

HEALTHCARE INTERPRETATIONS TASK FORCE

16 NOVEMBER 2004

Fontainebleau Hilton Resort

Imperial III

Miami, FL

MINUTES

1. The meeting was called to order at 2:05 PM

2. Members and guests present were:

MEMBER

REPRESENTING

Ken Bush*

IFMA

Gene Cable*

Department of Veterans Affairs, NY

Doug Erickson

ASHE

Phil Hogue*

Department of Defense

Tom Jaeger

Gage-Babcock – AHCA

John Rogers*

HHS – Indian Health Service

Dean Samet*

JCAHO

Robert Solomon

NFPA

Dale Woodin

ASHE

Mayer Zimmerman*

CMS

*** AHJ VOTING MEMBER**

GUESTS

REPRESENTING

Paul Acre

Arkansas Department of Health

Chad Beebe

Washington St. DOH

Mike Daniel

Daniel Consulting, LTD

Richard Fasano

Russell Phillips & Associates

Skip Gregory

AHCA-Florida

Burton Klein

Burton Klein & Associates

Richard Rosenvold

Rosenvold & Associates

Dick Strub

AHCA

3. The agenda was reviewed and it was approved with the addition of discussion on retroactive rules in various editions of NFPA 101 and conditions for when select types of smoke detectors are required to provide for occupant notification.

4. The minutes of the 19 May 2004 meeting were approved as submitted.

5. Review of Questions

A. ASHE Request (Woodin). This subject deals with emergency lighting units in anesthetizing areas of a hospital. NFPA 99:3-3.2.1.2 contains a provision for such lighting units. The question related to the scope of this particular provision for existing conditions-that is, was it intended to apply the rule to existing areas and mandate the installation? Scope statements of NFPA 99:1-2 indicate that the standard is primarily directed at new installations as a result of "...new construction, altered, renovated or modernized..." work areas. Voting members agreed that such retroactive imposition is not intended by NFPA 99 unless one of these conditions exist. 4 voting members agreed; 1 disagreed; 1 abstained. The HITF members believe that NFPA 99 is clear in this respect thus this item was not issued as an HITF position.

B. ASHE Request (Erickson). This subject deals with use of 2-hour floor assemblies to separate healthcare/ambulatory healthcare occupancies from other occupancy types. Specifically, does a vertical separation have to run for the height of the building or can it be terminated at a rated floor/ceiling assembly? The separation rule is based on NFPA 101: 18.1.2.2. A CMS interpretation apparently had indicated that vertical fire barrier walls were not given credit unless they extended to the underside of the roof deck and that termination at rated floor/ceiling assembly was not adequate. NFPA 101: 8.2.2.3 clearly allows, via the continuity rules, a barrier to terminate at another rated barrier, including a rated floor/ceiling assembly. 6 voting members agreed; 0 disagreed; 0 abstained. The HITF members believe that NFPA 101 is clear in this respect thus this item was not issued as an HITF position.

C. AHCA Request (Jaeger) This subject is a continuation of the extent to which a provision required in an earlier edition of NFPA 101 (e.g. 1970) for new construction, but that is no longer required for new construction in a later edition of the code (e.g. 2000) must be maintained. At the May 2004 HITF meeting, there was agreement that it was not the intent of NFPA 101 to require compliance in perpetuity for criteria from older editions of the code relating to new construction, as long as those provisions weren't still required in the current edition. The HITF received copies of proposed questions and a public comment that was submitted for action by the NFPA 101 TC on Fundamentals. The action proposed for the 2006 edition of NFPA 101 appears to clarify the situation. No further action was contemplated by the HITF.

D. VA Request (Cable) This subject relates to what actions are contemplated when system specific detectors are activated in healthcare and ambulatory

healthcare occupancies. Specifically, the function of smoke detectors used in elevator lobbies, hoist way and machine rooms or detectors used to control smoke dampers or HVAC equipment was discussed. NFPA 101: 9.6.3 states that all required detection devices are required to provide occupant notification and emergency forces notification. This is contrary to NFPA 72 , which does not require these types of detectors to activate the general building fire alarm system. The HITF is deferring action pending submission of the questions to the Formal Interpretation process of NFPA.

6. Discussion Items:

NONE

7. New Business

- A. Alcohol Based Hand Rubs (ABHR). CMS expects an interim/final rule to be issued for comment in the coming months. Aerosol ABHRs are now showing up in some facilities. The HITF does not believe that aerosol ABHRs were considered in the TIAs, proposals or comments to NFPA 101. Further study will likely be needed to gain recognition of this product.
- B. Nursing Home Sprinkler Retrofit. CMS also expects rule making in the coming months for retroactive installation of automatic sprinklers in existing nursing homes. A phase in period and possible financing issues will also have to be managed. Interim steps involving smoke alarms in rooms may also be considered.

8. Old Business. The VA is still looking at the smoke barrier criteria on multiple floors of healthcare occupancies. This was discussed in November 2003 and May 2004. There was no new information to report at this meeting.

9. Next Meeting.

The next meeting will be held on Tuesday, 10 June 2004.

10. The meeting adjourned at 4:05 PM.

Minutes submitted by Robert Solomon, PE, NFPA