May 2014

Health Care, NFPA 101®, and the Federal Government

By Robert Solomon, PE
Background

When the Social Security Act was amended by the Congress in 1967, provisions were added that required various categories of healthcare occupancies to be brought into compliance with the 1967 edition of NFPA 101®, Life Safety Code® (LSC) within three years. Since that time, we have seen the name of the federal agency responsible for enforcing compliance with NFPA 101 change names—Health Education and Welfare; Health Care Finance Administration; Centers for Medicare & Medicaid Services (CMS)—and we have seen compliance options make reference to newer editions of NFPA 101-1973, 1981, 1985 and 2000. The provider types compelled by CMS to show compliance with the 2000 edition of NFPA 101 have been doing so since January of 2003. These occupancies include Health Care (hospitals), Ambulatory Health Care and Residential Board and Care. Adherence to the NFPA 101 provisions equates to a facilities ability to be eligible for the reimbursement programs administered by CMS, formally known as the Conditions of Participation.

Even prior to completion of the 2012 edition of the LSC (August, 2011), the NFPA Technical Committees that work on NFPA 101 had taken a very measured approach to scrutinize how the criteria in the healthcare chapters and residential board and care chapters were being applied and used. The committees also wanted to determine how adaptable the code requirements were to modern era designs and desires of the users. Champions of “culture change” in the long term care environment had a passion to see how NFPA 101 could offer something other than an institutional design model for these occupancies; the acute care environment had changed over the years whereby more types of wheeled equipment was being utilized; the residential board and care sector saw an expanding array of occupants and licensing criteria. These discussions set in motion some sweeping changes to the 2012 LSC.

NFPA’s commitment to gather the broadest input also caused us to look at some fresh approaches. Organization and completion of two “Healthcare Summits” in 2010 PROCEEDINGS and 2012 PROCEEDINGS by NFPA’s affiliate, the Fire Protection Research Foundation, FPRF, gave the NFPA committees a chance to hear about trends, models and economic realities of the changing healthcare environment—both as a result of the approaching Affordable Care Act as well as changes that were happening independent of the Act.

Anticipating that CMS would have the desire to eventually move to the 2012 edition of NFPA 101, a document was prepared showing a side by side comparison of the 2000 and the 2012 editions for select chapters. This internal document would be used to form the basis for NFPA’s Quick Compare - Life Safety Code 2000 & 2012 for Health Care. This resource was released in April of 2013 in both print and as an electronic tool.

CMS not only had a keen interest in many of these changes, but in fact had been a main driver of the culture change initiative. In March of 2012 and August of 2013, CMS further signaled their intention to allow provisions of the 2012 LSC to be utilized through issuance of several Survey & Certification (S&C) letters. These S&C letters explicitly permitted use of certain criteria through the waiver process or the categorical waiver process. Quick Compare is unique both for what it is and for what it is not. Its
primary function is to serve as a road map between the two editions of the Code. It does this by showing verbatim text from the applicable chapters of the two editions in a side by side format. Quick Compare is available in both a print version and as an electronic edition.

While other parts of the Code also contain select provisions that apply to the healthcare, ambulatory healthcare and residential board and care environment, it is the six chapters included in this product that have the most direct impact with regard to the federal oversight and regulation essential to providers that participate in Medicare/Medicaid reimbursement programs. The occupancies and chapters in Quick Compare are:

Chapter 18: New Healthcare Occupancies
Chapter 19: Existing Healthcare Occupancies
Chapter 20: New Ambulatory Healthcare Occupancies
Chapter 21: Existing Ambulatory Healthcare Occupancies
Chapter 32: New Residential Board and Care Occupancies
Chapter 33: Existing Residential Board and Care Occupancies

On April 16th of this year, CMS issued a Notice of Proposed Rule Making (NPRM) [CMS LSC RULE] that officially starts the process to move away from the 2000 edition to the 2012 edition of NFPA 101. The NPRM addresses all of these occupancies and sets in motion a period of transition to a set of new requirements that are sure to be championed by a wide range of constituents. Utilizing actual screen shots from the electronic edition, we wanted to show a few features of Quick Compare including some changes between the 2000 and 2012 edition of the NFPA 101.

**Sleeping Suites**

The size of sleeping suites in the 2012 code has been increased over what was allowed in the 2000 code when certain conditions are satisfied.
Corridor Clutter

Certain types of wheeled equipment are now permitted to be in the corridor.

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**2000 Edition**

18.2.3.3[K-39, Width of Aisles or Corridors] See Annex for more information

Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2.4 m) in clear and unobstructed width. Where ramps are used as exits, see 18.2.2.6.

Exception No. 1*: Aisles, corridors, and ramps in adjacent areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (112 cm) in clear and unobstructed width.

Exception No. 2*: Exit access within a room or suite of rooms complying with the requirements of 18.2.5.

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**2012 Edition**

With the requirements of 18.2.5 shall be permitted.

4. *Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:
   a. The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm).
   b. The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
   c. The wheeled equipment is limited to the following:
      i. Equipment in use and carts in use
      ii. Medical emergency equipment not in use
      iii. Patient lift and transport equipment

Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:
Furniture

Certain types of fixed furnishings are now permitted to be in the corridor.

2000 Edition

18.2.3.3[A.39, Width of Aisles or Corridors] See Annex for more information
Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2.4 m) in clear and unobstructed width. Where ramps are used as exits, see 18.2.2.5.

Exception No. 1: Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (112 cm) in clear and unobstructed width.

Exception No. 2: Exit access within a room or suite of rooms complying with the requirements of 18.2.5.

2012 Edition

Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:

a. The fixed furniture is securely attached to the floor or to the wall.

b. The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 18.2.3.4(2).

c. The fixed furniture is located only on one side of the corridor.

d. The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft² (4.5 m²).

e. The fixed furniture groupings addressed in 18.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).

f. The fixed furniture is located so as not to obstruct access to building service and fire protection equipment.

g. Corridors throughout the smoke compartment are
K-Tags

Quick Compare correlates the K-Tag (Form CMS-2786) based on the 2000 Code to its comparable location on the 2012 Code.

### Comparison Table

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>19.3.5.4 [K-29, Hazardous Areas Separated by Construction]</strong></td>
<td><strong>19.3.5.9</strong> Isolated hazardous areas shall be permitted to be protected in accordance with 9.7.1.2. For new installations in existing health care occupancies, where more than two sprinklers are installed in a single area, waterflow detection shall be provided to sound the building fire alarm or to notify, by a signal, any constantly attended location, such as PBX, security, or emergency room, at which the necessary corrective action shall be taken.</td>
</tr>
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<td><strong>10.3.5.10</strong> <em>See Annex for more information</em> Sprinklers shall not be required in clothes closet of patient sleeping rooms in hospitals where the area of the closet does not exceed 6 ft² (0.55 m²), provided that the distance from the sprinkler in the patient sleeping room to the back wall of the closet does not exceed the maximum distance permitted by NFPA 13. Standard for the Installation of Sprinkler Systems.</td>
</tr>
</tbody>
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**HAZARDOUS AREA**

K29

2000 EXISTING

One hour fire rated construction (with 1/2 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors. Doors shall be self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

<table>
<thead>
<tr>
<th>Area</th>
<th>Automatic Sprinkler</th>
<th>Segregate</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>a. Boiler and Fuel-Fired Heater Rooms</td>
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<tr>
<td>b. Lumber (greater than 100 sq ft)</td>
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<tr>
<td>c. Interior Shops and Paint Shops</td>
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<tr>
<td>d. Laboratories (classified as severe Hazard - see 8.3.2)</td>
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<tr>
<td>e. Combustible Storage Rooms (over 50 sq ft)</td>
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<tr>
<td>f. Trash Collection Rooms</td>
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<tr>
<td>g. Blood Loan Rooms</td>
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</tbody>
</table>

Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.
Personalization

Quick Compare allows you to customize information unique to your facility.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>33.1.7</strong> See Annex for more information Changes in Group Evacuation Capability. A change in evacuation capability shall be permitted where the facility conforms to the requirements applicable to new construction, conversions, and the new evacuation capability.</td>
<td><strong>33.1.8</strong> See Annex for more information Changes in Group Evacuation Capability. A change in evacuation capability to a slower level shall be permitted where the facility conforms to one of the following requirements:</td>
</tr>
<tr>
<td>Exception: Where the evacuation capability changes to a faster level.</td>
<td>1. The requirements of Chapter 32 applicable to new board and care facilities.</td>
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<tr>
<td></td>
<td>2. The requirements of Chapter 33 applicable to existing board and care facilities for the new evacuation capability, provided that the building is protected throughout by an approved, supervised automatic sprinkler system complying with 32.3.3.5.</td>
</tr>
</tbody>
</table>


Note 1: rsolomon@nfpa.org When we survey the Battery march Park site, let’s ask Sully to get a fresh update on the evac capability. When we do our capital planning for 2015, does it make sense to rehab to the Chapter 32 provisions of the 2012 Code??? Check with Kirby on budget for 2015/2016.

About the Author

**Robert Solomon, PE**

Robert is the Division Manager for Building Fire Protection and Life Safety at NFPA. He oversees the operations of the department whose projects include NFPA 1, *Fire Code*, NFPA 101, *Life Safety Code*®, and the NFPA *Building Construction and Safety Code*™. After graduating from the University of Maryland in 1982, he worked with the Naval Facilities Engineering Command in Charleston, SC. Since coming to NFPA in 1986, he has held several positions, including staff liaison for the water extinguishing systems projects.

About the National Fire Protection Association (NFPA)

NFPA is a worldwide leader in fire, electrical, building, and life safety. The mission of the international nonprofit organization founded in 1896 is to reduce the worldwide burden of fire and other hazards on the quality of life by providing and advocating consensus codes and standards, research, training, and education. NFPA develops more than 300 codes and standards to minimize the possibility and effects of fire and other hazards. All NFPA codes and standards can be viewed at no cost at [www.nfpa.org/freeaccess](http://www.nfpa.org/freeaccess).