

## CMS proposes adoption of updated Life Safety Code

### OVERVIEW:

The Centers for Medicare & Medicaid Services (CMS) today announced a proposed rule on the adoption of updated life safety code (LSC) that CMS would use in its ongoing work to ensure the health and safety of all patients, family and staff in every provider and supplier setting. The updated code contains new provisions that are vital to the health and safety of all patients and staff.

A key priority of CMS is to ensure that patients and staff continue to experience the highest degree of safety possible, including fire safety. CMS intends to adopt the National Fire Protection Association's (NFPA) 2012 editions of the (LSC) and the Health Care Facilities Code (HCFC). This would reduce burden on health care providers, as the 2012 edition of the LSC also is aligned with the international building codes and would make compliance across codes much simpler for Medicare and Medicaid-participating facilities.

### BACKGROUND:

Currently, CMS applies the standards set out in the 2000 edition of the LSC to facilities in order to ensure patients' and caregivers' health and safety. CMS is now proposing to adopt the 2012 editions of the LSC and the Health Care Facilities Code. The LSC sets out fire safety requirements for new and existing buildings, and is issued by the NFPA, a private, nonprofit organization dedicated to reducing loss of life due to fire.

The Health Care Facilities Code contains more detailed provisions specific to health care and ambulatory care facilities. Adoption of this code would provide minimum requirements for the installation, inspection, testing, maintenance, performance, and safe practices of health care facility materials, equipment and appliances.

The new edition of the LSC applies to: hospitals, long term care facilities (LTC), critical access hospitals (CAHs), Programs for All Inclusive Care for the Elderly (PACE), religious non-medical healthcare institutions (RNHCIs), hospice inpatient facilities, ambulatory surgical centers (ASCs), and intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs).

Adoption of the new LSC for Health Care Facilities Code (applicable to hospitals, LTC facilities, CAHs, Hospice inpatient facilities, PACE, RNHCIs) would make the following changes:

- Would allow facilities to increase suite sizes;
- Would require all high-rise buildings over 75' are required to be fully sprinklered within 12 years;
- Would allow controlled access doors to prevent wandering patients;
- Would address issues of alcohol based hand rub dispensers in corridors and patient rooms;
- Would require a fire watch (The assignment of a person or persons to an area for the express purpose of notifying appropriate people during an emergency) or building evacuation if a sprinkler system is out of service for more than 4 hours; and
- Would require smoke control in anesthetizing locations.

The key changes for ASCs are:

- Would require interior non-bearing walls have a minimum of 2 hour fire resistance rating and be constructed with fire retardant treated wood;

- Would require all doors to hazardous areas have to be self-closing or automatic closing;
- Would address the issue of placing alcohol based hand rub dispensers in corridors;
- Would require a fire watch or building evacuation if sprinkler system is out of service for more than 4 hours; and
- Would require smoke control in anesthetizing locations.

The major changes for Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF-IIDs) are:

- Would have expanded sprinkler requirements to include habitable areas, closets, roofed porches, balconies and decks in new facilities;
- Would require all attics to be sprinklered if they are used for living purposes, storage or housing of fuel fired equipment- if they are not used for these purposes, attics may have heat detection systems instead;
- Would require all designated means of escape be free from obstruction;
- New facilities are required to have smoke alarms installed on all levels;
- Would allow access-controlled egress doors to be equipped with electrical lock hardware to prevent residents from wandering away;
- Would require hazardous areas to be separated from other parts of the building by smoke partitions; and
- Would require existing facilities to include certain fire alarm features when they choose to update their fire alarm systems.

**PUBLIC INPUT INVITED:**

The proposed rule is currently on display at <http://ofr.gov/inspection.aspx> and will be published in the April 16, 2014 *Federal Register*. The deadline to submit comments is June, 16, 2014.

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