

## Healthcare Interpretations Task Force Address Several Life Safety Issues

A little-known group met and made some important and impactful interpretations recently that could directly affect your life safety survey and your organization's Life Safety Code® (LSC) compliance. The Healthcare Interpretations Task Force (HITF) is a unique coalition of healthcare organizations and authorities having jurisdiction that come together annually to evaluate and debate interpretations of specific questions related to NFPA codes and standards. Their intent is to provide consistency in how the various codes and standards are interpreted and applied.

The group met this past June in Orlando during the NFPA's annual conference and exposition. The meeting and subsequent balloting of voting members resulted in several interpretations that have direct impact on healthcare organizations required to maintain compliance with the Life Safety Code<sup>®</sup>, such as those under the auspices of CMS. While there were numerous topics discussed, providers should be aware of the following three (3) interpretations:

• Alcoves / Hazardous Areas

Alcoves off the corridor are often a key location for storing small quantities of carts, wheelchairs and various other items. The HITF clarified that it is not the intent of the LSC to limit the number of alcoves in an exit access corridor in a healthcare occupancy. They also agreed that it is not the intent of the LSC to aggregate the areas of alcoves. This is an important and beneficial interpretation for all healthcare providers as some AHJs have been aggregating alcove areas off the corridor. Once they exceed 50 square feet in total, they consider the alcoves as "hazardous areas". The hazardous area designation does not allow the spaces open to the corridor to be used for limited storage. This interpretation clarifies that each alcove is an individual space, and if each space not more than 50 square feet, it can be utilized for limited storage.

• Delayed Egress Locking Systems

The LSC permits healthcare occupancies to have delayed egress locking systems. These are generally systems where a push bar on a door is engaged, an alarm sounds, and 15 to 30 seconds later the door automatically unlocks. There are a variety of specific requirements around the door hardware, signage, and operation. The LSC language has not caught up with technology as it relates to delayed egress locking hardware. The HITF clarified that items such as card readers can be utilized to bypass doors and reset door locks. A key is not the only permissible method. The interpretation also clarifies that the locking hardware is not limited to a push bar even though the requirement for the signage indicates "push" until the

530 WillowBrook Office Park Fairport, NY 14450, United States O: +1-585-223-1130 | F: +1-585-223-1189 alarm sounds. There are other delayed egress door locking arrangements on the market that can be utilized.

• Alcohol Based Hand Rub Dispensers

The LSC requires alcohol based hand rub dispensers to be horizontally separated by 48 inches. However, it is not uncommon to have a dispenser on the wall adjacent to a room door with another dispenser found on the wall inside the room. The HITF clarified that the 48-inch separation requirement is not intended to apply when one dispenser is in the corridor and another dispenser is located right around the corner by the door inside a room.

You can find detailed information about the HITF including past meeting minutes and interpretations on the <u>NFPA website</u>.