



NATIONAL FIRE PROTECTION ASSOCIATION

The leading information and knowledge resource on fire, electrical and related hazards

MEMORANDUM

TO: Technical Committee on Health Care Emergency Management and Security

FROM: Elena Carroll, *Project Administrator*

DATE: November 20, 2018

SUBJECT: NFPA 99 First Draft Technical Committee FINAL Ballot Results (A2020)

According to the final ballot results, all ballot items received the necessary affirmative votes to pass ballot.

16 **Members Eligible to Vote**
3 **Members Not Returned** (*Gabriele, Paturas, Spickler*)

The attached report shows the number of affirmative, negative, and abstaining votes as well as the explanation of the vote for **each** revision.

To pass ballot, **each** revision requires: (1) a simple majority of those eligible to vote and (2) an affirmative vote of $\frac{2}{3}$ of ballots returned. See Sections 3.3.4.3.(c) and 4.3.10.1 of the *Regulations Governing the Development of NFPA Standards*.



First Revision No. 1136-NFPA 99-2018 [Detail]

A.12.4.1

Consideration should be given to all sites affiliated with the organization. Each component of the health care organization should either have their own emergency management program and plan or be part of the overall organization's emergency management program and plan.

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Mon Sep 10 11:38:20 EDT 2018

Committee Statement

Committee Statement: This FR adds annex material to attempt to resolve the issue of remote affiliated sites not being addressed by large organizations emergency management program and plan.

Response Message: FR-1136-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.
Simpson, James P.
Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela
Agree with the Committee changes

**First Revision No. 1112-NFPA 99-2018 [Section No. 12.2.3.1]****12.2.3.1***

The membership of the emergency management committee shall include a chairperson, the emergency program coordinator, and leadership representatives of ~~the following key areas:~~ those departments, services, and areas that have a significant role in the facility's emergency management activities.

~~Senior management~~

~~Medical staff~~

~~Nursing~~

~~Infection prevention~~

~~Facilities engineering~~

~~Safety/industrial hygiene~~

~~Security~~

~~Information technology~~

~~Materials management~~

~~Other key areas within the organization~~

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 08:31:42 EDT 2018

Committee Statement

Committee Statement: The committee moved this mandatory language to the annex section to allow facilities more flexibility in who they can assign to the emergency management committee. It would be difficult for smaller facilities to find representatives from each of these areas.

Response Message: FR-1112-NFPA 99-2018

[Public Input No. 239-NFPA 99-2018 \[Section No. 12.2.3.1\]](#)

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1122-NFPA 99-2018 [Section No. 12.3]

12.3 Emergency Management Categories.

The application of requirements in this chapter shall be based on the emergency management category of the health care facility as defined in Table 12.3.

Table 12.3 Emergency Management Categories

<u>Emergency Management Category</u>	<u>Definition</u>
1	Those inpatient facilities that remain operable to provide advanced life support services to injured responders and disaster victims, <u>or those inpatient facilities that serve as a receiving facility for evacuating health care facilities</u> . These facilities manage the existing inpatient load as well as plan for the influx of additional patients as a result of an emergency.
2	Those inpatient or outpatient facilities that augment the critical mission. These facilities manage the existing inpatient or outpatient loads but do not plan to receive additional patients as a result of an emergency or do not plan to remain operable should essential utilities or services be lost.

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 10:59:07 EDT 2018

Committee Statement

Committee Statement: The previous categories did not take into account that many healthcare inpatient facilities (e.g., Long Term Care, Assisted Living, Behavioral Health Hospitals, etc.) may not “provide advanced life support services to injured responders and disaster victims” but may serve as receiving facilities for evacuating healthcare facilities. This category definition change also reflects to the changes in 12.5.3.4.10.1.

Response Message: FR-1122-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes

**First Revision No. 1119-NFPA 99-2018 [Section No. 12.4.1.1]****12.4.1.1***

The emergency management program shall include elements as required to manage an emergency during all four phases: mitigation, preparedness, response, and recovery.

A.12.4.1.1

Organizations that are part of an integrated health care system can choose to develop an emergency operations plan (EOP) using a system approach, rather than individual facility EOPs.

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 10:29:27 EDT 2018

Committee Statement

Committee Statement: Integrated healthcare system emergency operations plans are a new option that has not been previously available to healthcare organizations.

Response Message: FR-1119-NFPA 99-2018

[Public Input No. 248-NFPA 99-2018 \[New Section after A.12.2.3.3\]](#)

Ballot Results

✔ **This item has passed ballot**

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes

**First Revision No. 1126-NFPA 99-2018 [Section No. 12.4.2]****12.4.2***

When developing its emergency management program, the facility shall communicate its needs and vulnerabilities to community emergency response agencies and identify the capabilities of its community in supporting their mission.

A.12.4.2

The Assistant Secretary of Preparedness and Response (ASPR) defines the term *health care coalition (HCC)* in *2017-2022 Health Care Preparedness and Response Capabilities* as "A group of individual health care and response organizations [e.g., hospitals, emergency medical services (EMS), emergency management organizations, public health agencies] in a defined geographic location. HCCs play a critical role in developing health care delivery system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with [Emergency Support Function-8] ESF-8 [health and medical services] activities in the context of incident command system (ICS) responsibilities."

Health care facilities should participate in health care coalitions to improve community emergency planning, resource sharing, and other collaborative efforts. Participation in other types of collaborative groups can also be beneficial.

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 13:13:47 EDT 2018

Committee Statement

Committee Statement: The current standard of care for Healthcare Disaster management include activities such as Healthcare Coalitions, which can benefit healthcare facilities greatly.

Response Message: FR-1126-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes

**First Revision No. 1129-NFPA 99-2018 [Section No. 12.5.3.2.3]****12.5.3.2.3**

The mitigation strategy shall consider, but not be limited to, the following:

- (1) Use of applicable building construction standards
- (2) Hazard avoidance through appropriate land-use practices
- (3) Relocation, retrofitting, or removal of structures at risk
- (4) Removal or elimination of the hazard
- (5) Reduction or limitation of the amount or size of the hazard
- (6) Segregation of the hazard from that which is to be protected
- (7)* Modification of the basic characteristics of the hazard

A.12.5.3.2.3(7)

This should include additional information on the development, maintenance, and evaluation of hazardous materials first receivers decontamination programs.

- (8) Control of the rate of release of the hazard
- (9) Provision of protective systems or equipment for both cyber or physical risks
- (10) Establishment of hazard warning and communications procedures
- (11) Redundancy or duplication of essential personnel, critical systems, equipment, information, operations, or materials

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 14:10:13 EDT 2018

Committee Statement

Committee Statement: The committee would like to insert additional information on the development, maintenance, and evaluation on first receivers decontamination programs but they are not ready to incorporate the information into the standard currently. This information will add value to the user.

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1115-NFPA 99-2018 [Section No. 12.5.3.3.6.4]

12.5.3.3.6.4 Clinical Support Activities.

The facility shall plan for the following during an emergency:

- (1) Clinical activities that could need modification or discontinuation during an emergency, such as patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation
- (2) Clinical services for special needs populations in the community, such as pediatric, geriatric, disabled, and chronically ill patients, and those with addictions (Emergency Management Category 1 only)
- (3) Process to shelter patients in place
- (4) Patient cleanliness and sanitation
- (5) Behavioral needs of patients
- (6) Mortuary services
- (7) Evacuation both horizontally and, when required by circumstances, vertically, when the environment cannot support care, treatment, and services
- (8) Transportation of patients, and their medications and equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services
- (9) Transportation of pertinent patient information, including essential clinical and medication-related information, to an alternative care site(s) when the environment cannot support care, treatment, and services
- (10) Documentation and tracking of patient location and patient clinical information

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 09:32:10 EDT 2018

Committee Statement

Committee Statement: Many healthcare organizations do not have a defined process to shelter patients in place when evacuation is not feasible, including staffing, potential locations within the building, supplies, food, etc.

Response Message: FR-1115-NFPA 99-2018

Public Input No. 250-NFPA 99-2018 [Section No. 12.5.3.3.6.4]

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1127-NFPA 99-2018 [Section No. 12.5.3.3.6.5]

12.5.3.3.6.5* Essential Utilities and Systems.

The facility shall plan for continuity of operations during the loss or interruption of the following utilities and systems during an emergency, as applicable:

- (1) Electricity
- (2) Potable water
- (3) Nonpotable water
- (4) Wastewater
- (5) HVAC
- (6) Fire protection
- (7) Fuel for building operations
- (8) Fuel for essential transportation
- (9) Medical gas and vacuum
- (10) Information technology

A.12.5.3.3.6.5

Consideration should be given to preemptively installing parallel components such that maintenance can be performed on operating equipment. This will necessitate the installation of additional valves, circuits, or controls to isolate those parts to be removed and replaced, such as air or fuel filters. This work should not violate any other code, standard, or safety device. The desired outcome is system resiliency despite part failure.

When planning for emergency utility systems, consideration should be given for maintaining temperature and humidity levels appropriate for patients and supply storage. This could be done by providing HVAC on emergency power, by relocation of patients and supplies to an appropriately heated or cooled area of the facility, or evacuation.

Supplemental Information

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
99_HES_A.12.5.3.3.6.5.docx	edited annex material--for staff use	

Submitter Information Verification

Committee: HEA-HES
Submission Date: Tue Aug 28 14:00:30 EDT 2018

Committee Statement

Committee Statement: The committee added clarification of the intent of the section by adding actionable items.
 Annex: Neither the current standard nor annex material identifies this critical planning component. Suggestions are provided in the proposed content to meet this need.

Response Message: FR-1127-NFPA 99-2018

[Public Input No. 249-NFPA 99-2018 \[Section No. A.12.5.3.3.6.5\]](#)

Ballot Results

✔ **This item has passed ballot**

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1117-NFPA 99-2018 [Section No. 12.5.3.3.6.7(D)]

(D)

The facility shall ~~provide~~ ensure that ~~staff, volunteers,~~ and other personnel ~~with a form of identification,~~ such as ~~identification cards, wrist bands, vests, hats, badges, or computer printouts~~ are credentialed by the facility for their assignment and wear visible identification demonstrating such credentialing while on-site at the facility .

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 09:43:21 EDT 2018

Committee Statement

Committee Statement: The committee changed this section to be inclusive of volunteers due to the addition of a new sub-part (F) in this section. It also takes the burden of providing identification to those who may already have identification and credentialing provided to them.

Response Message: FR-1117-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters
3 Not Returned
12 Affirmative All
1 Affirmative with Comments
0 Negative with Comments
0 Abstention

Not Returned

Gabriele, Nicholas E.
Paturas, James L.
Spickler, Jerry

Affirmative All

Becker, Robert M.
Brewster, Pete
Dagenais, David A.
Gilyeat, Sharon S.
Keisler, Jr., Frank L.
Lyman, Dale L.
McLaughlin, Susan B.
Poole, Jack
Rhinehart, Patrick C.

Scarlett, Kevin A.
Simpson, James P.
Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela
Agree with the Committee changes



First Revision No. 1116-NFPA 99-2018 [Section No. 12.5.3.3.6.7(E)]

(E)

The facility shall include in its plan the alerting, managing, and ~~managing~~ tracking of all staff in an emergency.

(F)

The facility shall include in its plan a process for integrating the use of volunteers, including those of the federal government, in their emergency response.

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 09:39:34 EDT 2018

Committee Statement

Committee Statement: Tracking of staff members during an emergency is a new regulatory requirement that has not been previously addressed. Planning for the incorporation of volunteers into the healthcare organization's response is a new requirement of regulatory agencies that has not been previously addressed.

Response Message: FR-1116-NFPA 99-2018

[Public Input No. 244-NFPA 99-2018 \[Section No. 12.5.3.3.6.7\(E\)\]](#)

[Public Input No. 245-NFPA 99-2018 \[New Section after 12.5.3.3.6.7\(E\)\]](#)

Ballot Results

✔ **This item has passed ballot**

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1118-NFPA 99-2018 [Section No. 12.5.3.3.7.1]

12.5.3.3.7.1

Each facility shall implement an educational program in emergency management that includes training, drills, and exercises .

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 10:17:10 EDT 2018

Committee Statement

Committee Statement: This clarifies the expectation that both didactic training and exercises are required. The committee did not want to include the term testing as it implied that a written exam was involved.

Response Message: FR-1118-NFPA 99-2018

[Public Input No. 246-NFPA 99-2018 \[Section No. 12.5.3.3.7.1\]](#)

Ballot Results

✔ **This item has passed ballot**

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1131-NFPA 99-2018 [Section No. 13.5.3]

13.5.3

Pediatric and infant care areas shall have a security plan for the prevention of, and response to, pediatric and infant abduction that shall include appropriate protections, such as the following:

- (1) Control and limitation of access by the general public
- (2) Screening by nursing prior to allowing persons access to infant care areas
- (3) Matching protocol with staff clearance to pair infants with parents
- (4) System to monitor and track the location of pediatric and infant patients
- (5)* Facility alert system and lockdown procedures
- (6) Use of electronic monitoring, tracking, and access control equipment
- (7) Use of an automated and standardized facility-wide alerting system to announce pediatric or infant abduction
- (8) Remote exit locking or alarming
- (9) Staff observation of all persons and inspection of all packages leaving the premises
- (10) Prohibition on birth announcements by staff
- (11) Detection of the presence of a nonidentified individual constitutes a security breach
- (12) Movement of infants restricted to basinet only — no hand carries
- (13) Health care staff wear unique identification or uniforms
- (14) Secure storage of scrubs and uniforms, both clean and dirty
- (15) Education in pediatric and infant abduction as follows:
 - (a) Health care staff are familiar with infant abduction scenarios
 - (b) Parents know not to leave a child or an infant unattended or in the care of an unidentified person
 - (c) Parents know that they have the right to refuse to release their child to any individual without validation of official hospital identification
- (16) Visiting family and friends not permitted to enter any nursery area with an infant or a newborn from the outside
- (17) Infant abduction drills conducted periodically, based on SVA, to test effectiveness of chosen measures
- (18) Video surveillance equipment, where it does not violate HIPAA or other patient rights

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 15:15:52 EDT 2018

Committee Statement

Committee Statement: Video surveillance is important to provide in pediatric and infant care areas for the safety of children and infants as long as it doesn't violate HIPAA or other patient rights. The term periodic seemed subjective and so additional language was added to allow the period to be chosen by the SVA.

Response Message: FR-1131-NFPA 99-2018

Ballot Results

✔ **This item has passed ballot**

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1134-NFPA 99-2018 [Section No. 13.5.4]

13.5.4*

Medication storage and work areas shall be secured against admittance of unauthorized personnel through the use of the following:

- (1) Physical access Access control
- (2) Unique identification for the area
- (3) Secure storage and controlled dispensing of drugs

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 15:48:58 EDT 2018

Committee Statement

Committee Statement: Physical access control was changed to access control to be in line with section 13.9 which is titled "Access Control Equipment"

Response Message: FR-1134-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1132-NFPA 99-2018 [Section No. 13.5.5]

13.5.5

Clinical and research laboratories shall be secured against admittance of unauthorized personnel through appropriate protections, such as the following:

- (1) ~~Physical access~~ Access control
- (2) Unique identification for the area
- (3) Secure storage and controlled dispensing of regulated chemical, biological, and radiological materials
- (4) Video surveillance

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 15:27:27 EDT 2018

Committee Statement

Committee Statement: Video surveillance is an important part of security that should be considered. Physical access control was changed to access control to be in line with section 13.9 which is titled "Access Control Equipment"

Response Message: FR-1132-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

- 16 Eligible Voters
- 3 Not Returned
- 11 Affirmative All
 - 1 Affirmative with Comments
 - 1 Negative with Comments
- 0 Abstention

Not Returned

Gabriele, Nicholas E.
Paturas, James L.
Spickler, Jerry

Affirmative All

Becker, Robert M.
Brewster, Pete
Dagenais, David A.
Gilyeat, Sharon S.
Keisler, Jr., Frank L.
Lyman, Dale L.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes

Negative with Comment

McLaughlin, Susan B.

I am a medical technologist and former laboratorian. Clinical laboratories do not present such a security risk that video surveillance is necessary.



First Revision No. 1135-NFPA 99-2018 [Section No. 13.5.6]

13.5.6

Dementia or behavioral health units shall be secured against the admittance or release of unauthorized personnel through appropriate protections, such as the following:

- (1) Physical access Access control
- (2) Unique identification for the area
- (3)* Procedure to prevent entry of contraband prior to a person being admitted into the unit or department
- (4) Elopement precautions
- (5) Maintenance of color photos with the medical information of current patients to aid in identification

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 15:49:27 EDT 2018

Committee Statement

Committee Statement: Physical access control was changed to access control to be in line with section 13.9 which is titled "Access Control Equipment"

Response Message: FR-1135-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1133-NFPA 99-2018 [Section No. 13.5.8]

13.5.8

Communications, data infrastructure, and medical records storage areas shall be secured against the admittance of unauthorized personnel or unauthorized release of confidential information through the use of appropriate protections, such as the following:

- (1) ~~Physical-access~~ Access control
- (2) Unique identification for the area
- (3) Surveillance equipment
- (4) Data encryption and password protection

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 15:47:08 EDT 2018

Committee Statement

Committee Statement: Physical access control was changed to access control to be in line with section 13.9 which is titled "Access Control Equipment"

Response Message: FR-1133-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1137-NFPA 99-2018 [Sections A.12.2.3, A.12.2.3.1]

A.12.2.3

It is strongly recommended that executive and medical leadership representatives play a key role in the emergency management committee and planning process. The following list is not intended to be all-inclusive, and additional representatives might be needed based on the level of care provided or the structure of the organization:

- (1) Bioterrorism ~~coordinator~~ coordination
- (2) Communications/data management
- (3) Finance
- (4) Human resources
- (5) Legal/risk management
- (6) Public relations
- (7) Purchasing/materials management
- (8) Quality management
- (9) Training and education

A.12.2.3.1

An individual member can represent multiple disciplines, as appropriate, to the facility. Those departments, services, and areas that have a significant role in the facility's emergency management activities can include, but are not limited to, the following key areas:

- (1) Senior management
- (2) Medical staff
- (3) Nursing
- (4) Infection prevention
- (5) Emergency department
- (6) Facility engineering
- (7) Safety/industrial hygiene
- (8) Security
- (9) Information technology
- (10) Materials management
- (11) Marketing/public relations
- (12) Food services
- (13) Environmental services
- (14) Other key areas within the organization

Supplemental Information

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
99_HES_A.12.2.3_and_A.12.2.3.1.docx	changes --for staff use	

Submitter Information Verification

Committee: HEA-HES
Submission Date: Tue Sep 11 16:20:36 EDT 2018

Committee Statement

Committee Statement: This change is in line with relocating text from the body of the standard.

Response Message: FR-1137-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes



First Revision No. 1120-NFPA 99-2018 [Section No. A.12.5.3.1.3(1)]

A.12.5.3.1.3(1)

Continuity of operations can include, but is not limited to, maintaining staffing levels, resources and assets, ability to obtain support from the outside environment, and leadership sustainability. At a minimum, plans should include the following:

- (1) Leadership succession
- (2) Delegation of legal authority
- (3) Restoration of critical systems

Submitter Information Verification

Committee: HEA-HES

Submittal Date: Tue Aug 28 10:32:33 EDT 2018

Committee Statement

Committee Statement: While not a complete COOP, the added specifics will provide guidance.

Response Message: FR-1120-NFPA 99-2018

Public Input No. 247-NFPA 99-2018 [Section No. A.12.5.3.1.3(1)]

Ballot Results

✔ **This item has passed ballot**

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes

**First Revision No. 1123-NFPA 99-2018 [Section No. A.12.5.3.4.10.1]****A.12.5.3.4.10.1**

For additional information see *Medical Surge Capacity and Capability Handbook* (www.phe.gov/preparedness/planning/mscc/pages/default.aspx) Based on the facility's hazard vulnerability analysis (HVA), consideration should include, but not be limited to, preparation to do the following: .

- (1) Provide services to injured responders and disaster victims
- (2) Receive large numbers of victims from a mass casualty incident (trauma or medical)
- (3) Be a receiving facility for a health care facility evacuation
- (4) Handle uncontrolled increased census (e.g., due to a flu outbreak)

Submitter Information Verification

Committee: HEA-HES

Submission Date: Tue Aug 28 11:04:50 EDT 2018

Committee Statement

Committee Statement: Although the current standard vaguely references "medical surge capacity and capability" the recommended verbiage better defines the various possible planning that is necessary based on the facility's HVA.

Medical Surge Capacity and Capability Handbook has been moved to annex D.

Response Message: FR-1123-NFPA 99-2018

Ballot Results

✔ This item has passed ballot

16 Eligible Voters

3 Not Returned

12 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Gabriele, Nicholas E.

Paturas, James L.

Spickler, Jerry

Affirmative All

Becker, Robert M.

Brewster, Pete

Dagenais, David A.

Gilyeat, Sharon S.

Keisler, Jr., Frank L.

Lyman, Dale L.

McLaughlin, Susan B.

Poole, Jack

Rhinehart, Patrick C.

Scarlett, Kevin A.

Simpson, James P.

Widdekind, Michael D.

Affirmative with Comment

Reno, Pamela

Agree with the Committee changes