

FINAL MINUTES

HEALTHCARE INTERPRETATIONS TASK FORCE

Tuesday June 10, 2014
Mandalay Bay Convention Center
MBCC -Reef 2
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
George Mills*	The Joint Commission
Dwight Packer*	Indian Health Service
Eric R. Rosenbaum	Hughes Associates, Inc. – 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 E. 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

MEMBER ABSENT

James Merrill II*	US Department of Health & Human Services (CMS)
-------------------	--

* Voting AHJ Member

GUESTS	REPRESENTING
Gordon Burrill	Teegor Consulting Inc.
Eugene Cable	Life Safety Consultant

Russell Cole	CIHQ
Mike Daniel	Daniel Consulting, Ltd.
Paul T. Dzurinda	Russell Phillips & Associates
Josh Elvove	Himself
A. Richard Fasano	Russell Phillips & Associates
Jonathan Flannery	ASHE / AHA
John Fishbeck	The Joint Commission
Skip Gregory	Health Facility Consulting
Mark Grimes	Idaho Department of Health & Welfare
Jonathan Hart	NFPA
James Lathrop	Koffel Associates
Susan McLaughlin	MSL Healthcare Consulting
Dave Pullen	Veterans Administration
Kevin A. Scarlett	WA State Department of Health
Tom Scheidel	Scheidel & Associates
Steve Spaanbroek	MSL Healthcare Consulting, Inc.
Marcus Veytia	The Mircom Group
John Williams	WA State Department of Health

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

A. Defining the term “Compartment”: NFPA 101.

This question is helping to clarify when/where/and what conditions exist to utilize residential or quick response sprinklers. The term “compartment” for NFPA 13 purposes is different than when describing “compartment” as used in NFPA 101. The HITF modified the question so as to clarify the allowance to use quick response or residential sprinklers. These are two of the types of sprinklers that fall into the “fast response” category of sprinklers. The references in NFPA 13 and NFPA 101 were also annotated to reference the companion paragraphs in the 1999 Edition of NFPA 13 and 2000 Edition of NFPA 101. By a vote of 7 – 0, the Voting AHJ members agreed to the response as follows:

BACKGROUND:

NFPA 13: 8.3.3.2. (See NFPA 13, 1999 Edition: Section 5-3.1.5) Where quick-response sprinklers are installed, all sprinklers within a compartment shall be quick-response unless otherwise permitted in 8.3.3.3.

NFPA 13: 3.3.6 Compartment. (See NFPA 13, 1999 Edition: Section 1-4.2) A space completely enclosed by walls and a ceiling. Each wall in the compartment is permitted to have openings to an adjoining space if the openings have a minimum lintel depth of 8 in. (200 mm) from the ceiling and the total width of the openings in each wall does not exceed 8 ft. (2.4 m). A single opening of

36 in. (900 mm) or less in width without a lintel is permitted when there are no other openings to adjoining spaces.

NFPA 101: 3.3.95 Compartment.

3.3.95* Fire Compartment. (See NFPA 101, 2000 Edition: Section 3.3.71) A space within a building that is enclosed by fire barriers on all sides, including the top and bottom.

3.3.251* Smoke Compartment. (See NFPA 101, 2000 Edition: Section 3.3.183) A space within a building enclosed by smoke barriers on all sides, including the top and bottom.

QUESTION:

Is it the intent of NFPA 101, (and with reference to NFPA 13: Section 8.3.3.2) that when sprinklers in a compartment (Per NFPA 13) are replaced with quick response or residential sprinklers, that all sprinklers in the fire/smoke compartment (per NFPA 101) need to be quick response or residential?

ANSWER:

No. The definition of compartment found in NFPA 13 should be followed to determine the extent of sprinklers that need to be replaced when quick response or residential sprinklers are installed.

B. Transmission of Fire Alarm Signals: NFPA 101.

This question is helping to clarify if a fire alarm signal is intended to be transmitted off site during the fire drill exercises required by NFPA 101. The HITF agreed that verification of the off-site alarm transmission is a function of the NFPA 72 type testing as part of the ITM package of requirements.

By a vote of 7 – 0, the Voting AHJ members agreed to the response as follows:

QUESTION 1:

Is it the intent of NFPA 101-2000 Edition Section 19.7.1.2, and NFPA 101-2012 Edition Section 19.7.1.4 to require healthcare occupancies to confirm the transmission of a fire alarm signal all the way to the local fire responding agency, even if the fire alarm system off-premises transmission equipment is connected to a third-party monitoring company?

ANSWER 1:

No. The drill required by NFPA 101: Sections 19.7.1.2 (2000 ed.) / 19.7.1.4 (2012 ed.) is intended to test the readiness of the staff – not to validate the transmission of the alarm. That test verification takes place as part of the NFPA 72 Inspection, Test and Maintenance (ITM) criteria.

QUESTION 2:

If the answer to question 1 is “No”, is it the intent of NFPA 101-2000 Edition Section 19.7.1.2, and NFPA 101-2012 Edition Section 19.7.1.4 to require healthcare occupancies to confirm the transmission of a fire alarm signal to the third-party monitoring company if they are so equipped?

ANSWER 2:

No.

C. Physician Nap Rooms: NFPA 101.

This question is helping to clarify the extent to which other occupancy rules (primarily NFPA 101: Chapter 26, Lodging and Rooming Houses) should apply to staff sleeping rooms. A wide range of spaces and configurations are found in the healthcare environment. There is no consistent naming convention for these spaces. Commonly referred to as a “Nap Room”, “Staff Sleeping Room”, or “On Call Room”, the spaces have everything from a cot, couch, or even patient beds in some cases. Some spaces have basic cooking capacity and others have no cooking equipment; such spaces are predominantly found in hospitals. One suggestion was made that these areas should utilize the “incidental use” provision – however, that criteria is not applicable to any residential use/occupancy condition. (See NFPA 101: Section 6.1.14.1.3)

The Facility Guidelines Institute (FGI) studied these spaces and could not agree on how to specify the requirements including a definition and description. The FGI work was tabled until the next edition is started.

As a result of the discussion, a Task Group has been appointed to review this subject and report back to the HITF. The Task Group should review the work of the FGI and look at how NFPA 101, Chapters 18, 19, and 26 may need to be amended to provide a clear description of these spaces.

The HITF Task Group Consists of:

Chad Beebe – Chair

Ken Bush

Ann Guglielmo

Randall Snelling

D. Multiple Outlet Connections: NFPA 99.

This question is helping to clarify the allowances contained in NFPA 99 that permit multiple outlet connections. Dating back to at least 2007, facilities have been cited for having relocatable power taps (RPTs) in patient care areas. The 1999 Edition of

NFPA 99 permitted RPTs with the condition they were an integral part of the medical equipment. (See NFPA 99, 1999 Edition: Section 7-5.1.2.5).

Expanded use of RPTs came into being as patient care spaces and areas relied on more and varying types of electricity dependent equipment – monitors, diagnostic, dispensing of various medications via IV's, etc. Add to this patient / resident use of personal electronic devices – TV's, DVD, radios, media players, computers – and fixed electrical outlets are at a premium.

As a result of the discussion on the topic, the HITF developed two questions and included additional background information. By a vote of 7-0, the Voting AHJ members agreed to the response as follows:

Multiple Outlet Connections

Background

The 1999 Edition of NFPA 99 permitted multiple outlet connections to be used in certain conditions. (See Section 7-5.1.2.5) At present, NFPA 99, Section 10.2.3.6 provides the specific guidance for this allowance.

The two most commonly used product standards for these devices are:

UL 1363: Relocatable Power Taps (RPT)

UL1363A: Special Purpose Relocatable Power Taps (SRPT)

The scope of each Standard (taken from the UL Website) is as follows:

UL 1363 Relocatable Power Taps

1 Scope

1.1 These requirements cover cord-connected, relocatable power taps rated 250 V AC or less and 20 A AC or less. A relocatable power tap (RPT) is intended only for indoor use as an extension of a grounding alternating-current branch circuit for general use.

1.1 revised August 27, 2008

1.2 A cord-connected product with less than three receptacle outlets that employs an electromagnetic interference filter or a transient voltage surge suppressor is covered under the Standard for Electromagnetic Interference Filters, UL 1283, and the Standard for Surge Protective Devices, UL 1449, respectively.

1.3 A cord-connected product with three or more receptacle outlets that employs an electromagnetic interference filter shall also comply with the Standard for Electromagnetic

Interference Filters, UL 1283. A cord-connected product with three or more receptacle outlets that employs a transient voltage surge suppressor shall also comply with the Standard for Surge Protective Devices, UL 1449.

1.4 Telephone equipment and communication circuit protectors included in a RPT shall comply with the requirements in the Standard for Information Technology Equipment Safety - Part 1: General Requirements, UL 60950-1, and the requirements in the Standard for Secondary Protectors for Communications Circuits, UL 497A, respectively.

1.4 revised August 27, 2008

1.5 A RPT that incorporates an antenna discharge unit or provides antenna connections to a television, a high-voltage video product, or antenna shall comply with the applicable requirements in the Standard for Antenna Discharge Units, UL 452, and the Standard for Audio-Video Products and Accessories, UL 1492.

1.6 A cord-connected product that employs ground-fault protection is investigated under the requirements in the Standard for Ground-Fault Circuit Interrupters, UL 943.

1.7 A cord-connected RPT is not intended to be connected to another cord-connected RPT.

1.8 This standard does not cover RPTs intended for use with medical equipment. Medical equipment is typically intended for use in General Patient Care Areas or Critical Patient Care Areas as defined by Article 517 of the National Electrical Code for Health Care Facilities. RPTs intended for such use shall comply with the requirements of the Outline of Investigation for Special Purpose Relocatable Power Taps, Subject 1363A.

1.8 revised August 27, 2008

1.9 A RPT may employ non-electrical decorative features. The decorative features may include various shapes such as rocks, birds and animals, etc.

1.9 revised effective July 2, 2009

1.10 These requirements do not cover Decorative Outfits Accessories. Decorative Outfits Accessories are investigated under the requirements in the Standard for Seasonal and Holiday Decorative Products, UL 588.

1.10 revised effective July 2, 2009

1.11 An RPT may employ additional devices such as integral appliance timer(s) to control all or some of the receptacles. Products employing additional devices shall comply with the Standard for Clock-Operated Switches, UL 917 or the Standard for Solid-State Controls for Appliances, UL 244A. Compliance with the Standard for Automatic Electrical Controls for Household and Similar Use, Part 1: General Requirements, UL 60730-1, and/or the applicable Part 2 standard from the UL 60730 series fulfills the UL 244A requirements.

1.11 revised effective October 19, 2011. UL 244A will be withdrawn on October 19, 2016.

1.12 Products that employ timer(s) as specified in 1.11 shall be marked as specified in 40.20 to warn the user of the possible hazards.

1.12 added effective October 19, 2011

1.13 These requirements also cover RPTs that incorporate one attachment plug and a single length of flexible cord terminated in an enclosure in which receptacles may be mounted. Up to six lengths of flexible cord, not exceeding 1-1/2 feet in length, may exit the enclosure with each length terminating in a separate, single cord connector. These RPTs may, in addition, be provided with fuses or other supplementary overcurrent protection, switches, suppression components and/or indicator lights in any combination, or connections for cable, communications, telephone and/or antenna.

1.13 added effective October 19, 2011

1.14 A RPT may employ a non-electrical storage compartment to store hand-held electronic devices and charging equipment, such as a cell phone, cell phone charger, and the like, when these devices are not in use.

1.14 added January 17, 2012

1.15 A RPT may employ an integral cord reel type feature. The cord reel type feature, in addition to the requirements in this standard, shall also comply with the applicable requirements in the Standard for Cord Reels, UL 355. A cord reel provided with pull out load fitting(s) or cord connectors is covered under the Standard for Cord Reels, UL 355.

1.15 added September 12, 2013

UL 1363A Special Purpose Relocatable Power taps

1 Scope

1.1 These requirements must comply with all the requirements in the Standard for Relocatable Power Taps, UL 1363 except as described in this outline.

1.2 These requirements cover Special Purpose Relocatable Power Taps (SPRPT), rated 250 V AC or less, intended for indoor use only, with medical equipment, where the medical equipment is intended to be used in General Patient Care Areas or Critical Patient Care Areas as defined by Article 517 of the National Electrical Code for Health Care Facilities, to supply power to plug-connected components of a movable equipment assemblies that is rack-, table-, or pedestal-mounted. They shall be an integral part of the equipment assembly, permanently attached. The sum of the ampacity of all appliances connected to the receptacles of the SPRPT shall not exceed 80 percent of the ampacity of the flexible cord supplying the power to the SPRPT receptacles. The ampacity of the SPRPT flexible cord shall be in accordance with the National Electrical

Code, NFPA 70. The electrical and mechanical integrity of the assembly shall be regularly verified and documented through an ongoing maintenance program. These SPRPT do not include devices that incorporate isolating or any other types of transformers.

1.3 They consist of a NEMA type attachment plug and a length of flexible cord terminated in an enclosure in which are mounted two or more receptacle outlets. A Special Purpose Relocatable Power Tap shall be provided with Hospital Grade attachment plugs and Hospital Grade outlets (receptacles) and may also be provided with a detachable power supply cord and inlet fitting. A Special Purpose Relocatable Power Tap may be provided with supplementary overcurrent protection, switches, and indicator lights singly or in any combination.

1.4 These SPRPT are rated 250 V AC or less and 20 AC or less. SPRPT are intended for indoor use only to supply power by flexible cord.

QUESTION 1:

Are Multiple Outlet Connections (such as power strips) permitted to be used for medical equipment in the patient care vicinity?

ANSWER 1:

YES. Provided the multiple outlet connection meets the requirement of NFPA 99, 2012 Section 10.2.3.6.

10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cartmounted, provided that all of the following conditions are met:

- (1) The receptacles are permanently attached to the equipment assembly.
- (2)* The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.
- (3) The ampacity of the flexible cord is in accordance with *NFPA 70, National Electrical Code*.
- (4)*The electrical and mechanical integrity of the assembly is regularly verified and documented.

Special Purpose Relocatable Power Taps (SPRPT's) are a type of listed device that is permitted to be used in the patient care vicinity to satisfy this requirement.

QUESTION 2:

If Multiple Outlet Connections are used outside of the patient care vicinity, are they required to meet NFPA 99, Section 10.2.3.6?

ANSWER 2:

NO. The restriction in NFPA 99, Section 10.2.3.6 is intended to reduce the risk of current leakage around patients. If a device is powered in an area outside of the patient care vicinity, this hazard does not exist.

Relocatable Power Taps (RPT) and Special Purpose Relocatable Power Taps (SPRPT) are types of listed devices that are permitted to power multiple types of electrical (medical and non-medical) equipment.

4. Old Business.

- Equipment in Exit Stairwells. No further action is contemplated on the equipment in stairwells issue.
- Bylaw Review. Several proposed changes were discussed including:
 - Adding the new organizational members
 - Considering reclassifying CMS to a Non-Voting Status
 - Adding in language to have HITF members acknowledge if they would be implementing/accepting the HITF positions.

The Task Group will review the changes and report back to the HITF this fall.

- CMS NPRM's.

The organizational members present indicated that they had largely opposed the Emergency Planning / Response provision rules that CMS had requested comment on last December. Likewise, those present indicated they would be asking CMS to adopt NFPA 99 and NFPA 101 without amendment.

5. New Business.

No new items brought up under new business.

6. Date/Location for Next Meeting.

A conference call will be scheduled for the 4th quarter to have a follow-up discussion on the By Laws revisions.

7. Adjournment.

The meeting adjourned at 5:25 PM.

Minutes Prepared by Robert Solomon.