I. Purpose

The mission of MCG Health, Inc. (MCGHI) is to improve the health of the people of the State of Georgia, Richmond County, the City of Augusta, and surrounding areas by providing cost-effective, quality health and hospital services. Consistent with this mission, the Board of Directors, medical staff, and administration have established and provided ongoing support for the Life Safety Code processes described in this plan.

The purpose of the Life Safety Code Management Plan is to define the program to protect building occupants from fire, products of combustion, and provide staff, unobstructed emergency exits.

II. Scope

The Life Safety Code Management Program is designed to assure appropriate, effective response to fire or other emergency situations that could affect the safety of the patients, staff, and/or the environment of MCGHI Buildings. This is accomplished by

A. Maintain compliance with the Life Safety Code.
B. Maintain and review an Interim Life Safety Measures Policy for use when building fire protection systems, features, and means of egress are out of service, impaired or impacted by renovation and construction projects.
C. Maintain building features, systems, and components protecting patients, staff, and visitors from smoke, fire, and other products of combustion.
D. Maintain fire detection, suppression, and alarm systems.
E. Maintain the means of egress.
F. Maintain and review policies, procedures, and checklists for building fire protection features for compliance by all responsible organizations.
G. Conduct unannounced Life Safety Inspections, correct deficiencies, and maintain documentation.

III. Objectives

A. Maintain compliance with the Life Safety Code (LSC).
B. Maintain and review an Interim Life Safety Measures Policy for use when building fire protection systems, features, and means of egress are impaired or impacted by renovation and construction projects.
C. Maintain building features, systems, and components protecting patients, staff and visitors from the smoke, fire and heat.
D. The facility will maintain the means of egress.
E. The facility will maintain fire detection and alarm systems.
F. The facility will maintain fire suppression systems.
G. Policies, procedures, and checklists for building fire protection features will be maintained and reviewed for compliance by all responsible organizations.

H. Staff training programs used during ILSM will be maintained and reviewed for compliance by responsible parties.

IV. Life Safety Code Standards

A. Standard LS.01.01.01

The organization designs and manages the physical environment to comply with the Life Safety Code.

1. Standard LS 01.01.01.01

The hospital assigns an individual(s) to assess compliance with the Life Safety Code, complete the electronic Statement of Conditions (e-SOC), and manage the resolution of deficiencies.

The facility has designated the Safety and Security Director to assess compliance with the LSC and manage deficiencies. The Facility Services Director has been designated to complete and monitor the e-soc.

2. Standard LS 01.01.01.02

The hospital maintains a current electronic Statement of Conditions (e-SOC).

Note: The (e-SOC) is available to each hospital through the Joint Commission Connect extranet site.

The hospital maintains an electronic Statement of Conditions; this statement is available on-line for review, maintenance, and comment.

3. Standard LS 01.01.01.03

When the hospital plans to resolve a deficiency through a Plan for Improvement (PFI), the hospital meets the time frames identified in the PFI accepted by the Joint Commission. (See also LS.01.02.01, EPs 1-14)

The Director of Facility Services monitors the need for any PFI and provides updates about PFI's at all Safety Committee meetings.

B. Standard LS.01.02.01

The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.

1. Standard LS 01.02.01.01
The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text and any exceptions, refer to: NFPA 101-2000: 9.6.1.8 and 9.7.6.1) (See also LS.01.01.01, EP 3)

The Safety Manager notifies the community fire department during times when fire alarm and sprinkler systems are impaired for more than four hours. Fire department notification times are documented. Fire patrols of impaired areas are performed hourly; patrol times are documented.

2. Standard LS 01.02.01.02

The hospital posts signage identifying the location of alternate exits to everyone affected. (See also LS.01.01.01, EP 3)

Posting of additional exit signs is an item on the facility’s ILSM checklist. If posting of additional exit signs is identified as a requirement; additional exit signs are posted.

3. Standard LS 01.02.01.03

The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk. (See also LS.01.01.01, EP 3)

The ILSM policy addresses items not immediately correctable or during periods of construction. Criteria for evaluating when and to what extent special measures must be implemented are included in the ILSM policy.

4. Standard LS 01.02.01.04

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital’s interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

The ILSM policy requires emergency exits in deficient or construction areas to be inspected daily.

5. Standard LS 01.02.01.05
When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

Temporary fire alarm and detection systems are discouraged from use; however, when required, the systems are inspected on a monthly basis. Construction crews are encouraged to restore impacted systems as soon as possible. This criterion is in the facility ILSM policy.

6. Standard LS 01.02.01.06

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional fire-fighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

Additional firefighting equipment is provided in construction and renovation areas and/or when immediate LSC deficiencies cannot be corrected. This requirement is in the facility ILSM policy.

7. Standard LS 01.02.01.07

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible material or made of limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

During LSC deficiencies, temporary walls and partitions are constructed using limited or non-combustible materials and smoke tight partitions. Examples of these materials include metal studs, rated sheetrock, and fire retardant plastics. This requirement is in the ILSM policy.

8. Standard LS 01.02.01.08

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)
Inspection of construction and renovation areas is performed and is part of the ILSM policy criteria.

9. Standard LS 01.02.01.09

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

The ILSM policy addresses storage, waste handling and housekeeping requirements, limiting the quantity of material in these areas and requiring more frequent waste and debris removal intervals.

10. Standard LS 01.02.01.10

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional training to those who work in the hospital on the use of fire-fighting equipment.

The need for additional training is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

The need for additional fire fighting equipment is addressed in the facility ILSM policy.

11. Standard LS 01.02.01.11

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also EC.02.03.03, EP 1; LS.01.01.01, EP 3)

Additional fire drill requirements are specified in the facility ILSM policy.

12. Standard LS 01.02.01.12

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented.

The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)
The facility ILSM policy addresses the temporary system and temporary system testing requirements.

13. Standard LS 01.02.01.13

_The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)_

Educational requirements for staff working in areas under ILSM requirements are addressed in the ILSM policy.

14. Standard LS 01.02.01.14

_The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)_

_NOTE: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion such as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification._

Staffs receive training for dealing with fire situations when building protective systems are impaired during construction and renovation activities. Staff training needs are identified in the facility ILSM policy.

C. Standard LS.02.01.10

_Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat._

1. Standard LS 02.01.10.01

_Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 18/19.1.6.2._

During the design and planning process, building plans are reviewed by several internal and external organizations. Plans are internally reviewed by Facility Services Design and Construction and externally reviewed and approved by local and state building and fire officials.

2. Standard LS 02.01.10.02
New buildings contain approved automatic sprinkler systems, and existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.5.1 and 19.1.6.2)

New buildings are designed with automatic sprinkler systems as required by construction type. Building plans are reviewed by the facility architect, by the state fire marshal’s office, by the local building department, and fire inspector.

3. Standard LS 02.01.10.03

Walls that are fire-rated for 2 hours (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above and extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

The facility has a building maintenance program. Inspection of fire walls is a maintenance plan component. Verification of fire walls meeting the floor to floor or roof slab above the space is part of the maintenance plan.

4. Standard LS 02.01.10.04

Openings in 2-hour fire-rated walls are fire-rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)

Fire wall openings are rated for 1.5 hours; this includes doorways, ductwork, and cabling.

5. Standard LS 02.01.10.05

Doors required to be fire-rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)

Facility Services has a scheduled fire door inspection and maintenance program. Inspection requirements included checking door gaps, undercuts, latches, and closing devices. Deficiencies are corrected.

6. Standard LS 02.01.10.06

Doors that are fire-rated do not have unapproved protective plates that are higher than 16 inches above the bottom of the door.
Note: Doors for hazardous rooms may have non-rated protective plates that are placed no higher than 48 inches from the bottom of the door. (For full text and any exceptions, refer to NFPA 80-1999: 2-4.5; NFPA 101-2000:19.3.2.1)

Doors do not have unapproved protective plates. In the past, the facility conducted a review and assessment of fire door plates; this review led to several findings of improper plate placement. The plates were removed and all fire doors are monitored for compliance.

7. Standard LS 02.01.10.07

Doors requiring a fire rating of 3/4 hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs. (For full text and any exceptions, refer to NFPA 80-1999: 1-3.5)

Fire doors are inspected and maintained using a building maintenance program. In addition, fire doors are inspected as part of EOC fire safety and life safety rounds. Records for these activities are available.

8. Standard LS 02.01.10.08

Ducts that penetrate a 2-hour fire-rated separation are protected by dampers that are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.1 and NFPA 90A-1999: 3-3.1)

Duct inspection, testing, and maintenance is part of the building maintenance program. Duct damper testing is performed every four years by an outside vendor. Test, inspection, and maintenance records are available for review.

9. Standard LS 02.01.10.09

The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.

Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)

Fire wall penetrations are inspected as a component of the building maintenance program. If penetration insulation problems are identified, the problems are corrected. Maintenance records are available.

10. Standard LS 02.01.10.10

The facility monitors the LSC and will meet all requirements for NFPA 101-200: Chapters 18 and 19.1.

D. Standard LS.02.01.20

The organization maintains the integrity of the means of egress.

1. Standard LS 02.01.20.01

Doors in a means of egress are unlocked in the direction of egress. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4)

Fire doors are inspected and/or reviewed during monthly life safety rounds.

2. Standard LS 02.01.20.02

Doors in a means of egress swing in the direction of egress in hospitals whose occupancy is 50 or more. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.1.4.2)

All egress doors in the facility swing in the direction of egress.

3. Standard LS 02.01.20.03

Walls containing horizontal exits are fire-rated for 2 or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (See also LS.02.01.10, EP 4) (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.1 and 8.2.2.2)

Horizontal walls containing exits are rated and meet the above criteria.

4. Standard LS 02.01.20.04

Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.6.3)

Not applicable. The facility does not have outside exit stairs.

5. Standard LS 02.01.20.05
Doors in new buildings that are a part of horizontal exits have approved vision panels and are installed without a center mullion. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.5.6)

Doors in new buildings are not installed with center mullions; exit doors in older buildings are installed without center mullions when exit door in older buildings are replaced.

5. Standard LS 02.01.20.06

When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire-rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire-rated for 3/4 hour. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.2)

Not applicable. There are no exits of this style in the facility.

6. Standard LS 02.01.20.07

Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.4.2)

Stairs and ramps are appropriate for the building age. New buildings have rails and guards on both sides; older buildings are equipped with rails and guards on at least one side.

7. Standard LS 02.01.20.08

Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text and any exceptions, refer to NFPA 101-2000: 7.7)

All exits discharge to the outside at grade level; the passageways are continuous and terminate at public ways.

8. Standard LS 02.01.20.09

When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.7)

Not applicable. Stair doors are normally closed; stair doors are not held open using release devices.

9. Standard LS 02.01.20.10
Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.2.6)

Current plans do not call for new boiler, heater, or mechanical equipment rooms to be located in egress hallways. If these room types are planned for placement in egress hallways, fire doors will not be allowed to remain open using automatic release devices.

10. Standard LS 02.01.20.11

In new buildings, exit corridors are at least 8 feet wide; in existing buildings, exit corridors are at least 4 feet wide. If modifying existing buildings with exit corridors that exceed 8 feet, the exit corridors cannot be reduced to less then 8 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)

Buildings on the campus meet the above criteria. Corridor widths for renovation projects are reviewed by the facility during planning meetings with construction crews and plan reviews.

11. Standard LS 02.01.20.12

The corridor width is not obstructed by wall projections. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)

Note: When corridors are 6 feet wide or more, The Joint Commission permits certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. They must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text and any exceptions, refer to: NFPA 101-2000: 18/19.2.3.3)

When allowed, wall projections are inspected to verify LSC requirements are met. Projections into the means of egress (including egress hallways) are checked during monthly life safety rounds.

13. Standard LS 02.01.20.13

Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, and furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)
Monthly life safety rounds check exits, exit accesses, and exit discharges for obstructions, impediments, clutter, construction materials and seasonal blockages (snow, ice).

14. Standard LS 02.01.20.14

*Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.5.2.2)*

Hindrances to identification and use of emergency exits are checked during monthly life safety rounds. If problems are identified, the problem is immediately corrected.

15. Standard LS 02.01.20.15

*Floors or compartments in a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.4.1)*

Buildings on the campus meet this requirement. Areas under renovations are monitored to ensure compliance by plan reviews.

16. Standard LS 02.01.20.16

*Patient sleeping rooms or suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.2)*

Not applicable. The facility does not have patient rooms 1,000 square feet or larger.

17. Standard LS 02.01.20.17

*Rooms or suites (not used as patient sleeping rooms) larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.3)*

Not applicable. The facility does not have rooms or suites of rooms 2,500 square feet or larger.

18. Standard LS 02.01.20.18

*Suites of patient sleeping rooms are limited to 5,000 square feet and suites used for other purposes are limited to 10,000 square feet. The suites are arranged so that no intervening rooms are hazardous areas. (See also LS.02.01.30, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.5-7)*
Not applicable. There are no suites of sleeping rooms; there are no suites of rooms exceeding the 10,000 square feet requirement.

19. Standard LS 02.01.20.19

*In suites of patient sleeping rooms, the travel distance to an exit access door from any point in the suite is 100 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.8)*

Not applicable. There are no suites of patient sleeping rooms in the facility.

20. Standard LS 02.01.20.20

*In suites not used as patient sleeping rooms that have up to one intervening room, the travel distance to an exit access door from any point in the suite is 100 feet or less, and in suites containing two intervening rooms is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.8)*

Not applicable. There are no suites of patient sleeping rooms in the facility.

21. Standard LS 02.01.20.21

*Patient sleeping rooms open directly onto an exit access corridor. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.1)*

Sleeping rooms open into hallways in all hospital buildings excluding the BA building (Talmadge). The facility possesses an exemption from this requirement from the Georgia Office of Insurance and Fire Safety.

22. Standard LS 02.01.20.22

*Doors to patient sleeping rooms are not locked. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.2)*

Doors to patient rooms do not lock. This issue can be identified during monthly life safety rounds. Also, maintenance personnel would identify this issue when replacing doors and/or door hardware.

23. Standard LS 02.01.20.23

*The travel distance to a room door from any point in a patient sleeping room is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.3)*

In all rooms, travel distance to the room door is less than 50 feet.
24. Standard LS 02.01.20.24

*In existing buildings, the travel distance between any room door and an exit is 100 feet or less (or 150 feet or less when equipped with an approved automatic sprinkler system).*

*In new buildings, the travel distance between any room door and an exit is 150 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.1)*

Travel distance is less than 150 feet between room doors and exits. The facility is protected by an automatic fire sprinkler system.

25. Standard LS 02.01.20.25

*In existing buildings, the travel distance between any point in a room and an exit is 150 feet or less (or 200 feet or less when equipped with an approved automatic sprinkler system). In new buildings, the travel distance between any point in a room and an exit is 200 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.2)*

Travel distance is not greater than 200 feet. The facility is fully protected by automatic fire sprinkler systems.

26. Standard LS 02.01.20.26

*In new buildings, no dead-end corridor is longer than 30 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.5.10)*

Not applicable. There are no new facilities.

27. Standard LS 02.01.20.27

*Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.8)*

Exit illumination meets this requirement. In addition, exit lighting is checked during monthly life safety inspections. Also, if an exit light is found deficient between rounds, staff can make a work request for facility maintenance to quickly replace/repair exit lights.

28. Standard LS 02.01.20.28

*Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave*
the area in darkness. (For full text and any exceptions, refer to NFPA 101-2000: 7.8.1.4)

Facility exit lighting is equipped with two directional bulbs. Failure of a single bulb will not leave the area in darkness. Emergency lighting is inspected during monthly life safety inspections and by facility maintenance according to OSHA requirements.

29. Standard LS 02.01.20.29

Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. The signs are placed 5 feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.4)

Stairwells have signs indicating the stairwell, floor level, top and bottom, as well as direction and story of exit. Sign placement meets LSC requirements.

30. Standard LS 02.01.20.30

Signs reading "No Exit" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)

Doors, passages, and stairways which are not exits are identified with signs indicating "no exit."

31. Standard LS 02.01.20.31

Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)

Exit signs are adequately sized and lighting requirements meet the requirement. Exit signs are listed on the inspection and preventive maintenance list. Also, exit signs are checked during monthly life safety rounds. If problems are identified, a work order for immediate replacement and/or repair is completed.

32. Standard LS 02.01.20.32


The facility monitors the LSC and will meet all requirements for NFPA 101-2000: Chapters 18 and 19.2.
E. Standard LS.02.01.30

The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.

1. Standard LS.02.01.30.01

*Existing vertical openings (other than exit stairs) are enclosed with 1-hour fire-rated construction. In new construction, vertical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when connecting three or fewer floors and 2-hour fire-rated walls when connecting four or more floors. (See also LS.02.01.10, EP 4)*

Note: *These vertical openings include, but are not limited to, communicating stairs, ramps, elevator shafts, ventilation shafts, light shafts, trash chutes, linen chutes, and utility chases. (For text and any exceptions, refer to NFPA 101-2000: 18/19.3.1.1)*

All vertical opening requirements are met. Enclosures are monitored as part of the building maintenance program.

2. Standard LS.02.01.30.02

*All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:*

i. **Boiler/fuel fired heater rooms**
   1. *Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.*
   2. *New boiler/fuel fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.*

ii. **Central/bulk laundries larger than 100 square feet**
   1. *Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.*
   2. *New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire rated doors.*

iii. **Flammable liquid storage rooms** *(See NFPA 30-1996:4-4.2.1, 4-4.4.2)*
1. Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
2. New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

iv. Laboratories (See NFPA 45-1996 to determine if a laboratory is a "severe hazard" area)
1. Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.
2. New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
3. Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.
4. New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
5. Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
6. New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

v. Maintenance repair shops
1. Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shop has 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
2. New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

vi. Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)
1. Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
2. New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

vii. Paint shops that are not severe hazard areas
1. Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the
shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

2. New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

viii. Soiled linen rooms

1. Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

2. New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

ix. Storage rooms

1. Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

2. New storage rooms for combustible materials 50 to 100 square feet are sprinkled, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.

3. New storage rooms for combustible materials larger than 100 square feet are sprinkled, and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

x. Trash collection rooms

1. Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

2. New trash collection rooms are sprinkled, and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

All protected requirements are met; this includes requirements for fire walls, fire doors, and automatic fire sprinkler systems.

3. Standard LS 02.01.30.03

Gift shops storing or displaying combustibles in quantities considered hazardous are separated by 1-hour fire-rated walls and 3/4-hour fire-rated doors. In existing buildings, a combination of walls and doors to limit the passage of smoke and an approved automatic sprinkler system may be used for gift shops storing or displaying combustibles in quantities considered hazardous. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.5)

Not applicable. Gift shops in the facility neither store nor display combustible items in quantities considered hazardous or enough to designate the gift shop a hazardous area.
4. Standard LS 02.01.30.04

*Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.3.2)*

Existing walls have finishes rated Class A or B for limiting development of smoke and flame spread.

5. Standard LS 02.01.30.05

*Newly installed interior floor finishes in corridors of smoke compartments without sprinkler systems have a Class I radiant flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.3.3)*

Not applicable. The facility is protected by automatic fire sprinkler systems.

6. Standard LS 02.01.30.06

*Existing corridor partitions are fire-rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke. Note 1: Unsealed spaces 1/8-inch wide or less around pipes, conduits, ducts, and wires above the ceiling are permitted. Note 2: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)*

The requirement is met and monitored using the building maintenance program.

7. Standard LS 02.01.30.07

*In new buildings, corridor walls are constructed to limit the transfer of smoke. (For full text and any exceptions, refer to NFPA 1012000: 18.3.6.2)*
Walls are constructed to limit the spread of smoke. Plans for renovation and construction are reviewed by the facility.

8. Standard LS 02.01.30.08

In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed.

Note: Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, fixed wired glass, or fire-rated glazing set in approved metal frames are permitted). (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.8 and 8.2.3.2.2(2))

Not applicable.

9. Standard LS 02.01.30.09

In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or equivalent material and do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.1 and 19.3.6.4)

This requirement is met and monitored using monthly life safety inspections and the building maintenance program.

10. Standard LS 02.01.30.10

Corridor doors do not have non-rated protective plates that are placed higher than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.5)

Doors do not have unapproved protective plates. In the past, the facility conducted a review and assessment of fire door plates; this review led to several findings of improper plate placement. The plates were removed and all fire doors are monitored for compliance.

11. Standard LS 02.01.30.11

Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.

Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)
Doors are in a building maintenance program. Inspection checklists include the above criteria.

12. Standard LS 02.01.30.12

Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one-half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.

Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.5)

All vision panels are factory installed in the doors when the door is purchased. Corridor walls are designed with architectural input and reviewed for compliance with fire safety requirements.

12. Standard LS 02.01.30.13

Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.

Note: The Joint Commission interprets the NFPA code to allow incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in health care hospitals. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text and any exceptions, refer to NFPA 90A-1999: 2-3.11.1)

Corridors are not used as plenums, air supply, or returns in the facilities.

14. Standard LS 02.01.30.14

In existing buildings at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.7.1)

The facility meets the required number of smoke compartments for all areas with more than thirty (30) patient sleeping rooms.

15. Standard LS 02.01.30.15

In new buildings at least two smoke compartments are provided for every story with patient sleeping or treatment rooms, for non-sleeping stories that have an occupant capacity of 50 or more people, and on
usable but unoccupied stories. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.7.1 and 18.3.7.2)

There are no new buildings on campus; however, Life Safety Code requirements for any future construction would be addressed during planning and approval processes.

16. Standard LS 02.01.30.16

Smoke barriers limit the maximum size of each smoke compartment to 22,500 square feet. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.1)

The facility meets this requirement. Smoke compartments and barriers are monitored for impact during renovation and construction reviews.

17. Standard LS 02.01.30.17

The size of smoke compartments meets the requirements of NFPA 101-2000: 18/19.3.7.4

The facility meets this requirement. In addition, smoke compartments and barriers are monitored for impact during renovation and construction reviews.

18. Standard LS 02.01.30.18

Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Smoke barriers are inspected and maintained as part of the building maintenance program.

19. Standard LS 02.01.30.19

In existing buildings, smoke barriers are fire-rated for 1/2 hour; in new buildings, smoke barriers are fire-rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

All smoke barriers meet LSC requirements. During renovation and/or construction, the facility builds all new barriers to meet the one hour requirement.

20. Standard LS 02.01.30.20
In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment.

Note: In existing buildings with two adjacent compartments with approved automatic sprinkler systems, dampers in common smoke barriers are not required. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3 and 8.3.5.2)

Ducts penetrating smoke barriers are equipped with approved smoke dampers. Smoke dampers are maintained and inspected as part of the building maintenance program.

21. Standard LS 02.01.30.21

Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an un-ducted common plenum for either supply or return air. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)

Appropriate smoke dampers are positioned to protect air transfer openings penetrating smoke barriers where the ceiling space is used as a common plenum for supply or return. Smoke dampers are inspected and maintained in accordance with the building maintenance program.

22. Standard LS 02.01.30.22

Fixed fire window assemblies in smoke barrier walls or doors are fire-rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed.

Note: Existing window installations that have fixed wire glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text and any exceptions, refer to: NFPA 101-2000: 18.3.7.7, 19.3.7.5, and 8.2.3.2.2)

Fire window assemblies are factory installed in the doors when the door is purchased. Corridor walls are designed with architectural input and reviewed for compliance with fire safety requirements.

23. Standard LS 02.01.30.23

Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or equivalent, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. Doors do not have non-rated protective...
plates more than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 18/19.3.7.6, and 8.3.4.1)

Doors in smoke barriers are self or automatic closing and meet requirements for construction, resist the passage of smoke, and have appropriate gaps and undercuts. These doors are maintained and inspected in accordance with the building maintenance program.

24. Standard LS 02.01.30.24


Note: For the Joint Commission's accepted amount of alcohol-based hand rub permitted within a single smoke compartment, see http://www.jointcommission.org/lsc.

The facility monitors the LSC and will meet all requirements for NFPA 101-200: Chapters 18 and 19.3.

F. Standard LS.02.01.34

The organization provides and maintains fire alarm systems.

1. Standard LS 02.01.34.01

The fire alarm signal automatically transmits to one of the following (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4):

i. An auxiliary fire alarm system with direct connection to the servicing fire department as described in NFPA 72-1999: 6-16
ii. Central station service as described in NFPA 72-1999: 5-2
iii. A proprietary supervising station system as described in NFPA 72-1999: 5-3 or The Joint Commission’s approved method for a manual transmission system at http://www.jointcommission.org/lsc
iv. A remote supervising station fire alarm system as described in NFPA 72-1999: 5-4

The facility fire alarm, detection, and suppression systems report to a remote supervising station. The supervisory company is a facility approved contractor.

2. Standard LS 02.01.34.02

The master fire alarm control panel is located in a protected environment (an area enclosed with 1-hour fire-rated walls and 3/4-hour fire-rated doors) that is continuously occupied or in an area with a smoke detector. (See also LS.02.01.10, EP 5) (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4; NFPA 72-1999: 1-5.6 and 3-8.41)
The master fire alarm panel is in a continuously occupied protected environment.

3. Standard LS 02.01.34.03

The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4)

All remote panels are in areas approved by, or meeting the requirements of, the community fire department.

4. Standard LS 02.01.34.04

The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18.3.4/19.3.4.

The facility monitors the LSC and will meet all requirements for NFPA 101-200: Chapters/Sections 18.3.4 and 19.3.4.

G. Standard LS.02.01.35

The organization provides and maintains systems for extinguishing fires

1. Standard LS 02.01.35.01

The fire alarm system monitors approved automatic sprinkler system components. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.2 and 9.7.2.2)

The local fire alarm system monitors all automatic sprinkler systems; in addition, all alarms are monitored by an offsite, remote location.

2. Standard LS 02.01.35.02

The fire alarm system is connected to water flow alarms. (For full text and any exceptions, refer to NFPA 101-2000: 9.7.2.2)

Water flow and water pressure switches in automatic sprinkler systems are monitored by local and remote fire alarm panels.

3. Standard LS 02.01.35.03

Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)
Piping supports are inspected during annual system tests and inspections. These inspections are performed by an approved contractor.

4. Standard LS 02.01.35.04

_Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.3)_

Piping supports are not used as supports for other items. If problems are identified, the problem is immediately corrected. Inspections are performed by an approved contractor.

5. Standard LS 02.01.35.05

_Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)_

Heads are inspected annually by an approved contractor. If problems are identified, the problem is immediately corrected.

6. Standard LS 02.01.35.06

_There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage._

_Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)_

Storage height requirements are inspected during monthly life inspections. If problems are identified, the problem is immediately corrected.

7. Standard LS 02.01.35.07

_Limited area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shut-off valve and are limited to six or fewer sprinkler heads. Water flow detection is provided in new installations where two or more sprinkler heads serve one area. (For full text and any exceptions, refer to NFPA 101-2000: 9.7.1.2)_

Not applicable. The facility does not have limited area sprinkler systems connected to a domestic water source providing coverage to hazardous areas.
8. Standard LS 02.01.35.08

The travel distance from any point to the nearest fire extinguisher is 75 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6; NFPA 10-1998: 3-1.1)

This requirement is maintained during annual inspections and monthly life safety inspections.

9. Standard LS 02.01.35.09

Class K-type portable fire extinguishers are located within 30 feet of grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6; NFPA 10-1998: 2-3.2)

Appropriate portable, special extinguishers are located within 30 feet of grease producing cooking devices.

10. Standard LS 02.01.35.10

Grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers have an exhaust hood, an exhaust duct system, and grease removal devices without mesh filters. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 1-3.1)

Grease cooking appliances meet the criteria. Appliances and associated fire suppression systems are maintained, tested, and inspected by an approved contractor.

11. Standard LS 02.01.35.11

The automatic fire extinguishing system for grease-producing cooking devices does the following: Activates the building fire alarm system. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 7-6.2)

Automatic extinguishing systems for grease producing cooking devices activate the building fire alarm system. The extinguishing system is inspected, tested, and maintained by a facility approved contractor.

12. Standard LS 02.01.35.12

The automatic fire extinguishing system for grease-producing cooking devices does the following: Deactivates the fuel source. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 7-4.1).
The automatic extinguishing system deactivates the heating source. The extinguishing system is inspected, tested, and maintained by a facility approved contractor.

13. Standard LS 02.01.35.13

_The automatic fire extinguishing system for grease-producing cooking devices does the following: Controls the exhaust fans as designed._ (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 8-1.5)

Automatic fire suppression systems for grease producing devices shut down exhaust systems. The extinguishing system is inspected, tested, and maintained by a facility approved contractor.

14. Standard LS 02.01.35.14

_The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5._

The facility monitors the LSC and will meet all requirements for NFPA 101-200: Chapters/Sections 18 and 19.3.5.

H. Standard LS.02.01.40

_The organization provides and maintains special features to protect individuals from the hazards of fire and smoke._

1. Standard LS 02.01.40.01

_Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2000: 18/19.4.1._ (For full text and any exceptions, refer to NFPA 101-2000: 11.7)

Not applicable. There are no windowless buildings on campus.

2. Standard LS 02.01.40.02

_New high-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2000: 18.4.2._ (For full text and any exceptions, refer to NFPA 101-2000: 11.8)

All hospital buildings have approved automatic sprinkler systems.

I. Standard LS.02.01.50
The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.

1. Standard LS 02.01.50.01

Fireplaces are not permitted in patient sleeping areas. Where allowed, fireplaces are separated from patient sleeping spaces by 1-hour or more fire-rated construction. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)

Not applicable. There are no fireplaces in the facility.

2. Standard LS 02.01.50.02

Fireplaces are equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650°F and constructed of heat-tempered glass or other approved material. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)

Not applicable. There are no fireplaces in the facility.

3. Standard LS 02.01.50.03

The hearth of newly installed fireplaces is raised at least 4 inches above the floor. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.2.2)

Not applicable. There are no fireplaces in the facility.

4. Standard LS 02.01.50.04

New elevators are equipped with the following:

i. Firefighters’ service key recall
ii. Smoke detector automatic recall
iii. Firefighters’ service emergency in-car key operation
iv. Machine room smoke detectors
v. Elevator lobby smoke detectors

Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.3 and 9.4.3)

All facility elevators meet the above requirements. Elevators are maintained and inspected by a facility approved contractor.

5. Standard LS 02.01.50.05
Trash chutes discharge into collection rooms that are not used for any other purpose. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.3)

Trash chutes discharge into dedicated trash collection areas.

6. Standard LS 02.01.50.06

In new buildings, linen and waste chutes have vent openings through the roof which open to the outside atmosphere. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.4.1; NFPA 82-1999: 3-2.2.4)

Not applicable. There are no new buildings on campus.

7. Standard LS 02.01.50.07

In buildings more than two stories high an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.2; NFPA 82-1999: 3-2.5.1)

The facility is protected by a full fire sprinkler system. Sprinkler heads are positioned above the top of linen and trash chute service openings at the lowest levels and heads are positioned above the service doors on alternate floors.

8. Standard LS 02.01.50.08

In existing buildings, linen and waste chute service inlet door assemblies are fire-rated for 3/4 hour (or for 1 hour if it opens into a corridor). In new buildings, the inlet door assemblies are fire-rated for 1 hour (or for 1 1/2 hours in chutes of four stories or more). (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1)

Door assemblies are appropriately fire rated; the doors are inspected and maintained in accordance with the building maintenance program.

9. Standard LS 02.01.50.09

All linen and waste chute inlet and discharge service doors have both self-closing and positive latching devices.

Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1; NFPA 82-1999: 3-2.2.9)

All linen and waste chute inlet and discharge service doors are self closing and positive latching. The doors are inspected and maintained in accordance with the building maintenance program.
10. Standard LS 02.01.50.10

Linen and trash chute discharge door assemblies are fire-rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1)

Linen and trash chute discharge door assemblies are fire-rated for one hour. These doors are inspected and maintained in accordance with the building maintenance program.

11. Standard LS 02.01.50.11

Linen and waste chutes discharge into a collection room separated from the corridor by 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 18/19.3.2.1; NFPA 82-1999: 3-2.6.1)

12. Standard LS 02.01.50.12


J. Standard LS.02.01.70

The organization provides and maintains operating features that conform to fire and smoke prevention requirements.

1. Standard LS 02.01.70.01

The hospital prohibits all combustible decorations that are not flame retardant. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.4)

The hospital has a policy addressing holiday decorations.

2. Standard LS 02.01.70.02

Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.5)

All soiled linen and trash receptacles are located in protected rooms.

3. Standard LS 02.01.70.03

The hospital prohibits portable space heaters within smoke compartments containing patient sleeping areas and treatment areas. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.8)
The hospital has a policy addressing space heaters. Space heaters are not allowed in the hospital.

4. Standard LS 02.01.70.04

The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: 18.7/19.7. (See also EC.02.03.03, EP 1)

The facility monitors the LSC and will meet all requirements for NFPA 101-200: Chapters/Sections 18.7 and 19.7.

CC: Safety Committee (Reviewed & Approved-)
JCC to Board (Reviewed & Approved-)