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Changes in the 2000 Edition of NFPA's Life Safety Code

Introduction:

The following changes will appear in the 2000 edition of NFPA's Life Safety Code®. This document has been published and is available from the National Fire Protection Association. The American Society for Healthcare Engineering and numerous other health care associations have petitioned the Health Care Financing Administration to replace their current reference to the 1985 LSC with the 2000 edition. Like everything in government the wheels of progress are moving very slowly. We anticipate HCFA to have a Notice of Proposed Rule Making in the Federal Register by mid summer, and if no significant roadblocks arise Congress should adopt the 2000 edition by end of 2000. The Joint Commission has also gone on record to indicate their strong support of HCFA moving to the 2000 edition and has promised to revise their standards to this same edition once adopted by HCFA.

The language presented below is for discussion purposes only and is not the exact language contained within the Life Safety Code®. The commentary is the opinion of this author and shall not be considered an official interpretation of the Technical Committee on Health Care Occupancies or the National Fire Protection Association.

2000 Code Introductory Chapters:

1. Exit Signs and Awareness of Egress System – In Chapter 1 of the Code there is a section which states: every exit shall be clearly visible or the route to reach every exit shall be conspicuously indicated. Each means of egress in its entirety, shall be arranged or marked so that the way to a place of safety is indicated in a clear manner.

This paragraph in Chapter 1 of the Life Safety Code clearly states that exit signs do not have to be placed so that two paths are clearly marked as long as the route is arranged to be clearly indicated. The Joint Commission has requested its surveyors to stay away from making recommendations on the placement of exit signs. Work with your local authority to determine the proper number of exit signs, and if a Joint Commission surveyor writes you up challenge it with Joint Commission staff.

2. Drill Frequency – In Chapter 1 of the Code the paragraph on fire drills was altered by deleting some language which used to state that drills shall include suitable procedures to ensure that all persons ~~in the buildings or all persons~~ subject to the drill actually participate. Also modified were the addition of the word participant and the deletion of building occupants.

By the deletion of these words it further clarifies that the Code no longer requires all persons in the building to participate in fire drills. This change is also the impetus for the Joint Commission to drop its requirement for the 20% random sampling of the total number of zones. The Joint Commission is modifying their requirements to delete this requirement by the middle of 2000.

3. New language was introduced in Chapter 5 on the use of delayed egress locks and the time frames before the lock opens. The new language permits 15 seconds, as the standard but will allow 30 seconds if permitted by the authority having jurisdiction. A sign indicating that there is a delayed egress lock will be required on the door.
4. Photoluminescent signs are now included in the Code. However there was a major floor discussion on this item so it is likely to go to the Standards Council as an appeal.
5. New chapter numbers have been assigned and New Health Care is now Chapter 18, and Existing is Chapter 19.

Chapter 12 – New Health Care Occupancies

1. Changes in Occupancy – Language was added to permit the modification of:
 - a. a nursing home to a limited care facility without having to meet the requirements for new, and
 - b. a hospital or nursing home to an ambulatory health care facility without having to meet the requirements for new construction.

This new provision will permit organizations to convert a hospital or nursing home to an ambulatory health care facility without having to meet the new requirements in Chapter 18, or the New Business Occupancy requirements of the Life Safety Code®.

2. Reintroduced the language for ambulatory facilities that it is four or more patients which the treatment received in the facility that renders them incapable of self-preservation. This helps determine whether it is a hospital or ambulatory health care occupancy.

This new language is actually old text that was some how dropped in the 1997 edition of the Code. The TC reinserted it to reinforce that it is the medical treatment rendered to the patient that mandates going to a higher level of standard versus the patient's physical condition as they enter our health care facility. As an example, if a patient is brought into the building in a wheelchair, and no additional medical treatment is administer to make them incapable of self-preservation, then they are not counted as one of the four necessary to make the building a health care occupancy.

3. Added language, which clarifies the Code intent that was to require the initiation of the closing action of the smoke doors only on a smoke compartment by smoke compartment basis.

This added language should help alleviate the problem of having all smoke doors closing throughout the entire building and creating a problem with safety, staff communication, and the need to reset them after an alarm initiation.

4. Restressed the TC's strong opinion against presignal systems but strengthen the fact that visible alarm indication appliances shall be permitted in critical care areas.

Restressed the TC's strong opinion that audible devices can be eliminated in Critical Care Areas of health care facilities. This is a provision that should be taken advantage of in areas such as Operating Rooms, Delivery Rooms, ICUs, CCUs, cardiac catheterization, trauma areas, etc. The definition of Critical Care Area is found in NFPA 99, Chapter 2.

5. Added language to state that compliance with NFPA 80 is not required for corridor doors and that a clearance between the bottom of the door and floor covering of 1" is permissible.

This means the Life Safety Code® now permits a 1" undercut for corridor doors. The Code language is for a maximum of 1" anywhere along the bottom of the door. Whereas the Joint Commission is permitting an average of 1" along the bottom of the door. Remember that this provision only applies to corridor doors and not rated fire doors into hazardous areas, or cross-corridor doors such as smoke barrier or fire barrier doors.

6. Inserted new language about blocking open of corridor doors – states that doors shall not be blocked open with furniture, door stops, chocks, tie backs, drop down or plunger type devices that necessitate manual unlatching or releasing action to close the door. The paragraph also permits friction type door hold open devices, catches or magnetic catches to be used on these doors.

Permitting a friction type of catch seems to be contradictory but it is not. The TC looked at the time and talent necessary to release a device in a stressed situation and decided that a simple action of tugging on a door will not impede getting the door closed. However if the staff member needs to try and release a tie back or plunger type door hold open device there is a lot more time necessary and the potential for not getting the door closed.

7. Added an appendix note to clarify what is an unobstructed and clear corridor width. The appendix definition states that wheeled items "in use" such as housekeeping carts, food carts, gurneys, beds, crash carts, and similar items shall be permitted if there is staff training included relocating these items in the event of a fire. Storage of these units will not be allowed unless it meets the requirements for areas open to the corridor.

The last sentence was added to apply to linen and other storage carts that find their way into the corridor and seem to never leave. Remember that there is a requirement in the Code for the types of areas that can be open to the corridor.

8. Added an appendix note to assist in defining what a smoke tight ceiling is: an architectural, exposed suspended grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers, ducted HVAC supply and return diffusers, speakers, and recessed lighting fixtures is capable of limiting the transfer of smoke.

This provision was added to eliminate all of the interpretations being received from authorities having jurisdiction on what is a smoke tight ceiling. Many states require a ceiling tile to have a one pound per square foot density. Other states are mandating

tiles be held in place by clips to meet this provision.

9. Added an exception to permit fully sprinkled ambulatory health care occupancies to be of 10,000 square feet before it needs to be subdivided into two some compartments.

The old standard was 5,000 square feet and this new change will now permit a 10,000 square foot facility to be constructed or occupied without the need to subdivide the space into two smoke compartments.

Existing Health Care Occupancies

1. Added an exception to corridor doors to permit a 28” door if not used to move beds, gurneys, or wheel chairs through.

This was needed because many older nursing homes have 28” doors and the TC does not see a problem with them as long as they are not used for patient transport.

2. Deleted the window sill height requirement.

Once again this situation is found in the older nursing homes and was originally inserted so that patients could be rescued from the outside of the building by a ladder. With the types of patients in both hospitals and nursing homes, rescue from the outside of the building is not an option.

3. Further defined that the repair or replacement of existing roller latches is not considered a new installation.

This text was inserted to prevent an authority having jurisdiction from requiring the replacement of a roller latch due to the need for repair or replacement. The TC was of the opinion that only when the door opening, door slab, or doorframe is changed out should the need to replace the lock set be required.

4. Reworded the exception for existing interior room finishes to read: In rooms protected by an approved supervised automatic sprinkler system, Class C interior finish, shall be permitted to be continued to be used on walls and ceilings within rooms separated from the exit access corridor in accordance with the requirements for corridor walls.

This will permit the wood paneling in chapels, boardrooms and other non patient sleeping or treatment areas to remain in use without having to treat it with an intumescent paint.

5. All of items except number one above.

NFPA's Life Safety Code® 2000 Edition

An Update on Major Changes in
Health Care Occupancies

NFPA's Life Safety Code 2000 edition

Introductory Chapters

- Exit Sign Placement
- Drill Frequency
- Delayed Egress Locks
- Photoluminescent Exit Signs
- New Chapter Numbers
 - Chapter 18, New Health Care Occupancies
 - Chapter 19, Existing Health Care Occupancies

NFPA's Life Safety Code 2000 edition

Chapter 18, New Health Care Occupancies

- Changes in Occupancy
 - Nursing Home to a Limited Care Facility
 - Hospital or Nursing Home to an Ambulatory Health Care Facility
- Added language to strengthen Ambulatory Care definition
- Closing of smoke doors

Chapter 18, New Health Care Occupancies

- Restressed TC's strong opinion against presignal systems
- Restressed TC's strong opinion about deleting audible devices in Critical Care Units
- 1" undercuts for corridor doors
- New language on blocking open of corridor doors

Chapter 18, New Health Care Occupancies

- Appendix note on what is clear and unobstructed corridors
- Appendix note on defining a smoke tight ceiling
- Ambulatory Facilities will need to be over 10,000 sq. ft. before needing a smoke barrier

Chapter 19, Existing Health Care Occupancies

- All items for New Chapter with the exception of changes in occupancy apply
- 28" doors are permissible in Nursing homes if not used to move beds, gurneys, or wheel chairs through
- Deleted window sill height requirement
- Further defined roller latch permission

Chapter 19, Existing Health Care Occupancies

- Reworded exception for interior room finishes:
 - In rooms protected with a sprinkler system, Class C interior finish can remain on walls and ceilings. Room must be separated in accordance with the Life Safety Code®