

## HEALTHCARE INTERPRETATIONS TASK FORCE INTERPRETATION

**Number:** HITF.2007.003

**Date:** December 5, 2007

**Code:** NFPA 96 (1998) 1.3.5; NFPA 96 (2008) 1.1.4

**Background:** Typical to the past, the evolution of long term care facilities is ahead of the codes and standards. One real world significant change is what is referred to as the “greenhouse project”. Small (10-12 beds), long term care facilities are being built in a campus like setting. The proponents of the smaller facilities feel this provides a more residential environment for the patients and improves the program of care for patients.

As you know, the codes and standards define a health care occupancy if it has four or more beds and the requirements remain the same whether there are 4 beds or 400 beds. An example where this is problematic is that each of these small facilities has a kitchen. Only residential appliances are used in the kitchen. Kitchens may be used to cook or warm meals for patients or they may be for personal use by staff or patients. The real issue is that the cooking appliances are residential type appliances. Most states are requiring the facilities to install commercial range hood and duct systems in compliance with the 1998 NFPA 96.

Currently, residential cooking equipment used for occupational therapy and in nourishment centers in health care facilities are generally not required to comply with NFPA 96.

Although both the 1998 and 2008 editions of NFPA 96 state that the standard applies to all cooking operations, except in single family homes, the 2008 NFPA 96 states in Section 1-1.4 the following:

Section 1-1.4 This Standard does not apply to facilities where all the following are met:

- (1) Only residential equipment is being used.
- (2) Fire extinguishers are located in all kitchen areas in accordance with *NFPA 10, Standard for Portable Fire Extinguishers*.
- (3) Facility is not assembly occupancy
- (4) The Authority Having Jurisdiction has approved the installation.

**Question:** Does the 1998 NFPA 96 require cooking operations in health care facilities that comply with the intent of Section 1-1.4 of the 2008 NFPA 96?

**Answer:** The Authority Having Jurisdiction (AHJ) always has the option of invoking the equivalency clause contained in NFPA 96: 1-3.5 (1998 Edition). This could certainly include the AHJ reviewing and taking into account any provision contained in a more recent edition of NFPA 96 - such as the 2008 edition and the scoping limits of Section 1.1.4. While it is likely that future editions of NFPA 101 will have special requirements for these future concept nursing home designs, AHJs may have to rely on certain equivalency provisions and application of “concept” ideas until any future regulations are finalized.