

MINUTES
HEALTHCARE INTERPRETATIONS TASK FORCE
Tuesday June 3, 2008 – 1:00 PM – 6:00 PM
Mandalay Bay Convention Center Lagoon K
Las Vegas, NV

1. The meeting was called to order at 1:13 PM. The agenda (**See Enclosure A**) was briefly reviewed. No additional questions were posed but several members indicated they would have items under New Business.
2. Introduction of members and guests present was completed. Prior to the introductions, it was noted that a new AHJ member representing the state healthcare agency category had been added to the roster since the December 2007 meeting. Those in attendance included.

MEMBER	REPRESENTING
Joseph Bermes* (ALT)	Indian Health Services
Ken Bush*	International Fire Marshals Association
Doug Erickson	American Society for Healthcare Engineering
John Fishbeck*	The Joint Commission
James “Skip” Gregory*	Agency for State of Florida Healthcare Administration
Philip Hoge*	Department of Defense
Thomas Jaeger	American Health Care Association
David Klein*	Department of Veterans Affairs
Pete Larrimer*	Department of Veterans Affairs
Jim Merrill*(ALT)	Centers for Medicare/ Medicaid Services
George Mills*	The Joint Commission
Dwight Packer*	Indian Health Services
Robert Solomon	NFPA
Dick Strub	American Health Care Association

* Voting AHJ Member

GUESTS	REPRESENTING
Mark Berorr	Securitech Group, Inc.
Gene Cable	Self
Mike Daniel	Daniel Consulting, Inc.
David Dagwais	Wentworth Douglass Hospital
A. Richard Fasano	Russell Phillips & Associates
Nick Gabriele	Russell Phillips & Associates, LLC
Virgil Hall	Department of Veterans Affairs
Philip R. Jose	P.R. Jose & Associates
Peter Leszczak	Department of Veterans Affairs

GUESTS

Chris Mallett
Ryan Maynard
Nancy McNabb
Jim Peterkin
John Sabourin
Tom Scheidel
Ken Schwartz
David Soens

REPRESENTING

Sprenger Retirement Centers
American Health Care Association
Direct Supply
NFPA
Heery International
VA – Network 8
Centers for Medicare & Medicaid Services
Schirmer Engineering
State of Wisconsin

3. The minutes of the December 5, 2007 meeting (Washington, DC) were approved as submitted.
4. **Review of Questions.** Eleven questions were submitted as a part of the original agenda. It was noted Item C and Item D (B-3 and B-4) in the Agenda Enclosures had the subjects inadvertently reversed.
 - A. **Inspection of Portable Fire Extinguishers.** This subject relates to time based frequencies for actions like inspection, testing and maintenance. Issues such as “Does a monthly inspection have to be done in the actual month – or approximately every 30 days” were discussed.

HITF members noted the range of requirements that are found in the numerous NFPA documents that have a frequency associated with them. The HITF did vote to issue a position on the subject as follows:

RESPONSE FOR QUESTION 1: The dates may not necessarily be absolute. The HITF is aware that some NFPA technical committees are starting to look into their time based criteria. In addition, the Joint Commission previously developed their own guidance/tolerances on these sorts of time criteria in the February 2006 issue of EC News.

QUESTION 2 as submitted is deleted.

The HITF notes they had a related discussion on this subject at a previous meeting – See minutes of the June 2005 HITF meeting. NFPA staff will investigate the possibility of creating a staff project to see if there is a way to establish a consistent way to describe frequencies with a tolerance of some sort. Part of any such internal discussion at NFPA would also include a division of responsibility between a “systems” committee and an “occupancy” committee concerning the need to establish a tolerance of some sort.

B. Existing Interior Wall and Ceiling Finishes. New interior finish material that is less than 1/28" in thickness is generally exempted from the interior finish requirements (flame spread/smoke developed). Existing interior finish materials are somewhat exempted if they are less than the 1/28" in thickness and if it can be shown that they have properties of a Class A material when tested with inorganic reinforced cement board. It can be difficult to judge these existing installations.

After discussion on the subject, it was determined that this provision really is a matter for the appropriate NFPA Technical Committee to address via Formal Interpretation. The following question, using the same background from the agenda, will be submitted to the Life Safety Technical Committee on Health Care Occupancies.

QUESTION: Are existing, approved interior wall and ceiling finishes that are less than 1/28 inch in thickness and that were installed prior to the publication of the 2006 Life Safety Code, required to comply with the requirements of Section 19.3.3.2 (existing healthcare occupancies) or Section 21.3.3 (existing ambulatory healthcare occupancies) of the 2006 edition of the Code?

C. Existing Fire Alarm Systems. Select features from the 1999 edition of NFPA 72, National Fire Alarm Code have been applied on a retroactive basis to existing systems. The specific issue relates to a maximum time delay for the alarm initiation. This requirement from NFPA 72 also included an effective date (January 1, 2002). The HITF did vote to issue a position on the subject as follows:

RESPONSE: NO. The effective date in NFPA 72 is for new installations installed after the effective date – January 1, 2002. The AHJ has the ability to invoke certain criteria from NFPA 72 on a retroactive basis (See NFPA 72: 1-2.3, 1999 Edition – Exception) if they have determined that a distinct hazard to life or property exists.

The HITF also notes that NFPA 101: 9.6.1.3 (2006 edition) does not require existing fire alarm systems to be updated to meet new requirements.

D. Storage Rooms 50 Ft² or Less. NFPA 101, in general has special dispensation for certain small ($\leq 50 \text{ Ft}^2$) storage rooms or spaces. This question goes back to issues regarding the amount and type of material that might be found in these areas. The original four questions posed for consideration by the HITF were discussed and it was determined that in each case, a definitive response could not be provided. During the deliberations, the HITF members agreed to develop two new questions to address the substance of the storage criteria.

The HITF voted to issue a response to the revised questions as follows:

Q 1. Could a room or space 50 square feet or less and that is storing combustible material, be considered a hazardous area?

A 1. Yes. The presence of stored combustible materials in a room or space 50 square feet or less does not necessarily result in the room or space being classified as a hazardous area. In some circumstances, the amount and type of combustibles may result in the room or space being classified as a hazardous area by the AHJ.

Q 2. Can these rooms or spaces that are not deemed to be hazardous be open to the corridor if properly protected in accordance with the requirements of NFPA 101: Sections 18.3.6.1/19.3.6.1?

A 2. Yes.

E. Bare Steel. Select provisions of NFPA 101 permits attic/roof spaces in healthcare occupancies to be constructed of combustible materials in a building that otherwise utilizes all non-combustible materials. For the case and situation presented, the open space utilizes non-combustible construction comprised of unprotected steel frame members.

The HITF voted to issue a position on the subject as follows:

RESPONSE: Yes

Editors Note: NFPA is withholding the posting of this as an HITF position. During discussion of this item at the meeting, the need for the framing to be structurally independent from the rest of the building was brought up. The HITF did not qualify the response. As such, NFPA will not post this item until that issue is resolved.

F. Operation of Doors. The sequence to unlock, unlatch and open a door is covered by NFPA 101 in the Means of Egress chapter (Chapter 7) and with specialized criteria in Chapters 18 and 19 when locking of doors is necessitated for the clinical needs of the patient. In some cases, a releasing latch mechanism might have to be turned (if it is a spring loaded device) and held in position while a door is pulled open. Two questions relating to these circumstances were put forward. The HITF voted to issue a position on this subject as follows:

Q 1. Yes. Specifically, one of the operations is to release the lock and the second operation is to release the latch to allow the door to be pulled or pushed open.

Q 2. Yes. It is generally understood that the restriction concerning the releasing operation does not include the opening of the door once the lock is released and the latch is released.

G. Fire Extinguisher Inspections. This item was discussed but no action was taken by the HITF. The elements and issues in this topic were discussed, in part, during a review of ITEM 4A above. No additional action or position is being taken.

H. Alcohol Hand Rubs in Business Occupancies. NFPA 101 has specific criteria for use of these products in healthcare and ambulatory healthcare occupancies. At present, there are no specific provisions to permit (or to prohibit) the sanitizers to be provided in business occupancies, thus the HITF is not in a position to respond to this question. It was noted that the 2009 edition of NFPA 101 will include (pending outcome of Standards Council issuance in July 2008) ABHR placement and use criteria for educational occupancies.

I. Locking Arrangements. This element was handled as a discussion item. The provisions for door locking from the 2000 edition of NFPA 101 are in effect by CMS. The CMS supplemental criteria for door locking that is utilized will be sent to NFPA for future distribution to the HITF members.

J. LSC Guidelines, Appendix I. This element was handled as a discussion item. Appendix I is the CMS, Survey Instrument document – also known as the Surveyors Manual. Appendix I is oftentimes referenced in the State Operations Manual. Appendix I is in effect and it can be downloaded from the CMS website.

K. Items Stored in the Corridor. This element was handled as a discussion item. The HITF referred the submitter back to the minutes and interpretations that were completed during the December, 2007 meeting.

5. New Business. Two items were briefly discussed.

A. VA Representative Pete Larrimer inquired if the members were aware of any type of reliability study or data for fire protection/fire safety systems in healthcare occupancies.

B. NFPA Representative Robert Solomon noted that with the number of changes and initiatives underway in the delivery of healthcare services in the US, that NFPA is considering organizing a Summit of sorts in the first or second quarter of 2009 to address emerging issues such as:

- Culture changes in nursing homes
- Code provisions in modern day healthcare facilities
- Reorganization of NFPA 99
- Trends in Residential Board or Care Occupancies (Assisted Living)
- Trends in home healthcare.

6. Old Business. The issue concerning use of Relocatable Power Taps – RPTs (power strips) is still unresolved. Definitions and criteria in NFPA 70 and NFPA 99 have been used by UL to prohibit the use of such devices in patient and resident rooms. The UL Electrical Council and UL Fire Council were presented with an agenda item

at their May 2008 meetings concerning this equipment. Information from the UL Council meetings will be shared with the HITF members once clearance is received from UL.

7. **Next Meeting.** Joint Commission member George Mills offered to host the next meeting at Joint Commission headquarters in Oakbrook Park Terrace. A tentative date of December 9th was agreed upon.
8. The meeting adjourned at 6:05 PM.

ENCLOSURE A
AGENDA

**HEALTHCARE INTERPRETATIONS TASK FORCE
AGENDA**

**June 3, 2008
Lagoon K - Mandalay Bay Convention Center
Las Vegas, NV
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 5, 2007 Minutes (See Enclosure A – Page 4).
4. Review of Questions (See Enclosure B – Pages 17-26).
 - A. Inspection - Jaeger & Associates, LLC (See ITEM B-1 – Page 17)
 - B. Existing Exterior Wall and Ceiling Finishes – Jaeger & Associates, LLC (See ITEM B-2 – Page 18)
 - C. Storage Rooms 50 ft² (4.6 m²) or Less – Areas Storing Combustible Material – New Health Care Facilities. – Jaeger & Associates, LLC (See ITEM B-3 – Page 19)
 - D. Existing Fire Alarm Systems – Jaeger & Associates, LLC (See ITEM B-4 – Page 20)
 - E. Bare Steel – Department of Veterans Affairs (See ITEM B-5 – Page 21)
 - F. One Operation - Department of Veterans Affairs (See ITEM B-6 – Page 22)
 - G. Fire Extinguisher Inspections - Department of Veterans Affairs (See ITEM B-7 – Page 24)
 - H. Alcohol Hand Rubs in Business - Department of Veterans Affairs (See ITEM B-8 – Page 25)
 - I. Locking Arrangements – Health Care Administration (See ITEM B-9 – Page 26)
 - J. Promulgation of the LSC Guidelines, Appendix I – Health Care Administration (See ITEM B-10 – Page 26)

K. Regulating Items Stored in the Exit Access Corridors – Health Care Administration (See ITEM B-11 – Page 26)

5. New Business

6. Old Business

Status of the power strip issue.

7. Date / Location for Next Meeting

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

ENCLOSURE B

INSPECTION OF PORTABLE FIRE EXTINGUISHERS

HITF INTERPRETATION

JUNE 2008 NO. 1

Document to be interpreted: NFPA 10 (2002) 6.2.1
NFPA 10 (2007)

Edition: 2002 and 2007

Background Information (optional): **INSPECTION OF PORTABLE FIRE
EXTINGUISHERS**

If taken literally, the text in section 7.2.1.2 of the 2007 edition requires that inspections must be performed at an interval not less than 30 days apart. This would allow the inspections to be performed at an interval greater than “approximately 30-day intervals” as was previously required in the 2002 edition. NFPA Committees were instructed to remove unenforceable language, such as the word “approximately.” We believe that the removal of the word “approximately” was for that reason because there was no technical justification identified for the change and the proposal did not explicitly show the word to be struck out.(see NFPA 10 ROP, 10-54A, Log #CP-4).

Some AHJs are now requiring that inspection tags include the day of the month so that the 30-day interval can be measured. However, sections 7.2.4.3 and 7.2.4.5 in the 2007 edition seem to indicate that the committee intended for 12 inspections to be conducted, one per month, without requiring a 30-day interval.

Question:

Is it permissible to document fire extinguisher inspections by indicating the month and year (without the day of the month)?

Answer:

The dates may not necessarily be absolute. The HITF is aware that some NFPA technical committees are starting to look into their time based criteria. In addition, the Joint Commission previously developed their own guidance/tolerances on these sorts of time criteria in the February 2006 issue of EC News.

ENCLOSURE C

EXISTING FIRE ALARM SYSTEMS

HITF INTERPRETATION JUNE 2008 NO. 2

Document to be interpreted: NFPA 72 (1999) 1-2.3

Edition: 1999

Background Information (optional): **EXISTING FIRE ALARM SYSTEMS**

Issue: Facilities are being cited for deficiencies because their existing fire alarm systems do not comply with the maximum time delay of 10 seconds required after January 1, 2000. It is our position that previously approved fire alarm systems installed prior to the adoption of the 2000 Life Safety Code and 1999 NFPA 72 are not required to comply with the 10 second delay requirement after January 1, 2002. Our opinion is based the language in Section 1-2.3 of 1999 NFPA 72, Section 2-1 of 2000 NFPA 101 and good common sense.

Question:

Are existing fire alarm systems approved and installed prior to the adoption of the 2000 Life Safety Code (NFPA 101) and 1999 National Fire Alarm Code (NFPA 72) required to comply with the 10 second delay requirement effective January 1, 2002?

Answer:

NO. The effective date in NFPA 72 is for new installations installed after the effective date – January 1, 2002. The AHJ has the ability to invoke certain criteria from NFPA 72 on a retroactive basis (See NFPA 72: 1-2.3, 1999 Edition – Exception) if they have determined that a distinct hazard to life or property exists.

ENCLOSURE D

STORAGE ROOMS 50 FT² OR LESS

HITF INTERPRETATION JUNE 2008 NO. 3

Document to be interpreted: NFPA 101 (2000) 18/19.3.6

Edition: 2000

Background Information (optional): STORAGE ROOMS 50 FT² OR LESS

The 2000 Life Safety Code does not classify storage rooms 50 ft² (4.6 m²) or less in area storing combustible material as a hazardous area in new health care facilities. The language for existing health care facilities is different in that for existing health care facilities, rooms or spaces 50 ft² (4.6 m²) or less in area, including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction. The difference between new and existing health care facilities is that the 50 sq. ft. rule applies to both repair shops and storage rooms in existing buildings. The 2000 Life Safety Code allows all spaces to open to the corridor, if properly protected, except for patient treatment rooms, patient sleeping rooms and hazardous areas (see Sections 18/19.3.6).

Questions:

Question 1:

Could a room or space 50 square feet or less and that is storing combustible material, be considered a hazardous area?

Answer 1:

Yes. The presence of stored combustible materials in a room or space 50 square feet or less does not necessarily result in the room or space being classified as a hazardous area. In some circumstances, the amount and type of combustibles may result in the room or space being classified as a hazardous area by the AHJ.

Question 2:

Can these rooms or spaces that are not deemed to be hazardous be open to the corridor if properly protected in accordance with the requirements of NFPA 101: Sections 18.3.6.1/19.3.6.1?

Answer 2:

Yes.

ENCLOSURE E

OPERATION OF DOORS

HITF INTERPRETATION JUNE 2008 NO. 4

Document to be interpreted: NFPA 101 (2000) 7.2.1.5.4, 18/19.2.2.2.2,
18/19.2.2.2.4, 18/19.2.2.2.5
NFPA 101 (2006) 7.2.1.5.9.2, 18/19.2.2.2.2,
18/19.2.2.2.4, 18/19.2.2.2.5, 18/19.2.2.2.5.2

Edition: 2000 and 2006

Background Information (optional): OPERATION OF DOORS

Chapter 7 requires that where locks or latches are provided, the releasing mechanism shall open the door with not more than one releasing operation. However, Chapters 18 and 19 allow doors in the means of egress to be locked where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. Note that the use of a key carried by staff frequently will require two operations to open the door (one operation to unlock the door using the key and one operation to unlatch the door using the door handle, see Figure 1 next page).

Often times, equipment such as wander alert systems, which require multiple operations to open a door, are used based on the clinical needs of the patients. Such systems are widely accepted for use in dementia units for the safety of the patients.

Questions:

Question 1:

Where the provisions in Chapters 18 and 19 of the Life Safety Code permit locking of doors in the direction of egress travel based on the clinical needs of the patients, is it permitted to have more than one operation to open the door?

Answer 1:

Yes. Specifically, one of the operations is to release the lock and the second operation is to release the latch to allow the door to be pulled or pushed open.



Figure 1. Door Requiring Two Operations

Question 2:

Special Hardware: Where the clinical needs of the patients require special hardware (releasing mechanism) to unlatch the door, is it permitted to have more than one operation to open the door?

Answer 2:

Yes. It is generally understood that the restriction concerning the releasing operation does not include the opening of the door once the lock is released and the latch is released.