

**ASHÉ** Monograph

# *Life Safety Code* Comparison

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# Life Safety Code Comparison

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Changes in the 2015 edition of NFPA 101: *Life Safety Code*<sup>®</sup> provide updates related to compliance issues. Patient care non-sleeping suite maximum size has increased to 12,500 square feet or 15,000 square feet if provided with full smoke detection, for example. Recognizing that not all jurisdictions adopt and use the same editions of NFPA 101 and other building codes as well as the value of the 2015 edition of the *Life Safety Code* for health care design and compliance, the major enforcers of the code—the Centers for Medicare & Medicaid Services (CMS)—permit the use of the most recent edition in its entirety or on a single-element basis. This permission requires additional paperwork in the form of waiver or equivalency requests.

In this monograph, ASHE has assembled a table comparing the requirements of the 2000, 2012, and 2015 editions of NFPA 101. In addition, ASHE has included the requirements of the 2015 edition of the *International Building Code* (IBC) in the comparison.

As with any government policy, how these code requirements are applied may vary depending on who surveys a facility. Each health care organization should call the regional CMS office to verify its interpretation of this central office policy.

## **USE OF THIS DOCUMENT**

Many factors influence whether a health care organization chooses to apply the most recent edition of the *Life Safety Code* to a project. This monograph is intended as a tool to help readers determine if using the 2015 edition is worth the effort for their facility.

Every attempt has been made to identify significant differences between the major code requirements in the 2000 and 2012 editions that affect health care facility design and compliance. Similar requirements in the 2015 edition of the IBC are also included in the comparison to help users identify which are the most stringent code requirements.

Sample letters for seeking waivers or equivalencies to allow an organization to use the 2015 edition of the *Life Safety Code* for a project appear in the appendices of this document.

**Caution:** The user of this document must be aware that local and state jurisdiction coordination of these waivers and equivalencies may also be required.

### **Guidance for Requests to Use the 2015 Edition of NFPA 101 in Lieu of the 2012 Edition**

All health care organizations participating in the Medicare and Medicaid programs must comply with the 2012 edition of NFPA 101 or CMS will identify deficiencies during annual or validation surveys. Although CMS will accept the use of other editions of NFPA 101, a waiver request must be prepared for each specific life safety element for which the requirement is less stringent in the newer edition. The waiver and equivalency process applies to existing and new hospitals and ambulatory care facilities.

This monograph presents multiple approaches to using the 2000 or 2015 edition of NFPA 101 in lieu of the 2012 edition. When a health care organization plans to apply for accreditation for a new facility, it can request a waiver/equivalency to use NFPA 101-2015 in its entirety for the design. Appendix 1 is a letter for inclusion in the initial request documents for accreditation. It is recommended that the comparison table in this monograph be included with the letter to demonstrate that the organization understands the differences between editions.

Existing hospitals undergoing rehabilitation with an accreditation organization that also use the CMS reimbursement program should use the sample letter for requesting a waiver/equivalency provided in Appendix 2. This should be sent to the accreditation organization when the renovation is being planned. The renovated area must comply with the selected edition of NFPA 101 for the entire floor or smoke compartment. This comparison table must be included with this letter.

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