

HEALTHCARE INTERPRETATIONS TASK FORCE AGENDA

**JUNE 9, 2009
NFPA Conference & Expo
Room cc23ab
Hyatt Regency McCormick Place
2233 South Martin L. King Drive
Chicago, IL
1:00 P.M. – 6:00 P.M.**

1. Call to order 1:00 P.M.
2. Introduction of Members and Guests.
3. Review / Approval of December 2008 Minutes (See Enclosure A – Pages 3 - 38).
4. Review of Questions (See Enclosure B Pages 39 - 52).
 - A. Non-Patient Care Suites Egress Provisions – Indian Health Service (IHS) (See ITEM B-1 – Page 40).
 - B. Non-Patient Care Suites and the Fire Safety Evaluation System (FSES) – Indian Health Service (IHS) (See ITEM B-2 – Page 40).
 - C. Exit Discharge – Agency for Health Care Administration (AHCA) (See ITEM B-3 – Page 41).
 - D. Requirements for utility penetration protection in corridor walls and smoke barriers in existing buildings – American Health Care Association (AHCA) (See ITEM B-4 – Page 44).
 - E. Requirements for the illumination and the emergency lighting of the exterior exit discharge pathway be illuminated to the public way – American Health Care Association (AHCA) (See ITEM B-5 – Page 45).
 - F. Whether NFPA 99 and/or NFPA 110 requires a back up on-site fuel supply when the essential electrical system fuel supply is an off-site fuel supply such as natural gas – American Health Care Association (AHCA) (See ITEM B-6 – Page 46).
 - G. Patient Lift Equipment Sprinkler Obstruction – Department of Veterans Affairs (VA) (See ITEM B-7 – Page 47).

H. Fire Alarm System Out of Service – Department of Veterans Affairs (VA) (See ITEM B-8 – Page 50).

5. New Business

- Proposed Bylaws (See bylaws attachment in December 2008 Minutes - Page 31)

6. Old Business

7. Date / Location for Next Meeting

8. Adjournment (by 6:00 P.M.)

ENCLOSURE A

December 2008 Minutes

MINUTES
HEALTHCARE INTERPRETATIONS TASK FORCE
Tuesday December 9, 2008
The Joint Commission - Room 335
One Renaissance Boulevard
Oakbrook Terrace, IL
8:30 A.M. – 5:00 P.M.

1. The meeting was called to order at 8:35 AM. The agenda (**See Enclosure A**) was briefly reviewed. AHCA had presented several supplemental questions that were distributed prior to the meeting. These would be addressed under Item 4.
2. Introduction of members and guests present was completed. Those in attendance included:

| MEMBER | REPRESENTING |
|----------------------|-------------------------------------------------------|
| Ken Bush* | International Fire Marshals Association |
| Doug Erickson | American Society for Healthcare Engineering |
| Skip Gregory* | Agency for State of Florida Healthcare Administration |
| Philip Hoge * | U. S. Army Corps of Engineers |
| Thomas Jaeger | American Health Care Association (AHCA) |
| David Klein* | Department of Veterans Affairs |
| George Mills* | The Joint Commission |
| Robert Solomon | NFPA |
| Michael Young* | Indian Health Services |
| Joseph Bermes* (ALT) | Indian Health Services |
| Pete Larrimer* (ALT) | Department of Veterans Affairs |

* Voting AHJ Member

| GUESTS | REPRESENTING |
|-----------------|---------------------|
| Britten Berek | Aramark Healthcare |
| Henry Kowalenko | IDPH |
| Jeffrey LaSalle | LaSalle Engineering |
| Bruce Wexelberg | CMS |

3. The minutes of the June 3, 2008 meeting (Las Vegas, NV) were approved as submitted. There were a few follow up questions on subjects included in the minutes as follows:
 - **Would NFPA staff reconsider the decision to not issue the item dealing with bare steel?** No. The interpretation was too broad and did not consider the problem if the steel was load bearing and potentially a part of the overall building structural frame.

- **Interior Finish Issue.** A TIA is currently being balloted to the NFPA TC on Furnishings and Contents. Ballot results are favorable thus far with regard to addressing the issue.
- **Frequency Terminology.** The in-house Task Group that oversees the NFPA Manual of Style has been requested to look at the terminology during future update.
- **Status of Healthcare Safety Summit.** NFPA (Robert Solomon) decided to defer on this in the 2009 budget. Several members asked if it might be possible to resurrect the summit if other organizations help to offset the expenses.

4. **Review of Questions.** Three questions were submitted as a part of the original agenda. Additional questions were distributed prior to the meeting. The following were discussed.

A. Patient Beds (B-1). Temporary patient holding in the exit access corridor.

This practice has been occurring in several healthcare facilities (hospitals) in several states. In some circumstances, it is understood that this might be a standard practice. The HITF members were opposed to this concept – with the one exception being during a surge event – plane, train, bus crash or other event that might cause a large influx of patients. Among the concerns associated with this practice are:

- How do you move these patients should you have an emergency in the corridor or that affects the corridor.
- These patients would be in the way and would interfere with search and rescue operations.
- This would contribute and exacerbate the ongoing problem of “clutter in the corridor”.
- Beds, medical equipment and patients would be competing to use or negotiate the corridor space.
- Patient safety during a fire event loses the first line of defense – namely the patient room.
- There may be privacy issues.
- Infection control becomes more challenging.

After a thorough discussion on this, all of the HITF members (not just the AHJ members) developed a policy position on this practice as follows:

The plan or concept to have patient treatment and patient staging in exit access corridors is not permitted by the code. The following issues would be considered violations of the Life Safety Code and emergency response and operational concerns of the Life Safety Code.

- By having patients staged in the corridor, you introduce corridor clutter which can greatly hamper emergency response to a fire event. Where would patients be moved during a fire event? Where would patients in a room be*

relocated to and what would the impact of the delay be if other patients, related medical equipment and beds were in the way?

- b. This practice would slow search and rescue efforts of first responders.*
- c. This practice introduces additional combustible materials into the corridor including use of medical gasses.*
- d. This practice removes the first line of defense from a fire event for the patient—that being the ability to simply close a patient room door.*
- e. This practice exposes a greater patient population to a fire event that would involve a fire originating in the corridor.*
- f. This practice would have an impact on the mandated space required in adjacent smoke compartments for horizontal evacuations.*

This position is not intending to prohibit an organization to plan for declared surge emergency situations that might occur as result of manmade or natural disaster events.

B. Clinical Laboratory Areas (B-2) — Occupancy Classification of Clinical Labs. Clinical labs that are not within the confines of the healthcare occupancy are sometimes being judged as being healthcare.

A series of questions were proposed to help the users of the code to set the boundaries as to when the healthcare occupancy classification should and should not be applied to a clinical laboratory.

The HITF voted to issue a response to the questions (**Enclosure B-2**) (question 3 was slightly modified) as follows:

Question 1: Is it the intent of Sections 18/19.1.2.1 to require that the 2-hour wall run vertically through the height of the building?

Answer 1: No

Question 2: Is it the intent of Sections 18/19.1.2.1 to preclude the clinical labs in this example from being located immediately above or below a health care occupancy?

Answer 2: No

Question 3: May the clinical labs in this example be classified as a business use and be permitted to comply with Chapter 38 for New Business Occupancies?

Answer 3: Yes

Question 4: Are the clinical labs in this example required to comply with the 10,000 square foot suite limitations of Chapter 18?

Answer 4: No

Question 5: Other than subdivision to comply with the provisions of Section 18.3.7 are the clinical labs in this example required to comply with any other provisions of Chapter 18?

Answer 5: Yes. When any requirements in Chapter 18 apply to the whole building (e.g. building construction types, automatic sprinklers, and shared egress components).

Question 6: Would the clinical labs in this example be required to comply with NFPA 99?

Answer 6: No. Since the labs are not a part of the healthcare occupancy.

- C. Classifying Ambulatory Healthcare Occupancies (B-3).** Certain ambulatory healthcare occupancies are routinely used to provide diagnostics to patients who are already incapable of self assistance when they arrive at the facility. A number of derivative arrangements and configurations are possible. The HITF could not agree on taking a formal position on this topic. A plan of action, however, was developed to provide a set of draft responses to the submitted questions as a starting point. Members of the HITF are encouraged to further study the issue and develop proposals for the 2012 edition of NFPA 101 (Proposal Closing Date – July 31, 2009).

Those reviewing this issue might also consider development of a TIA to the 2009 edition of the Code as well. Members Erickson and Klein agreed to study that issue further.

When contemplating the concepts, it is suggested that patients be described as being (or not being) capable of self preservation rather than “litre born”. The basic responses to the 5 questions would be:

Question 1: Is it the intent of Sections 18/19.1.2.2 that the medical office building in this example be regulated as a health care facility and be required to meet the construction type and other provisions of Chapter 18?

Answer 1: No.

Question 2: May the medical office building in this example be allowed to comply with the requirements of the local building code with respect to construction type, means of egress, and other provisions?

Answer 2: Yes

Question 3: If the medical office building complied with Chapter 38 for New Business Occupancies, would the 2-hour separation at the bridge link be permitted to serve as a horizontal exit for occupants of the hospital under the exception to Section 18.1.2.4?

Answer 3: Yes.

Question 4: If the answer to Question 3 is yes, what requirements of Chapter 18, if any, would the medical office building be required to comply with?

Answer 4: The requirements of NFPA 101: 18.1.2.4, 18.1.2.5 and 18.2.2.5 must be satisfied.

Question 5: If there were no bridge link between the medical office building and the hospital (i.e., they were not contiguous), and up to 3 in-patients were transported to the medical office building for diagnostic treatment, would the medical office building be required to comply with Chapter 18?

Answer 5: No.

D. Sprinklers in Wardrobes (B-4). The limit on what is determined to be a freestanding wardrobe is discussed in this question. The HITF was asked to determine if a wardrobe that is recessed into an alcove is still a wardrobe thus subject to the exception within NFPA 13. The HITF views a wardrobe as an item of furniture regardless of how it is positioned within a room or space.

The HITF voted to issue a position on this question (**Enclosure B-4**) as follows:

Question: Do recessed wardrobes (attached or freestanding) in an alcove that is fully sheathed with sheetrock qualify as freestanding wardrobes per Sections 5.13.9.2 & A.5.13.9.2 of the 1999 edition of NFPA 13?

Answer: Yes. Provided that the sprinkler protection of the room includes the floor space of the alcove.

E. Regulation of Eyewashes in Nursing Homes (B-5). Some general use areas of nursing homes have installed or provided eyewashes in certain non-laboratory areas. Some AHJ's are citing the NFPA 99 requirements for laboratory eye washes in these general purpose areas.

The HITF voted to issue a position on this question (**Enclosure B-5**) as follows:

Question: Do the requirements of Section 10-6 of the 1999 edition of NFPA 99 apply to eye washes in health care facilities other than in laboratories?

Answer: No.

- F. Posting Keypad Combinations (B-6).** Some AHJs are requiring the combination to be posted at the keypad which has the potential to defeat the purpose of the access control feature. While some of the residents may not be able to recognize the numbers and release the door – others will.

The HITF voted to issue a position on this question (**Enclosure B-6**) as follows:

Question: Does the combination to a keypad that unlocks doors in the means of egress in accordance with NFPA 101: Sections 18 & 19.2.2.2.4, Exception No. 1 have to be posted at the keypad?

Answer: No.

5. New Business

- **Review of Bylaws.** A set of draft by-laws were prepared by NFPA staff. While the basic operating principles of the HITF have been well understood by the members since its inception in 1998, it is important for transparency as well as for continuity and longevity reasons to have a set of procedures and bylaws in place. A line by line review of the by-laws was made resulting in a second draft (shown with legislative text (**Enclosure C**)). HITF members will review this information; possibly conduct a conference call and work to finalize the content of the by-laws at the June 2009 meeting.
6. **Old Business.** Follow up to a few items from the June 2008 meeting was discussed in Minute Item B3.
 7. **Next Meeting.** The next meeting has been tentatively scheduled to be held Tuesday June 9, 2009 in Chicago, IL.
 8. **Adjournment.** The meeting adjourned at 4:45 PM.

Minutes submitted by Robert E. Solomon

**ENCLOSURE A
AGENDA**

HEALTHCARE INTERPRETATIONS TASK FORCE AGENDA

**DECEMBER 9, 2008
The Joint Commission
Room 335
One Renaissance Boulevard
Oakbrook Terrace, IL
8:30 A.M. – 5:00 P.M.**

1. Call to order 8:30 A.M.
2. Introduction of Members and Guests.
3. Review / Approval of June 2008 Minutes (See Enclosure A – Page 2)
4. Review of Questions (See Enclosure B – Pages 23-26)
 - G. Patient Beds – Temporary patient holding in the exit access corridor – **TJC** – (See ITEM B-1 – Page 24)
 - H. Clinical Laboratory Areas – Clarify how provision is intended to be enforced – **VA** – (See ITEM B-2 – Page 24)
 - C. Ambulatory Care Facilities, Medical Clinics, and similar facilities – Clarify how provision is intended to be enforced – **VA** – (See ITEM B-3 – Page 25)
5. New Business
 - Proposed Bylaws
6. Old Business
7. Date / Location for Next Meeting
8. Adjournment (by 5:00 P.M.)

ENCLOSURE B

INTERPRETATIONS

ENCLOSURE (B-2)
CLINICAL LABORATORY AREAS

HITF INTERPRETATION DECEMBER 2008 NO. 1

Document to be interpreted: NFPA 101(2000) 18/19.1.2.1

Edition: 2000

Background Information (optional): **SECTION OF A HEALTH CARE FACILITY – CLASSIFICATION OF ANOTHER OCCUPANCY**

Sections 18/19.1.2.1 establish provisions under which a section of a health care facility may be classified as another occupancy. We have seen these sections of the Code interpreted differently by different authorities having jurisdiction, particularly with regard to clinical laboratory areas. We would like to clarify how this provision is intended to be enforced, especially with respect to lab spaces.

Case: In an existing fully sprinklered health care building of Type II (222) construction a clinical laboratory area will be renovated. The clinical lab area will be separated from the health care occupancy by 2-hour walls and by 2-hour floor construction. There are health care occupancies located above and below the clinical labs, so the lab spaces will be sub-divided into multiple smoke compartments.

The clinical labs will not serve health care occupants for purposes of housing, treatment, or customary access. Occupants of the clinical labs will have access to exits without having to enter the health care area. Likewise, health care occupants have access to multiple exits without entering the clinical labs.

The clinical lab spaces will contain minimal quantities of hazardous materials and would be classified as Class D lab units under NFPA 45. Under that standard, the labs would be allowed to be unlimited in area. They would not be classified as severe hazard spaces per Sections 18/19.3.2.2.

Questions:

Question 1:

Is it the intent of Sections 18/19.1.2.1 to require that the 2-hour wall run vertically through the height of the building?

Answer 1: No

Question 2:

Is it the intent of Sections 18/19.1.2.1 to preclude the clinical labs in this example from being located immediately above or below a health care occupancy?

Answer 2: No

Question 3:

May the clinical labs in this example be classified as a business use and be permitted to comply with Chapter 38 for New Business Occupancies?

Answer 3: Yes

Question 4:

Are the clinical labs in this example required to comply with the 10,000 square foot suite limitations of Chapter 18?

Answer 4: No

Question 5:

Other than subdivision to comply with the provisions of Section 18.3.7 are the clinical labs in this example required to comply with any other provisions of Chapter 18?

Answer 5: Yes. Where any requirements in Chapter 18 apply to the whole building (e.g. building construction types, automatic sprinklers, and shared egress components).

Question 6:

Would the clinical labs in this example be required to comply with NFPA 99?

Answer 6: No. Since the labs are not a part of the healthcare occupancy.

**ENCLOSURE (B-4)
SPRINKLERS IN WARDROBES**

HITF INTERPRETATION DECEMBER 2008 NO. 2

Document to be interpreted: NFPA 13 (1999) 5.13.9.2 and A5.13.9.2

Edition: 1999

Background Information (optional): **DETERMINE THAT RECESSED WARDROBES
IN AN ALCOVE ARE NOT “FREESTANDING”
WARDROBES**

We have a major AHJ who has determined that recessed wardrobes in an alcove are not “freestanding” Wardrobes per Sections 5.13.9.2 & A5.13.9.2 of the 1999 NFPA 13 and are required to have sprinklers installed inside the wardrobes. The nursing home industry has 1000’s of resident sleeping rooms with recessed wardrobes and to the best of my knowledge these wardrobes have never been cited for not having sprinklers inside the wardrobes. I suspect that many hospitals also have recessed wardrobes that do not have sprinklers inside the wardrobes. Please see the following attachments:

1. My letter to NFPA for a staff interpretation.
2. Letter from Jim Lake, NFPA staff liaison to NFPA 13 responding to my letter.
3. Pictures of a typical installation that has been cited for the lack of sprinklers.

Question: Do recessed wardrobes (attached or freestanding) in an alcove that is fully sheathed with sheetrock qualify as freestanding wardrobes per Sections 5.13.9.2 & A.5.13.9.2 of the 1999 edition of NFPA 13 and therefore are not required to be sprinklered?

Answer: Yes. Provided that the sprinkler protection of the room includes the floor space of the alcove.



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-05-38

DATE: July 14, 2005

TO: State Survey Agency Directors
State Fire Authorities

FROM: Director
Survey and Certification Group

SUBJECT: Clarification of Life Safety Code Survey Issues in Nursing Homes

Letter Summary

- This letter addresses several Life Safety Code survey issues including wardrobe/closet sprinkler requirements, exit discharge surfacing requirements and canopy sprinkler requirements.

The purpose of this memorandum is to clarify the Centers for Medicare & Medicaid Services' (CMS) policy regarding several Life Safety Code (LSC) issues dealing with the sprinkling of wardrobes/closets, the requirements for surfacing of exit discharge pathways, and the requirements for the sprinkling of canopies in nursing homes. CMS recently received inquiries concerning these issues and requesting clarification of previous interpretations of these requirements.

Q1: Does CMS require wardrobe/closet units found in nursing home resident rooms to have a sprinkler head installed in them?

A1: No. CMS does not require that freestanding portable wardrobe units used as a closet to store clothing and other resident personal belongings have a sprinkler installed within them. These units are considered furniture and may be attached to the wall for safety reasons. As a piece of furniture they would not be required to have a sprinkler head installed in the interior of the wardrobe.

The fuel load contained in a closet/wardrobe unit that is a hanger width in depth and has no shelves or drawers internally, may be such that the sprinklers already installed in the room would be adequate and no additional sprinklers would be required in the room.

Surveyors should review the sprinkler coverage provided to ensure that complete and unobstructed coverage from nearby sprinkler heads is provided to the exterior of the wardrobe. This is in accordance with NFPA 13, Installation of Sprinkler Systems, 1999 edition.

Q2: Are exit discharges required to have a hard surface pathway to the public way? This is in reference to tag K-38 and previous guidance.

A2: Previous interpretive guidance on this subject dated 07/07/93 (under tag K-32) is still acceptable. In that guidance we stated that our response to the question was “Yes, if there is much rain or snow and if patients are expected to exit or be evacuated in wheelchairs or beds.” This would include residents using walkers. Grass or soil may be acceptable if weather conditions permit. This determination is left up to the judgment of the surveyor as to the local weather conditions and the difficulty that a resident or patient may encounter while traversing between the building and the public way.

Section 7.7.1 NFPA 101 of the LSC (2000 edition) requires that “Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way.” An appendix note to 7.7.1 states that the exit discharge is not required to be paved but that it must give safe access to a public way and references section 7.1.10.

Section 7.1.10 of NFPA 101 of the LSC (2000 edition) requires that the means of egress be continuously maintained free of all obstructions or impediments to full and instant use in the case of fire or emergency. An appendix note to 7.1.10 specifically points out that accumulations of snow and ice are an impediment to free movement in the means of egress.

CMS believes that a usable exit discharge is a fundamental and important life safety feature and contributes to the safety of staff and residents in an emergency. The use of the Fire Safety Evaluation System (FSSES) is inappropriate as there is no equivalent to being able to exit the building at all times in an emergency.

Q3: Is sprinkler protection required for a canopy constructed of noncombustible materials, such as a weather cover for pedestrian use or the loading or unloading of automobiles at a front entrance?

A3: No. Section 5-13.8.1 of NFPA 13, Installation of Sprinkler Systems, 1999 edition requires exterior roofs or canopies exceeding 4ft in width to have sprinklers installed under them. There is an exception to this requirement that allows for sprinklers to be omitted from certain canopies or roofs. Sprinklers are not required to be installed where a canopy or roof is constructed of noncombustible or limited combustible construction. The reference to noncombustible or limited combustible construction refers to the entire canopy assembly and not just the exposed surfaces. Canopies less than 4 feet in width are not required to be sprinklered regardless of construction type provided no combustibles are stored beneath them. Section 5-13.8.2 of NFPA 13, Installation of Sprinkler Systems, 1999 edition requires that sprinklers be installed under roofs or canopies where combustibles are stored and handled.

Automobiles stopping briefly to load or unload passengers is not considered storage or handling of combustibles and is acceptable. Canopies less than 4 feet in width are not required to be sprinklered regardless of construction type provided no combustibles are stored beneath them.

We hope that this information is useful in clarifying these issues, we will issue other guidance as the need arises in the future.

If you have further questions regarding this matter, please contact James Merrill at (410) 786-6998.

Effective Date: The information contained in this memorandum is current policy and is in effect for all nursing home facilities. The SA should disseminate this information within 30 days of the date of this memorandum.

Training: This clarification should be shared with all survey and certification staff, fire authorities, surveyors, their managers, and the state/RO training coordinator.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)

From: Clark, John J. (CMS/NC) [mailto:John.Clark@CMS.hhs.gov]
Sent: Thursday, July 31, 2008 1:07 PM
To: Kromas, David
Cc: Clark, John J. (CMS/NC)
Subject: Wardrobe Unit Sprinklers

The attached S & C letter addresses the sprinkler requirements for wardrobe units in skilled nursing facilities.

The key word in the definition of a wardrobe unit is "freestanding".

Wardrobe units that are recessed into alcoves are not considered freestanding.

If you have any further questions regarding this matter, please do not hesitate to call.

John J. Clark, P.E.

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September 7, 2008

Mr. James Lake
National Fire Protection Association
1 Batterymarch Place
Quincy, MA 02169

Ref: *NFPA 13, Standard for the Installation of Sprinklers Systems*

Dear Mr. Lake:

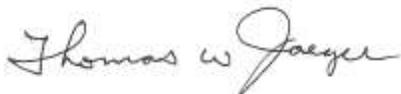
Per our discussion, I am requesting a staff opinion on the requirements in the 1999 NFPA 13 for “free standing wardrobes” in health care facilities. I have attached a copy of a July 31, 2008 email from John Clark of CMS and a copy of the S & C letter 05-38 which he refers to in his email.

We disagree that “Wardrobe units that are recessed into alcoves are not considered freestanding.” The typical recessed wardrobe is attached to the back of the alcove and generally relatively flush with the room wall. The two sides of the alcove, the back of the alcove and the bottom of the soffit over the alcove are sheathed with sheetrock. The wardrobes are manufactured case work that are brought into the facility just like a piece of furniture and attached to the back of the alcove. The exception would be that the sprinkler system in the room would not provide coverage to the front of the wardrobe.

We believe that this type of wardrobe installation complies with the intent of Sections 5-13.9.2 and A5-13.9.2 of NFPA 13. The nursing home industry has thousands of resident sleeping rooms in existing sprinklered buildings that have recessed wardrobes which do not have sprinkler heads inside the wardrobes. These have never been cited as not complying with NFPA 13 in the past.

We appreciate your assistance relative to this issue.

Respectfully submitted,



Thomas W. Jaeger, P.E.
President



NFPA

1 Batterymarch Park, Quincy Massachusetts, USA, 02669

September 16, 2008

Thomas Jaeger
JAEGER & ASSOCIATES, LLC
11902 Holly Spring Drive
Great Falls, Virginia 22066

Mr. Jaeger,

This responds to your e-mail transmittal requesting clarification of the 1999 edition of NFPA 13, *Standard for the Installation of Sprinkler Systems* as it applies to sprinkler protection of portable wardrobe units in paragraphs 5-13.9.2 and A-5-13.9.2 . NFPA regulations prohibit me from providing a formal interpretation or reviewing plans specifically for compliance with the standard, however, please allow me to provide my personal opinion as it relates to your situation.

It is not the intent of NFPA 13 to require portable wardrobe units, such as those typically used in nursing homes and mounted to the wall to have sprinklers installed in them. These units may be attached to the finishes structure and still be considered as furniture and not part of the structure. This position has been clarified in the 2007 edition by moving this language from the Annex to the body of the standard.

Though the standard does not specifically address the arrangement you have described. It is my opinion that this section would apply regardless of the configuration of the attachment to the wall. In other words, a wardrobe unit placed in an alcove that has finished walls would still be considered a piece of furniture and therefore should be considered for exemption based on the Annex language in the 1999 edition as supported by subsequent revisions in the 2007 edition.

Best Regards:

James D. Lake
Senior Fire Protection Specialist

Important Notice: This correspondence is not a Formal Interpretation issued pursuant to NFPA Regulations. Any opinion expressed is the personal opinion of the author, and does not necessarily represent the official position of the NFPA or its Technical Committees. In addition, this correspondence is neither intended, nor should be relied upon, to provide consultation or services.

ENCLOSURE A - DECEMBER 2008 MINUTES

ENCLOSURE (B-5)
REGULATION OF EYEWASHES IN NURSING HOMES

HITF INTERPRETATION DECEMBER 2008 NO. 3

Document to be interpreted: NFPA 99 (1999) 10-6

Edition: 1999

Background Information (optional) **REGULATE EYE WASHES LOCATED IN THE
GENERAL AREAS OF NURSING HOMES**

AHJ's are using Section 10-6 of the 1999 NFPA 99 to regulate eye washes located in the general areas of nursing homes. We do not believe that Section 10-6 is intended to apply to eye washes other than in laboratories. Please Attachment "Extracts from 1999 NFPA 99."

Question: Do the requirements of Section 10-6 of the 1999 edition of NFPA 99 apply to eye washes in health care facilities other than in laboratories?

Answer: No.

Extracts from 1999 NFPA 99

Chapter 10 Laboratories

10-1* Scope.

10-1.1*

This chapter establishes criteria to minimize the hazards of fire and explosions in laboratories, as defined in Chapter 2.

This section is not intended to cover hazards resulting from the misuse of chemicals, radioactive materials, or biological materials that will not result in fires or explosions. Although it deals primarily with hazards related to fires and explosions, many of the requirements to protect against fire or explosion, such as those for hood exhaust systems, also serve to protect persons from exposure to nonfire health hazards of these materials

10-6* Emergency Shower.

Where the eyes or body of any person can be exposed to injurious corrosive materials, suitable fixed facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. Fixed eye baths shall be designed and installed to avoid injurious water pressure.

If shutoff valves or stops are installed in the branch line leading to safety drenching equipment, the valves shall be OS and Y (outside stem and yoke), labeled for identification, and sealed in the open position. The installation of wall-mounted portable eye-wash stations shall not preclude the adherence to the provisions of this section.

A-10-6

Protective Devices. Showers should be controlled by a nonautomatic shutoff device. Although a self-closing shower valve (favored by most designers) would minimize flooding of the building if, for example, the shower were maliciously activated, it does not afford maximum help to the injured user. Since a person would have to use one hand to keep the valve open, efforts to remove clothing or wipe away offending materials would be greatly hampered.

Although emergency showers are rarely used, their use when necessary can mean the difference between superficial burns and serious disfigurement, or loss of life. In some cases where such showers have not been activated for long periods, they have been found inoperative. It is essential that emergency showers be provided and tested from time to time to determine that their valves are in good operating condition. Advance planning needs to be made to handle the water that will flow in a test.

Floor drains in areas of hospitals and other health care facilities are likely to dry out if the floors are not wet-mopped regularly, and dry traps can permit passage of gases, vapors, odors, and vermin. Since a floor drain will be of great value if a safety shower is used, resulting in the release of several hundred gallons of water, it is recommended that floor drains be filled with water regularly, or in new construction that some plumbing be provided to fill the traps manually, automatically, or incidentally by plumbing design.

Another consideration is to be sure that all holes in floor slabs that have not been sealed around pipes to prevent the passage of smoke be so sealed, and in a manner that will prevent water from flowing to lower floors from the discharge of an emergency shower or sprinkler head.

Wall-mounted portable eye wash stations do not contain an adequate supply of water for the 15-minute flushing recommended by chemical manufacturers.

ENCLOSURE (B-6)
POSTING KEYPAD COMBINATIONS

HITF INTERPRETATION DECEMBER 2008 NO. 4

Document to be interpreted: NFPA 101 (2000) 18
NFPA 101 (2000) 19.2.2.2.4 – Exception No. 1

Edition: 2000

Background Information (optional) **COMBINATION TO KEY PAD LOCKS BE POSTED
AT EACH KEY PAD**

We are having AHJ's requiring that the combination to key pad locks be posted at each key pad so that anyone approaching the door can unlock the door. These doors are being locked for the safety of patients/residents who have the clinical needs for the doors to be locked due to the hazard of elopement. We recognize that the Code requires staff to be present to unlock the doors anytime the doors are locked. We disagree that the Code requires that the combination to the key pads have to be posted. To post the combinations would allow the very patients/residents whose clinical needs require the doors to be lock to unlock the doors.

Question: Does the combination to a keypad that unlocks doors in the means of egress in accordance with NFPA 101, Sections 18 & 19.2.2.2.4, Exception No. 1 have to be posted at the keypad?

Answer: No.

ENCLOSURE C

DRAFT BY-LAWS WITH LEGISLATIVE TEXT

Charter for the Healthcare Interpretations Task Force HITF

I. Official Designation

This Charter is established to outline the scope, purpose and objectives of the Healthcare Interpretations Task Force –HITF.

II. Scope, Purpose, Objectives

-The scope of the HITF is to create a platform whereby those entities that regulate the design, building, construction, operational and fire safety aspects of the healthcare built environment have the opportunity to discuss common areas of interest. Those entities that are the subject of those regulatory policies and procedures also are represented on the HITF.

-The purpose of the HITF is to work towards resolution and understanding of certain interpretations, polices, and procedures that may differ between private sector, state and federal government levels.

-The objectives of the HITF are, to the extent practicable, have a full and thorough debate on these issues, reach a consensus of opinion as outlined in the HITF bylaws and to achieve acceptance of those opinions by all members of the HITF.

III. Duties and Responsibilities

The HITF's continuing duties and responsibilities will be to:

- (1) Consider variations in codes, standards and policies that cause differing interpretations between AHJ members, user members, or both.
- (2) Develop a process to allow for consistent ~~interruptions~~ interpretations of similar provisions between AHJ members, user members, or both.
- (3) Conduct the business of the HITF in accordance with the approved bylaws of the HITF.

IV. Support to the HITF

The National Fire Protection Association (NFPA) will provide staff and administrative support to the HITF.

Bylaws for the Healthcare Interpretations Task Force

HITF

A.1 General

These bylaws are intended to meet the basic requirements for due process and development of consensus for approval of HITF actions relating to the interpretation and clarification of various regulations, requirements and policies as they relate to the regulatory framework and structure of the healthcare built environment.

The bylaws are intended to comply with the NFPA Regulations Governing Committee Projects (the Regulations) to the extent practicable -and the regulations, policies and related guidance that may come from the regulatory agencies that have a voting position on the HITF. In the event of a conflict, the following shall prevail:

- a) A conflict between NFPA Regulations and those of the regulatory agency, the requirements of the regulatory agency.
- b) A conflict amongst regulatory agencies, either the policy of one of those agencies or NFPA criteria, as appropriate.

A.2 Organization of the HITF

The Healthcare Interpretations Task Force HITF shall be composed of ~~eleven (11)~~ twelve (12) members representing the organizations in A.5.6 of who seven (7) shall be voting for purposes of establishing HITF ~~positions~~ positions and ~~four-five (45)~~ nonvoting members. Each of the 11 members shall be appointed by the organization and the organization shall be permitted to designate an alternate member who represents the same organization or entity.

- a) The HITF shall have a title, scope, and an interest classification system for its members.
 - 1) The membership shall be sufficiently diverse to ensure reasonable points of view without dominance by a single interest category in accordance with Section 3.2.5 of the NFPA Regulations
 - 2) The HITF is subject to the NFPA Regulations as outlined in its Charter.
- b) The National Fire Protection Association (NFPA) shall provide support to the HITF.

A.3 Responsibilities

A.3.1 HITF

The HITF shall be responsible for providing discussion, debate and recommended positions to the member organizations and representatives as outlined in these bylaws. These positions may be in the form of a position on an item or a minute item as well as the other options noted below.

Consistent with the HITF's responsibilities, the HITF shall be responsible for:

- a) Providing a response to a submitted question in accordance with A.3.2.
- b) Requesting a Formal Interpretation (FI) to be processed by the appropriate NFPA Technical Committee.
- c) Requesting a Tentative Interim Amendment (TIA) to be processed by the appropriate NFPA Technical Committee.
- d) Recommending that a member of the HITF submit a proposal or comment to be processed by the appropriate NFPA Technical Committee.
- e) Recommending that the HITF refer action on an item to an external organization to see how any concerns might be addressed by that organization.

- f) Adopting HITF policies and procedures.
- g) Responding to requests for questions or comments concerning the myriad codes, standards and regulations that affect the built healthcare environment including but not limited to:

~~h)~~

- ~~a-1~~.Hospitals
- ~~b-2~~.Nursing homes
- ~~c-3~~.Long Term eCare facilities
- ~~d-4~~.Ambulatory healthcare facilities
- ~~e-5~~.Office facilities (medical office buildings)

h) Reserves the right to not respond to a question submitted for review.

- i) Other matters that may arise for consideration and possible HITF action as provided by these bylaws.

A.3.2 Submission. Submission of agenda items and questions shall only be provided by members of the HITF.

A.3.32 Support Organization (SO)

The Chair shall be responsible for providing the Support Organization Services

The Support Organization shall be responsible for:

- a) Insuring that the HITF operates within the boundaries of the NFPA Regulations to the extent required under these bylaws.
- b) Overseeing the HITF’s compliance with these bylaws.
- c) Maintaining a roster of the HITF and a list of subjects, criteria and requirements for which the HITF is responsible.
- d) Maintaining a Website and posting all relevant documents that pertain to the HITF.
- e) Providing a secretary, through the Support Organization, to perform administrative work, including secretarial services; preparation of meeting notices and the handling of meeting arrangements; preparation and distribution of meeting agendas, minutes, ballots and maintenance of adequate records.
- f) Performing other administrative functions as required by these procedures and approved by the HITF.

A.4 Officers

The HITF ~~may~~shall select the Chair and Vice Chair (if so desired).

The Support Organization shall appoint the secretary for the HITF.

A.5 Membership

A.5.1 General

As required by these bylaws, voting and nonvoting members shall consist of individuals who are qualified by background, experience and relevance to participate in the work of the HITF. Members shall be derived from the agencies or organizations that have broad representation and appeal to those constituent groups that have a direct interest in the healthcare environment.

A.5.2 Term of Service

In general HITF appointments are for an unlimited term

- a) Members completing a term as determined by the organization they represent shall continue to serve until a new appointee has been named.

A.5.3 Application

A request for membership on the HITF shall be addressed to the Chair of the HITF and shall indicate the applicant's direct and material interest in the HITF's work, qualifications and willingness to participate actively.

A.5.4 Review of Membership

The Support Organization shall review the HITF membership list annually with respect to the criteria of Section A.5.

- a) Members are expected to fulfill obligations of active participation.
- b) Where a member is found in habitual default of these obligations, the Chair shall direct the matter to the HITF for appropriate action, which may include termination of membership.

A.5.5 Observers and Individual Experts

Individuals and organizations having an interest in the HITF's work may request to participate as observers or members of subcommittees. The HITF may also select individual experts to assist it as follows:

- a) Individual experts selected by the HITF may be permitted to assist the HITF on an ad-hoc basis and shall be subject to approval by vote of the HITF.
- b) Observers and individual experts may be advised of the HITF's activities, may attend meetings, and may submit comments for consideration, but shall have no vote.

A.5.6 Organizational Categories

Each of the eleven (11) statutory categories of members (~~VOTING AND NONVOTING~~) shall have the opportunity for fair and equitable participation without dominance by any single interest category.

- a) Each member, including any designated principal members, shall represent an interest category in accordance with the HITF's established categories.
 - 1) **Voting Members (Authority Having Jurisdiction- AHJ Members)** - seven (7) individuals who represent the regulatory and enforcement aspect of healthcare occupancies including:
 - i. Centers for Medicare and Medicaid Services (CMS)
 - ii. Department of Defense (DOD)
 - iii. International Fire Marshals Association (IFMA)
 - iv. Indian Health Services (IHS)
 - v. The Joint Commission (JC)
 - vi. ~~At large~~ State Healthcare Agency (SHA)
 - vii. ~~Veterans Administration~~ Department of Veterans Affairs (VA)
 - 2) **Nonvoting Members** ~~four~~ five (5) persons representing user and general interests, such as organizations that are regulated by the organizations above or that develop regulations that affect the

healthcare environment including:

- i. American Health Care Association (AHCA)
- ii. American Society for Health Care Engineering (ASHE)
- iii. National Fire Protection Association (NFPA)
- iv. Chair of the NFPA Technical Committee on Health Care Occupancies (NFPA 101/NFPA 5000)
- iv.v. Chair of NFPA TCC on Health Care Facilities (NFPA 99)

A.5.7 Membership Roster

The Support Organization shall maintain a current and accurate HITF roster and shall distribute it to the members at least annually and otherwise on request. The roster shall include the following:

- a) Title of the HITF and its designation.
- b) Scope of the HITF.
- c) Support Organization: name of organization, name of secretary, and address(es).
- d) Officers:
 - 1) Chair
 - 2) Vice-Chair
- e) Members: name, address, and business affiliation of individual member(s).
- f) Interest category of each member.
- g) Tally of interest categories: total of voting members and subtotals for each interest category.

A.6 Subcommittees

Subcommittees may be created to expedite the HITF's work, subject to the following restrictions:

- a) Each subcommittee is created only upon authorization by the HITF;
- b) Whenever the HITF desires to create a subcommittee, it shall be discussed with the HITF;
- c) The HITF shall clearly state the size, scope, and duties of the subcommittee. The current scope and duties of each subcommittee shall be noted in the minutes of the HITF where the subcommittee was created.

A.6.1 Chairperson and Members of Subcommittees

The Chair of the HITF shall appoint the chair and members of a subcommittee.

- a) The HITF shall review the scope, duties, and membership of all subcommittees.
- b) Except for the chair of the subcommittee, the members of a subcommittee need not be members of the HITF.

A.6.2 Approval of Subcommittee Recommendations

Draft recommendations for proposed action shall be referred to the HITF for review and subsequent action under A.8.4.

A.7 Meetings

Meetings of the HITF and its subcommittees, if any, shall be held as necessary, as called by the HITF or as approved by the Support Organization.

- a) Said meetings shall be held to conduct business, such as making assignments, receiving reports of work, considering submitted questions, resolving differences among various enforcement agencies and considering views and objections from any source.
- b) Meetings shall be requested to be held at a frequency sufficient to timely address all actions noted above and may be requested by a majority of the HITF members or the Chair.
- c) Meeting shall be held as face to face, conference call, web-based or other media that is readily accessible by the members.
- d) Draft minutes of all meetings shall be provided from the SO within sixty (60) days of said meeting and distributed to all HITF members. Draft minutes shall be reviewed and acted upon at the next regularly scheduled meeting of the HITF.

A.7.1 Open Meetings

Meetings of the HITF and any subcommittee shall ordinarily be open to the public, and meetings of all other subordinate bodies shall be open to all members and others having a direct and material interest.

- a) At least fifteen (15) days notice of regularly scheduled meetings of the HITF shall be given by the Support Organization on the HITF website, and in other media designed to reach directly and materially affected interests; or in both.
 - 1) The notice shall describe the purpose of the meeting and shall identify a readily available source for further information.
 - 2) An agenda shall be available and shall be published or distributed in advance of the meeting, or both, to members and to others expressing interest.
- b) Participation at meetings shall be limited to the members of the HITF. The chair shall be permitted to allow participation by non members who wish to express a viewpoint on a given topic or issue.

A.7.1.1 Closed Meetings

Meetings of the HITF shall be closed only in limited circumstances and in accordance with applicable law.

- a) Where the HITF has determined in advance that discussions during an HITF meeting shall involve matters about which public disclosure would be harmful to the interests of the Consumers, Industry, Government, or others, an advance notice of a closed meeting, shall be published on the HITF website.
 - 1) The notice may announce the closing of all or just a part of a meeting.
 - 2) If, during the course of an open meeting, matters inappropriate for public disclosure arise during discussions, the Chair shall order such discussion to cease and shall schedule it for closed session.

A.7.2 Quorum

A majority of the members of the HITF shall constitute a quorum for conducting business at a meeting. A majority of the voting AHJ members of the HITF shall constitute a quorum in order to proceed on establishing a position on a given issue. If ~~a quorum is 2/3rds~~ of the AHJ voting members are not present, actions shall only be taken subject to subsequent confirmation by letter ballot or recorded vote at a future meeting.

A.8 Voting

A.8.1 Single Vote

No member of the HITF shall have more than one vote. Voting by proxy shall not be permitted.

A.8.2 Actions Requiring Approval By a Majority

The following actions require approval by a majority of the general membership of the HITF either at a regularly scheduled meeting or by letter ballot as listed herein:

- a) Recommending that the HITF address a particular issue.
- ~~b) Adoption of HITF Bylaws, or the revisions thereof.~~
- e)b) Recommending that an item be referred to an outside organization or agency for more information or resolution.
- d)c) Recommending that a member of the HITF refer an item or other matter to the appropriate NFPA Technical Committee to process a Formal Interpretation (FI), Tentative Interim Amendment (TIA), proposal or comment.

A.8.3 Actions Requiring Approval By a Two-Thirds Margin

The following actions of the HITF require a letter ballot or an equivalent formal recorded vote at a meeting and approval of two-thirds of the ~~AHJ~~ voting members eligible to vote as noted:

- a) Submission and approval of proposed positions or interpretations rendered by the HITF requires approval of two-thirds of the AHJ members eligible to vote. Approval of proposed positions on questions and subjects that are submitted to the HITF for discussion and resolution.
- a)b) Adoption of HITF Bylaws, or the revisions thereof requires approval of two-thirds of the general membership eligible to vote.

~~A.8.4. Voting on Positions~~

~~Submission of proposed positions or interpretations rendered by the HITF requires approval of two thirds of the AHJ members eligible to vote.~~

~~A.8.4.1. Voting at Meetings~~

~~The requirements of A.8.2, A.8.3 and A.8.4 shall also apply to votes taken at meetings of the HITF except, the approval margins shall be based on the number of voting AHJ members present.~~

A.8.4.2. Authorization of Letter Ballots

A letter ballot shall be authorized by either of the following:

- a) Majority vote of those present at a HITF meeting.
- b) The Chair.

A.9. Disposition of Views and Positions

When voting has been completed, the Chair shall forward the results to the HITF. The results shall be posted to the HITF website. In addition, the positions shall also be conveyed in the publications, websites and other media of the HITF member organizations. In extraordinary circumstances, the NFPA representative has the right to veto an HITF position if the position is contrary to an NFPA Code or Standard.

A.10 Termination of the HITF

The HITF may only be terminated by a 2/3^{rds} vote of the HITF members.

A.11~~2~~ **Parliamentary Procedures**

On questions of parliamentary procedure not covered in these procedures, the NFPA Regulations Governing Committee Projects and *Robert's Rules of Order* (latest edition) may be used to expedite due process.

A.12~~3~~ **Bylaws Review**

The HITF Chair shall appoint a Task Group of three (3) members to review and provide proposed revisions and amendments of these Bylaws every three (3) years from the year of last revision.

ENCLOSURE B

Review of Questions

**INTERPRETATION REQUESTS
JUNE 2009**

ITEMS B-1 – B-8:

ITEM B-1 – NON-PATIENT CARE SUITES EGRESS PROVISIONS

Document to be interpreted: NFPA 101 (2000) and NFPA 101 (2009)

Background: NFPA 101 (2009) has a new paragraph:

Issue: 18/19.2.5.7.4 Non-Patient-Care Suites. The egress provisions for non-patient-care suites shall be in accordance with the primary use and occupancy of the space, except that in no case shall the maximum travel distance to an exit from within the suite exceed 200 ft. (61 m).

The Handbook commentary states that these new provisions “clarify that suites not used for patient care are to be addressed by the requirements applicable to the primary use of the space.” The fact that these new provisions apply to new and existing occupancies, and the fact that the Handbook states that these new provisions “clarify” the issue suggest that this has been the intent of the Code in previous editions.

Question No. 1:

Is it the intent of NFPA 101 (2000) that egress provisions for a business-use non-patient-care suite in health care occupancies may be permitted to comply with Chapter 38 Business Occupancies rather than Chapter 18 Health Care Occupancies?

ITEM B-2 – NON-PATIENT CARE SUITES AND THE FIRE SAFETY EVALUATION SYSTEM (FSES)

Document to be interpreted: NFPA 101 (2009) and NFPA 101a (2007)

Subject: Non-Patient Care Suites and the Fire Safety Evaluation System (FSES)

Issue: The egress within a Non-Patient-Care Suite (e.g. Business-Use Administration Department) within a health care occupancy has been found to be non-compliant (e.g. common path of travel exceeding 100 ft – see diagram below).

The Facility Manager would like to evaluate the deficiency by using the NFPA 101a (2007) FSES methodology to see if other safeguards in the building provide an equivalent level of fire safety compared to a facility that conforms exactly to the Code.

Background Information:

In Reference to Question 1, Exit Discharge Obstructions:

19.2.7 Discharge from Exits. Discharge from exits shall be arranged in accordance with Section 7.7.

7.7.1 Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way.*

A.7.7.1 Exterior walking surfaces within the exit discharge are not required to be paved and often are provided by grass or similar surfaces. Where discharging exits into yards, across lawns, or onto similar surfaces, in addition to providing the required width to allow all occupants safe access to a public way, such access also is required to meet the following:

- (1) The provisions of 7.1.7 with respect to changes in elevation*
- (2) The provisions of 7.2.2 for stairs, as applicable*
- (3) The provisions of 7.2.5 for ramps, as applicable*
- (4) The provisions of 7.1.10 with respect to maintaining the means of egress free of obstructions that would prevent its use, such as snow and the need for its removal in some climates.*

7.1.10 Means of Egress Reliability.

7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.*

A.7.1.10.1 A proper means of egress allows unobstructed travel at all times. Any type of barrier including, but not limited to, the accumulations of snow and ice in those climates subject to such accumulations is an impediment to free movement in the means of egress.

This section of the LSC has changed very little from the 1985 edition except that the language now incorporates a formal interpretation from that edition. The formal interpretation of the 1985 edition reads as follows:

Chapter 5 of 1985 LSC: FI 81-33, Reference 5-7.1.

Question 1: In a health care occupancy, are sidewalks required between the exit door and the public way in order to qualify as an exit discharge as stated in Paragraph 5-7.1?

Answer: No.

Question:2: If the answer to Question 1 is “no”, then is an open and unobstructed yard large enough to provide all occupants with a safe access to a public way acceptable as an exit discharge?

Answer: Yes, however, the path of safe access to the public way must also meet 5-1.6 with respect to changes in elevations and 5-1.7.3 with respect to maintaining

the means of egress free of obstructions which would prevent its use, such as snow in some climates and the need for its removal.

There is nothing in this FI regarding grass, gravel, or dirt not being acceptable. In fact the answer to the first question is very clear that a sidewalk is not required and yet many AHJs are using paragraph 7.1.10 to not accept a discharge of grass, dirt or gravel because they assert that when it rains, these surfaces become wet and therefore may become an obstruction to egress.

It is easy to understand how snow or ice may become a barrier to the exit discharge and must be removed, but A.7.7.1 clearly indicates many "...walking surfaces within the exit discharge are not required to be paved and often are provided by grass or similar surfaces". Still, because there is the presence of a grass lawn, the AHJs assert a wheelchair cannot be pushed through a grass lawn and require a paved surface from every exit discharge. The paving of these existing exit discharges is very costly and provides no measurable additional benefit to the safety of the patients or residents if they are properly maintained.

In Reference to Question 2, Exit Discharge Extension:

Although there is no definitive distance an exit discharge must extend when there is no public way in proximity to the building, there are some paragraphs in the Annex material of Chapter 7 that may give some indication how far it should extend.

A.7.8.1.1

Illumination provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

A.7.9.1.1

Emergency lighting provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

These paragraphs provide some additional insight into the thinking of the Technical Committee on Means of Egress. That is, the primary purpose of exterior egress route is for the occupants to be able to move to a public way or a distance *considered safe* from the building, whichever is closest.

Often some AHJs use 50 ft. as a safe distance away from the building. The 50 ft. distance comes from Sections 22 & 23.2.7.1 for detention and correctional facilities. Others use 30 feet and still others 40 feet. How far does the Interpretations Task Force think a person must move away from the building to be at a distance "considered safe".

Question 1:

Are all exits required to discharge to a paved surface? If the answer to question 1 is “No”, when is “grass or similar surfaces” not acceptable as a means of exit discharge?

Question 2:

If the exit is located far from a public way, how far must the exit discharge extend from the exit?

ITEM B-4 – REQUIREMENTS FOR UTILITY PENETRATION PROTECTION IN CORRIDOR WALLS AND SMOKE BARRIERS IN EXISTING BUILDINGS

Document to be Interpreted: NFPA 101, Sections 19.3.6.2.1, 19.3.6.2.2, A19.3.6.2.2, 18 & 19.3.7.3, 8.3.6.1 and 8.3.6.2

Edition: 2000

Background Information: Requirements for utility penetration protection in corridor walls and smoke barriers in existing buildings.

Various AHJ’s are interpreting the 2000 Life Safety Code as to the requirements for the protection of penetrations of corridor walls and smoke barriers differently. Some require fire stopping materials and others require materials that are capable of maintaining smoke resistance. We believe it is the intent of the Code that utility penetrations of corridor walls and smoke barriers only require materials that resist the passage of smoke and do not require fire stopping materials. Please see Sections A19.3.6.2.2, 8.3.6.1 and 8.3.6.2 below.

A.19.3.6.2.2

The purpose of extending a corridor wall above a lay-in ceiling or through a concealed space is to provide a barrier to limit the passage of smoke. The intent of 19.3.6.2.2 is not to require light-tight barriers above lay-in ceilings or to require an absolute seal of the room from the corridor. Small holes, penetrations or gaps around items such as ductwork, conduit, or telecommunication lines should not affect the ability of this barrier to limit the passage of smoke.

8.3.6 Penetrations and Miscellaneous Openings in Floors and Smoke Barriers.

8.3.6.1

Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:

(1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions:

- a. *It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.*
- b. *It shall be protected by an approved device that is designed for the specific purpose.*
- (2) *Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions:*
 - a. *It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.*
 - b. *It shall be protected by an approved device that is designed for the specific purpose.*
- (3) *Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions:*
 - a. *It shall be made on either side of the smoke barrier.*
 - b. *It shall be made by an approved device that is designed for the specific purpose.*

8.3.6.2

Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions:

- (1) *It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier.*
- (2) *It shall be protected by an approved device that is designed for the specific purpose.*

Question No. 1:

Can utility penetrations of corridor walls in existing buildings be filled with materials that will resist the passage of smoke and need not be fire stop material?

Question No. 2:

Can utility penetrations of smoke barriers in new buildings be filled with materials that will resist the passage of smoke and need not be fire stop material?

Question No. 3:

Can utility penetrations of smoke barriers in existing buildings be filled with materials that will resist the passage of smoke and need not be fire stop material?

ITEM B-5 – REQUIREMENTS FOR THE LIGHTING OF THE EXTERIOR EXIT DISCHARGES

Document to be Interpreted: NFPA 101, Sections 19.2.8, 19.2.9, 7.8.1.1, 7.9.1.1, A7.8.1.1 and A7.9.1.1

Edition: 2000

Issue: Many nursing homes are located in rural areas where the public way can be 100's to 1000's of feet away from the building. As a result, the nursing home industry has spent \$100's of thousands of dollars to extend both normal illumination and emergency lighting to the public way. We often point out the language in Sections A7.8.1.1 and A7.9.1.1, (see below) but are told that Annex material doesn't apply, disregarding the guidance given by the Technical Committee. Whether the language in Sections A7.8.1.1 and A7.9.1.1 should be in the body of the Code or in the Annex is clearly a subject for debate, but we do believe that it was the intent of the Technical Committee on Means of Egress that the lighting for both need only extend to the public way or area safely away from the building, whichever is closest.

A.7.8.1.1

Illumination provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

A.7.9.1.1

Emergency lighting provided outside the building should be to either a public way or a distance away from the building that is considered safe, whichever is closest to the building being evacuated.

Question:

Does illumination and emergency lighting of the exterior exit discharge pathway have to extend to the public way or can the lighting only extend to an area that is a safe distance away from the building, if that area is closer than the public way?

ITEM B-6 – WHETHER NFPA 99 AND/OR NFPA 110 REQUIRES A BACK UP ON-SITE FUEL SUPPLY WHEN THE ESSENTIAL ELECTRICAL SYSTEM FUEL SUPPLY IS AN OFF-SITE FUEL SUPPLY SUCH AS NATURAL GAS. INTERPRETATION NO. 3

Document to be Interpreted: NFPA 101, NFPA 99 and NFPA 110

Edition: 2000 NFPA 101 and 1999 NFPA 99 and NFPA 110

Background Information:

With in the last year or so, AHJ's have been requiring that essential electrical systems that are supplied by an off-site fuel supply, such as natural gas, install an on-site, back up fuel supply. Many of these existing emergency electrical systems have been in place for many years with no record of failure due to the interruption of the off-site fuel supply. Even with recent natural disasters, particularly in the Gulf States, we are not aware of failures of essential electrical systems due to the interruption of off-site fuel supplies. The requirement for the backup on-site fuel supply is applied to both nursing facilities

with and without life support systems or equipment or whether the facilities have a Level 1, 2 or 3 essential electrical system. Some AHJ's claim that the off-site fuel supplies are unreliable, without providing any loss experience or reliability data. Other AHJ's claim that NFPA 99 and NFPA 110 requires that essential electrical systems must be located "on-site" and that includes the fuel system, even when it is clear that NFPA 110's list of approved fuels includes fuels that are normally supplied from off-site sources.

Question No. 1

Do all off-site fuel supplies to essential electrical systems require on-site back up fuel supplies?

Question No. 2

Do Type 1, 2 or 3 essential electrical systems that are supplied with off-site fuel supplies require on-site back up fuel supplies?

Question No. 3

Do nursing homes that have life support equipment require a Type 1 essential electrical system?

Question No. 4

If the answer to Question No. 3 is No, what Type of essential electrical system does a nursing home require for life support equipment?

Question No 5.

Does the Life Safety Code require a higher level of reliability for essential electrical systems than for emergency batteries that supply emergency power to lights, exits signs, fire alarm systems and other devices and systems required to have emergency power?

ITEM B-7 - PATIENT LIFT EQUIPMENT SPRINKLER OBSTRUCTION

Code Reference:

NFPA 101, (2009 ed.) Sections 18.3.5.1/19.3.5.1

NFPA 13, (2007 ed.) Installation of Sprinkler Systems

Background: Sections 18/19.3.5.1 require sprinkler systems to be installed in accordance with the NFPA 13, Installation of Sprinkler Systems. NFPA 13 does not specifically address spacing of sprinklers relative to moving rails that are used for patient lift devices.

Issue: Ceiling mounted patient lift equipment has been installed in fully sprinkler protected health care facilities. The patient lift equipment is typically two rails fixed to the structure mounted parallel to each other at a distance of 8 feet apart

with a moving rail mounted perpendicular to the fixed rails. This rail moves along the fixed rails such that patients can be lifted and moved throughout the patient room depending on the location of the rails.

At any given time, the movable rail will be “parked” when it is not being utilized to make a patient move or when there is no patient in the room. There is no apparent section in NFPA 13 that covers sprinkler placement relative to these moving rails.

A photo of a typical installation is provided below along with an informal interpretation from NFPA staff on this issue.

From: Hawthorne, Tim [mailto:thawthorne@NFPA.org]
Sent: Tuesday, April 14, 2009 3:41 AM
To: Larrimer, Peter A (CEOSH)
Cc: Mucci, Patti; Goyette, Joanne
Subject: NFPA 13

Peter Larrimer:

The intent of NFPA 13 is to minimize the obstructions. The requirements of NFPA 13 are intended to be minimum requirements that provide a reasonable degree of protection from fire. They cannot anticipate every situation. These are written under the Scope and Purpose in Chapter 1.

Based on the description and photos you have provided, I believe you have met the intent of NFPA 13, but the AHJ has the final approval of all systems.

Please note the authority having jurisdiction determines compliance with the Code.

This response does not represent a Formal Interpretation as noted below.

*Timothy A. Hawthorne
Fire Protection Specialist
NFPA – Quincy, MA USA*

IMPORTANT NOTICE: This correspondence is not a Formal Interpretation issued pursuant to NFPA Regulations. Any opinion expressed is the personal opinion of the author, and does not necessarily represent the official position of the NFPA or its Technical Committees. In addition, this correspondence is neither intended, nor should be relied upon, to provide professional consultation or services.

From: Larrimer, Peter A (CEOSH) [mailto:peter.a.larrimer@va.gov]
Posted At: Thursday, April 09, 2009 9:36 AM
Posted To: Sprinklers

Conversation: Sprinkler Spacing Relative to Moving Rails - Obstructions
Subject: Sprinkler Spacing Relative to Moving Rails - Obstructions

We have typical patient lift equipment installed as pictured below:



The spacing of the sprinkler relative to the two fixed rails are installed to meet all the obstruction rules of NFPA 13. The moving rail, perpendicular to the fixed rails, will move and can obstruct the sprinkler during its movement when it is located near the sprinkler and it can obstruct the sprinkler if it is "parked" near the sprinkler.

1. Is the intent of NFPA 13 that the obstructions caused by the moving rail be address by the sprinkler design for all of the moving rail positions? Please provide a code reference in the 1999 and 2007 edition of NFPA 13 to support your response.
2. Is it the intent of the code that the moving rail is "parked" such that the sprinkler discharge is not obstructed? Please provide a code reference in the 1999 and 2007 edition of NFPA 13 to support your response.

Your response to these questions are appreciated.

Pete

Peter A. Larrimer, P.E.
Fire Safety Program Manager

Background information for Question 1.

The following is an example of the obstruction rules that have been applied to obstructions in a sprinkler protected facility. This example applies to standard upright and pendent sprinklers. There are other obstruction rules that may also apply depending on the type of sprinkler or configuration.

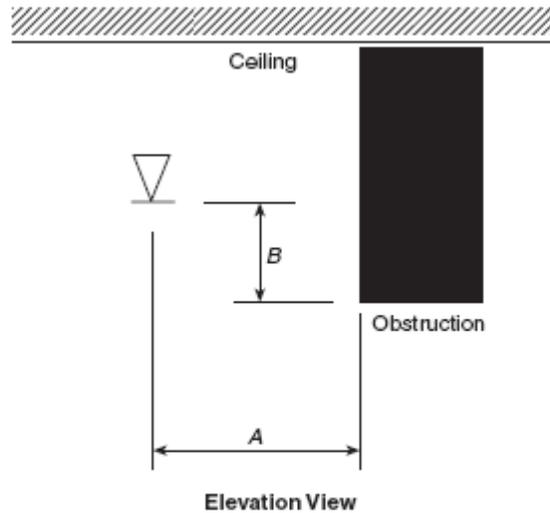


FIGURE 8.6.5.1.2(a) Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP).

Question No. 1

Is it the intent that the obstruction requirements of NFPA 13 apply to the fixed rails of the patient lifting system?

Question No. 2

Is it the intent that the obstruction requirements of NFPA 13 apply to the movable rail of the patient lifting system when the rail is “parked” in any position?

ITEM B-8 – FIRE ALARM SYSTEM OUT OF SERVICE – FIRE WATCH

Code Reference:

NFPA 101, (2009 ed.) Section 9.6.1.6/A.9.6.1.6

NFPA 101, (2000 ed.) Section 9.6.1.8/A.9.6.1.8

Background: While the 2000 edition of the Life Safety Code provides no direction as to what is meant by “out of service”, the 2009 edition provides some guidance in the second paragraph of A.9.6.1.6.

NFPA 101(2009 ed.), Sections 9.6.1.6 and A.9.6.1.6 are as follows:

9.6.1.6* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown, until the fire alarm system has been returned to service.

A.9.6.1.6 A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Such individuals should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. *(Also see NFPA 601, Standard for Security Services in Fire Loss Prevention.)*

The term *out of service* in 9.6.1.6 is intended to imply that a significant portion of the fire alarm system is not in operation, such as an entire initiating device, signaling line, or notification appliance circuit. It is not the intent of the *Code* to require notification of the authority having jurisdiction, or evacuation of the portion of the building affected, for a single nonoperating device or appliance.

NFPA 101 (2000 ed.) Sections 9.6.1.8 and A.9.6.1.8 are as follows.

9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.

A.9.6.1.8 A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. These individuals should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. *(Also see NFPA 601, Standard for Security Services in Fire Loss Prevention.)*

Question No. 1

Does a single nonoperating initiating device result in the fire alarm system being “out of service”?

Question No. 2

Does a single nonoperating notification appliance result in the fire alarm system being “out of service”?

Question No. 3

Would it be reasonable to require no less than 10% of the initiating devices or notification appliances in a single smoke zone to be non-operational before the fire alarm system for the zone is considered to be “out of service”?