Creating a Building Maintenance Program

As a proactive approach to LS chapter compliance, an organization can choose to create a Building Maintenance Program (BMP)—an optional, planned way to appropriately and effectively manage certain features of fire protection in a health care facility. An effective BMP includes the following:

- Written strategies to manage the items covered in the program
- A documented schedule for the frequency of maintenance
- Processes for evaluating the effectiveness of the program

Although this type of program is not a requirement of the standards nor will it be a factor in survey scoring, The Joint Commission recommends creating a BMP as a best practice to help proactively address potential repair and maintenance issues and prevent compliance problems.

Not every aspect of Life Safety Code compliance can be managed in a BMP. However, organizations can proactively resolve certain types of deficiencies by using such a program, including those addressed by the following questions:

- Do 1 1/2-hour FRRA doors and 1-hour FRRA doors (including occupancy separation doors, stair doors, horizontal exit doors, and hazardous area room doors) have the following:
  - Properly functioning positive latching devices?
  - Properly functioning self-closing or automatic closing devices?
  - < 1/8 in. gaps between meeting edges of door pairs?
  - < 3/4 in. undercuts?
- Do linen/trash chute inlet and outlet doors have properly functioning
  - Positive-latching devices?
  - Self-closing or automatic closing devices?
- Are doors in smoke barriers
  - Equipped with properly functioning self-closing or automatic closing devices?
  - Maintained to prevent the spread of smoke?
- Are corridor doors
  - Equipped with properly functioning latching devices?
  - Maintained to prevent the spread of smoke?
- Are smoke barrier wall penetrations properly sealed?
- Are corridor wall penetrations properly sealed?
- Are means of egress illumination devices properly functioning?
- Are exit signs properly functioning?
- Are means of egress maintained to be free from the accumulation of ice and snow?
- Are the following grease-producing devices clean and maintained:
  - Exhaust hoods?
  - Exhaust duct system?
  - Grease removal devices?

Other topics to consider for the BMP include the following:

- Management of fire proofing
- Management of penetrations in fire barriers
- Linen/waste discharge rooms not used for storage
- Management of penetrations in floor assembly
- Means of egress locking
- Clear space > 18 in. below standard pendant sprinkler heads to top
- Prohibition of portable space heaters in patient treatment and sleeping areas
- Prohibition of combustible decorations
- Obstruction of access, egress, or visibility of exits
Any items in a BMP that are found to be out of compliance must be promptly repaired, usually through a work order system. Note that a BMP does not apply to items that are lacking at a required location; rather, it applies to those that are not in good repair, such as a door that is not properly rated for its barrier. Items that are lacking should be taken care of separately.

For more information about BMPs and other aspects of the LS standards, see the Joint Commission publication *The Joint Commission/NFPA® Life Safety Book for Health Care Organizations* available at [www.jcrinc.com](http://www.jcrinc.com). For questions regarding Life Safety Code standards, you can also visit [https://www.jointcommission.org/standards_information/lffaq.aspx](https://www.jointcommission.org/standards_information/lffaq.aspx). There you can view our “Frequently Asked Questions (FAQs) under “Behavioral Health” and then “Life Safety (LS)” or contact our Standards Interpretation Group and request an Engineer by clicking “Contact Us”.

**Life Safety Occupancy Key**

**Health Care Occupancy**
- 4 or more individuals incapable of self-preservation
- Hospitals
  - General
  - Psychiatric
  - Specialty
- Long term care
  - Nursing and convalescent homes
  - Skilled nursing facilities
  - Intermediate care facilities

**Ambulatory Care Occupancy**
- Outpatient settings where 4 or more individuals at any one time are rendered incapable of self-preservation
- Ambulatory surgical centers seeking accreditation for Medicare/Medicaid certification

**Residential Boarding Care**
- Can be “Existing” or “New” Residential Board Care dependent on age of facility
  - Provides sleeping accommodations for 1 or more individuals
  - Three or fewer individuals are rendered incapable of self-preservation at any given time

**Business Occupancy**
- No individuals are provided overnight care, and 3 or fewer individuals at any one time are rendered incapable of self-preservation.