



# NFPA 99, Health Care Facilities Code-Update

- ◆ Typically 3 year cycle-i.e. ...., 1993, 1996, 1999, 2002, 2005, 2012?
- ◆ What happened?



# NFPA 99, Health Care Facilities Code-Update

- ◆ After 2005 edition we entered a 4 ½ year (A2009 cycle-2010 edition).
- ◆ Reformatted the standard into a risk-based code.
- ◆ Eliminated the occupancies chapters
- ◆ Added 6 new chapters



# NFPA 99, Health Care Facilities Code-Update

- ◆ Chapter 1: Administration (FUN)
- ◆ Chapter 2: Referenced Publications (FUN)
- ◆ Chapter 3: Definitions (FUN-but other TC's will have definitions also)
- ◆ Chapter 4: Fundamentals (FUN)
- ◆ Chapter 5: Gas and Vacuum Systems (PIP)
- ◆ Chapter 6: Electrical Systems (ELS)
- ◆ Chapter 7: Information Technology and Communications Systems (ELS)
- ◆ Chapter 8: Plumbing (MEC)



# NFPA 99, Health Care Facilities Code-Update

- ◆ Chapter 9: Heating (MEC)
- ◆ Chapter 10: Electrical Equipment (MED)
- ◆ Chapter 11: Gas Equipment (MED)
- ◆ Chapter 12: Healthcare Emergency Management (HES)
- ◆ Chapter 13: Security Management (HES)
- ◆ Chapter 14: Hyperbaric Facilities (HYP)
- ◆ Chapter 15: Features of Fire Protection (FUN)



# NFPA 99, Health Care Facilities Code-Update

- ◆ Went to NFPA Annual Meeting in June 2009
- ◆ NFPA 99 was returned to Committee by the membership
- ◆ Why?
  - New material
  - Wet locations
  - Selective co-ordination
  - Live taps
  - Scope creep with NFPA 13(exclusions of sprinklers in bathrooms and closets)
  - Ozone sterilizers



# NFPA 99, Health Care Facilities Code-Update

- ◆ TCC met and discussed what cycle to enter
- ◆ Choose to enter the A2011
- ◆ Reviewed all existing public proposals
- ◆ TC's took the ROC draft and used that as a starting point
- ◆ Discussed the “sticking points” from the return and took action



# NFPA 99, Health Care Facilities Code-Update

- ◆ Could not resolve several issues
  - Selective co-ordination
  - Wet locations
  - Scope creep with NFPA 13
- ◆ Selective co-ordination is open for public comment
- ◆ NFPA Research Foundation project to look at wet location issue
- ◆ Intercommittee task group to look at NFPA 13 scope creep



# NFPA 99, Health Care Facilities Code-Update

- ◆ Where are we now?
- ◆ ROP is complete
- ◆ Open for public comments now
  - Close date is 9/3/10
  - NITMAN closing date is 4/8/11
  - Association meeting in Boston, June 12-16, 2011
- ◆ Health Care Facilities Code-2012 edition





# Global Goals and Changes

- ◆ Modernize the document – 30 year old content
- ◆ Clear and consistent set of criteria
- ◆ Establish four risk levels of patient care
- ◆ All chapters will have the same look
- ◆ Establish a section for existing system requirements



# Categories of Patient Risk

- ◆ Category 1

Facility systems in which failure of such equipment or system is likely to cause major injury or death of patients or caregivers shall be designed to meet system category 1 as defined in this standard.

- ◆ **Annex Material**

Systems are expected to work or be available at all times to support patient needs.



# Categories of Patient Risk

- ◆ Category 2

Facility systems in which failure of such equipment is likely to cause minor injury to patients or caregivers shall be designed to meet system category 2 as defined in this standard.

- ◆ Annex Material

Systems are expected to provide a high level of reliability; however, limited short durations of equipment downtime can be tolerated without significant impact on patient care. Category 2 systems support patient needs, but are not critical for life support.



# Categories of Patient Risk

- ◆ Category 3

Facility systems in which failure of such equipment is not likely to cause injury to the patients or caregivers, but may cause patient discomfort shall be designed to meet system category 3 as defined in this standard.

- ◆ Annex Material

Normal building system reliabilities are expected. Such systems support patient's needs but failure of such equipment would not immediately effect patient care. Such equipment is not critical for life support.



# Categories of Patient Risk

- ◆ Category 4

Facility systems in which failure of such equipment would have no impact on patient care shall be designed to meet system category 4 as defined in this standard.

- ◆ Annex Material

Such systems have no impact on patient care and would not be noticeable to patients in the event of failure. There are no minimum requirements for such equipment.



# TC on Fundamentals

- ◆ Definitions
  - Anesthetizing locations
  - Wet locations
- ◆ Emergency Power Supply Systems
  - Eliminated Emergency System Heading
  - Changed Equipment System to Equipment Branch
  - Overcurrent Protection Devices (Access and Location)
- ◆ Low Voltage Electrical Systems
- ◆ New chapter on fire protection features
- ◆ Revised section on flammable germicides and antiseptic (TIA)



# TC – Piped Gas Systems

- ◆ Working with NFPA 55 on bulk oxygen requirements
- ◆ Testing requirements for cryogenic liquid systems and all other systems
- ◆ Maintenance and Testing of Installed Systems
- ◆ Testing of Articulating Booms



# TC- Emergency Management

- ◆ New Chapter on Security
  - Based on the foundations of NFPA 730, Guide for Premises Security
  - Facility shall conduct a Security Vulnerability Assessment (SVA)
  - Defines responsible person





# Questions?

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**Thank you for your time  
and attention!**