

FINAL MINUTES

HEALTHCARE INTERPRETATIONS TASK FORCE

Tuesday June 23, 2015
McCormick Place Convention Center
North Building, Level 2 - Room N231
Chicago, IL

1. Call to Order. The meeting was called to order at 1:15 PM. (See **Enclosure A** [Agenda])

2. Introduction of Members and Guests. Introduction of members and guests was completed.

Those in attendance included:

MEMBER	REPRESENTING
John Bausch*	Indian Health Service
Chad E. Beebe Kenneth E. Bush*	ASHE-AHA Maryland State Fire Marshal's Office – Rep. International Fire Marshals Association (IFMA)
Philip J. Hoge*	US Army Corps of Engineers
Bradley C. Keyes*	Healthcare Facilities Accreditation Program
David P. Klein* James Merrill II*	US Department of Veterans Affairs US Department of Health & Human Services (CMS)
George Mills* Eric R. Rosenbaum	The Joint Commission Hughes Associates, Inc. – Rep. American Health Care Association
David A. Dagenais (ALT. to C. Beebe)	Wentworth-Douglass Hospital
Anne M. Guglielmo (ALT. to G. Mills)	The Joint Commission
Peter A. Larrimer (ALT to D. Klein)	U.S. Department of Veterans Affairs
Phil Thomas (ALT to E. Rosenbaum)	Phil Thomas & Associates PLC

MEMBER ABSENT

Randall Snelling*	Det Norske Veritas Healthcare

* Voting AHJ Member

GUESTS	REPRESENTING
Matthew Campbell	WA State Department of Health
Mike Crowley	Jensen Hughes
Kenneth Daily	Elder Care Systems Group
Mike Daniel	Daniel Consulting, Ltd.

Paul T. Dzurinda	Russell Phillips & Associates
A. Richard Fasano	Russell Phillips & Associates
Jonathan Flannery	ASHE / AHA
John Fishbeck	The Joint Commission
Jonathan Hart	NFPA
Wayne Louis II	Kemper House
Susan McLaughlin	MSL Healthcare Consulting
Nick Morton	UTMB Health
Tom Scheidel	Scheidel & Associates
W. Thomas Schipper	Children's Hospital of Orange (CHOC) CA
Kristin Shifflett	CMS
Steve Spaanbroek	MSL Healthcare Consulting, Inc.
David Soens	Wisconsin Department of Health
John Williams	WA State Department of Health

3. Review of Questions. Seven topics had been submitted in advance of the meeting and included in the agenda. The following discussions took place.

A. Battery Voltage vs. Electrolyte Levels for Generator Batteries.

As noted in the background discussion, the question is asking if a provision allowed in the 2005 edition of NFPA 110 would have been acceptable under the 1999 edition of NFPA 110. A question of this nature is clearly trying to determine an equivalency and that is not within the scope of the HITF.

B. Floor Areas Using Gross and Net Measurements.

This two part question asks for a clarification on when gross versus net areas are intended to be used. NFPA 101 provides specific circumstances where a “net” area can be used. For all others, gross floor area applies. Based on the discussion, the HITF voted 7 – 0 to issue the following positions.

1. Is the 22,500 sq. ft. criteria for the maximum area of a smoke compartment based on gross floor area?

RESPONSE: YES

2. Can vertical shafts and stairs be excluded from smoke compartment area calculations?

RESPONSE: NO

C. Non-Fixed Furniture and Corridors.

With the 2012 Edition of NFPA 101 and the S&C categorical waivers allowing certain furnishings in the corridor under select circumstances, this question is asking about use of non-fixed furniture in the corridor. Based on the discussion, the HITF voted 7 – 0 to issue the following position.

1. Is it permitted to place “non-fixed” furniture in corridors that are wider than 8 feet as long as the furniture does not encroach into the required exit width?

RESPONSE: No. The provisions in Sections 18/19.2.3.4.5 do not apply to non-fixed furniture under any circumstance.

This response is not intended to restrict use of non-fixed furniture in spaces permitted to be open to the corridor and that comply with NFPA 101, Sections 18/19.3.6.1.

D. Patient Evacuation Equipment in Stairs.

Storage of this equipment so it is readily accessible by the staff is an important consideration. The potential problems with this are that the equipment in the stowed position might obstruct available egress width or introduce combustible materials based on the construction of the device.

The HITF discussed where best to keep this equipment – in the stairs, in the corridor adjacent to the stair or other location. Given the number of variables, considerations and lack of any specific guidelines in NFPA 101 concerning storage issues, the HITF could not develop a position on this topic.

The HITF suggests that since no specific guidance currently is provided that a Public Input (PI) be submitted to NFPA 101 to allow for deliberation by the Technical Committee (probably Means of Egress) to try and address the issue. Location of the equipment, limits an encroachment into the egress path, and any concerns with use of combustible components on the equipment should be identified and addressed.

E. Horizontal Exit Provisions.

The background information for this question is addressing the proper approach to evaluate a horizontal exit that discharges into an adjacent building or when a configuration might use multiple horizontal exits that discharge into multiple adjacent buildings. In one scenario, a horizontal exit into an adjacent building might take on characteristics that look like an exterior exit discharge.

The discussion looked at various scenarios: horizontal exit that discharged to a directly connected, adjacent “separated” building; horizontal exit that discharged to a sky bridge to an adjacent building; horizontal exit that discharged to an adjacent separated occupancy. The discussion on these scenarios resulted in somewhat

circular solutions such as the horizontal exit terminates at the “adjacent” building but occupants still need a way to leave that building without passing back through the horizontal exit. The adjacent building needs to have the same type of accumulation space normally needed for patient relocation areas. The travel distance limits reset once you pass through the horizontal exit, but that is different than saying the occupants have reached an exit discharge.

The HITF could not arrive at a consensus position on this item. NFPA staff agreed to take a close look at the issue and determine if a staff response could help elaborate on the essence of the question – are you deemed to be at an exit discharge once you pass through a horizontal exit and into an exit stair in an adjacent building?

F. Exit Access from Suites into a Corridor or Horizontal Exit.

NFPA 101: Sections 18/19.2.5.7.2.2 are very specific as to what arrangements and configurations from a suite are permitted. The information in this question is trying to determine if an arrangement different than what the Code currently states is providing an acceptable level of safety. A question of this nature is clearly trying to determine an equivalency and that is not within the scope of the HITF. Submission of a Public Input (PI) for the 2018 edition of the Code might be considered.

G. Jump Seats in the Corridor.

The installation of a fold-down jump seat in a corridor is being promulgated in some health care occupancies. The 2012 edition of NFPA 101 provided an allowance for specific types of furnishings and equipment in corridors. This particular type of furniture is not on the list of explicitly permitted components.

Three, two part questions were submitted to address the issue for new/existing healthcare and two, two part questions were submitted to address the issue for new/existing ambulatory healthcare occupancies. Discussion on these questions included the following:

- Do products exceed the 4-1/2 inch projection rule? (7.3.2.2)
- Do products have similar attributes to the fold-down work stations that are common in healthcare?
- Should these be called “furniture” or is some other term appropriate?
- Need to review concept carefully based on Sections 7.3.2.2 and 7.3.2.3 as well as any individual provisions in Chapters 18- 21.

Based on the discussions, the HITF voted to issue the following positions:

QUESTION 1: In a healthcare occupancy within a building that is protected throughout by an approved, supervised automatic sprinkler system, can the jump seats described above be installed on one side of a corridor of any permitted width and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2 and therefore not have to meet the requirements of NFPA 101, 18/19.2.3.4 (5)?

ANSWER 1: NO. HITF vote: 3 agree; 1 disagree; 3 abstain.

If Question 1 is Yes:

QUESTION 1a: In a healthcare occupancy within a building that is protected throughout by an approved, supervised automatic sprinkler system, can the jump seats described above be installed on both sides of a corridor of any permitted width and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2 and therefore not have to meet the requirements of NFPA 101, 18/19.2.3.4 (5)?

ANSWER 1a: Not applicable. Question 1 response was No.

If Question 1 is No:

QUESTION 2: In a healthcare occupancy within a building that is protected throughout by an approved, supervised automatic sprinkler system, can the jump seats described above be installed on one side of a minimum 6 foot wide corridor and be considered a projection less of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2 and therefore not have to meet the requirements of NFPA 101, 18/19.2.3.4 (5)?

ANSWER 2: NO. HITF vote: 7 Agree.

If Question 2 is Yes:

QUESTION 2a: In a healthcare occupancy within a building that is protected throughout by an approved, supervised automatic sprinkler system, can the jump seats described above be installed on both sides of a minimum 6 foot wide corridor and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2 and therefore not have to meet the requirements of NFPA 101, 18/19.2.3.4 (5)?

ANSWER 2a: Not applicable. Question 1 response was No.

If Question 2 is No:

QUESTION 3: In a healthcare occupancy within a building that is protected throughout by an approved, supervised automatic sprinkler system, can the jump seats described above be installed on one side of a minimum 8 foot wide corridor and be considered a projection of not more than

4-1/2 inches in accordance with NFPA 101, 7.3.2.2 and therefore not have to meet the requirements of NFPA 101, 18/19.2.3.4 (5)?

ANSWER 3: NO. HITF Vote: 4 Agree; 1 Disagree; 2 Abstain.

If Question 3 is Yes:

QUESTION 3a: In a healthcare occupancy within a building that is protected throughout by an approved, supervised automatic sprinkler system, can the jump seats described above be installed on both sides of a minimum 8 foot wide corridor and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2 and therefore not have to meet the requirements of NFPA 101, 18/19.2.3.4 (5)?

ANSWER 3a: Not applicable. Question 3 response was No.

QUESTION 4: Within a building that is protected throughout by an approved, supervised automatic sprinkler system, in an ambulatory healthcare occupancy or a business occupancy can the jump seats described above be installed on one side of a corridor of any permitted width and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2?

ANSWER 4: YES. HITF vote: 6 Agree; 1 Disagree.

If Question 4 is Yes:

QUESTION 4a: Within a building that is protected throughout by an approved, supervised automatic sprinkler system, in an ambulatory healthcare occupancy or a business occupancy can the jump seats described above be installed on both sides of a corridor of any permitted width and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2?

ANSWER 4a: YES. HITF vote: 6 Agree; 1 Disagree.

If Question 4 is No:

QUESTION 5: Within a building that is protected throughout by an approved, supervised automatic sprinkler system, in an ambulatory healthcare occupancy or a business occupancy can the jump seats described above be installed on one side of a minimum 6 foot wide corridor and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2?

ANSWER 5: Not applicable. Question 4 response was yes.

If Question 5 is Yes:

QUESTION 5a: Within a building that is protected throughout by an approved, supervised automatic sprinkler system, in an ambulatory healthcare occupancy or a business occupancy can

the jump seats described above be installed on both sides of a minimum 6 foot wide corridor and be considered a projection of not more than 4-1/2 inches in accordance with NFPA 101, 7.3.2.2?

ANSWER 5a: Not applicable. Question 5 not addressed.

4. Old Business.

- A. Bylaws.** The updated Bylaws are at a point that the HITF can vote on approving them. Bylaws changes/amendments are voted on by all of the members and not just AHJ members. A letter ballot will be forthcoming.
- B. Security Cameras in Exit Stairs.** This issue has been discussed previously (2013, 2014). NFPA 101 has carefully controlled components and systems that are allowed to be present in exit stairs. The 2015 edition of NFPA 101 introduced specific criteria for CCTV type equipment. The nature of this question is trying to ascertain if language in the 2000 edition of the Code was flexible enough that it would have been deemed acceptable to have the equipment in the stairs under that edition. That question cannot be answered by the HITF since you would have to predict what the thinking was with the NFPA Technical Committees circa 1998/1999. That approach would require too many assumptions and guesses; thus no action can be taken on this item.

5. New Business.

No new items.

6. Date/Location for Next Meeting.

The next meeting is scheduled for Tuesday, June 14, 2016 in Las Vegas, NV from 1:00 PM to 6:00 PM.

7. Adjournment.

The meeting adjourned at 5:50 PM.

Minutes Prepared by Robert Solomon.