



Steven Hirsch & Associates
Healthcare Management Support Systems

Life Safety Survey of "Business Occupancies"

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For several years now, The Joint Commission and other accrediting organizations have surveyed "Business Occupancies" operated by accredited hospitals in a very limited fashion. "Business Occupancy" is defined in the Life Safety Code, NFPA 101-2012 Edition as "an occupancy used for the transaction of business other than mercantile." In these settings, healthcare organizations often house clinics, imaging centers and rehabilitation services. These spaces do not include any procedural settings in which anesthesia or sedation are administered, or where services or treatment are provided simultaneously to four or more patients on an outpatient basis, that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others, or emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others. The Joint Commission reviews these outpatient care settings utilizing clinical surveyors, and up until now, has had only one Standard and Element of Performance to score. (EC.02.03.01 "The hospital manages fire risks." EP4 "The hospital maintains free and unobstructed access to all exits.")

Effective July 1, 2021, The Joint Commission has introduced several new Life Safety Standards related to "Business Occupancies." These include the following:

LS.05.01.10 Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

EP1 When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 38, 39, and 43.

EP2 Business occupancies are separated from parking structures by a 2-hour or greater fire barrier.

EP3 The fire protection rating for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions is as follows:

- Three hours in 3-hour barriers and partitions
- Ninety minutes in 2-hour barriers and partitions
- Forty-five minutes in 1-hour barriers and partitions
- Twenty minutes in ½-hour barriers and partitions

Labels on fire door assemblies must be maintained in legible condition.

EP4 Vertical openings must be protected in the following manner:

- Enclosures serving four or more floors in new construction must have a 2-hour fire rating.
- Enclosures serving three or less floors in new construction must have a 1-hour fire rating.
- Enclosures in existing construction must have a ½-hour fire rating.
- A vertical opening below the street level that contains storage or communicates with a different occupancy must be protected.

EP5 The space around pipes, conduits, bus ducts, cables, wire, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

EP6 Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only.

EP7 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.1.

LS.05.01.20 The hospital maintains the integrity of the means of egress.

EP1 Interior open stairways and ramps are permitted to serve as part of the egress system if not more than one level below the street floor.

EP2 In occupancies that serve 50 or more persons, the corridors or passageways must be a minimum of 44 inches of clear width.

EP3 Dead-end corridors cannot exceed 50 feet in existing facilities. In new facilities, dead-end corridors cannot exceed 50 feet unless fully sprinklered or cannot exceed 20 feet if they are not fully sprinklered.

EP4 Travel distance to an exit must not exceed 200 feet unless the facility is fully sprinklered, in which case the distance may be increased to 300 feet.

EP5 Means of egress must be continuously illuminated while occupied.)

EP6 Emergency lighting for existing construction must be provided if the building is three or more stories in height, if the building has 100 occupants or more in the stories above or below the level of exit discharge, or the building has 1000 or more total occupants.)

EP7 Emergency lighting for new construction must be provided if the building is three or more stories in height, if the occupancy has 50 occupants or more in the stories above or below the level of exit discharge, or the building has 300 or more total occupants.

EP8 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless a compliant locking configuration is used, such as a delayed-egress locking system or an access-controlled egress door assembly.

EP9 The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 38/39.2.)

LS.05.01.30 The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

EP1 Hazardous areas are protected from other areas by a 1-hour fire resistance-rated barrier (45-minute opening protectives) or a smoke resistive barrier and automatic sprinklers. Doors must be self-closing or automatic closing with latching hardware.

EP2 Interior wall and ceiling finishes must be Class A or B for exits and exit access corridors. All other areas should be Class A, B, or C.

EP3 Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1 and as follows:

- Corridor clear width of 44 inches is not compromised by dispenser.
- ABHR does not exceed 95% alcohol.
- Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites or rooms separated from corridors) or 18 ounces of NFPA Level 1-classified aerosols.
- Dispensers have a minimum of 4 feet of horizontal spacing between them.
- Dispensers are not installed within 1 inch of an ignition source.
- If floor is carpeted, the building is fully sprinkler protected.
- Operation of the dispensers must comply with the manufacturers' instructions for use.
- ABHR is protected against inappropriate access.
- Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room.
- Storing more than 5 gallons of fluid in a single smoke compartment complies with NFPA 30.

EP4 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 38/39.3.

LS.05.01.34 The hospital provides and maintains fire alarm systems.

EP1 Fire alarm systems for existing construction are required if the building is three or more stories in height, there are 100 occupants or more below or above the level of exit discharge, or the building has 1000 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; however, in existing occupancies, notification can be made using voice communication or a public address system. A fail-safe process must be provided to notify emergency forces.

EP2 Fire alarm systems for new construction are required if the building is three or more stories in height, there are 50 occupants or more below or above the level of exit discharge, or the building has 300 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; however, in existing occupancies, notification can be made using voice communication or a public address system. A fail-safe process must be provided to notify emergency forces.

EP3 The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 38/39.4.

LS.05.01.35 The hospital provides and maintains equipment for extinguishing fires.

EP1 For new construction, a process for emergency response notification is provided and includes notifying both of the following:

- Fire department in accordance with NFPA 101-2012: 9.6.4
- Local emergency organization, if provided

EP2 For existing construction, notification of emergency forces is accomplished in accordance with NFPA 101-2012: 9.6.4 when the existing fire alarm system is replaced.

EP3 The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed in a cabinet or secured on a hanger made for the extinguisher, and are at least 4 inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor.

EP4 Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed.

EP5 There are 18 inches or more of open space maintained below the sprinkler 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.

EP6 The hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 38/39.3.5.

Compliance with these standards is being evaluated by a clinical surveyor, as of July 1, 2021. Accredited hospitals can expect to experience an increase in deficiencies cited in the outpatient settings, since there are now specific standards and elements of performance that can guide the evaluation of these patient care environments. Note that many of the standards and elements of performance are consistent with those already applied to the inpatient hospital environment.

"Business Occupancies" will need to be reflected in the hospital's e-SOC "Basic Building" Information on The Joint Commission extranet site. While not yet specifically required, the accredited organization will need to provide at some time in the future, Life Safety drawings for the "Business Occupancies." It is recognized that getting access to Life Safety drawings for multi-tenant buildings may take some time, so organizations should start to retrieve them as part of their survey readiness activities.

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