ASK AHCA

Answers to questions submitted to the bureaus of Plan & Construction and Field Operations

Eddie Alday
Analyst II, Life Safety Lead Health Quality Assurance
850-412-4520
Eddie.Alday@ahca.myflorida.com

Scott Waltz, NCARB
Bureau Chief, Office of Plans and Construction
850-412-4485
Scott.Waltz@ahca.myflorida.com

Be Prepared!
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Review of Just Ask AHCA 2021 Questions, Codes and Standards, Submission, and Inspection Requirements of AHCA

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AIA Learning Objectives

1 OBJECTIVE

Learn about the interpretations from the AHCA inspectors regarding NFPA 99 and NFPA 101.

2 OBJECTIVE

Understand how to be prepared for a fire safety survey from the field office fire safety inspectors

3 OBJECTIVE

Learn the new requirements of NFPA 2018 edition and how to use the NFPA 2012 edition enforced by the federal government.

4 OBJECTIVE

Be able to explain the testing and maintenance requirements for health care facilities found in these codes.

Thank you for your attention!


STUDIO C

Question #1

Background: Equipment racks are available as either open free-standing, wall mounted, or enclosed (deadfront). Equipment racks are typically ganged together in a lineup, or as single rack. NFPA-99 '7.3.1.2.3.5 Working Space.' says the working clearances are to meet NFPA-70 110.26(A)

Code Sections:

NFPA 99 Health Care Facilities Code.

7.3.1.2.3.5 Working Space. Working space about communications cabinets, racks, or other equipment shall be accordance with 110.26(A) of *NFPA 70*.

NFPA 70 National Electrical Code 110.26(A)

…(a) Dead-Front Assemblies. Working space shall not be required in the back or sides of assemblies, such as dead-front switchboards, switchgear, or motor control centers, where all connections and all renewable or adjustable parts, such as fuses or switches, are accessible from locations other than the back or sides. Where rear access is required to work on nonelectrical parts on the back of enclosed equipment, a minimum horizontal working space of 762 mm (30 in.) shall be provided.

(b) Low Voltage. By special permission, smaller working spaces shall be permitted where all exposed live parts operate at not greater than 30 volts rms, 42 volts peak, or 60 volts dc.

FGI Guidelines for Design and Construction of Hospitals, 2018

***2.1-8.5.2.3 (2) Size.** All TDRs shall provide a minimum three-foot clearance on all sides of the equipment rack(s).

A2.1-8.5.2.3 (2) An inside dimension of 12 by 16 feet (3.66 by 4.88 meters) is recommended for TDRs. A TDR of this size will allow for future growth and the potential for an additional row of equipment racks.

Questions:

Are Wall-mounted equipment racks still allowed for these spaces?

Are enclosed racks still allowed for these spaces?

Can single enclosed or free-standing racks be installed with one side against an outside wall, or must they be located in the center of the room?

Do FGI requirements override the NFPA-99 and NFPA-70 110.26(A) requirements which could allow (by special permission) reduced working clearances where the voltages are less than 30Vrms?

Answer:

Yes, telecommunication racks may be grouped together in row provided that at least 36 inches of clearance is proved at the front and back of the rack. Clearances at the side of the rack, including the side to the wall, is only need where side access is required for the equipment housed in the rack.

The FGI guidelines do not “override” the NFPA requirements, but the more stringent and/or more specific requirements prevail. The 2022 Facilities Guidelines Revision Committee revised the standards to clarify the intent of the rack clearance requirement.

Answer:

Excerpt from Approved 2022 FGI Draft (Section 2.1-8.5.2.3)

*(2) Size

(a) TRs shall provide a three-foot (91.44 centimeters) minimum clearance on the front and back of the equipment racks and at the ends of the racks that require access.

(b) Arranging multiple equipment racks in a continuous row shall be permitted.

A2.1-8.5.2.3 (2) An inside dimension of 12 by 16 feet (3.66 by 4.88 meters) is recommended for TRs. A TR of this size will allow for future growth and the potential for an additional row of equipment racks.

Question #2

Background: Many generators run less than 20 hours annually for all testing. The service chart states reference to an annual oil change requirement. Many generator hold 8-10 gallons of oil not only is this expensive, but it involves a waste disposal fee and operation as well. It has been the practice if the generator engine is on an oil analysis program the oil change may be extended to when the oil analysis indicates change is necessary. This is helpful as the oil analysis provides diagnostic information to address other generator issues before failures occur.

Code Sections:

NFPA 110 (2016 edition) Chapter 8 Routine Maintenance and Operational Testing

8.1* General. 8.1.1 The routine maintenance and operational testing program shall be based on all of the following:

(1) Manufacturer's recommendations

(2) Instruction manuals

(3) Minimum requirements of this chapter

(4) The authority having jurisdiction

8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.

Question:

Is this practice acceptable in ASCs and other generator applications?

Answer:

Routine maintenance and operational testing program shall be based on manufactures recommendations, instruction manuals, minimum requirements of NFPA 110 (2016 edition) chapter 8 and the authority having jurisdiction.

If the manufacture allows an oil analysis it shall be documented per their requirements. If the manufacture doesn't recommend it then you are required to follow their procedures for oil changes.

Question #3

Background: Frequently the final results of AHCA-OPC reviews does not address required initial reports of systems testing mandated by AHCA-LICENSURE LS surveyors and also accreditation and CMS initial surveys. The absence of these reports and inspections affects life safety compliance on initial licensing surveys, future accreditation surveys and CMS initial surveys. Missing reports are often related to medical gas systems, HVAC installations, fire alarm systems (listing of devices and testing), initial electrical outlet testing, and fire sprinkler systems.

Answer:

The reports cited in the question should be requested and provided during the final OPC survey and retained by the facility as part of their records. As part of commissioning, these records should be given to the facility at the completion of any construction project. OPC and the Field Operations Life Safety surveyors meet periodically to discuss issues which such as this. During the next meeting, this topic will be discussed to ensure that the OPC survey teams and Field Ops Life Safety Inspectors are on the same page regarding required documentation. A partial list of paperwork required during the OPC inspection can be found on the OPC webpage in the Construction Checklist.

Answer:

Compliance with the testing and maintenance requirements of NFPA 72 for duct smoke detectors is not predicated on the devise's control of HVAC equipment or initiation of a building occupant notification signal. Detection devises that initiate a supervisory signal are required to comply with the testing intervals prescribed in NFPA 72 Chapter 14. See NFPA 72-26.1 for applicability.

Careful planning for the location of these devises should be considered during design and construction to aide in future testing and maintenance.

Question #4

Background: The requirement to pressure test fire department standpipe connections is a newer requirement from dating back to 2014 but most recently diligently enforced. The standard calls for pressure testing the fire department connection to the standpipe needed because of failures of these systems in the event needed in actual emergency situations. MOST local AHJs refer this to underground installations, when the ENTIRE FDC connection pipe to the standpipe is visible (not underground or concealed) and less than 2-3 feet in length.

Code Sections:

NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems

6.3.2 Hydrostatic Tests. 6.3.2.1* Hydrostatic tests of not less than 200 psi (13.8 bar) pressure for 2 hours, or at 50 psi (3.4 bar) in excess of the maximum pressure, where maximum pressure is in excess of 150 psi (10.3 bar), shall be conducted every 5 years on manual standpipe systems and semiautomatic dry standpipe systems, including piping in the fire department connection.

6.3.2.1.1 Manual wet standpipes that are part of a combined sprinkler/standpipe system shall not be required to be tested in accordance with 6.3.2.1.

6.3.2.2 The hydrostatic test pressure shall be measured at the low elevation point of the individual system or zone being tested.

6.3.2.2.1 The inside standpipe piping shall show no leakage.

Question:

These short pipes are difficult to pressure test and as the local AHJ does not see it necessary, why does AHCA insist on these to be inspected?

Answer:

13.8.5 doesn't delineate the deference to a pipe length.

Facilities are required to hydrostatically test piping from the fire department connection to the fire department check valve at 150 psi for 2 hours once every 5 years no matter the length of the pipe.

In recent test perform at some facilities these short pipes has failed to hold 150 psi of 2 hours.

Question #5

Background: There is a 3 story building under design with a skilled nursing home on the first floor and two floors of Assisted Living Facility above. One owner and operator are licensed to operate both the ALF and the nursing home. The building is being designed with one Level I, 500 kVA generator for both the nursing home and the ALF to power the entire building.

Code Sections:

NFPA 99 Health Care Facilities Code.

6.7.1.2.5 Use for Essential Electrical System

6.7.1.2.5.3 Optional loads shall be permitted to be served by the essential electrical system generating equipment. Optional loads shall be served by their own transfer means, such that these loads shall not transfer onto the generating equipment if the transfer will overload the generating equipment and shall be shed upon a generating equipment overload. Use of generating the equipment to serve optional loads shall not constitute “other purposes” as described in 6.7.1.2.5.1 and, therefore, shall not require multiple generator sets.

6.7.1.2.5.4 Where optional loads include contiguous or same site facilities not covered in this code, provisions shall be made to meet the requirements of *NFPA 101*, *Article 700 of NFPA 70*, and other applicable NFPA requirements for emergency egress under load-shed conditions.

Question:

Is it permitted to have one Level 1 generator to power the building for both occupancy types? If the answer is "No“, Why not?

If the answer is "Yes“, Is a 4th transfer switch required to isolate the ALF from the Nursing Home? Is "load shedding required to protect the generator? If the ALF is sold in the future to another operator, will the electrical system have to be separated into two systems and will another generator be required to be installed to meet the ALF requirements.

Answer:

Yes, a single level 1 emergency power supply system (EPSS) can be used to provide backup power to both the nursing home and assisted living facility (ALF). The connected circuits in the ALF would be considered optional loads and would require a separate transfer switch to protect the generator in the event of an over load condition by shedding these loads while allowing the generating equipment to continue powering the essential loads of the nursing home.

The electrical system of ALF and nursing home would not require separation under separate ownership if the Agency was provided unrestricted access to inspect the shared systems. See 59A-4.133, F.A.C.

Reference:

59A-4.133 Physical Plant Codes and Standards for Nursing Homes.

(8) Other facilities or providers not owned or operated by the licensee of a nursing home may be fully integrated with the nursing home's physical plant only after it has been successfully demonstrated to the Agency that all areas of the facility's physical plant are designed and maintained in a manner that will ensure continued licensure compliance of the nursing home.

Question #6

Background: NFPA 72 states, “Where required, compliance of the completed installation with the requirements of this Code, as implemented via the referring code(s), specifications, and/or other criteria applicable to the specific installation, shall be certified by a qualified and impartial third-party organization acceptable to the authority having jurisdiction.” With all of the "compliance items" fire alarm system still remains a mystery at times. A lot of fire departments are not requiring 3rd party certification of the Fire Alarm System. I thought this was excessive but after going through this several times now I think it is a great idea. I have seen so many “modified” systems that it is amazing that some of these systems still work. This would avoid that issue.

Code Sections:

NFPA 72 National Fire Alarm and Signaling Code (2016 edition)

7.5.8* Verification of Compliant Installation. (SIG-FUN)

7.5.8.1 Where required by the authority having jurisdiction, compliance of the completed installation with the requirements of this Code shall be certified by a qualified and impartial third-party organization acceptable to the authority having jurisdiction.

7.5.8.2 Verification of compliant installation shall be performed according to testing requirements and procedures specified in 14.4.1 and 14.4.2.

Question:

Requirements for third party certification of the fire alarm system is in the standard. Why is this not enforced for AHCA licensed facilities?

Answer:

This requirements was added in the 2002 edition and should be enforced. In some cases, this could have been overlooked during an initial survey.

When our Life Safety surveyors perform their inspections, we will ensure to ask the facility for documentation for the third-party verification of all update and new fire alarm system.

Question #7

Background: In the past there have been discussions related to ambulatory care facilities specifically Ambulatory Surgery Centers not being considered to be subject to conditions set forth in the Uniform Fire Code which applies largely to skilled nursing and acute care settings (Hospitals).

Question:

If that is the case it has been argued that the ASC would be only responsible for basic compliance items under NFPA 1, parts of NFPA 101 and only those sections of NFPA 99 that are directly referenced by NFPA 1 or by NFPA 101, from the Ambulatory Health Care Occupancies chapters, 20 and 21.

Please clarify if this is the case?

Answer:

Yes and no. For State licensure purposes of an **ambulatory surgery center**, the Florida Fire Prevention Code is the applicable fire code and NFPA 99 is a reference standard applicable as referenced in current adopted Florida specific editions of NFPA 1, NFPA 101 Life Safety Code, or from the Florida Building Code. For federal certification purposes, CMS adopts NFPA 101 and NFPA 99 in their rule. The 2012 edition of NFPA 99 is applicable in its entirety with the exception of chapters 7, 8, 12, and 13 which are specifically excluded in the rule.

Statutes	Rules	Codes	Standards
553.76, 553.77 F.S.	**61G20-1, F.A.C. Florida Building Code Adopted**	***Florida Building Code 7th Edition***	***FGI Guidelines 2018 Edition***
633.104, F.S. 633.204, F.S	**69A-53, F.A.C The Florida Fire Prevention Code**	***Florida Fire Prevention Code 7th Edition* (Florida Specific NFPA 1 & NFPA 101)**	***2018 NFPA 99 Health Care Facility Code, 2016 NFPA 13 Std. for the Inst. of Sprinkler Systems,..***
633.104, F.S. 633.206, F.S	**69A-53, F.A.C Uniform Fire Codes for Hospitals and Nursing Homes**	***2018 NFPA 101 Life Safety Code, 2018 NFPA 99 Health Care Facility Code***	***NFPA 72 National Fire Alarm and Signaling Code, …***

Question #8

Background: All operating rooms considered as wet locations should have some form of interupt protection installed. This section shows an alternative for EXISITNG FACILIITIES. For facilities having wet location operating rooms (by risk assessment) qualifying for this consideration the standard shows compliance as NOT to require retrofitting the physical plant to provide GFCI or Isolated power if the facility is not so designed or equipped. It does require additional testing which may be considered over and above typical compliance testing for these spaces such as: Regular continuity testing to be performed: Initially (when designated as wet location - not specified) Whenever damage is noted, and whenever repairs are made.

Code Sections:

NFPA 99 Health Care Facilities Code

6.3.2.3.6 In existing construction, the requirements of 6.3.2.3.1 shall not be required when a written inspection procedure, acceptable to the authority having jurisdiction, is performed by a designated individual at the hospital to indicate that equipment grounding conductors for 120-V single phase, 15-A and 20-A receptacles; equipment connected by cord and plug; and fixed electrical equipment are installed and maintained in accordance with *NFPA 70*, the applicable performance requirements of this chapter, Chapter 10 of this code.

Question:

Is this line item acceptable to AHCA as a compliance item and if so and in the absence of a properly performed continuity testing program as part of the initial acceptance of an **existing facility** would a current testing as baseline be acceptable for this compliance item? If a facility qualified for consideration of this exception, it would then be compliant if conditions were met even though Operating rooms were considered wet locations by compliance with this exception and not have to install GFCI or isolated power systems?

Answer:

In existing construction, in order to meet the testing requirements you must a have a **written inspection procedure**, acceptable to the authority having jurisdiction, and performed by a designated individual to indicate that equipment grounding conductors for 120-V single phase, 15-A and 20-A receptacles; equipment connected by cord and plug; and fixed electrical equipment are installed and maintained in accordance with *NFPA 70*, and **the applicable performance requirements, and Chapter 10 of NFPA 99 (2018 edition).**

Question #9

Background: NFPA 75, Fire Protection of Information Technology Equipment, is adopted by the Florida Uniform Fire Code for hospitals and nursing homes and referenced in NFPA 1 for ambulatory surgical centers. It has been used by some AHCA reviewers to require every ITE room or closet in a hospital, nursing home or ambulatory surgical center be enclosed with 1-hour fire rated barriers. But NFPA 75, in the Application chapter, states, “the mere presence of the ITE shall not constitute the need to invoke the requirements of this standard”. Further it states, “the application of this standard is based on the risk considerations outlined in Chapter 4.”

NFPA 75 is a standard that covers many different occupancies and uses, not just health care. Many of the elements to be considered to determine acceptable risks are fire protection elements all health care occupancies already are required to have such as is meant to protect data and continuity of operation from fire events when there are no other protections. But Health Care already has, automatic fire detection and suppression, manual fire extinguishers, complete alarm systems with direct tie to emergency responders and passive life safety elements for the patients, staff, and public. The single risk element a health care facility may have to determine would be the facility's data access, storage, and continuity of service.

Questions:

Does AHCA require all ITE rooms in a hospital, nursing home or ambulatory surgical center to be enclosed with 1 hour fire rated barriers?

If not, does AHCA leave that decision up to the facility to determine their own fire protection needs for their ITE based on their own risk assessment?

Will a statement in the Functional Program stating a risk assessment was completed and does not require additional protection to the ITE be enough to satisfy AHCA? If the answer is “No” what more does AHCA need to see from the facility to not require the facility to enclose the ITE in a 1 hour fire rated barrier?

Answer:

Compliance with the requirements in NFPA 75 is based on a risks and hazards assessment conducted by the governing body. Based on that assessment some, all, or none of the IT facilities may required a 1 hour rated enclosure or compliance with other provisions of NFPA 75. For small to medium sized projects providing information in the functional program is appropriate. For larger and more complex projects, combining the documentation with the Safety Risk Assessment (SRA) and NFPA 99 required risk assessments would be preferable.

However presented, the information should be easy for the reviewer to find.

Question #10

Background: Traditionally, all equipment has been electrical safety checked semi-annually in ambulatory care settings and this is universally still enforced and accepted. 10.5.2.1.1 allows the facility to set inspection intervals and at the least includes by 10.5.2.1.2 before usage and after any repairs are affected to the equipment if so, adopted by the board of governance.

Previous exceptions allowed through risk ranking Life Safety biomedical equipment which could by fault possibly create a conductive pathway to the patient's heart as the only exception 10.5.2.2 which would require semi-annual testing.

Code Sections:

NFPA 99 Chapter 10, Chap 10.5.2.1.1

Question:

In routine surveys and assessments surveyors require semi-annual testing. Stated as required by equipment migration throughout the facility. All equipment is Ambulatory care equipment and can be tested at an interval of periodic (not defined by NFPA but defined by accreditation) or when damaged, serviced or upon arrival to the facility. If risk ranked and accepted by governance as periodic testing does the facility for AHCA-Licensure compliance still have to perform semi-annual testing?

Answer:

To answer this question, we have two areas of the code we must address:

When words are not defined in the code we use the Merriam-Webster definition and in this case the individual was referring the word periodic in NFPA 99 (2018 edition) Chapter 10.

Periodic is defined as:

- occurring or recurring at regular intervals
- occurring repeatedly from time to time

Answer:

Part 2 of the question:

This will depend if this is a federal or state survey. Your written inspection procedures must be acceptable to the authority having jurisdiction and you will have to follow the most stringent requirements for the state and federal adopted codes.

For testing procedures, you need to follow NFPA 99 (2012) Chapter 10 for the federal requirements and NFPA 99 (2018) Chapter 10 for the state requirements.

Code Reference:

For federal surveys you should follow the following:

10.5 Administration.

10.5.1 Responsibilities of Governing Body.

10.5.2 Policies.

10.5.2.1 Testing Intervals.

10.5.2.1.1 **The facility shall establish policies and protocols for the type of test and intervals of testing for patient care–related electrical equipment.**

10.5.2.1.2 All patient care–related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety.

Code Reference:

State requirements

10.5 Administration.

10.5.1 Responsibilities of the Health Care Facility's Governing Body. (Reserved)

10.5.2 Policies.

10.5.2.1 Testing Intervals.

10.5.2.1.1 The facility shall establish policies and protocols to identify what patient care–related electrical equipment **requires periodic inspection** and, where applicable, the type of test and intervals of testing.

10.5.2.1.2 All patient care–related electrical equipment used in the patient care vicinity shall be tested in accordance with 10.3.5.3 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety.

Question #11

Background: 59A-3.080(d) An infection control risk assessment (ICRA) and a life safety plan indicating temporary egress and detailed phasing plans indicating how the area(s) to be demolished or constructed are to be separated from all occupied areas shall be submitted for review and approval when demolition or construction in and around occupied buildings is to be undertaken. Submissions that fail to provide an ICRA or depict the safety measures prescribed by the ICRA will not be approved.

According to the Joint Commission, "A few extra hours in training is well worth saving the cost and infection risk to your patients in an area designed to improve their care!" The COVID pandemic has brought to light facility adverse occurrences which increase risk and vulnerabilities affecting the patients, staff, vendors, and contractors during construction which could be addressed by revising the Rule.

Answer:

The Agency places great emphasis on patient safety. Infection control is a very important part of the safety risk assessment required for all healthcare construction projects. Infection risk management during construction is a multidisciplinary collaboration between healthcare professionals and design and construction professionals. The Agency does not have regulatory jurisdiction over design or construction professionals. We certainly agree that additional training can help mitigate risks, but it is ultimately the healthcare facility's responsible to provide for the safety of their patients.

Question #12

Background: Existing facilities. All operating rooms considered as wet locations should have some form of interrupt protection installed. This section shows an alternative for EXISITNG FACILIITIES.

For facilities having wet location operating rooms (by risk assessment) qualifying for this consideration the standard shows compliance as NOT to require retrofitting the physical plant to provide GFCI or Isolated power if the facility is not so designed or equipped. It does require additional testing which may be considered over and above typical compliance testing for these spaces such as: Regular continuity testing To be performed:

- **1.** Initially (when designated as wet location - not specified)
- **2.** Whenever damage is noted, and
- **3.** Whenever repairs are made.

Question:

Is this line item acceptable to AHCA as a compliance item and if so and in the absence of a properly performed continuity testing program as part of the initial acceptance of an EXISTING FACILITY would a current testing as baseline be acceptable for this compliance item? (6.3.2.3.6)

If a facility qualified for consideration of this exception, it would then be COMPLIANT if conditions were met even though Operating rooms were considered WET LOCATIONS by compliance with this exception and not have to install GFCI or isolated power systems?

Answer:

Part 1: It would be for the state survey but not the federal.

Part 2: The health care governing body and designer of record should evaluate the type of protection to be provided against electrical shock to patients and caregivers in wet procedure locations. The application considerations should include but not be limited to the reliability of power to critical equipment and systems.

Code Reference:

NFPA 99 (2012)

6.3.2.2.8.5 In existing construction, the requirements of 6.3.2.2.8.1 shall not be required when a written inspection procedure, acceptable to the authority having jurisdiction, is continuously enforced by a designated individual at the hospital to indicate that equipment grounding conductors for 120-V, single phase, 15-A and 20-A receptacles; equipment connected by cord and plug; and fixed electrical equipment are installed and maintained in accordance with NFPA 70, National Electrical Code, and the applicable performance requirements of this chapter.

(A) The procedure shall include electrical continuity tests of all required equipment, grounding conductors, and their connections.

(B) Fixed receptacles, equipment connected by cord and plug, and fixed electrical equipment shall be tested as follows:

(1) When first installed

(2) Where there is evidence of damage

(3) After any repairs

(4) **At intervals not exceeding 6 months**

Question #13

Background: An owner wants to do an equipment upgrade to a room IE CT Scan to new CT Scan. The existing space may not comply allow for compliance with the FGI requirements.

Question:

What is the threshold for allowing existing services to continue in the same room with new equipment?

Answer:

An equipment change out in which the room function changes to a higher imaging class must comply all requirements for the new function. Where the replacement equipment will be used for the same function or as a lower imaging class, some leeway may be granted if compliance with the current code for new construction is technically infeasible or would create an undue hardship. Equipment change outs that result in a condition that is less code compliant than the existing condition are not permitted.

Question #14

Background: The mechanical code requires smoke (duct) detectors in mechanical equipment. Duct detectors in any healthcare occupancy are problematic as it can be difficult to properly access and check. In many jurisdictions the local AHJ has approved these devices as "supervisory" signaling devices only. If installed in facilities that are fully sprinklered as supervisory devices the actual intended functionality of the device is compromised as since it does shut down the air handling system associated with it and does not provide for an alarm condition in the facility. NFPA requires periodic testing for smoke sensitivity and differential pressure testing. These tests are expensive and appear to be unnecessary.

Code Sections:

NFPA 72 Fire alarm system testing and inspection requirements for duct smoke detectors.

14.1 Application.14.1.1 The inspection, testing, and maintenance of systems, their initiating devices, and notification appliances shall comply with the requirements of this chapter.

14.1.2 The inspection, testing, and maintenance of single- and multiple-station smoke and heat alarms and household fire alarm systems shall comply with the requirements of this chapter.

14.1.3 Procedures that are required by other parties and that exceed the requirements of this chapter shall be permitted.

14.1.4 The requirements of this chapter shall apply to both new and existing systems.

14.4.4.3.1 Sensitivity shall be checked within 1 year after installation.

14.4.4.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.4.3.3.

14.4.4.3.3 After the second required calibration test, if sensitivity tests indicate that the device has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years.

Question:

It seems like an unnecessary service to "calibrate" and test operating functionality of a device that provides no essential services within the facility. It seems that these devices if installed in a fully protected / sprinklered facility could be removed by change and local devices in accordance with mechanical code provisions installed (not connected to the fire alarm system but integral to the equipment). This would eliminate unnecessary useless expenditure of maintenance and testing funds for devices having no practical function or use within the facility.

Answer:

Compliance with the testing and maintenance requirements of NFPA 72 for duct smoke detectors is not predicated on the devise's control of HVAC equipment or initiation of a building occupant notification signal. Detection devises that initiate a supervisory signal are required to comply with the testing intervals prescribed in NFPA 72 Chapter 14. See NFPA 72-26.1 for applicability.

Careful planning for the location of these devises should be considered during design and construction to aide in future testing and maintenance.