

**MINUTES**  
**HEALTHCARE INTERPRETATIONS TASK FORCE**

**Wednesday, December 5, 2007 – 8:30 AM – 5:00 PM**

**Greenberg Traurig Law Firm**

**Room 10-9**

**2101 L Street, N.W., Suite 1000**

**Washington, DC**

1. The meeting was called to order at 8:45 AM. The agenda (**See Enclosure A**) was briefly reviewed.
2. Introduction of members and guests present was completed. Those in attendance included:

<b>MEMBER</b>	<b>REPRESENTING</b>
Joseph Bermes* (ALT)	Indian Health Services
Ken Bush*	International Fire Marshals Association
Doug Erickson	American Society for Healthcare Engineering
Pete Larimer*	Veterans Affairs
Thomas Jaeger	Jaeger Associates/American Health Care Association
David Klein*	Veterans Affairs
Jim Merrill*(ALT)	Centers for Medicare/Medicaid Services
George Mills*	The Joint Commission
Dwight Packer*	Indian Health Services (Division of Engineering Services)
Robert Solomon	National Fire Protection Association

\* Voting AHJ Member

<b>GUESTS</b>	<b>REPRESENTING</b>
Lyn Bentley	American Health Care Association
Anton Krycek	Ergotron
Nancy McNabb	National Fire Protection Association

A review of the HITF membership list was completed. Dwight Packer (IHS) would be voting today. Gene Cable (VA) recently retired. David Klein will assume the principal role and Pete Larimer will be his alternate.

Robert Solomon expressed his thanks to Lyn Bentley and AHCA for hosting the meeting. The new facility was very accommodating for the Task Force.

3. The minutes of the June 5, 2007 meeting (Boston Convention & Exhibition Center) were approved as submitted

**4. Review of questions.** Five questions were submitted as a part of the original agenda. In addition to those questions, some additional information on batteries was going to be made available.

**A. Items in the Corridor.** After extensive discussion on this issue at the June 2007 meeting and a letter ballot on the subject, several items remained unresolved. During the ballot on this subject, concerns were brought forward regarding the length of time that equipment might be present in the corridor; should there be further restrictions on the type of equipment that is governed by any interpretation that may ultimately be released by the HITF; and consideration for any additional limits on the geometry of a space or area that equipment may be located in. Among the portions of NFPA 101 that were reviewed as a part of this discussion included: 18.3.2.1; 18.3.6.1; 18.4.3.5; A.18.2.3.4. Additional information on battery systems (specifically relating to battery type and battery changing systems) was provided as a part of this discussion.

Following deliberations the HITF – AHJ members present voted 5 – 0 to issue an interpretation on the subject. **(See Enclosure B)** for the HITF position.

**B. Fire Damper Testing.** This question includes the damper testing provision in NFPA 90A (which is now actually regulated in the 2007 edition of NFPA 80). The issue here is if the 6 year provision for hospitals can be extended to the business occupancy portion that may be separated by the new construction. It was determined that it would be inappropriate for the HITF to consider the issue. The item is going to be referred to staff for NFPA 80 to allow the question to be considered. A response will be provided in time for the next meeting of the HITF.

**C. Power Strips in Sleeping Rooms.** This question involves the allowance to utilize Relocateable Power Taps – RPTs (Power Strips) in patient rooms of healthcare occupancies. NFPA 70, NFPA 99 and NFPA 101 all have regulations that control the electrical components and equipment in a patient room. It appears that it is the intent of these documents to restrict RPT use so that it is not used in conjunction with medical equipment. RPTs have been provided in patient rooms to allow personal electronic equipment – such as lap top computers, portable DVD players – to be powered through the RPT – not medical equipment. This issue will be explored further within NFPA and UL.

*(NB: Editors Note.* Brief discussion with UL has revealed that UL 1363 governs RPTs and does impose a restriction on use in patient care areas. On March 1, 2008, UL 1363A will become effective. UL 1363A (recognized component) will integrate hospital grade receptacles in the RPT design. This may help to address the restricted use of the UL 1363 RPT.)

**D. Green House Projects-Cooking Equipment.** The Task Force discussed the concept described in the background for this question regarding the trend in

nursing home designs to include smaller buildings on campus type environments with a small number of residents in each building. CMS is organizing a two day workshop on this design concept in April 2008 (See information at: [www.pioneernetwork.net](http://www.pioneernetwork.net)). The deliberations of the HITF indicated that an AHJ has the option to consider requirements or guidance found in other editions of codes or standards that address a particular subject. The HITF – AHJ members present voted 5 – 0 to issue an interpretation on the subject. (**See Enclosure C**) for the HITF position.

- E. Emergency Power/Diesel Generators.** The practice of requiring retroactive application of certain provisions of NFPA 110 to an existing generator installation was discussed. NFPA 110 generally does not impose provisions to retrofit or upgrade generators and associated equipment. The HITF developed a response to the question and that is being handled by a letter ballot. Results will be made available before the next meeting.

## **5. New Business.**

- A.** Consideration was given to adding another position to the HITF. The slot should be reserved for an individual to represent the views of a state health department. Robert Solomon was given some suggestions and will plan to contact one or more such individuals. Ideally, an individual who is active with the Association of State Health Facility Survey Agencies would be an ideal candidate.
- B.** At Home Health Care. There is additional evidence that the levels of at home health care are continuing to expand. The types of care, level of care and the types of medical equipment and systems that are being placed in homes are becoming more complex. The NFPA 99 Committee may need to look at development of certain provisions that can help to address this problem. In addition, this may be an appropriate subject that could be addressed through a public education program as well.
- C.** As previously noted, “at home” or “green house” nursing home designs are becoming more popular. It is likely in the not too distant future that provisions in Codes and Standards will have to be modified to address this category of nursing homes.

## **6. Old Business.**

There were no issues under old business.

- 7. Next Meeting.** The next meeting has been scheduled to be held on June 3, 2008 at the World Safety Conference & Expo at Mandalay Bay Convention Center, Las Vegas, NV.

**8. Adjournment.** The meeting adjourned at 3:30 PM.

**Minutes prepared by Robert Solomon**

**ENCLOSURE A**

**AGENDA**

# **HEALTHCARE INTERPRETATIONS TASK FORCE AGENDA**

**DECEMBER 5, 2007**  
**Greenberg Traurig Law Firm**  
**800 Connecticut Avenue N.W., Suite 500,**  
**Washington, DC 20006**  
**Tel: 202.331.3100 Fax: 202.331.3101**  
**8:30 A.M. – 5:00 P.M.**

1. Call to order 8:30 A.M.
2. Introduction of Members and Guests.
3. Review / Approval of June 2007 Minutes (See Enclosure A – Page 1)
4. Review of Questions (See Enclosure B – Page 11-15)
  - A. Items in the Corridor **TJC** (Unresolved/Continuation from June 2007 meeting) (See ITEM B-1 – Page 11)
  - B. Fire Damper Testing **TJC** (See ITEM B-2 – Page 14)
  - C. Power Strips in Sleeping Rooms **AHCA** (See ITEM B-3 – Page 14)
  - D. Green House Projects-Cooking Equipment **AHCA** (See ITEM B-4 – Page 14)
  - E. Emergency Power/Diesel Generators **AHCA** (See ITEM B-5 – Page 15)
5. New Business
6. Old Business
  - Alternative Method of Managing Maintenance-related Issues (See Minute Item 4D from the June 2007 Meeting – Page 3)
7. Date / Location for Next Meeting
8. Adjournment (by 5:00 P.M.)

**ENCLOSURE B**

**EQUIPMENT IN CORRIDORS**

# HITF INTERPRETATION

## DECEMBER 2007 NO. 1

Document to be interpreted: NFPA 101 (2000)

Edition: 2000

Background Information (optional):

### PORTABLE DEVICES/EQUIPMENT IN CORRIDORS

#### **Background:**

Healthcare occupancies are prone to having more and different types of equipment in them. While NFPA 101: Sections 18.2.3.4. and 19.2.3.4 work to address the importance of maintaining minimum corridor widths, portable devices / equipment invariably find their way into these corridor spaces. Computers on wheels (COWs) are a particular concern.

NOTE: Because the size, geometry, and combustibility of mattresses and bed furnishings can vary to a great degree, and the possibility of other items being “stored” on the mattress surface, beds should not be considered portable devices / equipment for the purposes of this interpretation.

#### **Questions:**

**Q1.** How long should portable devices / equipment on wheels (such as COWs, portable x-ray machines (i.e. C-arms), EKG / EEG or other diagnostic equipment or other equipment with electrical connections) located in a corridor be permitted to be inactive before they are considered to be in storage? In this context, inactive is the amount of time that passes between users accessing the equipment.

**A1.** -Although the code does not address a specific time limit (See NFPA 101:A.18.2.3.4/A.19.2.3.4), recent interpretations by the Joint Commission and Centers for Medicare/Medicaid Services have established a time of 30 minutes as a maximum limit on the amount of time that portable devices/equipment on wheels can be considered to be in use. The HITF agrees that this is a reasonable time frame for an AHJ to consider.

*Note: This limitation should not be applied to crash carts or isolation carts.*

**Q2.** Based on the answer to Q1, if the portable devices / equipment on wheels do not compromise the required egress width, can they be stored in the egress corridors, i.e. alcoves or spaces?

**A2.** YES. Alcoves or spaces being used for such purposes are not considered to be hazardous areas as defined by NFPA 101:18.3.2.1/19.3.2.1, nor should they be subject to the requirements for areas open to the corridor (See NFPA 101:18.3.6.1/19.3.6.1).

**Q3.** If the answer to Q2 is yes, can the portable devices / equipment on wheels be charging in these acceptable locations or while in use?

**A3.** YES, provided that the battery and charging systems meet the following design requirements to ensure safe operation:

-Sealed Lead-Acid Batteries:

- Absorbed Glass Mat design and
- Sealed Case (Sealed Lead-Acid)

-All Battery Systems (SLA, NiMH, Li+ Ion, Li+ Ion Polymer):

- Smart Charging system with overcharge protection and
- Shorted cell protection that shuts down upon detecting a shorted cell

**ENCLOSURE C**

**COOKING EQUIPMENT**

## **HITF INTERPRETATION DECEMBER 2007 NO. 2**

Document to be interpreted: NFPA 96 (1998) 1.3.5

NFPA 96 (2008) 1.1.4

Edition: 1998 and 2008

### Background Information (optional):

Typical to the past, the evolution of long term care facilities is ahead of the codes and standards. One real world significant change is what is referred to as the “greenhouse project”. Small (10-12 beds), long term care facilities are being built in a campus like setting. The proponents of the smaller facilities feel this provides a more residential environment for the patients and improves the program of care for patients.

As you know, the codes and standards define a health care occupancy if it has four or more beds and the requirements remain the same whether there are 4 beds or 400 beds. An example where this is problematic is that each of these small facilities has a kitchen. Only residential appliances are used in the kitchen. Kitchens may be used to cook or warm meals for patients or they may be for personal use by staff or patients. The real issue is that the cooking appliances are residential type appliances. Most states are requiring the facilities to install commercial range hood and duct systems in compliance with the 1998 NFPA 96.

Currently, residential cooking equipment used for occupational therapy and in nourishment centers in health care facilities are generally not required to comply with NFPA 96.

Although both the 1998 and 2008 editions of NFPA 96 state that the standard applies to all cooking operations, except in single family homes, the 2008 NFPA 96 states in Section 1-1.4 the following:

Section 1-1.4 This Standard does not apply to facilities where all the following are met:

- (1) Only residential equipment is being used.
- (2) Fire extinguishers are located in all kitchen areas in accordance with *NFPA 10, Standard for Portable Fire Extinguishers*.
- (3) Facility is not assembly occupancy
- (4) The Authority Having Jurisdiction has approved the installation.

**Question:**

Does the 1998 NFPA 96 require cooking operations in health care facilities that comply with the intent of Section 1-1.4 of the 2008 NFPA 96?

**Answer:**

The Authority Having Jurisdiction (AHJ) always has the option of invoking the equivalency clause contained in NFPA 96: 1-3.5 (1998 Edition). This could certainly include the AHJ reviewing and taking into account any provision contained in a more recent edition of NFPA 96 - such as the 2008 edition and the scoping limits of Section 1.1.4. While it is likely that future editions of NFPA 101 will have special requirements for these future concept nursing home designs, AHJs may have to rely on certain equivalency provisions and application of “concept” ideas until any future regulations are finalized.