooms by permitting smoke to enter the room from the corridor, or permit smoke from a room to enter the corridor.

Question 1:

Are pass-through cabinets or similar arrangements permitted in corridor walls of patient rooms or corridor walls in smoke compartment containing patient rooms

Question 2:

If pass-through cabinets are permitted, what are the requirements of the doors to the cabinets:

- a. Are doors required on both the corridor side and room side of the corridor wall?
- b. Is the door, or doors required to be self closing?
- c. Is the door, or doors required to have positive latching hardware?
- d. What are the construction and installation requirements of the door or doors?

Question 3:

If pass through cabinets are permitted, is there a size limitation to the opening in the corridor wall?

Question 4:

If pass-through cabinets are permitted, is sprinkler protection required inside of the cabinet?















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ITEM A-3 –DOOR LOCKS PATIENT ROOM DOORS

Document to be interpreted: NFPA 101

Edition: 2000 and 2009

NFPA 101, 2009 reference	Corresponding NFPA 101, 2000 reference
18/19.2.2.2.2	18/19.2.2.2.2
18/19.2.2.2.2(1)	18/19.2.2.2.2, Exception 1
18/19.2.2.2.2(2)	18/19.2.2.2.2, Exception 2
18/19.2.2.2.5.1	18/19.2.2.2.4, Exception 1
18/19.2.2.2.6	18/19.2.2.2.5

Background Information: DOOR LOCKS PATIENT ROOM DOORS

(References are made to the 2009 edition, but the questions apply to both the 2009 and 2000 editions):

18/19.2.2.2.2 Locks shall not be permitted on patient sleeping room doors, unless otherwise permitted by the following:

- (1) Key-locking devices that restrict access to the room from the corridor and that are operable only by staff from the corridor side shall be permitted, provided that such devices do not restrict egress from the room.*
- (2) Locks complying with 18/19.2.2.2.5 shall be permitted.*

18/19.2.2.2.5.1 Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that one of the following criteria is met:*

- (1) Staff can readily unlock doors at all times in accordance with 18/19.2.2.2.6.*
- (2) The provisions of 18/19.2.2.2.5.2 are met.*

The Veterans Health Administration has identified the need to allow female patients to lock their patient room doors for their own security.

Paragraph 18/19.2.2.2.2(1) does not appear to permit a lock to be installed on a patient room door that can be operated by a person inside the patient room.

Paragraph 18/19.2.2.2.2(2), which cites 18/19.2.2.2.5, does not prohibit the installation of a lock that the patient can lock from the inside the room, but requires that staff can readily unlock the door at all times in accordance with 18/19.2.2.2.6.

Generally 18/19.2.2.2.5 has been interpreted to permit locks to be installed on doors to restrict travel in the direction of egress.

We propose to use 18/19.2.2.2.5.1, as referenced in 18/19.2.2.2.2(2), with appropriate clinical justification, to permit locks to be installed on patient room doors such that a patient can lock the door from inside the room, provided that staff can readily unlock the door at all times in accordance with 18/19.2.2.2.6. In this case, the door is not locked in the direction of egress. The door is locked to prevent unauthorized persons from entering the patient room, and egress from the room is not restricted.

Question 1:

Under 18/19.2.2.2.2(1), is it permitted to install a lock on a patient room door that can be locked by a patient in the room, to restrict unauthorized entry into the room, provided that the door can readily be opened from the patient side, and provided that staff can readily unlock the door at all times?

Question 2:

Under 18/19.2.2.2.5.1 (as directed by 18/19.2.2.2.2(2)), where justified by clinical needs, is it permitted to install a lock on a patient room door that can be locked by a patient in the room, to restrict unauthorized entry into the room, provided that the door can readily be opened from the patient side, and provided that staff can readily unlock the door at all times in accordance with 18/19.2.2.2.6?

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ITEM A-4 – DOOR MURALS

Document to be interpreted: NFPA 101 - 7.1.10.2.1 (2000 and 2009 editions)
18/19.2.2.2.5 (2009), 18/19.2.2.2.4, Exception 1 (2000)

Edition: 2000 and 2009 editions

Background Information: DOOR MURALS

In healthcare occupancies egress doors are permitted to be locked in the direction of egress travel due to the clinical needs of the patients, with the requirement that these doors can be operated by staff at all times. In some environments (e.g., dementia and Alzheimer units), the egress doors are being disguised using murals or other means due to the clinical needs of the patients. Below are photos taken within healthcare settings showing doors that have been disguised.

NFPA 101, 7.1.10.2.1 states “No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress therefrom, or visibility thereof.”

There are no exceptions to 7.1.10.2.1 even when the doors are permitted by the healthcare occupancy chapters to be locked. Some AHJs do not permit doors to be disguised even when the doors are permitted to be locked and are under the control of staff at all times.

In some cases, merely disguising the doors might achieve the same purpose as locking the doors, and the disguised doors do not have to be locked.



Question 1:

Where doors are locked in the direction of egress travel in accordance with NFPA 101, 18/19.2.2.2.5 (2009), 18/19.2.2.2.4, Exception 1 (2000), can murals or decorations that disguise the doors be used provided that the operation of the doors is not compromised?

Question 2:

Where doors are permitted to be locked in the direction of egress travel in accordance with NFPA 101, 18/19.2.2.2.5 (2009), 18/19.2.2.2.4, Exception 1 (2000), can murals or decorations that disguise the doors be used in lieu of a lock (that is, the door is unlocked but disguised) provided the operation of the doors is not compromised?

Background for Questions 3:

The new healthcare occupancy chapter requires vision panels in accordance with sections 18.3.7.7 (2000) / 18.3.7.9 (2009) in cross corridor smoke barrier doors. The existing healthcare occupancy chapter does not require vision panels in cross corridor smoke barrier doors, although some doors might be equipped with vision panels.

Since operation of the locked doors is generally performed only by staff, the need for vision panels is reduced and covering the vision panels should not adversely affect the safe operation of the doors.

Question 3:

If the answer to Question 1 or 2 is yes, can a vision panel (window) in a smoke barrier door be covered by the mural or decoration that is used to disguise the door?

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ITEM A-5 – ALCOHOL HAND RUB

Document to be interpreted: NFPA 101 18/19.3.2.7 (6) (2000 Edition TIA 00-1 (101)) 18/19.3.2.6 (6) (2006)

Edition: 2000 and 2006

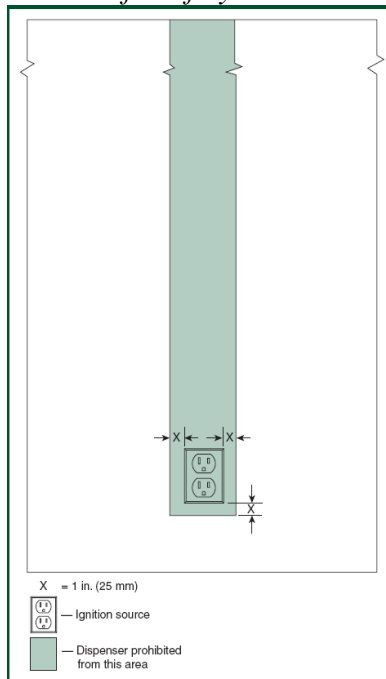
Background Information:

The 2000 Life Safety Code TIA and 2006 Code allowed for AHJ judgment/interpretation concerning proximity to ignition sources. Section 19.3.2.6 (6) states, *“The dispensers shall not be installed over or directly adjacent to an ignition source.”* In 2006 The Joint Commission published information defining “adjacent to” as no closer than 6 inches, center of the dispenser to either side of the ignition source. Currently, according to TJC SIG and surveyors in the field, the interpretation enforced is 6 inches from center of the dispenser to center of the ignition source.

The 2009 Life Safety Code, Section 19.3.2.6 (7) clarified Committee intent by defining the distances permitted as *“Dispensers shall not be installed in the following locations”*:

- (a) Above an ignition source for a horizontal distance of 1 inch to each side of the ignition source*
- (b) To the side of an ignition source within a 1 inch horizontal distance from the ignition source*
- (c) Beneath an ignition source within a 1 inch vertical distance from the ignition source”*

From 2009 Life Safety Code Handbook:



Especially considering that some AHJs have adopted the 2009 Life Safety Code, it seems counterproductive and confusing for TJC and possibly CMS to be surveying for “adjacent” (the 6 inch interpretation) when NFPA has more recently precisely defined dispenser and ignition source criteria. The 6 inch from center interpretation can be more stringent than the 2009 Code 1-inch criterion, resulting in the need to move multiple dispensers slightly further away when they complied with 2009 Code.

Is it the intent of The Joint Commission 2000 Code interpretation to be more stringent than the 2009 Code precise criterion?

Question 1:

Concerning placement of Alcohol-Based Hand-Rub Dispensers, where the 2000 Life Safety Code TIA 00-1 or the 2006 Life Safety Code is applicable, are the criteria specified in 19.3.2.6 (7) of the 2009 Life Safety Code acceptable?

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ITEM A-6 – STANDPIPE SYSTEM FLOW TESTS

Document to be interpreted: NFPA 25 - TJC Standard EC.02.03.05 EP # 12

Edition: NFPA 1998 - TJC Standard 2011 - Sections 3-3.1.1

Background Information: Standpipe system flow tests

The applicable NFPA Code, as referenced by Joint Commission is NFPA 25 (1998). The problem begins with the Joint Commission Standard where it states, “*Every five years, the organization conducts water-flow tests for standpipe systems. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 Edition.*” The standard does not mention an important detail stated in NFPA 25 and therefore well meaning surveyors and consultants are asking that every standpipe system be flow tested, even in three or four story buildings.

NFPA 25, 1998 edition: “*Section 3-3.1.1 A flow test shall be conducted at the hydraulically most remote hose connection of each zone of a standpipe system to verify the water supply still adequately provides the design pressure at the required flow.*” (Underline is added emphasis) Only automatic wet standpipes have a design pressure and required flow. For a manual wet standpipe there is no design pressure nor required flow so a flow test is not required. The manual risers may have pressure and flow requirements for sprinkler systems, but for fire fighting the fire department provides the flow and pressure by pumping into the fire department connection. To clarify the NFPA 25 Code language, this section was changed in the 2002 Edition of NFPA 25 to specify that flow tests are required for *automatic* standpipe systems (ref: NFPA 25, 2002 Edition, Section 6.3.1.1).

Since a manual dry or manual wet standpipe has no design flow requirements NFPA 25 does not require a flow test. Even if a flow test were conducted there would be no pass-fail criteria.

Question 1:

Is it the intent of NFPA 25 (1998) Section 3-3.1.1 to require the 5 year flow test only for automatic standpipe systems?

Question 2:

Is it the intent of TJC Standard EC.02.03.05 EP # 12 to ask for the 5 year flow test in accordance with NFPA 25 for only automatic standpipe systems?