1. The meeting was called to order at 8:40 AM. (See Enclosure A [Agenda])

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

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>REPRESENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Bush*</td>
<td>Maryland State Fire Marshals Office</td>
</tr>
<tr>
<td></td>
<td>Rep. International Fire Marshals Association (IFMA)</td>
</tr>
<tr>
<td>Doug Erickson</td>
<td>American Society for Healthcare Engineering (ASHE)</td>
</tr>
<tr>
<td>Henry Hardnett*</td>
<td>U.S. Department of Health and Human Services</td>
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<tr>
<td></td>
<td>Rep. Indian Health Service (IHS)</td>
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<tr>
<td>Thomas Jaeger</td>
<td>Jaeger and Associates, LLC</td>
</tr>
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<td></td>
<td>Rep. American Health Care Association (AHCA)</td>
</tr>
<tr>
<td>David Klein*</td>
<td>Office of the Deputy Under Secretary for Health for Operations and Management</td>
</tr>
<tr>
<td></td>
<td>Rep. Department of Veterans Affairs</td>
</tr>
<tr>
<td>James Merrill*</td>
<td>U.S. Dept. of Health &amp; Human Services</td>
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<td></td>
<td>Rep. Centers for Medicare/Medicaid Services (CMS)</td>
</tr>
<tr>
<td>George Mills*</td>
<td>The Joint Commission</td>
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<tr>
<td>Robert Solomon</td>
<td>National Fire Protection Association</td>
</tr>
<tr>
<td>Dave Dagenais</td>
<td>Wentworth-Douglas Hospital</td>
</tr>
<tr>
<td>Gregory Harrington</td>
<td>National Fire Protection Association</td>
</tr>
<tr>
<td>Peter Larrimer*</td>
<td>U.S. Department of Veterans Affairs</td>
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<td></td>
<td>Rep. Department of Veterans Affairs (VA)</td>
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<tr>
<td>Martin Casey*</td>
<td>US Department of Health and Human Services</td>
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<td></td>
<td>Rep. Centers for Medicare/Medicaid Services (CMS)</td>
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<tr>
<td>Richard Strub</td>
<td>American Health Care Association (AHCA)</td>
</tr>
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<td></td>
<td>Rep. American Health Care Association (AHCA)</td>
</tr>
</tbody>
</table>

* Voting AHJ Member

**A. Exit Access From Suites.** This subject involves a review of a previously issued position from June of 2010. The arrangement of the exits from a suite area plus the components that are acceptable for this configuration was further discussed. Because of a change that is moving forward in the 2012 Code, the HITF revised the questions and issued an additional response to this item. *(See Enclosure B-1 [Issued Interpretation]).*

**Question 1:** Is it the intent of NFPA 101, 2000 Edition, Section 19.2.5.1 to require every sleeping suite to have access to an “exit access corridor”?

**Answer 1:** YES.

**Question 2:** Can the second exit access be directly to an exit stair, an exit passageway, horizontal exit, or exit door directly to the outside?

**Answer 2:** YES. Based on the proposed changes and clarifications to the 2012 edition of the Code these other means of egress components are considered to be acceptable.

**B. Pass-through Cabinets.** This subject included various configurations of cabinets that are built into the corridor walls of a health care facility. The cabinets are typically used to store “clean” supplies ranging from bed linens, bandages and other basic supplies. The size, configuration and use of such cabinets varies greatly. It is unclear how such built in components affect the corridor wall construction and how it might allow migration of products of combustion between a patient room and the corridor.
The HITF needs to have more information on this subject and they have appointed a Task Group to study the issue further. Task Group Members are:

- George Mills – Chair
- Dave Dagenais
- Doug Erickson
- Jim Merrill

The Task Group is asked to look at pass through cabinets as they relate to:

- Sprinklered/Non Sprinklered Occupancies
- New/Existing
- Latching of doors
- Self closing doors
- Drawer vs. cabinet (slide out vs. door)
- Soiled linen containers on bottom
- Size/capacity
- Hazardous area protection threshold

Editors Note: NFPA 101-2012, Section A. 18.3.6.3 has partially addressed this topic.

C. **Door Locking.** This subject involves configuring patient/resident room doors from being locked to prevent patient ingress (from the corridor side) relating to a security concern. In this scenario, the occupant of the room still has free egress from the room side and the door cannot be readily opened from the corridor side. The staff is provided with keys to gain access to the room. Two questions were posed however, the HITF believes that only the first question is necessary. *(See Enclosure B-2 [Issued Interpretation]).*

**Question:** Under 18/19.2.2.2.2.2(1), is it permitted to install a lock on a patient room door that can be locked by a patient in the room, to restrict unauthorized entry into the room, provided that the door can readily be opened from the patient side, and provided that staff can readily unlock the door at all times?

**Answer:** YES.

D. **Door Murals.** This subject involves use of different methods and techniques to camouflage or otherwise hide exit doors in dementia and Alzheimer units. The idea is to steer residents/patients away from these doors in order to help with the security and safety of the resident. The disguise configurations are effective and may contribute to the overall safety. At present, the Code establishes a very clear set of circumstances and restrictions on making sure that the doors are clearly visible and accessible. While the HITF members believe that this approach of having doors camouflaged and less then obvious has merit, the restriction imposed by the referenced sections simply prohibits this idea.
The HITF members suggest that the VA pursue a change for the 2015 edition of the Code to possibly address this idea. Items to consider are:

- Limit concept to locked units only.
- Recognition that the staff knows where the door(s) is located.
- It will likely keep the resident away from the door(s).
- Consider if the exit sign and door operating hardware still have to be visible.

E. Alcohol Based Hand Rub Dispensers. This subject involves the placement of the ABHR dispenser in proximity to a potential ignition source. The Joint Commission published an opinion in 2006 that recommended a 6 inch separation between the potential ignition source and the exclusive area/zone of the dispenser. The 2009 Life Safety Code Handbook provides a diagram and explanation that refers to the concept of “adjacent” and the area that the dispenser should be excluded from.

Based on the discussion, the clarification made to NFPA 101 to define “adjacent” and TJC’s intent to use the NFPA 101 criteria, the HITF revised the question and issued a position. (See Enclosure B-3 [Issued Interpretation]).

**Question:** Concerning placement of Alcohol-Based Hand Rub dispensers, the 2000 Life Safety Code TIA 00-1 and the 2006 Life Safety Code mandated that dispensers not be “adjacent” to an ignition source. Is it acceptable to define “adjacent” based on the criteria contained in the 2009 edition of NFPA 101?

**Answer:** YES. The intent of the application of this rule is to be consistent with the explanation in the 2009 edition of the Code. Namely that Sections 18/19.3.2.6 (7) shown below are applied.

NFPA 101, 2009: 18/19.3.2.6. (7) Dispensers shall not be installed in the following locations:

(a) Above an ignition source for a horizontal distance of 1 in (25 mm) to each side of the ignition source.

(b) To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source.

(c) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source.
F. Standpipe System Flow Tests. This subject involves the test parameters (flow rates, pressures) in NFPA 25 that standpipe systems are expected to satisfy. In this specific case, the concern is with manual dry and manual wet standpipe systems and the necessary design and flow pressures that the system should be tested to. The 1998 edition of NFPA 14 offers no special circumstances that offer different flow/pressure criteria between automatic or manual standpipe systems. The HITF issued a position. (See Enclosure B-4 [Issued Interpretation]).

**Question 1:** Is it the intent of NFPA 25 (1998) Section 3-3.1.1 to require the 5 year flow test only for automatic standpipe systems?

**Answer 1:** NO. The 5 year test applies to automatic and manual standpipe systems.

**Question 2:** Is it the intent of The Joint Commission Standard EC.02.03.05 EP# 12 to ask for the 5 year flow test in accordance with NFPA 25 for only automatic standpipe systems?

**Answer 2:** NO. The 5 year test applies to automatic and manual standpipe systems.

4. New Business

A. NFPA staff briefly reviewed the Healthcare Summit from July of 2010. The group was polled to gage interest in conducting another summit in 2012 using a similar format – one day of futures/trends presentations and one day of deliberation by TC members and guests. The HITF members are in favor of this for 2012.

B. Organization Updates. Each HITF member was asked to offer any updates or other items of interest.

- **DOD/Army Corps of Engineers.** They are in the process of updating their Healthcare Facility Guidelines.

- **TJC.** A handout showing and describing new information display configurations using large monitors was passed out. Large display and touch screen monitors are being installed in single and multiple unit configurations in corridors and in proximity to nurses stations. The guidance document (See Enclosure C) recommends that a minimum 48 inch separation be provided between monitors but many facilities will not have the space to accommodate the units. One question posed asks if the separation rule should still apply for units installed in an alcove or if the top projection of a wall mounted unit that encroaches into the corridor but that is at least 6’ 8” above the flow. A more formal action on this item might be contemplated later this year.

- **Veterans Affairs.** The Veterans Medical Foster Homes Program is continuing to expand. There continues to be a need to offer some fire safety information to the foster home parties – a need that was identified by the attendees at the July 2010 Healthcare Summit.
The VA is also evaluating a track and sling patient lift configuration used for rehab end physical therapy. The ceiling track is set up in the PT room and then follows a path into the corridor. The configuration also includes a support motor that travels on the track but that encroaches below the 6’ 8” clear space. The motor might be viewed as a piece of “in-use” equipment and as a violation of the ceiling height clear space. A more formal action on this item might be contemplated later this year.

5. **Old Business.** None.

6. **Next Meeting.** The members agreed to the following schedule:

   - December 7, 2011 – HITF Meeting from 10:00 AM – 5:00 PM in Washington, DC. This is conditional on having a sufficient number of questions in hand by October 3, 2011.
   - June 12, 2012 – HITF Meeting from 12:00 Noon – 6:00 PM in Las Vegas (NFPA Conference)

7. **Adjournment.** The meeting was adjourned at 12:55 PM.

Minutes prepared by Robert E. Solomon
ENCLOSURE A

AGENDA
HEALTHCARE INTERPRETATIONS TASK FORCE
AGENDA
BOSTON CONVENTION & EXHIBITION CENTER (BCEC)
ROOM 104C
415 Summer Street
Boston, MA

JUNE 14, 2011
8:00 AM – 1:00 P.M.

1. Continental Breakfast at 8:00 AM

2. Call to order 8:30 AM.

3. Introduction of Members and Guests.

4. Review of Questions

   A. Exit Access From Suites – The Joint Commission (See Enclosure A-1 – Page 3)
   B. Pass-through Cabinets – International Fire Marshals Association (IFMA) (See Enclosure A-2 – Page 4)
   C. Door Locks Patient Room Doors – Department of Veterans Affairs (VA) – (See Enclosure A-3 – Page 13)
   D. Door Murals – Department of Veterans Affairs (VA) – (See Enclosure A-4 – Page 15)
   E. Alcohol Hand Rub Dispensers – Department of Veterans Affairs (VA) – (See Enclosure A-5 – Page 18)
   F. NFPA 25 – Standpipe System Flow Tests – Department of Veterans Affairs (VA) – (See Enclosure A-6 – Page 20)

5. New Business

   • Healthcare Summit – Part II
   • Organization Updates

6. Old Business

7. Date / Location for Next Meeting

8. Adjournment (by 1:00 P.M.)
ENCLOSURE B

INTERPRETATIONS
Agenda Item 4.A.

**Document to be interpreted:** NFPA 101, 19.2.6.2.4

**Edition:** 2000

**Subject:** Exit Access from Suites

**Question 1:**

Is it the intent of 101, 2000 Edition, Section 19.2.5.1 to require every sleeping suite to have access to an “exit access corridor”?

**Answer 1:** YES

**Question 2:**

Can the second exit access be directly to an exit stair, an exit passageway, horizontal exit, or exit door directly to the outside?

**Answer 2:** YES

Based on the proposed changes and clarifications to the 2012 edition of the Code these other means of components are considered to be acceptable.

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Agenda Item 4.C.

**Document to be interpreted:** NFPA 101

**Edition:** 2000 and 2009

**Subject:** Door Locking

**Question:**

Under 18/19.2.2.2(1), is it permitted to install a lock on a patient room door that can be locked by a patient in the room, to restrict unauthorized entry into the room, provided that the door can readily be opened from the patient side, and provided that staff can readily unlock the door at all times?

**Answer:** YES

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HITF INTERPRETATION
JUNE 2011 NO. 3

Agenda Item 4.E.

Document to be interpreted: NFPA 101 18/19.3.2.7 (6) (2000 Edition TIA 00-1 (101)) 18/19.3.2.6 (6) (2006)


Subject: Alcohol Based Hand Rub Dispensers

Question:

Concerning placement of Alcohol-Based Hand Rub Dispensers, the 2000 Life Safety Code TIA 00-1 and the 2006 Life Safety Code mandated that dispensers not be “adjacent” to an ignition source. Is it acceptable to define “adjacent” based on the criteria contained in the 2009 edition of NFPA 101?

Answer: YES.

The intent of the application of this rule is to be consistent with the explanation in the 2009 edition of the Code. Namely that Sections 18/19.3.2.6 (7) shown below are applied.

NFPA 101, 2009: 18/19.3.2.6. (7) Dispensers shall not be installed in the following locations:

(a) Above an ignition source for a horizontal distance of 1 in (25 mm) to each side of the ignition source.

(b) To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source.

(c) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source.

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Agenda Item 4.F.

**Document to be interpreted:** NFPA 25 - TJC Standard EC.02.03.05 EP # 12

**Edition:** NFPA 25 (1998) - TJC Standard 2011 - Sections 3-3.1.1

**Subject:** Standpipe System Flow Tests

**Question 1:**
Is it the intent of NFPA 25 (1998) Section 3-3.1.1 to require the 5 year flow test only for automatic standpipe systems?

**Answer 1:** NO.

The 5 year test applies to automatic and manual standpipe systems.

**Question 2:**
Is it the intent of The Joint Commission Standard EC.02.03.05 EP# 12 to ask for the 5 year flow test in accordance with NFPA 25 for only automatic standpipe systems?

**Answer 2:** NO.

The 5 year test applies to automatic and manual standpipe systems.

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The Purpose of this presentation is to better understand the guidelines referenced in the document dated May 14, 2010 sent to State Survey Agency Directors and State Fire Authorities entitled: Revision of S&C-04-41 dated August 12, 2004, Corridor Width & Corridor Mounted Computer Touch Screens in Health Care Facilities – Clarification Effective Immediately.

Our Company like others, are busy developing on Electronic Health Record. These clinical developments inevitably necessitate change to the delivery of information. Thus, various displays, trackers, monitors, etc. are prevalent. Numerous conversations have revolved around the correct placement and mounting of such devices. We seek two points of clarification:

1. Projection and its definition.
2. Required width between multiple monitors (48").

Does 48" rule apply to towers that are raised in a clear?!

- MINUTE ITEM -

\[ > 6' @ 8' \]
Clarification:

1. Projection and its definition.

If projection is zero as depicted in the picture below (recessed), are facilities then exempt from the 48" separation between monitors.
Clarification:

2. Required width between multiple monitors (48").

In many cases around the country, more than one tracker is required to show information. This may vary widely with service, ie. Emergency room, ICU, or Medical Units.

You will note in the pictures below scenarios where multiple monitors are utilized. If 48" is required between monitors you can see where the large majority of current facilities will not have adequate or proper real estate to accommodate the guidelines.