These guidelines are meant solely to provide guidance to surveyors in the survey process.


When the structure shares a common wall with a non-conforming building, the common wall shall be a fire wall.
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

assembly having at least a two hour fire resistance rating.
NFPA 101 (2012) 18.1.1.4.1, 18.1.1.4.2, 19.1.1.4.1, 19.1.1.4.2

<table>
<thead>
<tr>
<th>Title</th>
<th>CONSTRUCTION TYPE (NEW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Health care occupancies shall be limited to the building construction types specified in Table 18.1.6.1, unless otherwise permitted by 18.1.6.2 through 18.1.6.7. (See 8.2.1.). The structure meets the Standards for NEW Construction type and height, if the plan approval is dated after 12/31/14.


<table>
<thead>
<tr>
<th>Title</th>
<th>CONSTRUCTION TYPE (EXISTING)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Health care occupancies shall be limited to the building construction types specified in Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7. (See 8.2.1.). The structure meets the Standards for (EXISTING) construction for type and height, if the plans are approved before 12/31/11.

### Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

<table>
<thead>
<tr>
<th>ST - K0014 - INTERIOR FINISH - CORRIDORS &amp; EXITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>Statute or Rule</strong></td>
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<tr>
<td><strong>Type</strong></td>
</tr>
</tbody>
</table>

**Regulation Definition**

The structure shall have interior finishes in accordance with 10.2, for corridors and exits with a flame spread rating as required; including exposed interior surfaces of buildings, such as, fixed or movable partitions, columns, and ceilings.

NFPA 101 (2012) 18.3.3.1, 18.3.3.2, 18.3.3.2.2, 19.3.3.1, 19.3.3.2, 19.3.3.2.2, 10.2.

### ST - K0015 - INTERIOR FINISH - ROOMS

<table>
<thead>
<tr>
<th>ST - K0015 - INTERIOR FINISH - ROOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>Statute or Rule</strong></td>
</tr>
<tr>
<td><strong>Type</strong></td>
</tr>
</tbody>
</table>

**Regulation Definition**

The interior finish for rooms and spaces, not used for corridors and exit ways, shall have a flame spread rating as required; including exposed interior surfaces of buildings, such as, fixed or movable partitions, columns, and ceilings.

NFPA 101 (2012) 18.3.3.2.1 & 19.3.3.2.1.
ST - K0016 - INTERIOR FINISH  FLOOR

Title  INTERIOR FINISH  FLOOR
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

**Regulation Definition**

New interior floor finish shall comply with Section 10.2, in exit enclosures and exit access corridors and spaces not separated from them by walls complying with 18.3.6 shall be Class I or Class II, and shall comply with 10.2.7.1 or 10.2.7.2, as applicable.

NFPA 101 (2012) 18.3.3.3.

No restrictions shall apply to existing interior floor finish.

NFPA 101 (2012) 19.3.3.3.

ST - K0017 - CORRIDORS- (NEW & EXISTING)

Title  CORRIDORS- (NEW & EXISTING)
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

**Regulation Definition**

Corridors are separated from use areas by partitions complying with NFPA 101 (2012) (NEW) 18.3.6, and (EXISTING) 19.3.6.

Cooking facilities in accordance with (NEW) 18.3.2.5.3 or (EXISTING) 19.3.2.5.3, shall be permitted to be open to the corridor in accordance with NFPA 101 (2012) (NEW)
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18.3.6.1(6), and (EXISTING) 19.3.6.1(6).

ST - K0018 - CORRIDOR DOORS

Title  CORRIDOR DOORS
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Corridor doors shall be 1-3/4 inch solid bonded wood core doors or they shall have a 20 minute fire resistive rating (Existing only). If the building or smoke compartment is fully sprinklered, the door shall only resist the passage of smoke. There shall be no impediment to the closing of the door, and latching devices shall be provided which keep the door tightly closed in the frame. For NEW doors, roller latches are prohibited.

NFPA 101 (2012), 18.3.6.3 & 19.3.6.3

ST - K0019 - CORRIDOR DOOR - (WINDOWS)

Title  CORRIDOR DOOR - (WINDOWS)
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Corridor wall fixed fire window assemblies in accordance with 8.3 shall be permitted. There shall be no restrictions for glass and frames in smoke compartments protected by a supervised automatic fire sprinkler system.

NFPA 101 (2012), 19.3.6.2.7, 19.3.6.2.8.
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ST - K0020 - VERTICAL OPENINGS

Title  VERTICAL OPENINGS
Statute or Rule  NFPA 101-2012 LSC
Type  Rule

Regulation Definition

Vertical openings shall be enclosed or protected in accordance with 8.6. For existing buildings, where enclosure is provided, it shall be not less than one hour fire rated, unless noted.

Interpretive Guideline


ST - K0021 - APPROVED DOOR HOLD OPENING DEVICES

Title  APPROVED DOOR HOLD OPENING DEVICES
Statute or Rule  NFPA 101-2012 LSC
Type  Rule

Regulation Definition

Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure (except boiler rooms, heater rooms, and mechanical equipment rooms) shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system and the fire alarm system, and the systems required by 7.2.1.8.2, shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility. Where doors in a stair enclosure are held open by an automatic release device as permitted in 18.2.2.2.7, initiation of a door-closing action on any level shall cause all doors at all levels in the stair enclosure to close.

Interpretive Guideline
### ST - K0022 - VISIBLE EXIT SIGNAGE

**Title**  VISIBLE EXIT SIGNAGE  
**Statute or Rule**  NFPA 101-2012 LSC  
**Type**  Rule

**Regulation Definition**
Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants.


### ST - K0023 - SMOKE BARRIERS

**Title**  SMOKE BARRIERS  
**Statute or Rule**  NFPA 101-2012 LSC  
**Type**  Rule

**Regulation Definition**
A smoke barrier shall be provided on every floor used or usable for patients and on non-patient floors with an occupant load of 50 or more. (Existing requires smoke barriers on sleeping floors with more than 30 patients).

NFPA 101 (2012), 18.3.7, (see 18.3.7.2(4) for new provision) & 19.3.7.
ST - K0024 - SMOKE COMPARTMENT AREA

Title  SMOKE COMPARTMENT AREA

Statute or Rule  NFPA 101- 2012 LSC

Type  Rule

**Regulation Definition**

The area of a smoke compartment cannot exceed 22,500 square feet, unless the area is an atrium separated in accordance with 8.6.7, in which case no limitation in size is required.

NFPA 101 (2012) 18.3.7.1 (3) & 19.3.7.1(3).

**Interpretive Guideline**

ST - K0025 - SMOKE BARRIER DOOR - VISION PANELS

Title  SMOKE BARRIER DOOR - VISION PANELS

Statute or Rule  NFPA 101- 2012 LSC

Type  Rule

**Regulation Definition**

Doors in smoke barriers shall comply with 8.5.4 and shall be self-closing or automatic-closing in accordance with 18.2.2.7. Vision panels consisting of fire-rated glazing or wired glass panels in approved frames shall be provided in each cross-corridor swinging door and at each cross-corridor horizontal-sliding door in a smoke barrier. Vision panels in doors in smoke barriers, if provided, shall be of fire-rated glazing or wired glass in approved frames.

NFPA 101 (2012) 18.3.7.8, 18.3.7.9, 18.3.7.10 & 19.3.7.6.
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

ST - K0026 - SMOKE BARRIER - OCCUPANT LOAD

Title  SMOKE BARRIER - OCCUPANT LOAD
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Accumulation space shall be provided in accordance with 18.3.7.5.1 and 18.3.7.5.2. Not less than 30 net ft2 (2.8 net m2) per patient in a hospital or nursing home, or not less than 15 net ft2 (1.4 netm2) per resident in a limited care facility, shall be provided within the aggregate area of corridors, patient rooms, treatment rooms, lounge or dining areas, and other low hazard areas on each side of the smoke barrier. On stories not housing bedridden or litterborne patients, not less than 6 net ft2 (0.56 net m2) per occupant shall be provided on each side of the smoke barrier for the total number of occupants in adjoining compartments.

Interpretive Guideline
NFPA 101 (2012) 18.3.7.5, 19.3.7.5.

ST - K0027 - SMOKE BARRIER DOOR RATING

Title  SMOKE BARRIER DOOR RATING
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Smoke barrier doors shall be 20 minute fire rated or 1 3/4 inch solid bonded wood core. Latching is not required.

Interpretive Guideline
NFPA 101 (2012) 18.3.7.6 & 19.3.7.6.
ST - K0028 - SMOKE BARRIER DOOR - SWING

Title  SMOKE BARRIER DOOR - SWING
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition

Smoke barrier swinging doors minimum clear width shall be 41 1/2 inches in Hospitals and 32 inches in Psychiatric Hospitals, and shall swing in opposite directions. Smoke barrier swinging doors in existing Healthcare shall provide a clear width of not less than 32 inches. (Opposing swing is not required)

NFPA 101 (2012) 18.3.7.6 & 19.3.7.9.

ST - K0029 - HAZARDOUS AREAS

Title  HAZARDOUS AREAS
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition

Hazardous areas shall be enclosed with one hour fire rated construction or be protected in accordance with section 8.7. Doors assemblies shall be 45 minute fire rated without vision panels. In (NEW) occupancies, repair and paint shops, large storage rooms with quantities of combustibles, trash rooms exceeding 64 gal. of volume, bulk laundries, soiled linen rooms exceeding 64 gal. of volume, and severe hazard labs shall be one hour fire separated and sprinklered. Sprinkler protection of isolated hazardous areas with 6 or less sprinkler
heads may be supplied by domestic water.

NFPA 101 (2012) 18.3.2.1 & 19.3.2.1

**ST - K0030 - STORAGE AREAS > 100SQFT**

<table>
<thead>
<tr>
<th>Title</th>
<th>STORAGE AREAS &gt; 100SQFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101-2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

New storage rooms larger than 100 ft² (9.2 m²) and storing combustible material shall be protected by a fire barrier having an 1-hour fire resistance rating.

NFPA 101 (2012) Table 18.3.2.1, NFPA 30 (Flammable Liquid Code 2011).

Existing hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.7.1. Rooms or spaces larger than 50 ft² (4.6 m²), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction.

NFPA 101 (2012) 19.3.2.1, 19.3.2.1.5(7), NFPA 30 (Flammable Liquid Code 2011).
<table>
<thead>
<tr>
<th>Title</th>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FLAMMABLE STORAGE LABORATORIES SEVERE HAZARD</strong></td>
<td>Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard shall be in accordance with the provisions of NFPA 99, Health Care Facilities Code, applicable to administration, maintenance, and testing. Existing shall also be in accordance with Section 8.7.</td>
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</tr>
<tr>
<td><strong>NUMBER OF EXITS</strong></td>
<td>The number of means of egress shall be in accordance with Section 7.4. Not less than two exits shall be provided on every story. Not less than two separate exits shall be accessible from every part of every story. Not less than two exits shall be accessible from each smoke compartment, and egress shall be permitted through an adjacent compartment(s), provided that the two required egress paths are arranged so that both do not pass through the same adjacent smoke compartment.</td>
<td></td>
</tr>
</tbody>
</table>

### ST - K0033 - EXIT ENCLOSURES

**Title**  EXIT ENCLOSURES  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit components (such as stairways) in buildings four stories or more are enclosed with construction having a fire resistance rating of at least two hours (New), (one hour Existing), are arranged to provide a continuous path of escape , and provide a protection against fire and smoke from other parts of the building. In all buildings less than four stories, the enclosure as at least one hour.</td>
<td></td>
</tr>
<tr>
<td>NFPA 101 (2012) 18.3.1 &amp; 19.3.1, 19.3.1.1, 8.6.5, 7.1.3.2.1.</td>
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</table>

### ST - K0034 - STAIRS & SMOKE PROOF ENCLOSURES

**Title**  STAIRS & SMOKE PROOF ENCLOSURES  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairs and smoke proof enclosures are in accordance with 18.2.2.3, 18.2.2.4 &amp; 19.2.2.3 &amp; 19.2.2.4.</td>
<td></td>
</tr>
<tr>
<td>NFPA 101 (2012) and referred to 7.2.2 &amp; 7.2.3.</td>
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</tr>
</tbody>
</table>
## ST - K0035 - EXIT CAPACITY

**Title** EXIT CAPACITY  
**Statute or Rule** NFPA 101- 2012 LSC  
**Type** Rule

### Regulation Definition
Capacity of means of egress shall be in accordance with 7.3.

NFPA 101 (2012) 18.2.3 & 19.2.3.

### Interpretive Guideline

## ST - K0036 - TRAVEL DISTANCE TO EXITS

**Title** TRAVEL DISTANCE TO EXITS  
**Statute or Rule** NFPA 101- 2012 LSC  
**Type** Rule

### Regulation Definition
Travel distances (exit access) to exits are measured in accordance with 7.6.

- Room door to exit < 150 ft (<200 ft sprinklered)  
- Point in room or suite to exit < 150 ft (< 200 ft sprinklered)  
- Point in room to room door < 50 ft  
- Point in suite to suite door < 100 ft

NFPA 101 (2012) 18.2.5.7.2.4(A-B), 18.2.5.7.3.4(A-B), 18.2.6.2 thru 18.2.6.2.4 & 19.2.5.7.2.4(A-B), 19.2.5.7.3.4(A-B), 18.2.6.2 thru 19.2.6.2.4, 7.6.
ST - K0037 - EXITS- DEAD END CORRIDORS

Title  EXITS- DEAD END CORRIDORS
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Every new exit and exit access shall be arranged so that no corridor, aisle, or passageway has a pocket or dead-end exceeding 30 ft.

Existing dead-end corridors shall be permitted to be continued to be used if it is impractical and unfeasible to alter them so that exits are accessible in not less than two different directions from all points in aisles, passageways, and corridors.

NFPA 101 (2012) 18.2.5.2 & 19.2.5.2.

ST - K0038 - EXIT ACCESSIBILITY

Title  EXIT ACCESSIBILITY
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with chapter 7, unless otherwise modified by 18.2.2 thru 18.2.11, and 19.2.2 thru 19.2.11.

Exits and exit access shall be arranged to be readily accessible at all times.
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ST - K0039 - EXIT ACCESS CORRIDOR-WIDTH

Title  EXIT ACCESS CORRIDOR-WIDTH
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
Any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by one of the following:
(1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.
(2)*Where corridor width is at least 6 ft (1830 mm), non-continuous projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted.
(3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted.
(4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:
   (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm).
   (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
   (c) The wheeled equipment is limited to the following:
      i. Equipment in use and carts in use
      ii. Medical emergency equipment not in use
      iii. Patient lift and transport equipment
(5)*Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed...
furniture, provided that all of the following conditions are met:
(a) The fixed furniture is securely attached to the floor or to the wall.
(b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 19.2.3.4(2).
(c) The fixed furniture is located only on one side of the corridor.
(d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft2 (4.6 m2).
(e) The fixed furniture groupings addressed in 19.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).
(f) The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.
(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses’ station or similar space.
(h) The existing smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8.
(6) New cross-corridor door openings in corridors with a required minimum width of 8 ft (2440 mm) shall have a clear width of not less than 6 ft 11 in. (2110 mm) for pairs of doors or a clear width of not less than 41 1/2 in. (1055 mm) for a single door.

The aisle, corridor, or ramp shall be arranged to avoid any obstructions to the convenient removal of non-ambulatory persons carried on stretchers or on mattresses serving as stretchers. The minimum clear width for doors in the means of egress from hospitals, nursing homes, limited care facilities, psychiatric hospital sleeping rooms, and diagnostic and
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

The minimum clear width for new doors in the means of egress from sleeping rooms; diagnostic and treatment areas, such as x-ray, surgery, or physical therapy; and nursery rooms shall be as follows:

1. Hospitals and nursing homes - 41 1/2 in. (1055 mm)
2. Psychiatric hospitals and limited care facilities - 32 in. (810 mm)

The requirements of 18.2.3.6 shall not apply where otherwise permitted by one of the following:

1. Doors that are located so as not to be subject to use by any health care occupant shall be not less than 32 in. (810 mm) in

Title: EXIT DOORS - WIDTH

Statute or Rule: NFPA 101- 2012 LSC

Type: Rule

Regulation Definition

The minimum clear width for new doors in the means of egress from sleeping rooms; diagnostic and treatment areas, such as x-ray, surgery, or physical therapy; and nursery rooms shall be as follows:

1. Hospitals and nursing homes - 41 1/2 in. (1055 mm)
2. Psychiatric hospitals and limited care facilities - 32 in. (810 mm)

Interpretive Guideline

The requirements of 18.2.3.6 shall not apply where otherwise permitted by one of the following:

1. Doors that are located so as not to be subject to use by any health care occupant shall be not less than 32 in. (810 mm) in
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

(2) Doors in exit stair enclosures shall be not less than 32 in. (810 mm) in clear width.

(3) Doors serving newborn nurseries shall be not less than 32 in. (810 mm) in clear width.

(4) Where a pair of doors is provided, all of the following criteria shall be met:
   (a) Not less than one of the doors shall provide not less than a 32 in. (810 mm) clear width opening.
   (b) A rabbet, bevel, or astragal shall be provided at the meeting edge.
   (c) The inactive door leaf shall have an automatic flush bolt to provide positive latching.

The minimum clear width for existing doors in the means of egress from hospitals, nursing homes, limited care facilities, psychiatric hospital sleeping rooms, and diagnostic and treatment areas, such as x-ray, surgery, or physical therapy, shall be not less than 32 in. (810 mm) wide.

The requirement of 19.2.3.6 shall not apply where otherwise permitted by the following:

(1) Existing 34 in. (865 mm) doors shall be permitted.
(2) Existing 28 in. (710 mm) corridor doors in facilities where the fire plans do not require evacuation by bed, gurney, or wheelchair shall be permitted.

NFPA 101 (2012) 18.2.3.6 & 18.2.3.7, 19.2.3.6 & 19.2.3.7.

ST - K0041 - Corridor Access from Patient Room Doors

Title Corridor Access from Patient Room Doors
Statute or Rule NFPA 101- 2012 LSC
Type Rule
Every habitable room shall have an exit access door leading directly to an exit access corridor, unless otherwise provided in 18.2.5.6.2, 18.2.5.6.3, and 18.2.5.6.4.

NFPA 101 (2012) 18.2.5.6 & 19.2.5.6.

ST - K0042 - Exit in Sleeping Suites

Title Exit in Sleeping Suites
Statute or Rule NFPA 101- 2012 LSC
Type Rule

Sleeping suites of more than 1000 sqft shall not have less than two exit access doors remotely located from each other.

NFPA 101 (2012) 18.2.5.7.2.2(A-C) & 19.2.5.7.2.2(A-C).

ST - K0043 - SPECIAL LOCKING ARRANGEMENTS

Title SPECIAL LOCKING ARRANGEMENTS
Statute or Rule NFPA 101- 2012 LSC
Type Rule

Locks shall not be permitted on patient sleeping room doors, unless otherwise permitted by one of the following:
(1) Key-locking devices that restrict access to the room from the corridor and that are operable only by staff from the corridor side shall be permitted, provided that such devices do not restrict egress from the room.
(2) Locks complying with 18.2.2.2.5 shall be permitted.
Doors not located in a required means of egress shall be permitted to be subject to locking.
Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side, unless otherwise permitted by one of the following:

1. Locks complying with 18.2.2.2.5 shall be permitted.
2. Delayed-egress locks complying with 7.2.1.6.1 shall be permitted.
3. Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.
4. Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted.

Door-locking arrangements shall be permitted in accordance with either 18.2.2.2.5.1 or 18.2.2.2.5.2.

Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times in accordance with 18.2.2.2.6.

Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following criteria are met:

1. Staff can readily unlock doors at all times in accordance with 18.2.2.2.6.
2. A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space.
3. The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.
4. The locks are electrical locks that fail safely so as to release upon loss of power to the device.
5. The locks release by independent activation of each of the
following:
(a) Activation of the smoke detection system required by
18.2.2.5.2(2)
(b) Waterflow in the automatic sprinkler system required by
18.2.2.5.2(3)
Doors that are located in the means of egress and are
permitted to be locked under other provisions of 18.2.2.5
shall comply with both of the following:
(1) Provisions shall be made for the rapid removal of
occupants by means of one of the following:
(a) Remote control of locks from within the locked smoke
compartment
(b) Keying of all locks to keys carried by staff at all times
(c) Other such reliable means available to the staff at all times
(2) Only one locking device shall be permitted on each door.

NFPA 101 (2012) 18.1.1.1.5, 18.2.2.2.2 thru 18.2.2.2.6,
19.1.1.1.5, 19.2.2.2.2 thru 19.2.2.2.6.

ST - K0044 - HORIZONTAL EXITS

Title  HORIZONTAL EXITS
Statute or Rule  NFPA 101-2012 LSC
Type  Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizontal exits, when provided, comply with 7.2.4 and the modifications of 18.2.2.5.1 thru 18.2.2.5.7, &amp; 19.2.2.5.1 thru 19.2.2.5.4.</td>
<td></td>
</tr>
<tr>
<td>NFPA 101 (2012) 18.2.2.5 &amp; 19.2.2.5, 7.2.4.</td>
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</tr>
<tr>
<td>Title</td>
<td>EGRESS LIGHTING</td>
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<td>-------------</td>
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<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
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<tr>
<td>Type</td>
<td>Level A</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way.


<table>
<thead>
<tr>
<th>Title</th>
<th>EMERGENCY LIGHTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Emergency lighting shall be provided in accordance with 7.9. Periodic testing shall include a monthly functional test for duration of 30 seconds, and an annual battery life test for duration of 90 minutes. Written records of these tests shall be kept and available for the Authority Having Jurisdiction. One or more battery-powered lighting units shall be provided within locations where deep sedation and general anesthesia is administered.
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NFPA 101 (2012) 18.2.9, 19.2.9, 7.9, NFPA 99 (2012)
6.3.2.2.11.

ST - K0047 - EGRESS SIGNAGE

Title  EGRESS SIGNAGE
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

**Regulation Definition**

The Means of Egress shall have exit and directional signs are continuously illuminated by the emergency lighting system in accordance with 7.10. Self-luminous exit signs complying with 7.10.4 shall be permitted in New Healthcare. Where the path of travel is obvious signs shall not be required in existing one-story buildings with an occupant load of fewer than 30 persons. Illumination of required exit and directional signs in buildings equipped with, or in which patients use, life support systems (see 18.5.1.3) shall be provided as follows:

1. Illumination shall be supplied by the life safety branch of the electrical system as described in NFPA 99, Health Care Facilities Code.
2. Self-luminous exit signs complying with 7.10.4 shall be permitted.

6.4.2.2.3.2.

ST - K0048 - FIRE SAFETY & EVACUATION PLAN

Title  FIRE SAFETY & EVACUATION PLAN
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

**Regulation Definition**

The Administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. Staff are available, instructed, drilled, and is able to execute their duties in the fire safety plan.


**Regulation Definition**

Fire drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency actions required under varying conditions, which include: fire, smoke, toxic gas, victim removal, blocked exit, communication procedures, system failure alternatives, use of code phrases, use of building fire safety features, evacuation, fire reporting, extinguishment, and smoke control, as outlined in the fire safety plan. Staff are familiar with procedures and is capable of prompt effective response.

<table>
<thead>
<tr>
<th>Title</th>
<th>FIRE ALARM SYSTEM</th>
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</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101-2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**ST - K0051** - FIRE ALARM SYSTEM

**Regulation Definition**

An electrically supervised fire alarm, which provides emergency forces notification, is available to warn occupants, and operate protective systems shall be provided in accordance with 9.6.


<table>
<thead>
<tr>
<th>Title</th>
<th>FIRE ALARM TESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101-2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

The fire alarm system is installed, tested, and maintained in accordance with NFPA 72 (National Fire Alarm Code 2010 edition), and NFPA 70 (National Electrical Code 2011 edition). Unless otherwise permitted, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.

ST - K0054 - SMOKE DETECTORS INSPECT, TEST, & MAINTAIN

Title  SMOKE DETECTORS INSPECT, TEST, & MAINTAIN
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
All required smoke detectors, including those activating door hold open devices, are approved, maintained, inspected, and tested in accordance with the manufacture’s specifications.

Interpretive Guideline

ST - K0056 - SPRINKLER SYSTEM

Title  SPRINKLER SYSTEM
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition
(NEW) Buildings containing healthcare occupancies shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7 unless otherwise permitted by 18.3.5.5.
(EXISTING) Where required by 19.1.6, buildings containing hospitals shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.

Interpretive Guideline
NFPA 101 (2012) 18.3.5.1 thru 18.3.5.11 & 19.3.5.3 thru 19.3.5.11, 9.7
Sprinklers shall not be required in clothes closets of patient sleeping rooms in hospitals where the area of the closet does...
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not exceed 6 ft² (0.55 m²), provided that the distance from the sprinkler in the patient sleeping room to the back wall of the closet does not exceed the maximum distance permitted by NFPA 13, Standard for the Installation of Sprinkler Systems.

NFPA 101 (2012) 18.3.5.10 & 19.3.5.10

(EXISTING) - All high-rise buildings (over 75' high) containing health care occupancies shall be protected throughout by an approved, supervised automatic sprinkler system installed in accordance with Section 9.7 within 12 years of the adoption of this Code. Where a jurisdiction adopts this edition of the Code and previously adopted the 2009 edition, the sprinklering required by 19.4.2.1 shall be installed within 9 years of the adoption of this Code.

NFPA 101 (2012) 19.3.5.2, 19.4.2.1, 19.4.2.2.

ST - K0059 - WATER FLOW ALARMS

**Title**  WATER FLOW ALARMS  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Condition

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</thead>
<tbody>
<tr>
<td>Where supervision of automatic sprinkler systems is provided in accordance with another provision of this Code, water-flow alarms shall be transmitted to an approved, proprietary alarm-receiving facility, a remote station, a central station, or the fire department. Such connection shall be in accordance with 9.6.1.3.</td>
<td></td>
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</tbody>
</table>

NFPA 101 (2012) 18.3.5.1, 19.3.5.2, 19.3.5.3, 9.7.2.2.
ST - K0060 - FIRE ALARM INITIATION

**Title**  FIRE ALARM INITIATION

**Statute or Rule**  NFPA 101-2012 LSC

**Type**  Rule

**Regulation Definition**

Initiation of the required fire alarm systems shall be by manual means in accordance with 9.6.2 and by means of any required sprinkler system waterflow alarms, detection devices, or detection systems, unless otherwise permitted by 18.3.4.2.2. (Existing 19.3.4.2.2 through 19.3.4.2.4).

NFPA 101 (2012) 18.3.4.2.1 & 19.3.4.2.1, 9.6.2.1.

**Interpretive Guideline**

ST - K0061 - AFSS SUPERVISION

**Title**  AFSS SUPERVISION

**Statute or Rule**  NFPA 101-2012 LSC

**Type**  Rule

**Regulation Definition**

Supervised automatic sprinkler system supervisory attachments shall be installed and monitored for integrity in accordance with 9.7.2.1 and NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.
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**ST - K0062 - AFSS & STANDPIPE-INSPECT, TEST, & MAINTAIN**

<table>
<thead>
<tr>
<th>Title</th>
<th>AFSS &amp; STANDPIPE-INSPECT, TEST, &amp; MAINTAIN</th>
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</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25 (2011 edition Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems).

NFPA 101 (2012) 18.3.5.1 & 19.3.5.1, 9.7.2.1.

**Interpretive Guideline**

NFPA 101 (2012) 18.3.5 & 19.3.5 & 9.7.5.

### ST - K0063 - SPRINKLER WATER SUPPLY

<table>
<thead>
<tr>
<th>Title</th>
<th>SPRINKLER WATER SUPPLY</th>
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<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure.

### ST - K0064 - FIRE EXTINGUISHERS

**Title**  
FIRE EXTINGUISHERS

**Statute or Rule**  
NFPA 101- 2012 LSC

**Type**  
Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1. Extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10 (Standard for Portable Fire Extinguishers 2010 edition).</td>
<td></td>
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</tbody>
</table>

NFPA 101 (2012) 18.3.5.12 & 19.3.5.12, 9.7.4.1.

### ST - K0066 - SMOKING REGULATIONS

**Title**  
SMOKING REGULATIONS

**Statute or Rule**  
NFPA 101- 2012 LSC

**Type**  
Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</table>
| Smoking regulations shall be adopted and shall include not less than the following provisions:  
(1) Smoking shall be prohibited in any room, ward, or individual enclosed space where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.  
(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. | |

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(3) Smoking by patients classified as not responsible shall be prohibited.
(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.
(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (Note: smoking tower disposal receptacles are not ashtrays)
(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.

NFPA 101 (2012) 18.7.4 & 19.7.4

ST - K0067 - HVAC EQUIPMENT

Title   HVAC EQUIPMENT
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

Regulation Definition

Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 18.5.2.2 & 19.5.2.2. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, unless such installations are approved existing installations, which shall be permitted to be continued in service.

Any heating device, other than a central heating plant, shall be designed and installed so that combustible material cannot be ignited by the device or its appurtenances, and the following requirements shall also apply:

(1) If fuel-fired, such heating devices shall comply with the following:
   (a) They shall be chimney connected or vent connected.
   (b) They shall take air for combustion directly from outside.
   (c) They shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area.

(2) Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure.

The requirements of 18.5.2.2 shall not apply where otherwise permitted by the following:

(1) Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that both of the following criteria are met:
   (a) Such heaters are located high enough to be out of the reach of persons using the area.
   (b) Such heaters are equipped with the safety features required by 18.5.2.2.

(2) Direct-vent gas fireplaces, as defined in NFPA 54, National Fuel Gas Code, shall be permitted inside of smoke compartments containing patient sleeping areas, provided that
all of the following criteria are met:
(a) All such devices shall be installed, maintained, and used in accordance with 9.2.2.
(b) No such device shall be located inside of a patient sleeping room.
(c) The smoke compartment in which the direct-vent gas fireplace is located shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1) with listed quick response or listed residential sprinklers.
(d) *The direct-vent fireplace shall include a sealed glass front with a wire mesh panel or screen.
(e) *The controls for the direct-vent gas fireplace shall be locked or located in a restricted location.
(f) Electrically supervised carbon monoxide detection in accordance with Section 9.8 shall be provided in the room where the fireplace is located.
(3) Solid fuel-burning fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that all of the following criteria are met:
(a) Such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating.
(b) The fireplace complies with the provisions of 9.2.2.
(c) The fireplace is equipped with both of the following:
   i. Hearth raised not less than 4 in. (100 mm)
   ii. Fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material
(d) Electrically supervised carbon monoxide detection in accordance with Section 9.8 is provided in the room where the fireplace is located
(4) If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure specified in 18.5.2.3(3)(c)(ii) and other safety precautions shall be
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permitted to be required.

NFPA 101 (2012) 18.5.2.2, 18.5.2.3 & 19.5.2.2, 19.5.2.3.

ST - K0069 - COOKING EQUIPMENT

Title  COOKING EQUIPMENT
Statute or Rule  NFPA 101-2012 LSC
Type  Rule

Regulation Definition

Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4.

Where residential cooking equipment is used for food warming or limited cooking, the equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as a hazardous area.

Within a smoke compartment, where residential or commercial cooking equipment is used to prepare meals for 30 or fewer persons, one cooking facility shall be permitted to be open to the corridor, provided that all of the following conditions are met:

(1) The portion of the health care facility served by the cooking facility is limited to 30 beds and is separated from other portions of the health care facility by a smoke barrier constructed in accordance with 19.3.7.3, 19.3.7.6, and 19.3.7.8.
(2) The cooktop or range is equipped with a range hood of a width at least equal to the width of the cooking surface, with grease baffles or other grease-collecting and cleanout capability.
(3)*The hood systems have a minimum airflow of 500 cfm
(14,000 L/min).

(4) The hood systems that are not ducted to the exterior additionally have a charcoal filter to remove smoke and odor.

(5) The cooktop or range complies with all of the following:
   (a) The cooktop or range is protected with a fire suppression system listed in accordance with UL 300, Standard for Fire Testing of Fire Extinguishing Systems for Protection of Commercial Cooking Equipment, or is tested and meets all requirements of UL 300A, Extinguishing System Units for Residential Range Top Cooking Surfaces, in accordance with the applicable testing document’s scope.
   (b) A manual release of the extinguishing system is provided in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.5.
   (c) An interlock is provided to turn off all sources of fuel and electrical power to the cooktop or range when the suppression system is activated.

(6)*The use of solid fuel for cooking is prohibited.

(7)*Deep-fat frying is prohibited.

(8) Portable fire extinguishers in accordance with NFPA 96 are located in all kitchen areas.

(9)*A switch meeting all of the following is provided:
   (a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.
   (b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.
   (c) The switch is on a timer, not exceeding a 120-minute capacity, that automatically deactivates the cooktop or range, independent of staff action.

(10) Procedures for the use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer’s instructions and are followed.
(11)*Not less than two AC-powered photoelectric smoke alarms, interconnected in accordance with 9.6.2.10.3, equipped with a silence feature, and in accordance with NFPA 72, National Fire Alarm and Signaling Code, are located not closer than 20 ft (6.1 m) from the cooktop or range.
(12) No smoke detector is located less than 20 ft (6.1 m) from the cooktop or range.
(13) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

Within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all of the following conditions:
(1) The space containing the cooking equipment is not a sleeping room.
(2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5.
(3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met.

Where cooking facilities are protected in accordance with 9.2.3, the presence of the cooking equipment shall not cause the room or space housing the equipment to be classified as a hazardous area with respect to the requirements of 19.3.2.1, and the room or space shall not be permitted to be open to the corridor.

NFPA 101 (2012) 18.3.2.5.1 thru 18.3.2.5.5 & 19.3.2.5.1 thru 19.3.2.5.5.

***NOTE These afore mentioned provisions are applicable to licensure only. The CMS requirement is more stringent unless
### ST - K0070 - PORTABLE SPACE HEATERS

**Title**  PORTABLE SPACE HEATERS  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Rule  

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
</table>
| Portable space-heating devices shall be prohibited in all health care occupancies, unless both of the following criteria are met:  
(1) Such devices are used only in non-sleeping staff and employee areas.  
(2) The heating elements of such devices do not exceed 212°F (100°C). |  

### ST - K0071 - RUBBISH CHUTES, INCINERATORS, LAUNDRY CHUTES

**Title**  RUBBISH CHUTES, INCINERATORS, LAUNDRY CHUTES  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Rule  

<table>
<thead>
<tr>
<th>Regulation Definition</th>
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</table>
| New rubbish chutes, incinerators, and laundry chutes shall comply with the provisions of Section 9.5, unless otherwise specified in 18.5.4.2.  
The fire resistance rating of chute charging rooms shall not be required to exceed 1 hour.  
Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic |  

extinguishing protection in accordance with Section 9.7. (See Section 9.5.)
Any rubbish chute shall discharge into a trash collection room used for no other purpose and shall be protected in accordance with Section 8.7.
Incinerators shall not be directly flue-fed, nor shall any floor-charging chute directly connect with the combustion chamber.

NFPA 101 (2012) 18.5.4.1 thru 18.5.4.6, 9.5.

Existing rubbish chutes or linen chutes, including pneumatic rubbish and linen systems, that open directly onto any corridor shall be sealed by fire-resistant construction to prevent further use or shall be provided with a fire door assembly having a minimum 1-hour fire protection rating. All new chutes shall comply with Section 9.5.
Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with Section 9.7. (See Section 9.5.)
Any rubbish chute shall discharge into a trash collection room used for no other purpose and shall be protected in accordance with Section 8.7, unless otherwise provided in 19.5.4.5.
Existing laundry chutes shall be permitted to discharge into the same room as rubbish discharge chutes, provided that the room is protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.
Existing flue-fed incinerators shall be sealed by fire-resistant construction to prevent further use.

NFPA 101 (2012) 19.5.4.1 thru 19.5.4.6, 9.5.
ST - K0072 - EGRESS RELIABILITY

Title  EGRESS RELIABILITY
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

**Regulation Definition**

The means of egress including every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7 unless otherwise modified by 18.2.2 through 18.2.11 & 19.2.2 through 19.2.11. The means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency, and shall be accessible to the extent necessary to ensure reasonable safety for occupants having impaired mobility.

NFPA 101 (2012) 18.2.1, 19.2.1, 7.1.10.1 & 4.5.3.2

NOTE: SEE NEW PROVISIONS DESCRIBED IN K-39 which are applicable to licensure only. The CMS requirement is more stringent unless the Facility has completed the requirements for the Categorical Waivers in accordance with S&C 13-58 and 12-21.***

ST - K0073 - COMBUSTIBLE DECORATIONS

Title  COMBUSTIBLE DECORATIONS
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

**Regulation Definition**

New combustible decorations shall be prohibited in any
health care occupancy, unless one of the following criteria is met:

1. They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied.
2. The decorations meet the requirements of NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.
3. The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, Standard Method of Fire Test for Individual Fuel Packages, using the 20 kW ignition source.
4. The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:
   a. Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of 18.7.5.6(b), (c), or (d).
   b. Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.
   c. Decorations do not exceed 30 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.
   d. Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

NFPA 101 (2012) 18.7.5.6
Existing combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met:

1. They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied.

2. The decorations meet the requirements of NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.

3. The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, Standard Method of Fire Test for Individual Fuel Packages, using the 20 kW ignition source.

4. The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:
   a. Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of 19.7.5.6(b), (c), or (d).
   b. Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.
   c. Decorations do not exceed 30 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.
   d. Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms, having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

5. They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or
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spread is not present.

NFPA 101 (2012) 19.7.5.6

***NOTE These afore mentioned provisions are applicable to licensure only. The 2000 LSC prohibits combustible decorations unless they are fire retardant. The CMS requirement is more stringent unless the Facility has completed the requirements for the Categorical Waivers in accordance with S&C 13-58 and 12-21.***

ST - K0074 - DRAPES, CURTAINS, FURNITURE, & MATTRESSES

**Title** DRAPES, CURTAINS, FURNITURE, & MATTRESSES

**Statute or Rule** NFPA 101-2012 LSC

**Type** Rule

**Regulation Definition**

New draperies, curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies shall be in accordance with the provisions of 10.3.1 (see 18.3.5.11), and the following also shall apply:

1. Such curtains shall include cubicle curtains.
2. Such curtains shall not include curtains at showers and baths.
3. Such draperies and curtains shall not include draperies and curtains at windows in patient sleeping rooms. (existing only applies to smoke compartments sprinklered in accordance with 19.3.5.)
4. Such draperies and curtains shall not include draperies and curtains in other rooms or areas where the draperies and curtains comply with both of the following:
   a. Individual drapery or curtain panel area does not exceed 48 ft² (4.5 m²)
   b. Total area of drapery and curtain panels per room or area does not exceed 20 percent of the aggregate area of the wall

**Interpretive Guideline**
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on which they are located.
(c) Existing only, permits draperies or curtains which are located in a smoke compartment which is sprinklered in accordance with 19.3.5.

Newly introduced upholstered furniture within health care occupancies shall comply with one of the following provisions:
(1) The furniture shall meet the criteria specified in 10.3.2.1 and 10.3.3.
(2) The furniture shall be in a building protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1).

Newly introduced mattresses within health care occupancies shall comply with one of the following provisions:
(1) The mattresses shall meet the criteria specified in 10.3.2.2 and 10.3.4.
(2) The mattresses shall be in a building protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1).

NFPA 101 (2012) 18.7.5.1 thru 18.7.5.4 & 19.7.5.1 thru 19.7.5.4

ST - K0075 - SOILED LINEN & TRASH COLLECTION RECEPTACLES

<table>
<thead>
<tr>
<th>Title</th>
<th>SOILED LINEN &amp; TRASH COLLECTION RECEPTACLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity and shall meet all of the following requirements:
(1) The average density of container capacity in a room or space shall not exceed 0.5 gal/ft² (20.4 L/m²).
(2) A capacity of 32 gal (121 L) shall not be exceeded within any 64 ft² (6 m²) area.
(3)*Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) shall be located in a room protected as a hazardous area when not attended.
(4) Container size and density shall not be limited in hazardous areas.

Containers used solely for recycling clean waste or for patient records awaiting destruction shall be permitted to be excluded from the requirements of 18.7.5.7.1 & 19.7.5.7.1 where all the following conditions are met:
(1) Each container shall be limited to a maximum capacity of 96 gal (363 L), except as permitted by 18.7.5.7.2(2) & 19.7.5.7.2(2) or (3).
(2)*Containers with capacities greater than 96 gal (363 L) shall be located in a room protected as a hazardous area when not attended.
(3) Container size shall not be limited in hazardous areas.
(4) Containers for combustibles shall be labeled and listed as meeting the requirements of FM Approval Standard 6921, Containers for Combustible Waste; however, such testing, listing, and labeling shall not be limited to FM Approvals.

The provisions of 10.3.9, applicable to containers for rubbish, waste, or linen, shall not apply.

NFPA 101 (2012) 18.7.5.7, 19.7.5.7, 10.3.9.

***NOTE These afore mentioned provisions are applicable to licensure only. The CMS requirement is more stringent unless the Facility has completed the requirements for the Categorical Waiver in accordance with S&C 13-58 and 12-21.***
ST - K0076 - MEDICAL GAS

Title MEDICAL GAS
Statute or Rule NFPA 101- 2012 LSC
Type Rule

**Regulation Definition**
Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Health Care Facilities Code. Existing shall also be in accordance with section 8.7.


ST - K0077 - MEDICAL GAS - PIPED IN

Title MEDICAL GAS - PIPED IN
Statute or Rule NFPA 101- 2012 LSC
Type Rule

**Regulation Definition**
Piped-in medical gas systems shall be in accordance with the provisions of NFPA 99, Health Care Facilities Code. Existing shall also be in accordance with section 8.7.

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ST - K0078 - ANESTHETIZING AREAS

Title ANESTHETIZING AREAS
Statute or Rule NFPA 101-2012 LSC
Type Rule

**Regulation Definition**
Anesthetizing locations shall be protected in accordance with NFPA 99, Health Care Facilities Code. Existing shall also be in accordance with section 8.7.


ST - K0103 - INTERIOR WALLS

Title INTERIOR WALLS
Statute or Rule NFPA 101-2012 LSC
Type Rule

**Regulation Definition**
Interior nonbearing walls in buildings of Type I or Type II construction shall be constructed of noncombustible or limited-combustible materials, unless otherwise permitted by 18.1.6.5 & 19.1.6.5 which states that interior nonbearing walls required to have a minimum 2-hour fire resistance rating shall be permitted to be fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided that such walls are not used as shaft enclosures.

ST - K0104 - SMOKE DAMPERS

Title  SMOKE DAMPERS

Statute or Rule  NFPA 101- 2012 LSC

Type  Rule

**Regulation Definition**

Smoke dampers are required in duct penetrations of smoke barrier walls. Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 18.5.2.2 & 19.5.2.2. Systems shall be in accordance with NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service. Air-transfer openings in smoke partitions shall be provided with approved smoke dampers designed and tested in accordance with the requirements of ANSI/UL 555S, Standard for Smoke Dampers, to limit the transfer of smoke.


**Interpretive Guideline**
Regulation Definition | Interpretive Guideline
---|---
New buildings and new installations equipped with, or in which patients require the use of, life-support systems (see 18.5.1.3) shall have emergency lighting equipment supplied by the life safety branch of the electrical system as described in NFPA 99, Health Care Facilities Code. Existing installations shall be permitted to be continued in service, provided that the systems do not present a serious hazard to life.


### ST - K0106 - LIFE SUPPORT SYSTEM - ELECTRICAL

**Title** | LIFE SUPPORT SYSTEM - ELECTRICAL
---|---
**Statute or Rule** | NFPA 101-2012 LSC
**Type** | Rule

**Regulation Definition** | Interpretive Guideline
---|---
Any new or newly renovated health care occupancies, as indicated in 18.1.1.2, and 19.1.1.2, that normally use life-support devices shall have electrical systems designed and installed in accordance with NFPA 99, Health Care Facilities Code, unless the facility uses life-support equipment for emergency purposes only.

Existing installations shall be permitted to be continued in service, provided that the systems do not present a serious hazard to life.

<table>
<thead>
<tr>
<th>ST - K0107 - ALARM ALTERNATE POWER</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<td><strong>Type</strong></td>
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</tbody>
</table>

**Regulation Definition**
Health care occupancies alarm and detection systems are provided with an alternative power supply and are in accordance with Section 9.6. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 (National Electrical Code, and NFPA 72, National Fire Alarm Code), unless it is an approved existing installation, which shall be permitted to be continued in use.


<table>
<thead>
<tr>
<th>ST - K0108 - POWER FOR GEN ALARMS, COMMS, &amp; ILLUMINATION</th>
</tr>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<tr>
<td><strong>Type</strong></td>
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</tbody>
</table>

**Regulation Definition**
Power for alarms, emergency communications systems, and illumination of generator set locations shall be in accordance with the essential electrical system requirements of NFPA 99, Health Care Facilities Code.

<table>
<thead>
<tr>
<th>Title</th>
<th>OTHER STANDARDS NOT LISTED</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>As Applicable</td>
<td></td>
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<tr>
<td>Type</td>
<td>Rule</td>
<td></td>
</tr>
<tr>
<td>Regulation Definition</td>
<td>Other LSC deficiencies not on 2786</td>
<td></td>
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<td></td>
<td>The information along with the applicable Life Safety Code or</td>
<td></td>
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<td></td>
<td>NFPA standard citation shall be included.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>CHEMICAL SPILL PLAN</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA101-2012, NFPA99-2012</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
<td></td>
</tr>
<tr>
<td>Regulation Definition</td>
<td>Emergency procedures shall be established for controlling</td>
<td></td>
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<td></td>
<td>chemical spills.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NFPA 101 (2012) 18.3.2.2 &amp; 19.3.2.2, NFPA 99 (2012) 15.13.3.9.3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>SAFETY EDUCATION FOR STAFF</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA101-2012 LSC, NFPA 99-2012</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
<td></td>
</tr>
</tbody>
</table>
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

### Regulation Definition

Continuing safety education and supervision shall be provided, incidents shall be reviewed monthly, and procedures shall be reviewed annually.


<table>
<thead>
<tr>
<th>ST - K0133 - FUME HOODS</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<tr>
<td><strong>Type</strong></td>
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</tbody>
</table>

**Regulation Definition**


<table>
<thead>
<tr>
<th>ST - K0134 - EMERGENCY EYE WASH STATIONS &amp; SHOWERS</th>
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</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<tr>
<td><strong>Type</strong></td>
</tr>
</tbody>
</table>

**Regulation Definition**

Emergency eye wash stations and showers shall be tested, inspected, and maintained in accordance with 4.6.12.4.

ST - K0135 - FLAMMABLE & COMBUSTIBLE LIQUIDS STORAGE -

Title: FLAMMABLE & COMBUSTIBLE LIQUIDS STORAGE -


Type: Rule

**Regulation Definition**

The storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards: (1) NFPA 30 (2012), Flammable and Combustible Liquids Code (2) NFPA 54 (2012), National Fuel Gas Code (3) NFPA 58 (2011), Liquefied Petroleum Gas Code.

No storage or handling of flammable liquids or gases shall be permitted in any location where such storage would jeopardize egress from the structure, unless otherwise permitted by 15.3.1.

Storage cabinets used for the storage of flammable and combustible liquids shall be constructed in accordance with NFPA 30 (2012), Flammable and Combustible Liquids Code.

NFPA 101 (2012) 18.3.2.2 & 19.3.2.2, NFPA 99 (2012) 15.3.1, 15.3.2, 10.5.1.

ST - K0136 - LABORATORY EMERGENCY PLAN

Title: LABORATORY EMERGENCY PLAN


Type: Rule

**Regulation Definition**

Laboratories using chemicals shall comply with NFPA 45,
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

Standard on Fire Protection for Laboratories Using Chemicals, unless otherwise modified by other provisions of this code.

Plans for laboratory emergencies shall be developed, which shall include the following:
(1) Alarm activation
(2) Evacuation and building re-entry procedures
(3) Shutdown procedures or applicable emergency operations for equipment, processes, ventilation devices, and enclosures
(4) Fire-fighting operations
(5)*Non-fire hazards
(6) Information as required by the AHJ to allow the emergency responders to develop response tactics

Procedures for extinguishing clothing fires shall be established.


ST - K0140 - MASTER ALARM PANELS - MEDICAL GAS SYSTEMS

Title  MASTER ALARM PANELS - MEDICAL GAS SYSTEMS
Statute or Rule  NFPA 101-2012 LSC, NFPA 99-2012
Type  Rule

Regulation Definition
A master alarm system shall be provided to monitor the operation and condition of the source of supply, the reserve source (if any), and the pressure in the main lines of each medical gas and vacuum piping system.

NFPA 101 (2012) 18.3.2.2 & 19.3.2.2, NFPA 99 (2012) 5.1.9.2 thru 5.1.9.2.5.
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

ST - K0141 - NON-SMOKING SIGNAGE

Title NON-SMOKING SIGNAGE
Statute or Rule NFPA 101-2012 LSC, NFPA 99-2012
Type Rule

Regulation Definition
A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.

The sign shall include the following wording as a minimum:
CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING

NFPA 101 (2012) 18.3.2.4 & 19.3.2.4, 8.7, NFPA 99 (2012) 11.3.4.1 & 11.3.4.2.

ST - K0142 - HYPERBARIC FACILITIES

Title HYPERBARIC FACILITIES
Statute or Rule NFPA 101-2012 LSC, NFPA 99-2012
Type Rule

Regulation Definition
All occupancies containing hyperbaric facilities shall comply with NFPA 99, Health Care Facilities Code, Chapter 14, unless otherwise modified by other provisions of this Code.

## ST - K0143 - TRANSFILLING OXYGEN

**Title** TRANSFILLING OXYGEN  
**Statute or Rule** NFPA 101-2012 LSC, NFPA 99-2012  
**Type** Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfilling of liquid oxygen shall comply with 11.5.2.3.1 or 11.5.2.3.2, as applicable.</td>
<td></td>
</tr>
<tr>
<td>Transfilling to liquid oxygen base reservoir containers or to liquid oxygen portable containers over 344.74 kPa (50 psi) shall include the following:</td>
<td></td>
</tr>
<tr>
<td>(1) A designated area separated from any portion of a facility wherein patients are housed, examined, or treated by a fire barrier of 1 hour fire-resistive construction.</td>
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</tr>
<tr>
<td>(2) The area is mechanically ventilated, is sprinklered, and has ceramic or concrete flooring.</td>
<td></td>
</tr>
<tr>
<td>(3) The area is posted with signs indicating that transfilling is occurring and that smoking in the immediate area is not permitted.</td>
<td></td>
</tr>
<tr>
<td>(4) The individual transfilling the container(s) has been properly trained in the transfilling procedures.</td>
<td></td>
</tr>
<tr>
<td>Transfilling to liquid oxygen portable containers at 344.74 kPa (50 psi) and under shall include the following:</td>
<td></td>
</tr>
<tr>
<td>(1) The area is well ventilated and has noncombustible flooring.</td>
<td></td>
</tr>
<tr>
<td>(2) The area is posted with signs indicating that smoking in the area is not permitted.</td>
<td></td>
</tr>
<tr>
<td>(3) The individual transfilling the liquid oxygen portable container has been properly trained in the transfilling procedure.</td>
<td></td>
</tr>
<tr>
<td>(4) The guidelines of CGA P-2.6, Transfilling of Low-Pressure Liquid Oxygen to be Used for Respiration, are met.</td>
<td></td>
</tr>
</tbody>
</table>
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

***NOTE These afore mentioned provisions are applicable to licensure only. The CMS requirement is more stringent.***

NFPA 101 (2012) 18.3.2.4 & 19.3.2.4, 8.7, NFPA 99 (2012) 11.5.2.3.1& 11.5.2.3.2

ST - K0144 - GENERATOR MAINTENANCE & TESTING

Title  GENERATOR MAINTENANCE & TESTING
Statute or Rule  NFPA 101- 2012 LSC, NFPA 110-2010
Type  Rule

**Regulation Definition**

Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2.

Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110 (2010), Standard for Emergency and Standby Power Systems. New generator controllers shall be monitored by the fire alarm system, where provided, or at an attended location, for the following conditions:

1. Generator running
2. Generator fault

NFPA 101 (2012) 18.5.1 & 19.5.1, 9.1.3 thru 9.1.3.2.


Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. Spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized.

NFPA 101 (2012) 18.5.1 & 19.5.1, 9.1.3 thru 9.1.3.2, NFPA 110 (2010) 8.4.2.3, 8.4.2.4

Level 1 EPSS shall be tested at least once within every 36 months. Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2). Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. The test shall be initiated by operating at least one transfer switch test function and then by operating the test function of all remaining ATSs, or initiated by opening all switches or breakers supplying normal power to all ATSs that are part of the EPSS being tested. A power interruption to non-EPSS loads shall not be required. The minimum load for this test shall be as specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3.

For a diesel-powered EPS, loading shall be not less than 30 percent of the nameplate kW rating of the EPS. A supplemental load bank shall be permitted to be used to meet or exceed the 30 percent requirement. For a diesel-powered EPS, loading shall be that which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. For spark-ignited EPSs, loading shall be the available EPSS load. The test required in 8.4.9 shall be permitted to be combined with one of the monthly tests required by 8.4.2 and one of the
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

annual tests required by 8.4.2.3 as a single test. Where the test required in 8.4.9 is combined with the annual load bank test, the first 3 hours shall be at not less than the minimum loading required by 8.4.9.5 and the remaining hour shall be at not less than 75 percent of the nameplate kW rating of the EPS.


### ST - K0145 - TYPE I EPSS - CRITICAL & LIFE SAFETY BRANCHE

<table>
<thead>
<tr>
<th>Title</th>
<th>TYPE I EPSS - CRITICAL &amp; LIFE SAFETY BRANCHE</th>
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</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101; 2012 LSC, NFPA 99; 2012</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

#### Regulation Definition

The Type I essential electrical system is divided into the critical branch, life safety branch, and equipment branch and Type II essential electrical system is divided into the life safety branch and equipment branch.

NFPA 101 (2012) 18.5.1.3 & 19.5.1.2, 9.1.3, NFPA 99 (2012) 6.4.2.2.1 & 6.5.2.2, 6.5.2.3.

### ST - K0147 - ELECTRICAL SAFETY

<table>
<thead>
<tr>
<th>Title</th>
<th>ELECTRICAL SAFETY</th>
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</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101- 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

#### Regulation Definition

All requirements for electrical safety shall be complied with per the NFPA 70, National Electrical Code, and NFPA 99.
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

Health Care Facilities Code.


ST - K0153 - LABORATORY EMERGENCY PROCEDURES

**Title** LABORATORY EMERGENCY PROCEDURES

**Statute or Rule** NFPA 99-2012, NFPA 45-2011

**Type** Rule

**Regulation Definition**

Plans for laboratory emergencies shall be developed, which shall include the following:

1. Alarm activation
2. Evacuation and building re-entry procedures
3. Shutdown procedures or applicable emergency operations for equipment, processes, ventilation devices, and enclosures
4. Fire-fighting operations
5. Non-fire hazards
6. Information as required by the AHJ to allow the emergency responders to develop response tactics

Procedures for extinguishing clothing fires shall be established.

NFPA 99 (2012) 15.4, NFPA 45 (2011) 6.6.3.1, 6.6.3.2.

**Interpretive Guideline**

*NOTE #### SEE K-0136 REPEAT****

ST - K0154 - AFSS IMPAIRMENT PROCEDURES

**Title** AFSS IMPAIRMENT PROCEDURES

**Statute or Rule** NFPA 10 1-2012 LSC,NFPA 25 - 2011

**Type** Requirement

NFPA 101 (2012) 9.7.6,

All preplanned impairments shall be authorized by the impairment coordinator. Before authorization is given, the impairment coordinator shall be responsible for verifying that the following procedures have been implemented:

1. The extent and expected duration of the impairment have been determined.
2. The areas or buildings involved have been inspected and the increased risks determined.
3. Recommendations have been submitted to management or the property owner or designated representative.
4. Where a required fire protection system is out of service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following:
   a. Evacuation of the building or portion of the building affected by the system out of service
   b. *An approved fire watch
   c. Establishment of a temporary water supply
   d. Establishment and implementation of an approved program to eliminate potential ignition sources and limit the amount of fuel available to the fire
5. The fire department has been notified.
6. The insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified.
7. The supervisors in the areas to be affected have been notified.
8. A tag impairment system has been implemented. (See Section 15.3.)
(9) All necessary tools and materials have been assembled on the impairment site.

NFPA 25 (2011) 15.5.1 & 15.5.2(1-9).

Emergency impairments shall include, but are not limited to, system leakage, interruption of water supply, frozen or ruptured piping, and equipment failure. When emergency impairments occur, emergency action shall be taken to minimize potential injury and damage. The coordinator shall implement the steps outlined in Section 15.5.

NFPA 25 (2011) 15.6.1 thru 15.6.3.

**ST - K0155 - FIRE ALARM FIRE WATCH REQUIREMENTS**

<table>
<thead>
<tr>
<th>Title</th>
<th>FIRE ALARM FIRE WATCH REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statute or Rule</td>
<td>NFPA 101 - 2012 LSC</td>
</tr>
<tr>
<td>Type</td>
<td>Rule</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.

Elevators shall comply with the provisions of Section 9.4. An elevator, other than an elevator in accordance with 7.2.13, shall not be considered a component in a required means of egress but shall be permitted as a component in an accessible means of egress.

Except as modified herein, new elevators shall be in accordance with the requirements of ASME A17.1/CSA B44, Safety Code for Elevators and Escalators. Except as modified herein, existing elevators shall be in accordance with the requirements of ASME A17.3, Safety Code for Existing Elevators and Escalators. Elevators in accordance with ASME A17.7/CSA B44.7, Performance-Based Safety Code for Elevators and Escalators, shall be deemed to comply with ASME A17.1/CSA B44, Safety Code for Elevators and Escalators, or ASME A17.3, Safety Code for Existing Elevators and Escalators.

For other than elevators used for occupant-controlled evacuation in accordance with Section 7.14 and other than existing elevators, the elevator corridor call station pictograph specified in 2.27.9 of ASME A17.1/CSA B44, Safety Code for Elevators and Escalators, shall be provided at each elevator landing.

All new elevators shall conform to the fire fighters’ emergency operations requirements of ASME A17.1/CSA B44, Safety Code for Elevators and Escalators.
All existing elevators having a travel distance of 25 ft (7620 mm) or more above or below the level that best serves the needs of emergency personnel for fire-fighting or rescue purposes shall conform to the fire fighters’ emergency operations requirements of ASME A17.3, Safety Code for Existing Elevators and Escalators.

The number of elevator cars permitted in a hoist-way shall be in accordance with 8.6.9.4.

Elevator machine rooms that contain solid-state equipment for elevators, other than existing elevators, having a travel distance exceeding 50 ft (15 m) above the level of exit discharge, or exceeding 30 ft (9.1 m) below the level of exit discharge, shall be provided with independent ventilation or air-conditioning systems to maintain temperature during fire fighters’ emergency operations for elevator operation (see 9.4.3). The operating temperature shall be established by the elevator equipment manufacturer’s specifications. When standby power is connected to the elevator, the machine room ventilation or air-conditioning shall be connected to standby power.

Elevators shall be subject to periodic inspections and tests as specified in ASME A17.1/CSA B44, Safety Code for Elevators and Escalators. All elevators equipped with fire fighters’ emergency operations in accordance with 9.4.3 shall be subject to a monthly operation with a written record of the findings made and kept on the premises as required by ASME A17.1/CSA B44, Safety Code for Elevators and Escalators. The elevator inspections and tests required by 9.4.6.1 shall be performed at frequencies complying with one of the following:

1. Inspection and test frequencies specified in Appendix N of ASME A17.1/CSA B44, Safety Code for Elevators and
Escalators

(2) Inspection and test frequencies specified by the authority having jurisdiction

Elevators serving various stories of a building shall not open to an exit enclosure.

NFPA 101 (2012) 18.5.3 & 19.5.3, 9.4.1 thru 9.4.7.

ST - K0161 - ESCALATORS, DUMBWAITERS, & MOVING WALKS

Title ESCALATORS, DUMBWAITERS, & MOVING WALKS
Statute or Rule NFPA 101 - 2012
Type Rule

Regulation Definition

Escalators, dumbwaiters, and moving walks (conveyors) shall comply with the provisions of Section 9.4.

Except as modified herein, escalators, dumbwaiters, and moving walks (conveyors) shall be in accordance with the requirements of ASME A17.1/CSA B44, Safety Code for Elevators and Escalators.

Except as modified herein, existing escalators, dumbwaiters, and moving walks (conveyors) shall be in accordance with the requirements of ASME A17.3, Safety Code for Existing Elevators and Escalators.


Moving walks (conveyors), dumbwaiters, and pneumatic conveyors serving various stories of a building shall not open to an exit enclosure.
Title  ALCOHOL BASED HAND RUB DISPENSERS
Statute or Rule  NFPA 101- 2012 LSC
Type  Rule

**Regulation Definition**

Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1, unless all of the following conditions are met:

1. Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm).
2. The maximum individual dispenser fluid capacity shall be as follows:
   a. 0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors
   b. 0.53 gal (2.0 L) for dispensers in suites of rooms
3. Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz. (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA30B, Code for the Manufacture and Storage of Aerosol Products.
4. Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm).
5. Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 19.3.2.6(6).
6. One dispenser complying with 19.3.2.6 (2) or (3) per room and located in that room shall not be included in the aggregated quantity addressed in 19.3.2.6(5).
(7) Storage of quantities greater than 5 gal (18.9 L) in a single
smoke compartment shall meet the requirements of NFPA 30,
Flammable and Combustible Liquids Code.
(8) Dispensers shall not be installed in the following locations:
(a) Above an ignition source within a 1 in. (25 mm) horizontal
distance from each side of the ignition source
(b) To the side of an ignition source within a 1 in. (25 mm)
horizontal distance from the ignition source
(c) Beneath an ignition source within a 1 in. (25 mm) vertical
distance from the ignition source
(9) Dispensers installed directly over carpeted floors shall be
permitted only in sprinklered smoke compartments.
(10) The alcohol-based hand-rub solution shall not exceed 95
percent alcohol content by volume.
(11) Operation of the dispenser shall comply with the
following criteria:
(a) The dispenser shall not release its contents except when the
dispenser is activated, either manually or automatically by
touch-free activation.
(b) Any activation of the dispenser shall occur only when an
object is placed within 4 in. (100 mm) of the sensing device.
(c) An object placed within the activation zone and left in
place shall not cause more than one activation.
(d) The dispenser shall not dispense more solution than the
amount required for hand hygiene consistent with label
instructions.
(e) The dispenser shall be designed, constructed, and operated
in a manner that ensures that accidental or malicious activation
of the dispensing device is minimized.
(f) The dispenser shall be tested in accordance with the
manufacturer’s care and use instructions each time a new
refill is installed.

NFPA 101 (2012) 18.3.2.6 & 19.3.2.6.
## ST - K0301 - FIRE DOORS

**Title**  FIRE DOORS  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</thead>
<tbody>
<tr>
<td>Communicating openings in dividing fire barriers required by 18.1.1.4.1 &amp; 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.)</td>
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</tbody>
</table>

Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code.

NFPA 101 (2012 edition) 18.1.1.4.1.1 & 19.1.1.4.1.2, 8.3.3.1.

## ST - K0302 - FLAMMABLE STORAGE

**Title**  FLAMMABLE STORAGE  
**Statute or Rule**  NFPA 101- 2012 LSC  
**Type**  Element

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>The storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards: (1) NFPA 30, Flammable and Combustible Liquids Code (2) NFPA 54, National Fuel Gas Code (3) NFPA 58, Liquefied</td>
<td></td>
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</tbody>
</table>
Petroleum Gas Code
No storage or handling of flammable liquids or gases shall be permitted in any location where such storage would jeopardize egress from the structure, unless otherwise permitted by 8.7.3.1.


<table>
<thead>
<tr>
<th>ST - K0303 - AWARENESS OF THE EGRESS SYSTEM</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<td><strong>Type</strong></td>
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</table>

**Regulation Definition**
Every exit shall be clearly visible, or the route to reach every exit shall be conspicuously indicated. Each means of egress, in its entirety, shall be arranged or marked so that the way to a place of safety is indicated in a clear manner.

NFPA 101 (2012) 4.5.3.3.

<table>
<thead>
<tr>
<th>ST - K0304 - FIRE ALARM ZONE ANNUNCIATORS</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<td><strong>Type</strong></td>
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</tbody>
</table>

**Regulation Definition**
A fire alarm annunciator panel shall be provided at a 24-hour monitored location. The panel shall indicate the zone of actuation of the alarm, and there shall be a trouble signal indicator. Each smoke compartment shall be annunciated as a
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

As a separate fire alarm zone. A fire alarm system zone shall not include rooms or spaces in other smoke compartments and shall be limited to a maximum area of 22,500 square feet (2090 m2 [meters squared]).

Florida Building Code (2010) edition 419.3.12.1

<table>
<thead>
<tr>
<th>ST - K0305 - EXISTING LIFE SAFETY FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<td><strong>Type</strong></td>
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</table>

**Regulation Definition**

No existing life safety feature shall be removed or reduced where such feature is a requirement for new construction.

Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.


<table>
<thead>
<tr>
<th>ST - K0306 - FEATURES MAINTAINED</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>Statute or Rule</strong></td>
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<td><strong>Type</strong></td>
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</tbody>
</table>

**Regulation Definition**

Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature is required for compliance with the provisions of the Life Safety Code, such device, equipment, system, condition, arrangement, level of...
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

protection, fire resistive construction, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.

NFPA 101 (2012) 4.6.12.1

ST - K0307 - OTHER AUTOMATIC EXTINGUISHING

Title OTHER AUTOMATIC EXTINGUISHING

Statute or Rule NFPA 101-2012 LSC

Type Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</thead>
<tbody>
<tr>
<td>In any occupancy where the character of the fuel for fire is such that extinguishment or control of fire is accomplished by a type of automatic extinguishing system in lieu of an automatic sprinkler system, such system shall be installed in accordance with the appropriate standard, as determined in accordance with Table 9.7.3.1.</td>
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</table>

NFPA 101 (2012) 9.7.3.1

ST - K0308 - DIRECT VENT & SOLID FUEL BURNING FIREPLACES

Title DIRECT VENT & SOLID FUEL BURNING FIREPLACES

Statute or Rule NFPA 101-2012 LSC

Type Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Direct-vent gas fireplaces, as defined in NFPA 54, National Fuel Gas Code, shall be permitted inside of smoke compartments containing patient sleeping areas, provided that all of the following criteria are met:</td>
<td></td>
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</tbody>
</table>
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

(a) All such devices shall be installed, maintained, and used in accordance with 9.2.2.
(b) No such device shall be located inside of a patient sleeping room.
(c) The smoke compartment in which the direct-vent gas fireplace is located shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1) with listed quick response or listed residential sprinklers.
(d)*The direct-vent fireplace shall include a sealed glass front with a wire mesh panel or screen.
(e)*The controls for the direct-vent gas fireplace shall be locked or located in a restricted location.
(f) Electrically supervised carbon monoxide detection in accordance with Section 9.8 shall be provided in the room where the fireplace is located.

(3) Solid fuel-burning fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that all of the following criteria are met:
(a) Such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating.
(b) The fireplace complies with the provisions of 9.2.2.
(c) The fireplace is equipped with both of the following:
   i. Hearth raised not less than 4 in. (100 mm)
   ii. Fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material
(d) Electrically supervised carbon monoxide detection in accordance with Section 9.8 is provided in the room where the fireplace is located
(4) If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure specified in 18.5.2.3(3)(c)(ii) and other safety precautions shall be permitted to be required.
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

NFPA 101 (2012) 18.5.2.3(2-4) & 19.5.2.3(2-4).

***NOTE These afore mentioned provisions are applicable to licensure only. The CMS requirement is more stringent unless the Facility has completed the requirements for the Categorical Waivers in accordance with S&C 13-58 and 12-21.***

### ST - K0309 - HOSPITAL EMS COMMUNICATIONS

**Title**  
HOSPITAL EMS COMMUNICATIONS

**Statute or Rule**  
395.1031, F.S.

**Type**  
Standard

#### Regulation Definition

Each licensed hospital with an emergency department must be capable of communicating by two-way radio with all ground-based basic life support service vehicles and advanced life support service vehicles that operate within the hospital's service area under a state permit and with all rotorcraft air ambulances that operate under a state permit. The hospital's radio system must be capable of interfacing with municipal mutual aid channels designated by the Department of Management Services and the Federal Communications Commission.

Florida Statute 395.1031.

### ST - K0310 - REPORTING FIRES

**Title**  
REPORTING FIRES

**Statute or Rule**  
F.A.C. 59A-3.077(2)

**Type**  
Rule
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

**Regulation Definition**

All fires shall be reported by telephone to the Office of Plans and Construction by the next working day after the occurrence. This office will send a fire occurrence report to the facility which is to be completed and returned within 15 calendar days. All reports shall be complete and thorough and shall record the cause of the fire, the date and time of day it occurred, the location within the facility, how it was extinguished, any injuries which may have occurred and a description of the local fire department participation.

Florida Administrative Code 59A-3.077(2)

**ST - K0311 - FIRE PUMPS**

**Title**  FIRE PUMPS

**Statute or Rule**  NFPA 101- 2012 LSC, NFPA 25-2011

**Type**  Rule

**Regulation Definition**

Fire pumps are required to be tested on a periodic schedule as set forth in NFPA 25. Testing shall be adequately documented.


**ST - K0312 - MEDICAL EQUIPMENT TESTING**

**Title**  MEDICAL EQUIPMENT TESTING

**Statute or Rule**  NFPA 99 2012

**Type**  Rule
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

**ST - K0313 - MAINTENANCE PERSONNEL**

**Title** MAINTENANCE PERSONNEL  
**Statute or Rule** NFPA 101- 2012 LSC  
**Type** Rule

**Regulation Definition**

Maintenance, inspection, and testing shall be under the supervision of a responsible person who shall ensure that testing, inspecting, and maintenance are made at specified intervals in accordance with applicable NFPA standards or as directed by the authority having jurisdiction.


**ST - K0314 - EQUIPMENT TESTING & MAINTENANCE**

**Title** EQUIPMENT TESTING & MAINTENANCE  
**Statute or Rule** NFPA 101- 2012 LSC  
**Type** Rule

**Regulation Definition**

Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction.
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

### ST - K0315 - EMERGENCY MANAGEMENT PLAN

**Title**  
EMERGENCY MANAGEMENT PLAN

**Statute or Rule**  
F.A.C. 59A-3.078

**Type**  
Rule

**Regulation Definition**

A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually, shall be maintained. The hospital shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the hospital's performance to the hospital's safety committee.


### ST - K0316 - GENERATOR - FUEL TESTING

**Title**  
GENERATOR - FUEL TESTING

**Statute or Rule**  
NFPA 101-2012 LSC, NFPA 110 - 2010

**Type**  
Rule

**Regulation Definition**

A fuel quality test shall be performed at least annually using tests approved by ASTM standards.

Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

ST - K0317 - REPAIR, RENO, MOD, CHNG OF USE OR OCC, & ADD

Title  REPAIR, RENO, MOD, CHNG OF USE OR OCC, & ADD
Statute or Rule  NFPA101-2012
LSC,F.A.C.59A-3.080,F.B2010
Type  Rule

Regulation Definition

No hospital construction work, including demolition, shall be started until prior written approval has been given by the Office of Plans and Construction. This includes all construction of new facilities and any and all additions, modifications, or renovations to existing facilities. When construction is required, either for new buildings or additions, alterations or renovations to existing buildings, the plans and specifications shall be prepared and submitted to the Office of Plans and Construction for approval by a Florida-registered architect and a Florida-registered professional engineer.


Rehabilitation work on existing buildings shall be classified as one of the following work categories in accordance with 43.2.2.1:

1. Repair
2. Renovation
3. Modification
4. Reconstruction
5. Change of use or occupancy classification
6. Addition

Rehabilitation work on existing buildings shall comply with Chapter 43 of NFPA 101, Life Safety Code.

NFPA 101 (2012) 4.6.7.1 & 4.6.7.2, Florida Administrative
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

***NOTE ADD LANGUAGE FOR ICRA & ILSM***

ST - K0318 - FIRESTOP SYSTEMS AND DEVICES

Title FIRESTOP SYSTEMS AND DEVICES
Statute or Rule NFPA 101 © 2012 LSC
Type Rule

Regulation Definition

Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m²) between the exposed and the unexposed surface of the test assembly.

NFPA 101 (2012) 8.3.5.1.

Interpretive Guideline

ST - K0319 - CONSIDERATIONS NOT RELATED TO FIRE

Title CONSIDERATIONS NOT RELATED TO FIRE
Statute or Rule NFPA 101 © 2012 LSC
Type Rule

Regulation Definition

The Code also addresses other considerations that, while

Interpretive Guideline
Aspen State Regulation Set: K 8.02 Life Safety Code for Hospitals

important in fire conditions, provide an ongoing benefit in other conditions of use, including non-fire emergencies.


ST - K0320 - SAFETY COMMITTEE

Title SAFETY COMMITTEE

Statute or Rule F.A.C. 59A-3.277

Type Rule

Regulation Definition

Each hospital shall have a hospital safety committee to adopt, implement and monitor a comprehensive, hospital wide safety program. The committee's functions and responsibilities may be assumed by another hospital committee. The committee shall adopt written policies and procedures to enhance the safety of the hospital, its personnel and patients. Such policies shall include but not be limited to the following:

(a) A method of coordination of the safety policies of the various hospital units, departments and committees;
(b) An incident reporting system;
(c) A method of conveying safety-related information to all hospital employees; and
(d) Conduct of a hazardous surveillance program at specifically defined intervals.

In addition to other requirements, each hospital shall provide a complete system for patient identification within the hospital, including a system for all emergency room cases, including DOA, and disasters.

### ST - K0321 - JOINT PENETRATIONS

**Title** JOINT PENETRATIONS  
**Statute or Rule** NFPA 101-2012 LSC  
**Type** Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</thead>
<tbody>
<tr>
<td>Joints made within or between fire resistance-rated assemblies shall be protected with a joint system that is designed and tested to prevent the spread of fire for a time period equal to that of the assembly in which the joint is located. Such materials, systems, or devices shall be tested as part of the assembly in accordance with the requirements of ASTM E 1966, Standard Test Method for Fire-Resistive Joint Systems, or ANSI/UL 2079, Standard for Tests for Fire Resistance of Building Joint Systems.</td>
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</tbody>
</table>

NFPA 101 (2012) 8.3.6.5.

### ST - K0322 - Mobile Testing & Treatment Facilities

**Title** Mobile Testing & Treatment Facilities  
**Statute or Rule** F.A.C. 59A-3.081(19)  
**Type** Rule

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</table>
| (19) Mobile Testing and Treatment Facilities.  
(a) There shall be sturdy walls, fences or bollards around the immediate site to prevent collisions with the unit by other vehicles.  
(b) Electrical connection to the hospital electrical system shall be permitted only when the mobile facility complies with appropriate | |
requirements of NFPA-70, National Electrical Code.
(c) There shall be a rain-free passage from the hospital to the
entrance to the mobile facility.
(d) A fire alarm system shall be provided. An alarm initiated in
the mobile facility shall activate the hospital system, and an
in-house
alarm shall sound an alarm in the facility.
(e) The mobile facility shall not diminish egress from the
hospital.
(f) Mobile facilities shall be approved in advance by the
Office of Plans and Construction and the Office of Licensure
and Certification.
(g) Egress from the mobile facility shall conform with health
(h) There shall be a telephone which shall be connected to the
hospital communication system.