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Steven Hirsch & Associates

This issue offers important updates on licensing issues that may impact your successful accreditation.

Since 1987, Steven Hirsch and Associates has been one of the foremost authorities on successful accreditation, licensure, and Medicare certification. Feel free to contact us with your most pressing regulatory questions and concerns.

OUR MISSION

Our mission is to provide dynamic integrated expertise that supports healthcare organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the healthcare industry.

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HOLIDAY DECORATION COMPLIANCE

By Joann Saporito, RN, MBA, HACP and Sharon Cox-Salazar

As summer has come to a close, staff often begin to feel the excitement of the upcoming holiday season. The anticipation of Halloween (and the candy that comes with it!), the warmth of Thanksgiving, the cheer of Christmas time, and the hope of an upcoming new year are highly celebrated. Even in a healthcare setting, one can often notice upon entering the facility, the nursing units, or various departments that fall and winter are upon us, and it is not uncommon to see fantastic decorations, multi-colored lights, and fancily decorated trees.

There is no question that there are some psychosocial benefits of holiday decorating for the patients, visitors and the hospital personnel. And so, this is often a time when the staff may question (and even debate with Facilities personnel) as to what is permitted to adorn the building. The answers will be based on relevant federal regulations, the requirements of the accrediting organization (if applicable), and related organizational policies.

It is important to first recognize that healthcare facilities are required to comply with the National Fire Protection Association (NFPA) 2012 edition of the Life Safety Code (NFPA 101) and NFPA’s 2012 edition of the Health Care Facilities Code (NFPA 99). NFPA standards that address holiday decorating include NFPA 101-2012: 18/19.7.5 (Healthcare Occupancies), and NFPA 101-2012: 20/21.7.5.4 (Ambulatory Healthcare Occupancies).

NFPA 18/19.7.5.6 states that in “Healthcare Occupancies”:

Combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met:

- (1) They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied.
- (2) The decorations meet the requirements of NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films*.
- (3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, *Standard Method of Fire Test for Individual Fuel Packages*, using the 20 kW ignition source.
- (4)*The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:
 - (a) Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of 18/19.7.5.6(b), (c), or (d).
 - (b) Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.
 - (c) Decorations do not exceed 30 percent of the wall,

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HOLIDAY DECORATION COMPLIANCE

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ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.

(d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

(5)*They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.”

Note: the asterisks denote additional NFPA guidelines related to determining the sizes of the areas covered by decorations clarified in Annex A of the NFPA’s 2012 edition of the Healthcare Facilities Code.

NFPA 101, 20/21.7.5.4 provides that in “Ambulatory Healthcare Occupancies”:

“Combustible decorations shall be prohibited, unless one of the following criteria is met:

(1) They are flame-retardant.

(2) The decorations meet the requirements of NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.

(3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, Standard Method of Fire Test for Individual Fuel Packages, using the 20 kW ignition source.

(4) They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.”

For acute care hospitals, non-compliance with NFPA mandates could be cited not only by the state licensing agency or the Centers for Medicare and Medicaid Services (CMS) but also by the accrediting organization during any site survey or visit. For example, The Joint Commission would cite non-compliance at EC.02.03.01 EP1 (which requires that the hospital manage fire risks) and/or at LS.02.01.70 EP 5 (which further requires organizations to provide and maintain operating features that conform to fire and smoke prevention requirements), and the Accreditation Commission for Health Care (ACHC) would cite non-compliance at 13.06.01.

In addition to the NFPA Code compliance required by CMS and accreditation organizations, there is the possibility that local or state regulations are more (or less, although that is unlikely) stringent. The rule of thumb for any healthcare setting would be to develop policies on decorations that follow the strictest guidelines. In other words, a policy should be written in such a way that the organization would not violate any fire codes.

Early in the fall, and periodically thereafter, is a good time for organizations to remind its employees of the decorating policies of the hospital. This might be accomplished through newsletters, daily huddles, computer screen savers, or whatever other communication tools that the organization utilizes.

If decorations are permitted, organizations should ensure that they are evaluated prior to placement for compliance with pertinent fire safety requirements. Frequent rounding by clinical managers, the Safety Officer or Facilities staff should be implemented to confirm that the decorations have not “expanded” like our stomachs after a Thanksgiving feast (as they often do). Monitor for paper or crepe decorations, cardboard boxes wrapped as gifts, holiday wreaths, doors with gift wrapping, garlands, artificial or metal trees, menorahs with open flames-these could all be considered combustible and, as such, are a fire risk. Look for strings of lights that are not hospital-grade UL-Rated or are plugged into power strips or extension cords. Items dangling from the ceiling could interfere with the integrity of smoke barriers (i.e.. ceiling assemblies). Furthermore, decorations such as holiday trees and presents should not be placed in a manner that interferes with an egress (exit path). And prior to storage, it would be beneficial to somehow mark or tag any pre-inspected items for future use.

Here is hoping that everyone has a safe, warm and wonderful Thanksgiving, and a happy, joyous holiday season!

About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA.