



Healthcare Interpretations Task Force
FINAL MINUTES

Tuesday, June 12, 2018
Mandalay Bay Convention Center
Oceanside G
Las Vegas, NV

1. The meeting was called to Order at 1:10 P.M. by Robert Solomon.
2. Introduction of Members and Guests. The introduction of members and guests was completed, those in attendance included:

MEMBER	REPRESENTING
Steven J. Anderson*	Indian Health Service
Chad E. Beebe	ASHE-AHA
Kenneth E. Bush*	Maryland State Fire Marshal's Office – Rep. International Fire Marshals Association (IFMA)
Philip J. Hoge*	US Army Corps of Engineers
David P. Klein*	US Department of Veterans Affairs
William E. Koffel	NFPA Technical Committee on Health Care Occupancies
James Merrill II*	US Department of Health & Human Services (Centers for Medicare and Medicaid Services)
Kenneth Monroe*	The Joint Commission
Kelly Proctor*	Det Norske Veritas Healthcare (DNV GL)
Eric Rosenbaum	American Health Care Association (AHCA)
Robert E. Solomon	National Fire Protection Association
David Dagenais (ALT to C. Beebe)	American Society for Healthcare Engineering
Gregory Harrington (ALT to R. Solomon)	National Fire Protection Association
Peter A. Larrimer (ALT to D. Klein)	U.S. Department of Veterans Affairs
Brian G. Prediger (ALT to P. Hoge)	US Army Corps of Engineers
John Williams* (ALT to C. Schiegel)	Washington State Department of Health State Health Care Agency (SHA)

* Voting AHJ Member

MEMBERS ABSENT

MEMBER	REPRESENTING
Jeffrey L. Combs	NFPA Health Care Section
Michael A. Crowley	NFPA Health Care Facilities Correlating Committee
Charlie Schlegel	Pennsylvania Department of Health State Health Care Agency (SHA)

GUESTS

GUESTS	REPRESENTING
Clinton Butts	Det Norske Veritas Healthcare (DNV GL)
Mike Daniel	Daniel Consulting Ltd.
Paul Dzurinda	Russell Phillips and Associates/Jensen Hughes
A Richard Fasano	Russell Phillips and Associates/Jensen Hughes
Rich Healy	Kaleida Health
Bret Martin	Carolinas Healthcare System
Susan McLaughlin	MSL Healthcare Partners
Tom Schipper	Children's Hospital of OC
Frank True	Department of Veterans Affairs

3. Review of Questions

Six interpretations were submitted prior to the meeting for review. The following discussions took place.

A. Zone Valves. This issue has been discussed before without specific resolution. Zone valves are typically located somewhere within the corridor or, sometimes in an alcove. A limited amount of physical space exists within the corridor to install these valves and invariably, a piece of wheeled or otherwise mobile equipment ends up being parked in front of the valve. The NFPA 99 code provisions require the valves to be “readily accessible” however some AHJ’s have cited facilities for blocking access to the zone valve because a cart or gurney may have been parked in front of it. The history of the need for the valves to be accessible may be related to the use of flammable medical gases many decades ago and the need to shut these valves off more quickly would’ve been more of an issue. Members believe that staff could reach across the top of the gurney to readily close the valve or simply relocate the gurney (or other piece of wheeled equipment) to close the valve. Although a definition for this term does not exist in NFPA 99, “readily accessible” is defined in NFPA 72 as **Capable of being reached quickly for operation, renewal, or inspections without requiring those to whom ready access is requisite to climb over or remove obstacles, or to resort to portable ladders, and so forth.** Based on the discussion, the HITF revised the original question and issued the following position on this question.

QUESTION: Is a wheeled item permitted to be parked in front of a zone valve box?
ANSWER: YES. Provided the zone valve box remains conspicuous and any wheeled items can be immediately removed to make the zone valve box accessible.

B. Door Latches/Closers. This subject centers around which doors are expected to have a positive latching device. See NFPA 101: 19.3.6.3.5 for the specific requirements. One of the CMS provisions indicates that doors are required to have a positive latching device however, the previously referenced provision of NFPA 101 only applies to existing corridor doors. Specifically with this issue, the AHJ is tasked with determining how the door is to remain closed per NFPA 101: 19.3.6.3.5. Some AHJ's will require a positive latching means while others may depend on the doors ability to resist the 5 pounds of force to keep the door in a closed position. Since the code clearly allows this to be determined on a case-by-case basis, the HITF did not take a position on this question.

C. Separation of Ambulatory Health Care Occupancies. One of the provisions in Chapter 20 of NFPA 101 allows portions of ambulatory health care (AHC) to be classified as some other occupancy use if certain conditions are met. After reviewing several references including NFPA 101: sections 20.1.3.2 and 20.3.7.1; and exhibit 20/21.2 of the NFPA Life Safety Code handbook, the HITF concluded that the intent of those paragraphs was to allow the classification for different occupancies based upon construction separations between floors but not on the same floor. As result of that discussion, the HITF did not take a position on this question.

D. Security System Components in Stairs. Recent editions of the NFPA Life Safety Code have recognized the need to provide different types of security-related devices in stairs to monitor occupant safety. The main concern since these requirements have been added to the code is that such devices would not impede or interfere with the movement of occupants during a building emergency. As noted in the background information that was provided in the original question, security of the building occupants is an important consideration. Based on the discussion, the HITF revised the original question and issued the following position on this question.

<p>QUESTION: Can security systems and devices (for example, card sensors, cameras, motion sensors) be installed within exit stair enclosures (with penetrations properly fire stopped and wiring in metal conduit) to provide for proper facility protection and monitoring?</p> <p>ANSWER: YES.</p>
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E. Ability to Silence Supervisory Signals. The main issue here is to make a distinction between being able to silence the supervisory signal but not allowing for the fire alarm control unit (panel) to be reset until the problem causing the supervisory signal has been addressed and corrected. NFPA 72, 2010 edition does include specific criteria for silencing supervisory signals (see background information from the original question). Based on the discussion, the HITF issued the following position on this question.

<p>QUESTION: Are supervisory signals allowed to be silenced in accordance with NFPA 72?</p> <p>ANSWER: YES. In accordance with Section 10.11.5 of NFPA 72 (2010 edition).</p>

F. Quick Response and Standard Response Sprinklers in the Same Smoke Compartment. Phased or scheduled renovation of health care occupancy floors may result in

some mixing of standard response sprinklers with residential or quick response sprinklers. In theory, it is possible that residential or QR sprinklers located somewhat remotely from the fire could activate prior to standard response sprinklers that may be in closer proximity to the fire. The issue is also somewhat compounded by the meaning of the term compartment as used in NFPA 101 versus how it is used in NFPA 13 to specifically address installation parameters for residential and QR sprinklers. Members believe that there is a relatively clear understanding concerning the definition and use of the word “compartment” between NFPA 13 and NFPA 101. Based on the discussion, the HITF revised the original question and issued the following position on this question.

<p>QUESTION: Is it intended that there be any correlation between the definition for “compartment” in NFPA 13 and the corresponding term “smoke compartment” in NFPA 101?</p> <p>ANSWER: NO.</p>
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G. Residential Cooking in Business Occupancy. (Submitted at meeting). This topic deals with a kitchen setting contained within an office building whereby the kitchen itself is used to prepare demonstration meals related to healthy diet cooking and meal preparation. The equipment being used is basic residential cooking equipment. The question and discussions that were put forth had to do with the application of NFPA 96 and NFPA 101 to this type of environment. During the discussion, several questions and potential concerns were brought forth. They include:

- The cooking demonstrations involve a group of participants observing (but not consuming prepared food) thus the rules for assembly occupancy might apply.

- If the mixed occupancy provisions are applicable, then the applicable code requirements would be some combination of provisions for assembly and business occupancies.

- It is noted that NFPA 96 does not apply to residential cooking equipment that is used for commercial purposes.

- Will there be an expectation that the room or space being used to conduct the cooking demonstration be protected as a hazardous area?

- What thresholds or features would be utilized to determine if the area described immediately above would be identified as a hazardous area?

As result of that discussion and the potential number of variables and assumptions, the HITF did not take a position on this question.

4. Old Business. An item brought up the 2017 meeting dealt with the ability to disable strobes during nighttime drills. Although NFPA 72 specifically allows the audible devices to be silenced during overnight drills, there is no similar language with respect to strobes. This may be a topic to consider for the future revision of NFPA 72.

5. New Business. None.

6. Next Meeting. The next meeting is tentatively been scheduled for June 18th (Tuesday), 2019 in San Antonio, TX. The meeting will be scheduled to run from 1:00 PM-6:00 PM.

7. Adjournment. The meeting adjourned at 4:35 PM.