

2025 TAHFM ANNUAL CONFERENCE

ALL ROADS LEAD TO TAHFM



Doing Things the Texas Way

APRIL 6-9, 2025 | ATX
RENAISSANCE AUSTIN HOTEL

Status of NFPA 101 and NFPA 99 2027 plus CMS Adoption Process

- More about the 2024 editions too.



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Speaker



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Objectives

- Understand where the 2027 NFPA 101 and NFPA 99 are in the update process
- Discuss the CMS adoption process
- Discuss NFPA 101 2024 and NFPA 99 2024 advantages
- Discuss the advocacy needed to move the needle.



NFPA 101 and NFPA 99 Dates

- Three-year update process
- First Draft Reports are available on:
 - www.nfpa.org/101 and www.nfpa.org/99 Next Edition tab
- Open for Public Comments until June 3, 2025 for NFPA 101 and June 4, 2025 for NFPA 99



How to review the First Draft

- Open the First Draft Report
 - It will open the editing program for the Standards
 - You can review
- Open “Submit a Public Comment” to address the changes you want to modify.



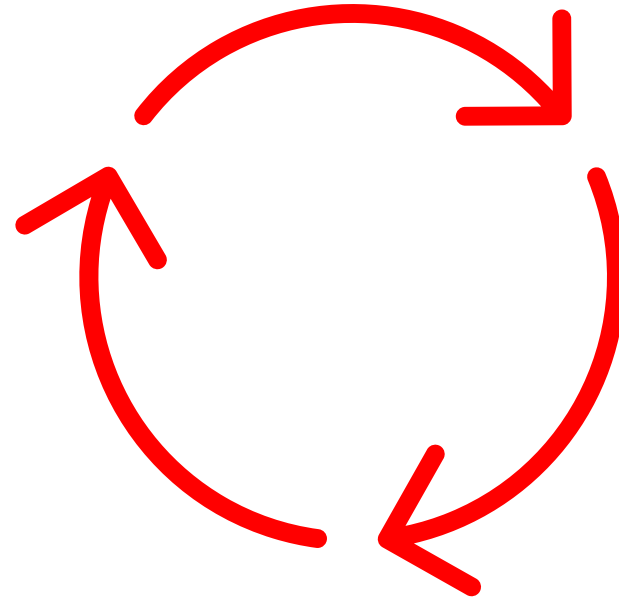
NFPA 101 Chapter 18/ 19 First Draft Changes

- 18.2.2.2.4.1 requires sprinklers for locked areas and all smoke barriers leading to and exit from a locked area
- 18.2.3.4 projections into the corridors rewritten
- 18.2.5.7.2.4(A) travel distance in a suite to an exit stair allowed for mobile psychiatric patients
- 18.2.5.8 interlocked-door vestibules are allowed see 7.2.1.6.5
- 18.3.4.2 Single manual fire alarm station not allowed in HC
- 18.3.6 New section on alcoves less than 50 sq ft



NFPA 99 First Draft Changes

- Med Gas about 115 Public Input changes to Chapter 5
 - Committee Comment on a total rewrite
- Electrical Systems about 97 Public Input changes to Chapter 6



2027 NFPA 101 and 99 will not be ready to adopt until Fall of 2026

- To update CMS reference Codes now, we need to use the 2024 editions.



CMS Process

1. Federal Register announcing a rule change
2. Draft rules
3. Public Comment
4. Comment response and adoption

An act of Congress is NOT needed. This is rule making

Time frame in the pass has been 3 to 5 years. 2012 Codes were developed in 2010 to 2012 time frame. Much has happened.



Let's look at the big changes in the 2024 Code



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NFPA 101 Chapter 3

Definitions

- 3.3.128 Fuel-Burning Appliance
 - Term used in CO detection requirements
- 3.3.163 Inflatable Amusement Device
 - Related requirements in Sec. 10.6
- 3.3.195 Modular Room & 3.3.269 Sleep Pod
 - Related requirements in Sec. 10.7



NFPA 101 Chapter 4

- 4.5.8: Added “inspection & testing” to requirement for maintenance of required life safety features/systems



Exit Discharge Change

- 7.7.2(1) Up to 75% of the number of exits and required width of egress can discharge through the grade level lobbies.



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Special Locking Hardware

- 7.2.1.6.3.1(6)

Door electromechanical or electromagnetic locking hardware for new installations is listed in accordance with UL 294, *Access Control System Units*, or UL 1034, *Burglary-Resistant Electric Locking Mechanisms*.



NFPA 101 Chapter 8 – Features of Fire Protection

- 8.7.3.3: Revised ABHR requirements
 - Personal use container exemption
 - Dispenser capacity
 - Increased quantity limits
 - Spill containment
 - **NOT APPLICABLE TO HEALTH CARE OR AMBULATORY HEALTH CARE OCCUPANCIES** – maintaining their own requirements



NFPA 101 Ch. 10 – Interior Finish, Contents, and Furnishings



- Sec. 10.6 – Inflatable Amusement Devices
- Sec. 10.7 – Modular Rooms and Sleep Pods



NFPA 101 Ch. 12/13 – Assembly Occupancies

- 12/13.3.5.7 – Portable Fire Extinguishers are now required in the assembly occupancy in Health Care.

NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 18/19.1.1.1.10 & Annex D
– Alternate Care Sites (ACSs)
- Allows the use of temporary sites to provide health care services



Annex D is guidelines for ACS

- An ACS includes spaces such as, but not limited to, hotels, arenas, barracks and dorms, tents, closed hospitals, and modular units
- Annex D addresses:
 - Design and Planning
 - Construction
 - Operation and Maintenance
 - Facility Decommissioning



Guidelines for ACS Design and Planning

- In the event of a public health emergency, the rapid establishment of ACSs is critical
- Assess the potential sites.
- Use the Goals and Objectives of Chapter 4 to evaluate the safety.



Guidelines for ACS Design and Planning

- Considerations should include but not limited to include:
 - the number and type of patients
 - the proximity to nearby hospitals
 - personnel staffing requirements
 - utility requirements
 - air filtration
 - handling capacities
 - safety features for emergency response
 - egress
 - staging of ambulances
 - parking availability



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Guidelines for ACS Construction

- Construction process considerations:
 - Stake holders are involved
 - Compliance with Chapter 18 is reviewed
 - Alternate methods of compliance are documents
 - Interim Life Safety measures are evaluated and implemented as needed
 - Local AHJ approve occupancy

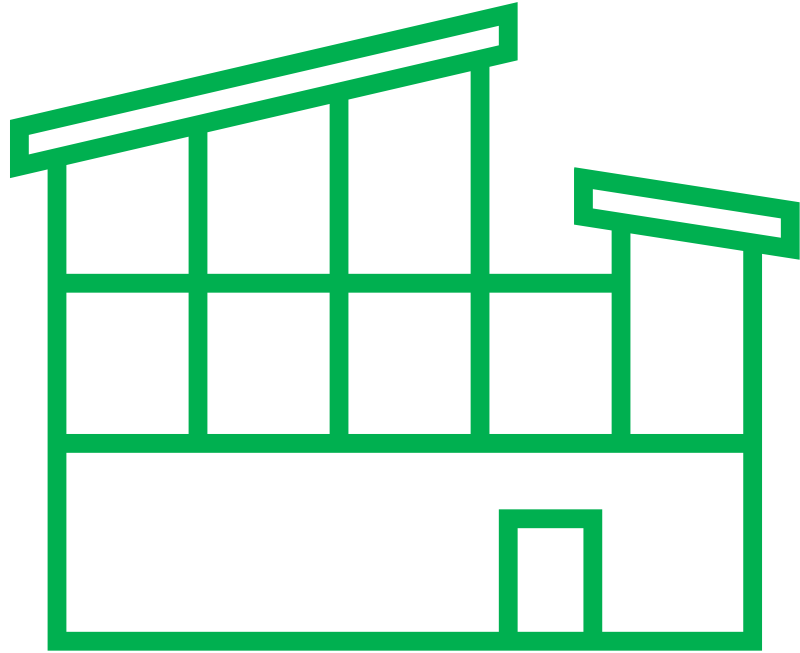


Guidelines for ACS Operations and Maintenance

- The user of the ACS should ensure compliance with all recognized codes, standards, and recognized practices to the extent possible
- Consider a fire watch depending on the Planning and Construction agreements
- Inspection, testing, and maintenance of fire protection systems is required per reference Codes and Standards
- Building Services and Operating Features must comply with Chapter 18 or 19. (18/19.5 and 18/19.7)



Guidelines for ACS Facility Decommissioning



- Upon completion as an ACS, the facility should be returned to its original existing occupancy classification as appropriate.
- Utilities required to support ACS operations should be removed in accordance with 4.6.12 upon permanent deactivation of the ACS.



ACS Summary

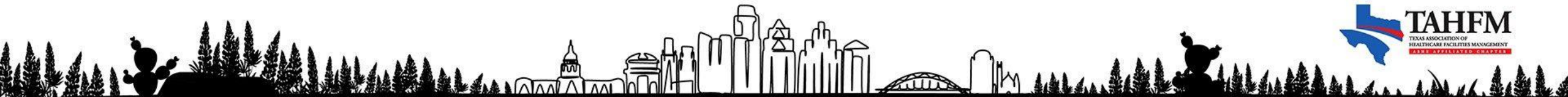
- Compliance with NFPA 101 is still a requirement. Change of occupancy is not required. Interim Life Safety may be required

NFPA®

101®

Life Safety Code®

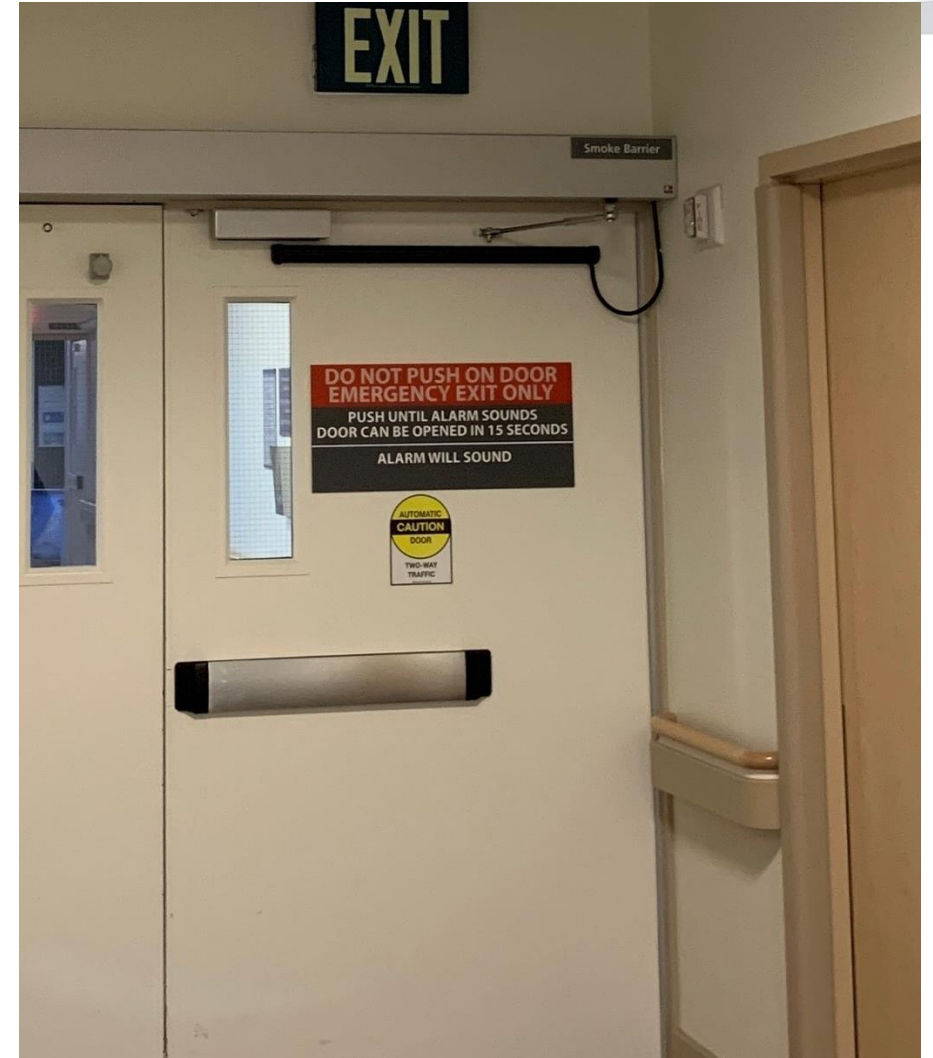
Code | 2024



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NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 18/19.2.2.2.5: Revised door locking requirements – patient special needs (New and Existing)
 - The smoke compartment containing the locked area, all adjacent smoke compartments on the floor, and all smoke compartments leading to the required exits from the locked area are protected throughout by an approved, supervised automatic sprinkler system.

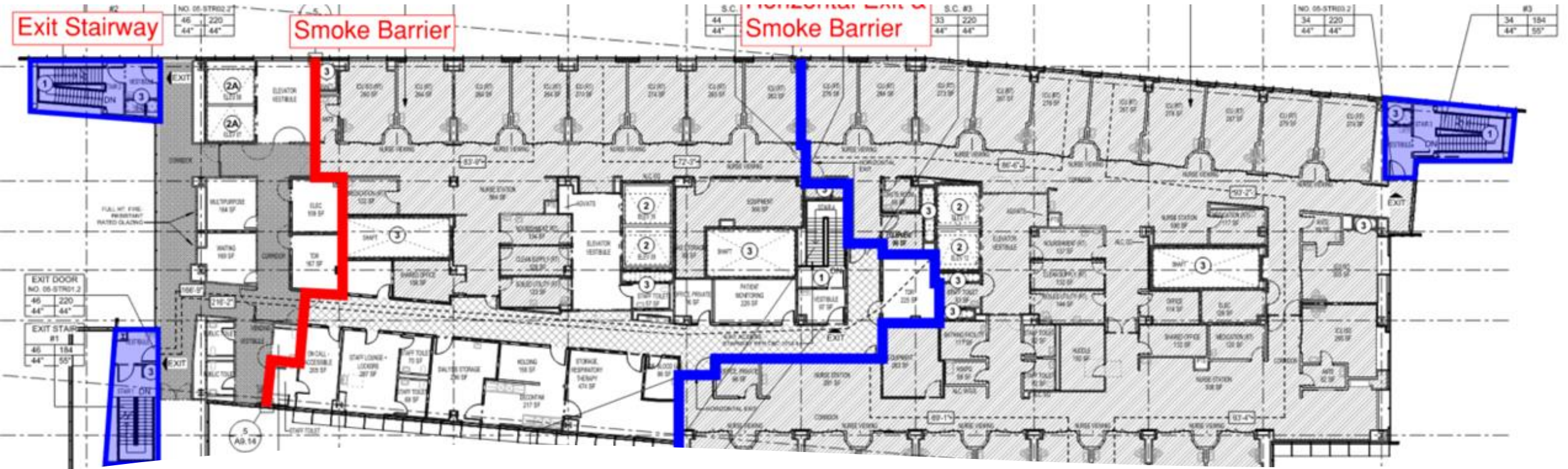


NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 18.2.2.2.11: Manual fire alarm box activation not required to unlock stair doors for re-entry
- Fire Alarm Private Mode device locations are clarified



NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies



- Smoke Zone size increased to maximum of **40,000 sq ft** of rooms configured for single patient or non patient sleeping zones. Nursing homes are still 22,500 sq ft maximum

NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 18.3.2.1.3/19.3.2.1.5(9): Added sterile core exemption from hazardous area requirements
- 18/19.2.5.7.3.2: Nonsleeping patient care suites – 10,000 for existing 12,500 for QR sprinklers- 15,000 for QR Sprinklers and smoke detection



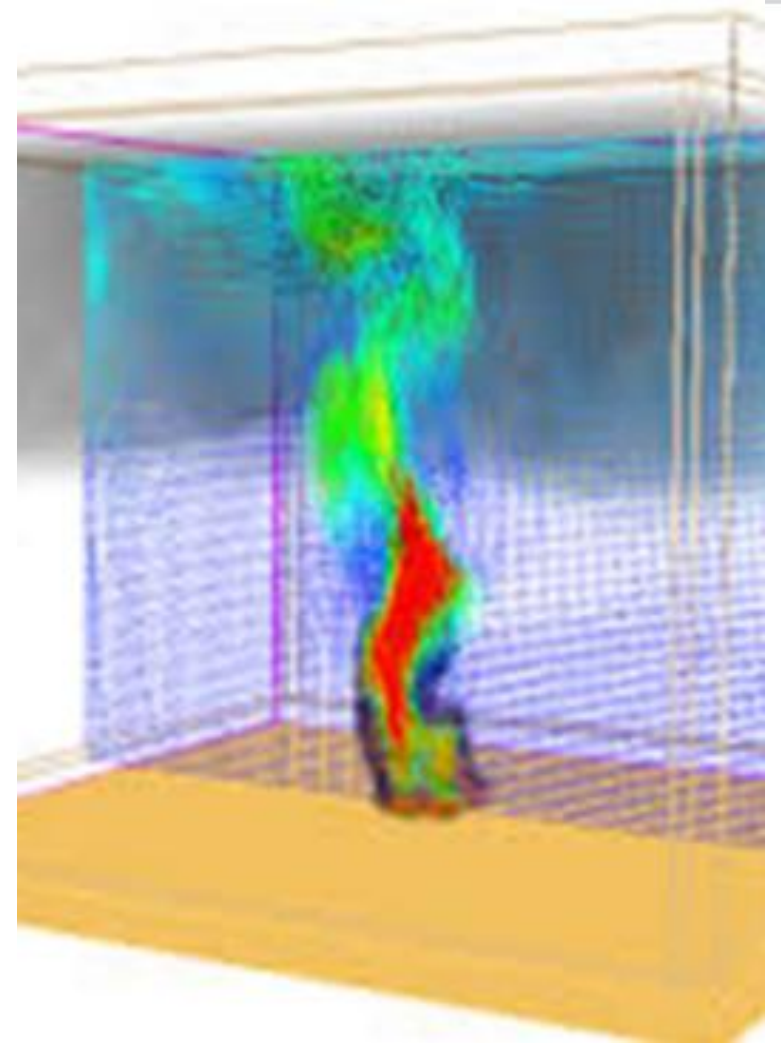
NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 18.3.2.5.3, 18.3.4.6, 20.3.4.5:
Added CO detection requirements for NEW ONLY



NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 18/19.7.9: Replaced construction area separation requirements with NFPA 241 reference



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NFPA 101 Chapters 18-21 Health Care/Ambulatory HC Occupancies

- 19.4.3: Clarified existing high-rise sprinkler requirement
- CMS Still requires installation by **July 2028**



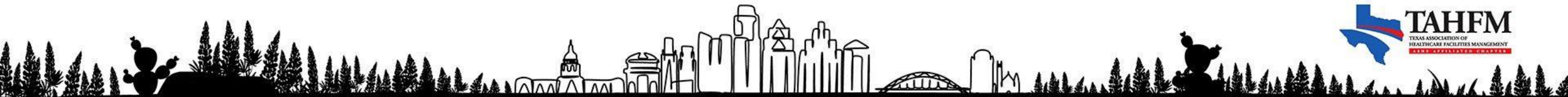
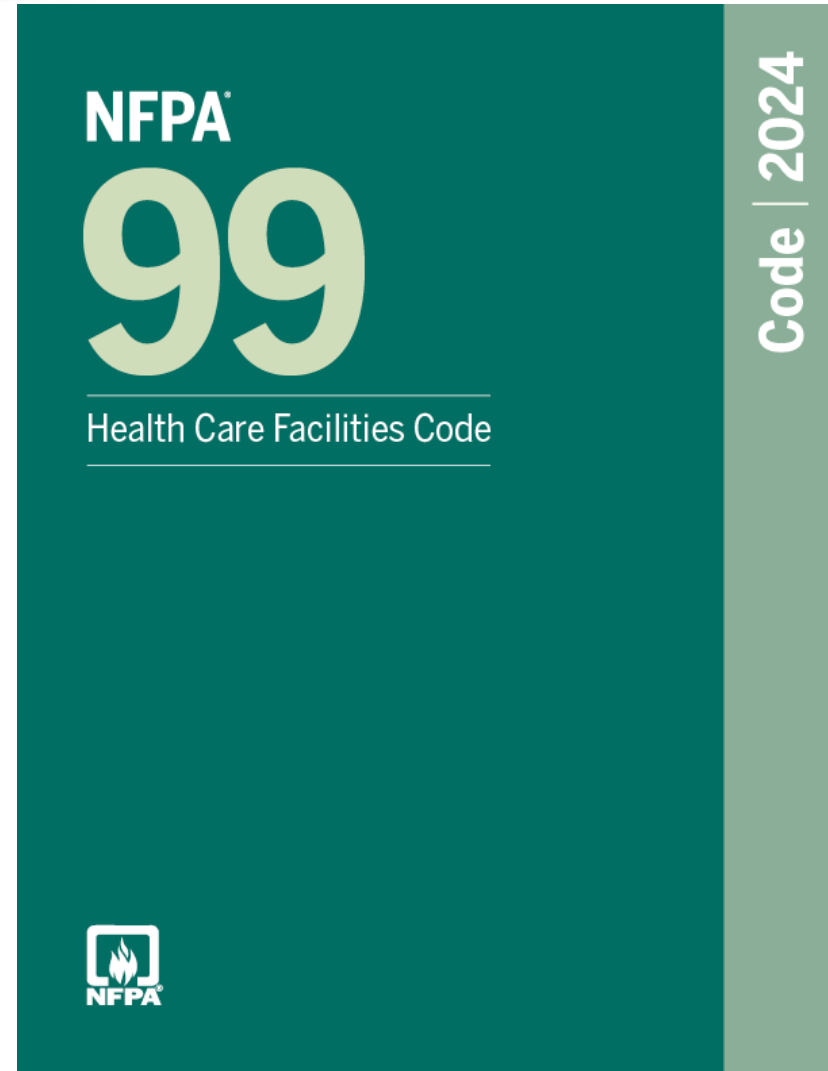
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NFPA 101 Chapters 40-42 Industrial & Storage Occupancies

- 42.8.2.5.1: Parking structure common path of travel increased from 50 ft (15 m) to 75 ft (23 m)
- 42.8.3.5: Added sprinkler requirement for all new parking structures



NFPA 99



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NFPA Chapters 1 and 2

- 1.3.2.3 Continued use of an existing system that is noncompliant with the requirements of this code shall be permitted unless the AHJ determined that such use poses a distinct hazard to life
- 1.3.4.2 Health care facility's governing body shall designate ALL anesthetizing locations
- Chapter 2 updated references and added ISO reference for metric



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NFPA 99 Chapter 3 Definitions

- 3.3.7 Anesthetizing Location: Any location where moderate sedation, deep sedation or general anesthesia is intended to be administered
- New Emergency Planning Definitions:
 - Debrief – Feed back after an exercise
 - Exercise – An instrument to train, assess, and practice
 - Incident – An occurrence or event that causes an emergency response
 - Planned Event – A planned nonemergency assembly for an activity



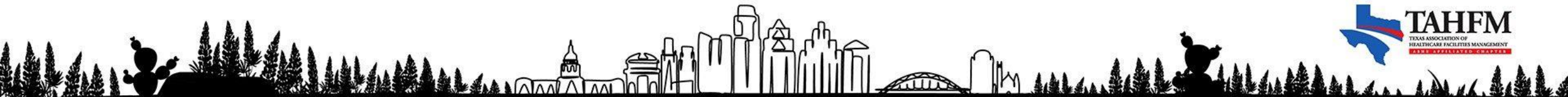
NFPA 99 Chapter 3 Definitions



- FGI Guidelines definition and reference are the responsibility of the Fundamentals TC.
- 3.3.108 Manufactured Rough-In Assembly – New definition to address factory assembled product containing the secondary valve only.

NFPA 99 Chapter 5 Medical Gas and Vacuum

5.1.3.1.10 In nonsmoking facilities signage is not required to reference “No Smoking”



NFPA 99 Chapter 5 Medical Gas and Vacuum



- Maximum Allowable Quantities (MAQ) has been set in 5.1.3.3.2.1 and 5.1.3.3.2.5
- 5.1.3.3.2.5*
- The total quantity of medical gases connected to or in storage for central supply systems shall comply with Table 5.1.3.3.2.5 for each enclosure or room.

NFPA 99 Chapter 5 Medical Gas and Vacuum

*Table 5.1.3.3.2.5 Storage Quantities for Medical Gas and Cryogenic Fluid Central Supply Systems in Health Care Facilities

| Gas | Maximum Allowable Quantity, Connected and in Storage | | |
|---|--|--|--|
| | Outdoor Enclosures ^a | Indoor Nonsprinklered ^b | Indoor Sprinklered ^c |
| Oxygen and nitrous oxide ^d | No limit | 283 m ³ (10,000 ft ³) | 566 m ³ (20,000 ft ³) |
| Carbon dioxide, helium, medical air, and nitrogen | No limit | | |

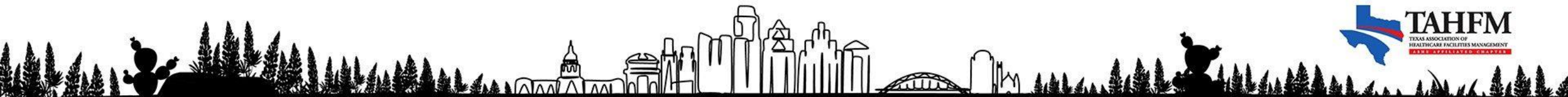
^aOutdoor enclosure constructed and ventilated in accordance with this code and NFPA 55.

^bIndoor structure constructed in accordance with 5.1.3.3.2 and ventilated in accordance with 9.3.6.

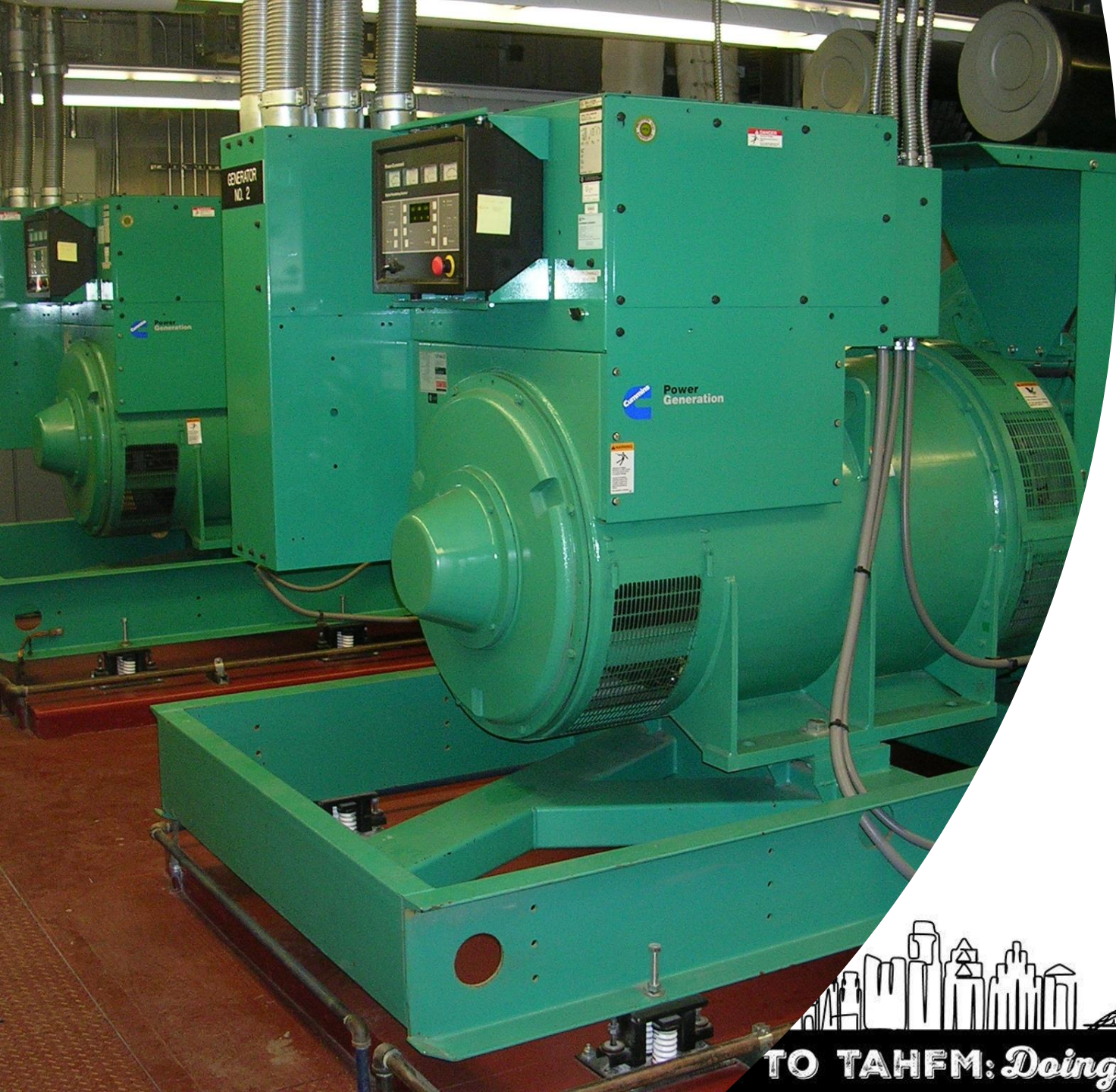
^cIndoor structure constructed in accordance with 5.1.3.3.2, ventilated in accordance with 9.3.6, and provided with an approved, automatic sprinkler system in accordance with NFPA 13.

^dSum of all oxidizing gases within a room.

Table 5.1.3.3.2.5 Storage Quantities for Medical Gas and Cryogenic Fluid Central Supply Systems in Health Care Facilities



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Chapter 6 Electrical Systems



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Chapter 6 Electrical Systems

- Essential Electrical Systems terminology is proposed to be updated. New wording allows more than generators for EES.





Chapter 6 Electrical Systems

- 6.7.1.2.2.4 Electrical Preventive Maintenance(EPM) is changed to “Electrical Maintenance Program” (EMP) to correlate to NFPA 70B
- Essential Electrical Systems is the terminology is updated to reflect the use of other energy systems





Chapter 6 Electrical Systems

- 6.7.3.4 Control conductors between the transfer switch and the emergency generator shall be independent of all other wiring. References to NEC are removed.
- 6.7.5.1.2.8 This is a correlation with Life Safety Branch of the EES. Life Safety Lighting Dimmer and Relays are allowed.



NFPA 99 Chapter 12

- Emergency management



Removed NFPA 1600 and updated to NFPA 1660

New terms added to Chapter 3

- Incident
- Exercise
- Planned event
- Debrief



NFPA 99 Chapter 14 Hyperbaric



- New Section 14.2.2.1 – Pressure release devices are required
 - Primary at the design pressure and
 - Secondary at 200% of design pressure
- 14.2.6.1.1 New terminology for Class A fire protection systems
 - Primary is a deluge system or equivalent
 - Secondary is a hose line or equivalent
 - Criteria for both added 14.2.6.2 & 14.2.6.3

Advantages

- Larger smoke zones
- Larger nonsleeping patient care suite size
- 75% discharge to the exterior
- Fire Alarm Private mode device locations
- Sterile core NOT a hazardous area
- Options for EES including Micro Grids

Disadvantages

- Retraining
- New forms
- AOs need to updated their criteria



NFPA 101 & NFPA 99 2024 Editions

- These are ready for use
 - Will provide design and operation flexibility
 - Will help control cost for initial construction and ITM
 - Provides accepted levels of fire and life safety
-
- Reach out to you Senator and Congressman.
It is time to change.



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Thank you

Questions

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