
(OAKBROOK TERRACE, Illinois, June 7, 2016) – The Joint Commission will begin surveying to the 2012 version of the National Fire Protection Association’s 101 Life Safety (LS) Code as of July 5, following the lead of the Centers for Medicare & Medicaid Services (CMS).

On May 3, 2016, CMS published the final rule on Fire Safety Requirements for Certain Health Care Facilities to amend the fire safety standards for certain Medicaid and Medicare participating health care facilities. It now requires hospitals to follow the 2012 versions of both the LS Code and the NFPA 99 Health Care Facilities Code referenced in the LS Code. The rule adopts most of the proposals that CMS made in 2014; however, CMS removed a proposed requirement for hospitals to install smoke-purging systems in operating rooms, a move supported by The Joint Commission. Categorical waivers for the 2012 Life Safety Code are now available, provided the organization complies with that code’s requirements.

“The Joint Commission has advocated for this rule for many years and we are very pleased it has been adopted by CMS,” said George Mills, MBA, FASHE, CEM, CHFM, CHSP, director of engineering for The Joint Commission. “The adoption of the 2012 Life Safety Code finally allows health care organizations to take advantage of all the patient-centric features of this edition.”

Among the provisions in the final rule:

- Doors with roller latches will be limited only to “doors to corridors, and to rooms containing flammable or combustible materials.”
- Facilities will be required to have a fire watch and evacuate if a fire sprinkler system is out of order for more than 10 hours.
- For new construction only, window sills must not be higher than 36 inches above the floor.
• Patient–centric features include:
  o Wheeled transport and patient handling may be in the egress corridor, such as transport gurneys, wheel chairs, and patient lifts.
  o Fixed furnishings [i.e. seating] in the egress corridor, with certain restrictions.

This rule covers hospitals, critical access hospitals, inpatient hospices, long-term care facilities, intermediate care facilities, ambulatory surgical centers and more.

###

The Joint Commission
Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States. An independent, nonprofit organization, The Joint Commission is the nation’s oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at www.jointcommission.org.