

THE JOINT COMMISSION/NFPA®  
**LIFE SAFETY BOOK**  
FOR  
**HEALTH CARE  
ORGANIZATIONS**

A Guide to the Joint Commission Life Safety Standards and  
Related NFPA® *Life Safety Code*® Requirements

*By George Mills, MBA, FASHE, CEM, CHFM, CHSP,  
and James K. Lathrop, FSFPE*



The Joint Commission

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Resources



NFPA® National Fire Protection Association®

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# Introduction

Fire in a health care organization represents a serious threat to patient, staff, and visitor safety. Most individuals receiving health care are incapable of self-preservation and thus unable to quickly exit the immediate area of the threat—let alone the building—in the event of a fire. Much of the material found in a health care organization (for example, supplemental oxygen, paper drapes, various linens) can support combustion when brought in contact with an ignition source; and sources such as lasers, construction-related equipment, heating units, and other items—even coffee-makers and microwaves—are regularly present in a health care organization. This perfect storm of risk factors makes the potential for disastrous situations that result from health care fires very real.

To ensure fire safety, The Joint Commission requires health care organizations to comply with the *Life Safety Code*®.\* This set of standards from the National Fire Protection Association (NFPA) specifies construction and operational conditions to minimize fire hazards and provide a system of safety in case of fire.

To assist organizations with *Life Safety Code* compliance, The Joint Commission has dedicated an entire standards chapter in each *Comprehensive Accreditation Manual*, as applicable, to the topic. This chapter, the “Life Safety” (LS) chapter, is structured to directly reflect the content of the *Life Safety Code* and its requirements. The LS chapter applies to any organization or part of an organization that is deemed to be a health care, ambulatory care, or residential occupancy. (See page vii for information about occupancies.)

Although they are similar in many ways, subtle dif-

ferences exist between the NFPA *Life Safety Code* and The Joint Commission LS chapter. Appreciating these nuances, The Joint Commission and the NFPA have determined the need for a resource that explains exactly how the two sets of requirements relate. *The Joint Commission/NFPA® Life Safety Book for Health Care Organizations* aims to address the interplay between the two sets of requirements, giving specific commentary on what each set requires.

## THE RELATIONSHIP BETWEEN THE NFPA AND THE JOINT COMMISSION

The NFPA is a consensus-based code development group that develops and publishes codes such as the *Life Safety Code* (NFPA 101), the *Standard for Emergency and Standby Power Systems* (NFPA 110), and many more. The NFPA does not enforce its codes but develops them for a variety of uses, including adoption by authorities having jurisdiction (AHJs). Two such authorities are The Joint Commission and the Centers for Medicare & Medicaid Services (CMS).

In 2003 CMS and The Joint Commission both adopted the 2000 edition of the *Life Safety Code*. By default, when the *Life Safety Code* is adopted, all codes referenced in that edition are also adopted. The Joint Commission and CMS refer to the same edition of NFPA 101 to be in sync with each other, using the same set of requirements. Both organizations continue to use the 2000 edition, because a formal rule-making process is necessary in order for CMS to use a later edition.

The NFPA revises the *Life Safety Code* every three years. Although the 2003 revision had minimal impact on health care, the 2006 and 2009 editions

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\* Life Safety Code is a registered trademark of the National Fire Protection Association, Quincy, MA.

did have a significant impact. The 2012 edition includes the 2006 and 2009 enhancements, plus several others that are related to patients and health care. (See Sidebar I-1, below, for more information about enhancements found in the 2012 *Life Safety Code*.)

If the decision to adopt a more current edition of the *Life Safety Code* is made, both CMS and The Joint Commission will need to adopt the same edition. Otherwise, conflicts between CMS and The Joint Commission could occur.

### Sidebar I-1. What's New in the 2012 *Life Safety Code*?

There are some important new provisions in the 2012 edition of the *Life Safety Code*. Note that this does not represent an exhaustive list, but merely a smattering of important topics:

- **Kitchens:** Small kitchens, not the central cooking facility, are now allowed to be completely open to a corridor, provided that certain criteria are met for fire detection, that cooking facilities are limited, and that the number of residents served by the cooking facilities is limited.
- **Means of egress for normally unoccupied support areas:** These are areas of a facility where people are not present on a regular basis, such as crawl spaces or steam tunnels. These spaces no longer need to meet specific egress requirements, such as minimum width and head room, exit signage, illumination, and so forth.
- **Sprinklers in patient room closets:** In new construction and retrofits of sprinkler systems, sprinkler protection can be omitted from certain clothes closets in patient sleeping rooms in hospitals only, provided that the closets do not exceed 6 square feet and that the back walls of such closets are within the coverage area of a sprinkler in the room.

- **Waste containers:** Waste containers can now be up to 96 gallons, provided that the containers have been tested to show that they can confine a fire to the container and that they are used solely for recycling clean waste or for storing patient records awaiting destruction.
- **Sleeping suites in new construction:** Sleeping suites can now be sized up to 10,000 square feet with additional protection. These sleeping spaces must have automatic sprinklers, direct visual supervision, and total-coverage automatic smoke detection.
- **Sleeping suites in existing facilities:** Sleeping suites are now limited to 5,000 square feet with no additional special protection; to 7,500 square feet where the smoke compartment has a sprinkler system and complete smoke detection or quick-response sprinklers; and up to 10,000 square feet with direct visual supervision, complete automatic smoke detection, and quick-response sprinkler protection.

**Source:** Adapted from Koffel W, Frecker J. Tips on using the 2012 *Life Safety Code* for achieving compliance in health care facilities. *NFPA Journal*, Jan–Feb 2012. Used with permission. Portions reprinted from *Environment of Care® News*, August 2012, page 8, “Traditional Equivalencies.”

## UNDERSTANDING OCCUPANCY TYPE

Before proceeding with a discussion of the LS chapter and the *Life Safety Code*, it is important to touch on the concept of occupancy type. An organization must determine its occupancy type because different standards and requirements apply depending on the occupancy type.

The NFPA defines *occupancy* as “the purpose for which a building or portion thereof is used or intended to be used.”

This book deals only with organizations that qualify as health care occupancies. The LS standards that apply to health care occupancies generally are those that begin with LS.02 (as shown in Sidebar I-2 on page viii).

Following is a brief description of NFPA health care occupancies as recognized by The Joint Commission:

- **Health care occupancy:** A *health care occupancy* is defined in *Life Safety Code* Section 3.3.134.7 as “an occupancy used for purposes of medical or other treatment or care of four or more persons where such occupants are mostly incapable of self-preservation due to age, physical or mental disability, or because of security measures not under the occupants’ control.” “Incapable of self-preservation” means that the individual would not be able to get out of a building by him- or herself in case of fire. Health care occupancies include, according to the NFPA, “general hospitals, psychiatric hospitals, and specialty hospitals,” as well as “nursing and convalescent homes, skilled nursing facilities, intermediate care facilities, and infirmaries in homes for the aged.”

Please refer to your *Comprehensive Accreditation Manual* for the specific LS standards that apply to your organization and setting of care.

Several other types of occupancies are recognized by the Joint Commission, and they are

presented here by way of information.

This book does NOT cover these types of occupancies.

- **Ambulatory care occupancy:** *Life Safety Code* Section 3.3.134.1 defines an *ambulatory care occupancy* as “a building or portion thereof used to provide services or treatment simultaneously to four or more patients that (1) provides, on an outpatient basis, treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; or (2) provides, on an outpatient basis, anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.”

Several points deserve special mention here.

First, according to the NFPA, for a facility to be classified as an ambulatory care occupancy, four or more individuals at any one time must be rendered incapable of self-preservation. Second, the word *rendered* in this context means that the individuals must be made incapable of self-preservation by the treatment provided at the facility. For example, in an outpatient surgery center, having four or more people under anesthesia and/or recovering from it at one time would result in a classification of ambulatory care occupancy. On the other hand, individuals who arrive in wheelchairs might be considered to be incapable of self-preservation before any treatment is provided. Each organization must carefully evaluate the services and treatment it provides to determine whether the individuals served will be rendered incapable of self-preservation.

In addition to organizations that render four or more patients incapable of self-preservation, the LS standards also apply to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients served.

**Sidebar I-2. “Life Safety” Chapter Standards Topics**

**Health Care Occupancies**

**This book discusses Life Safety standards for health care occupancies (LS.02), as well as administrative standards (LS.01).**

- |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>LS.01.01.01</b><br/>Administrative. Statement of Conditions. Specifics.</li> <li>• <b>LS.01.02.01</b><br/>Administrative. Protecting the Occupants. Specifics.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>LS.02.01.34</b><br/>Health Care. All Buildings. Protection/Fire Alarm.</li> <li>• <b>LS.02.01.35</b><br/>Health Care. All Buildings. Protection/Extinguishment.</li> <li>• <b>LS.02.01.40</b><br/>Health Care. All Buildings. Special Provisions.</li> <li>• <b>LS.02.01.50</b><br/>Health Care. All Buildings. Building Services.</li> <li>• <b>LS.02.01.70</b><br/>Health Care. All Buildings. Operating Features.</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- Health Care Occupancy (LS.02)**
- **LS.02.01.10**  
Health Care. All Buildings. General Requirements.
  - **LS.02.01.20**  
Health Care. All Buildings. Means of Egress.
  - **LS.02.01.30**  
Health Care. All Buildings. Protection.

**This book does NOT cover these Life Safety standards.**

**Ambulatory Occupancy (LS.03)**

- **LS.03.01.10**  
Ambulatory. All Buildings. General Requirements.
- **LS.03.01.20**  
Ambulatory. All Buildings. Means of Egress.
- **LS.03.01.30**  
Ambulatory. All Buildings. Protection.
- **LS.03.01.34**  
Ambulatory. All Buildings. Protection/Fire Alarm.
- **LS.03.01.35**  
Ambulatory. All Buildings. Protection/Extinguishment.
- **LS.03.01.40**  
Ambulatory. All Buildings. Special Provisions.
- **LS.03.01.50**  
Ambulatory. All Buildings. Building Services.
- **LS.03.01.70**  
Ambulatory. All Buildings. Operating Features.

**Behavioral Health Care (BHC) (LS.04: Residential Treatment)**

- **LS.04.01.20**  
BHC. Lodging or Rooming Houses. Means of Egress.
- **LS.04.01.30**  
BHC. Lodging or Rooming Houses. Protection
- **LS.04.01.50**  
BHC. Lodging or Rooming Houses. Building Services.
- **LS.04.02.20**  
BHC. Hotels & Dormitories. Means of Egress.
- **LS.04.02.30**  
BHC. Hotels & Dormitories. Protection.
- **LS.04.02.50**  
BHC. Hotels & Dormitories. Building Services.

### Sidebar I-3. Health Care and Other Occupancies at a Glance

Below are the characteristics of all types of occupancies. This book addresses only health care occupancies.

#### Health Care Occupancy:

- Four or more individuals are incapable of self-preservation
- 24-hour stay (that is, individuals stay overnight)
- Hospitals:
  - General
  - Psychiatric
  - Specialty
- Long term care:
  - Nursing and convalescent homes
  - Skilled nursing facilities
  - Intermediate care facilities

This book does NOT cover these occupancies.

#### Ambulatory Occupancy:

- Outpatient settings where four or more individuals at any one time are rendered incapable of self-preservation
- Less than 24-hour stay
- Ambulatory surgical centers seeking accreditation for Medicare certification

#### Residential Occupancy:

- Lodging and rooming house occupancy
- Sleeping accommodations provided for 16 or fewer individuals
- No personal care services provided
- No individual cooking facilities, with or without meals

#### Hotel and Dormitory Occupancy:

- Sleeping accommodations provided for 17 or more individuals
- Members of the same family are not in the same room
- No individual cooking facilities, with or without meals

#### Business Occupancy:

- No one stays overnight, and three or fewer individuals are rendered incapable of self-preservation

- **Residential occupancy:** Two other types of occupancies that are addressed by the *Life Safety Code* at first glance appear to have little to do with health care. The Joint Commission classifies both as residential occupancies. A lodging and rooming house occupancy is used for facilities that provide sleeping accommodations for 16 or fewer occupants who are capable of self-preservation, and a hotel and dormitory occupancy provides sleeping accommodations for 17 or more occupants who are capable of self-preservation. Both types of residential occupancies are often used for residential treatment facilities, which are frequently accredited as behavioral health care organizations.

- **Business occupancy:** Per *Life Safety Code* Section 3.3.134.3, a *business occupancy* is “used for account and record keeping or the transaction of business other than mercantile.” This is a very broad definition, but as it applies to health care, the definition refers to a facility where no one stays overnight and where three or fewer individuals are rendered incapable of self-preservation at any given time by virtue of their treatment.

The Joint Commission does not require free-standing business occupancies to comply with the *Life Safety Code*, and therefore, they do not have to comply with the LS standards. However, such facilities must comply with The

### Sidebar I-4. NFPA Codes Cited

NFPA code content has been selected from the 2000 edition of the *Life Safety Code* and the *Life Safety Code Handbook*. In addition, portions of the following key NFPA standards have been utilized:

- *NFPA 10: Standard for Portable Fire Extinguishers*, 1998 Edition
- *NFPA 13: Standard for the Installation of Sprinkler Systems*, 1999 Edition
- *NFPA 17A: Standard for Wet Chemical Extinguishing Systems*, 1998 Edition
- *NFPA 25: Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 Edition

- *NFPA 72: National Fire Alarm Code*, 1999 Edition
- *NFPA 80: Standard for Fire Doors and Fire Windows*, 1999 Edition
- *NFPA 82: Standard on Incinerators and Waste and Linen Handling Systems and Equipment*, 1999 Edition
- *NFPA 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems*, 1999 Edition
- *NFPA 96: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 1998 Edition

Please note that this list is in order by code number only, not by importance of the code.

Joint Commission’s Environment of Care (EC) standards that address fire safety, including those that require organizations to maintain free and unobstructed access to all exits.

See Sidebar I-3 on page ix for an at-a-glance summary of occupancy types and their characteristics.

#### ABOUT THE BOOK

As previously mentioned, *The Joint Commission/NFPA® Life Safety Book for Health Care Organizations* offers detailed analysis of both The Joint Commission’s LS chapter specific to health care occupancies and the NFPA’s *Life Safety Code*. Within the book, the official Joint Commission LS standards and elements of performance (EPs) are paired with their matching NFPA code provisions. A clear discussion of each LS standard and its related *Life Safety Code* regulations is provided by two of the leading fire safety experts in the field.

Each chapter in the book represents a different topic found in the two sets of requirements. The book starts by examining the administrative

standards found in the LS chapter and then moves to topics including general building requirements, means of egress requirements, fire alarm and extinguishment requirements, special provisions, building services, and operating features. *Note that this publication focuses only on standards and regulations that apply to health care occupancies.*

Commentary and code content have been selected from the 2000 edition of the *Life Safety Code*, the *Life Safety Code Handbook*, key NFPA reference standards, and The Joint Commission *Comprehensive Accreditation Manual for Hospitals*. (See Sidebar I-4, above, for a list of the NFPA standards referenced in this work.) This book is not intended to replace those books but rather to expand upon them. Obtaining the appropriate NFPA and Joint Commission Resources (JCR) documents, and using them in conjunction with this book, is therefore a necessity.\* These books can be found online at <http://www.jcrinc.com> and <http://www.nfpa.org/101/>, which includes a read-only version of the full NFPA 101 *Life Safety Code* text.

\* Please note that in the NFPA codes reprints, you will occasionally find the statement “See the Code.” This indicates a section that concerns a provision that is either extremely rare or does not apply to health care. Readers who want to see that additional information should refer to the applicable code.

## HOW THE BOOK IS STRUCTURED

The Joint Commission Life Safety standards form the structural backbone of this book: Each chapter in the book is devoted to one standard. (See [a] in the Typical Book Page Diagram, Figure I-1, on page xii.) Within a chapter, each section is devoted to each EP in that standard [b].

All Joint Commission standards, EPs, and commentary are shown in a gray shaded box [c, d].

From there, all the NFPA codes that apply to each EP are shown under that EP [e]. The book lists the NFPA code references in their entirety, indicating full NFPA code name and edition, chapter title, section title, and subsection title before providing the exact code language and NFPA commentary [f, g].

As previously noted, all Joint Commission standard and NFPA code language in this book is the exact, authoritative language as published in the Joint Commission *Comprehensive Accreditation Manual* most current at time of publication and the NFPA code edition indicated with each code reference. The disclaimers regarding this standard and code language apply (see pages x and xiii of this introduction).

### Expert Commentary

Within each chapter, expert commentary by the book's coauthors is provided according to the book structure just explained and further described below.

George Mills, MBA, FASHE, CEM, CHFM, CHSP, director, Department of Engineering, The Joint Commission, first provides authoritative explanation of an EP. This explanation is also shown in the gray shaded box. The beginning of Mr. Mills' commentary is indicated by a vertical black bar [d].

NFPA code pertaining to this EP follows, and James Lathrop, FSPE, vice president at Koffel Associates, Inc., a fire protection engineering and code consulting firm headquartered in Columbia,

### Sidebar I-5. Elements on This Book's Pages

Here are the standard and code elements found on the pages of this book. To view these elements as displayed on a typical page, see Figure I-1, page xii.

- [a] One standard per chapter
- [b] EPs discussed section by section in each chapter
- [c] Gray-shaded box contains Joint Commission EPs and commentary
- [d] Expert Joint Commission commentary by George Mills
- [e] NFPA code in unshaded pages
- [f] Complete NFPA code reference
- [g] Expert NFPA commentary by James Lathrop

Maryland, provides expert commentary on each code section as it occurs. All NPFA material is shown without any gray shading. The beginning of Mr. Lathrop's commentary is also indicated by a vertical black bar [g].

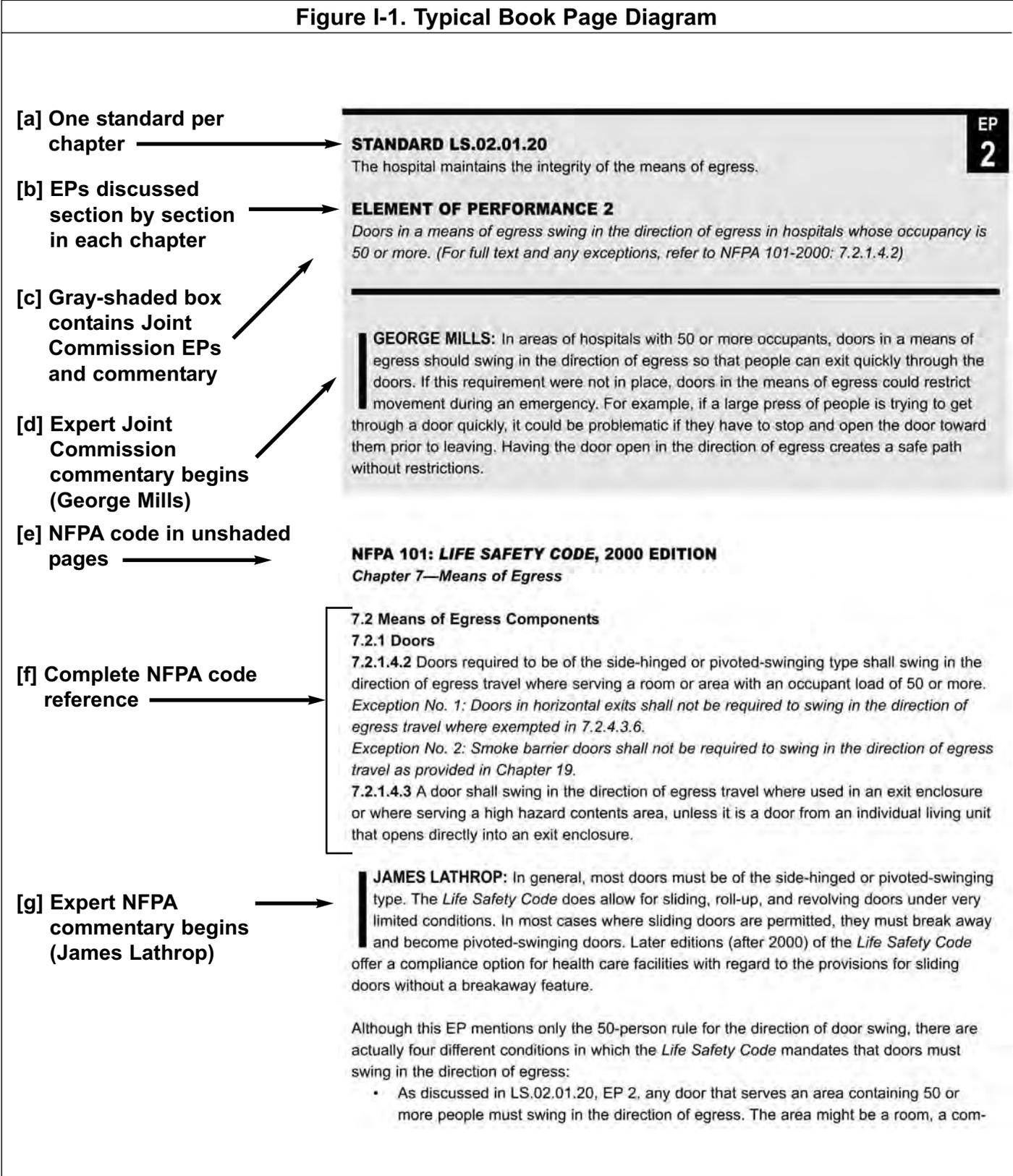
We trust that the graphic layout of the book will make the content easy to use for readers. (See Sidebar I-5, above, for a complete list of the page elements in this book.)

### ABOUT THE AUTHORS

*George Mills*, MBA, FASHE, CEM, CHFM, CHSP, director, Department of Engineering, The Joint Commission, has more than 25 years of experience in health care. Prior to joining The Joint Commission, he served as a director of facilities and consulted on and held national positions related to codes and standards, including serving as director of Codes and Compliance for the American Society for Healthcare Engineering (ASHE).

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Figure I-1. Typical Book Page Diagram



A typical book page showing standard, code, and commentary elements.

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**Acknowledgments:** *Kathleen Vega* is a skilled freelance writer and editor, whose work for The Joint Commission includes writing and editing numerous articles on fire and life safety. We are grateful to Ms. Vega for her attention to detail and her outstanding professionalism.

### **IMPORTANT NOTICES AND DISCLAIMERS**

Publication of *The Joint Commission/NFPA<sup>®</sup> Life Safety Book for Health Care Organizations* is for the purpose of circulating information and opinion among those concerned about fire and life safety and Joint Commission accreditation. Although every effort has been made to achieve a work of high quality, neither the National Fire Protection Association (NFPA), Joint Commission Resources (JCR), nor the authors, editors, or other contributors to this book guarantee the accuracy or completeness of or assume any liability in connection to the information and opinions contained herein. The NFPA, JCR, and the contributors shall in no event be liable for any personal injury, property damage, or other damages of any nature whatsoever, whether special, indirect, consequential, or compensatory, directly or indirectly resulting from the publication, use of, or reliance upon this book.

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This book contains selected standards and EPs from the 2013 edition of the *Comprehensive Accreditation Manual for Hospitals (CAMH)*. These extracts, however, are not intended to be a substitute for the full text of the *CAMH*, which should always be consulted for a complete understanding of the provisions of the standards and EPs. The commentary and supplementary materials in this

book are not a part of the *CAMH*. The commentary and supplementary materials, therefore, solely reflect the personal opinions of the authors, editors, or other contributors and do not necessarily represent the official position of The Joint Commission. Again, readers should consult the current version of the *CAMH*.

#### **INCLUSION AND USE OF NFPA CODE**

This book contains selected provisions of several NFPA codes and standards, including principally the 2000 edition of NFPA 101®, *Life Safety Code*® (“NFPA 101”), which is the edition adopted by the federal Centers for Medicare & Medicaid Services and referenced by The Joint Commission. The selection of provisions for inclusion in this book was based on their relevance to corresponding provisions of The Joint Commission Life Safety standards and elements of performance. These extracts, however, are not intended to be a substitute for the full text of the corresponding NFPA codes and standards, which should always be consulted for a full understanding of the provisions of those codes and standards. In addition, readers should be aware that although the 2000 edition of NFPA 101 is the edition referenced by CMS and The Joint Commission, it is not the latest edition of NFPA 101. To view full-text versions of the 2000 edition and the latest edition of NFPA 101, visit <http://www.nfpa.org/101>. Other NFPA codes and standards extracted in this book are, for the same reason, not from the latest editions. To view full text versions of all NFPA codes and standards, visit [http://www.nfpa.org/aboutthecodes/list\\_of\\_codes\\_and\\_standards.asp](http://www.nfpa.org/aboutthecodes/list_of_codes_and_standards.asp).

All NFPA codes, standards, recommended practices, and guides (“NFPA Documents”), including the extracts contained in this handbook, are made available for use subject to “Important Notices and Disclaimers Concerning NFPA Documents,”

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