



NATIONAL ASSOCIATION OF STATE FIRE MARSHALS
Executive Committee

May 24, 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-3145-IFC
PO Box 8018
Baltimore, MD 21244-8018

RE: Comment of the National Association of State Fire Marshals on interim final rule regarding alcohol-based hand rub dispensers.

The National Association of State Fire Marshals (NASFM) membership comprises the senior state fire officials in the United States. State Fire Marshals' responsibilities vary from state to state, but Marshals tend to be responsible for fire safety code adoption and enforcement, fire and arson investigation, fire incident data reporting and analysis, public education and advising Governors and State Legislatures on fire protection. Some State Fire Marshals are responsible for fire fighter training, hazardous materials incident responses, wildland fires and the regulation of natural gas and other pipelines. Because of the breadth of their responsibilities, NASFM members are public safety officials, not just fire protection officials.

NASFM has reviewed the National Fire Protection Association's (NFPA) tentative interim agreement (TIA) 00-1 (101) that would allow alcohol-based hand rub (ABHR) dispensers to be placed in exit corridors of certain health care facilities, as well as the Centers for Medicare and Medicaid Services' proposed implementation of the TIA. While NASFM is certainly concerned with the statistics regarding health care acquired infections, and agrees that ABHR products are an effective way to reduce such infections, we continue to be concerned that allowing flammable solutions in exit corridors violates fundamental concepts of fire and life safety and sets a dangerous precedent for allowing similarly flammable solutions to be placed in exit corridors. Therefore, NASFM wishes to be on record as opposing the decision of the US Department of Health and Human Services (HHS) to adopt TIA 00-1 (101) and encourages the Department to seek alternatives for addressing this crucial health problem in ways that would not pose fire safety hazards.

ABHR RESEARCH and ABHR SAFETY

Because some health care professionals have questioned whether fire safety officials care about reducing infections acquired in health care facilities, NASFM wishes to state without qualification that alcohol-based hand rubs and similar solutions intended to reduce bacteria on the hands of health care workers are important, effective means of preventing infection and saving lives. Further, NASFM agrees that dispensers containing these solutions should be accessible to health care workers. As NASFM's previous guidance to members on this issue states, "The issue is not whether these products should be used, but how they can be used safely."

The practice of installing ABHR dispensers has been acknowledged as a shift from the existing code requirements. NASFM disagrees with the statement in the Federal Register notice of March 25 (under the subhead IV. Waiver of Proposed Rulemaking) that "although ABHR dispensers were once considered to be a fire safety risk when placed in egress corridors, they are no longer considered by fire safety experts to pose a significant risk to patient safety." While there is clearly disagreement among fire safety officials on this question, NASFM considers the practices allowed by the TIA and HHS interim final rule to represent a potentially significant increased risk.

NASFM disagrees with the assumption that exit (egress) corridors must be included in the list of allowable "accessible" areas for any flammable product. Exit corridors are the primary means of escape during a fire. The integrity of exit corridors has long been a cornerstone in the design and maintenance of evacuation routes and safe havens. These areas have been addressed in the codes as places building occupants can be protected, feel safe, and allow for an unimpeded escape.

The introduction of flammable liquids to this "protected" environment in the quantities allowed by the TIA appears to be contrary to everything fire safety officials know about protecting exit corridors. In health care facilities in particular, where many of the occupants are ill, immobile or otherwise impeded in their ability to escape in the event of an emergency, the protection of exit corridors must never be compromised.

The TIA does not address maintenance or the consequences of improper installation and use, or intentional acts. With limited staffing and higher patient-worker ratios these devices can, and will, become troublesome over time. This, coupled with the allowed storage and use quantities, represent the components for disaster. Health care facilities have enjoyed a relatively low rate of fire death and injuries due, in large part, to the existing code requirements. Compliance with the existing code has provided a history of performance that should not be altered.

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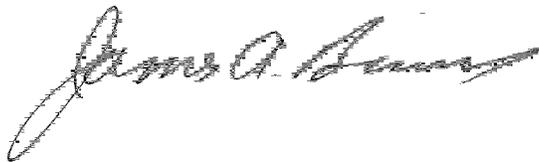
Moreover, NASFM is concerned that this exception for one product opens the door to allowing other products with similar or greater flammability risks to be placed in exit corridors. The fact that there are products on the market that perform the same function as ABHRs but without the use of alcohol or other flammable ingredients should make this TIA unnecessary.

NASFM does applaud HHS for addressing issues beyond those covered in the TIA, such as requiring that dispensers not be accessible by vulnerable populations who may misuse the ABHR solution or use it to start fires. Additionally, NASFM agrees with the HHS provision that states and local jurisdictions may choose to retain stricter codes that prohibit or otherwise restrict the installation of ABHR dispensers in health care facilities.

NASFM agrees that more must be done to curb the rate of health care acquired infections and has offered in the past to participate in a solution-seeking process. We must, however, discourage and oppose any attempts to knowingly increase one risk while attempting to reduce another. The greater good can be served by cooperation among stakeholders. All options must be explored before casting aside the longstanding fundamental concepts of fire safety.

Therefore, the National Association of State Fire Marshals wishes to be on record opposing the HHS Centers for Medicare & Medicaid Services proposal to adopt the NFPA interim temporary amendment 00-1 amending the 2000 Edition of the Life Safety Code.

Sincerely,



James A. Burns
President

cc: NASFM membership
Science Advisory Committee