Healthcare Interpretations Task Force
FINAL MINUTES

Tuesday, June 6, 2017
Boston Convention and Exhibition Center
Boston, MA

1. The meeting was called to Order at 1:10 P.M by Robert Solomon.

2. Introduction of Members and Guests. The 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
Nick Lu*	Indian Health Service
James Merrill II*	US Department of Health & Human Services (CMS)
George Mills*	The Joint Commission
Randall Snelling*	Det Norske Veritas Healthcare
Robert E. Solomon	National Fire Protection Association
John Williams* (ALT to C. Schiegel)	Washington State Department of Health
David Dagenais (ALT to C. Beebe)	American Society for Healthcare Engineering
Gregory Harrington (ALT to R. Solomon)	National Fire Protection Association
Peter A. Larrimer (ALT to D. Klein)	U.S. Department of Veterans Affairs
Brian G. Prediger (ALT to P. Hoge)	US Army Corps of Engineers

* Voting AHJ Member

MEMBERS ABSENT

MEMBER	REPRESENTING
Eric Rosenbaum	American Health Care Association

GUESTS

GUESTS	REPRESENTING
Bruce Abell	U.S. Army Corps of Engineers
Gordon Burrill	Teegor Consulting, Inc.
Eugene A. Cable	Life Safety Consultants
Michael A. Crowley	JENSEN HUGHES
Kenneth Daily	Elder Care Systems Group
Mike Daniel	Daniel Consulting Ltd.
Bob Dehler	Minnesota Department of Health
Paul Dzurinda	Russell Phillips and Associates
Josh Elvove	Self
A Richard Fasano	Russell Phillips and Associates
Jonathan Flannery	ASHE/AHA
Jonathan Hart	NFPA
Jim Lathrop	Koffel Associates Inc.
Peter Leszczak	U. S. Department of Veterans Affairs
Bret Martin	Carolinas Healthcare System
John Maurer	The Joint Commission
Susan McLaughlin	MSL Healthcare Partners
Ken Monroe	The Joint Commission
Richard Parker	Tucson Medical Center
Lennon Peake	Koffel Associates
Ken Saks	National Institutes of Health
Kevin A. Scarlett	WA State Department of Health
Tom Scheidel	Scheidel and Associates, Inc.
Tom Shipper	Childrens Hospital of OC
Steve Spaanbroek	MSL Healthcare Partners
Mark Trudzinski	US Army Medical Command
Frank True	Department of Veterans Affairs
Fred Worley	Texas Department of Aging and Disability

3. Review of Questions.

Two interpretations were submitted prior to the meeting for review. The following discussions took place.

A. This question deals with frequency and timing for fire drills. At issue is the need or desire to conduct the required drills on different days – or is it ok to conduct all of the shift drills on the same day/24 hour period. CMS provisions indicate that the drills should be done at "unexpected" times and days thus inferring that doing all drills on the same day may not be realistic. On the flip side, it can also be problematic for smaller hospitals that utilize a measurable percentage of per diem staff especially on the weekends; they may not be present for any of the drills conducted during the week. While it is clear that a pre-set/predetermined schedule should not be established (for example, every 8th Wednesday at 8:00 AM) so as to create complacency, there is no specific guidance on how random the drills should be. Determining and documenting the level of staff participation in the drill is also an area that could be clarified in the code in the future. Based on the discussion, the HITF issued the following position on the 4 parts of this question.

QUESTION 1. (Same day of the week): For quarterly fire drills that are conducted on the same shift, is it the intent of the Life Safety Code that the quarterly drills be permitted to be conducted on the same day of the week as the previous or subsequent quarterly drill?
ANSWER: YES.

QUESTION 2. (Within same hour of day): For quarterly fire drills that are conducted on the same shift, is it the intent of the Life Safety Code that the quarterly drills be permitted to be conducted within the same hour of the day as the hour of day that the previous or subsequent quarterly drill was conducted?
ANSWER: YES.

QUESTION 3. (Same day of week and within same hour of day): For quarterly fire drills that are conducted on the same shift and on the same day of the week as the previous or subsequent drill, is it the intent of the Life Safety Code that the quarterly drills are permitted to be conducted within the same hour of the day as the hour of the day that the previous or subsequent quarterly drill was conducted?
ANSWER: YES.

QUESTION 4 (Different day of week and within same hour of day). For quarterly fire drills that are conducted on the same shift and on a different day of the week as the previous or subsequent drill, is it the intent of the Life Safety Code that the quarterly drills are permitted to be conducted within the same hour of the day as the hour of the day that the previous or subsequent quarterly drill was conducted?
ANSWER: YES.

B. This question deals with the synthetic protective mesh used to prevent/minimize physical damage to med gas cylinders. Although these protective wraps, as well as some of the related valve protective components are combustible, there is some

concern that removing them may not be beneficial. NFPA 99 (2012) Edition notes that the gas cylinders are required to be "separated from combustible materials…". The HITF discussions indicate the intent of the NFPA 99 provision is more concerned with and related to combustible storage, rather than the protective elements directly provided on the cylinders. Based on the discussion, the HITF issued the following position on this question.

QUESTION: Is it the intent of NFPA 99 to require the protective plastic mesh or the valve stem/protection that is often found on cylinders during shipment to be removed once the cylinders are received at the health facility?
ANSWER: **NO**. In addition, the non-metallic signs or labels typically attached to the cylinders (See NFPA 99: Section 5.1.3.1.2) are not to be removed.

The following items were also discussed.

C. Testing of Smoke Barrier Doors.

A member asked about the specific testing criteria that may be needed for these doors. This question was prompted by an EC item from TJC that was supposedly driven by CMS. The member was urged to first try to discuss with TJC and CMS to determine if a clarification was actually needed. Additional discussion from NFPA staff noted that a summary of the changes for door inspections had been provided to CMS staff and TJC staff very recently. The HITF tabled this item until such time that any future clarifications from CMS are put forth. The HITF also urged CMS to defer the July 5, 2017 enforcement date on door inspections until a clarification can be made.

EDITORS NOTE: Subsequent to the completion of the HITF meeting, CMS issued S&C 17-38-LSC on July 28th, 2017. This S&C does provide the necessary clarifications discussed at the meeting.

D. Egress Arrangements from Patient Sleeping Suites.

This subject concerns different configurations for suites. Specifically where the egress points from the suite lead to. The 2012 edition of NFPA 101 requires (See Sections 18/19.2.5.5, 18/19.2.5.7.2.1 and 18/19.2.5.7.2.2) egress doors from the suites to lead to a corridor. When two or more exit access doors from the suite are required, one of the required doors is permitted to open into an exit stair, exit passageway, exterior exit door or an adjacent suite if the corridor separation requirements are in place.

The questions posed were:

QUESTION 1. Is it the intent of NFPA 101 to permit two means of egress from a patient sleeping suite exceeding 1,000 square feet where the means of egress consist of a) direct access to a horizontal exit door and b) direct access to an exit stair, exit passageway, exit door to the exterior, or to adjoining suite?

QUESTION 2. Is it the intent of NFPA 101, 18/19.2.5.7.2.1 (B) to refer to 18/19.2.5.7.2.2 (A) instead of 18.2.5.5.1?

The HITF took no action on this subject. A review of the 2015 edition of NFPA 101 indicates that the suite egress provisions and arrangements have been further revised and clarified to better explain what configurations are permitted. The 2012 code did not necessarily capture the entire range of configurations. A suggestion was made that it may be possible to request that a TIA be processed on the 2012 edition of the code to bring in the 2015 language.

E. Occupant Load Factors.

This question centers on the use of certain accessory or incidental use areas that are in sleeping departments. NFPA 101 offers no relief or exclusions to discount such incidental uses. Based on the discussion, the HITF issued the following position on the question.

QUESTION. Is it the intent of NFPA 101 for rooms and spaces that are accessory or incidental to the sleeping department to be included in the gross floor area to which the sleeping department factor applies?
ANSWER. YES. Incidental spaces might include soiled holding, clean utility, equipment storage, and medication rooms.

F. Smoke Detection Provisions and Intervening Rooms.

NFPA 101 sets certain conditions in order to allow for an intervening room to be present between a patient sleeping room and an exit access corridor. Some of these sleeping room arrangements may have up to 8 beds but would not have to be governed under the suite provisions. See NFPA 101, Section 19.2.5.6.2. Based on the discussion, the HITF issued the following position on these questions:

QUESTION 1. Is it the intent of Section 19.2.5.6.2 to permit a patient sleeping room arrangement that has an intervening room but that is not considered a suite that is subject to Section 19.2.5.7.2 (e.g., isolation rooms)?
ANSWER. YES.

QUESTION 2. Is it acceptable for the rooms described in Question 1 to be classified as a suite so that the smoke detection requirements in the intervening rooms can be eliminated?
ANSWER 2. NO, unless the suite complies with 19.2.5.7.

G. Circuit Breaker Testing. A series of questions were posed concerning NFPA 99 and the provisions dealing with circuit breakers; relevant sections of NFPA 99 include 6.4.4.1.2.1, 6.5.4.1.2, and 6.6.4.1.2. NFPA 99 requires an annual inspection of main and feeder circuit breakers. Other requirements of NFPA 99 require compliance with NFPA 110 which has supplemental requirements for ongoing ITM of the main and feeder circuit breakers. In both the case of NFPA 99 and NFPA 110, the inspection (visual) of these breakers is a straight forward function. The challenge relates primarily to systems and components that:

- May not have a manufacturer's recommendation regarding the periodic exercising of these breakers as required by NFPA 99, Section 6.4.4.1.2.1.
- May be an existing installation that does not comply with NFPA 110.
- May be some combination of the first two.

A series of 7 questions surrounding this topic were proposed. The questions included suggested frequencies for conducting certain tests to exercise the breakers, using criteria from NFPA 110 and apply it to the NFPA 99 criterion, and using a manual testing procedure in lieu of a simulated overload procedure to conduct the tests.

The HITF could not address these questions. Beyond the requirements in NFPA 99 to follow manufacturer's instructions for periodically testing the breakers, any response from the HITF would essentially be writing code language to answer the question – something that the HITF is precluded from doing.

The subject does seem compelling and given the enhanced provisions and attention with regard to emergency generators as a result of the CMS Emergency Preparedness Rule, the HITF suggests that developing guidance for the range of scenarios might be a future project to be considered by FPRF.

4. Old Business.

The use of simple flame retardant plastic sheeting used to separate work areas in a health care occupancy continues to be monitored. NFPA 241, 2009 edition (referenced in the 2012 edition of NFPA 101) requires use of more substantial materials to separate work areas. If and how the flame retardant plastic sheeting may be used in the future will be monitored to determine if any amendments to NFPA 241 will be suggested.

5. New Business.

A member asked for an informal discussion concerning the need to activate strobes on the alarm notification appliances during a drill. The code at present does not require the audible component to be used at night for example but no similar exception applies to strobes. CMS staff indicated that is something they are willing to look at and consider.

6. **Date / Location for Next Meeting.**

   The next meeting is tentatively set for June 12, 2018 in Las Vegas, NV.

7. **Adjournment.**

   The meeting was adjourned at 5:10 P.M.