1. The meeting was called to order at 9:15 AM. (See Enclosure A – Agenda)

2. Introduction of members and guests present was completed. Those in attendance included:

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>REPRESENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis Faulkner</td>
<td>IHS Division of Engineering Services Rep. Indian Health Services (IHS)</td>
</tr>
<tr>
<td>Philip Hoge *</td>
<td>U. S. Army Corps of Engineers Rep. Department of Defense (DoD)</td>
</tr>
<tr>
<td>David Klein* (Conference Call)</td>
<td>Office of the Deputy Under Secretary for Health for Operations and Management Rep. Department of Veterans Affairs (VA)</td>
</tr>
<tr>
<td>George Mills* (Conference Call)</td>
<td>The Joint Commission Rep. The Joint Commission</td>
</tr>
<tr>
<td>Robert Solomon</td>
<td>NFPA</td>
</tr>
<tr>
<td>Joseph Bermes* (ALT) (Conference Call)</td>
<td>IHS Division of Engineering Services Rep. Indian Health Services (IHS)</td>
</tr>
<tr>
<td>Dave Dagenais (ALT) (Conference Call)</td>
<td>Wentworth-Douglas Hospital Rep. American Society for Healthcare Engineering (ASHE)</td>
</tr>
<tr>
<td>Peter Larrimer* (ALT) (Conference Call)</td>
<td>U.S. Department of Veterans Affairs Rep. Department of Veterans Affairs (VA)</td>
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</table>

* Voting AHJ Member

<table>
<thead>
<tr>
<th>GUESTS</th>
<th>REPRESENTING</th>
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<tbody>
<tr>
<td>Martin Casey</td>
<td>Centers for Medicare/Medicaid Services (CMS)</td>
</tr>
<tr>
<td>Peter Leszczak (Conference Call)</td>
<td>Department of Veterans Affairs (VA)</td>
</tr>
</tbody>
</table>
3. The minutes of the June 9, 2009 HITF meeting were approved as submitted.


A. One item was submitted for review prior to the meeting. The subject concerns the use of containers used for soiled linen and trash collection purposes. Manufacturers have products that are larger than 32 gallons in capacity. The question considers two scenarios: 1. If the capacity is greater than 32 gallons, then the container would be expected to be within a room or space protected as a hazardous area. 2. If the capacity is greater than 32 gallons but not in a room or space protected as a hazardous area, is it permissible to modify the container to reduce the volume.

The basic idea is to modify container size by using an insert or some other method to reduce the volume. These larger volume containers are produced in sizes up to 46 gallons. The HITF modified the question slightly to clarify that the discussion was limited to soiled linen and trash receptacles only and issued a response. (See Enclosure B – Issued Interpretation)

B. A question was introduced concerning the use of exit passageways that lead from a stair to an exit discharge. In essence, do the limits on sprinkler protection and the 50 percent of exits discharging on the ground floor apply to exit passageways? See NFPA 101: Section 7.7.3. The HITF notes that the design criteria for an exit passageway must meet the same principles and standards as the design for an exit stair. This equates to a higher level of protection than the measures implemented for exit stairs that discharge through an area on the level of exit discharge. This subject is included as a minute item.

C. A question was introduced concerning the use of a chemo cart in a corridor. In general, does the use of a chemo cart that is “in use” in a corridor constitute an acceptable use as described in NFPA 101 (2009): Section A. 18/19.2.3.4? The HITF does view this scenario as being consistent with the Annex discussion in NFPA 101. This subject is included as a minute item.

D. A question was introduced concerning the placement of an automated pharmacy management system on a patient floor. Those devices may be placed in areas larger than 50 square feet that do not have the special hazardous area protection schemes. The question is does this arrangement have the feel of storage and should the hazardous area rules be implemented? There was no clear answer to this as the size of these devices varies greatly and multiple devices might be installed in the space. It was suggested that the subject might be appropriate to introduce during the NFPA 101/NFPA 5000 ROP meeting of the Healthcare Occupancy Committee in December of 2009. This subject is included as a minute item.
5. **New Business**

The HITF reviewed the draft bylaws that have been under development. One final change was made and the bylaws were approved. These will be used as the basis of operation for the HITF. *(See Enclosure C – Bylaws)*

A. Protocols for the Fall HTIF Meeting. Due to the very light agenda for this meeting, it was suggested that the HITF establish a deadline (e.g. October 1) for members to have agenda items submitted to NFPA. That way, if nothing is submitted, a decision can be made to either not have a fall meeting or to do it via conference call only. A deadline will be established in this manner for the Fall 2010 meeting.

6. **Old Business.**

The 2010 NFPA budget was recently approved and the idea of the Healthcare Fire Safety Summit was approved for 2010. NFPA and FPRF will be organizing a 1-1/2 to 2 day program sometime during the second or third quarter of 2010. HITF members present were invited to stay at the conclusion of the HITF meeting to have an informal discussion on the idea behind the summit and the topics.

7. **Date/Location of Next Meeting.**

The next meeting is scheduled to be held on Tuesday, June 8, 2010 at the Mandalay Bay Convention Center during the NFPA Conference & Expo. NFPA staff was asked to avoid Healthcare Section Educational Sessions to be scheduled during the 1:00 PM to 6:00 PM time slot on June 8, 2010.

8. **Adjournment.** The meeting adjourned at 10:20 AM.

Minutes submitted by Robert E. Solomon
ENCLOSURE A

AGENDA
HEALTHCARE INTERPRETATIONS TASK FORCE
AGENDA

NOVEMBER 19, 2009
Four Points by Sheraton, Washington DC – Downtown
1201K Street NW,
Franklin A – Meeting Room
Washington, DC  20005
(202) 289-7600
9:00 A.M. – 5:00 P.M.

Conference Call Dial In:  1-888-468-4618
Passcode:  760478

1. Call to order 9:00 A.M.
2. Introduction of Members and Guests.
3. Review / Approval of June 2009 Minutes (See Enclosure A – Page 3).
4. Review of Questions
   A. Storage Bins – The Joint Commission (See Enclosure B – Page 47).
5. New Business
   • Finalize Bylaws (See bylaws attachment in June 2009 Minutes Page 38).
6. Old Business
7. Date / Location for Next Meeting
8. Adjournment by (5:00 P.M.)
ENCLOSURE B

INTERPRETATION
Agenda Item 4.A. – (G. Mills)

**Document to be interpreted:** NFPA 101, 2000 edition, 18/19.7.5.5; 18/19.3.2.1 and 20/21.7.5.5.

**Edition:** 2000

**Background Information (optional):** STORAGE BINS

**Question 1:**

Is it acceptable to have containers used for soiled linen and trash collection purposes that are designed with a capacity greater than 32 gallons in a healthcare or ambulatory occupancy?

**Answer 1:** YES

Yes provided they are in a room designated as a hazardous area as defined in the Life Safety Chapter (see also NFPA 101-2000 18/19.7.5.5; 18/19.3.2.1 and 20/21.7.5.5).

If the container is located in the area outside a hazardous room and has the capacity to exceed 32 gallons the following will need to occur:

1. A means to limit the internal capacity (such as an insert) to ≤ 32gallons (.5 gallons per square foot in any 64 square foot area)
2. Ability to field verify the modified capacity (i.e. open door to visually confirm the insert is in place)
3. Label on container clearly indicating modified capacity
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. Each of the 12 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.

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.
  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.
  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
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 organization that the member represents for appropriate action, which may include termination of membership. The HITF shall be notified of this action.

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 twelve (12) 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 Health Care Engineering (ASHE)
iii. National Fire Protection Association (NFPA)
iv. Chair of the NFPA Technical Committee on Health Care Occupancies (NFPA 101/NFPA 5000)
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) The HITF shall clearly state the size, scope, and duties of the subcommittee. The current scope and duties of each subcommittee shall be noted in the minutes of the HITF where the subcommittee was created.

A.6.1 Chairperson and Members of Subcommittees

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

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

A.6.2 Approval of Subcommittee Recommendations

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

A.7 Meetings

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

a) Said meetings shall be held to conduct business, such as making assignments, receiving reports of work, considering submitted questions, resolving differences among various enforcement agencies and considering views and objections from any source.
b) Meetings shall be requested to be held at a frequency sufficient to timely address all actions noted above and may be requested by a majority of the HITF members or the Chair.

c) Meeting shall be held as face to face, conference call, web-based or other media that is readily accessible by the members.

d) Draft minutes shall be reviewed, balloted and finalized within 60 days of said meeting.

e) Final minutes of all meetings shall be posted within (90) days of the meeting and distributed to all HITF members.

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 2/3rd of the AHJ voting members are not present, actions shall only be taken subject to subsequent confirmation by letter ballot or recorded vote at a future meeting.

A.8 Voting

A.8.1 Single Vote

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

A.8.2 Actions Requiring Approval By a Majority

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

a) Recommending that the HITF address a particular issue.
b) 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.

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 2/3rd 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.