



# Healthcare Facilities Accreditation Program (HFAP) Request for Life Safety Code Equivalency

## PURPOSE

The purpose of this instruction is to give appropriate direction to effectively manage requests for life safety code equivalencies.

The Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §482.41(b) requires the healthcare organization to meet the applicable provisions of the 2012 edition of the NFPA 101 *Life Safety Code*® (LSC). As a deemed accrediting authority by CMS, Healthcare Facilities Accreditation Program (HFAP) will accept for consideration an equivalency for deficiencies on features of life safety only, after each deficiency has been cited during a survey. Life safety deficiencies will no longer be considered for an equivalency prior to the Life Safety Code deficiency being cited.

The equivalency request must be submitted for buildings that already exist, and be based on the NFPA 101A *Guide on Alternative Approaches to Life Safety*, 2013 edition. HFAP will not accept an equivalency request for a facility that is currently under design review or construction. If HFAP determines the equivalency request is valid, they will forward it to the appropriate CMS Regional Office along with a letter of recommendation to approve. Approval of all equivalencies will be determined by the CMS Regional Office. According to CMS, approved equivalencies are only valid until the next survey cycle, then the Life Safety Code deficiency must be cited again (if it still exists), and the organization then may choose to either resolve it, or submit a new equivalency request.

Organizations may submit an equivalency for consideration to HFAP as a result of their plan of correction for a cited deficiency. The organization's Plan of Correction must state that they will submit an equivalency request to HFAP, and must do so within 45 days of the end of the survey. Only equivalencies submitted to the HFAP office will be considered for approval. Field representatives from HFAP are not authorized to approve equivalencies. Each submission must comply with and be based on NFPA 101A *Guide on Alternative Approaches to Life Safety*, 2013 edition, and the respective occupancy chapter:

- Chapter 4: Healthcare Occupancies
- Chapter 7: Board and Care Occupancies
- Chapter 8: Business Occupancies

Currently, there is no format to request an equivalency for Ambulatory Healthcare Occupancies based on NFPA 101A *Guide on Alternative Approaches to Life Safety*, 2013 edition.

## PROCEDURE

Equivalencies must be completed by competent, trained individuals with knowledge of the Life Safety Code and the building being evaluated. Only those equivalencies that contain all of the following will be considered:

1. A cover letter on company letterhead must include the following information:
  - Identify the name of the organization, the CMS CCN number, address and contact information (including telephone numbers) of the organization's representative.
  - Describe the situation in the facility for which you are seeking an equivalency.

- Explain, in detail what the Life Safety Code deficiency is along with the respective Life Safety Code section number reference, and the edition.
  - Explain why the organization believes they cannot resolve this deficiency.
  - Define the unreasonable hardship in terms of the financial and operational implications in resolving the life safety deficiency.
2. Identify which Life Safety Code occupancy designation the equivalency is evaluating. Every zone (or smoke compartment) in the facility, must be evaluated complete with appropriate evaluation worksheets from the respective chapter of NFPA 101A, 2013 edition:
    - Worksheets 4.7.1 through 4.7.11 for healthcare occupancies;
    - Worksheets 7.3.1 through 7.3.7 for board and care occupancies;
    - Worksheets 8.6.1 through 8.6.7 for business occupancies.
 There are no NFPA 101A evaluation worksheets available for ambulatory healthcare occupancies; therefore, equivalencies are not considered nor granted for ambulatory healthcare occupancies.
  3. FSES worksheets must be a recent evaluation of the facility and the life safety deficiency in question. The worksheets must be dated after the last day of the survey where the Life Safety Code deficiency was cited.
  4. Only occupancies that are separated by effective vertical barriers of approved fire resistant rating are not required to be included in the evaluation.
  5. For zones that have repetitive arrangements, typical equivalency evaluations may be made provided any difference between the zones is explained in detail.
  6. Identify the date of original construction or the most recent renovation for each zone evaluated. The facility (or individual zones of the facility) will be considered new construction if the most recent plans for renovation or constructions were approved by the local building authorities on or after July 5, 2016. The facility (or individual zones of the facility) will be considered existing conditions if the most recent plans for renovation or construction were approved by the local building authorities prior to July 5, 2016.
  7. If additional features of life safety need to be installed in the facility to make the equivalency evaluation numerical score result in a positive value, then a full explanation needs to be provided as to what feature will be installed and where. Provide an Individual Safety Evaluation summary sheet indicating all of the Safety Parameter values, including the Mandatory Safety Requirements values, for conditions before the improvements are made, and conditions after the improvements are made.
  8. Identify all locations in each zone which are protected with automatic sprinklers, and whether or not the sprinklers are quick response type.
  9. Identify the level of exit discharge for each building or wing.
  10. Describe what healthcare activity, procedures or function is undertaken in the zone being evaluated.
  11. Deficiencies to the Life Safety Code need to be assessed for Alternative Life Safety Measures (ALSM). Provide copies of the ALSM assessment made for each Life Safety Code deficiency under consideration for the equivalency. Identify what alternative life safety measures the organization has implemented (if any) to compensate for the life safety deficiency.

12. Provide clear, detailed life safety drawings, indicating the following details:
  - The location of all rated walls and barriers in all zones on all floors of the occupancy being evaluated. Indicate clearly the fire rating and purpose of each rated wall or barrier.
  - Identify the location of the LSC deficiency which is being evaluated for the equivalency and how it impacts other zones on every floor.
  - Identify the location of every exit, exit enclosure, horizontal exit, and exit discharge that applies to every zone.
  - Identify any suite-of-rooms and the boundaries of same.
  - Identify the location of all hazardous rooms.
  - Identify the location of all smoke compartment barriers (as applicable).
  - Identify and list the furthest travel distance to the closest exit and smoke compartment barrier (as applicable).
  - Provide an overview drawing of each story with all smoke compartments identified on one page
13. Include the name, contact telephone numbers and email address of the individual who prepared the equivalency evaluation.
14. The cover letter must be signed by a senior leader in the hospital, such as CEO, COO, VP Operations, etc.
15. Equivalencies are only permitted to be submitted via electronic email transmission. The maximum size of the electronic file may not exceed 9 MB. If the equivalency document exceeds 9 MB, then the files must be divided and transmitted separately. Send completed equivalencies to: [reports@hfap.org](mailto:reports@hfap.org) with “Equivalency Request” written in the subject line of the email.