

**Healthcare Interpretations Task Force  
FINAL MINUTES**

Henry B. Gonzalez Convention Center  
Meeting Room – 210 AB  
San Antonio, TX  
June 18, 2019  
1:00 P.M. to 6:00 P.M.

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:

<b>MEMBER</b>	<b>REPRESENTING</b>
Chad E. Beebe	ASHE/AHA
Kenneth E. Bush*	Maryland State Fire Marshal's Office – Rep. International Fire Marshals Association (IFMA)
Michael A. Crowley	JENSEN HUGHES – Rep. Health Care Facilities Correlating Committee
Alex Gamble*	Indian Health Service
David Hood (ALT to Ajay Prasad)	JENSEN HUGHES – Rep. American Health Care Association
David P. Klein*	US Department of Veterans Affairs
William E. Koffel	Koffel Associates, Inc. – Rep. TC on Health Care Occupancies
Herman McKenzie*	The Joint Commission – SIG
James Merrill II*	US Department of Health & Human Services (CMS)
G. Brian Prediger*	US Army Corps of Engineers
Brennan Scott* (ALT to K. Proctor)	Det Norske Veritas healthcare (DNV GL)
Robert E. Solomon	National Fire Protection Association
John Williams* (ALT to C. Schiegel)	Washington State Department of Health State Health Care Agency (SHA)
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

\* Voting AHJ Member

**GUESTS**

<b>NAME</b>	<b>REPRESENTING</b>
Josh Brackett	Baptist Health
Clinton Butts	DNV GL Healthcare
Mike Daniel	Daniel Consulting Ltd.

Paul Dzurinda	RPA/JENSEN HUIGHES
Josh Elvove	Self
Jonathan Flannery	ASHE / AHA
Benjamin Leutze	ASHE / AHA
Susan McLaughlin	MSL Healthcare Partners
Richard Nguyen	Veterans Administration Long Beach, CA
John Rickard	PS Consulting
Justin Schwartz	U.S. Army Corps of Engineers
Keith A. Scarlett	WA Department of Health
Franklin True	Department of Veterans Affairs
Steve Spaanbroek	MSL Healthcare Partners

### 3. Review of Questions

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

**A. Sign Requirements for Storage of Non-Flammable Gases.** The application and the extent to which the sign requirements in Chapter 5 of NFPA 99 apply to areas that are not designated as central storage facilities is the source for this particular discussion item. Some facilities have been cited for not applying the sign criteria in areas outside of true central supply system spaces. Based on the discussion, the HITF issued the following position on this question.

**QUESTION:** When cylinders are stored in a room that does not contain a central supply system, do the signage requirements of NFPA 99, 5.1.3.1.8 and 5.1.3.1.9 apply to the storage of those cylinders?

**ANSWER: NO.**

**B. Electric Heater in Exit Stair Enclosures and Conduit Serving the Heater Penetrating the Stair Enclosure.** These types of heaters are sometimes installed in exit stairs in cold climates to supplement the fixed heating system in the building. The complication with this question relates to the list of items that are expressly permitted, and prohibited in accordance with Chapter 7 of NFPA 101. See for example section 7.1.3.2.1 (10) and section 7.1.3.2.3. Trying to develop a response to the question when it refers to a specific piece of equipment, electric heater in this case, is nearly impossible. Factors such as location of the heating unit in the stair would have to be known — is it somewhere above the 7’6” minimum clearance height; does it have sufficient length and width that it may obstruct the minimum egress width; does it use a combustible liquid, i.e. an oil filled heating

element of some sort; does it have a high external operating temperature that it may cause injury to somebody that brushes against it? There are simply too many elements to quantify. The annex information contained in section A.7.1.3.2.3 would give latitude to the authority having jurisdiction to look at specific types of equipment in the exit stair enclosure. The HITF did agree that some level of flexibility is possible with some types of equipment that may directly serve the exit stair. Based on the discussion, the HITF issued the following position on this question.

**QUESTION:** Is an electrical conduit serving equipment that is permitted by the AHJ to be located in the stair enclosure allowed to penetrate the stair enclosure?

**ANSWER:** YES, provided the penetration is properly protected.

Editor's note: During this discussion, the allowance for the suspended unit heater currently allowed by NFPA 101: Section 19.5.2.3 (1) raised the question of where such heaters could actually be provided since that section says they can't be installed anywhere in the means of egress. It was requested that this item be referred to the NFPA TC on Health Care Occupancies.

**C. Determining Floor Area in Storage Rooms.** This question was not submitted in advance but was brought up during the meeting. Some users of the code are aggregating the surface area of shelving units in storage rooms to determine the overall square footage of the space. The code has never contemplated adding in the surface area of shelving units to establish the overall square footage (square meter) of the space. Since the special storage criteria for health care occupancies is area dependent in some cases, this interpretation would put certain occupancies out of compliance. Based on the discussion, the HITF issued the following position on this question.

**QUESTION:** Is the measurement of space in 19.3.2.1.5 (7) intended to be a measurement of shelf space?

**ANSWER:** No, the measurement is the floor area of the room or space.

**D. Fire Door Labels on Non-required Fire Doors.** This question was not submitted in advance but was brought up during the meeting. This has been an ongoing issue with regard to management of labels on fire doors when they are installed in locations not requiring a fire door. While there are different reasons

that this might happen — one style or type of door might have been ordered for the whole building to ease maintenance and parts replacement, the wrong doors may have been ordered, etc. — the extent of ongoing compliance for such doors including the inspection, testing and maintenance of the doors has caused various facilities and authorities having jurisdiction to look at the issue somewhat differently in the past few years. Removing the labels, painting over the labels, or defacing the labels have been among the items suggested to help deal with this issue. In other cases, an accurate schedule of the doors in the facility has been prepared to keep track of which doors must have the full ITM treatment in accordance with NFPA 80 and NFPA 101. Part of the issue has to do with the extent that someone might feel that a label on a fire door constitutes something that is “... obvious to the public...” See NFPA 101: Section 4.6.12.3. While the label would have specific meaning to a facility manager or an authority having jurisdiction, it is generally believed that most occupants would not be able to discern or have an understanding of what the label meant. The presence of a rated fire door in a non-rated assembly would indicate that the door is merely there for privacy or perhaps even to restrict access but has no specific purpose relating to fire resistance or fire endurance. It is difficult for the HITF to further refine or elaborate on their previous discussions on this topic (see minutes of June 2016 meeting). Based on the discussions, it would appear that the AHJ members and organizations have worked this out with the facility and constituent groups that have potentially been impacted. It was also noted that the 2019 edition of NFPA 80 has provided some more clarity around this subject.

**4. Old Business.** An item brought up at the 2018 meeting dealt with the ability to disable strobes during nighttime drills. It is noted that this item is being addressed by the 2021 edition of NFPA 101. AHJ members are aware of this proposed provision and have been working to allow the overnight drills to be conducted without strobe activation. The upcoming change in NFPA 101 will make it consistent with NFPA 72, 2019 edition.

**5. New Business.** Three items were brought up under new business:

**A. Value of HITF.** Every few years, the question is posed if the HITF still brings value to the member organizations. The members expressed support for the ongoing operation and ability of the HITF to meet on an annual basis. It is the only formally organized meeting of the various entities who are widely impacted by the health care related regulations that come from NFPA and other regulatory bodies. It also allows for the group to identify crossover issues from the certification and accrediting organizations as well as from federal and state

authorities having jurisdiction that also have a stake in health care fire safety. One member who attended for the very first time indicated he immediately found value in having this collection of organizations get together to discuss the exact types of issues that we went over.

**B. Home Health Care.** For a little over nine years, NFPA has organized various summits and workshops that included one or more sessions on home health care delivery. Recognizing this is a challenging area for NFPA codes and standards to wade into, the fact is that this trend is only expected to increase in the next decade. One of the present concerns deals with electricity dependent durable medical equipment (DME) used in the home. While several efforts are underway to address this expanding market, an immediate concern being studied by HHS-ASPR centers on the backup power requirements in the home for this equipment. More frequent and longer duration events resulting from hurricanes, floods and wildfires for example can strain the resources of local hospitals when DME patients show up in emergency rooms because the limited battery backup systems ran their course. While some of these events cause power failures as a result of the event, preemptive actions in areas prone to wildfire are becoming a bit more common in the western US. Known as “public safety power shutoffs,” utilities isolate power supplies to areas prone to high wind conditions when wildland fire threats are at a heightened level. NFPA staff is recommending a need for documents such as NFPA 99 to develop some fundamental emergency power supply requirements for DME patients. This was simply an update for the HITF as it is anticipated more work will be coming forth in this area.

**C. Mayer Zimmerman.** It was noted that Mayer had passed away in March of this year. He was a charter member of the HITF-even before we settled on the name HITF. He made many great accomplishments to improve the fire safety and health care occupancies throughout the US and ultimately throughout the world with the ever increasing use of NFPA 101 beyond the US.

**6. Next Meeting.** The next meeting is tentatively scheduled for June 16<sup>th</sup> (Tuesday), 2020 in Orlando, FL. The meeting will be scheduled to run from 1:00 PM-6:00 PM.

**7. Adjournment.** The meeting adjourned at 3:25 PM.