

Changes to Environment of Care and Life Safety Chapters Related to Life Safety Code Updates

Hospital (HAP) Accreditation Program

Environment of Care (EC) Chapter

Standard EC.01.01.01

Requirement Text:

The hospital plans activities to minimize risks in the environment of care.

Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/life_safety_code_information_resources/ and NFPA 99-2012: 1.4.

<p>EC.01.01.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.01.01.01 New EP Text: The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems. Note: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.</p>	<p>EP: 3</p>
<p>EC.01.01.01 Current EP Text: The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.</p>	<p>EP: 3 Revision Type: Moved</p>	<p>EC.01.01.01 New EP Text: The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.</p>	<p>EP: 4</p>

EC.01.01.01 **EP: 4**
Current EP Text: **Revision Type:** Moved
 The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.

EC.01.01.01 **EP: 5**
New EP Text:
 The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.

EC.01.01.01 **EP: 5**
Current EP Text: **Revision Type:** Moved
 The hospital has a written plan for managing the following: Hazardous materials and waste.

EC.01.01.01 **EP: 6**
New EP Text:
 The hospital has a written plan for managing the following: Hazardous materials and waste.

EC.01.01.01 **EP: 6**
Current EP Text: **Revision Type:** Moved
 The hospital has a written plan for managing the following: Fire safety.

EC.01.01.01 **EP: 7**
New EP Text:
 The hospital has a written plan for managing the following: Fire safety.

EC.01.01.01 **EP: 7**
Current EP Text: **Revision Type:** Moved
 The hospital has a written plan for managing the following: Medical equipment.

EC.01.01.01 **EP: 8**
New EP Text:
 The hospital has a written plan for managing the following: Medical equipment.

EC.01.01.01 **EP: 8**
Current EP Text: **Revision Type:** Moved
 The hospital has a written plan for managing the following: Utility systems.

EC.01.01.01 **EP: 9**
New EP Text:
 The hospital has a written plan for managing the following: Utility systems.

Standard EC.02.01.03

Requirement Text:

The hospital prohibits smoking except in specific circumstances.

EC.02.01.03

EP:

EC.02.01.03

EP: 4

Current EP Text:

Revision Type: New

New EP Text:

N/A

Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within the site of intentional expulsion (within one foot). When other oxygen delivery equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area of administration (within 15 feet). Solid fuel-burning appliances are not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. (For full text, refer to NFPA 99-2012: 11.5.1.1; Tentative Interim Amendment (TIA) 12-6)

Standard EC.02.03.01

Requirement Text:

The hospital manages fire risks.

EC.02.03.01

EP: 9

EC.02.03.01

EP: 9

Current EP Text:

Revision Type: Revised

New EP Text:

The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge.

Note: For additional guidance, see NFPA 101-2012: 18/19: 7.1; 7.2.

The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security.

Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.

EC.02.03.01	EP:	EC.02.03.01	EP: 11
Current EP Text:	Revision Type: New	New EP Text:	
N/A		Periodic evaluations, as determined by the hospital, are made of potential fire hazards that could be encountered during surgical procedures. Written fire prevention and response procedures, including safety precautions related to the use of flammable germicides or antiseptics, are established.	
EC.02.03.01	EP:	EC.02.03.01	EP: 12
Current EP Text:	Revision Type: New	New EP Text:	
N/A		When flammable germicides or antiseptics are used during surgeries utilizing electrosurgery, cautery, or lasers the following are required: - Packaging is nonflammable - Applicators are in unit doses - Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify the following: - Application site is dry prior to draping and use of surgical equipment - Pooling of solution has not occurred or has been corrected - Solution-soaked materials have been removed from the operating room prior to draping and use of surgical devices (For full text, refer to NFPA 99-2012: 15.13)	
EC.02.03.01	EP:	EC.02.03.01	EP: 13
Current EP Text:	Revision Type: New	New EP Text:	
N/A		The hospital meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15.	

Standard EC.02.03.03

Requirement Text:

The hospital conducts fire drills.

EC.02.03.03

EP: 3

Current EP Text:

Revision Type: Revised

When quarterly fire drills are required, at least 50% are unannounced. Fire drills are held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.

Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.

Note 2: For additional guidance, see NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.

EC.02.03.03

EP: 3

New EP Text:

When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.

Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.

Note 2: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.

Standard EC.02.03.05

Requirement Text:

The hospital maintains fire safety equipment and fire safety building features.

Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

EC.02.03.05

EP: 1

Current EP Text:

Revision Type: Revised

At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.

Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.3.1.

Note 2: Supervisory signals include the following: control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.

EC.02.03.05

EP: 1

New EP Text:

At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.

Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

Note 2: Supervisory signals include the following: control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.

EC.02.03.05 **EP: 7**
Current EP Text: **Revision Type:** Revised
 For automatic sprinkler systems: Every six months, the hospital tests water-storage tank high- and low-water level alarms. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.1; Table 9.1.1.2.

EC.02.03.05 **EP: 7**
New EP Text:
 For automatic sprinkler systems: Every six months, the hospital tests water-storage tank high- and low-water level alarms. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 9.3; Table 9.1.1.2.

EC.02.03.05 **EP: 14**
Current EP Text: **Revision Type:** Revised
 Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented.
 Note 1: Discharge of the fire-extinguishing systems is not required.
 Note 2: For full text, refer to NFPA 13-2010: 21.4.1.6(1).

EC.02.03.05 **EP: 14**
New EP Text:
 Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented.
 Note 1: Discharge of the fire-extinguishing systems is not required.
 Note 2: For full text, refer to NFPA 13-2011: 4.8.3 and NFPA 12A-2009: Chapter 6.

EC.02.03.05 **EP: 17**
Current EP Text: **Revision Type:** Revised
 The hospital conducts hydrostatic tests on standpipe occupant hoses five years after installation and every three years thereafter. The results and completion dates are documented.
 Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008 (Chapter 7), and NFPA 25-2011.

EC.02.03.05 **EP: 17**
New EP Text:
 The hospital conducts hydrostatic tests on standpipe occupant hoses five years after installation and every three years thereafter. The results and completion dates are documented.
 Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6.

EC.02.03.05 **EP: 20**
Current EP Text: **Revision Type:** Revised
 Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.

EC.02.03.05 **EP: 20**
New EP Text:
 Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.
 Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.

EC.02.03.05

EP:

EC.02.03.05

EP: 27

Current EP Text:

Revision Type: New

New EP Text:

N/A

Elevators with fire fighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)

EC.02.03.05

EP: 27

EC.02.03.05

EP: 28

Current EP Text:

Revision Type: Moved

New EP Text:

Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:

- Name of the activity
- Date of the activity
- Inventory of devices, equipment, or other items
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:

- Name of the activity
- Date of the activity
- Inventory of devices, equipment, or other items
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

Standard EC.02.04.03

Requirement Text:

The hospital inspects, tests, and maintains medical equipment.

EC.02.04.03

EP:

EC.02.04.03

EP: 8

Current EP Text:

Revision Type: New

New EP Text:

N/A

Equipment listed for use in oxygen-enriched atmospheres are clearly and permanently labeled (withstands cleaning/disinfecting) as follows:

- Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier.
- Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN-USE NO OIL."
- Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended.
- Cylinders and containers are labeled in accordance with Compressed Gas Association (CGA) C-7.

Note: Color coding is not utilized as the primary method of determining cylinder or container contents.
(For full text, refer to NFPA 99-2012: 11.5.3.1)

EC.02.04.03

EP:

EC.02.04.03

EP: 10

Current EP Text:

Revision Type: New

New EP Text:

N/A

All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.

EC.02.04.03

EP: 15

EC.02.04.03

EP: 16

Current EP Text:

Revision Type: Moved

New EP Text:

For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented.

For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented.

EC.02.04.03

EP: 17

EC.02.04.03

EP: 18

Current EP Text:

Revision Type: Moved

New EP Text:

The hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.

The hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.

EC.02.04.03

EP: 19

Current EP Text:

Revision Type: Moved

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:

- Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the hospital, other commonly used CT protocols may be substituted.
- Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.

Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 3: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 20

New EP Text:

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:

- Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the hospital, other commonly used CT protocols may be substituted.
- Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.

Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 3: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 20

Current EP Text:

Revision Type: Moved

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:

- Image uniformity
- Slice thickness accuracy
- Slice position accuracy (when prescribed from a scout image)
- Alignment light accuracy
- Table travel accuracy
- Radiation beam width
- High-contrast resolution
- Low-contrast resolution
- Geometric or distance accuracy
- CT number accuracy and uniformity
- Artifact evaluation

Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 21

New EP Text:

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:

- Image uniformity
- Slice thickness accuracy
- Slice position accuracy (when prescribed from a scout image)
- Alignment light accuracy
- Table travel accuracy
- Radiation beam width
- High-contrast resolution
- Low-contrast resolution
- Geometric or distance accuracy
- CT number accuracy and uniformity
- Artifact evaluation

Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03**EP: 21****Current EP Text:****Revision Type:** Moved

At least annually, a diagnostic medical physicist or magnetic resonance imaging (MRI) scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:

- Image uniformity for all radiofrequency (RF) coils used clinically
- Signal-to-noise ratio (SNR) for all coils used clinically
- Slice thickness accuracy
- Slice position accuracy
- Alignment light accuracy
- High-contrast resolution
- Low-contrast resolution (or contrast-to-noise ratio)
- Geometric or distance accuracy
- Magnetic field homogeneity
- Artifact evaluation

Note: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03**EP: 22****New EP Text:**

At least annually, a diagnostic medical physicist or magnetic resonance imaging (MRI) scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:

- Image uniformity for all radiofrequency (RF) coils used clinically
- Signal-to-noise ratio (SNR) for all coils used clinically
- Slice thickness accuracy
- Slice position accuracy
- Alignment light accuracy
- High-contrast resolution
- Low-contrast resolution (or contrast-to-noise ratio)
- Geometric or distance accuracy
- Magnetic field homogeneity
- Artifact evaluation

Note: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03**EP: 22****Current EP Text:****Revision Type:** Moved

At least annually, a diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Sensitivity
- Energy resolution
- Count-rate performance
- Artifact evaluation

Note 1: The following test is recommended, but not required: Low-contrast resolution or detectability for non-planar acquisitions.

Note 2: The medical physicist or nuclear medicine physicist is accountable for these activities. He or she may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or nuclear medicine physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03**EP: 23****New EP Text:**

At least annually, a diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Sensitivity
- Energy resolution
- Count-rate performance
- Artifact evaluation

Note 1: The following test is recommended, but not required: Low-contrast resolution or detectability for non-planar acquisitions.

Note 2: The medical physicist or nuclear medicine physicist is accountable for these activities. He or she may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or nuclear medicine physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 23

Current EP Text:

Revision Type: Moved

At least annually, a diagnostic medical physicist conducts a performance evaluation of all positron emission tomography (PET) imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Low-contrast resolution or detectability (not applicable for planar acquisitions)
- Artifact evaluation

Note 1: The following tests are recommended, but not required, for PET scanner testing: sensitivity, energy resolution, and count-rate performance.

Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 24

New EP Text:

At least annually, a diagnostic medical physicist conducts a performance evaluation of all positron emission tomography (PET) imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Low-contrast resolution or detectability (not applicable for planar acquisitions)
- Artifact evaluation

Note 1: The following tests are recommended, but not required, for PET scanner testing: sensitivity, energy resolution, and count-rate performance.

Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 24

Current EP Text:

Revision Type: Moved

For computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The annual performance evaluation conducted by the diagnostic medical physicist or MRI scientist (for MRI only) includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.

Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 2: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 25

New EP Text:

For computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The annual performance evaluation conducted by the diagnostic medical physicist or MRI scientist (for MRI only) includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.

Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 2: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP:

EC.02.04.03

EP: 26

Current EP Text:

Revision Type: New

New EP Text:

N/A

The hospital performs equipment maintenance on anesthesia apparatus. The apparatus are tested at the final path to patient after any adjustment, modification or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas flow and an oxygen analyzer is used to verify oxygen concentration. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, or other flammables. (For full text refer to NFPA 99-2012: 11.4.1.3; 11.5.1.3; 11.6.2.5; and 11.6.2.6)

EC.02.04.03

EP: 14

EC.02.04.03

EP: 27

Current EP Text:

Revision Type: Moved

New EP Text:

The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5.

The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5.

Standard EC.02.05.01

Requirement Text:

The hospital manages risks associated with its utility systems.

EC.02.05.01

EP: 1

EC.02.05.01

EP: 1

Current EP Text:

Revision Type: Revised

New EP Text:

The hospital designs and installs utility systems that meet patient care and operational needs.

The hospital designs and installs utility systems according to National Fire Protection Association codes to meet patient care and operational needs.

EC.02.05.01

EP:

EC.02.05.01

EP: 2

Current EP Text:

Revision Type: New

New EP Text:

N/A

Building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.)

EC.02.05.01

EP: 2

Current EP Text:

Revision Type: Moved

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems.

EC.02.05.01

EP: 3

New EP Text:

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems.

EC.02.05.01

EP: 3

Current EP Text:

Revision Type: Moved

The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail.
Note: High-risk utility system components include life-support equipment.

EC.02.05.01

EP: 4

New EP Text:

The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail.
Note: High-risk utility system components include life-support equipment.

EC.02.05.01

EP: 4

Current EP Text:

Revision Type: Moved

The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.
Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. *
Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.
Footnote *: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.

EC.02.05.01

EP: 5

New EP Text:

The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.
Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. *
Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.
Footnote *: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.

EC.02.05.01

EP: 5

Current EP Text:

Revision Type: Moved

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- New operating components with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:

- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

EC.02.05.01

EP: 6

New EP Text:

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- New operating components with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:

- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

EC.02.05.01

EP: 6

Current EP Text:

Revision Type: Moved

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

EC.02.05.01

EP: 7

New EP Text:

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

EC.02.05.01 **EP: 7**
Current EP Text: **Revision Type:** Moved
 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.

EC.02.05.01 **EP: 8**
New EP Text:
 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.

EC.02.05.01 **EP: 8**
Current EP Text: **Revision Type:** Moved
 The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.
 Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.
 Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

EC.02.05.01 **EP: 9**
New EP Text:
 The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.
 Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.
 Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

EC.02.05.01 **EP: 9**
Current EP Text: **Revision Type:** Moved
 The hospital has written procedures for responding to utility system disruptions.

EC.02.05.01 **EP: 10**
New EP Text:
 The hospital has written procedures for responding to utility system disruptions.

EC.02.05.01 **EP: 10**
Current EP Text: **Revision Type:** Moved
 The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.

EC.02.05.01 **EP: 11**
New EP Text:
 The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.

EC.02.05.01 **EP: 11**
Current EP Text: **Revision Type:** Moved
 The hospital's procedures address performing emergency clinical interventions during utility system disruptions.

EC.02.05.01 **EP: 12**
New EP Text:
 The hospital's procedures address performing emergency clinical interventions during utility system disruptions.

EC.02.05.01

EP: 15

Current EP Text:

Revision Type: Revised

In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature and humidity.

Note: Areas designed for control of airborne contaminants include spaces such as operating rooms (all classes), special procedure rooms that require a sterile field, Caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, pulmonary or laryngeal tuberculosis, bronchoscopy), patients in "protective environment" rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. The basis for design compliance is the Guidelines for Design and Construction of Health Care Facilities, based on the edition used at the time of design (if available).

EC.02.05.01

EP: 15

New EP Text:

In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature and humidity.

Note: For more information about areas designed for control of airborne contaminants, the basis for design compliance is the Guidelines for Design and Construction of Health Care Facilities, based on the edition used at the time of design (if available).

EC.02.05.01

EP: 19

Current EP Text:

Revision Type: Revised

The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature of at least 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)

EC.02.05.01

EP: 19

New EP Text:

The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature not less than 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)

EC.02.05.01

EP:

Current EP Text:

Revision Type: New

N/A

EC.02.05.01

EP: 20

New EP Text:

Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment authorized by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection. (For full text refer to NFPA 99-2012: 6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2)

EC.02.05.01

EP:

EC.02.05.01

EP: 21

Current EP Text:

Revision Type: New

New EP Text:

N/A

Electrical distribution in the hospital is based on the following categories:
 - Category 1: Critical care rooms served by a Type 1 essential electrical system (EES) in which electrical system failure is likely to cause major injury or death to patients, including all rooms where electric life support equipment is required.
 - Category 2: General care rooms served by a Type 1 or Type 2 EES in which electrical system failure is likely to cause minor injury to patients.
 - Category 3: Basic care rooms in which electrical system failure is not likely to cause injury to patients. Patient care rooms are required to have a Type 3 EES where the life safety branch has an alternate source of power that will be effective for 1 1/2 hours.
 (For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; 6.6.2.2.2; 6.6.3.1.1)

EC.02.05.01

EP:

EC.02.05.01

EP: 22

Current EP Text:

Revision Type: New

New EP Text:

N/A

Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered are tested after initial installation, replacement, or servicing. In pediatric locations, receptacles in patient rooms (other than nurseries), bathrooms, play rooms, and activity rooms are listed tamper-resistant or have a listed cover. Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4; 6.4.2.2.6; 6.5.2.2.4.2; 6.6.2.2.3.2)

EC.02.05.01

EP:

EC.02.05.01

EP: 23

Current EP Text:

Revision Type: New

New EP Text:

N/A

Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non-patient care rooms, power strips meet other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment (TIA) 12-5)

<p>EC.02.05.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.01 New EP Text: Extension cords are not used as a substitute for fixed wiring in a building. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was intended. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment (TIA) 12-5)</p>	<p>EP: 24</p>
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<p>EC.02.05.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.01 New EP Text: Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: - Zone valves are located immediately outside each anesthetizing location for medical gas or vacuum, readily accessible in an emergency, and arranged so shutting off any one anesthetizing location will not affect others. - Area alarm panels are installed to monitor all medical gas, medical-surgical vacuum, and piped waste anesthetic gas disposal (WAGD) systems. Alarm panels include visual and audible sensors and are in locations that provide for surveillance, including medical gas pressure decreases of 20% and vacuum decreases of 12-inch gauge HgV. - Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies. (For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.9.3)</p>	<p>EP: 25</p>
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<p>EC.02.05.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.01 New EP Text: Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: The essential electrical system's (EES) critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits. The EES equipment system supplies power to the ventilation system. (For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 6.4.2.2.4.2)</p>	<p>EP: 26</p>
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Standard EC.02.05.03

Requirement Text:

The hospital has a reliable emergency electrical power source.

EC.02.05.03

EP: 1

Current EP Text:

Revision Type: Revised

For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2; 6.4.2.2.6.

EC.02.05.03

EP: 1

New EP Text:

For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2.

EC.02.05.03

EP: 2

Current EP Text:

Revision Type: Revised

The hospital provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 2

New EP Text:

The hospital provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).

EC.02.05.03

EP: 3

Current EP Text:

Revision Type: Revised

The hospital provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 3

New EP Text:

The hospital provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).

<p>EC.02.05.03 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.03 New EP Text:</p>	<p>EP: 4 New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text, refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5 and NFPA 99-2012: 6.4.2.2)</p>
<p>EC.02.05.03 Current EP Text:</p>	<p>EP: 4 Revision Type: Moved and Revised</p>	<p>EC.02.05.03 New EP Text:</p>	<p>EP: 5 The hospital provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).</p>
<p>EC.02.05.03 Current EP Text:</p>	<p>EP: 5 Revision Type: Moved and Revised</p>	<p>EC.02.05.03 New EP Text:</p>	<p>EP: 6 The hospital provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).</p>
<p>EC.02.05.03 Current EP Text:</p>	<p>EP: 6 Revision Type: Moved and Revised</p>	<p>EC.02.05.03 New EP Text:</p>	<p>EP: 7 The hospital provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, nurseries, and urgent care areas. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2; NFPA 110-2010: 4.1; Table 4.1(b).</p>

EC.02.05.03 **EP:** 10
Current EP Text: **Revision Type:** Moved

The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2.3.3; NFPA 110-2010: 5.6.5.6; 7.3.1.

EC.02.05.03 **EP:** 11
New EP Text:

The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2.3.3; NFPA 110-2010: 5.6.5.6; 7.3.1.

EC.02.05.03 **EP:**
Current EP Text: **Revision Type:** New

N/A

EC.02.05.03 **EP:** 12
New EP Text:

Equipment designated to be powered by emergency power supply are energized by the hospital's design. Staging of equipment start up is permissible. (For full text, refer to NFPA 99-2012: 6.4.2.2)

EC.02.05.03 **EP:** 11
Current EP Text: **Revision Type:** Moved and Revised

The hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for nonambulatory patients). Note: For guidance in establishing a reliable emergency power system for the equipment branch (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.2.2.5; 6.4.2.2.5.4.

EC.02.05.03 **EP:** 13
New EP Text:

The hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for nonambulatory patients). Note: For guidance in establishing a reliable emergency power system for the equipment branch (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.2.2.

EC.02.05.03 **EP:**
Current EP Text: **Revision Type:** New

N/A

EC.02.05.03 **EP:** 16
New EP Text:

For hospitals that use Joint Commission accreditation for deemed status purposes: Battery lamps and flashlights are available in areas not serviced by the emergency supply source.

Standard EC.02.05.05

Requirement Text:

The hospital inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.

EC.02.05.05

EP:

EC.02.05.05

EP: 7

Current EP Text:

Revision Type: New

New EP Text:

N/A

Line isolation monitors (LIM), if installed, are tested at least monthly by actuating the LIM test switch per NFPA 99-2012: 6.3.2.6.3.6, which activates both visual and audible alarms. For LIM circuits with automated self-testing, a manual test is performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. (For full text refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4)

EC.02.05.05

EP: 7

EC.02.05.05

EP: 8

Current EP Text:

Revision Type: Moved

New EP Text:

The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.

The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.

Standard EC.02.05.07

Requirement Text:

The hospital inspects, tests, and maintains emergency power systems.

Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

EC.02.05.07

EP: 1

Current EP Text:

Revision Type: Revised

At least monthly, the hospital performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds and a visual inspection of EXIT signs. The test results and completion dates are documented.

Note: For additional guidance, see NFPA 101-2012: 7.9.3; 7.10.9.

EC.02.05.07

EP: 1

New EP Text:

At least monthly, the hospital performs a functional test of emergency lighting systems and EXIT signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other EXIT signs.

The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)

EC.02.05.07

EP: 2

Current EP Text:

Revision Type: Revised

Every 12 months, the hospital either performs a functional test of battery-powered lights on the inventory required for egress for a duration of 1 1/2 hours, or the hospital replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The test results and completion dates are documented.

EC.02.05.07

EP: 2

New EP Text:

Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented. (See also LS.02.01.20, EP 39) (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)

EC.02.05.07

EP: 4

Current EP Text:

Revision Type: Revised

At least weekly, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of weekly inspections are documented.

Note: For additional guidance, see NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1.

EC.02.05.07

EP: 4

New EP Text:

At least weekly, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of weekly inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)

EC.02.05.07

EP: 5

Current EP Text:

Revision Type: Revised

At least monthly, the hospital tests each emergency generator under load for at least 30 continuous minutes. The cool-down period is not part of the 30 continuous minutes. The test results and completion dates are documented.

EC.02.05.07

EP: 5

New EP Text:

At least monthly, the hospital tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cool down period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)

EC.02.05.07

EP: 6

Current EP Text:

Revision Type: Revised

The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours.

Note: Tests for non-diesel-powered generators need only be conducted with available load.

EC.02.05.07

EP: 6

New EP Text:

The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full text, refer to NFPA 99-2012: 6.4.4.1)

Note: Tests for non-diesel-powered generators need only be conducted with available load.

EC.02.05.07

EP: 7

Current EP Text:

Revision Type: Revised

At least monthly, the hospital tests all automatic transfer switches on the inventory. The test results and completion dates are documented.

EC.02.05.07

EP: 7

New EP Text:

At least monthly, the hospital tests all automatic and manual transfer switches on the inventory. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)

EC.02.05.07

EP: 9

Current EP Text:

Revision Type: Revised

At least once every 36 months, hospitals with a generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented.

Note: For additional guidance, see NFPA 110-2010, Chapter 8.

EC.02.05.07

EP: 9

New EP Text:

At least once every 36 months, hospitals with a generator providing emergency power, test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented.

Note: For additional guidance, see NFPA 110-2010, Chapter 8.

EC.02.05.07

EP: 10

Current EP Text:

The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature.
 Note: Tests for non-diesel-powered generators need only be conducted with available load.

Revision Type: Revised

EC.02.05.07

EP: 10

New EP Text:

The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature.
 Note 1: Tests for non-diesel-powered generators need only be conducted with available load.
 Note 2: For additional guidance, see NFPA 110-2010, Chapter 8.

Standard EC.02.05.09

Requirement Text:

The hospital inspects, tests, and maintains medical gas and vacuum systems.
 Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

EC.02.05.09

EP:

Current EP Text:

N/A

Revision Type: New

EC.02.05.09

EP: 1

New EP Text:

Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems in which failure is likely to cause major injury or death are designated as follows:
 - Category 1: Systems in which failure is likely to cause minor injury to patients
 - Category 2: Systems in which failure is not likely to cause injury, but can cause discomfort to patients
 - Category 3: Deep sedation and general anesthesia are not administered when using Category 3 medical gas system
 (For full text, refer to NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5; 5.1.14.2)

EC.02.05.09

EP:

Current EP Text:

N/A

Revision Type: New

EC.02.05.09

EP: 2

New EP Text:

All master, area, and local alarm systems used for medical gas and vacuum systems comply with the category 1–3 warning system requirements. (For full text, refer to NFPA 99-2012: 5.1.9, 5.2.9, 5.3.6.2.2)

EC.02.05.09	EP:	EC.02.05.09	EP: 3
Current EP Text:	Revision Type: New	New EP Text:	
N/A		Containers, cylinders, and tanks are designed, fabricated, tested, and marked in accordance with NFPA 99-2012: 5.1.3.1.1 through 5.1.3.1.7.	
EC.02.05.09	EP:	EC.02.05.09	EP: 4
Current EP Text:	Revision Type: New	New EP Text:	
N/A		Locations containing only oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening."	
EC.02.05.09	EP:	EC.02.05.09	EP: 5
Current EP Text:	Revision Type: New	New EP Text:	
N/A		A precautionary sign readable from five feet away is on each door or gate of a cylinder storage room, where the sign, at a minimum, includes the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Only gas cylinders and reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders.	

EC.02.05.09

EP:

EC.02.05.09

EP: 6

Current EP Text:

Revision Type: New

New EP Text:

N/A

When the hospital uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows:

- When more than 300 but less than 3,000 cubic feet, the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.
 - When less than 301 cubic feet in a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in NFPA 99-2012: 11.6.2
- (For full text, refer to NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3; 11.6.5.2.1)

EC.02.05.09

EP: 1

EC.02.05.09

EP: 7

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas and vacuum systems, including the source, distribution, inlets/outlets, and alarms that protect the piped medical gas systems. These activities and results are documented.

In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas and vacuum systems; waste anesthetic gas disposal (WAGD); and support gas systems on the inventory. This inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases and inlets and outlets. Activities, dates, and results are documented. Persons maintaining the systems are qualified by training and certification to the requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040. (For full text, refer to NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13)

EC.02.05.09

EP: 2

EC.02.05.09

EP: 8

Current EP Text:

Revision Type: Moved

New EP Text:

When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES."

Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.

When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES."

Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.

EC.02.05.09

EP: 3

Current EP Text:

Revision Type: Moved

The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.

Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.

EC.02.05.09

EP: 9

New EP Text:

The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.

Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.

EC.02.05.09

EP: 4

Current EP Text:

Revision Type: Moved and Revised

The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented.

EC.02.05.09

EP: 10

New EP Text:

The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13)

EC.02.05.09

EP: 5

Current EP Text:

Revision Type: Moved and Revised

The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.

EC.02.05.09

EP: 11

New EP Text:

The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (see NFPA 99-2012: Table 5.1.11), and operating pressure if other than standard. Labels are at intervals of 20 feet or less and are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. (For full text, refer to NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; 5.3.11)

EC.02.05.09

EP: 6

Current EP Text:

Revision Type: Moved and Revised

The hospital implements a policy on all cylinders within the hospital that includes the following:

- Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety
- Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
- Labeling empty cylinders
- Prohibiting transfilling in any compartment with patient care rooms

Note: For additional guidance, see NFPA 99-2012: 11.5.2.3; 11.6.2; 11.6.2.3; 11.6.5; 11.6.5.2; 11.6.5.3; 11.7.3.2.

EC.02.05.09

EP: 12

New EP Text:

The hospital implements a policy on all cylinders within the hospital that includes the following:

- Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2
 - Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
 - Adaptors or conversion fittings are prohibited
 - Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease
 - Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F
 - Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacture recommendations or -20°F
 - Valve protection caps (if supplied) are secured in place when cylinder is not in use
 - Labeling empty cylinders
 - Prohibiting transfilling in any compartment with patient care
- (For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)

EC.02.05.09

EP:

Current EP Text:

Revision Type: New

N/A

EC.02.05.09

EP: 13

New EP Text:

At no time is transfilling done in any patient care room. A designated area is used away from any section of the hospital where patients are housed, treated, or examined. The designated area is separated by a barrier of at least one-hour-fire-resistant construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, sprinklered, and has a ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections NFPA 99-2012: 11.7.2–11.7.4. (For full text, refer to NFPA 99-2012: 11.5.2.2; 11.5.2.3.1; 11.5.2.3.2; 11.7.2–11.7.4)

EC.02.05.09

EP: 7

Current EP Text:

The hospital meets all other NFPA 99-2012: Health Care Facilities Code requirements related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11)
 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.

Revision Type: Moved

EC.02.05.09

EP: 14

New EP Text:

The hospital meets all other NFPA 99-2012: Health Care Facilities Code requirements related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11)
 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.

Standard EC.02.06.05

Requirement Text:

The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

EC.02.06.05

EP: 3

Current EP Text:

The hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation.

Revision Type: Revised

EC.02.06.05

EP: 3

New EP Text:

The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.

Standard EC.03.01.01

Requirement Text:

Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

EC.03.01.01

EP:

Current EP Text:

N/A

Revision Type: New

EC.03.01.01

EP: 1

New EP Text:

Staff responsible for the maintenance, inspection, testing, and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste are competent and receive continuing education and training.

Life Safety (LS) Chapter

Standard LS.01.01.01

Requirement Text:

The hospital designs and manages the physical environment to comply with the Life Safety Code.

LS.01.01.01

EP: 6

Current EP Text:

The hospital does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the Life Safety Code, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3)

Revision Type: Revised

LS.01.01.01

EP: 6

New EP Text:

The hospital does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the Life Safety Code, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3; 18/19.7.9)

Standard LS.02.01.10

Requirement Text:

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

LS.02.01.10

EP: 1

Current EP Text:

Buildings meet requirements for construction type in accordance with NFPA 101-2012: 18/19.1.6.2.

Revision Type: Revised

LS.02.01.10

EP: 1

New EP Text:

Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 18/19.1.6; 18.3.5.1; 19.3.5.3; 18/19.3.5.4; 18/19.3.5.5; 18.3.5.6)

LS.02.01.10

EP: 2

Current EP Text:

When building rehabilitation occurs, the hospital incorporates Chapter 43, Building Rehabilitation. (For full text, refer to NFPA 101-2012: Chapter 43; 18/19.4.3)

Revision Type: Revised

LS.02.01.10

EP: 2

New EP Text:

When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 18, 19, and 43. (For full text, refer to NFPA 101-2012: Chapter 43; 18/19.1.1.4.3; 18.4.3.1–18.4.3.5; 19.4.3)

<p>LS.02.01.10 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.10 EP: 3 New EP Text: Any building undergoing change of use or change of occupancy classification complies with NFPA 101-2012: 43.7, unless permitted by NFPA 101-2012:18/19.1.1.4.2.</p>
<p>LS.02.01.10 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.10 EP: 4 New EP Text: When an addition is made to a building, the building is in compliance with NFPA 101-2012: Chapter 18 and 43.8.</p>
<p>LS.02.01.10 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.10 EP: 5 New EP Text: Buildings without protection from automatic sprinkler systems comply with NFPA 101-2012: 18.4.3.2; 18.4.3.3; and 18.4.3.8. When a non-sprinklered smoke compartment has undergone major rehabilitation, the automatic sprinkler requirements of Chapter 18.3.5 will apply. Note: Major rehabilitation involves the modification of more than 50 percent, or 4500 square feet, of the area of the smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.1.1.4.3.3)</p>
<p>LS.02.01.10 Current EP Text: Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)</p>	<p>EP: 3 Revision Type: Moved</p>	<p>LS.02.01.10 EP: 6 New EP Text: Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)</p>

LS.02.01.10 **EP: 4**
Current EP Text: **Revision Type:** Moved and Revised
 Common walls that are between buildings or within buildings (occupancy separation) are fire rated for two hours. (For full text, refer to NFPA 101-2012: 18/19.1.1.4;18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)

LS.02.01.10 **EP: 7**
New EP Text:
 Common walls are fire rated for two hours that are within buildings (occupancy separation), between buildings (two health care occupancy buildings), or the building has a common wall with a nonconforming building (for example, a health care occupancy and a business occupancy). (For full text, refer to NFPA 101-2012: 43.8; 18/19.1.1.4; 18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)

LS.02.01.10 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.10 **EP: 8**
New EP Text:
 When multiple occupancies are identified, they are in accordance with NFPA 101-2012: 18/19.1.3.2 or 18/19.1.3.4, and the most stringent occupancy requirements are followed throughout the building.
 Note 1: If a two-hour separation is provided in accordance with 8.2.1.3, the construction type is determined as follows:
 - The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1.
 - The construction type of the areas of the building enclosing the other occupancies are based on 18/19.1.3.5 and 8.2.1.3.
 Note 2: Outpatient surgical departments must be classified as ambulatory health care occupancy regardless of the number of patients served. (For full text, refer to NFPA 101-2012: 18/19.1.3.4.1)

LS.02.01.10 **EP: 5**
Current EP Text: **Revision Type:** Moved
 The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are as follows:
 - Three hours in three-hour barriers and partitions
 - Ninety minutes in two-hour barriers and partitions
 - Forty-five minutes in one-hour barriers and partitions
 - Twenty minutes in thirty-minute barriers and partitions
 (For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2)
 Note 1: Labels on fire door assemblies must be maintained in legible condition.
 Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

LS.02.01.10 **EP: 9**
New EP Text:
 The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are as follows:
 - Three hours in three-hour barriers and partitions
 - Ninety minutes in two-hour barriers and partitions
 - Forty-five minutes in one-hour barriers and partitions
 - Twenty minutes in thirty-minute barriers and partitions
 (For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2)
 Note 1: Labels on fire door assemblies must be maintained in legible condition.
 Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

LS.02.01.10

EP: 6

Current EP Text:

Revision Type: Moved and Revised

In buildings, exit stairs connecting three or fewer floors are fire rated for 1 hour; exit stairs connecting four or more floors are fire rated for 2 hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1)

LS.02.01.10

EP: 10

New EP Text:

In existing buildings that are not a high rise and are protected with automatic sprinkler systems, exit stairs (or new exit stairs connecting three or fewer floors) are fire rated for one hour. In new construction, exit stairs connecting four or more floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1)

LS.02.01.10

EP: 7

Current EP Text:

Revision Type: Moved and Revised

Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

LS.02.01.10

EP: 11

New EP Text:

Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012:7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5; 7.2.1.8.2)

LS.02.01.10

EP: 8

Current EP Text:

Revision Type: Moved

Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only. (For full text, refer to NFPA 80-2010: 4.1.4)

LS.02.01.10

EP: 12

New EP Text:

Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only. (For full text, refer to NFPA 80-2010: 4.1.4)

LS.02.01.10

EP: 9

Current EP Text:

Revision Type: Moved

Ducts penetrating the walls or floors with a fire resistance rating of less than 3 hours are protected by dampers that are fire rated for 1 1/2 hours; ducts penetrating the walls or floors with a fire resistance rating of 3 hours or greater are protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)

LS.02.01.10

EP: 13

New EP Text:

Ducts penetrating the walls or floors with a fire resistance rating of less than 3 hours are protected by dampers that are fire rated for 1 1/2 hours; ducts penetrating the walls or floors with a fire resistance rating of 3 hours or greater are protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)

LS.02.01.10 **EP: 10**
Current EP Text: **Revision Type:** Moved
 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
 Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

LS.02.01.10 **EP: 14**
New EP Text:
 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
 Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

LS.02.01.10 **EP: 11**
Current EP Text: **Revision Type:** Moved
 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.

LS.02.01.10 **EP: 15**
New EP Text:
 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.

Standard LS.02.01.20

Requirement Text:

The hospital maintains the integrity of the means of egress.

LS.02.01.20 **EP: 1**
Current EP Text: **Revision Type:** Revised
 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6)
 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4.

LS.02.01.20 **EP: 1**
New EP Text:
 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6)
 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4.

LS.02.01.20 **EP: 2**
Current EP Text: **Revision Type:** Deleted
 Doors in a means of egress swing in the direction of egress when serving a room or area with an occupancy of 50 or more, except doors in existing smoke barriers. (For full text, refer to NFPA 101-2012: 7.2.1.4.2; 19.3.7.8(3))

LS.02.01.20 **EP: 22**
Current EP Text: **Revision Type:** Moved
 Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)

LS.02.01.20 **EP: 2**
New EP Text:
 Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)

LS.02.01.20 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.20 **EP: 3**
New EP Text:
 Horizontal sliding doors permitted by NFPA 101-2012: 7.2.1.14 that are not automatic closing are limited to a single leaf and have a latch or other mechanism to prevent the door from rebounding. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.10.1)

LS.02.01.20 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.20 **EP: 4**
New EP Text:
 Horizontal sliding doors serving an occupant load fewer than 10 are permitted, as long as they comply with NFPA 101-2012: 18/19.2.2.2.10.2 and meet the following criteria:
 - Area served by the door has no hazards.
 - Door is operable from either side without special knowledge or effort.
 - Force required to operate the door in the direction of travel is less than or equal to 30 pounds-force (lbf) to set the door in motion and less than or equal to 15 lbf to close or open to the required width.
 - Assembly is appropriately fire rated and is self- or automatic-closing by smoke detection per 7.2.1.8; assembly is installed per NFPA 80-2010.
 - Where required to latch, the door has a latch or other mechanism to prevent the door from rebounding.

LS.02.01.20 **EP: 3**
Current EP Text: **Revision Type:** Moved
 Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1; 18/19.2.2.5)

LS.02.01.20 **EP: 5**
New EP Text:
 Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1; 18/19.2.2.5)

LS.02.01.20 **EP: 4**
Current EP Text: **Revision Type:** Moved
 Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)

LS.02.01.20 **EP: 6**
New EP Text:
 Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)

LS.02.01.20 **EP: 5**
Current EP Text: **Revision Type:** Moved
 When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)

LS.02.01.20 **EP: 7**
New EP Text:
 When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)

LS.02.01.20 **EP: 6**
Current EP Text: **Revision Type:** Moved and Revised
 Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.6.3)

LS.02.01.20 **EP: 8**
New EP Text:
 Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.2; 7.2.2.6.3)

LS.02.01.20 **EP: 7**
Current EP Text: **Revision Type:** Moved and Revised
 Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6; 7.2.2.4; 7.2.5.4)

LS.02.01.20 **EP: 9**
New EP Text:
 Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with NFPA 101-2012: 7.2.5–7.5.12. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6–18/19.2.2.10; 7.2.2.4; 7.2.5–7.2.12)

LS.02.01.20 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)

LS.02.01.20 **EP: 10**
New EP Text:
 New stairs serving three or more stories and existing stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Floor level information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)

LS.02.01.20 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.20 **EP: 11**
New EP Text:
 The capacity of the means of egress is in accordance with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 18/19.2.3.1)

LS.02.01.20 **EP: 9**
Current EP Text: **Revision Type:** Moved and Revised
 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 18/19.2.7; 7.2.6; 7.7.2)

LS.02.01.20 **EP: 12**
New EP Text:
 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2)

LS.02.01.20 **EP: 10**
Current EP Text: **Revision Type:** Moved
 An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)

LS.02.01.20 **EP: 13**
New EP Text:
 An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)

LS.02.01.20

EP: 11

Current EP Text:

Revision Type: Moved

Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1)

Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4))

Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))

LS.02.01.20

EP: 14

New EP Text:

Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1)

Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4))

Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))

LS.02.01.20

EP: 12

Current EP Text:

Revision Type: Moved

When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8)

LS.02.01.20

EP: 15

New EP Text:

When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8)

LS.02.01.20

EP: 13

Current EP Text:

Revision Type: Moved and Revised

Floors or compartments in a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text, refer to NFPA 101-2012: 18/19.2.4)

LS.02.01.20

EP: 16

New EP Text:

Each floor of a building has at least two exits that are remote from each other and accessible from every part of the floor. Each smoke compartment has two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.2.4.1-18/19.2.4.4)

LS.02.01.20

EP:

LS.02.01.20

EP: 17

Current EP Text:

Revision Type: New

New EP Text:

N/A

Every corridor provides access to at least two approved exits in accordance with NFPA 101-2012: 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. (For full text, refer to NFPA 101-2012: 18/19.2.5.4)

LS.02.01.20

EP: 14

LS.02.01.20

EP: 18

Current EP Text:

Revision Type: Moved

New EP Text:

In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. In new psychiatric buildings, exit corridors are at least six feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)

In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. In new psychiatric buildings, exit corridors are at least six feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)

LS.02.01.20

EP: 15

LS.02.01.20

EP: 19

Current EP Text:

Revision Type: Moved

New EP Text:

In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from patient sleeping rooms. If modifying existing buildings with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)

In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from patient sleeping rooms. If modifying existing buildings with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)

LS.02.01.20

EP:

LS.02.01.20

EP: 20

Current EP Text:

Revision Type: New

New EP Text:

N/A

Existing exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. (For full text, refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7)

LS.02.01.20

EP:

LS.02.01.20

EP: 21

Current EP Text:

Revision Type: New

New EP Text:

N/A

New exit access doors and exit doors are of the swinging type and are at least 41 1/2 inches in clear width. In psychiatric hospitals doors are at least 32 inches wide. Doors not subject to patient use, in exit stairway enclosures, or serving newborn nurseries are at least 32 inches in clear width. If using a pair of doors, the doors have a rabbet, bevel, or astragal at the meeting edge, and at least one of the doors provides 32 inches in clear width, while the inactive leaf of the pair is secured with automatic flush bolts. (For full text, refer to NFPA 101-2012: 18.2.3.6; 18.2.3.7)

LS.02.01.20

EP: 16

LS.02.01.20

EP: 22

Current EP Text:

Revision Type: Moved

New EP Text:

Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)

Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)

LS.02.01.20

EP: 17

LS.02.01.20

EP: 23

Current EP Text:

Revision Type: Moved

New EP Text:

Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)

Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)

LS.02.01.20

EP: 18

LS.02.01.20

EP: 24

Current EP Text:

Revision Type: Moved

New EP Text:

The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)
 Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text, refer to NFPA 101-2012: 18/19.2.3.4)

The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)
 Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text, refer to NFPA 101-2012: 18/19.2.3.4)

LS.02.01.20

EP: 19

Current EP Text:

In new buildings, no dead-end corridor is longer than 30 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)
 Note: Existing dead-end corridors are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2)

Revision Type: Moved and Revised

LS.02.01.20

EP: 25

New EP Text:

In new buildings, no dead-end corridor is longer than 30 feet, and the common path of travel does not exceed 100 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)
 Note: Existing dead-end corridors longer than 30 feet are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2)

LS.02.01.20

EP: 20

Current EP Text:

Patient sleeping rooms open directly onto an exit access corridor. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1)

Revision Type: Moved and Revised

LS.02.01.20

EP: 26

New EP Text:

Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping rooms with less than eight beds may have one intervening room to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1–18/19.2.5.6.4)

LS.02.01.20

EP: 21

Current EP Text:

Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)

Revision Type: Moved

LS.02.01.20

EP: 27

New EP Text:

Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)

LS.02.01.20

EP: 23

Current EP Text:

Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)

Revision Type: Moved

LS.02.01.20

EP: 28

New EP Text:

Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)

LS.02.01.20 **EP: 24**
Current EP Text: **Revision Type:** Moved
 Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire-retardant-treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)

LS.02.01.20 **EP: 29**
New EP Text:
 Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire-retardant-treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)

LS.02.01.20 **EP: 25**
Current EP Text: **Revision Type:** Moved
 Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)

LS.02.01.20 **EP: 30**
New EP Text:
 Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)

LS.02.01.20 **EP: 26**
Current EP Text: **Revision Type:** Moved
 Suites not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))

LS.02.01.20 **EP: 31**
New EP Text:
 Suites not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))

LS.02.01.20 **EP: 27**
Current EP Text: **Revision Type:** Moved and Revised
 For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 9.3.5.8)

LS.02.01.20 **EP: 32**
New EP Text:
 For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 19.3.5.8)

LS.02.01.20 **EP: 28**
Current EP Text: **Revision Type:** Moved
 For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)

LS.02.01.20 **EP: 33**
New EP Text:
 For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)

LS.02.01.20 **EP: 29**
Current EP Text: **Revision Type:** Moved
 Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)

LS.02.01.20 **EP: 34**
New EP Text:
 Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)

LS.02.01.20 **EP: 30**
Current EP Text: **Revision Type:** Moved
 For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)

LS.02.01.20 **EP: 35**
New EP Text:
 For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)

LS.02.01.20 **EP: 31**
Current EP Text: **Revision Type:** Moved
 For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4)

LS.02.01.20 **EP: 36**
New EP Text:
 For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4)

LS.02.01.20 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.20 **EP: 37**
New EP Text:
 Travel distances to exits are measured in accordance with NFPA 101-2012: 7.6.
 - From any point in the room or suite to the exit is 150 feet or less. (200 feet or less if the building is fully sprinkled)
 - From any point in a room to the room door is 50 feet or less
 (For full text, refer to NFPA 101-2012: 18/19.2.6)

LS.02.01.20 **EP: 32**
Current EP Text: **Revision Type:** Moved
Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.1)

LS.02.01.20 **EP: 38**
New EP Text:
Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.1)

LS.02.01.20 **EP: 33**
Current EP Text: **Revision Type:** Moved and Revised
Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness (< 0.2 foot candles). (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.4)

LS.02.01.20 **EP: 39**
New EP Text:
Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness (less than 0.2 foot candles). Emergency lighting of at least 1½-hour duration is provided automatically in accordance with NFPA 101-2012: 7.9. (See also EC.02.05.07, EP 2) (For full text, refer to NFPA 101-2012: 18/19.2.8; 18/19.2.9.1; 7.8.1.4; 7.9.2)

LS.02.01.20 **EP: 34**
Current EP Text: **Revision Type:** Moved and Revised
Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)

LS.02.01.20 **EP: 40**
New EP Text:
Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). Exit and directional signs displayed with continuous illumination are also served by the emergency lighting system unless the building is one story with less than 30 occupants, and the line of exit travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)

LS.02.01.20 **EP: 35**
Current EP Text: **Revision Type:** Moved
Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)

LS.02.01.20 **EP: 41**
New EP Text:
Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)

LS.02.01.20 **EP: 36**
Current EP Text: **Revision Type:** Moved
The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.

LS.02.01.20 **EP: 42**
New EP Text:
The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.

Standard LS.02.01.30

Requirement Text:

The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

LS.02.01.30

EP: 2

Current EP Text:

Revision Type: Revised

All new hazardous areas have doors that are self-closing or automatic-closing, except for laboratories using flammable or combustible materials deemed less than a severe hazard and storage rooms greater than 50 square feet, but less than 100 square feet that are used for storage of combustible material. Hazardous areas have a fire barrier with a one-hour fire-resistive rating. These areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1)

LS.02.01.30

EP: 2

New EP Text:

All new hazardous areas have doors that are self-closing or automatic-closing, except for laboratories using flammable or combustible materials deemed less than a severe hazard and storage rooms greater than 50 square feet, but less than 100 square feet that are used for storage of combustible material. Hazardous areas have a fire barrier with a one-hour fire-resistive rating. These areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1)
 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors.

LS.02.01.30

EP: 3

Current EP Text:

Revision Type: Revised

All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies. (For full text, refer to NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)

LS.02.01.30

EP: 3

New EP Text:

All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies. (For full text, refer to NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)
 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors.

LS.02.01.30

EP:

LS.02.01.30

EP: 4

Current EP Text:

Revision Type: New

New EP Text:

N/A

Laboratories using quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are in accordance with NFPA 101-2012: 8.7 and NFPA 99 requirements applicable to administration, maintenance, and testing. (For full text refer to NFPA 101-2012: 18/19.3.2.2; NFPA 99-2012: 15.4)

LS.02.01.30

EP: 4

LS.02.01.30

EP: 5

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5.3 are met.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-2.

Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5 are met.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-2.

LS.02.01.30

EP: 5

LS.02.01.30

EP: 6

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Installation and use of alcohol-based hand rub (ABHR) dispensers that are 95% or less alcohol content by volume are allowed in each smoke compartment as per NFPA 101-2012: 18/19.3.2.6.

Note 1: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.

Note 2: This element of performance reflects NFPA 101-2012: 18/19.3.2.6. For alternative guidelines on ABHR dispensers, see NFPA 101-2012: 8.7.3.1.

Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met:

- Corridor is at least six feet wide
- ABHR does not exceed 95% alcohol
- Maximum individual dispenser capacity is 0.32 gallon of fluid (0.53 gallon in suites) or 18 ounces of NFPA Level 1-classified aerosols
- Dispensers have a minimum of four-feet horizontal spacing between them
- Dispensers are not installed within one inch of an ignition source
- If floor is carpeted, the building is fully sprinkler protected
- Operation of the dispenser complies with NFPA 101-2012: 18/19.3.2.6(11)
- ABHR is protected against inappropriate access
- Not more than an aggregate of 10 gallons of fluid or 135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room
- Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30

LS.02.01.30 **EP: 6**
Current EP Text: **Revision Type:** Moved
 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)

LS.02.01.30 **EP: 7**
New EP Text:
 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)

LS.02.01.30 **EP: 7**
Current EP Text: **Revision Type:** Moved
 Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)

LS.02.01.30 **EP: 8**
New EP Text:
 Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)

LS.02.01.30 **EP: 8**
Current EP Text: **Revision Type:** Moved
 Corridors must be separated from all other areas by approved partitions, unless the space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.

LS.02.01.30 **EP: 9**
New EP Text:
 Corridors must be separated from all other areas by approved partitions, unless the space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.

LS.02.01.30 **EP: 9**
Current EP Text: **Revision Type:** Moved
 In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)

LS.02.01.30 **EP: 10**
New EP Text:
 In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)

LS.02.01.30

EP: 10

Current EP Text:

Revision Type: Moved

Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2)

LS.02.01.30

EP: 11

New EP Text:

Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2)

LS.02.01.30

EP: 11

Current EP Text:

Revision Type: Moved and Revised

Corridor doors are constructed to resist the passage of smoke, fitted with positive latching hardware, hinged so that they swing, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Undercuts are no larger than one inch. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 18/19.3.6.3.1; 19.3.6.3.4; 18.3.6.3.5; 18/19.3.6.4; 18/19.3.6.5; 19.3.6.3.10; 18/19.3.6.3.11)

LS.02.01.30

EP: 12

New EP Text:

In new buildings, all corridor doors are constructed to resist the passage of smoke, hinged so that they swing, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Undercuts are no larger than one inch. Positive latching hardware is required. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5; 18.3.6.3.10; 18.3.6.3.11)

LS.02.01.30

EP: 12

Current EP Text:

Revision Type: Moved

In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Roller latches are prohibited. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of five pounds is applied to the edge of the door. (For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5; 19.3.6.3.6)

LS.02.01.30

EP: 13

New EP Text:

In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Roller latches are prohibited. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of five pounds is applied to the edge of the door. (For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5; 19.3.6.3.6)

LS.02.01.30

EP: 13

Current EP Text:

Revision Type: Moved

In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)

LS.02.01.30

EP: 14

New EP Text:

In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)

LS.02.01.30

EP: 14

Current EP Text:

Revision Type: Moved

Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.

Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5)

LS.02.01.30

EP: 15

New EP Text:

Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.

Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5)

LS.02.01.30

EP: 15

Current EP Text:

Revision Type: Moved

Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.

Note: Incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in hospitals is permitted. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2)

LS.02.01.30

EP: 16

New EP Text:

Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.

Note: Incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in hospitals is permitted. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2)

LS.02.01.30

EP: 16

Current EP Text:

Revision Type: Moved

In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)

LS.02.01.30

EP: 17

New EP Text:

In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)

LS.02.01.30

EP: 17

Current EP Text:

Revision Type: Moved

In existing buildings, at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. Smoke barriers have a minimum ½-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the smoke compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1; 19.3.7.3; 19.3.7.5)

LS.02.01.30

EP: 18

New EP Text:

In existing buildings, at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. Smoke barriers have a minimum ½-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the smoke compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1; 19.3.7.3; 19.3.7.5)

LS.02.01.30

EP: 18

Current EP Text:

Revision Type: Moved

Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7)
 Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.

LS.02.01.30

EP: 19

New EP Text:

Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7)
 Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.

LS.02.01.30 **EP: 19**
Current EP Text: **Revision Type:** Moved and Revised
 Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)

LS.02.01.30 **EP: 20**
New EP Text:
 Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch, and doors in a means of egress swing in the opposite direction. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)

LS.02.01.30 **EP: 20**
Current EP Text: **Revision Type:** Moved
 In smoke compartments without sprinkler systems, fixed fire windows in smoke barrier doors are 25% or less of the size of the doors in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.7.6; 8.3.3; 8.5.4.5)

LS.02.01.30 **EP: 21**
New EP Text:
 In smoke compartments without sprinkler systems, fixed fire windows in smoke barrier doors are 25% or less of the size of the doors in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.7.6; 8.3.3; 8.5.4.5)

LS.02.01.30 **EP: 21**
Current EP Text: **Revision Type:** Moved
 In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. In existing buildings protected by an approved automatic sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)

LS.02.01.30 **EP: 22**
New EP Text:
 In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. In existing buildings protected by an approved automatic sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)

LS.02.01.30 **EP: 22**
Current EP Text: **Revision Type:** Moved
 Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2)

LS.02.01.30 **EP: 23**
New EP Text:
 Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2)

LS.02.01.30 **EP: 23**
Current EP Text: **Revision Type:** Moved and Revised
 Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). (For full text, refer to NFPA 101-2006: 18/19.3.8)
 Note: Windows in atrium walls are considered outside windows.

LS.02.01.30 **EP: 24**
New EP Text:
 Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department).
 Note: Windows in atrium walls are considered outside windows.

LS.02.01.30 **EP: 24**
Current EP Text: **Revision Type:** Moved and Revised
 In new buildings, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. (For full text, refer to NFPA 101-2006: 18.3.8.2)

LS.02.01.30 **EP: 25**
New EP Text:
 In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor.

LS.02.01.30 **EP: 25**
Current EP Text: **Revision Type:** Moved
 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 18/19.3.

LS.02.01.30 **EP: 26**
New EP Text:
 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 18/19.3.

Standard LS.02.01.34

Requirement Text:

The hospital provides and maintains fire alarm systems.

LS.02.01.34 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.34 **EP: 1**
New EP Text:
 A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2012, National Electric Code and NFPA 72-2010, National Fire Alarm Code.

LS.02.01.34

EP: 2

Current EP Text:

Revision Type: Revised

The master fire alarm control panel is located in an area with a smoke detector or is in an area that is a continuously occupied and protected environment, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. (For full text, refer to NFPA 101-2012: 18/19.3.4.1; 9.6.4; 9.6.6; 9.6.1.8)

LS.02.01.34

EP: 2

New EP Text:

The master fire alarm control panel is located in an area with a smoke detector or in an area that is continuously occupied and protected, which is an area enclosed with one-hour–fire-rated walls and 3/4-hour–fire-rated doors. In areas not continuously occupied and protected, a smoke detector is installed at each fire alarm control unit. In a newly designated occupancy, detection is also installed at notification appliance circuit power extenders and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text, refer to NFPA 101-2012: 18/19.3.4.1; 9.6)

LS.02.01.34

EP:

Current EP Text:

Revision Type: New

N/A

LS.02.01.34

EP: 3

New EP Text:

Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas are not required at exits if manual alarm boxes are located at all nurse’s stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200 feet of travel distance is not exceeded. (For full text, refer to NFPA 101-2012: 18/19.3.4.2.1; 18/19.3.4.2.2; 9.6.2.5)

LS.02.01.34

EP:

Current EP Text:

Revision Type: New

N/A

LS.02.01.34

EP: 4

New EP Text:

In new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation zoning for the fire alarm and sprinklers is provided by audible and visual indicators; zones are not larger than 22,500 square feet per zone. (For full text, refer to NFPA 101-2012: 18.3.4.3–18.3.4.4.3; 9.6.4)

<p>LS.02.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.34 EP: 5 New EP Text: In existing building, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text refer to NFPA 101-2012: 19.3.4.3; 9.6.4; 9.7.1.1(1))</p>
<p>LS.02.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.34 EP: 6 New EP Text: Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text refer to NFPA 101-2012: 18/19.3.4.4; 9.6.1; 9.6.5)</p>
<p>LS.02.01.34 Current EP Text: The fire alarm signal automatically transmits using one of the provisions of NFPA 101-2012: 9.6.4. (For full text, refer to NFPA 101-2012: 18/19.3.4)</p>	<p>EP: 1 Revision Type: Moved</p>	<p>LS.02.01.34 EP: 7 New EP Text: The fire alarm signal automatically transmits using one of the provisions of NFPA 101-2012: 9.6.4. (For full text, refer to NFPA 101-2012: 18/19.3.4)</p>
<p>LS.02.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.34 EP: 8 New EP Text: Smoke detection systems are provided in spaces open to corridors as required by NFPA 101-2012: Chapter 18/19. (For full text, refer to NFPA 101-2012: 18/19.3.4.5.2; 18/19.3.6.1)</p>
<p>LS.02.01.34 Current EP Text: The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)</p>	<p>EP: 3 Revision Type: Moved</p>	<p>LS.02.01.34 EP: 9 New EP Text: The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)</p>

LS.02.01.34 **EP: 4**
Current EP Text: **Revision Type:** Moved
 The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.

LS.02.01.34 **EP: 10**
New EP Text:
 The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.

Standard LS.02.01.35

Requirement Text:

The hospital provides and maintains systems for extinguishing fires.

LS.02.01.35 **EP: 7**
Current EP Text: **Revision Type:** Revised
 At least six spare sprinkler heads for each type of system, with associated wrenches, are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.4.1; 5.4.1.4.2; 5.4.1.6; 5.4.1.6.1; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)

LS.02.01.35 **EP: 7**
New EP Text:
 At least six spare sprinkler heads, with associated wrenches, are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.6; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)

LS.02.01.35 **EP: 9**
Current EP Text: **Revision Type:** Revised
 In new buildings, quick response sprinklers are installed in smoke compartments with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18/19.3.5.10; 18.3.5.6)

LS.02.01.35 **EP: 9**
New EP Text:
 In new buildings, quick response sprinklers are installed in smoke compartments with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18.3.5.6)

LS.02.01.35 **EP: 11**
Current EP Text: **Revision Type:** Revised
 Class K–type portable fire extinguishers are located within 30 feet of grease-producing ranges, griddles, broilers, or cooking appliances that use vegetable or animal oils or fats, such as deep fat fryers. A placard is conspicuously placed near the extinguisher stating that the fire protection system should be activated prior to using the fire extinguisher. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.10.2; NFPA 10-2010: 5.5.5; 5.5.5.3; 6.6.2)

LS.02.01.35 **EP: 11**
New EP Text:
 Class K–type portable fire extinguishers are located within 30 feet of grease-producing ranges, griddles, broilers, or cooking appliances that use vegetable or animal oils or fats, such as deep fat fryers. A placard is conspicuously placed near the extinguisher stating that the fire protection system should be activated prior to using the fire extinguisher. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.10.2; NFPA 10-2010: 5.5.5; 6.6.2)

Standard LS.02.01.50

Requirement Text:

The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.

<p>LS.02.01.50 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.50 EP: 1 New EP Text: Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)</p>
<p>LS.02.01.50 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.50 EP: 2 New EP Text: Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with manufacturers' specifications. (For full text, refer to NFPA 101-2012: 18/19.5.2.1)</p>
<p>LS.02.01.50 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.50 EP: 3 New EP Text: Any heating device (other than a central heating plant) is designed and installed so combustible materials cannot be ignited by the device and safety features stop fuel and shut down equipment if it experiences excessive temperature or ignition failure. (For full text, refer to NFPA 101-2012: 18/19.5.2.2) Note: If fuel fired, the heating device is designed as follows: - Chimney or vent connected - Takes air for combustion from outside - Combustion system is separate from occupied area atmosphere</p>

<p>LS.02.01.50 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.50 New EP Text: A suspended unit heater(s) is permitted provided the following are met: - Not located in means of egress or in patient rooms - Located high enough to be out of reach of people in the area - Has a safety feature to stop fuel and shut down equipment if it experiences excessive temperature or ignition failure (For full text, refer to NFPA 101-2012: 18/19.5.2.3)</p>	<p>EP: 4</p>
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<p>LS.02.01.50 Current EP Text: Fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.</p>	<p>EP: 1 Revision Type: Moved and Revised</p>	<p>LS.02.01.50 New EP Text: Direct-vent fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.</p>	<p>EP: 5</p>
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<p>LS.02.01.50 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.02.01.50 New EP Text: Solid fuel-burning fireplaces are permitted in areas other than patient sleeping rooms when the following occurs: - Areas are separated by a one-hour-fire-resistant wall - Fireplace complies with NFPA 101-2012: 9.2.2 - Fireplace enclosure resists breakage up to 650°F and has heat-tempered glass - Area has supervised carbon monoxide detection per NFPA 101-2012: 9.8 (For full text, refer to NFPA 101-2012: 18/19.5.2.3(3))</p>	<p>EP: 6</p>
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<p>LS.02.01.50 Current EP Text: New elevators are equipped with the following: - Firefighters' service key recall - Smoke detector automatic recall - Firefighters' service emergency in-car key operation - Machine room smoke detectors - Elevator lobby smoke detectors Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2012: 18/19.5.3; 9.4.3)</p>	<p>EP: 2 Revision Type: Moved and Revised</p>	<p>LS.02.01.50 New EP Text: Elevators are equipped with the following: - Firefighters' service key recall - Smoke detector automatic recall - Firefighters' service emergency in-car key operation - Machine room smoke detectors - Elevator lobby smoke detectors Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2 ; 9.4.3)</p>	<p>EP: 7</p>
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LS.02.01.50

EP:

LS.02.01.50

EP: 8

Current EP Text:

Revision Type: New

New EP Text:

N/A

Escalators, dumbwaiters, and moving walks comply with NFPA 101-2012: 9.4. In addition, existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform with the requirements of ASME/ANSI A17.1, Safety Code for Elevators and Escalators and ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.6)

LS.02.01.50

EP: 3

LS.02.01.50

EP: 9

Current EP Text:

Revision Type: Moved

New EP Text:

In new buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3)

In new buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3)

LS.02.01.50

EP: 4

LS.02.01.50

EP: 10

Current EP Text:

Revision Type: Moved

New EP Text:

All linen and waste chute inlet and discharge service doors have both self-closing and positive-latching devices.
Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3)

All linen and waste chute inlet and discharge service doors have both self-closing and positive-latching devices.
Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3)

LS.02.01.50

EP: 5

LS.02.01.50

EP: 11

Current EP Text:

Revision Type: Moved

New EP Text:

Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4; 5.2.3.2)

Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4; 5.2.3.2)

LS.02.01.50 **EP: 6**
Current EP Text: **Revision Type:** Moved
 In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6)

LS.02.01.50 **EP: 12**
New EP Text:
 In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6)

LS.02.01.50 **EP: 7**
Current EP Text: **Revision Type:** Moved
 Trash chutes discharge into collection rooms that are not used for any other purpose and are separated from the corridor and have a minimum fire resistance rating not less than that specified for the chute. In existing buildings, if the trash collection room is protected with an approved automatic sprinkler system, linen collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4; 19.5.4.5; NFPA 82-2009: 5.2.4.1)

LS.02.01.50 **EP: 13**
New EP Text:
 Trash chutes discharge into collection rooms that are not used for any other purpose and are separated from the corridor and have a minimum fire resistance rating not less than that specified for the chute. In existing buildings, if the trash collection room is protected with an approved automatic sprinkler system, linen collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4; 19.5.4.5; NFPA 82-2009: 5.2.4.1)

LS.02.01.50 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 18/19.5.4.

LS.02.01.50 **EP: 14**
New EP Text:
 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 18/19.5.

Standard LS.02.01.70

Requirement Text:

The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.

LS.02.01.70 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.70 **EP: 3**
New EP Text:
 Draperies, curtains (including cubicle and shower curtains), and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1)
 Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall.

LS.02.01.70

EP:

LS.02.01.70

EP: 4

Current EP Text:

Revision Type: New

New EP Text:

N/A

In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016 meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5, 2016 meet char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012: 18/19.7.5.2; 18/19.7.5.4)

LS.02.01.70

EP: 3

LS.02.01.70

EP: 5

Current EP Text:

Revision Type: Moved

New EP Text:

Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in non-sprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)

Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in non-sprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)

LS.02.01.70

EP: 4

LS.02.01.70

EP: 6

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area.
Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7)

Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7)
Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.

LS.02.01.70

EP:

LS.02.01.70

EP: 7

Current EP Text:

Revision Type: New

New EP Text:

N/A

When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 18/19.7.7)

LS.02.01.70

EP: 5

Current EP Text:

Revision Type: Moved

Portable space heaters are prohibited in smoke compartments containing sleeping rooms and patient treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 18/19.7.8)

Note: For this element of performance, nurses stations are considered patient treatment areas.

LS.02.01.70

EP: 8

New EP Text:

Portable space heaters are prohibited in smoke compartments containing sleeping rooms and patient treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 18/19.7.8)

Note: For this element of performance, nurses stations are considered patient treatment areas.

LS.02.01.70

EP: 6

Current EP Text:

Revision Type: Moved and Revised

The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7. (See also EC.02.03.01, EP 9; EC.02.03.03, EP 1)

LS.02.01.70

EP: 9

New EP Text:

The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7.

Standard LS.03.01.10

Requirement Text:

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.10

EP: 1

Current EP Text:

Buildings meet requirements for height and construction type in accordance with NFPA 101-2012: 20/21.1.6.2; 1.6.3.

Revision Type: Revised

LS.03.01.10

EP: 1

New EP Text:

Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 20/21.1.6.1–20/21.1.6.6; 20/21.3.5)

LS.03.01.10

EP:

Current EP Text:

N/A

Revision Type: New

LS.03.01.10

EP: 2

New EP Text:

Interior nonbearing walls in Types I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls that are required to have a minimum of two-hour fire resistance rating are made with fire-retardant-treated wood and enclosed within noncombustible or limited combustible materials, provided they are not used as shaft enclosures. (For full text, refer to NFPA 101-2012: 20.1.6.3; 20.1.6.4; 21.1.6.3; 21.1.6.4)

LS.03.01.10

EP:

LS.03.01.10

EP: 3

Current EP Text:

Revision Type: New

New EP Text:

N/A

When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 20, 21, and 43. (For full text, refer to NFPA 101-2012: Chapter 43; 20/21.1.1.4; 4.6.7)

LS.03.01.10

EP: 2

LS.03.01.10

EP: 4

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Ambulatory occupancies located in multi-occupancy buildings are separated from health care occupancies by two-hour fire-rated construction and from business occupancies by one-hour fire-rated walls. (For full text, refer to NFPA 101-2012: 20/21.1.3; 20/21.1.4; 20/21.3.7.1)

Ambulatory occupancies located in multi-occupancy buildings are separated from health care occupancies by two-hour fire-rated walls and from business occupancies by one-hour fire-rated walls. (For full text, refer to NFPA 101-2012: 20/21.1.3, 20/21.1.4 and 20/21.3.7.1)

Note: Per Centers for Medicare & Medicaid Services' regulation, outpatient surgical departments are classified as ambulatory health care occupancies, regardless of the number of patients served. (For full text, refer to NFPA 101-2012: 20/21.1.3.2; 20/21.3.7.1)

LS.03.01.10

EP: 3

LS.03.01.10

EP: 5

Current EP Text:

Revision Type: Moved

New EP Text:

Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)

Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)

LS.03.01.10

EP: 4

Current EP Text:

Revision Type: Moved

The fire protection rating for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions is as follows:

- Three hours in three-hour barriers and partitions
- Ninety minutes in two-hour barriers and partitions
- Forty-five minutes in one-hour barriers and partitions
- Twenty minutes in ½-hour barriers and partitions

Labels on fire door assemblies must be maintained in legible condition. (For full text, refer to NFPA 101-2012: 8.3.4.2; Table 8.3.4.2; 8.3.3.2.3; NFPA 80-2010: 5.2.13.3)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

LS.03.01.10

EP: 6

New EP Text:

The fire protection rating for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions is as follows:

- Three hours in three-hour barriers and partitions
- Ninety minutes in two-hour barriers and partitions
- Forty-five minutes in one-hour barriers and partitions
- Twenty minutes in ½-hour barriers and partitions

Labels on fire door assemblies must be maintained in legible condition. (For full text, refer to NFPA 101-2012: 8.3.4.2; Table 8.3.4.2; 8.3.3.2.3; NFPA 80-2010: 5.2.13.3)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

LS.03.01.10

EP: 5

Current EP Text:

Revision Type: Moved

Doors within walls and floors that are required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8-inch wide, and undercuts are no larger than 3/4 of an inch. Blocking or wedging open fire-rated doors is prohibited. Doors required to be fire rated in the walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

LS.03.01.10

EP: 7

New EP Text:

Doors within walls and floors that are required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8-inch wide, and undercuts are no larger than 3/4 of an inch. Blocking or wedging open fire-rated doors is prohibited. Doors required to be fire rated in the walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

LS.03.01.10

EP: 6

Current EP Text:

Revision Type: Moved and Revised

Doors requiring a minimum fire rating of 3/4 of an hour are free of coverings, decorations, or other objects applied to the door face. Informational signs, which are applied with adhesive only, are allowed provided that the informational signage does not exceed 5% of the door face area. (For full text, refer to NFPA 80-2010: 4.1.4; 4.1.4.2.1)

LS.03.01.10

EP: 8

New EP Text:

Doors requiring a minimum fire rating of 3/4 of an hour are free of coverings, decorations, or other objects applied to the door face. Informational signs, which are applied with adhesive only, are allowed provided that the informational signage does not exceed 5% of the door face area. (For full text, refer to NFPA 80-2010: 4.1.4)

LS.03.01.10

EP: 7

Current EP Text:

Revision Type: Moved

Ducts penetrating the walls and floors with a fire-resistance rating of less than three hours are protected by dampers that are fire rated for 1 1/2 hours; penetrations of three hours or greater are protected by fire dampers that are fire rated for three hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4)

LS.03.01.10

EP: 9

New EP Text:

Ducts penetrating the walls and floors with a fire-resistance rating of less than three hours are protected by dampers that are fire rated for 1 1/2 hours; penetrations of three hours or greater are protected by fire dampers that are fire rated for three hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4)

LS.03.01.10

EP: 8

Current EP Text:

Revision Type: Moved

The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

LS.03.01.10

EP: 10

New EP Text:

The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

LS.03.01.10

EP: 9

Current EP Text:

Revision Type: Moved

The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1.

LS.03.01.10

EP: 11

New EP Text:

The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1.

Standard LS.03.01.20

Requirement Text:

The hospital maintains the integrity of the means of egress.
 Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
 Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.
 Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.20

EP: 1

LS.03.01.20

EP: 1

Current EP Text:

Revision Type: New

New EP Text:

N/A

Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 20/21.2.2)

LS.03.01.20

EP: 1

LS.03.01.20

EP: 2

Current EP Text:

Revision Type: Moved

New EP Text:

Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)

Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)

LS.03.01.20 **EP: 2**
Current EP Text: **Revision Type:** Moved and Revised
 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 20/21.2.1; 38/39.2.7; 7.2.6; 7.7)

LS.03.01.20 **EP: 3**
New EP Text:
 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 20/21.2.1; 20/21.2.7; 38/39.2.7; 7.1.7; 7.1.10.1; 7.2.6 and 7.7)

LS.03.01.20 **EP: 3**
Current EP Text: **Revision Type:** Deleted
 Doors in a means of egress are always unlocked in the direction of egress and swing in the direction of egress when there are 50 or more occupants. (For full text, refer to NFPA 101-2012: 20/21.2.2, 7.2.1.4.2)

LS.03.01.20 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.03.01.20 **EP: 4**
New EP Text:
 The capacity of the means of egress complies with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 20/21.2.3.1)

LS.03.01.20 **EP: 4**
Current EP Text: **Revision Type:** Moved and Revised
 Exit corridors or passageways serving as a means of egress are 44 (or more) inches wide. Doors opening in the means of egress from diagnostic or treatment areas are 32 (or more) inches wide. (For full text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4)

LS.03.01.20 **EP: 5**
New EP Text:
 Exit corridors or passageways serving as a means of egress are 44 (or more) inches wide. Doors opening in the means of egress from diagnostic or treatment areas are 32 (or more) inches wide (unless the existing door opening is 34 inches). (For full text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4)

LS.03.01.20 **EP: 5**
Current EP Text: **Revision Type:** Moved
 Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 7.1.10.1)

LS.03.01.20 **EP: 6**
New EP Text:
 Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 7.1.10.1)

LS.03.01.20 **EP: 6**
Current EP Text: **Revision Type:** Moved
 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.5.2.2.1)

LS.03.01.20 **EP: 7**
New EP Text:
 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.5.2.2.1)

LS.03.01.20 **EP: 7**
Current EP Text: **Revision Type:** Moved and Revised
 Floors or compartments of a building have two or more approved exits that are located remotely from each other. (For full text, refer to NFPA 101-2012: 20/21.2.4.1; 2.4.2; 7.4; 38/39.2.4)

LS.03.01.20 **EP: 8**
New EP Text:
 Each floor of a building has at least two exits that are remote from each other and accessible from every part of the floor. Each smoke compartment has two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. Patient care suites larger than 2500 square feet have two exits remotely located from each other. (For full text, refer to NFPA 101-2012: 20/21.2.4.1; 2.4.2; 7.4; 38/39.2.4)

LS.03.01.20 **EP: 8**
Current EP Text: **Revision Type:** Moved
 In new buildings protected throughout by an approved automatic sprinkler system, dead-end corridors are no longer than 50 feet. In new buildings not provided with automatic sprinklers throughout, dead-end corridors are no longer than 20 feet. In existing buildings, dead-end corridors are no longer than 50 feet. (For full text, refer to NFPA 101-2012: 20/21.2.5; 38/39.2.5.2)

LS.03.01.20 **EP: 9**
New EP Text:
 In new buildings protected throughout by an approved automatic sprinkler system, dead-end corridors are no longer than 50 feet. In new buildings not provided with automatic sprinklers throughout, dead-end corridors are no longer than 20 feet. In existing buildings, dead-end corridors are no longer than 50 feet. (For full text, refer to NFPA 101-2012: 20/21.2.5; 38/39.2.5.2)

LS.03.01.20 **EP: 9**
Current EP Text: **Revision Type:** Moved
 The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)

LS.03.01.20 **EP: 10**
New EP Text:
 The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)

LS.03.01.20 **EP: 10**
Current EP Text: **Revision Type:** Moved
 Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.2.2.5)

LS.03.01.20 **EP: 11**
New EP Text:
 Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.2.2.5)

LS.03.01.20

EP: 15

Current EP Text:

The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 20/21.2.

Revision Type: Moved

LS.03.01.20

EP: 17

New EP Text:

The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 20/21.2.

Standard LS.03.01.30

Requirement Text:

The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.30

EP: 1

Current EP Text:

In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5)

Note: These vertical openings include, but are not limited to, shafts (including elevator, light, and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases.

Revision Type: Revised

LS.03.01.30

EP: 1

New EP Text:

In new construction, vertical openings, including exit stairs, are enclosed by one-hour–fire-rated walls when connecting three or fewer floors and two-hour–fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour–fire-rated construction. (For full text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5; 38/39.3.1)

Note: These vertical openings include, but are not limited to, shafts (including elevator, light, and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases.

LS.03.01.30

EP:

LS.03.01.30

EP: 4

Current EP Text:

Revision Type: New

New EP Text:

N/A

Laboratories using quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard are protected in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 requirements. (For full text refer to NFPA 101-2012: 20/21.3.2.2)

LS.03.01.30

EP: 4

LS.03.01.30

EP: 5

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Installation and use of alcohol-based hand rub (ABHR) dispensers that are 95% or less alcohol content by volume are allowed in each smoke compartment as per NFPA 101-2012: 18/19.3.2.6.
 Note 1: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.
 Note 2: This element of performance reflects NFPA 101-2012: 18/19.3.2.6. For alternative guidelines on ABHR dispensers, see NFPA 101-2012: 8.7.3.1.

Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met:

- Corridor is at least six feet wide
- ABHR does not exceed 95% alcohol
- Maximum individual dispenser capacity is 0.32 gallon of fluid (0.53 gallon in suites) or 18 ounces of NFPA Level 1-classified aerosols
- Dispensers have a minimum of four-feet horizontal spacing between them
- Dispensers are not installed within one inch of an ignition source
- If floor is carpeted, the building is fully sprinkler protected
- Operation of the dispenser complies with NFPA 101-2012: 20/21.3.2.6(11)
- ABHR is protected against inappropriate access
- Not more than an aggregate of 10 gallons of fluid or 135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room
- Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30

LS.03.01.30

EP:

LS.03.01.30

EP: 6

Current EP Text:

Revision Type: New

New EP Text:

N/A

Commercial cooking equipment is installed per NFPA 96-2011, unless only used for food warming or limited cooking. (For full text, refer to NFPA 101-2012: 20/21.3.2.4; 20/21.3.2.5; 9.2.3)

LS.03.01.30

EP: 5

LS.03.01.30

EP: 7

Current EP Text:

Revision Type: Moved

New EP Text:

Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text, refer to NFPA 101-2012: 20/21.3.3; 38/39.3.3.2; 10.2.3)

Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text, refer to NFPA 101-2012: 20/21.3.3; 38/39.3.3.2; 10.2.3)

LS.03.01.30 **EP: 6**
Current EP Text: **Revision Type:** Moved
 Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7)

LS.03.01.30 **EP: 8**
New EP Text:
 Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7)

LS.03.01.30 **EP: 7**
Current EP Text: **Revision Type:** Moved
 In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)
 Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations.

LS.03.01.30 **EP: 9**
New EP Text:
 In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)
 Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations.

LS.03.01.30 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 In new construction, corridors that provide access to exits are separated from other areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012: 38.3.6.1.
 Note: For existing construction, there are no requirements. (For full text, refer to NFPA 101-2012: 20.3.6.2)

LS.03.01.30 **EP: 10**
New EP Text:
 In new construction, corridors that provide access to exits are separated from other areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012: 38.3.6.1.
 Note: For existing construction, there are no requirements. (For full text, refer to NFPA 101-2012: 20.3.6.2; 38.3.6.1)

LS.03.01.30 **EP: 9**
Current EP Text: **Revision Type:** Moved
 Ambulatory health care space must be separated from other tenants with a one-hour fire-resistance-rated barrier, constructed from the floor slab below to the floor or roof above. Doors in the barrier are 1¾ inch thick, solid bonded (or equivalent), self-closing, and have positive latching. Doors are kept in the closed position except when in use. Windows in the barrier comply with NFPA 101-2012: 8.3. (For full text, refer to NFPA 101-2012: 20/21.3.7.1; 8.3)

LS.03.01.30 **EP: 11**
New EP Text:
 Ambulatory health care space must be separated from other tenants with a one-hour fire-resistance-rated barrier, constructed from the floor slab below to the floor or roof above. Doors in the barrier are 1¾ inch thick, solid bonded (or equivalent), self-closing, and have positive latching. Doors are kept in the closed position except when in use. Windows in the barrier comply with NFPA 101-2012: 8.3. (For full text, refer to NFPA 101-2012: 20/21.3.7.1; 8.3)

LS.03.01.30

EP: 11

Current EP Text:

Revision Type: Deleted

The size of new smoke compartments meets the requirements of NFPA 101-2012: 20.3.7.5. (For full text, refer to NFPA 101-2012: 20.3.7.2)

LS.03.01.30

EP: 10

Current EP Text:

Revision Type: Moved and Revised

Smoke barriers divide patient treatment floors into two or more smoke compartments. (For full text, refer to NFPA 101-2012: 20/21.3.7.2)

LS.03.01.30

EP: 12

New EP Text:

At least two smoke compartments are provided for every story, and smoke compartments do not exceed 25,000 square feet in size, unless one of the following conditions are met:

- Facility is less than 5,000 square feet and protected by an approved smoke detection system
- Facility is less than 10,000 square feet and protected by an approved, supervised sprinkler system per NFPA 101-2012: 9.7
- Adjoining occupancy is used as a smoke compartment if all of the following are met:
 - Separating wall has a fire-resistive rating of one hour
 - Doors in the one-hour-rated wall are 1 3/4" thick
 - Doors in the one-hour-rated wall are self-closing
 - Windows in the one-hour-rated wall are fixed fire window assemblies per NFPA 101-2012: 8.3
- The ambulatory health care facility is less than 22,500 square feet
- Access from the ambulatory health care facility is unrestricted to another occupancy

(For full text, refer to NFPA 101-2012: 20/21.3.7.2)

LS.03.01.30

EP: 12

Current EP Text:

Revision Type: Moved

Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall. All penetrations are sealed. New smoke barriers are constructed of one-hour fire-rated materials. (For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6)

LS.03.01.30

EP: 13

New EP Text:

Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall. All penetrations are sealed. New smoke barriers are constructed of one-hour fire-rated materials. (For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6)

LS.03.01.30 **EP: 13**
Current EP Text: **Revision Type:** Moved
 Ducts that penetrate smoke barriers, are protected by approved smoke dampers that close when a local smoke detector is activated. The detector is located either within the duct system or in the corridor.
 Note: In buildings with a fully ducted HVAC system and protected throughout by an approved automatic sprinkler system, dampers are not required. (For full text, refer to NFPA 101-2012: 20/21.3.7.6; 8.5.5)

LS.03.01.30 **EP: 14**
New EP Text:
 Ducts that penetrate smoke barriers, are protected by approved smoke dampers that close when a local smoke detector is activated. The detector is located either within the duct system or in the corridor.
 Note: In buildings with a fully ducted HVAC system and protected throughout by an approved automatic sprinkler system, dampers are not required. (For full text, refer to NFPA 101-2012: 20/21.3.7.6; 8.5.5)

LS.03.01.30 **EP: 14**
Current EP Text: **Revision Type:** Moved
 Fixed fire window assemblies in smoke barrier walls or doors are fire rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed.
 Note: Existing window installations that have wired glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text, refer to NFPA 101-2012: 20/21.3.7.7, 8.3.3)

LS.03.01.30 **EP: 15**
New EP Text:
 Fixed fire window assemblies in smoke barrier walls or doors are fire rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed.
 Note: Existing window installations that have wired glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text, refer to NFPA 101-2012: 20/21.3.7.7, 8.3.3)

LS.03.01.30 **EP: 15**
Current EP Text: **Revision Type:** Moved and Revised
 Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid bonded wood core (or equivalent) and are self-closing or automatic-closing. (For full text, refer to NFPA 101-2012: 20/21.3.7.9; 20/21.2.2.4)

LS.03.01.30 **EP: 16**
New EP Text:
 Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid-bonded wood core (or equivalent) and are self-closing or automatic-closing. For new buildings, doors are required to swing in the direction of egress travel; rabbets, bevels, or astragals are at meeting edges; and stops are at the head and sides of door frames. Center mullions are prohibited in smoke barrier door openings. (For full text, refer to NFPA 101-2012: 20/21.3.7.9; 20/21.2.2.4; 20.3.7 .9; 20.3.7.10; 3.7.13; 3.7.14)

LS.03.01.30 **EP: 16**
Current EP Text: **Revision Type:** Moved and Revised
 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3.
 Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.

LS.03.01.30 **EP: 17**
New EP Text:
 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3.

Standard LS.03.01.34

Requirement Text:

The hospital provides and maintains fire alarm systems.

Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.34

EP:

LS.03.01.34

EP: 1

Current EP Text:

Revision Type: New

New EP Text:

N/A

A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2012, National Electric Code, and NFPA 72-2010, National Fire Alarm Code.

LS.03.01.34

EP: 2

LS.03.01.34

EP: 2

Current EP Text:

Revision Type: Revised

New EP Text:

The master fire alarm control panel is located in an area with a smoke detector or is in an area that is a continuously occupied and protected environment, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. (For full text, refer to NFPA 101-2012: 20/21.3.4.1; 9.6.4; 9.6.6; 9.6.1.8)

The master fire alarm control panel is located in an area with a smoke detector or in an area that is continuously occupied and protected, which is an area enclosed with one-hour-fire-rated walls and 3/4-hour-fire-rated doors. In areas not continuously occupied and protected, a smoke detector is installed at each fire alarm control unit. In a new building, detection is also installed at notification appliance circuit power extenders and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text, refer to NFPA 101-2012: 20/21.3.4.1; 9.6)

<p>LS.03.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.03.01.34 EP: 3 New EP Text: Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit and 200 feet of travel distance is not exceeded. (For full text, refer to NFPA 101-2012: 20/21.3.4.2.1; 20/21.3.4.2.2; 9.6.2.5)</p>
<p>LS.03.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.03.01.34 EP: 4 New EP Text: For new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation zoning for the fire alarm and sprinklers is provided by audible and visual indicators; zones are not larger than 22,500 square feet per zone. (For full text, refer to NFPA 101-2012: 20.3.4.3–20.3.4.4; 9.6.4)</p>
<p>LS.03.01.34 Current EP Text: The fire alarm system is initiated by the approved automatic sprinkler system, or the fire detection system, or by manual pull stations. (For full text, refer to NFPA 101-2012: 20/21.3.4.3; 9.6.2)</p>	<p>EP: 5 Revision Type: Deleted</p>	
<p>LS.03.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.03.01.34 EP: 5 New EP Text: For existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 21.3.4.3; 9.6.4; 9.7.1.1(1))</p>

<p>LS.03.01.34 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.03.01.34 New EP Text:</p>	<p>EP: 6 Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 9.6.1; 9.6.5)</p>
<p>LS.03.01.34 Current EP Text: The fire alarm signal automatically transmits to one of the following: - An auxiliary fire alarm system - Central station fire alarm system - A proprietary supervising station fire alarm system - A remote supervising station fire alarm system (For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4)</p>	<p>EP: 1 Revision Type: Moved</p>	<p>LS.03.01.34 New EP Text:</p>	<p>EP: 7 The fire alarm signal automatically transmits to one of the following: - An auxiliary fire alarm system - Central station fire alarm system - A proprietary supervising station fire alarm system - A remote supervising station fire alarm system (For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4)</p>
<p>LS.03.01.34 Current EP Text: The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3; 9.6.3.5)</p>	<p>EP: 3 Revision Type: Moved and Revised</p>	<p>LS.03.01.34 New EP Text:</p>	<p>EP: 8 The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3)</p>
<p>LS.03.01.34 Current EP Text: The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3; 9.6.3.5)</p>	<p>EP: 4 Revision Type: Moved and Revised</p>	<p>LS.03.01.34 New EP Text:</p>	<p>EP: 9 The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3)</p>
<p>LS.03.01.34 Current EP Text: The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 20.3.4/21.3.4.</p>	<p>EP: 6 Revision Type: Moved</p>	<p>LS.03.01.34 New EP Text:</p>	<p>EP: 10 The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 20.3.4/21.3.4.</p>

Standard LS.03.01.40

Requirement Text:

The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.40

EP: 2

Current EP Text:

High-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2012: 20/21.4; 11.8.

Revision Type: Revised

LS.03.01.40

EP: 2

New EP Text:

Existing high-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2012: 20/21.4; 11.8; 9.7.1.1(1), or they have an engineered life safety system complying with NFPA 101-2012: 39.4.2.1(2). New high-rise buildings comply with NFPA 101-2012: 11.8. (For full text, refer to NFPA 101-2012: 20/21.4; 11.8; 39.4.2.1)

LS.03.01.40

EP:

Current EP Text:

N/A

Revision Type: New

LS.03.01.40

EP: 3

New EP Text:

The hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5.

Standard LS.03.01.50

Requirement Text:

The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.50

EP:

LS.03.01.50

EP: 1

Current EP Text:

Revision Type: New

New EP Text:

N/A

Equipment using gas or related gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 20/21.5.1; 9.1.1)

LS.03.01.50

EP:

LS.03.01.50

EP: 2

Current EP Text:

Revision Type: New

New EP Text:

N/A

Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with the manufacturers' specifications. (For full text, refer to NFPA 101-2012: 20/21.5.2.1; 9.2)

LS.03.01.50

EP:

LS.03.01.50

EP: 3

Current EP Text:

Revision Type: New

New EP Text:

N/A

Any heating device (other than a central heating plant) is designed and installed so combustible materials cannot be ignited by the device and safety features stop fuel and shut down equipment if it experiences excessive temperature or ignition failure.

Note: If fuel fired, the heating device is designed as follows:

- Chimney or vent connected
 - Takes air for combustion from outside
 - Combustion system that is separate from occupied area atmosphere
- (For full text refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.50

EP:

LS.03.01.50

EP: 4

Current EP Text:

Revision Type: New

New EP Text:

N/A

A suspended unit heater(s) is permitted provided the following are met:

- Not located in means of egress or in patient rooms
- Located high enough to be out of reach of people in the area
- Has a safety feature to stop fuel and shut down equipment if it experiences excessive temperature or ignition failure

(For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.50

EP: 1

LS.03.01.50

EP: 5

Current EP Text:

Revision Type: Moved

New EP Text:

New elevators are equipped with all of the following:

- Firefighters service key recall and smoke detector automatic recall
- Firefighters service emergency in-car key operation
- Machine room smoke detectors
- Elevator lobby smoke detectors

Existing elevators meet these requirements when they have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4)

New elevators are equipped with all of the following:

- Firefighters service key recall and smoke detector automatic recall
- Firefighters service emergency in-car key operation
- Machine room smoke detectors
- Elevator lobby smoke detectors

Existing elevators meet these requirements when they have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4)

LS.03.01.50

EP:

LS.03.01.50

EP: 6

Current EP Text:

Revision Type: New

New EP Text:

N/A

Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text refer to NFPA 101-2012: 20/21.5.3; 9.4.2)

LS.03.01.50 **EP: 2**
Current EP Text: **Revision Type:** Moved
 The hospital does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.50 **EP: 7**
New EP Text:
 The hospital does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.50 **EP: 3**
Current EP Text: **Revision Type:** Moved
 All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.50 **EP: 8**
New EP Text:
 All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.50 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.03.01.50 **EP: 9**
New EP Text:
 Waste chutes are installed per NFPA 101-2012: 9.5 and meet the following requirements:
 - Walls, partitions, and inlet openings meet the requirements of NFPA 101-2012: 8.3.
 - Doors of chutes open to a room designed exclusively for accessing the chute opening.
 - Rooms used for accessing the chute opening(s) are separated from other spaces per NFPA 101-2012: 8.7.
 - Chutes are permitted to open into rooms not exceeding 400 cubic feet in size if the room is sprinkler protected not used for storage.
 Note: Existing installations having properly enclosed and maintained chute openings are permitted to have inlets open to a corridor or normally occupied space.
 (For full text, refer to NFPA 101-2012: 20/21.5.4; 9.5; and NFPA 82-2009)

LS.03.01.50 **EP: 4**
Current EP Text: **Revision Type:** Moved
 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 20/21.5.

LS.03.01.50 **EP: 10**
New EP Text:
 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 20/21.5.

Standard LS.03.01.70

Requirement Text:

The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.

Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.70

EP: 1

Current EP Text:

In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 18/19.7.4)

Revision Type: Revised

LS.03.01.70

EP: 1

New EP Text:

In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 20/21.7.4)

LS.03.01.70

EP:

Current EP Text:

N/A

Revision Type: New

LS.03.01.70

EP: 3

New EP Text:

Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1)
 Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall.

<p>LS.03.01.70 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.03.01.70 New EP Text:</p>	<p>EP: 4 In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016 meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5, 2016 meet char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012: 20/21.7.5.2; 20/21.7.5.4)</p>
<p>LS.03.01.70 Current EP Text: The hospital prohibits all combustible decorations unless they meet the criteria of NFPA 101-2012: 20/21.7.5.4.</p>	<p>EP: 3 Revision Type: Moved</p>	<p>LS.03.01.70 New EP Text:</p>	<p>EP: 5 The hospital prohibits all combustible decorations unless they meet the criteria of NFPA 101-2012: 20/21.7.5.4.</p>
<p>LS.03.01.70 Current EP Text: Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 20/21.7.5.5)</p>	<p>EP: 4 Revision Type: Moved</p>	<p>LS.03.01.70 New EP Text:</p>	<p>EP: 6 Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 20/21.7.5.5)</p>
<p>LS.03.01.70 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>LS.03.01.70 New EP Text:</p>	<p>EP: 7 When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 20/21.7.7)</p>
<p>LS.03.01.70 Current EP Text: Portable space heaters are prohibited in smoke compartments containing staff sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff and employee areas separated from the corridor are permitted to have portable space heaters that contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 20/21.7.8)</p>	<p>EP: 5 Revision Type: Moved</p>	<p>LS.03.01.70 New EP Text:</p>	<p>EP: 8 Portable space heaters are prohibited in smoke compartments containing staff sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff and employee areas separated from the corridor are permitted to have portable space heaters that contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 20/21.7.8)</p>

LS.03.01.70

EP: 6

Current EP Text:

The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 20/21.7. (See also EC.02.03.03, EP 1)

LS.03.01.70

EP: 9

New EP Text:

The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 20/21.7.