

# Door Security + Safety

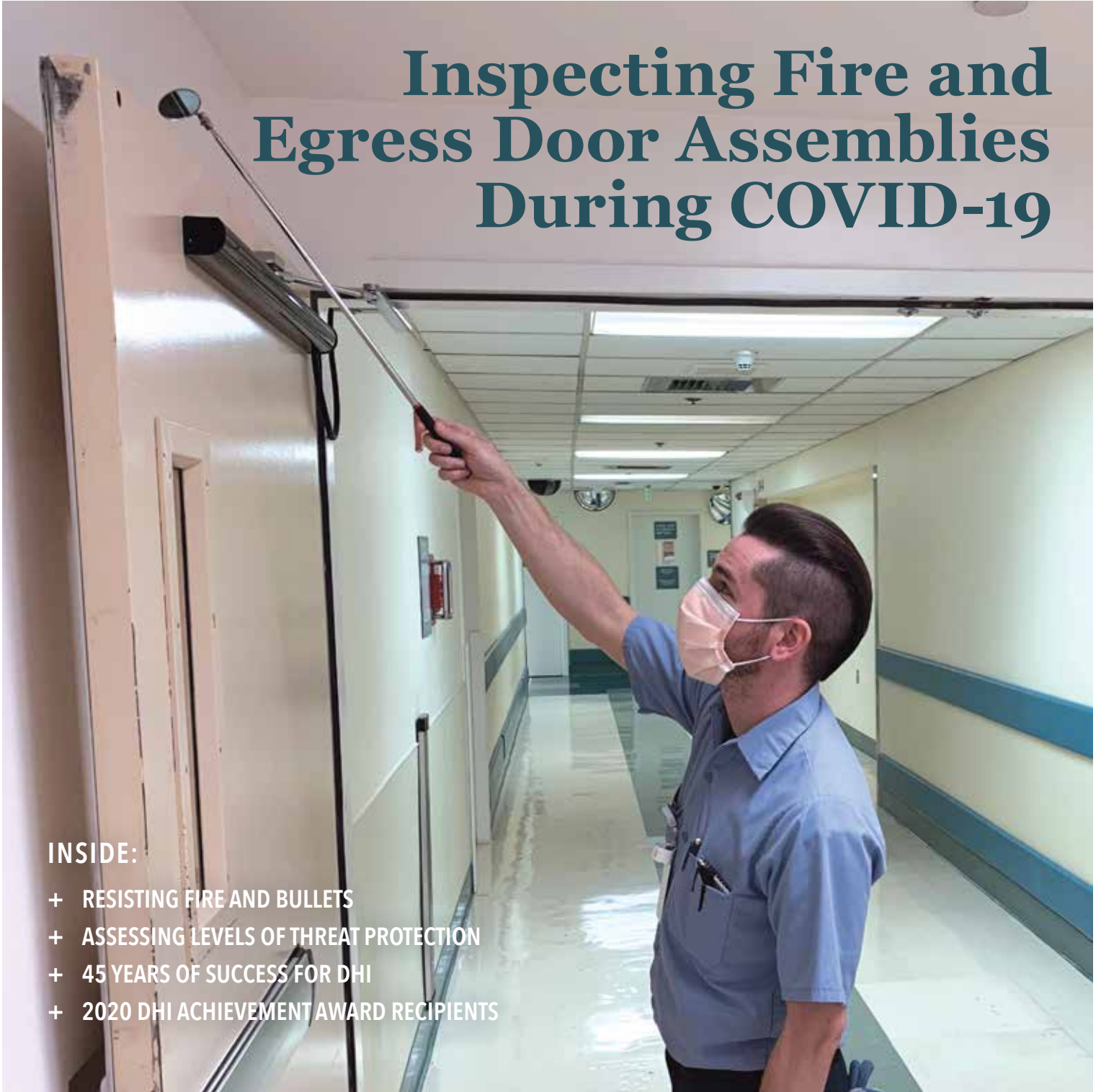
DHI'S PUBLICATION FOR DOOR SECURITY + SAFETY PROFESSIONALS

NOVEMBER/DECEMBER 2020

## Inspecting Fire and Egress Door Assemblies During COVID-19

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- + RESISTING FIRE AND BULLETS
- + ASSESSING LEVELS OF THREAT PROTECTION
- + 45 YEARS OF SUCCESS FOR DHI
- + 2020 DHI ACHIEVEMENT AWARD RECIPIENTS



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# The Challenges of Conducting Fire and Egress Door Inspections During Covid-19

Fire and egress door inspectors reflect on working through the COVID-19 pandemic, including new opportunities.



It has been very encouraging to watch the momentum for annual fire door inspections grow steadily throughout North America during the past five years, especially in the health care market. The need for fire door inspections, inspectors, innovative new fire door accessories and remediation work finally began to grow as expected.

In the United States, both the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission began enforcing annual fire door inspections in hospitals and ambulatory care facilities in January 2018. Regulatory communities in many states, counties and cities also enforce fire door inspections on new commercial construction projects.

In Canada, most provinces have adopted a version of NFPA 80, 2007 or newer. When it comes to NFPA 101, a handful are still on an earlier version than 2012. The enforcement of required annual fire door inspections and inspections in new construction is left to local municipalities.

### The COVID-19 Challenge

Who would have ever predicted the unprecedented challenges we were going to face in 2020 and going forward? COVID-19 impacted our lives and livelihoods in a way not experienced for at least a century.

For me, working from home was nothing new. I've done this for the last 25 years in my roles as regional sales manager, product representative, fire door inspector and software developer. While I was quite comfortable in my home office, most of my work is done on the road and face-to-face in a customer's office, on a construction site or in a health care facility.

When schools and businesses began to shut down in March and

shelter-in-place orders took effect, our phone rang nonstop for those first few days as sales calls, meetings and fire door inspections came to a complete stop. While the first few days of staying at home were a welcome break from feverishly attempting to source toilet paper, the uncertainty of what was happening was quite overwhelming.

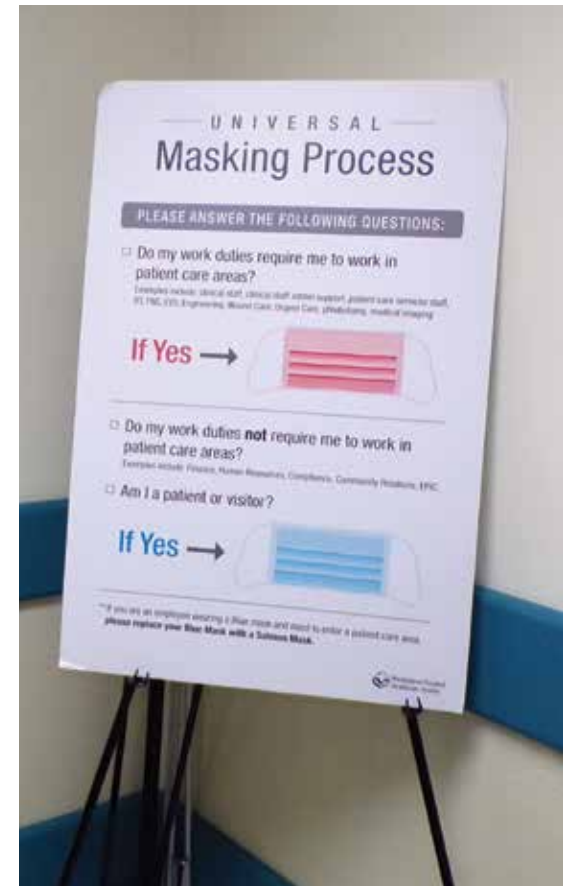
In the days that followed as we all slowly adjusted to the "new normal," I was surprised to hear that my state, California, had quickly deemed what I do as "essential." Don't get me wrong – I feel our industry is crucial to the infrastructure of this nation's built, secure and safe environment. But to see it in writing, during such a historic time, was something else. DHI lobbied hard in the early months of the pandemic, helping ensure the designation of our industry as "essential."

It was time to get back to work, but what would that look like? How could we all do our jobs and what restrictions would be in place to help ensure a safe work environment for everyone?

Sean Hayes, AHC, CFDAI, Branch Manager at Allmar, recalled how his operation "adapted quickly, creating a contactless drive-through" to ensure the flow of materials from their distribution center in Regina, Saskatchewan, Canada.

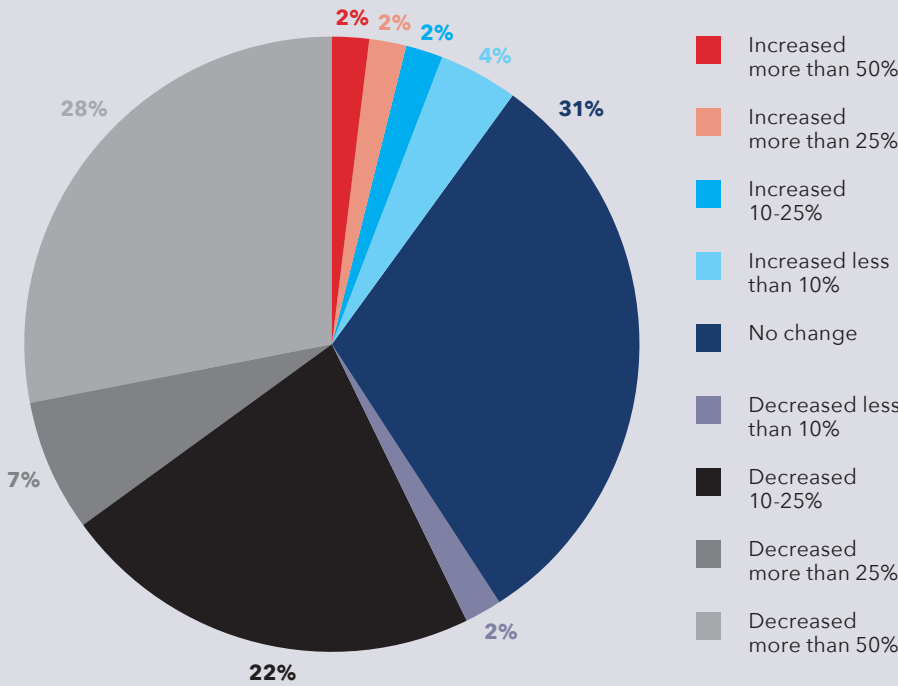
The first project I was asked to inspect was in early April and it began with a long questionnaire via email. I had to

respond to the email with my signature at the end and it had to be reviewed and approved before I would be allowed on-site. The questions ranged from my general health condition, to people I live with, any travel I did during the last six months, etc.



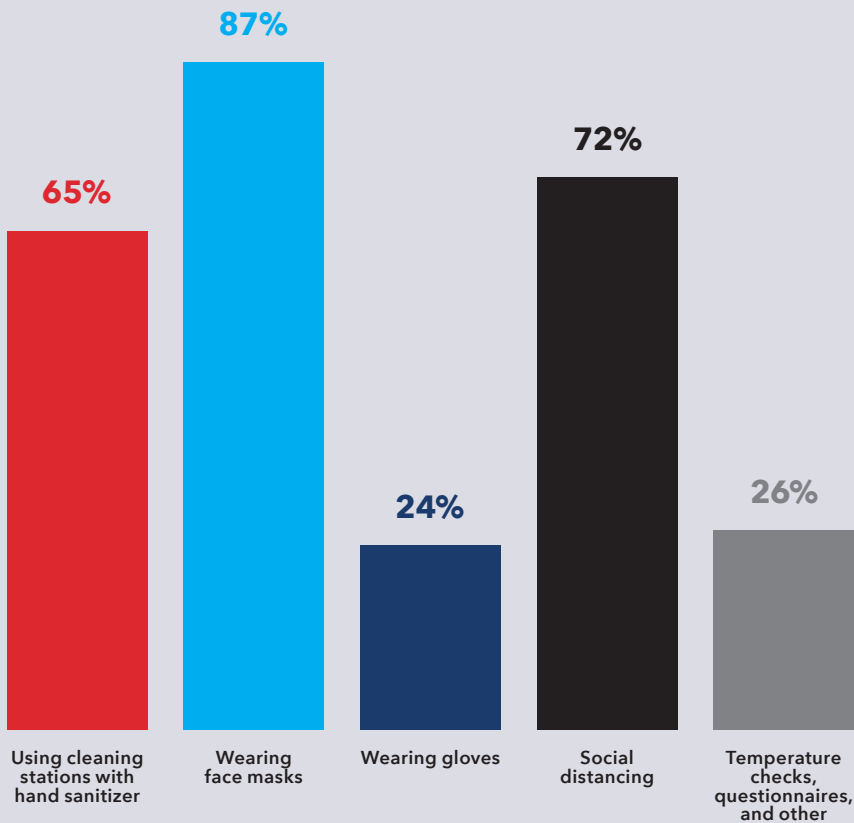
Signs such as these with COVID-19 information are common in hospitals.

**FIGURE 1. INSPECTION BUSINESS EFFECT SINCE MARCH 2020**



Source: DHI Survey of Credentialed Fire and Egress Door Inspectors

**FIGURE 2. SAFETY REQUIREMENTS DURING INSPECTIONS**



Source: DHI Survey of Credentialed Fire and Egress Door Inspectors

There was also a list of new rules to follow and temperature checks before accessing the building. Facemasks and social distancing were mandatory, no more than three people were allowed in an elevator, and only a certain amount of people were allowed per floor.

**Tighter Rules in Healthcare**

The healthcare market had a much different definition of essential workers. It would be months into the pandemic before non-medical personnel were allowed back on most campuses.

One exception I found was for facilities that were near completion and on the fast track for occupancy or the re-occupancy of recently closed facilities as states and hospitals were evaluating all potential sites for COVID-19 patient overflow.

It wasn't until I went back to conduct one of my regular hospital inspections that COVID-19 appeared front-and-center like never before. There were a handful of openings to wrap up a nice-sized inspection, but they were in the "COVID-19 Patient" ward of this facility.

As I approached the temporary secured entry, I was greeted by a nurse who asked me detailed questions. She also presented the facility disclosure statement for how many patients with COVID-19 were currently on-site.

I was going to have to be fitted for an N95 mask and an isolation gown. At that moment I recalled the other questionnaires from other projects I have conducted since April. I also looked ahead at my increasingly growing list of pending inspections.

Almost always one of the questions to gain entry into a building was related to "knowingly having been around someone who has/had COVID-19." If I stepped into this area of this COVID-19 care facility it would essentially preclude me from doing any work for the next 14 days at a minimum as I self-quarantined.

Also not knowing if I was actually part of an at-risk demographic, the concerns were very real. Ultimately this day I decided not to go in. I would reschedule when the facility no longer had COVID-19 patients. I've talked to colleagues who have taken on these risks from day one.

There are fire door inspectors and door repair specialists who have remained at healthcare and commercial campuses throughout this epidemic, providing the services needed to help these facilities maintain their life-safety requirements. I stand and applaud their courage, commitment to their craft and their customers.

For example, as Paul Goldense, FDAI, put it, "We've never left." Paul's company, Goldense Building Products, ensured that the fire and egress doors at its healthcare clients

remain compliant throughout this pandemic. Their presence was so vital to the hospitals daily operation they were asked to continue working while taking the same daily PPE precautions as everyone else on hospital staff. Inspection and repair companies are such an integral part of the daily operation of healthcare facilities; the thought of not having them around can be daunting to many.

### What Inspectors Are Seeing

The business of inspections has been severely impacted by COVID-19. More than half of inspectors responding to a DHI survey reported a decrease in inspection business and 28 percent said more than half their inspection business disappeared or was postponed. Conversely, only 10% said their inspection business increased.

One survey question asked, "What has been the biggest effect on your business from COVID-19?"

Answers ran the gamut and provided insight into market forces and shifting customer demands.

"Our business is 75 percent end-user health care maintenance and we were locked out of hospitals for three to four months," one inspector said.

Another noted "an amazing number of fire code violations with door plant-ons in hospitals."

Many offered comments such as, "We have seen a significant drop in business – no one has money to spend," and "Inspections have dried up for both health care and budget reasons."

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## Expanding the Inspection Market

With CMS and The Joint Commission's enforcement of NFPA 80, 2010, it makes sense that the DHI survey of inspectors showed 30% reported most of their work was in healthcare.

What can inspectors do to broaden their reach? The answer is to take this opportunity to expand into new markets.

It's clear that there are as many potential outcomes as there are ways of viewing what has transpired since March. While those first few inspections and job site consultations I conducted in April were completed with trepidation, I was not going to miss opportunities to get out and conduct any inspections.

Perhaps there are opportunities amid this chaos. With university campuses essentially empty, is it time to revisit your efforts to serve this market? Some housing officials took advantage of campuswide closures to conduct fire door inspections along with a host of other building maintenance work. It is often difficult at best to schedule anytime of the year, let alone in the summer or the beginning of the school year.

What other types of facilities can take advantage of their temporary empty spaces? How about large sporting venues that may be occupied by staff and athletes but still remain off limits to the public?

Convention centers are another great opportunity that scheduling is often difficult to coordinate, and inspections are easy to put off until forced to comply. How about education's K-12 market? Many of these facilities are entering some type of hybrid-occupancy by now while still affording some access not normally available during the school year. Businesses that occupy large commercial buildings and high-rises have probably implemented an optional work-at-home schedule, again offering unprecedented access to buildings with minimal tenant disruption.



Other types of work can often replace lost inspection business.

"We have done no inspections since the start of COVID-19, but our access control and automatic operator business has increased," a survey respondent said.

## Adapting to the "New Normal"

As more time elapses, the multiple daily temperature checks, health questionnaires, including address and phone number verifications, become more routine. As shelter-in-place orders are lifted, job sites get a little more crowded and regulations become more refined.

As we continue to adapt to our "new normal," there will be an ever-growing list of questions for those who want to inspect fire and egress doors, and even more so for those who want to specialize in remediation work on noncompliant openings.

Are you willing to be, or have an employee exposed to COVID-19 through patient or co-worker contact? Are you or your employees part of a demographic group with a higher risk of contracting COVID-19? What is your company's policy for supplying and/or reimbursing employees for the PPE necessary to do their work? Can you effectively manage the working environment and quarantining required to ensure your clients that

your employees are not infected? These are questions that must be answered.

While the impact on fire and egress door inspections and how we do our jobs has been clearly affected by this pandemic, there's no time like the present to evaluate your business and marketing plans.

Hopefully inspectors will never be tested again on the strength of their plans like we are right now. I'm proud to be a part of an industry understanding firsthand how colleagues like Paul and Sean are leading the way.

Now is the time to evaluate your market focus, pivot if it makes sense, create the next great product or service to aid in fire and egress door compliance and double down on your DHI education, including local building and fires codes. Make the effort to help educate those around you. Most of all, be safe. +



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