

2012 LIFE SAFETY CODE  
**FAQs**

CUSTOMER QUESTIONS



Browse the following frequently asked questions compiled from a series of webinars hosted by Direct Supply® TELS®. Questions were asked by attendees and answered by Life Safety experts at Jensen Hughes.\* For more information, call **1-800-667-3880** or visit **TELS.net** today.

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## ALCOHOL-BASED HAND SANITIZERS

**1. How far should alcohol-based hand sanitizer be from an electrical outlet?**

At least 1" horizontally from an ignition source and not directly above an ignition source. Referring to Section 18/19.3.2.6(8).

**2. Are alcohol-based sanitizers allowed to be hung over carpet?**

Yes, in sprinklered smoke compartments only. Referring to 18/19.3.2.6(9).

**3. What are the exact rules for alcohol dispensers in a dementia unit? Does every unit have to be in direct sight of a caregiver, or can they be in a room or hallway around a corner where they are not seen?**

42 CFR 483.70(4) states "a long-term care facility may install alcohol-based handrub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access." The following is from 71 FR 55326 as referenced in the comment and response section of the CMS Final Rule:

There are certain patient or resident populations, such as residents of dementia wards, who may misuse ABHR solutions, which are both toxic and flammable. As a toxic substance, ABHR solutions are very dangerous if they are ingested, placed in the eyes, or otherwise misused. As a flammable substance, ABHR solutions could be used to start fires that endanger the lives of patients and destroy property.

Due to disability or disease, some patients are more likely to harm themselves or others by inappropriately using ABHR solutions. In order to avoid any and all dangerous situations, a facility will have to take all appropriate precautions to secure the ABHR dispensers from inappropriate access.

This may mean that facilities could choose to not install ABHR dispensers in corridors in or near dementia or psychiatric units. It may also mean that facilities could choose to install ABHR dispensers only in areas that can be easily and frequently monitored, such as in view of a nursing station or a continuously monitored security camera. These are just a few of the many options that facilities may choose to utilize in securing ABHR dispensers against inappropriate access. Check with your AHJ to ensure your chosen locations are appropriate.

**4. Can a resident room have more than one alcohol dispenser?**

Yes. However, each dispenser is limited to a maximum of 0.32 gallons of fluid and the dispensers must be separated by a minimum of 48".

**5. What is 0.32 gallons equivalent to?**

0.32 gallons is approximately 1,211 mL.

**6. Are hot-water heat systems considered an ignition source? If they are, then are hand-rub dispensers not able to be mounted above?**

This requirement is open to interpretation from an inspector's point of view. Contact your AHJ prior to installation.

## CORRIDORS

**7. How much is too much clutter?**

Review 18.2.3.3 and 19.2.3.4 for specific corridor width requirements and details regarding when mobile carts, lifts and transportation equipment may be in corridors with the proper training and emergency plan.

**8. What is the CMS Final Rule around the protrusions into the corridor?**

CMS mandates the 2012 LSC, which limits corridor projections to not more than 6 inches in most instances (18/19.2.3.4(2)). However, CMS has also said healthcare facilities must meet other applicable requirements, such as the ADA which limits protrusions to 4" in most instances.

**9. Can pictures and other wall art be grouped together or do they have to be 48" apart?**

Wall art can be grouped together as long as it does not protrude beyond regulatory requirements and it meets the requirements for combustible decorations in 18/19.7.5.6.

**10. Our basement hall is cluttered with storage. How many feet of egress are required?**

A minimum of 44" of unobstructed width is required for existing healthcare occupancies when the corridor is in an adjunct area not intended for the housing, treatment or use of inpatients (19.2.3.4) unless the occupant loading of the floor requires a larger width. Ensure the storage configuration does not create a hazardous area that requires separation from adjacent spaces.

**11. What about AED boxes above handrails that are larger than 4"? Do we have to take them down? Also, are existing projections like hallway computer stations or hand-sanitizing stations grandfathered?**

LSC 18/19.2.3 as adopted by CMS will not allow most projections (new or existing) exceeding 6" and ADA regulations do not allow most projections exceeding 4". CMS has indicated that they will provide future guidance for modifying existing non-compliant projections to comply with the requirements.

**12. Is CMS still going to time whether equipment is in use or allowed to be stored in the corridors?**

Equipment or carts, other than medical emergency equipment or patient lift and transport equipment, are permitted to project into the required corridor width when they are in use if certain provisions are met. "Not in use" is defined in S&C 10-18 as an item that is left unattended or is not moved for more than 30 minutes.

**13. Regarding rooms exiting directly into a stairwell: under the 2000 Life Safety Code, a room had to have a vestibule between the room and the corridor. Does this still stand or has it been changed? Are mechanical rooms different? I am of the understanding that the 2012 Life Safety Code allows only for mechanical rooms to exit directly into a corridor.**

A vestibule is not required from a normally occupied room into an exit stair or exit passageway (i.e., exit enclosures). Mechanical equipment rooms and other building service equipment rooms, storage rooms and similar spaces are typically considered as normally unoccupied spaces that are not permitted to have egress doors open directly into exit enclosures except per LSC 7.1.3.2.1(9)(c) for existing openings. Vestibules are a commonly accepted method to address the door issue. Check with your AHJ to ensure addition.

**14. Are drinking fountains considered to be furniture if they are in corridors?**

No. They are likely to be considered "protruding objects" so check with your AHJ for specific details.

## DOORS

**15. If a generator is creating power due to an outage, should the doors be unlocked? What if your locks are on the generator backup?**

Electronic locks will be unlocked on primary power failure. Locks are not required to be on a generator, but are also not prohibited from being on a generator either. If locks are on generator power, all of the requirements would still be applicable. If any portion of the locking system loses power, the system has to have a fail-safe (unlocked).

**16. Are door coordinators required in fire-rated compartment areas?**

It will depend on the manufacturer's requirements for the fire-rated doors. In most pairs of fire-rated doors that swing in the same direction, door coordinators are required.

**17. Do I need to put a sign on the door saying "not an exit" on any doors that can be used as an exit, but are not designated exits on evacuation plans?**

Not every door is a required exit; however, local AHJs have their own interpretation. NFPA 101 does not require the marking on non-required exit doors.

**18. What type of fire doors need to be checked annually?**

All fire-rated doors will require the annual inspection.

**19. Who should be used to inspect the fire doors annually – a fire system company or a company that specializes in fire door installation?**

These inspections must be done by a qualified person. It can be a building tech who is familiar with the inspection requirements of NFPA 80.

**20. When you say we have to document and check perimeter doors for their function and proper operation annually, is logging it on TELS acceptable documentation?**

Most AHJs find logging the inspections in TELS is acceptable. Acceptance of electronic documentation is still up to the AHJ.

**21. Are corridor smoke doors in hallways required to have a positive latching device?**

Yes. All corridor doors must be positive latching; however, cross-corridor smoke barrier doors are not required to latch.

**22. What are testing requirements for fire doors?**

Refer to Chapter 5 of NFPA 80 and Chapter 5 of NFPA 105.

**23. With changes to delayed egress, can there be a locked unit door leading to a stair tower on delayed egress and another secured door at the bottom of that stair tower leading outside?**

Generally, yes. Check with your AHJ as additional restrictions may apply to your facility

## EMERGENCY CONSIDERATIONS

**24. What is the new code/chapter for emergency management?**

Chapter 12 of NFPA 99 is not adopted by CMS. CMS will issue separate regulations for emergency preparedness and management.

**25. If we have gas water heaters and air handlers in the same mechanical room, would it be a good idea to install a carbon monoxide detector?**

The 2012 LSC only requires carbon monoxide detectors in healthcare facilities in locations with fireplaces. Local building or fire codes may require carbon monoxide detectors or alarms in mechanical equipment rooms containing fuel-fired equipment.

**26. Will there be a ruling on the distance an E-Stop must be away from a generator?**

There is nothing in the CMS rules. This requirement is from NFPA 110. Section 5.6.5.6 and Annex Note A5.6.5.6 allow the shutdown to be located external to the generator enclosure. Check with your AHJ, as this may still be a surveyor interpretation.

## FIRE SAFETY

**27. Do resident room curtains need to be fire-rated now?**

In appropriately sprinkler-protected smoke compartments, sleeping room draperies are not required to meet flammability standards. Check with your AHJ to determine if local requirements are more stringent, 18/19.7.5.1 (3).

**28. I was told on our last survey that the utilization of fire retardant on hanging, flammable items and drapery/curtains was to be discontinued to allow the items to burn faster and activate the sprinklers sooner. Is this correct?**

Refer to NFPA 101, Sections 10.3.6 and 18/19.7.5 for information regarding draperies.

**29. If you make an upgrade to part of your fire alarm system, what changes in the 2012 code may affect the work?**

NFPA 101 (2012) requirements for existing fire alarm and detection are the minimum 19.3.4. The installation must comply with NFPA 72 (2012) edition for CMS. Local and state may have additional requirements.

**30. Where are QR indicators on the extra sprinkler heads? Is there something visual to look for?**

The quick response (QR) indicator is typically located on the deflector. Also, QR indicators typically have a 3 mm diameter bulb.

**31. Will we be tagged on a smoke barrier wall if the pipes are missing fire caulk up above the dropped ceiling?**

We cannot determine how an AHJ will interpret the requirements, but it is likely you will be tagged.

**32. Will FSES be more restrictive with the building being fully sprinklered due to fewer points allowed?**

The 2010 edition of NFPA 101A, which contains the FSES method for equivalency, has increased the mandatory safety factor for extinguishment for existing nursing homes, thereby reducing the benefit of sprinklers for compliance.

**33. Can the local fire authority force you to hire firefighters for fire watch?**

This would be a local requirement for the facility and should be verified with the local fire marshal. CMS does not require firefighters to be used; only that the person on fire-watch duty has no other obligations during that time.

**34. If using a building employee for fire watch, does it have to be a dedicated person to specifically fill that role?**

Yes.

**35. What is the new fire-watch threshold?**

CMS has indicated that they will set the threshold at 10 hours. Local or state requirements may be more stringent than the CMS threshold and should be verified prior to changing the facility's policy regarding fire watches.

**36. Regarding technician certification, do all maintenance staff need to receive a type of healthcare certification now versus on-the-job training?**

The technician certification requirement that was mentioned applies to persons who service portable fire extinguishers. The certification requires the person to pass a test administered by an organization that is acceptable to the AHJ or code official that could include, but is not limited to, factory training or licensure by the state.

### KITCHENS

**37. Are there provisions relating to occupational therapy (OT) kitchens?**

Yes, however, the requirements for OT kitchens have not changed.

**38. We have a dining room with a stove and microwave hood above it that residents use. It's not a through-ceiling hood, just a carbon filter with recirculation. It is on a timer and key lock to activate with smoke detectors in the room and open to the corridor. It's not used for full meal prep. Does it need a suppression hood?**

Based on the limited information, it appears that the scenario described may be compliant with NFPA 101, Section 18/19.3.2.5. Further evaluation should be performed to determine compliance.

**39. Do kitchenettes have to have the ANSUL requirements?**

Automatic fire-extinguishing systems for kitchen hoods are not necessarily required if the kitchenette is limited to residential cooking equipment that is used for food warming or limited cooking only. Refer to LSC 18.3.2.5 or 19.3.2.5 and check with your AHJ for local requirements.

**40. Does the kitchen electric stove have to have a shutoff timer?**

Yes, where the residential or commercial cooking equipment is used to prepare meals. If residential cooking equipment is provided for food warming and limited cooking only, then a timer may not be required. Refer to LSC 18/19.3.2.5.

**41. Do sections 18/19.3.2.5 (Cooking Facilities) allow induction electric ranges so that surfaces do not get too hot?**

The current code does have an allowance for this type of equipment, but check with your AHJ in case there are more stringent local requirements.

## MISC.

**42. What books does a Long Term Care facility need to purchase? NFPA 99 and NFPA 101?**

CMS has adopted both NFPA 101 and NFPA 99, 2012 editions. NFPA 101 will cover both new and existing construction. NFPA 99 will address mostly new construction with limited criteria, including inspection and testing requirements, for existing configurations. It may be helpful to purchase the code or handbooks for NFPA 101 and 99.

**43. Where can I purchase the new Life Safety Code book?**

<http://catalog.nfpa.org/default.aspx>

**44. Are dehumidifiers allowed in resident rooms in Long Term Care facilities?**

This is not addressed in NFPA 101 or NFPA 99. Check with your state regulator.

**45. Will TELS supply the new required documentation?**

The building can request that inspections and logbooks be added to their TELS Work Schedule to help drive compliance on new requirements. This does not guarantee your facility's compliance.

**46. Many of our double-occupancy rooms are now singles. Do we still need two call lights?**

This is not a CMS requirement. Please refer to the FGI guidelines.

**47. If you have existing televisions in Skilled Nursing resident rooms that a resident brought in, does it need to be hospital grade?**

No, but check with your AHJ, especially if oxygen will be used in the resident rooms.

**48. If you do not have a waiver for 30-second egress in Skilled Nursing centers, do you need to change them to 15-second egress immediately?**

Yes, it is recommended. Check with your AHJ to be sure.

**49. What steps is TELS taking to be prepared for the change on July 5?**

TELS has worked with Jensen Hughes to revise instructions and build additional tasks to help drive compliance with the changes. TELS can add these additional tasks to the work schedule upon request.

**50. I had a dry system with leaks that has been fixed, but it's still not properly working. Will that be a good reason to get the system replaced since the facility was built in 1985?**

Consider a corrosion investigation at a minimum to determine the pipe condition. If the pipe is seriously corroded (as it appears), it may be beneficial to replace it to reduce consistent leaks and maintenance issues.

**51. Does maintenance such as plumbing, electrical and equipment repairs done in the building have to be done by a certified technician?**

Inspection, testing and maintenance requirements are generally specified in the codes that pertain to those systems. For example, fire extinguishers require a certified technician but fire doors do not.

**52. What business generally tests diesel fuel? Does tank size matter?**

No, the capacity of the tank does not matter. Refer to your local diesel supplier for testing options.

**53. Can you have multiple 32-gallon containers in a special hazard room? For example: four 32-gallon containers in a soiled linen room with a door closure and a sprinkler system.**

Yes. 18/19.7.5.7.1 (4) does not limit the containers in a room protected as a hazardous area.

**54. Regarding laundry collection, we have L-shaped alcoves, one per unit, that are about 4½' to 5' high where we store mobile laundry collection bins. They are 40-gallon bags that hang in a mobile frame, collected in a larger cart periodically by laundry staff. Is this now all wrong and do these need to be in a separate room?**

A capacity of 32 gallons is not permitted to be exceeded within any 64 sq. ft. area unless the area is a storage room that complies with hazardous area requirements (18/19.7.5.7).

## POWER

**55. Should power strips be hospital grade?**

Yes.

**56. What does "surge-type cords need to be attached" mean?**

Relocatable power taps, or power strips, need to be fixed. They cannot be used as a temporary extension cord.

**57. Is there a restriction on the proximity of a power strip to a patient's bed?**

CMS S & C letter 14-46-LSC Sept. 2014 address in detail the new allowance for RPTs. Their requirement depends on the type of equipment being supported. See NFPA 99 and CMS S & C Letter 14-46-LSC Sept. 2014. Also check with your local AHJ.

**58. In power strips, are you allowed to use 3-prong or 2-prong plugs?**

As long as they are listed for use, 2-prong or 3-prong plugs may be used. Check with your AHJ in case more stringent requirements apply.

**59. How long can a power strip be?**

There are no length restrictions in the code as long as the relocatable power tap is appropriately listed. UL limits the cord length to 25 feet.

**60. Where in the NFPA will I find information on power strips?**

Refer to NFPA 99, Section 10.2.3.6 and S&C Letter 14-46-LSC.

**61. Can you mount power strips?**

Yes. Power strips providing power to rack-, table-, pedestal- or cart-mounted patient-care-related equipment may be permanently attached to the equipment assembly by qualified personnel.

**62. Should power taps be UL 1363?**

In patient care areas (patient care vicinity or patient care room) where relocatable power taps (RPTs) are required, they must be listed in compliance with UL 1363. Where special-purpose relocatable power taps (SPRPTs) are required, they must be listed in compliance with UL 1363A or UL 60601-1. In non-patient care rooms, UL 1449 listed power strips are permitted.

**63. Are power strips allowed to be used in patient rooms as long as they meet the listed requirements, including medical equipment like oxygen concentrators?**

Yes. Check with your AHJ in case more stringent requirements apply.

**64. Can there be power strips in a non-resident area?**

In non-patient care rooms, UL 1449 listed power strips are permitted.

**65. Last year the Fire Marshal disallowed use of power strips. Could you address this?**

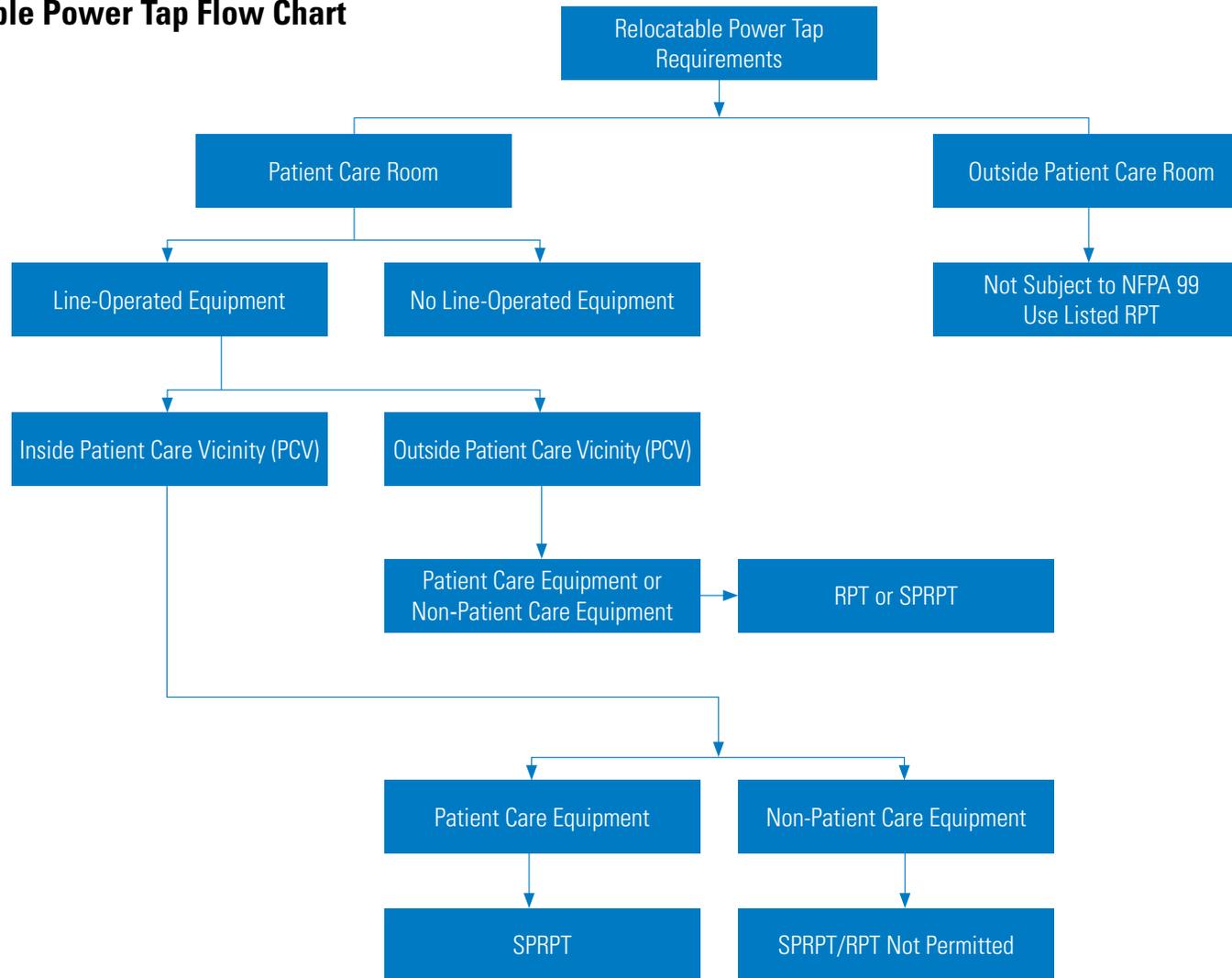
Local AHJs may have more stringent requirements that must be followed. They are permitted currently by CMS with limitations.

**66. What are guidelines for using power strips in resident rooms and office rooms?**

See included flow chart on page 11 for CMS guidelines. Check with your AHJ in case more stringent requirements apply.

\*The NFPA 101 (2012), known as the Life Safety Code, is mandated by the Centers for Medicare & Medicaid Services and is effective beginning July 5, 2016, for certain facilities receiving Medicare and/or Medicaid funding. Additional federal, state and local requirements (such as, but not limited to, the Americans with Disabilities Act, federal conditions of participation, state and local fire codes, and state regulations for facilities) may apply. Contact your AHJ in the event of a conflict between two or more requirements. This document is intended to provide general information; it is not, nor is it intended to be, legal advice. Additional federal, state, and local requirements may apply. Contact your AHJ for further details regarding how these regulations may apply to your particular facility. Direct Supply® TELS® specifically disclaims all warranties, express or implied, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.

## Relocatable Power Tap Flow Chart



**RPT** — Relocatable Power Tap (UL 1363 Listed)

**SPRPT** — Special-Purpose Relocatable Power Tap (UL 1363A or UL 60601-1 Listed)

**Patient Care Room** — Any room of a healthcare facility wherein patients are intended to be examined or treated

**Patient Care Vicinity** — A space within a location intended for the examination and treatment of patients (i.e., patient care room) extending 6' beyond the normal location of the bed, chair, table, treadmill or other device that supports the patient during examination and treatment and extends vertically 7' 6" above the floor

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For more information on updates to the 2012 Life Safety Code, visit [TELS.net](http://TELS.net) or call **1-800-667-3880** today.