HEALTH CARE ALERT

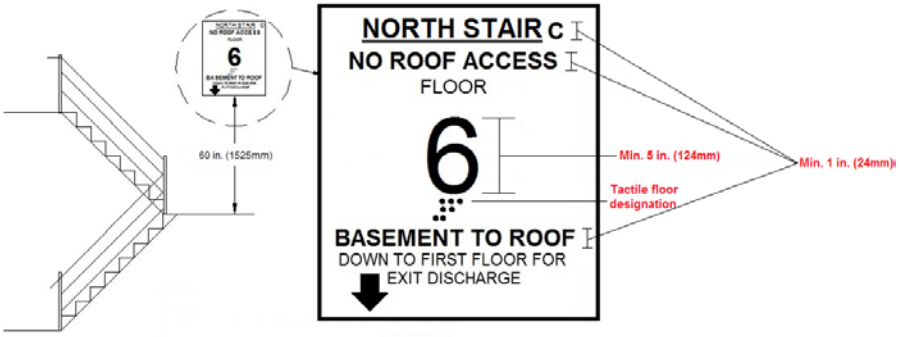
EXPERTLY ENGINEERING SAFETY FROM FIRE

ADOPTION OF NFPA 101®, 2012 BY CMS MAY MEAN SOME UPGRADES TO EXISTING FACILITIES

We have all long awaited the adoption of the 2012 Edition of *NFPA 101*: *Life Safety Code*® (*LSC)*, as it includes many changes that will help improve the quality of life and the care of patients/residents in all types of health care facilities. With the changes, there are also some requirements that result in changes that existing facilities need to make to achieve compliance. Keep in mind that although there are other 2012 *LSC* requirements that are more stringent than the 2000 *LSC*, they are not included as they are not retroactive to an existing facility. The only ones included here are the ones with which an existing facility must comply. We have also included a few with which we believe existing facilities **should** comply.

- ***LSC* §19.2.5.6.2: Smoke Detection In Ante Rooms**
  - Exit access from a patient sleeping room with not more than eight patient beds shall be permitted to pass through one intervening room to reach an exit access corridor, provided that the intervening room is equipped with an approved automatic smoke detection system in accordance with Section 9.6.

- ***LSC* §7.2.2.5.4: Exit Stair Signage for Existing Stairs 5 or More Stories in Height** (Changes from 2000 LSC are highlighted in red)



  - **Sign shall be illuminated to 5 ft candles at the surface (internally, externally or Photoluminescent)**
  - **Sign shall be painted or stenciled on the wall or on a separate sign securely attached to the wall**
  - Sign must be visible with door opened or closed

- **FACU Protection**
  - *LSC* §9.6.1.8.1.3 has been deleted. This allowed buildings that are protected throughout by a sprinkler system to omit automatic smoke detection at each fire alarm control unit. Smoke detection is now REQUIRED at existing FACUs, even if you have a sprinkler system.

- ***LSC* §9.7.1.2: Control Valves in Isolated Hazardous Areas**
  - A listed, electrically supervised, indicating shut-off valve for sprinkler piping serving not more than six sprinklers for any isolated hazardous area is now required.
- ***LSC* §19.4.5: High-rise Building Sprinkler Protection**
  - High-rise buildings containing health care occupancies must be protected with a supervised, automatic sprinkler system within 12 years of adoption of the Code (9 years if the 2009 Edition was adopted locally).

- **NFPA 80, 2010 Edition, §5.2.4: Annual Fire Door Inspections**
  - Periodic Inspection and Testing shall be performed annually on fire doors and shall meet the provisions of NFPA 80, §5.2.4

- **NFPA 99, 2012 Edition, §6.3.2.2.11: Battery-Powered Lighting Units** - Although this provision does not apply to existing facilities, it would be prudent to provide the battery-powered lighting.
  - Shall be provided in deep sedation and general anesthesia areas
  - Sufficient to terminate procedures
  - Wired to general lighting branch circuit
  - 1½ hour duration
  - Tested monthly for 30 seconds and annually for 30 minutes

- **NFPA 99, §5.1.3.3.4.2: Cylinders Storage with Motor-Driven Machinery -** Although this provision does not apply to existing facilities, it would be prudent to remove any portable cylinders from rooms with motor-driven machinery.
  - Whether full or empty, cylinders shall not be stored in enclosures containing motor-driven machinery, with the exception of cylinders intended for instrument air reserve headers complying with 5.1.3.9.5.

- **NFPA 99, §5.1.3.3.2*: Design and Construction -** Although this provision does not apply to existing facilities, it would be prudent to remove any wood racks from use.
  - Racks, shelves, and supports, where provided, constructed of noncombustible materials or limited-combustible materials. Previously wood racks were permitted for storage of cylinders.

- **Existing Approved Equivalencies for Suites and Special Locking Arrangements**
  The new provisions for larger sleeping suites and for special locking arrangements in areas that require specialized protective measures for the security of the patients, may result in existing approved equivalencies that fall short of the prescriptive requirements now in the *Code*. These equivalencies will need to be reviewed on a case by case basis and coordination with TJC/CMS will determine if the existing equivalencies are acceptable or if these areas must be upgraded to the 2012 *LSC* requirements. Existing locking arrangements that are not part of an equivalency may require upgrades.