FINAL MINUTES

Healthcare Interpretations Task Force

Tuesday, June 15, 2016
Mandalay Bay Convention Center
South Convention Center, Level 2 – Room Surf F
Las Vegas, NV

1. **Call to Order.** The meeting was called to order at 1:05 PM. (See Enclosure A [Agenda])

2. **Introduction of Members and Guests.** Introduction of members and guests was completed, those in attendance included:

MEMBER	REPRESENTING
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
Bradley C. Keyes*	Healthcare Facilities Accreditation Program
David P. Klein*****	US Department of Veterans Affairs
James Merrill II*	US Department of Health & Human Services (CMS)
Eric R. Rosenbaum	JENSEN HUGHES. – Rep. American Health Care Association
Randall Snelling*	Det Norske Veritas Healthcare
Robert E. Solomon	National Fire Protection Association
David A. Dagenais (ALT. to C. Beebe)	Wentworth-Douglass Hospital
Anne M. Guglielmo* (ALT. to G. Mills)	The Joint Commission
Gregory Harrington (ALT. to R. Solomon)	National Fire Protection Association
Peter A. Larrimer (ALT to D. Klein)	U.S. Department of Veterans Affairs
Phil Thomas (ALT to E. Rosenbaum)	Phil Thomas & Associates PLC

MEMBERS ABSENT

James Aberle*	Indian Health Service
George Mills*****	The Joint Commission

***** Voting AHJ Member

GUEST	REPRESENTING
Bruce Abell	U. S. Army Corps of Engineers
Mike Daniel	Daniel Consulting, Ltd.
A Richard Fasano	Russell Phillips & Associates
Jonathan Flannery	ASHE/AHA
Jonathan Hart	National Fire Protection Association
Bret Martin	Carolinas Healthcare System
Susan McLaughlin	MSL Healthcare Partners
Kenneth A. Monroe	The Joint Commission
Lennon Peake	Koffel Associates
Kevin A. Scarlett	WA State Department of Health
Tom Scheidel	Scheidel and Associates, Inc.
W. Thomas Schipper	Children's Hospital of Orange County
John Williams	WA State Department of Health

3. **Review of Questions**.

Three topics had been submitted in advance of the meeting and included in the agenda. The following discussions took place:

A. Remote Stop Buttons for Generators. As noted in the background information, the issue centers around the proximity of the remote stop device to the generator itself. The provisions in NFPA 99, NFPA 101 and NFPA 110 refer to the remote stop being located outside the room housing the generator or 'elsewhere'-a term that is not further defined or described. For a generator that is installed outside the building in its own enclosure, the question really comes down to, can the remote stop be mounted on the exterior of the enclosure? After deliberation around these points, the HITF agreed to the following question in response to position of the group.

QUESTION. For an outside generator location, will a remote stop button on the exterior of the enclosure comply with the requirements of NFPA 110?

RESPONSE. YES. Based upon a review of the language NFPA 110, Section A.5.6.5.6, that arrangement would be acceptable. The language from NFPA 110 is as follows:

A.5.6.5.6 For systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified.

B. Initiation of Fire Alarm by Manual Means. The question at hand is trying to determine if the provision in NFPA 101, Section 9.6.2.6 concerning manual fire alarm boxes can be set aside when other types of automatic systems are available to initiate the fire alarm. The structure of NFPA 101 utilizes the core chapters as options or fundamental provisions. Each occupancy chapter (such as Chapters 18 and 19) determine which elements from the core chapters may or may not be utilized in their respective occupancy chapters. While NFPA 101 Sections 18/19.3.4.2 allow some of the manual fire alarm boxes to not be

installed under certain conditions, it does not allow all of them to be omitted. After deliberation around these points, the HITF agreed to the following question in response to position of the group.

QUESTION. Can healthcare facilities with water flow devices or automatic fire detection comply with NFPA 101, Section 9.6.2.6 and omit all manual fire alarm boxes except the one required to be located by the authority having jurisdiction?

RESPONSE. NO. The general provision and NFPA 101 Section 9.6.2.6 and the specific provisions covered in NFPA 101 Sections 18/19.3.4.2 address separate issues and conditions. The provisions in the occupancy chapters of NFPA 101 take precedent over the core chapter provisions of the code and establish the needed protection schemes.

C. **Temperature Limit: Portable Space Heaters.** This item was submitted as a discussion point for the group as there is no obvious provision or element to interpret. Based on correspondence received by NFPA, a measurement of the heating element on portable space heaters is not conducted as part of the routine evaluation or testing of these devices. NFPA 101 stipulates that the surface of the heating element cannot exceed 212°F. The provider who contacted NFPA said they simply cannot find technical specifications or listing criteria that provide this data. It was reported by one member that approximately 150 citations dealing with portable space heaters were issued in the last year. While not a widespread problem at the moment, it is suggested that the NFPA Technical Committee on Healthcare Occupancies be made aware of this at their meeting in July 2016 and consider what future action should be taken to address the issue. It is noted that UL 1278, *Movable Wall or Ceiling Electric Room Heaters* does impose maximum temperature limits on different parts of the appliance-however, none of these are on the heating element itself.

D. **Removal of Labels on Fire Doors (NEW).** NFPA 101 Section 4.5.8 requires "devices, equipment, system….." and other features to be maintained when these components are required by the code. In addition, NFPA 101 Section 4.6.12.3 states that life safety features obvious to the public have to be maintained or removed. In this particular question, changes made to the building resulted in a fire door no longer being required for a specific circumstance. While the door could still serve its new function and purpose, some form of remediation is needed to be done so it would no longer be considered or viewed as a required fire protection rated door. After deliberation around these points, the HITF agreed to the following question in response to position of the group.

QUESTION. Is it permissible to remove the label on a fire protection rated door that is installed in a location where a fire protection rated door is not required?

RESPONSE. YES. Removing the label can be considered the same as rendering the door as other than a fire protection rated door. Covering the label

is not an option. It should also be noted that the provisions of NFPA 80 do not apply.

E. Application of NFPA 241 during Construction Operations in a Health Care Facility (NEW). With the recent adoption of the 2012 edition of NFPA 101 by CMS, the 2009 edition of NFPA 241 that deals with construction and demolition operations is also a required reference document. NFPA 241, Section 8.6.2.4 requires a one-hour separation (temporary) to be provided between the construction area and the adjacent areas that will still be occupied. Buildings protected with an automatic sprinkler system are exempt from this provision. Apparent past practice has been to utilize a six mil construction barrier to separate these areas. Such sheeting had to have certain flame spread, fire retardant and infection control properties (dust mitigation). This type of sheeting would not have a fire resistance rating thus there is no obvious way it could satisfy the criteria of NFPA 241. This provision may have a major impact on any healthcare occupancy, especially those that will be undergoing construction or renovation in order to comply with the 2012 edition of NFPA 101. It is recommended that a task group comprised of members from the NFPA 99, NFPA 101 and NFPA 241 committee projects be assembled to look closely at this issue and determine what, if any, changes should be proposed for any of the three documents**.**

4. Old Business.

A. Physician Nap Rooms.

It was noted that the FGI guidelines did not address this concept in the current edition therefore no further action is required at this time.

B. Bylaws.

The revised bylaws were approved by letter ballot earlier this year. One of the provisions that had been included established a 60 day implementation period for organizations to begin applying the interpretation or position issued by HITF. While deemed to be an ideal circumstance, it is also not realistic. Several comments on this issue were raised after the bylaws have been approved. Following a discussion on those points, a motion was made, seconded and approved to remove Section A .9 .1 from the bylaws.

5. New Business.

A. The HITF has been without a representative of a state agency for several years now. This is a category specifically called out in the bylaws. Two names have been put forward-a principal and alternate member from the states of Pennsylvania and Washington. These individuals will be contacted and added to the HITF roster.
B. A question was raised about the effective date concerning CMS adoption of the 2012 editions of NFPA 99 and NFPA 101. A revised implementation date is under consideration and CMS hopes to have that available by July. (NB-CMS

Memo 16-29-LSC issued June 20, 2016 revises the implementation date to November 1, 2016)

6. **Date / Location for Next Meeting.** The next meeting is tentatively scheduled for June 6, 2017 in Boston during the NFPA Conference and Expo.

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

Minutes prepared by Robert Solomon.