HEALTHCARE INTERPRETATION TASK FORCE

19 NOVEMBER 2002 HYATT HOTEL ATLANTA, GA

MINUTES

- 1. The meeting was called to order at 2:20 PM.
- 2. Members and guests present were:

<u>MEMBER</u> <u>REPRESENTING</u>

KenBush* IFMA/Maryland State Fire Marshal's Office

Doug Erickson ASHE Ken Faulstich VA

Phil Hogue* US Army Corps of Engineers

Tom Gardner AHCA - Gage - Babcock & Associates

Phil Jose* VA Skip Lightner* IHS

Kim Osborne IFMA/Michigan Department of Consumer and Industry

Services, Office of Fire Safety

Dean Samet

Robert Solomon NFPA

GUESTS

Josh Elvove VA

Mike Daniels Consultant

Dan O'Conner Schirmer Engineering - Chair - TC on Health Care Occupancies -

- 3. The minutes of the 21 May 2002 meeting were approved with three corrections.
 - a. Add * to Jim Merrill's name.
 - b. Revise Kim Osbornes Organization to read: IFMA/Michigan Department of Consumer and Industry Services, Office of Fire Safety.
 - c. Under Item b, line 3, revise to read:

There was a question...

^{*}Eligible to vote on interpretations

4. The agenda was reviewed. No other questions were added but several members indicated that they would have items under new business.

5. Review of Questions:

- a. **NFPA Issue:** NFPA had received, and since responded to, a question concerning the installation of audible/visual alarms in patient rooms. An interpretation from an AHJ has tried to place the same level of staff notification to the patients something that is not intended by the Code. The NFPA response was reviewed. NO FURTHER ACTION.
- b. **VA Issue:** A request came through the VA concerning convenience openings. The request included six questions surrounding the issue. The arrangement as described cannot adhere to the requirements for convenience openings since the opening discharges into a corridor. This is a clear prohibition of NFPA 101: 8.2.5.8(3), thus the configuration described is not permitted. NO FURTHER ACTION.
- c. **VA Issue:** A request had been submitted by the VA for both new and existing corridors in health care occupancies. The areas open to the corridor, as described in NFPA 101: 18.3.6.1/19.3.6.1 are permitted under select circumstances. One of the conditions is that the area must be open to direct supervision.
 - In the VA case, the waiting space is not used on a 24-hour basis, but typically from 8:00 AM 5:00 PM. The question was presented "If the space is not in use, does the direct supervision rule still apply?" The response is yes. The Code does not only require the direct supervision during certain hours, but at all hours. NO FURTHER ACTION.
- 6. Discussion Item. An item was raised about alcohol based hand cleaners/disinfectants. Those materials come in self-contained units and are mounted in or near patient rooms. These agents typically contain more that 60 percent alcohol and are thus categorized as a flammable liquid. Anecdotal infection control information has shown that proper use of these materials can have a drastic impact on lowering staff and patient infections thereby reducing illness or death. The concern with the material is the potential fuel source it might introduce to the facility. Discussion items are:
 - Location: Product must be placed where it is sure to be used. Corridors (at patient room doors) or just inside the patient room (near the patient room door) are the prime locations. Some suggest that having the product in the corridor will induce greater use, as it is readily obvious and staff is more likely to use it if others could casually observe the use or non-use.

• **Concern:** If mounted in the corridor, you need to insure that the encroachment rules of NFPA 101 are adhered to. Also, should the material become involved in a fire, what location is more likely to result in the lowest risk? In the patient room or in the corridor?

One company has issued a technical bulletin that discusses some of these items and that utilize NFPA 1, NFPA 30 and NFPA 101 references. HITF members will likely hear more information on these products in the coming months.

- 7. As part of the new business discussion, JCAHO and VA have confirmed reports from San Antonio, TX that the fire department has instituted a 5 minute delay in fire department notification after an alarm is activated in area hospitals. This has apparently been prompted by some number of nuisance alarms. It is unclear if this is a temporary measure or if it is expected to be long term. HITF members have been asked to gather more information if possible.
- 8. CMS/JCAHO Survey Updates. It was reported that CMS has not been providing HITF information to the surveyors. This continues to result in conflicting recommendations being delivered to providers. In addition, there were reports of CMS surveyors establishing supplemental criteria for providers. Examples of this include:
 - CMS allegedly requiring <u>all</u> facility staff to be given keys for locked doors.
 - CMS allegedly requiring paved hard surface routes from all exit discharge points to the public way.

NFPA was encouraged to set up a meeting with CMS to discuss some of these issues as CMS input and views are crucial to the success of the HITF.

Josh Elvove (VA) reported that he is pursuing an FI on the record retention/tag issue involving portable fire extinguishers and NFPA 10.

- 9. The next HITF meeting has been tentatively scheduled to be held on Tuesday, 20 May 2003 in Dallas, TX at 2:00 PM.
- 10. The meeting adjourned at 4:05 PM.