

**NFPA 99-Proposed 2024 Edition**

**Health Care Facilities Code**

**TIA Log No.: 1696**

**Reference:** A.3.3.145.1, A.3.3.145.2, A.3.3.145.3, and A.3.3.145.4

**Comment Closing Date:** April 20, 2023

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[www.nfpa.org/99](http://www.nfpa.org/99)

1. *Delete Annex sections A.3.3.145.1, A.3.3.145.2, A.3.3.145.3, and A.3.3.145.4 as follows:*

**A.3.3.145.1 Category 1 Space.**

~~These spaces, formerly known as critical care rooms, are typically where patients are intended to be subjected to invasive procedures and connected to line-operated, patient care related appliances. Examples include, but are not limited to, special care patient rooms used for critical care, intensive care, and special care treatment rooms such as angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, post-anesthesia care units, trauma rooms, and other similar rooms. (FUN)~~

**A.3.3.145.2 Category 2 Space.**

~~These spaces were formerly known as general care rooms. Examples include, but are not limited to, inpatient bedrooms, dialysis rooms, in vitro fertilization rooms, procedural rooms, and similar rooms. (FUN)~~

**A.3.3.145.3 Category 3 Space.**

~~These spaces, formerly known as basic care rooms, are typically where basic medical or dental care, treatment, or examinations are performed. Examples include, but are not limited to, examination or treatment rooms in clinics, medical and dental offices, nursing homes, and limited care facilities. (FUN)~~

**A.3.3.145.4 Category 4 Space.**

~~These spaces were formerly known as support rooms. Examples of support spaces include, but are not limited to, anesthesia work rooms, sterile supply, laboratories, morgues, waiting rooms, utility rooms, and lounges. (FUN)~~

**Substantiation:** As a phased approach over three cycles, we changed instances where the code called out specific locations to accommodate the new risk-based methodology. E.g. 2015 X.X Critical Care Space --> 2018 X.X Category 1 (Critical Care Space) --> 2021 X.X Category 1 Space. We also removed any references to rooms or buildings where the body of the text associated them with a specific category. I believe we caught all of the section titles and text in the main body, but in the annex, we didn't take out the text below that still suggests that the rooms should be a specific category. The examples are problematic because they give poor guidance that could create a hazard. For example, inpatient bedrooms could be category 1 depending on the care that is being given to the patient – including it in the example in category 2 could lead to an AHJ accepting and not question the health care governing bodies decision to make it category 2. Additionally, category 3 lists “nursing homes” as category 3, suggesting the entire facility be categorized by the type of facility which fundamentally goes against the risk-based approach and in many situations, portions of a nursing home facility could be category 2 or 1. One other troubling example is sterile supply listed as category 4 space – the HVAC system

and other infection control measures in sterile supply most likely would not be category 4.

**Emergency Nature:** The standard contains an error or an omission that was overlooked during the regular revision process. The NFPA Standard contains a conflict within the NFPA Standards or within another NFPA Standard. The proposed TIA intends to correct a previously unknown existing hazard. The proposed TIA intends to offer to the public a benefit that would lessen a recognized (known) hazard or ameliorate a continuing dangerous condition or situation.

We have current AHJs using this annex language to guide design professionals in determining categories. While the annex is not intended to be enforceable, having annex language that suggests that a specific hazard meets the intent of the code is problematic. For example, a design that shows that the nursing home is all category 3, as decided by the designer of a specific system is problematic for an AHJ when the annex says it's okay. It's also confusing to owners and other users of the code that are trying to grasp the risk-based intent of the code only to find in the annex that the entire building should be classified as a category 3.

Anyone may submit a comment by the closing date indicated above. Please identify the TIA number, state whether you SUPPORT or OPPOSE the TIA along with your comment, and forward to the Secretary, Standards Council. [SUBMIT A COMMENT](#)