

AHCA Life Safety Update

Permitted Gaps in Corridor Doors

The following applies to the requirements in the 2000 Life Safety Code for corridor doors other than those in required enclosures of vertical openings, exits or hazardous areas and other than those in smoke barriers. The S&C Memorandum (S&C 07-18) also appears in the Life Safety section of the AHCA Members Only Web site. **The below interpretations will reduce many door deficiencies in the future and save the nursing home profession millions of dollars.**

Question 1: Does the Life Safety Code limit the gap between the edge of a corridor door and the door frame to 1/8-inch?

Answer: No. However, because the door stop functions as an astragal, the gap between the edge of a door and the door frame shall not be greater than the depth of the door stop.

Question 2: Does the Life Safety Code limit the gap between the face of the corridor door and the door stop to 1/8-inch?

Answer: No. The Code does not specify a maximum gap dimension and specifically states that corridor doors are not required to comply with NFPA 80, Standard for Fire Doors and Fire Windows. The Code goes on to state that corridor doors should be relatively smoke tight. Due to the lack of specific dimensions for door gaps and the subjective language in the Code, the following guidance is deemed appropriate. In a smoke compartment that is not fully sprinklered, a gap not exceeding 1/4-inch between the face of a corridor door and the door stop should be permitted, provided that the door latch mechanism is functioning. In a smoke compartment that is fully sprinklered, a gap not exceeding 1/2-inch between the face of a corridor door and the door stop should be permitted, provided that the door latch mechanism is functioning. In a smoke compartment that is not fully sprinklered, to achieve a better fit the thickness of a 1 3/4-inch thick corridor door should be permitted to be reduced by removing not more than 1/4-inch from the face of the door. In a smoke compartment that is fully sprinklered, the Code does not impose construction requirements on a corridor door, provided that it resists the passage of smoke.

Question 3: Does the Life Safety Code limit the gap between the meeting edges of the leaves of a two-leaf corridor door to 1/8-inch?

Answer: No. The gap is permitted to exceed 1/8-inch provided that the meeting edges of the leaves are equipped with an astragal, a rabbet, or a bevel.

Discussion: This is a significant interpretation by CMS and the Health Care Interpretations Task Force (HITF)*. The majority of existing health care facilities have solid core wood doors in the corridors, particularly to patient sleeping rooms, and these doors are usually 36” to 44” wide. Wide wood doors like those used in health care facilities will expand and contract due to changes in temperature and humidity and over time warp to some degree. It is not practical, particularly on the latch side of the door, to maintain a minimum of a 1/8 inch gap. If a 36” to 44” wood door was installed during a dry period with a 1/8 inch gap it may not close and latch when the humidity is high. A 1/8-inch gap is not sufficient clearance for proper operation of these doors.

Nowhere in the Code does it state that the minimum gap for corridor doors is 1/8 inch and the Code specifically states that compliance with NFPA 80 is not required. We believe that Authorities Having Jurisdiction (AHJs) are incorrectly applying the 1/8 inch gap restriction for doors in smoke barriers to corridor doors that are not part of a smoke barrier.

Some surveyors use what they call a “light test” to determine if the door gap is adequate or too large. If the surveyor can see light through the door gap, he/she determines that the gap is too large and the provider is cited for a deficiency. There is no criterion for a light test anywhere in the Life Safety Code or in the entire inventory of NFPA Codes and Standards. The so called light test is not a valid test or method to determine appropriate gaps in doors.

This Life Safety Update has been reviewed by the Center for Medicare and Medicaid Services (CMS).

* The membership of the Health Care Interpretations Task Force (HITF) is made up of the major government and accreditation agencies that regulate fire/life safety in health care facilities and the major associations that represent health care providers. Membership of HITF consists of such agencies as the Center for Medicare and Medicaid Services (CMS), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), International Fire Marshals Association and Veterans Administration (VA). Providers are represented on the HITF by the American Health Care Association (AHCA) and the American Society of Healthcare Engineers (ASHE/AHA).

The National Fire Protection Association (NFPA) manages the activities of the HITF, but the interpretations of the HITF are not official interpretations of the NFPA.