June 30, 2022

ACT Board of Directors
c/o Ms. Janan Rabiah
Executive Director
Association for Contract Textile

Dear Ms. Rabiah and ACT Board Members,

We are writing this letter in response ACT's March 10, 2022, letter to ACT members, specifically to comment on several statements in the letter about "potential confusion in the marketplace with regard to promoting the CFFA Healthcare Standard 201B".

As a professional courtesy, we are sending this response to;

- ACT Board of Directors
- The American Academy of Healthcare Interior Designers
- Durable Coated Fabrics Task Group

In the future we respectfully request that if the DCF Task Group is mentioned in correspondence from ACT, that the DCF Task Group is copied on that correspondence.

Please note that ACT was part of the DCF Task Group for several years, and we all gleaned insight and understanding from that collaboration. Also, please recall that in the spirit of good faith, even as ACT was departing the DCF Task Group, several DCF participants assisted ACT in reviewing and editing ACT documents to provide further insight as to the reasons why thorough testing was needed.

Below please find our response to some of the key points in the ACT letter regarding the differences between the ACT Coated Fabrics Selection and Testing Guide for Healthcare Upholstered Seating and CFFA-HC 201 Standard:

1. Our overarching concern is that the two documents, while on the surface may appear to have some similarities, are quite different.
    a. As noted, the ACT Guidelines are voluntary and, in your letter, it is stated that this allows it to be flexible. But that means that a coated fabric manufacturer or distributor can decide *which* tests to perform on their products. If the product fails, there is no way for designers/specifiers to know if it failed. By contrast, the CFFA Healthcare 201 requires that a coated fabric must pass ***all*** 16 tests to be certified.
    b. Using the ACT Guidelines, a designer or specifier would still need to investigate which tests a coated fabric has passed and compare the results to other fabrics they are considering. For example, if coated fabric A has passed 3 tests, but coated fabric B has passed 2 different tests, the designer is not able to compare apples to apples. Designers do not have the time or resources to do this on every project.

2. We disagree with the statement that "ACT member products currently complying with the recommendations in the ACT Coated fabric Selection and Testing Guides are well aligned with the requirements in the CFFA HC 201B standard."
    a. If one accurately compares each test with the other, one can see that the ACT tests are less stringent and as noted above, a manufacturer or distributor can select only a few, possibly even one, to say their product meets the ACT Guidelines, while passing *all 16 tests* is required to be CFFA Healthcare 201 certified.
    b. A fabric is CFFA-HC-201 certified or it is not. There is no CFFA accepted parameter for using the term "CFFA compliant" a term that some distributors have started on their websites. For a fabric to gain the CFFA Certification, it must pass all 16 tests, and apply for Certification. Use of this term without certification is not authorized per CFFA.
3. We disagree with the point that a certification mark would "unfairly typecast a product and limit cross-market applications". Healthcare designers need products for healthcare; if they want to use a CFFA certified fabric in another market, such as retail, or hospitality, because it may hold up better, they may do so. Conversely any designer wishing to use a non-CFFA certified fabric may freely do so. The CFFA certification exists simply to provide additional information to inform selection. DCF recommends using the CFFA-HC-201-Standard to maximize performance and durability-based specifications in the healthcare environment.
4. The letter states that "healthcare environments are diverse and represent a broad range of design and performance needs that vary by application and facility". While some healthcare locations are not primarily clinical, patients, visitors and staff may circulate to all locations in the hospital. There is consensus among healthcare designers that performance and durability remain our #1 priority when selecting a coated fabric.

Please note that several of the examples on the ACT comparison chart included with the letter are inaccurate, specifically where it is noted that the "underlying test methods are predominately the same." See Attachment 1 for a few specific test comparison inaccuracies.

The Durable Coated Fabric Task Group notes that correcting these discrepancies will help reduce the confusion in the industry. We welcome the opportunity to discuss this further.

Sincerely,
Durable Coated Task Group participants, (alphabetically)

Teri Lura Bennett, RN, CHID, CID, IIDA, EDAC, NIHD
Deedee Bonds, Associate IIDA, Allied ASID, ACHE
Barbara Dellinger, MA, CHID, EDAC, FIIDA, MDCID, Principal, Dellinger Consulting LLC
Linda Gabel, CHID, NCIDQ
Andrea Hyde, AAHID, MDCID, Principal, Hyde Inc.
Helen Lanes, CHID, NCIDQ, IIDA
Maria Lopez, CHID, CID, MDCID, Principal, Maria Lopez Interiors, LLC
Victoria Numbers, RID, MSIA
Jane Rohde, AIA, FIIDA, ASID, ACHA, LEED AP BD+C, GGA-EB, GGF, Principal, JSR Associates
Shari Solomon, Esq, CIEC, President, CleanHealth Environmental

Attachment 1-

After reviewing the ACT test methods and comparing them to the CFFA test methods several of the comparisons noted in the ACT letter/chart were found to be incorrect.

a. CFFA 100, Accelerated exposure to disinfectants is more stringent than ACT Resistance to Liquid Cleaners, Sanitizers, and Disinfectants, which notes that it was "written for members to have greater flexibility in testing a wide range of cleaning, sanitizing and disinfecting chemistries." Please note that designers to not have time or money to have these tests done themselves. They rely on the distributors to do the testing of these coated fabrics. Many of the cleaning products are under contracts which change every two or three years. Thus, knowing that the coated fabric will withstand cleaning with at least a few of the most common cleaning and disinfecting products will give the designer peace of mind that they have a starting point. The CFFA 100 specifies several optional widely used cleaning/disinfecting products, along with a requirement time in and 80 F temperature to simulate a real-world situation where a chair is next to a window on a hot summer day, with a person sitting in the chair.
b. CFFA 142 Stain Resistance, has an expanded list of real-world environmental contaminates that need to be tested to pass, with expanded dwell times before attempting to remove them from the surface. Twelve different commonly used substances which cause staining are included in the CFFA Healthcare 201 test while ACT references this as optional, and further recommends ASTM 1308 "Acceptance as agreed upon by the buyer and seller." Again, please note that designers do not have time, money, energy, or knowledge to set up and pay for testing. We want a coated fabric that will hold up to the most common stains found in the HC setting as outlined in the CFFA document. It is unrealistic to expect designers to do this on their own.
c. CFFA 70, Denim Stain Resistance, originated from the automotive industry and was not specifically referenced in HC coated fabric testing until recently. CFFA has modified the test for real-life healthcare conditions (rather than require a heated vehicle on hot summer day with windows up as is the case in the original General Motors test). ACT's recommendation notes "Acceptance as agreed upon by buyer and seller" and relies on the original GMW15377 testing. Again, designers will never do this testing on their own! So many chairs are ruined due to blue jean dye transfer and this one of the most important tests in all 16.
d. CFFA 1a Abrasion: Surface wear is correct but a little confusing as it is noted that ACT has two separate tests. However, ACT's 2nd test (for prints) requires only 250 "revolutions".
e. ACT notes that CFFA's 110 Hydrolysis test "does not prescribe the number of weeks of exposure", which is incorrect; the test requires the sample to be tested for 10 weeks. ACT notes that for their test "careful evaluation is enough to identify failure." Again, designers will not do this testing before specifying a coated fabric for a project.
f. Others may exist but we have not compared every test.