MINUTES
HEALTHCARE INTERPRETATIONS TASK FORCE
Tuesday June 9, 2009
NFPA Conference & Expo
Room cc23ab
Hyatt Regency McCormick Place
Chicago, IL
1:00 P.M. – 6:00 P.M.

1. The meeting was called to order at 1:10 PM. The agenda **(See Enclosure A)** was briefly reviewed.

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
James Merrill*	Centers for Medicare/Medicaid Services (CMS)
George Mills*	The Joint Commission
Robert Solomon	NFPA
Michael Young*	Indian Health Services
Joseph Bermes* (ALT)	Indian Health Services
Dave Dagenais (ALT)	American Society for Healthcare Engineering
John Fishbeck* (ALT)	The Joint Commission
Gregory Harrington (ALT)	NFPA
Peter Larrimer* (ALT)	Department of Veterans Affairs
Dick Strub	American Health Care Association (AHCA)

*** Voting AHJ Member**

GUESTS	REPRESENTING
Katharine Achor	CMS
Bob Ambacher	Direct Supply
Robert Arnold	Medical Center of Louisiana
Doug Beardsley	Care Providers of Minnesota
Chad Beebe	Washington State DOH
Scott Blessin	Vancouver Coastal Health Authority
Chad Bordwell	Direct Supply TELS
Jeff Combs	Cleveland Clinic
Mike Daniel	Daniel Consulting, LTD
A. Richard Fasano	Russell Phillips & Associates
Virgil Hall	Department of Veterans Affairs

Max Hauth	Hauth Health Care Consultants, Inc.
Daniel Kristola	CMS
Anton Krycuk	Ergotron
Chris Mallett	Sprenger Retirement Centers AACA
Nancy McNabb	NFPA
John Nolan	Russell Phillips Associates, LLC
Beth Peerson	Golden Living
Stephen Pelinski	CMS
Ezra Safdse	VA Medical Center, San Francisco, CA
David Seitz	HCF Management, Inc.
Phil Thomas	Golden Living
Frank Van Overmeiren	FP&C Consultants, Inc.
Bruce Wexelberg	CMS

3. The minutes of the December 2008 meeting (Oakbrook, IL) were approved as submitted.

4. Review of Questions. Eight items were submitted as a part of the original agenda. The following were discussed. **(See Enclosure B – Issued Interpretations)**

A. Non-Patient Care Suites (B-1) – NOT ISSUED

This issue is concerned with business occupancy use within or adjacent to the healthcare use areas.

Per NFPA 101, Section 18/19.1.2.6, the provisions for a business occupancy apply when the area being evaluated is defined or described as a "business or office suite." Users of the code cannot selectively pick a provision from the 2009 edition of the Code and figure out how it might (or might not) work with the 2000 edition of the Code. This is like trying to predict what the committee members working on the 2000 edition of the Code might have been thinking about a future (2009) edition of the Code. Likewise, the committee members working on the 2009 edition of the Code would not be expected to be thinking about the mindset of the earlier (2000 edition) work of the committee.

The HITF did see merit in looking at a change being proposed for the 2012 Code (or a TIA for the 2009 Code) with regard to the 200 foot travel distance limit noted in NFPA 101: 19.2.5.7.4. Messrs. Bermes and Larrimer will study that option further.

B. Non-Patient Care Suites And The Fire Safety Evaluation System (FSES) (B-2) – NOT ISSUED

This issue looks at the potential application of NFPA 101 and NFPA 101A to a non-complying circumstance.

The approach discussed in this agenda item does not recognize how NFPA 101A and the FSES is to be applied in the field with NFPA 101. A new edition of NFPA 101A is issued the year after the new edition of NFPA 101 is issued. That edition of NFPA

101A is structured and reviewed to work with the immediate, previous edition of NFPA 101. The 2010 edition of NFPA 101A is anticipated to be available in August/September of 2009. This version will be compatible with and intended to work with the 2009 edition of NFPA 101.

With regard to the concept being considered in the question, no edition of the FSES has been set up to allow a mixing of the zones being evaluated. If the zones are intermingled, share any common components in the means of egress, or both, the FSES would be expected to utilize the most conservative/restrictive criteria. For the example given, the FSES for healthcare occupancies would be expected to be used in order to gage compliance.

C. Exit Discharge (B-3) – ISSUED

The previously issued Formal Interpretation still has merit and application based upon the discussion held by the HITF. It was agreed that the text of the FI (FI 81-33) could be updated to reflect paragraph/section references in the 2009 Code. Those provisions have always been subject to varying interpretation but the HITF would like to reinforce the previous position taken by the NFPA TC on Healthcare Occupancies. The HITF reviewed the submitted questions and issued a response (Enclosure B-3) as follows:

Question 1: In a healthcare occupancy, are sidewalks required between the exit door and the public way in order to qualify as an exit discharge as stated in Section 7.7.1?

Answer 1: NO. See NFPA 101: Annex Section A.7.7.1.

Question 2: If the answer to Question 1 is NO, when is "grass or similar surfaces" not acceptable as a means of exit discharge?

Answer 2: See NFPA 101: Annex Section A.7.7.1 that provides guidance on the appropriate conditions to utilize a non-paved surface.

D. Utility Penetrations (B-4) – ISSUED

The HITF made slight revisions to Q1 and Q3 and provided a response (Enclosure B-4) to the 3 questions.

Question 1: Can utility penetrations of corridor walls in existing buildings be filled with materials that are not listed fire-stop materials provided that the materials resist the passage of smoke?

Answer 1: YES. Provided that the materials are limited combustible or non-combustible.

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?

Answer 2: NO. New smoke barriers are required to be constructed with walls that have a rating of 1 hour thus use of a listed fire stop material/system is required.

Question No. 3: Can utility penetrations of smoke barriers rated less than 1 hour in existing buildings be filled with materials that are not listed fire-stop materials but that resist the passage of smoke?

Answer 3: YES. Provided that the materials are limited combustible or non-combustible.

E. Requirements For The Lighting Of The Exterior Exit Discharges (B-5) – ISSUED

The HITF made revisions to the question and voted to issue a response (Enclosure B5).

Question 1: If approved by the AHJ for a healthcare facility can the exterior exit discharge, and the illumination and emergency lighting of the exterior exit discharge, extend to an area that is closer to the building than the public way if the area is a safe distance away from the building?

Answer 1: YES

F. On-Site Fuel Supplies for Emergency Generators (B-6) – ISSUED

The HITF discussed the somewhat difficult process and issue of regulating existing generator assemblies. There are no minimum installation requirements for existing generators. Generally, the scope of NFPA 110, *Standard for Emergency and Standby Power Systems,* 2005 Edition, applies only to new generators and generator installations. Some regulatory authorities are asking facilities to show that their generator installation complied with the edition of NFPA 110 that was in existence at the time of installation. In some cases, this is easier said than done. Generators that are still in use, but installed pre 1984 did not have a consolidated installation standard – NFPA 110 was not finalized until 1984.

After review of the issues, the HITF settled on issuing a response (Enclosure B-6) to three revised questions.

Question No. 1: Do all off-site fuel supplies to essential electrical systems require on-site back up fuel supplies?

Answer No. 1: NO. New installations in accordance with NFPA 99, 1999 Edition only require an alternate fuel source for Level 1 or Level 2 systems if there is a high probability of interruption of the source.

Question No. 2: Do new nursing homes that have life support equipment require a Level 1 Emergency Power System?

Answer No. 2: YES. See NFPA 99, 1999 Edition, Section 16-3.3.2.

Question No. 3: If the answer to Question 2 is NO, what type of essential electrical system does a nursing home require for life support?

Answer No. 3: N/A

G. Patient Lift Equipment (B-7) – ISSUED

This question addressed use of the sprinkler obstruction rules from NFPA 13 to patient lifting equipment (the fixed components) used in patient rooms. After review of the submitted information including an NFPA staff response, the HITF issued a response (Enclosure B-7) to the two questions as follows:

Question No. 1: Is it the intent that the obstruction requirements of NFPA 13 apply to the fixed rails of the patient lifting system?

Answer No. 1: YES.

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?

Answer No. 2: NO.

H. Fire Watch Requirements (B-8) – ISSUED

This question was submitted to try and define the extent of system or component outage that would render the system out of service. The HITF combined the content of the two questions and issued a response (Enclosure B-8) as follows:

Question No. 1: Does a single non-operating initiating device or a single non-operating notification appliance result in a fire alarm system being "out of service"?

Answer No. 1: NO. Based on application of the 2009 edition of NFPA 101, a single non-operational device (initiating or notification) does not necessarily result in a system being out of service. See NFPA 101 (2009) – Section A.9.6.1.6. Other measures, such as posting of a fire watch will have to be considered.

The HITF notes that the Joint Commission, June 2009 Edition of Perspectives (See P. 3-4) contains information or actions that can be taken including interim life safety measures and conducting a fire watch when a system or portion of a system is out of service.

5. **New Business**

- By Laws Review. The HITF reviewed the December 2008 version of the proposed charter and bylaws. The changes (See Enclosure C) reflect the final draft that the HITF members will be asked to approve.

- New Alternate Member. It was suggested that the State Healthcare Association representative – Skip Gregory, State of Florida – be provided with an alternate. Mr. Chad Bebee from Washington State was nominated for that role and accepted.

6. **Old Business.**

- Robert Solomon noted that the issue of Relocatable Power Taps (RPTS) used in patient/resident rooms had not been resolved yet.

7. **Next Meeting.** The next meeting has been tentatively scheduled to be held in Washington DC during the week of November 16, 2009. Details will be sent when the venue is confirmed.

8. **Adjournment.** The meeting adjourned at 6:50 PM.

Minutes submitted by Robert E. Solomon

ENCLOSURE A
AGENDA

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 – Paged 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 - June 9, 2009 Agenda

ENCLOSURE B

INTERPRETATIONS

ENCLOSURE B-3

HITF INTERPRETATION
JUNE 2009 NO. 1

Agenda Item C – Item B3 (S. Gregory)

Document to be interpreted: NFPA 101, 2000 edition, 19.2.7.

Edition: 2000

Background Information (optional): **EXIT DISCHARGE**

Issue: Many existing health care facilities have exits that discharge to surfaces in accordance with the provisions of Chapter 19.2.7 and 7.7.1 such as grass lawns, or dirt and gravel yards. Authorities Having Jurisdiction are now determining these exits to be deficient and are requiring that all existing exits discharge to a paved hard surface sidewalk to a public way.

Some of these existing health care facilities are rural and located far distances from a public way so that it would be impracticable to extend the exit discharge all the way "to a public way".

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.

<u>In Reference to Question 2, Exit Discharge Extension:</u>

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".

Questions:

Question 1:

In a healthcare occupancy, are sidewalks required between the exit door and the public way in order to qualify as an exit discharge as stated in Section 7.7.1?

Answer 1: NO.

See NFPA 101: Annex Section A.7.7.1.

Question 2:

If the answer to Question 1 is NO, when is "grass or similar surfaces" not acceptable as a means of exit discharge?

Answer 2:

See NFPA 101: Annex Section A.7.7.1 that provides guidance on the appropriate conditions to utilize a non-paved surface.

ENCLOSURE B-4

HITF INTERPRETATION
JUNE 2009 NO. 2

Agenda Item D – Item B4 (T. Jaeger)

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.

Questions:

Question 1:

Can utility penetrations of corridor walls in existing buildings be filled with materials that are not listed fire stop material provided that the materials resist the passage of smoke?

Answer 1: YES – Provided that the materials are limited combustible or non-combustible.

Question 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?

Answer 2: NO.

New smoke barriers are required to be constructed with walls that have a rating of 1 hour thus use of a listed fire stop material/system is required.

Question 3: Can utility penetrations of smoke barriers rated less than 1 hour in existing buildings be filled with a limited combustible or non-combustible material that will resist the passage of smoke but that is not listed as a fire stop material?

Answer 3: YES – Provided that the materials are limited combustible or non-combustible.

ENCLOSURE B-5

HITF INTERPRETATION
JUNE 2009 NO. 3

Agenda Item E – Item B5 (T. Jaeger)

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

Background Information: **REQUIREMENTS FOR THE LIGHTING OF THE EXTERIOR EXIT DISCHARGES.**

Many AHJ's require that the illumination and the emergency lighting of the exterior exit discharge pathway be illuminated to the public way.

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 A7.8.11 and A7.9.11 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 extent 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.

Questions:

Question 1: If approved by the AHJ, for a healthcare facility can the exterior exit discharge, and the illumination and emergency lighting of the exterior exit discharge, extend to an area that is closer to the building than the public way if the area is a safe distance away from the building?

Answer 1: YES

ENCLOSURE B-6

HITF INTERPRETATION
JUNE 2009 NO. 4

Agenda Item F – Item B6 (T. Jaeger)

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

Edition: 101 (2000)
99 and 110 (1999)

Background Information: **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.**

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 back up 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.

Questions:

Question 1:

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

Answer 1: NO.

New installations in accordance with NFPA 99, 1999 Edition only require an alternate fuel source for Level 1 or Level 2 systems if there is a high probability of interruption of the source.

Question 2:

Do new nursing homes that have life support equipment require a Level 1 Emergency Power System?

Answer 2: YES.

See NFPA 99, 1999 Edition, Section 16-3.3.2.

Question 3:

If the answer to Question 2 is NO, what type of essential electrical system does a nursing home require for life support?

Answer 3: **N/A**

ENCLOSURE B-7

HITF INTERPRETATION
JUNE 2009 NO. 5

Agenda Item G – Item B7 (D. Klein)

Document to be interpreted: NFPA 101, (2009) 18.3.5.1/19.3.5.1
NFPA 13, (2007) Installation of Sprinkler Systems

Edition: 101-2009
13-2007

Background Information (optional): **PATIENT LIFT EQUIPMENT SPRINKLER OBSTRUCTION**

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.

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 it's 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.
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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.

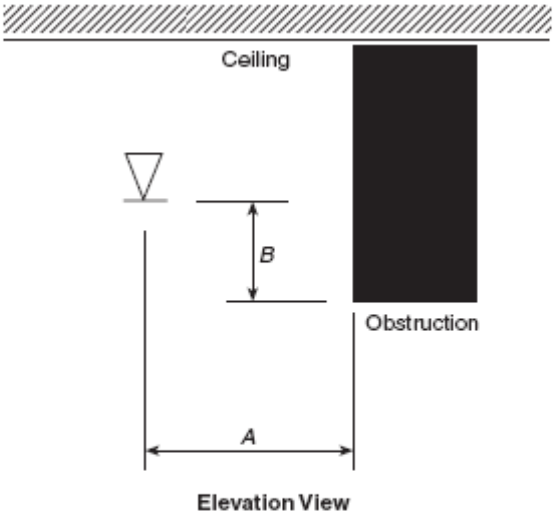

FIGURE 8.6.5.1.2(a) Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP).

Questions:

Question 1

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

Answer: YES.

Question 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?

Answer: NO

ENCLOSURE B-8

HITF INTERPRETATION
JUNE 2009 NO. 6

Agenda Item H – Item B8 (D. Klein)

Document to be interpreted: NFPA 101, (2009) Section 9.6.1.6/A.9.6.1.6
NFPA 101, (2000) Section 9.6.1.8/A.9.6.1.8

Edition: 2009 and 2000

Background Information (optional): **FIRE ALARM SYSTEM OUT OF SERVICE**

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.)*

Questions:

Question 1:

Does a single non-operating initiating device or a single non-operating notification appliance result in a fire alarm system being "out of service"?

Answer: NO.

Based on application of the 2009 edition of NFPA 101, a single non-operational device (initiating a notification) does not necessarily result in a system being out of service. See NFPA 101 (2009) – Section A. 9.6.1.6. Other measures, such as posting of a fire watch will have to be considered.

The HITF notes that The Joint Commission, June 2009 Edition of Perspectives (See P. 3-4) contains information on actions that can be taken including interim life safety measures and conducting a fire watch when a system or portion of a system is out service.

The Joint Commission
Perspectives®

The Official Newsletter of
The Joint Commission

June 2009
Volume 29 Number 6

Study Ties Joint Commission Accreditation to Improved Emergency Preparedness

A new report funded by the Department of Health and Human Services (DHHS) says that U.S. hospitals are significantly better prepared for disasters and public health emergencies now than they were in 2001—and Joint Commission emergency management standards were cited as a catalyst for this improvement. While the study, "Hospitals Rising to the Challenge: The First Five Years of the U.S. Hospital Preparedness Program and Priorities Going Forward"* focuses on the Hospital Preparedness Program (HPP) established by the DHHS in 2002, it cites increased emphasis placed by accrediting organizations as a significant driver of this improvement, in addition to events such as the 2001 terrorist attacks and Hurricane Katrina. Although much of the improvement that was found in the research was likely spurred by the perceived threat of terrorism, the authors also noted that The Joint Commission's revised emergency preparedness standards in January 2001 required hospitals to begin collaboratively planning with other health care organizations in the community.

How Accreditation Helps

The importance of Joint Commission accreditation is noted throughout the report, specifically identifying that an "impetus for increased hospital leadership engagement in preparedness efforts is the greater emphasis on emergency

Continued on page 4

The Joint Commission

Joint Commission Resources

* *Toner E., et al:* Hospitals Rising to the Challenge: The First Five Years of the U.S. Hospital Preparedness Program and Priorities Going Forward. *Prepared by the Center for Biosecurity of the University of Pittsburgh Medical Center for the U.S. Department of Health and Human Services. March 2009. http://www.upmc-biosecurity.org/website/resources/publications/2009/2009-04-16 - hppreport.html (accessed May 13, 2009).*

1 Study Ties Joint Commission Accreditation to Improved Emergency Preparedness

2 In Sight

3 Conducting the Fire Watch of Standard LS.01 .02.01

5 Release of Revised 2010 National Patient Safety Goals Delayed

5 Updated Sentinel Event Statistics

6 REVISION: Hospital Definition of *Physician*

7 Minimum Patient Volume for Hospices and DSC

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The Joint Commission
Perspectives
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IN SIGHT

This column informs you of developments and potential revisions that can affect your accreditation and certification and tracks proposed changes before they are implemented. Items may drop off this list before the approval stage if they were rejected at some point in the process.

APPROVED

- *Standards Improvement Initiative* Revised "Document and Process Control" (DC) chapter for the **laboratory** program
- *Standards Improvement Initiative* Revised "Emergency Management" (EM) chapter for the **behavioral health care, laboratory, long term care,** and **Medicare/Medicaid certification–based long term care** programs
- *Standards Improvement Initiative* Revised "Quality System Assessment for Non-Waived Testing" (QSA) chapter for the **laboratory** program
- *Standards Improvement Initiative* Revised "Rights and Responsibilities of the Individual" (RI) chapter for the **behavioral health care, long term care,** and **Medicare/Medicaid certification–based long term care** programs

JOINT COMMISSION FIELD REVIEW

- Revisions to the current National Patient Safety Goals using the *Standards Improvement Initiative* principles—no new goals have been developed—for the **ambulatory care, behavioral health care, critical access hospital, disease specific care, home care, hospital, laboratory, long term care, Medicare/Medicaid certification-based long term care,** and **office-based surgery** programs
- Proposed standards on culturally competent patient-centered care for the **hospital** program

IN COMMITTEE OR BOARD REVIEW

- *Standards Improvement Initiative* Revised "Provision of Care, Treatment, and Services" (PC) chapter for the **long term care** and **Medicare/Medicaid certification–based long term care** programs
- *Standards Improvement Initiative* Revised "Record of Care, Treatment, and Services" (RC) chapter for the **behavioral health care, long term care,** and **Medicare/Medicaid certification–based long term** care programs

CURRENTLY IN DEVELOPMENT

STANDARDS

- Comprehensive *Standards Improvement Initiative* encompassing the **behavioral health care, laboratory, long term care,** and **Medicare/Medicaid certification–based long term care** programs
- Proposed standards on culturally competent patient-centered care for the **hospital** program
- Revisions to the current National Patient Safety Goals using the *Standards Improvement Initiative* principles (no new goals have been developed) for the **ambulatory care, behavioral health care, critical access hospital, disease specific care, home care, hospital, laboratory, long term care, Medicare/Medicaid certification–based long term care,** and **office-based surgery** programs

JOINT COMMISSION INTERNATIONAL

Field review notifications are sent out electronically as well as posted on the Joint Commission International (JCI) Web site. For JCI standards questions, please contact the associate director, International Accreditation Services, at jciaccreditation@jcrinc.com.

IN DEVELOPMENT AT JCI

- Revisions to international **disease-specific care** certification standards

IN COMMITTEE REVIEW

- Revisions to international **ambulatory care** standards
- Revisions to international **laboratory** standards

Contents

Conducting the Fire Watch of Standard LS.01.02.01

Joint Commission life safety (LS) standard LS.01.02.01, EP 1, discusses how **ambulatory care, behavioral health care, critical access hospital, home care, hospital,** and **long term care** organizations must respond to a situation in which the fire alarm system or sprinkler system is out of service for more than four (4) hours in a 24-hour period. This element of performance (EP) requires an organization to conduct and document a fire watch* that includes, at a minimum, the following actions:

- Notifying the fire department, fire marshal, or other appropriate emergency response group, and documenting when that notification occurs
- Conducting rounds of the area affected by the outage, and documenting those rounds

With the reorganization of the *Life Safety Code*®–related standards into a standalone "Life Safety" chapter in the 2009 accreditation manuals, organizations have had questions about when exactly a fire watch is required during scheduled outages and what the phrase "out of service" means.

When to Conduct a Fire Watch

An organization experiencing a compromising situation (as described above) must implement a fire watch until the fire alarm system or sprinkler system has been returned to service or is stable. In many situations, this distinction comes down to whether an event or activity is scheduled or unscheduled.

A scheduled activity would be an event known to and under the knowledge of and control of organization staff, for example, a construction project or servicing or upgrading the fire alarm system or sprinkler system. All other situations would typically be considered unscheduled activities, including a contractor stepping outside the defined boundaries of a contracted service or activity or staff covering an alarm near a cooking area.

The checklist in the box on page 4 is intended only to provide guidance regarding the phrase "out of service"; each organization still needs to assess each situation to determine its status and responsibilities. In many cases, even if a fire watch is not required, the organization must evaluate whether its procedures for interim life safety measures (ILSM) should be implemented.

For example, if during a *scheduled* activity the fire alarm system or sprinkler system is compromised for 2 hours in the morning and 3 hours in the afternoon, the requirement to automatically implement the fire watch would not apply, although it technically meets the criteria of "more than 4 hours in a 24-hour period," because the outages can be considered separate incidences and are being appropriately managed.

However, if it was an *unscheduled* activity, the fire watch should be implemented for the duration of the interruption. For example: The fire alarm system or the sprinkler system was disrupted for 2 hours in the morning, restored, and then failed again for at least another 2 hours. The fire watch should be implemented until the fire alarm system or sprinkler system is once again stable and fully functioning. This situation would not be considered several independent events aggregated within the 24-hour period but would be seen as a single event that covered 4 or more hours within a 24-hour period of time—thus meeting the criteria for a fire watch.

Who Conducts a Fire Watch

Just who can conduct a fire watch? An annex of the National Fire Protection Association (NFPA)-101 2000 explains:

> 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.

In 1998, the NFPA's Healthcare Interpretations Task Force agreed that the clinical staff in an area affected by a fire alarm impairment or a sprinkler system impairment can be used to satisfy the requirements for a fire watch, provided there is adequate staffing to continuously patrol the affected area and staff have the means to make proper notification to other occupants in the event of a fire.

For questions about conducting a fire watch, please contact the Standards Interpretation Group at 630-792-5900 or SIGInquires@jointcommission.org.

** NFPA 101-2000 9.6.1.8 and 9.7.1.8 states that where a required fire alarm system/automatic sprinkler 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/sprinkler system is returned to service.*

. Continued on page 4

Conducting the Fire Watch of Standard LS.01.02.01 (continued)

Continued from page 3

Defining "Out of Service" Responsibilities

Service Situation	Fire Watch Required?	ILSM Evaluation Required?
A. Putting a shield over *one* smoke detector to prevent dust/false alarms for more than 4 hours	No	Recommended
Rationale: Other features of fire protection are not compromised during the event, such as additional smoke detectors or sprinkler heads in the affected area.		
B. Covering *all* smoke detectors during a controlled event, such as only during the time contractors are working in an affected area, although after hours, the entire area is fully operational	No	Yes
Rationale: During a controlled event the organization is managing the deficiency. The area would be continually monitored, and ILSM should be implemented as per policy.		
C. Shutting off a zone valve to the sprinkler system or disabling a fire alarm zone for more than 4 hours		
• Scheduled event (that is, working on, servicing, or upgrading fire alarm system or sprinkler system)	Not in all cases	Yes (emphasis on occupant notification)
Rationale: During a controlled event, the organization is managing the deficiency. The area would be continually monitored, and ILSM would be implemented as per policy.		
• Unscheduled event (that is, shutting off a zone valve to the sprinkler system or disabling a smoke zone for more than 4 hours in response to a system failure)	Yes	Yes

Key: ISLM: interim life safety measures

Study Ties Joint Commission Accreditation to Improved Preparedness (continued)

Continued from page 1

preparedness mandated by the Joint Commission."[p.24] By evaluating data from 2002–2007, the researchers found that the most useful indicators for measuring the preparedness of hospitals include the following:

- Ability to surge to accommodate additional patients during disasters (for example, targets for staff, supplies, and space)
- Training staff for disasters
- Performance during actual disasters and structured exercises

They recommend that measuring individual hospital preparedness should be based on Joint Commission standards for emergency management, which already significantly overlap with HPP guidelines.

Participants in the expert working group reported that Joint Commission emergency management standards were a good basis for developing individual hospital preparedness metrics and "serve to improve efficiency in individual reporting and to reduce reporting burdens on hospital disaster coordinators."[p.55] Hospitals have stockpiled emergency supplies and medicines, have improved communication systems, and conduct more frequent and higher quality disaster exercises. The report also highlights how hospital senior leaders actively support and participate in preparedness activities, and how hospital emergency operations plans are now more comprehensive and better coordinated with community emergency plans, in part because of Joint Commission accreditation.

Read an executive summary or the full report online at the Center for Biosecurity's Web site at http://www.upmc-biosecurity.org.

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 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 twelve (12) members representing the organizations in A.5.6. of who seven (7) shall be voting for purposes of establishing HITF positions and five (5) nonvoting members including the NFPA Chair . Each of the 12~~1~~ 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:

1. Hospitals
2. Nursing homes
3. Long Term Care facilities
4. Ambulatory healthcare facilities
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.

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A.3.3 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.

~~e)~~f) Posting actions and meeting minutes within 60 days of HITF meetings.

g) Performing other administrative functions as required by these procedures and approved by the HITF.

~~f)~~h) Provide notification of HITF meetings to the members and the public.

A.4 Officers

The HITF 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

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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~~ organization that the member represents for appropriate action, which may include termination of membership. The HITF shall be notified of this action. ~~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~~twelve (12~~1~~) statutory categories of members 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 Service (IHS)

v. The Joint Commission (TJC)

vi. State Healthcare Agency (SHA)

vii. Department of Veterans Affairs (VA)

2) **Nonvoting Members** 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 Heath Care Engineering (ASHE)

iii. National Fire Protection Association (NFPA)

iv. Chair of the NFPA Technical Committee on Health Care Occupancies (NFPA 101/NFPA 5000)

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)~~b) 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.

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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

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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 shall be reviewed, balloted and finalized within 60 days of said meeting.

~~d)~~e) ~~Draft~~ Final minutes of all meetings shall be ~~provided from the SO~~ posted within ~~sixty~~ (~~60~~90) days of ~~said~~ the meeting and distributed to all HITF members. ~~Draft minutes shall be reviewed and acted upon at the next regularly scheduled meeting of the HITF.~~

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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 2/3^{rds} 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

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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) Recommending that an item be referred to an outside organization or agency for more information or resolution.
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.
~~e)~~d) Recommendation to approve the meeting minutes by a letter ballot.

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 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.

b) Adoption of HITF Bylaws, or the revisions thereof requires approval of two-thirds of the general membership eligible to vote.

A.8.4.~~.~~ 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 and return the item to the HITF for further action.

A.10 Termination of the HITF

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

A.11 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 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.

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