

The 2012 Life Safety Code® ...How Will It Affect You?

When the National Fire Protection Association (NFPA) rolls out a new edition of the Life Safety Code® every three years, it often is not a newsworthy event to the healthcare industry. In many cases, it doesn't directly affect healthcare facilities since the Centers for Medicare & Medicaid (CMS) has not adopted a new edition since March 2003, when they adopted the 2000 Edition of the Life Safety Code®. However, this past June, the 2012 Edition of the Life Safety Code® was finalized and approved by the NFPA membership.

The 2012 Edition is worthy of your attention for two key reasons. First, there are numerous updates that directly affect healthcare facilities. Secondly, CMS has indicated that they do plan to eventually adopt this Edition. If CMS adopts the 2012 Edition, you will likely see other groups, such as The Joint Commission, follow suit in an effort to maintain consistency.

Peek Into the Future...What's New For 2012

A number of changes have been incorporated into the 2012 Life Safety Code®. In many ways, the new edition has become less restrictive by providing more and more trade-offs for sprinkler protection and/or smoke detection. Some of the more significant changes address items in the corridor, suites, the cultural change initiative in Long Term Care, and door locking arrangements in hospitals.

Items Found In the Corridor

The 2012 Life Safety Code® will clarify those items which are permitted to be located in the exit access corridor. Historically, only items such as crash carts and isolation carts were permitted to remain in the corridor. Now, items such as patient lifts and patient transportation equipment will also be permitted to remain in the corridor as long as there is a five foot clear width and the facility fire procedures address removal of such items. Other items such as carts, computers on wheels, and other miscellaneous equipment will only be permitted in corridors when they are "in use".

The 2012 Edition will also permit fixed seating in exit access corridors. This is intended to address physical therapy and long term care facilities that need seating in the corridors to permit patients / residents to rest. The implementation of fixed seating will be based on a variety of prescriptive requirements including the necessity to maintain a six foot clear width in the corridor.

Suites

The requirements relating to suites were updated in 2006, 2009 and again in 2012. However, the adoption of the 2012 code will make all of these changes a reality. Sleeping suites arranged with sprinkler protection, smoke detection, and direct staff supervision will be permitted to increase in size from 5,000 sq.ft. to 10,000 sq.ft.

The 2012 Edition also clarifies that when a second exit is required from a suite, the second exit may be a stair or horizontal exit.

Culture Change in Long Term Care

The 2012 code addresses a number of items important to the cultural change initiative in long term care. Numerous code changes address the need to introduce innovative designs that provide a home like setting while maintaining effective life safety. If certain requirements are met for each, the following design concepts will be permitted by the 2012 code:

- Food preparation areas and equipment will be permitted to be open to the exit access corridor. Requirements associated with this design will include a limit on the number of individuals being served by the cooking area, sprinkler protection, smoke detection, specialized extinguishing systems, and the deactivation of the cooking equipment.
- Gas fire places will be permitted as long as they are not located in sleeping rooms. This will include requirements for sprinkler protection and securing the fire place controls.
- The allowance of non-flame retardant decorations will increase as clarity is provided regarding the percentage of wall and door areas that non-flame retardant decorations may be applied to.

Door Locking Arrangements in Hospitals

Although adoption of the 2012 Life Safety Code® will introduce changes that are generally beneficial to the healthcare industry, one item could be troublesome, particularly if you are a hospital that is not fully sprinklered. The 2009 Edition of the Life Safety Code® introduced requirements related to the locking of doors for “patient safety”. This was intended to contrast with the existing door locking provisions that applied only to locking doors for the “clinical needs” of the patients (most commonly the securing of doors in long term care dementia units or hospital behavior health units). The 2009 wording was intended to provide guidance when door locking is necessary in places such as labor & delivery, pediatrics, and even emergency rooms. However, one of the requirements for this type of door locking arrangement is that the entire building must be fully sprinklered.

Since the wording is consistent in the 2009 and 2012 Editions, this could leave many hospitals that are not fully sprinklered with very limited options for securing such units once the 2012 Edition is adopted. This change is not expected to directly affect long term care facilities that truly secure doors for the “clinical needs” of the patients.

“Guestimated” Timelines

The adoption of the Life Safety Code® is not a simple process for CMS. The proposal must be documented in the federal register and there is a lengthy comment period. It is likely to take two years or more from the time the process is commenced. Therefore, the changes found in the 2012 Life Safety Code® likely will not affect you in the short-term. However, it appears that their impact could be realized in a few years.

Additional Assistance:

For a review of your facility’s compliance the Life Safety Code® or other code related issues, call Russell Phillips & Associates at (585) 223-1130 or visit www.phillipsllc.com.