

Hospitals Seek Adoption of the Latest Edition of the *Life Safety Code*

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It's important for authorities to adopt the most recent editions of codes and standards regulating hospitals. But sometimes getting new versions adopted is a process that can take years. One example of this involves the Centers for Medicare & Medicaid Services (CMS).

Recently, CMS indicated that it plans to propose moving to an updated edition of a major code affecting hospitals: the National Fire Protection Association's NFPA 101: *Life Safety Code*[®]. Currently, CMS requires hospitals to comply with the 2000 edition of this document. CMS is expected to propose a switch to the 2012 edition later in 2013, and ASHE applauds this move to more updated standards.

In the meantime, CMS has issued several waivers that allow hospitals to take advantage of some aspects of the newer code (see sidebar on the following page).

Codes regulating the health care physical environment are updated every three to four years. Federal and state agencies adopt the codes as they see fit. Some states have adopted legislation that automati-

cally requires hospitals to comply with the latest versions of required codes, while others revisit legislation periodically and update to newer versions. Some states have started skipping revision cycles, adopting every other new edition, which means that codes reflecting new safety and technological advancements may not be updated for eight years. CMS goes through the lengthy federal rulemaking process to adopt codes once the agency decides it wants to move to a new edition.

An updated edition of a particular code may include major changes, or it may include only a few differences. Regardless, it's important to adopt the new code because waiting for years to adopt the latest editions means the amount of changes pile up, making it more difficult to train both code enforcers and those in hospitals responsible for compliance.

Codes issued in 2000 may not seem that old, but the 2000 edition of the *Life Safety Code* was written before the September 11, 2001, terrorist attacks and Hurricane Katrina in 2005. The 2012 edi-

Waivers help hospitals inch slowly toward newer codes

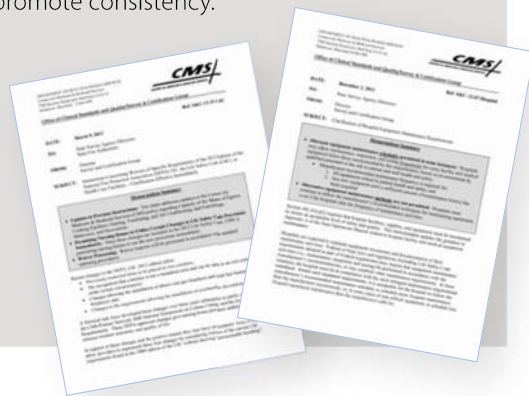
Although the Centers for Medicare & Medicaid Services (CMS) still requires hospitals to comply with the 2000 edition of NFPA 101: *Life Safety Code*®, the agency does have some leeway in allowing hospitals to comply with some aspects of newer codes. CMS issues waivers allowing health care facilities to comply with certain specific rules included in newer editions of the code.

For example, in 2012 CMS offered waivers that allow hospitals to place certain items in corridors, including medical emergency equipment such as crash carts and patient transportation devices. A CMS waiver issued in 2013 allowed a change in the humidity required for operating rooms. The burdensome previous requirement was contained in older codes as a carryover from the days of flammable anesthetics, but the waiver allowed facilities to comply with newer, less burdensome requirements.

The waivers issued by CMS can be very helpful to health care facilities, but the process of acquiring them can be confusing and time consuming. To use some waivers, hospitals must be cited first and then apply for a waiver that shows unreasonable hardship. In other instances, CMS has eased the waiver process and does not require hospitals to show an unreasonable hardship. And in other cases, health care facilities do not need to wait to be cited to take advantage of the waiver—they simply need to document their decision to do so.

Simply adopting the latest codes would simplify this process, reduce confusion, and promote consistency.

CMS is still requiring hospitals to comply with the 2000 edition of the *Life Safety Code*, although the agency has issued memos taking a favorable approach to several portions of the 2012 edition.



tion of the *Life Safety Code* incorporates the lessons learned in those tragedies and other events that have occurred over the last decade.

The 2000 edition of the *Life Safety Code* also references more than 50 other technical codes and standards. When the 2000 edition was written, these reference codes were current. But the reference standards have been updated over the years, and some have undergone major changes. Yet hospitals are stuck using reference codes from as far back as 1995 because they are mandated by the 2000 edition the *Life Safety Code*.

In particular, NFPA 99: *Health Care Facilities Code* has undergone dramatic changes since the 1999 version referenced in the 2000 edition of the *Life Safety Code*. Allowing hospitals to comply with the latest version of NFPA 99 would save facilities significant resources through updates to medical gas, smoke control, power, and other systems.

Using old codes is especially problematic given the speed of advances in safety and technology over recent years. The widespread use of quick-response sprinklers, adoption of non-smoking policies, a variety of code advancements, and other efforts have led to tremendous progress in lowering the number of hospital fires. Hospitals and hospice facilities now average about one fire death a year, according to the National Fire Protection Association. Older codes do not reflect the technical advances behind these trends, however.



Older codes can also cause conflicts. New hospitals are built to comply with up-to-date codes, such as the 2012 *International Building Code* that will be used by most local municipalities and code officials to regulate the design and construction of health care facilities. About 98 percent of U.S. jurisdictions use this code. But once hospitals open, they are surveyed using the outdated 2000 edition of the *Life Safety Code*, and the codes can conflict.

The 2012 edition of the *Life Safety Code* is more closely aligned with the *International Building Code* and other codes published by the International Code Council. Adopting the 2012 edition of the *Life Safety Code* will save hospitals money and time because they will have to deal with fewer instances of conflicting codes.

The 2012 edition of the *Life Safety Code* provides added levels of patient safety compared to the 2000 edition. For example, the 2012 edition allows hospitals to keep critical equipment in corridors outside patient rooms so it can quickly be

accessed for patient care, diagnostics, and patient movement. Older versions of the *Life Safety Code* don't allow that.

The 2012 edition is also superior to the 2000 edition because it:

- Recognizes that hospitals use defend-in-place techniques and clarifies that authorities cannot require full evacuations during fire drills. This protects patients who would be harmed by a sudden evacuation.
- Allows controlled exit access doors, limiting the number of infant abductions and instances of patient wandering.
- Allows an increase in suite sizes from 5,000 square feet to 7,000 square feet, making nursing units more efficient and improving staff communication and patient care.

ASHE can provide more information on the numerous other changes in the 2012 edition of the *Life Safety Code* and explain how they will help hospitals. ASHE applauds CMS for moving toward an updated version of the *Life Safety Code* and is hopeful this change will come soon. CMS's adoption of the 2012 edition will make a real difference for hospitals and their patients.