

TRL Systems, Inc.

Is Your Hospital Up to Code?

CMS & Joint Commission Adopt New Fire Codes



Each year, some 1,100 fires occur in hospitals across the United States. Most are confined fires which are less likely to result in death or serious damage, the [Federal Emergency Management Agency](#) says. Even so, from 2012-2014, they resulted in \$5 million in hospital property loss, 25 injuries and as many as five deaths per year.

It is no surprise, then, that hospitals face strict scrutiny of their fire safety systems by both the Centers for Medicare & Medicaid Services and The Joint Commission. Both require hospitals to adhere to codes authored by the [National Fire Protection Agency](#).

“The changes that ultimately were adopted this past fall are a big jump from what hospitals are familiar with,” says Eddie Rodriguez, TRL’s Healthcare Fire Life Safety Testing Manager. Until Nov. 1, The Joint Commission surveyed hospitals using the 1999 edition of the NAFP-72 fire alarm code, and used the 1998 edition of NAFP-25 sprinkler code.

“Now we are following the 2010 edition of the fire alarm code and the 2011 edition of the sprinkler code,” he says. [CMS](#) adopted the new requirements in August, and [The Joint Commission](#) soon followed.

With specific requirements for testing everything from fire alarm speakers to duct detectors and control valves, the code changes can be daunting. Among the minutia of requirements that changed, for example, are:

- **Water flows and pressure-type valve tamper switches:** Previously hospitals had to test these quarterly. Now, testing is required only every six months.
- **Testing alarm signals to your monitoring company or central station signal:** Prior to the change, hospitals had to test these quarterly. Now, that is an annual requirement.

Being aware of changes like these can amount to significant cost savings for a hospital, says Rodriguez. "Depending on the size of the hospital, going to a less frequent testing schedule could save the hospital several thousand dollars each year," he says.

But with the volume of codes and level of detail involved, staying abreast of code requirements can be challenging for hospital engineering and facilities teams tasked with many other responsibilities as well. "Keeping up with these codes is just one part of their job," says Rodriguez, who has been a fire life safety expert with TRL Systems for 20 years. "Years ago, testing documentation was not as strict but in the last several years, it is constantly getting tougher. We are able to take that burden off of our hospital customers, and that is a big added value to their internal teams."

One of the ways [TRL's experts](#) set themselves apart is through long-standing relationships with The Joint Commission's fire life safety department. "When we heard about these big changes coming this fall, we got our internal experts together and compiled a list of questions," says Rodriguez. "As soon as Joint Commission released the new code, we were able to answer some of our own questions, and work directly with our contacts there to answer the others."

Going to the source to verify details is critical. "No matter how much we all might read and think we know the answers, it's easy to interpret the codes differently. We make a point to not put our own spin or interpretation on them, but rather to go to the source for the right answers," he said. "We have worked with them for many years and consult them when we have questions. In fact, sometimes our customers bring questions to us, and I will reach out to Joint Commission on their behalf."

With the new code details in hand, TRL immediately began proactively updating its own test documentation and the team has spent the fall months meeting with California hospital engineers and facilities managers to go over the new codes. Each client even receives a custom binder with all their documentation.

"Knowing these codes is our bread and butter. We've been doing this for three decades," says Rodriguez. "We take ownership to ensure the hospital stays in compliance. By initiating the testing, and thinking through all the needed adjustments at each facility, we save their team a ton of work."