ASHE Proposes Amendment to NFPA 99 for Safe Usage of Alcohol Based Surgical Prep Solutions, suggests hospitals cited by CMS consider requesting a waiver

ASHE has submitted a tentative interim amendment (TIA) request to the National Fire Protection Association (NFPA) for the Standard on Health Care Facilities (NFPA 99). This proposed TIA amends and expands language that currently does not permit the use of alcohol based surgical prep solutions in surgical cases where an ignition source (cautery, laser, etc.) may be used. The current code language dates back to the mid 1970's and has not kept up with current surgical practice. Although NFPA 99 was recently revised (on a three year revision cycle), recent literal interpretation and enforcement of this standard has greatly impacted clinical practice creating an emergency situation where critical products that help reduce the potential for surgical site infection are not allowed due to the potential of fire fueled by these flammable liquids. ASHE's TIA expands the current language and provides requirements for increased management of the solutions and practice to assure that the surgical site is dry before the ignition source is introduced to the surgical site therefore eliminate the potential for ignition of flammable vapors from the flammable liquid. NFPA 99, like all NFPA codes and standards, was developed through a consensus process. Revision of a code or standard, including a TIA, requires debate and balloting by the appropriate technical committee, document correlating committee, public comment, and ultimately the NFPA Standards Council. This process moves forward at a deliberate speed to assure that all revisions and TIA’s are clearly understood and will achieve the intended outcomes without diminishing the effectiveness of the standard.

ASHE shares the concern about the potential for intraoperative fires when alcohol based surgical prep solutions are used near or around a flammable source; however, this potential risk should be considered in light of the potential risk of banning or restricting use of these products in operating rooms. Appropriate skin antisepsis before surgery remains a critical measure for prevention of surgical site infections. On March 18, ASHE provided a Regulatory Advisory to ASHE members containing recommendations for the safe usage of alcohol surgical prep solutions, to minimize the potential for fire while continuing to allow the use of these critical infection control products. ASHE members are encouraged to discuss this situation within their organization’s patient safety process. Since clinicians feel that a prohibition of alcohol based surgical prep solutions could increase the potential for surgical site infections, the organization should consider adopting the language of the ASHE proposed TIA in addition to following all manufacturer's recommendations in the use of surgical prep solutions.

Nebraska Health and Human Services
On March 31, hospitals and ambulatory surgical centers in Nebraska were notified by the state Fire Marshal and Director of Health and Human Services to not use flammable liquid germicides when cautery or electrosurgery is contemplated. The notice goes on to state that "Given the gravity of this situation any failure to adhere to the NFPA code requirement that prohibits the use of flammable germicide products will result in a deficiency citation that could jeopardize a facility’s licensure and approval to participate in the Medicare/Medicaid programs". In a follow-up letter on May 6, the Director of the Health and Human Services advised all Nebraska hospital and ambulatory surgical centers that they CAN return to use of alcohol-based skin prep solutions as long as they follow certain conditions. If there has been no patient harm resulting from use, a
deficiency will be cited; however any usage will not in of itself be considered to constitute an "Immediate Jeopardy" situation. A facility will be given the opportunity to submit an acceptable corrective plan that includes the manufacturer’s recommendations and specifics as outlined in ASHE’s proposed TIA.

Although this notice is specific to Nebraska, there is the potential that other state survey agencies may adopt a similar position as Nebraska’s while conducting Life Safety Code Surveys for CMS. A similar strategy of following manufacturer’s recommendations and the specifics of the proposed TIA should be considered as the basis of the submitted correction plan to address the deficiency. In addition, Organizations should review other guidance documents and literature addressing the prevention of fires in surgical environments such as AORN Position Statement on Fire Prevention and Guidance Statement: Fire Prevention in the Operating Room.