MEMORANDUM

TO: NFPA Technical Committee on Health Care Occupancies (SAF-HEA)

FROM: Diane Matthews, Administrator, Technical Projects

DATE: October 12, 2012


Attached please find the First Revisions for NFPA 101. The ballot is for formally voting on whether or not you concur with the committee’s First Revisions. Reasons must accompany all negative and abstaining votes.

The package contains a ballot cover memo along with a report of the First Revisions and the submittable ballot form. In the new process, your vote is limited to what is actually being changed in the document for the next edition and that is represented by the report of the First Revisions.

In addition, there are several other reports posted on the respective NFPA Document Information pages which are provided for reference purposes. They include:

- **First Revisions with Statements** - this report details the First Revisions and the committee’s statements to those revisions from the First Draft meeting. Please note that the Committee is being balloted only on the First Revisions and not the statements of those revisions.
- **Public Input with Responses** - this report details all the received public input and the committee’s responses.
- **Committee Input with Statements** - this report details any committee input and statements generated at the First Draft meeting.
- **First Draft for Ballot** - this is a copy of the draft document reflecting the first revisions that can be used as a reference point when completing your ballot.
Please do not vote negatively because of editorial errors. However, please bring such errors to my attention for action.

Please complete and return your ballot as soon as possible but no later than Friday, October 19, 2012. As noted on the ballot form, please return the ballot to Diane Matthews, Administrator, Technical Projects, either via e-mail to saf-hea@nfpa.org or via fax to 617-984-7110. You may also mail your ballot to the attention of Diane Matthews at NFPA, 1 Batterymarch Park, Quincy, MA 02169.

The return of ballots is required by the Regulations Governing the Development of NFPA Standards.

Attachments
Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.1.3.2 Atrium walls in accordance with 6.1.14.4.6 shall be permitted to serve as part of the separation required by 6.1.14.4.1 for creating separated occupancies on a story-by-story basis, provided both of the following are met:
(1) The provision is not used for occupancy separations involving industrial and storage occupancies.
(2) Smoke partitions serving as atrium walls are not permitted to serve as enclosures for hazardous areas.
[Renumber subsequent paragraphs]

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.1.4.2 Special Definitions. A list of special terms used in this chapter follows:
(1) Ambulatory Health Care Occupancy, See 3.3.188.1.
(2) Deep-fat Frying. A cooking method that involves fully immersing food in hot oil.
(3) Hospital, See 3.3.142.
(4) Limited Care Facility, See 3.3.88.2.
(5) Nursing Home, See 3.3.140.2.

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.1.6.5 Interior nonbearing walls required to have a minimum 2-hour fire resistance rating of 2-hours or less shall be permitted to be of fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided that such walls are not used as shaft enclosures.

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.2.2.2.7* Doors permitted to be locked in accordance with 18.2.2.2.5.1 shall be permitted to have murals on the egress doors to disguise the doors provided all of the following are met:
(1) Staff can readily unlock the doors at all times in accordance with 18.2.2.2.6.
(2)* The door releasing hardware, where provided, is readily accessible for staff use.
(3)* Door leaves, windows and door hardware, other than door releasing hardware, shall be permitted to be covered by the murals.
(4) The murals shall not impair the operation of the doors.
[renumber subsequent provisions]
Submitter: Technical Committee Health Care Occupancies

Recommendation: **18.2.2.10.1** Horizontal-sliding doors, as permitted by 7.2.1.14, that are not automatic-closing shall be limited to a single leaf and shall have a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.

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Submitter: Technical Committee Health Care Occupancies

Recommendation: **18.2.3.4** Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:

- [items 1-6 remain unchanged]
- (7) Nursing home corridors shall be permitted to be not less than 6 ft (1830 mm) wide in smoke compartments housing not more than 30 patients.
- (8) Cross-corridor door openings in corridors with a required minimum width of 6 ft (1830 mm) shall have a clear width of not less than 64 in. (1625 mm) for pairs of doors or a clear width of not less than 32 in. (810 mm) for a single door.
Submitter: Technical Committee Health Care Occupancies

Recommendation: 18.2.5.7.2.1 Sleeping Suite Arrangement Supervision.

(A)* Occupants of habitable rooms within sleeping suites shall have exit access to a corridor complying with 18.3.6, or to a horizontal exit, directly from the suite.

(B)* Where two or more exit access doors are required from the suite by 18.2.5.5.1, one of the exit access doors shall be permitted to be directly to an exit stair, exit passageway, or exit door to the exterior.

(C) (A) Sleeping suites shall be provided with constant staff supervision within the suite.

(B)* Sleeping suites shall be arranged in accordance with one of the following:

1. Patient sleeping rooms within sleeping suites shall provide one of the following:
   (a) The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains shall be permitted.
   (b) Any patient sleeping rooms without the direct supervision required by 18.2.5.7.2.1(D)(1)(a) shall be provided with smoke detection in accordance with Section 9.6 and 18.3.4.

2. Sleeping suites shall be provided with a total (complete) coverage (complete) automatic smoke detection system in accordance with 9.6.2.9 and 18.3.4.

18.2.5.7.2.2 Sleeping Suite Number of Means of Egress.

(A)* Sleeping suites shall have exit access to a corridor complying with 18.3.6 or to a horizontal exit, directly from the suite.

(B)* Sleeping suites of more than 1000 ft² (93 m²) shall have not less than two exit access doors remotely located from each other.

(C)* One means of egress from the suite shall be directly to a corridor complying with 18.3.6.

For suites requiring two means of egress exit access doors, one means of egress of the exit access doors from the suite shall be permitted to be into one of the following:

1. An exit stair
2. An exit passageway
3. An exit door to the exterior
4. Another suite, provided that the separation between the suites complies with the corridor requirements of 18.3.6.2 through 18.3.6.5.

18.2.5.7.2.3 Sleeping Suite Maximum Size.

(A) Reserved.

(B) Sleeping suites shall not exceed 7500 ft² (700 m²), unless otherwise provided in 18.2.5.7.2.3(C).

(C) Sleeping suites greater than 7500 ft² (700 m²) and not exceeding 10,000 ft² (930 m²) shall be permitted where both of the following are provided in the suite:

1. Direct visual supervision in accordance with 18.2.5.7.2.1(D)(1)(a)
2. Total (complete) coverage (complete) automatic smoke detection in accordance with 9.6.2.9 and 18.3.4

18.2.5.7.2.4 Sleeping Suite Travel Distance.

(A) Travel distance between any point in a sleeping suite and an exit access corridor door or a horizontal exit door from that suite shall not exceed 100 ft (30 m).

(B) Travel distance between any point in a sleeping suite and an exit shall not exceed 200 ft (61 m).
18.2.5.7.3 through 18.2.5.7.3.2(C)

Submitter: Technical Committee Health Care Occupancies

Recommendation: 18.2.5.7.3 Patient Care Non-Sleeping Suites. Non-sleeping suites shall be in accordance with the following:

1. Non-sleeping suites for patient care shall comply with the provisions of 18.2.5.7.3.1 through 18.2.5.7.3.4.
2. Non-sleeping suites not for patient care shall comply with the provisions of 18.2.5.7.4.

18.2.5.7.3.1 Patient Care Non-Sleeping Suite Arrangement.

(A) Occupants of habitable rooms within non-sleeping suites shall have exit access to a corridor complying with 18.3.6, or to a horizontal exit, directly from the suite.

(B) Where two or more exit access doors are required from the suite by 18.2.5.5.2, one of the exit access doors shall be permitted to be directly to an exit stair, exit passageway, or exit door to the exterior.

18.2.5.7.3.2 Patient Care Non-Sleeping Suite Number of Means of Egress.

(A) Patient care non-sleeping suites shall have exit access to a corridor complying with 18.3.6 or to a horizontal exit, directly from the suite.

(B) Non-sleeping Patient care non-sleeping suites of more than 2500 ft² (230 m²) shall have not less than two exit access doors remotely located from each other.

(C) Non-sleeping suites greater than 12,500 ft² (1160 m²) and not exceeding 15,000 ft² (1390 m²) shall be permitted where provided with total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 18.3.4.

18.2.5.7.3.3 Patient Care Non-Sleeping Suite Maximum Size.

(A) Non-sleeping suites shall not exceed 10,000 ft² (930 m²) or 12,500 ft² (1160 m²), unless otherwise provided in 18.2.5.7.3.2(B).

(B) Non-sleeping suites greater than 12,500 ft² (1160 m²) and not exceeding 15,000 ft² (1390 m²) shall be permitted where provided with total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 18.3.4.
18.2.5.7.3.3 Patient Care Non-Sleeping Suite Travel Distance.

(A) Travel distance within a non-sleeping suite to an exit access corridor door or horizontal exit door from the suite shall not exceed 100 ft (30 m).

(B) Travel distance between any point in a non-sleeping suite and an exit shall not exceed 200 ft (61 m).

18.3.2.1 Hazardous Areas.

18.3.2.1.1 Any hazardous areas shall be protected in accordance with Section 8.7, and the areas described in Table 18.3.2.1 addressed in 18.3.2.1.2 and 18.3.2.1.3 shall be protected as indicated.

18.3.2.1.2 The following areas shall be considered hazardous areas and shall be protected by fire barriers having minimum 1-hr fire resistance rating in accordance with Section 8.3:

1. Boiler and fuel-fired heater rooms
2. Central/bulk laundries larger than 100 ft² (9.3 m²)
3. Laboratories that use hazardous materials that would be classified as a severe hazard in accordance with NFPA 99, Standard for Health Care Facilities
4. Paint shops employing hazardous substances and materials in quantities less than those that would be classified as a severe hazard
5. Physical plant maintenance shops
6. Rooms with soiled linen in volume exceeding 64 gal (242 L)
7. Rooms with collected trash in volume exceeding 64 gal (242 L)
8. Storage rooms larger than 100 ft² (9.3 m²) and storing combustible material

18.3.2.1.3 The following areas shall be considered hazardous areas and shall be protected by smoke partitions in accordance with Section 8.4:

1. Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard
2. Storage rooms larger than 50 ft² (4.6 m²) but not exceeding 100 ft² (9.3 m²) and storing combustible material

18.3.2.3 Anesthetizing Locations.

Anesthetizing locations shall be protected in accordance with NFPA 99, Health Care Facilities Code.

Hyperbaric Chambers. Health care occupancies housing hyperbaric chambers shall comply with 8.7.5.
Recommendation: 18.3.2.5.3* 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 18.3.7.3, 18.3.7.6, and 18.3.7.8.

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 clean-out 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 ANSI/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 with battery backup, interconnected in accordance with 9.6.2.10.3, and 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) and not further than 25 ft (7.6 m) from the cooktop or range.

12. The smoke alarms required by 18.3.2.5.3(11) are permitted to be located outside the kitchen area where such placement is necessary for compliance with the 20-ft (7.6-m) minimum distance criterion.

13.** A single system smoke detector is permitted to be installed in lieu of the smoke alarms required in 18.3.2.5.3(11) provided the following criteria are met:
   a. The detector is located not closer than 20 ft (6.1 m) and not further than 25 ft (7.6 m) from the cooktop or range.
   b. The detector is permitted to initiate a local audible alarm signal only.
   c. The detector is not required to initiate a building wide occupant notification signal.
   d. The detector is not required to notify the emergency forces.
   e. The local audible signal initiated by the detector is permitted to be silenced and reset by a button on the detector or by a switch installed within 10 ft (3.0 m) of the system smoke detector.

14.** No System smoke detectors is located less than 20 ft (6.1 m) from the cooktop or range that are required to be installed in corridors or spaces open to the corridor by other sections of this chapter are not used to meet the requirements of 18.3.2.5.3(11) and are located not closer than 25 ft (7.6 m) to the cooktop or range.
**Recommendation: 18.3.2.6** Alcohol-Based Hand-Rub Dispensers. 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:
   - Where dispensers are installed in a corridor, the maximum individual dispenser fluid capacity shall be 0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors.
   - Where dispensers are installed in suites of rooms, the maximum individual dispenser fluid capacity shall be 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 NFPA 30B, 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 4135 oz (22.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 18.3.2.6(6).
6. One dispenser complying with 18.3.2.6(2) or (3) per room and located in that room shall not be included in the aggregated quantity addressed in 18.3.2.6(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:
   - Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source.
   - To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source.
   - 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:
   - Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.
   - An object placed within the activation zone and left in place shall not cause more than one activation.
   - The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.
   - The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is minimized.
   - The dispenser shall be tested in accordance with the manufacturer’s care and use instructions each time a new refill is installed.

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**Recommendation: 18.3.4.2.1** 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 and 18.3.4.2.3.

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101 FR3057 SAF-HEA
(18.3.4.2.3)

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.3.4.2.3 The system smoke detector installed in accordance with 18.3.2.5.3(13) shall not be required to initiate the fire alarm system.

101 FR3069 SAF-HEA
(18.3.4.3.1)

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.3.4.3.1 Occupant Notification. Occupant notification shall be accomplished automatically in accordance with 9.6.3, unless otherwise modified by the following:
(1) Paragraph 9.6.3.2.3 shall not be permitted to be used.
(2)* In lieu of audible alarm signals, visible alarm-indicating appliances shall be permitted to be used in critical care areas.
(3) The provision of 18.3.2.5.3(13)(c) shall be permitted to be used.

101 FR3070 SAF-HEA
(18.3.4.3.2.1)

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.3.4.3.2.1 Fire department Emergency forces notification shall be accomplished in accordance with 9.6.4, except that the provision of 18.3.2.5.3(13)(d) shall be permitted to be used.

101 FR3031 SAF-HEA
(18.3.6.3.1)

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.3.6.3.1 Doors including doors or panels to nurse servers and pass-through openings, protecting corridor openings shall be constructed to resist the passage of smoke, and the following also shall apply:
(1) Compliance with NFPA 80, Standard for Fire Doors and Other Opening Protectives, shall not be required.
(2) For other than doors protecting pass-through openings, a clearance between the bottom of the door and the floor covering not exceeding 1 in. (25 mm) shall be permitted for corridor doors.
(3) For doors protecting pass-through openings, a clearance between the bottom of the door and the sill not exceeding 1/8 in. (3 mm) shall be permitted.
(9-4) Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible material shall not be required to be constructed to resist the passage of smoke.

101 FR3060 SAF-HEA
(18.3.6.4.1)

Submitter: Technical Committee Health Care Occupancies
Recommendation: 18.3.6.4.1 Transfer grilles, regardless of whether they are protected by fusible link– operated dampers, shall not be used in corridor walls or doors, unless otherwise permitted by 18.3.6.4.2.
Recommendation: 18.3.7.1 Buildings containing health care facilities shall be subdivided by smoke barriers (see 18.2.4.3), unless otherwise permitted by 18.3.7.2, as follows:

1. To divide every story used by inpatients for sleeping or treatment into not less than two smoke compartments
2. To divide every story having an occupant load of 50 or more persons, regardless of use, into not less than two smoke compartments
3. To limit the size of each smoke compartment required by 18.3.7.1(1) and (2) to an area not exceeding 22,500 ft² (2071 m²), unless the area is an atrium separated in accordance with 8.6.7, in which case no limitation in size is required
4. To limit the travel distance from any point to reach a door in the required smoke barrier to a distance not exceeding 200 ft (61 m)

Recommendation: 18.3.7.2 The smoke barrier subdivision requirement of 18.3.7.1 shall not apply to any of the following occupancies:

1. Stories that do not contain a health care occupancy located directly above the health care occupancy
2. Areas on health care floors that do not contain a health care occupancy and that are separated from the health care occupancy by a fire barrier complying with 7.2.4.3
3. Stories that do not contain a health care occupancy and that are more than one story below the health care occupancy
4. Stories located directly below a health care occupancy where such stories house mechanical equipment only and are separated from the story above by 2-hour fire resistance-rated construction
5. Open-air parking structures protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7

Recommendation: 18.3.7.6* Doors in smoke barriers shall be substantial doors, such as non-rated 1 3/4 in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes, and shall meet the following requirements:

Recommendation: 18.3.7.9.1 The bottom of at least one vision panel in each leaf shall be not more than 43 in. (1090 mm) above the finished floor.
Recommendation: **18.4.3** Alcohol-Based Hand-Rub Dispensers. 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 NFPA 30B, *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 18.4.3(6).
6. One dispenser complying with 18.4.3(2) or (3) per room and located in that room shall not be included in the aggregated quantity addressed in 18.4.3(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.

Recommendation: **18.5.4.2** The fire resistance rating of chute charging service opening rooms shall not be required to exceed 1 hour.
Submitter: Technical Committee Health Care Occupancies

Recommendation: Revise to read:

18.5.4.4 Any rubbish chute shall discharge into a trash-collection chute discharge room used for no other purpose and shall be protected in accordance with Section 8.7 and Section 9.5.

Submitter: Technical Committee Health Care Occupancies

Recommendation: 18.7.3.3 For smoke compartments having spaces not separated from the corridor by partitions, a written floor plan shall be provided to indicate the location of all required means of egress corridors in that smoke compartment.

Submitter: Technical Committee Health Care Occupancies

Recommendation: 18.7.5.6 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 flame propagation performance criteria contained in Test Method 1 or Test Method 2, as appropriate, 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.
Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.1.3.2 Atrium walls in accordance with 6.1.14.4.6 shall be permitted to serve as part of the separation required by 6.1.14.4.1 for creating separated occupancies on a story-by-story basis, provided both of the following are met:

1. The provision is not used for occupancy separations involving industrial and storage occupancies.
2. Smoke partitions serving as atrium walls are not permitted to serve as enclosures for hazardous areas.

[Renumber subsequent paragraphs]

Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.1.4.2 Special Definitions. A list of special terms used in this chapter follows:

1. Ambulatory Health Care Occupancy. See 3.3.188.1.
3. Hospital. See 3.3.142.
4. Limited Care Facility. See 3.3.88.2.
5. Nursing Home. See 3.3.140.2.

Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.1.6.5 Interior nonbearing walls required to have a minimum 2-hour fire resistance rating of 2-hours or less 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.

Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.2.2.2.7 Doors permitted to be locked in accordance with 19.2.2.2.5.1 shall be permitted to have murals on the egress doors to disguise the doors provided all of the following are met:

1. Staff can readily unlock the doors at all times in accordance with 19.2.2.6.
2. The door releasing hardware, where provided, is readily accessible for staff use.
3. Door leaves, windows and door hardware, other than door releasing hardware, shall be permitted to be covered by the murals.
4. The murals shall not impair the operation of the doors.
5. The affected smoke compartments are protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7.

[Renumber subsequent paragraphs]
Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.2.2.10.1 Horizontal-sliding doors, as permitted by 7.2.1.14, that are not automatic-closing shall be limited to a single leaf and shall have a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.
19.2.5.7.2.1 Sleeping Suite Arrangement Supervision.

(A) Occupants of habitable rooms within sleeping suites shall have exit access to a corridor complying with 19.3.6, or to a horizontal exit, directly from the suite.

(B) Where two or more exit access doors are required from the suite by 19.2.5.5.1, one of the exit access doors shall be permitted to be directly to an exit stair, exit passageway, or exit door to the exterior.

(C) Sleeping suites shall be provided with constant staff supervision within the suite.

(D) Sleeping suites shall be arranged in accordance with one of the following:

1. Patient sleeping rooms within sleeping suites shall provide one of the following:
   (a) The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains shall be permitted.
   (b) Any patient sleeping rooms without the direct supervision required by 19.2.5.7.2.1(D)(1)(a) shall be provided with smoke detection in accordance with Section 9.6 and 19.3.4.

2. Sleeping suites shall be provided with a total (complete) coverage automatic smoke detection system in accordance with 9.6.2.9 and 19.3.4.

19.2.5.7.2.2 Sleeping Suite Number of Means of Egress.

(A) Sleeping suites shall have exit access to a corridor complying with 19.3.6 or to a horizontal exit, directly from the suite.

(B) Sleeping suites of more than 1000 ft² (93 m²) shall have not less than two exit access doors remotely located from each other.

(C) One means of egress from the suite shall be directly to a corridor complying with 19.3.6.

(D) For suites requiring two means of egress exit access doors, one means of egress of the exit access doors from the suite shall be permitted to be into one of the following:

1. An exit stair
2. An exit passageway
3. An exit door to the exterior
4. Another suite, provided that the separation between the suites complies with the corridor requirements of 19.3.6.2 through 19.3.6.5.

19.2.5.7.2.3 Sleeping Suite Maximum Size.

(A) Sleeping suites shall not exceed 5000 ft² (460 m²), unless otherwise provided in 19.2.5.7.2.3(B) or 19.2.5.7.2.3(C).

(B) Sleeping suites shall not exceed 7500 ft² (700 m²) where the smoke compartment is protected throughout by one of the following:

1. Approved electrically supervised sprinkler system in accordance with 19.3.5.7 and total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 19.3.4.

2. Approved electrically supervised sprinkler system protection complying with 19.3.5.8.

(C) Sleeping suites greater than 7500 ft² (700 m²), and not exceeding 10,000 ft² (930 m²), shall be permitted where all of the following are provided in the suite:

1. Direct visual supervision in accordance with 19.2.5.7.2.1(D)(1)(a)
2. Total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 19.3.4
3. Approved electrically supervised sprinkler system protection complying with 19.3.5.8

19.2.5.7.2.4 Sleeping Suite Travel Distance.

(A) Travel distance between any point in a sleeping suite and an exit access corridor door or a horizontal exit door from that suite shall not exceed 100 ft (30 m).

(B) Travel distance between any point in a sleeping suite and an exit shall not exceed the following:

1. 150 ft (46 m) if the building is not protected throughout by an approved electrically supervised sprinkler system complying with 19.3.5.7
2. 200 ft (61 m) if the building is protected throughout by an approved electrically supervised sprinkler system complying with 19.3.5.7.
Recommendation: 19.2.5.7.3 Patient Care Non-Sleeping Suites. Non-sleeping suites shall be in accordance with the following:

(1) Non-sleeping suites for patient care shall comply with the provisions of 19.2.5.7.3.1 through 19.2.5.7.3.4.

(2) Non-sleeping suites not for patient care shall comply with the provisions of 19.2.5.7.4.

19.2.5.7.3.1 Patient Care Non-Sleeping Suite Arrangement.

(A) Occupants of habitable rooms within non-sleeping suites shall have exit access to a corridor complying with 19.3.6, or to a horizontal exit, directly from the suite.

(B) Where two or more exit access doors are required from the suite by 19.2.5.5.2, one of the exit access doors shall be permitted to be directly to an exit stair, exit passageway, or exit door to the exterior.

19.2.5.7.3.2 Patient Care Non-Sleeping Suite Number of Means of Egress.

(A) Patient care non-sleeping suites shall have exit access to a corridor complying with 19.3.6 or to a horizontal exit, directly from the suite.

(B) Patient care non-sleeping suites of more than 2500 ft² (230 m²) shall have not less than two exit access doors remotely located from each other.

(B)* One means of egress from the suite shall be directly to a corridor complying with 19.3.6.

(C)* For suites requiring two means of egress, one means of egress from the suite shall be permitted to be into another exit access doors, one of the exit access doors shall be permitted to be to one of the following:

(1) An exit stair
(2) An exit passageway
(3) An exit door to the exterior
(4) Another suite, provided that the separation between the suites complies with the corridor requirements of 19.3.6.2 through 19.3.6.5

Recommendation: 19.2.5.7.3.3 Patient Care Non-Sleeping Suite Maximum Size. Non-sleeping suites shall not exceed 10,000 ft² (930 m²), unless otherwise provided in 19.2.5.7.3.2(A) or 19.2.5.7.3.2(B).

(A) Non-sleeping suites greater than 10,000 ft² (930 m²) and not exceeding 12,500 ft² (1161 m²) shall be permitted where the smoke compartment is protected throughout by one of the following:

(1) Approved electrically supervised sprinkler system in accordance with 19.3.5.7 and total coverage (complete) automatic smoke detection in accordance with 9.6.2.9 and 19.3.4
(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

(B) Non-sleeping suites greater than 12,500 ft² (1161 m²) and not exceeding 15,000 ft² (1394 m²) shall be permitted where both of the following are provided in the suite:

(1) Total coverage (complete) automatic smoke detection in accordance with 9.6.2.9 and 19.3.4
(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

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Recommendation: 19.2.5.7.3.4 Patient Care Non-Sleeping Suite Travel Distance.

(A) Travel distance within a non-sleeping suite to an exit access corridor door or a horizontal exit door from the suite shall not exceed 100 ft (30 m).

(B) Travel distance between any point in a non-sleeping suite and an exit shall not exceed the following:
   (1) 150 ft (46 m) if the building is not protected throughout by an approved electrically supervised sprinkler system complying with 19.3.5.7
   (2) 200 ft (61 m) if the building is protected throughout by an approved electrically supervised sprinkler system complying with 19.3.5.7

Submitters: Technical Committee Health Care Occupancies

Recommendation: 19.3.2.3 Anesthetizing Locations. Anesthetizing locations shall be in accordance with Section 8.7 and the provisions of NFPA 99, Health Care Facilities Code, applicable to administration, maintenance, and testing.

Hyperbaric Chambers. Health care occupancies housing hyperbaric chambers shall comply with 8.7.5.
Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.3.2.5.3* 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 clean-out 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 ANSI/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 with battery backup, interconnected in accordance with 9.6.2.10.3, and 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) and not further than 25 ft (7.6 m) from the cooktop or range.

12. The smoke alarms required by 19.3.2.5.3(11) are permitted to be located outside the kitchen area where such placement is necessary for compliance with the 20-ft (7.6-m) minimum distance criterion.

13. A single system smoke detector is permitted to be installed in lieu of the smoke alarms required in 19.3.2.5.3(11) provided the following criteria are met:
   a. The detector is located not closer than 20 ft (6.1 m) and not further than 25 ft (7.6 m) from the cooktop or range.
   b. The detector is permitted to initiate a local audible alarm signal only.
   c. The detector is not required to initiate a building wide occupant notification signal.
   d. The detector is not required to notify the emergency forces.
   e. The local audible signal initiated by the detector is permitted to be silenced and reset by a button on the detector or by a switch installed within 10 ft (3.0 m) of the system smoke detector.

14. No System smoke detectors is located less than 20 ft (6.1 m) from the cooktop or range that are required to be installed in corridors or spaces open to the corridor by other sections of this chapter are not used to meet the requirements of 19.3.2.5.3(11) and are located not closer than 25 ft (7.6 m) to the cooktop or range.

15. The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.
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 NFPA 30B, 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
   d. Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments.
9. 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.
Recommendation: 19.3.4.2.3

The system smoke detector installed in accordance with 19.3.2.5.3(13) shall not be required to initiate the fire alarm system.

19.3.4.2.4

Fixed extinguishing systems protecting commercial cooking equipment in kitchens that are protected by a complete automatic sprinkler system shall not be required to initiate the fire alarm system.

19.3.4.2.4

Detectors required by 19.7.5.3 and 19.7.5.5 shall not be required to initiate the fire alarm system.

Recommendation: 19.3.4.3.1

Occupant notification shall be accomplished automatically in accordance with 9.6.3, unless otherwise modified by the following:

1. In lieu of audible alarm signals, visible alarm-indicating appliances shall be permitted to be used in critical care areas.

2. Where visual devices have been installed in patient sleeping areas in place of an audible alarm, they shall be permitted where approved by the authority having jurisdiction.

3. The provision of 19.3.2.5.3(13)(c) shall be permitted to be used.

Recommendation: 19.3.4.3.2.1

Emergency forces notification shall be accomplished in accordance with 9.6.4, except that the provision of 19.3.2.5.3(13)(d) shall be permitted to be used.

Recommendation: 19.3.6.3.1* Doors, including doors or panels to nurse servers and pass-through openings, protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be doors constructed to resist the passage of smoke and shall be constructed of materials such as the following:

1. 1 3/4 in. thick, sold-bonded core wood

2. Material that resists fire for a minimum of 20 minutes.

Recommendation: 19.3.6.4.1 Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in corridor walls or doors, unless otherwise permitted by 19.3.6.4.2.
Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.3.7.1 Smoke barriers shall be provided to divide every story used for sleeping rooms for more than 30 patients into not less than two smoke compartments (see 19.2.4.4), and the following also shall apply:

1. The size of any such smoke compartment shall not exceed one of the following:
   (a) 22,500 ft\(^2\) (2100 m\(^2\)), and the travel distance from any point to reach a door in the required smoke barrier shall not exceed 200 ft (61 m), for health care occupancies not meeting 19.3.7.1(1)(b).
   (b) 40,000 ft\(^2\) (3720 m\(^2\)), and the travel distance from any point to reach a door in the required smoke barrier shall not exceed 200 ft (61 m), for buildings protected throughout by an approved, supervised automatic sprinkler system in accordance 19.3.5.8.

2. Where neither the length nor width of the smoke compartment exceeds 150 ft (46 m), the travel distance to reach the smoke barrier door shall not be limited.

3. The area of an atrium separated in accordance with 8.6.7 shall not be limited in size.

Submitter: Technical Committee Health Care Occupancies

Recommendation: 19.3.7.6 Openings in smoke barriers shall be protected using one of the following methods:

1. Fire-rated glazing
2. Wired Existing wired glass panels in steel frames

19.3.7.6.1 Nonrated factory- or field-applied protective plates, unlimited in height, shall be permitted.

19.3.7.6.2 Doors shall be permitted to have fixed fire window assemblies in accordance with Section 8.5. Vision panels, if provided, in doors shall be protected using one of the following methods:

1. Fixed fire window assemblies in accordance with Section 8.5
2. Existing wired glass panels in steel frames
**Recommendation: 19.4.3** Alcohol-Based Hand-Rub Dispensers. 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 NFPA 30B, *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 19.4.3(6).
6. One dispenser complying with 18.4.3(2) or (3) per room and located in that room shall not be included in the aggregated quantity addressed in 19.4.3(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.

**Recommendation: 19.5.4.4** Any rubbish chute shall discharge into a fresh collection chute discharge room used for no other purpose and shall be protected in accordance with Section 8.7 unless otherwise provided in 19.5.4.5.
Submitter: Technical Committee Health Care Occupancies
Recommendation: 19.7.3.3 For smoke compartments having spaces not separated from the corridor by partitions, a written floor plan shall be provided to indicate the location of all required means of egress corridors in that smoke compartment.

Submitter: Technical Committee Health Care Occupancies
Recommendation: 19.7.5.6 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 flame propagation performance criteria contained in Test Method 1 or Test Method 2, as appropriate, 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.
Chapter 20   New Ambulatory Health Care Occupancies

20.1   General Requirements.

20.1.1   Application.

20.1.1.1   General.

20.1.1.1.1   The requirements of this chapter shall apply to new buildings or portions thereof used as ambulatory health care occupancies. (See 1.3.1.)

20.1.1.1.2   Administration. The provisions of Chapter 1, Administration, shall apply.

20.1.1.1.3   General. The provisions of Chapter 4, General, shall apply.

20.1.1.1.4   Ambulatory health care facilities shall comply with the provisions of Chapter 38 and this chapter, whichever are more stringent.

20.1.1.1.5   This chapter establishes life safety requirements, in addition to those required in Chapter 38, that shall apply to the design of all ambulatory health care occupancies as defined in 3.3.188.1.

20.1.1.1.6*   Buildings, or sections of buildings, that primarily house patients who, in the opinion of the governing body of the facility and the governmental agency having jurisdiction, are capable of exercising judgment and appropriate physical action for self-preservation under emergency conditions shall be permitted to comply with chapters of this Code other than Chapter 20.

20.1.1.1.7   It shall be recognized that, in buildings providing treatment for certain types of patients or having detention rooms or a security section, it might be necessary to lock doors and bar windows to confine and protect building inhabitants. In such instances, the authority having jurisdiction shall make appropriate modifications to those sections of this Code that would otherwise require means of egress to be kept unlocked.

20.1.1.6*   20.1.1.8*   The requirements of this chapter shall apply based on the assumption that staff is available in all patient-occupied areas to perform certain fire safety functions as required in other paragraphs of this chapter.

20.1.1.2*   Goals and Objectives. The goals and objectives of Sections 4.1 and 4.2 shall be met with due consideration for functional requirements, which are accomplished by limiting the development and spread of a fire emergency to the room of fire origin and reducing the need for occupant evacuation, except from the room of fire origin.

20.1.3   Total Concept.

20.1.3.1   All ambulatory health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

20.1.3.2   Because the safety of ambulatory health care occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be
provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:

1) Design, construction, and compartmentation

2) Provision for detection, alarm, and extinguishment

3) Fire prevention and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building

20.1.1.4 Additions, Conversions, Modernization, Renovation, and Construction Operations.

20.1.1.4.1 Additions.

20.1.1.4.1.1 Additions shall be separated from any existing structure not conforming to the provisions within Chapter 21 by a fire barrier having not less than a 2-hour fire resistance rating and constructed of materials as required for the addition. (See 4.6.5 and 4.6.7.)

20.1.1.4.1.2 Doors in barriers required by 20.1.1.4.1.1 shall normally be kept closed, unless otherwise permitted by 20.1.1.4.1.3.

20.1.1.4.1.3 Doors shall be permitted to be held open if they meet the requirements of 20.2.2.2.2 20.2.2.4.

20.1.1.4.2 Changes of Occupancy. A change from a hospital or nursing home to an ambulatory health care occupancy shall not be considered a change in occupancy or occupancy subclassification.

20.1.1.4.3 Renovations, Alterations, and Modernizations. See 4.6.7.

20.1.1.4.4 Construction, Repair, and Improvement Operations. See 4.6.10.

20.1.2 Classification of Occupancy.

20.1.3 Multiple Occupancies.

20.1.3.1 Multiple occupancies shall be in accordance with 6.1.14.

20.1.3.2 Atrium walls in accordance with 6.1.14.4.6 shall be permitted to serve as part of the separation required by 6.1.14.4.1 for creating separated occupancies on a story-by-story basis, provided both of the following are met:

1) The provision is not used for occupancy separations involving industrial and storage occupancies.

2) Smoke partitions serving as atrium walls are not permitted to serve as enclosures for hazardous areas.

20.1.3.23 Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided that they meet both of the following conditions:
(1) They are not intended to serve ambulatory health care occupants for purposes of treatment or customary access by patients incapable of self-preservation.

(2) They are separated from areas of ambulatory health care occupancies by construction having a minimum 1-hour fire resistance rating.

20.1.3.34 All means of egress from ambulatory health care occupancies that traverse nonambulatory health care spaces shall conform to the requirements of this Code for ambulatory health care occupancies, unless otherwise permitted by 20.1.3.45.

20.1.3.45 Exit through a horizontal exit into other contiguous occupancies that do not conform to ambulatory health care egress provisions but that do comply with requirements set forth in the appropriate occupancy chapter of this Code shall be permitted, provided that the occupancy does not contain high hazard contents.

20.1.3.56 Egress provisions for areas of ambulatory health care facilities that correspond to other occupancies shall meet the corresponding requirements of this Code for such occupancies, and, where the clinical needs of the occupant necessitate the locking of means of egress, staff shall be present for the supervised release of occupants during all times of use.

20.1.3.67 Any area with a hazard of contents classified higher than that of the ambulatory health care occupancy and located in the same building shall be protected as required in 20.3.23.

20.1.3.78 Non-health care–related occupancies classified as containing high hazard contents shall not be permitted in buildings housing ambulatory health care occupancies.

20.1.4 Definitions.

20.1.4.1 General. For definitions, see Chapter 3, Definitions.

20.1.4.2 Definition — Ambulatory Health Care Occupancy. See 3.3.188.1.

20.1.5 Classification of Hazard of Contents. The classification of hazard of contents shall be as defined in Section 6.2.

20.1.6 Minimum Construction Requirements.

20.1.6.1 Ambulatory health care occupancies shall be limited to the building construction types specified in Table 20.1.6.1, unless otherwise permitted by 20.1.6.6. (See 8.2.1.)

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X: Permitted. NP: Not permitted.

†Sprinklered throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. (See 20.3.5.)

‡See 4.6.3.

20.1.6.2 Any level below the level of exit discharge shall be separated from the level of exit discharge by not less than Type II(111), Type III(211), or Type V(111) construction (see 8.2.1), unless both of the following criteria are met:

1. Such levels are under the control of the ambulatory health care facility.
2. Any hazardous spaces are protected in accordance with Section 8.7.

20.1.6.3 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 20.1.6.4.

20.1.6.4 Interior nonbearing walls required to have a minimum 2-hour fire resistance rating of 2-hours or less 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.
20.1.6.5  All buildings with more than one level below the level of exit discharge shall have all
such lower levels separated from the level of exit discharge by not less than Type II(111)
construction.

20.1.6.6  Where new ambulatory health care occupancies are located in existing buildings, the
authority having jurisdiction shall be permitted to accept construction systems of lesser fire
resistance than those required by 20.1.6.1 through 20.1.6.5, provided that it can be demonstrated
to the authority’s satisfaction that prompt evacuation of the facility can be achieved in case of
fire or that the exposing occupancies and materials of construction present no threat of fire
penetration from such occupancy to the ambulatory health care facility or to the collapse of the
structure.

20.1.7  Occupant Load. See 38.1.7. The occupant load, in number of persons for whom means
of egress and other provisions are required, shall be determined on the basis of the occupant load
factors of Table 7.3.1.2 that are characteristic of the use of the space, or shall be determined as
the maximum probable population of the space under consideration, whichever is greater.

20.2  Means of Egress Requirements.

20.2.1  General. Every aisle, passageway, corridor, exit discharge, exit location, and access
shall be in accordance with Chapter 7, unless otherwise modified by 20.2.2 through 20.2.11.

20.2.2  Means of Egress Components.

20.2.2.1  Components of means of egress shall be limited to the types described in 38.2.2.

Components Permitted. Means of egress components shall be limited to the types described in
20.2.2.2 through 20.2.2.12.

20.2.2.2  Doors.

20.2.2.2.1  Doors complying with 7.2.1 shall be permitted.

20.2.2.2.2  Special locking arrangements complying with 7.2.1.6 shall be permitted.

20.2.2.3  Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be
permitted.

20.2.2.2.3  Any door required to be self-closing shall be permitted to be held open
only by an automatic release device that complies with 7.2.1.8.2. The required manual 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.

20.2.2.3  Stair Enclosure. Where doors in a stair enclosure are held open by an automatic release
device as permitted in 20.2.2.2.2 20.2.2.4, initiation of a door-closing action on any level shall
cause all doors at all levels in the stair enclosure to close.

20.2.2.4*  Locks complying with 7.2.1.5.5 shall be permitted only on principal entrance/exit
doors.

20.2.2.5  Reserved.
20.2.2.6 Delayed-egress locks complying with 7.2.1.6.1 shall be permitted.

20.2.2.7 Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.

20.2.2.8 Elevator lobby exit access door-locking arrangements in accordance with 7.2.1.6.3 shall be permitted.

20.2.2.9 Horizontal or vertical security grilles or doors complying with 7.2.1.4.1(3) shall be permitted to be used as part of the required means of egress from a tenant space.

20.2.2.10 Reserved.

20.2.2.11 Revolving doors complying with 7.2.1.10 shall be permitted.

20.2.2.3 Stairs.

20.2.2.3.1 Stairs complying with 7.2.2 shall be permitted.

20.2.2.3.2 Spiral stairs complying with 7.2.2.3 shall be permitted.

20.2.2.4 Smokeproof Enclosures. Smokeproof enclosures complying with 7.2.3 shall be permitted.

20.2.2.5 Horizontal Exits. Horizontal exits complying with 7.2.4 shall be permitted.

20.2.2.6 Ramps. Ramps complying with 7.2.5 shall be permitted.

20.2.2.7 Exit Passageways. Exit passageways complying with 7.2.6 shall be permitted.

20.2.2.8 Reserved.

20.2.2.9 Reserved.

20.2.2.10 Fire Escape Ladders. Fire escape ladders complying with 7.2.9 shall be permitted.

20.2.2.11 Alternating Tread Devices. Alternating tread devices complying with 7.2.11 shall be permitted.

20.2.2.12 Areas of Refuge.

20.2.2.12.1 Areas of refuge complying with 7.2.12 shall be permitted.

20.2.2.12.2 In buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1), two rooms or spaces separated from each other by smoke-resistant partitions in accordance with the definition of area of refuge in 3.3.22 shall not be required.

20.2.3 Capacity of Means of Egress.

20.2.3.1 The capacity of any required means of egress shall be determined in accordance with Section 7.3 the provisions of 38.2.3.2.

20.2.3.2 Street floor exits shall be sufficient for the occupant load of the street floor plus the required capacity of open stairs and ramps discharging through the street floor.
20.2.3.3 20.2.3.2 The clear width of any corridor or passageway required for exit access shall be not less than 44 in. (1120 mm).

20.2.3.4 20.2.3.3 Where minimum corridor width is 6 ft (1830 mm), projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted for the installation of hand-rub dispensing units in accordance with 20.3.2.8 20.3.2.6.

20.2.3.5 20.2.3.4 Doors in the means of egress from diagnostic or treatment areas, such as x-ray, surgical, or physical therapy, shall provide a clear width of not less than 32 in. (810 mm).

20.2.4 Number of Means of Egress.

20.2.4.1 The number of means of egress shall be in accordance with Section 7.4.

20.2.4.2 Not less than two exits of the types described in 20.2.2 38.2.2 that are remotely located from each other shall be provided for each floor or fire section of the building.

20.2.4.3 Any patient care room and any patient care suite of rooms of more than 2500 ft² (232 m²) shall have not less than two exit access doors remotely located from each other.

20.2.4.4 Not less than two exits of the types described in 20.2.2 38.2.2 shall be accessible from each smoke compartment.

20.2.4.5 Egress from smoke compartments addressed in 20.2.4.4 shall be permitted through adjacent compartments provided that the two required egress paths are arranged so that both do not pass through the same adjacent smoke compartment but shall not require return through the compartment of fire origin.

20.2.5 Arrangement of Means of Egress. See 38.2.5.

20.2.5.1 Means of egress shall be arranged in accordance with Section 7.5.

20.2.5.2 Dead-end corridors shall be permitted in accordance with 20.2.5.2.1 or 20.2.5.2.2.

20.2.5.2.1 In buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1), dead-end corridors shall not exceed 50 ft (15 m).

20.2.5.2.2 In buildings other than those complying with 20.2.5.2.1, dead-end corridors shall not exceed 20 ft (6100 mm).

20.2.5.3 Limitations on common path of travel shall be in accordance with 20.2.5.3.1, 20.2.5.3.2, and 20.2.5.3.3.

20.2.5.3.1 Common path of travel shall not exceed 100 ft (30 m) in a building protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1).

20.2.5.3.2 Common path of travel shall not exceed 100 ft (30 m) within a single tenant space having an occupant load not exceeding 25 persons.

20.2.5.3.3 In buildings other than those complying with 20.2.5.3.1 or 20.2.5.3.2, common path of travel shall not exceed 75 ft (23 m).
20.2.6  Travel Distance to Exits.

20.2.6.1 Travel distance shall be measured in accordance with Section 7.6.

20.2.6.2 Travel distance shall comply with 20.2.6.2.1 and 20.2.6.2.2.

20.2.6.2.1 The travel distance between any point in a room and an exit shall not exceed 150 ft (46 m).

20.2.6.2.2 The maximum travel distance in 20.2.6.2.1 shall be permitted to be increased by 50 ft (15 m) in buildings protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.

20.2.7 Discharge from Exits. See 38.2.7. Exit discharge shall comply with Section 7.7.

20.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8.

20.2.9 Emergency Lighting and Essential Electrical Systems.

20.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.

20.2.9.2 Where general anesthesia or life-support equipment is used, each ambulatory health care facility shall be provided with an essential electrical system in accordance with NFPA 99, Health Care Facilities Code, unless otherwise permitted by any of the following:

(1) Where battery-operated equipment is provided and acceptable to the authority having jurisdiction

(2) Where a facility uses life-support equipment for emergency purposes only

20.2.10 Marking of Means of Egress. Means of egress shall have signs in accordance with Section 7.10.

20.2.11 Special Means of Egress Features.

20.2.11.1 Reserved.

20.2.11.2 Lockups. Lockups in ambulatory health care occupancies shall comply with the requirements of 22.4.5.

20.3 Protection.

20.3.1 Protection of Vertical Openings. See 38.3.1.

20.3.1.1 Vertical openings shall be enclosed or protected in accordance with Section 8.6, unless otherwise permitted by 20.3.1.2.

20.3.1.2 Unenclosed vertical openings in accordance with 8.6.9.1 shall be permitted.

20.3.1.3 Floors that are below the street floor and are used for storage or other than an ambulatory health care occupancy shall have no unprotected openings to ambulatory health care occupancy floors.
20.3.2 Protection from Hazards. See 38.3.2.

20.3.2.1* General. Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.7.

20.3.2.2 Doors. Doors to hazardous areas shall be self-closing or automatic-closing in accordance with 20.2.2.2.2 20.2.2.4.

20.3.2.3* High Hazard Contents Areas. High hazard contents areas, as classified in Section 6.2, shall meet all of the following criteria:

(1) The area shall be separated from other parts of the building by fire barriers having a minimum 1-hour fire resistance rating, with all openings therein protected by self-closing fire door assemblies having a minimum ¾-hour fire protection rating.

(2) The area shall be protected by an automatic extinguishing system in accordance with 9.7.1.1(1) or 9.7.1.2.

20.3.2.4 Laboratories. Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard shall be protected in accordance with NFPA 99, Health Care Facilities Code.

20.3.2.5 Anesthetizing Locations. Anesthetizing locations shall be protected in accordance with NFPA 99, Health Care Facilities Code.

20.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 20.3.2.6 20.3.2.5.

20.3.2.6 Domestic Cooking Equipment. Where domestic cooking equipment is used for food warming or limited cooking, protection or separation of food preparation facilities shall not be required.

20.3.2.6 Alcohol-Based Hand-Rub Dispensers. 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 NFPA 30B, 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 20.3.2.6(6).

(6) — One dispenser per room complying with 20.3.2.6 (2) or (3), and located in the room, shall not be required to be included in the aggregated quantity specified in 20.3.2.6(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.

20.3.3 Interior Finish. See 38.3.3.

20.3.3.1 General. Interior finish shall be in accordance with Section 10.2.
20.3.3.2 Interior Wall and Ceiling Finish.

20.3.3.2.1 Interior wall and ceiling finish material complying with Section 10.2 shall be Class A or Class B in exits and in exit access corridors.

20.3.3.2.2 Interior wall and ceiling finishes shall be Class A, Class B, or Class C in areas other than those specified in 20.3.3.2.1.

20.3.3.3 Interior Floor Finish.

20.3.3.3.1 Interior floor finish shall comply with Section 10.2.

20.3.3.3.2 Interior floor finish in exit enclosures shall be Class I or Class II.

20.3.3.3.3 Interior floor finish shall comply with 10.2.7.1 or 10.2.7.2, as applicable.

20.3.4 Detection, Alarm, and Communications Systems.

20.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 20.3.4.2 through 20.3.4.4.

20.3.4.2 Initiation. Initiation of the required fire alarm systems shall be by manual means in accordance with 9.6.2 and by means of any detection devices or detection systems required.

20.3.4.3 Notification. Positive alarm sequence in accordance with 9.6.3.4 shall be permitted.

20.3.4.3.1 Occupant Notification. Occupant notification shall be accomplished automatically, without delay, in accordance with 9.6.3 upon operation of any fire alarm activating device.

20.3.4.3.2 Emergency Forces Notification.

20.3.4.3.2.1 Fire department/Emergency forces notification shall be accomplished in accordance with 9.6.4.

20.3.4.3.2.2 Reserved.

20.3.4.4 Fire Safety Functions. Operation of any activating device in the required fire alarm system shall be arranged to accomplish automatically, without delay, any control functions required to be performed by that device. (See 9.6.5.)

20.3.5 Extinguishment Requirements. See 38.3.5.

20.3.5.1 Isolated hazardous areas shall be permitted to be protected in accordance with 9.7.1.2.

20.3.5.2 Where more than two sprinklers are installed in a single area for protection in accordance with 9.7.1.2, waterflow detection shall be provided to sound the building fire alarm or to notify, by a signal, any constantly attended location, such as PBX, security, or emergency room, at which the necessary corrective action shall be taken.

20.3.5.3 Portable fire extinguishers shall be provided in ambulatory health care facilities in accordance with 9.7.4.1.

20.3.6 Corridors.
20.3.6.1 General. See 38.3.6.

20.3.6.2 Openings.

20.3.6.1* Where access to exits is provided by corridors, such corridors shall be separated from use areas by fire barriers in accordance with Section 8.3 having a minimum 1-hour fire resistance rating, unless one of the following conditions exists:

(1)* Where exits are available from an open floor area
(2)* Within a space occupied by a single tenant
(3) Within buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1)

20.3.6.2 Openings in corridor walls required by 20.3.6.1 to have a fire resistance rating shall be protected in accordance with Section 8.3, except as otherwise permitted in 20.3.6.2.1 or 20.3.6.2.2.

20.3.6.2.1 Miscellaneous openings, such as mail slots, pharmacy pass-through windows, laboratory pass-through windows, and cashier pass-through windows, shall be permitted to be installed in vision panels or doors without special protection, provided that both of the following criteria are met:

(1) The aggregate area of openings per room does not exceed 20 in.\(^2\) (0.015 m\(^2\)).
(2) The openings are installed at or below half the distance from the floor to the room ceiling.

20.3.6.2.2 For rooms protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, the aggregate area of openings per room, as otherwise limited by 20.3.6.2.1, shall not exceed 80 in.\(^2\) (0.05 m\(^2\)).

20.3.7 Subdivision of Building Space.

20.3.7.1 Ambulatory health care facility occupancies shall be separated from other tenants and occupancies and shall meet all of the following requirements:

(1) Walls shall have not less than a 1-hour fire resistance rating and shall extend from the floor slab below to the floor or roof slab above.
(2) Doors shall be constructed of not less than 1¾ in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be equipped with positive latches.
(3) Doors shall be self-closing and shall be kept in the closed position, except when in use.
(4) Any windows in the barriers shall be of fixed fire window assemblies in accordance with Section 8.3.

20.3.7.2 Every story of an ambulatory health care facility occupancy shall be divided into not less than two smoke compartments, unless otherwise permitted by one of the following:
(1) This requirement shall not apply where the area of the ambulatory health care occupancy is less than 5000 ft\(^2\) (465 m\(^2\)) per story and that area is protected by an approved automatic smoke detection system. This requirement shall not apply to facilities of less than 5000 ft\(^2\) (465 m\(^2\)) that are protected by an approved automatic smoke detection system.

(2) This requirement shall not apply where the area of the ambulatory health care occupancy is less than 10,000 ft\(^2\) (929 m\(^2\)) per story and the building is protected throughout by an approved, supervised automatic sprinkler system installed in accordance with Section 9.7. This requirement shall not apply to facilities of less than 10,000 ft\(^2\) (929 m\(^2\)) that are protected throughout by an approved, supervised automatic sprinkler system installed in accordance with Section 9.7.

(3) An area in an adjoining occupancy shall be permitted to serve as a smoke compartment for an ambulatory health care facility if all of the following criteria are met:

(a) The separating wall and both compartments meet the requirements of 20.3.7.

(b) The ambulatory health care facility is less than 22,500 ft\(^2\) (2100 m\(^2\)).

(c) Access from the ambulatory health care facility to the other occupancy is unrestricted.

20.3.7.3 Smoke compartments shall not exceed an area of 22,500 ft\(^2\) (2100 m\(^2\)), and the travel distance from any point to reach a door in a smoke barrier shall not exceed 200 ft (61 m).

20.3.7.4 The area of an atrium separated in accordance with 8.6.7 shall not be limited in size.

20.3.7.5 Required smoke barriers shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless otherwise permitted by 20.3.7.6.

20.3.7.6 Smoke barriers shall be permitted to terminate at the required occupancy separation where the ambulatory health care occupancy is constructed as a separated multiple occupancy in accordance with 6.1.14.4 and the separation also meets the requirements for a smoke barrier.

20.3.7.7 Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems for buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

20.3.7.8 Windows in the smoke barrier shall be of fixed fire window assemblies in accordance with Section 8.3.

20.3.7.9 Not less than 15 net ft\(^2\) (1.4 net m\(^2\)) per ambulatory health care facility occupant shall be provided within the aggregate area of corridors, patient rooms, treatment rooms, lounges, and other low hazard areas on each side of the smoke compartment for the total number of occupants in adjoining compartments.

20.3.7.10* Doors in smoke barriers shall be not less than 1¾ in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be self-closing or automatic-closing in accordance with 20.2.2.2.2.
20.3.7.11 20.3.7.10  Latching hardware shall not be required on smoke barrier cross-corridor doors.

20.3.7.12 20.3.7.11  A vision panel consisting of fire-rated glazing in approved frames shall be provided in each cross-corridor swinging door and at each cross-corridor horizontal-sliding door in a smoke barrier.

20.3.7.13 20.3.7.12  Vision panels in doors in smoke barriers, if provided, shall be of fire-rated glazing in approved frames.

20.3.7.14 20.3.7.13  Rabbets, bevels, or astragals shall be required at the meeting edges, and stops shall be required at the head and sides of door frames in smoke barriers.

20.3.7.15 20.3.7.14  Center mullions shall be prohibited in smoke barrier door openings where pairs of cross-corridor doors are provided.

20.4  Special Provisions. See Section 38.4.

20.4.1  Limited Access or Underground Buildings. See Section 11.7.

20.4.2  High-Rise Buildings. High-rise buildings shall comply with Section 11.8.

20.4.3 Alcohol-Based Hand-Rub Dispensers. 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 NFPA 30B, 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 20.3.2.8(6).

(6) One dispenser per room complying with 20.3.2.8 (2) or (3) 20.3.2.6 (2) or (3), and located in the room, shall not be required to be included in the aggregated quantity specified in 20.3.2.8(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.

20.5 Building Services.

20.5.1 Utilities. Utilities shall comply with the provisions of Section 9.1.

20.5.2 Heating, Ventilating, and Air-Conditioning.

20.5.2.1 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 20.5.2.2.

20.5.2.2 If fuel-fired, heating devices shall comply with all of the following:

(1) They shall be chimney connected or vent connected.
(2) They shall take air for combustion directly from the outside.

(3) They shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area.

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

20.5.2.2.2 Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient treatment areas, provided that both of the following criteria are met:

(1) Such heaters are located high enough to be out of the reach of persons using the area.

(2) Such heaters are equipped with the safety features required by 20.5.2.2.1.

20.5.3 Elevators, Escalators, and Conveyors. Elevators, escalators, and conveyors shall comply with the provisions of Section 9.4.

20.5.4 Rubbish Chutes, Incinerators, and Laundry Chutes. Rubbish chutes, incinerators, and laundry chutes shall comply with the provisions of Section 9.5.

20.6 Reserved.

20.7* Operating Features.

20.7.1 Evacuation and Relocation Plan and Fire Drills.

20.7.1.1 The administration of every ambulatory health care facility 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.

20.7.1.2 All employees shall be periodically instructed and kept informed with respect to their duties under the plan required by 20.7.1.1.

20.7.1.3 A copy of the plan required by 20.7.1.1 shall be readily available at all times in the telephone operator’s location or at the security center.

20.7.1.4* Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.

20.7.1.5 Patients shall not be required to be moved during drills to safe areas or to the exterior of the building.

20.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.

20.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.
20.7.1.8 Employees of ambulatory health care facilities shall be instructed in life safety procedures and devices.

20.7.2 Procedure in Case of Fire.

20.7.2.1 Protection of Patients.

20.7.2.1.1 For ambulatory health care facilities, the proper protection of patients shall require the prompt and effective response of ambulatory health care personnel.

20.7.2.1.2 The basic response required of staff shall include the following:

(1) Removal of all occupants directly involved with the fire emergency
(2) Transmission of an appropriate fire alarm signal to warn other building occupants and summon staff
(3) Confinement of the effects of the fire by closing doors to isolate the fire area
(4) Relocation of patients as detailed in the facility’s fire safety plan

20.7.2.2 Fire Safety Plan. A written fire safety plan shall provide for all of the following:

(1) Use of alarms
(2) Transmission of alarms to fire department
(3) Response to alarms
(4) Isolation of fire
(5) Evacuation of immediate area
(6) Evacuation of smoke compartment
(7) Preparation of floors and building for evacuation
(8) Extinguishment of fire

20.7.2.3 Staff Response.

20.7.2.3.1 All personnel shall be instructed in the use of and response to fire alarms.

20.7.2.3.2 All health care personnel shall be instructed in the use of the code phrase to ensure transmission of an alarm under any of the following conditions:

(1) When the individual who discovers a fire must immediately go to the aid of an endangered person
(2) During a malfunction of the building fire alarm system

20.7.2.3.3 Personnel hearing the code announced shall first activate the building fire alarm using the nearest fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.
20.7.3 Maintenance of Exits.

20.7.3.1 Proper maintenance shall be provided to ensure the dependability of the method of evacuation selected.

20.7.3.2 Ambulatory health care occupancies that find it necessary to lock exits shall, at all times, maintain an adequate staff qualified to release locks and direct occupants from the immediate danger area to a place of safety in case of fire or other emergency.

20.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions:

(1) Smoking shall be prohibited in any room, ward, or compartment 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 ambulatory health care facilities where smoking is prohibited and signs are placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.

(3) Smoking by patients classified as not responsible shall be prohibited.

(4) The requirement of 20.7.4(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.

(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.

20.7.5 Furnishings, Mattresses, and Decorations.

20.7.5.1* Draperies, curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in ambulatory health care occupancies shall be in accordance with the provisions of 10.3.1, and the following also shall apply:

(1) Such curtains shall include cubicle curtains.

(2) Such curtains shall not include curtains at showers.

20.7.5.2 Newly introduced upholstered furniture shall comply with 10.3.2.1 and one of the following provisions:

(1) The furniture shall meet the criteria specified in 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).

20.7.5.3 Newly introduced mattresses shall comply with 10.3.2.2 and one of the following provisions:
(1) The mattresses shall meet the criteria specified in 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).

20.7.5.4 Combustible decorations shall be prohibited, unless one of the following criteria is met:

(1) They are flame-retardant.

(2) The decorations meet the flame propagation performance criteria contained in Test Method 1 or Test Method 2, as appropriate, 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)* They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.

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 20.7.5.4(b) or (c).

(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.

20.7.5.5 Soiled Linen and Trash Receptacles.

20.7.5.5.1 Soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity, and all of the following also shall apply:

(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.
20.7.5.5.2* Containers used solely for recycling clean waste or for patient records awaiting destruction shall be permitted to be excluded from the requirements of 20.7.5.5.1 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 20.7.5.5.2(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.

20.7.5.5.3 20.7.5.5.2 The provisions of 10.3.9, applicable to containers for rubbish, waste, or linen, shall not apply.

20.7.6 Maintenance and Testing. See 4.6.12.

20.7.7* Engineered Smoke Control Systems.

20.7.7.1 New engineered smoke control systems shall be tested in accordance with established engineering principles and shall meet the performance requirements of such testing prior to acceptance.

20.7.7.2 Following acceptance, all engineered smoke control systems shall be tested periodically in accordance with recognized engineering principles.

20.7.7.3 Test documentation shall be maintained on the premises at all times.

20.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all ambulatory health care occupancies, unless both of the following criteria are met:

(1) Such devices are used only in nonsleeping staff and employee areas.

(2) The heating elements of such devices do not exceed 212°F (100°C).

20.7.9 Construction, Repair, and Improvement Operations.

20.7.9.1 Construction, repair, and improvement operations shall comply with 4.6.10.

20.7.9.2 The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1 and shall also comply with NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations.
INCLUDE:

101_FR3055_Ch21_ReplacesChapter

101 FR3006 SAF-HEA
(A.18.2.2.5.2)

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.2.2.5.2
Pediatric units, maternity units, and emergency departments are examples of areas where patients might have special needs that justify door locking. Door locking arrangements should be permitted to reduce the risk of abduction of infants and children who are patients.

101 FR3009 SAF-HEA
(A.18.2.2.7)

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.2.2.7
In some health care occupancies, especially nursing homes, the use of murals to disguise doors has been found to be beneficial for certain patient populations. This provision is intended to apply to disguising of egress doors by painting the doors or the use of wall paper on the doors. The marking of the means of egress such as required exit signs should be clearly visible and not disguised by the mural. Where decorations are applied to the door, the requirements of 18.7 would still apply and painting a mural on the door would not be considered a decoration. Such murals should not obscure required vision panels or affect the required fire resistance rating of fire rated door assemblies.

A.18.2.2.7(2) It is intended that the door releasing hardware includes levers, locks, knobs, and panic bars, that are directly operated or grasped by staff.
A.18.2.2.7(3) It is intended that the door hardware that is permitted to be covered (i.e., disguised by the mural) includes items such as hinges, closers, and magnets, which would normally not be directly operated or grasped by staff.
Chapter 21   Existing Ambulatory Health Care Occupancies

21.1  General Requirements.

21.1.1  Application.

21.1.1.1  General.

21.1.1.1.1  The requirements of this chapter shall apply to existing buildings or portions thereof currently occupied as an ambulatory health care occupancy.

21.1.1.1.2  Administration. The provisions of Chapter 1, Administration, shall apply.

21.1.1.1.3  General. The provisions of Chapter 4, General, shall apply.

21.1.1.1.4  Ambulatory health care facilities shall comply with the provisions of Chapter 39 and this chapter, whichever are more stringent.

21.1.1.1.5  This chapter establishes life safety requirements, in addition to those required in Chapter 39, that shall apply to the design of all ambulatory health care occupancies as defined in 3.3.188.1.

21.1.1.1.6  Buildings, or sections of buildings, that primarily house patients who, in the opinion of the governing body of the facility and the governmental agency having jurisdiction, are capable of exercising judgment and appropriate physical action for self-preservation under emergency conditions shall be permitted to comply with chapters of this Code other than Chapter 21.

21.1.1.1.7  It shall be recognized that, in buildings providing treatment for certain types of patients or having detention rooms or a security section, it might be necessary to lock doors and bar windows to confine and protect building inhabitants. In such instances, the authority having jurisdiction shall make appropriate modifications to those sections of this Code that would otherwise require means of egress to be kept unlocked.

21.1.1.1.8  The requirements of this chapter shall apply based on the assumption that staff is available in all patient-occupied areas to perform certain fire safety functions as required in other paragraphs of this chapter.

21.1.1.2  Goals and Objectives. The goals and objectives of Sections 4.1 and 4.2 shall be met with due consideration for functional requirements, which are accomplished by limiting the development and spread of a fire emergency to the room of fire origin and reducing the need for occupant evacuation, except from the room of fire origin.

21.1.1.3  Total Concept.

21.1.1.3.1  All ambulatory health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

21.1.1.3.2  Because the safety of ambulatory health care occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be
provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:

(1) Design, construction, and compartmentation
(2) Provision for detection, alarm, and extinguishment
(3) Fire prevention and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building

21.1.1.4 Additions, Conversions, Modernization, Renovation, and Construction Operations.

21.1.1.4.1 Additions.

21.1.1.4.1.1 Additions shall be separated from any existing structure not conforming to the provisions within Chapter 21 by a fire barrier having not less than a 2-hour fire resistance rating and constructed of materials as required for the addition. (See 4.6.5 and 4.6.7.)

21.1.1.4.1.2 Doors in barriers required by 21.1.1.4.1.1 shall normally be kept closed, unless otherwise permitted by 21.1.1.4.1.3.

21.1.1.4.1.3 Doors shall be permitted to be held open if they meet the requirements of 21.2.2.2.2 24.2.2.4.

21.1.1.4.2 Changes of Occupancy. A change from a hospital or nursing home to an ambulatory health care occupancy shall not be considered a change in occupancy or occupancy subclassification.

21.1.1.4.3 Renovations, Alterations, and Modernizations. See 4.6.7.

21.1.1.4.4 Construction, Repair, and Improvement Operations. See 4.6.10.

21.1.2 Classification of Occupancy. See 6.1.6 and 21.1.4.2.

21.1.3 Multiple Occupancies.

21.1.3.1 Multiple occupancies shall be in accordance with 6.1.14.

21.1.3.2 Atrium walls in accordance with 6.1.14.4.6 shall be permitted to serve as part of the separation required by 6.1.14.4.1 for creating separated occupancies on a story-by-story basis, provided both of the following are met:

(1) The provision is not used for occupancy separations involving industrial and storage occupancies.
(2) Smoke partitions serving as atrium walls are not permitted to serve as enclosures for hazardous areas.

21.1.3.23* Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided that they meet both of the following conditions:
(1) They are not intended to serve ambulatory health care occupants for purposes of treatment or customary access by patients incapable of self-preservation.

(2) They are separated from areas of ambulatory health care occupancies by construction having a minimum 1-hour fire resistance rating.

21.1.3.34 All means of egress from ambulatory health care occupancies that traverse nonambulatory health care spaces shall conform to the requirements of this Code for ambulatory health care occupancies, unless otherwise permitted by 21.1.3.45.

21.1.3.45 Exit through a horizontal exit into other contiguous occupancies that do not conform with ambulatory health care egress provisions but that do comply with requirements set forth in the appropriate occupancy chapter of this Code shall be permitted, provided that the occupancy does not contain high hazard contents.

21.1.3.56 Egress provisions for areas of ambulatory health care facilities that correspond to other occupancies shall meet the corresponding requirements of this Code for such occupancies, and, where the clinical needs of the occupant necessitate the locking of means of egress, staff shall be present for the supervised release of occupants during all times of use.

21.1.3.67 Any area with a hazard of contents classified higher than that of the ambulatory health care occupancy and located in the same building shall be protected as required in 21.3.23.

21.1.3.78 Non-health care–related occupancies classified as containing high hazard contents shall not be permitted in buildings housing ambulatory health care occupancies.

21.1.4 Definitions.

21.1.4.1 General. For definitions, see Chapter 3, Definitions.

21.1.4.2 Definition — Ambulatory Health Care Occupancy. See 3.3.188.1.

21.1.5 Classification of Hazard of Contents. The classification of hazard of contents shall be as defined in Section 6.2.

21.1.6 Minimum Construction Requirements.

21.1.6.1 Ambulatory health care occupancies shall be limited to the building construction types specified in Table 21.1.6.1, unless otherwise permitted by 21.1.6.6. (See 8.2.1.)

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X: Permitted. NP: Not permitted.

†Sprinklered throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. (See 21.3.5.)

‡See 4.6.3.

21.1.6.2 Any level below the level of exit discharge shall be separated from the level of exit discharge by not less than Type II(111), Type III(211), or Type V(111) construction (see 8.2.1), unless both of the following criteria are met:

(1) Such levels are under the control of the ambulatory health care facility.

(2) Any hazardous spaces are protected in accordance with Section 8.7.

21.1.6.3 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 21.1.6.4.

21.1.6.4 Interior nonbearing walls required to have a minimum 2-hour fire resistance rating of 2-hours or less shall be permitted to have a minimum 2-hour fire resistance rating, provided that such walls are not used as shaft enclosures.
21.1.6.5 All buildings with more than one level below the level of exit discharge shall have all such lower levels separated from the level of exit discharge by not less than Type II(111) construction.

21.1.6.6 In existing buildings, the authority having jurisdiction shall be permitted to accept construction systems of lesser fire resistance than those required by 21.1.6.1 through 21.1.6.5, provided that it can be demonstrated to the authority’s satisfaction that prompt evacuation of the facility can be achieved in case of fire or that the exposing occupancies and materials of construction present no threat of fire penetration from such occupancy to the ambulatory health care facility or to the collapse of the structure.

21.1.7 Occupant Load. See 39.1.7. The occupant load, in number of persons for whom means of egress and other provisions are required, shall be determined on the basis of the occupant load factors of Table 7.3.1.2 that are characteristic of the use of the space, or shall be determined as the maximum probable population of the space under consideration, whichever is greater.

21.2 Means of Egress Requirements.

21.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 21.2.2 through 21.2.11.

21.2.2 Means of Egress Components.

21.2.2.1 Components of means of egress shall be limited to the types described in 39.2.2. Components Permitted. Means of egress components shall be limited to the types described in 21.2.2.2 through 21.2.2.12.

21.2.2.2 Doors.

21.2.2.2.1 Doors complying with 7.2.1 shall be permitted.

21.2.2.2.2 Special locking arrangements complying with 7.2.1.6 shall be permitted.

21.2.2.3 Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted.

21.2.2.2.5 Where doors in a stair enclosure are held open by an automatic release device as permitted in 21.2.2.2.2, initiation of a door-closing action on any level shall cause all doors at all levels in the stair enclosure to close.

21.2.2.2.6 Locks complying with 7.2.1.5.5 shall be permitted only on principal entrance/exit doors.

21.2.2.5 The re-entry provisions of 7.2.1.5.8 shall not apply to any of the following:

(1) Existing ambulatory health care occupancies that are not high-rise buildings.
(2) Existing high-rise ambulatory health care occupancy buildings that are protected throughout by an approved automatic sprinkler system in accordance with 9.7.1.1(1)

(3) Existing high-rise ambulatory health care occupancy buildings having approved existing means for providing stair re-entry

21.2.2.2.6 Delayed-egress locks complying with 7.2.1.6.1 shall be permitted.

21.2.2.2.7 Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.

21.2.2.2.8 Elevator lobby exit access door-locking arrangements in accordance with 7.2.1.6.3 shall be permitted.

21.2.2.2.9 Horizontal or vertical security grilles or doors complying with 7.2.1.4(3) shall be permitted to be used as part of the required means of egress from a tenant space.

21.2.2.2.10 Approved existing horizontal-sliding or vertical-rolling fire doors shall be permitted in the means of egress where they comply with all of the following conditions:

(1) They are held open by fusible links.

(2) The fusible links are rated at not less than 165°F (74°C).

(3) The fusible links are located not more than 10 ft (3050 mm) above the floor.

(4) The fusible links are in immediate proximity to the door opening.

(5) The fusible links are not located above a ceiling.

(6) The door is not credited with providing any protection under this Code.

21.2.2.2.11 Revolving doors complying with 7.2.1.10 shall be permitted.

21.2.2.2.12* 21.2.2.6* A door in a horizontal exit shall not be required to swing in the direction of egress travel as specified in 7.2.4.3.8.1.

21.2.2.3 Stairs.

21.2.2.3.1 Stairs complying with 7.2.2 shall be permitted.

21.2.2.3.2 Spiral stairs complying with 7.2.2.2.3 shall be permitted.

21.2.2.3.3 Winders complying with 7.2.2.2.4 shall be permitted.

21.2.2.4 Smokeproof Enclosures. Smokeproof enclosures complying with 7.2.3 shall be permitted.

21.2.2.5 Horizontal Exits. Horizontal exits complying with 7.2.4 shall be permitted.

21.2.2.6 Ramps. Ramps complying with 7.2.5 shall be permitted.

21.2.2.7 Exit Passageways. Exit passageways complying with 7.2.6 shall be permitted.
21.2.2.8 Escalators and Moving Walks. Escalators and moving walks complying with 7.2.7 shall be permitted.

21.2.2.9 Fire Escape Stairs. Fire escape stairs complying with 7.2.8 shall be permitted.

21.2.2.10 Fire Escape Ladders. Fire escape ladders complying with 7.2.9 shall be permitted.

21.2.2.11 Alternating Tread Devices. Alternating tread devices complying with 7.2.11 shall be permitted.

21.2.2.12 Areas of Refuge.

21.2.2.12.1 Areas of refuge complying with 7.2.12 shall be permitted.

21.2.2.12.2 In buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1), two rooms or spaces separated from each other by smoke-resistant partitions in accordance with the definition of area of refuge in 3.3.22 shall not be required.

21.2.3 Capacity of Means of Egress.

21.2.3.1 The capacity of any required means of egress shall be determined in accordance with the provisions of Section 7.3.

21.2.3.2 Street floor exits shall be sufficient for the occupant load of the street floor plus the required capacity of open stairs, ramps, escalators, and moving walks discharging through the street floor.

21.2.3.3 The clear width of any corridor or passageway required for exit access shall be not less than 44 in. (1120 mm).

21.2.3.4 Where minimum corridor width is 6 ft (1830 mm), projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted for the installation of hand-rub dispensing units in accordance with 21.3.2.6.

21.2.3.5 Doors in the means of egress from diagnostic or treatment areas, such as x-ray, surgical, or physical therapy, shall provide a clear width of not less than 32 in. (810 mm), unless such doors are existing 34 in. (865 mm) doors.

21.2.4 Number of Means of Egress.

21.2.4.1 The number of means of egress shall be in accordance with 7.4.1.1 and 7.4.1.3 through 7.4.1.6.

21.2.4.2 Not less than two exits of the types described in 21.2.2 that are remotely located from each other shall be provided for each floor or fire section of the building.

21.2.4.3 Any patient care room and any patient care suite of rooms of more than 2500 ft² (232 m²) shall have not less than two exit access doors remotely located from each other.

21.2.4.43 Not less than two exits of the types described in 21.2.2 shall be accessible from each smoke compartment.
21.2.4.5 Egress from smoke compartments addressed in 21.2.4.4 shall be permitted through adjacent compartments provided that the two required egress paths are arranged so that both do not pass through the same adjacent smoke compartment but shall not require return through the compartment of fire origin.

21.2.5 Arrangement of Means of Egress. See 39.2.5.

21.2.5.1 Means of egress shall be arranged in accordance with Section 7.5.

21.2.5.2 Dead-end corridors shall not exceed 50 ft (15 m).

21.2.5.3 Limitations on common path of travel shall be in accordance with 21.2.5.3.1, 21.2.5.3.2, and 21.2.5.3.3.

21.2.5.3.1 Common path of travel shall not exceed 100 ft (30 m) on a story protected throughout by an approved automatic sprinkler system in accordance with 9.7.1.1(1).

21.2.5.3.2 Common path of travel shall not be limited in a single-tenant space with an occupant load not exceeding 25 people.

21.2.5.3.3 In buildings other than those complying with 21.2.5.3.1 or 21.2.5.3.2, common path of travel shall not exceed 75 ft (23 m).

21.2.6 Travel Distance to Exits.

21.2.6.1 Travel distance shall be measured in accordance with Section 7.6.

21.2.6.2 Travel distance shall comply with 21.2.6.2.1 and 21.2.6.2.2.

21.2.6.2.1 The travel distance between any point in a room and an exit shall not exceed 150 ft (46 m).

21.2.6.2.2 The maximum travel distance in 21.2.6.2.1 shall be permitted to be increased by 50 ft (15 m) in buildings protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.

21.2.7 Discharge from Exits. See 39.2.7. Exit discharge shall comply with Section 7.7.

21.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8.

21.2.9 Emergency Lighting and Essential Electrical Systems.

21.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.

21.2.9.2 Where general anesthesia or life-support equipment is used, each ambulatory health care facility shall be provided with an essential electrical system in accordance with NFPA 99, *Health Care Facilities Code*, unless otherwise permitted by one of the following:

(1) Where battery-operated equipment is provided and acceptable to the authority having jurisdiction

(2) Where a facility uses life-support equipment for emergency purposes only

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21.2.10 Marking of Means of Egress. Means of egress shall have signs in accordance with Section 7.10.

21.2.11 Special Means of Egress Features.

21.2.11.1 Reserved.

21.2.11.2 Lockups. Lockups in ambulatory health care occupancies, other than approved existing lockups, shall comply with the requirements of 23.4.5.

21.3 Protection.

21.3.1 Protection of Vertical Openings. See 39.3.1.

21.3.1.1 Vertical openings shall be enclosed or protected in accordance with Section 8.6, unless otherwise permitted by any of the following:

(1) Unenclosed vertical openings in accordance with 8.6.9.1 shall be permitted.

(2) Unprotected vertical openings shall be permitted in buildings complying with all of the following:

(a) Where protected throughout by an approved automatic sprinkler system in accordance with 9.7.1.1(1)

(b) Where no unprotected vertical opening serves as any part of any required means of egress

(c) Where required exits consist of exit doors that discharge directly to the finished ground level in accordance with 7.2.1, outside stairs in accordance with 7.2.2, smokeproof enclosures in accordance with 7.2.3, or horizontal exits in accordance with 7.2.4

21.3.1.2 Floors that are below the street floor and are used for storage or other than an ambulatory health care occupancy shall have no unprotected openings to ambulatory health care occupancy floors.

21.3.2 Protection from Hazards. See 39.3.2.

21.3.2.1 General. Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.7.

21.3.2.2 Doors. Doors to hazardous areas shall be self-closing or automatic-closing in accordance with 21.2.2.2 21.2.2.4.

21.3.2.3 High Hazard Contents Areas. High hazard contents areas, as classified in Section 6.2, shall meet all of the following criteria:

(1) The area shall be separated from other parts of the building by fire barriers having a minimum 1-hour fire resistance rating, with all openings therein protected by self-closing fire door assemblies having a minimum ¾-hour fire protection rating.
(2) The area shall be protected by an automatic extinguishing system in accordance with 9.7.1.1(1) or 9.7.1.2.

21.3.2.4 21.3.2.2 Laboratories. Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard shall be protected in accordance with NFPA 99, Health Care Facilities Code.

21.3.2.3 Anesthetizing Locations. Anesthetizing locations shall be protected in accordance with NFPA 99, Health Care Facilities Code.

21.3.2.5 21.3.2.4 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 21.3.2.6 21.3.2.5.

21.3.2.6 Domestic Cooking Equipment. Where domestic cooking equipment is used for food warming or limited cooking, protection or separation of food preparation facilities shall not be required.

21.3.2.6* Alcohol-Based Hand-Rub Dispensers. 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 NFPA 30B, 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 21.3.2.6(6).

(6) One dispenser per room complying with 21.3.2.6(2) or (3), and located in the room, shall not be required to be included in the aggregated quantity specified in 21.3.2.6(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.

21.3.3 Interior Finish. See 39.3.3.

21.3.3.1 General. Interior finish shall be in accordance with Section 10.2.

21.3.3.2 Interior Wall and Ceiling Finish.

21.3.3.2.1 Interior wall and ceiling finish materials complying with Section 10.2 shall be Class A or Class B in exits and in exit access corridors.

21.3.3.2.2 Interior wall and ceiling finishes shall be Class A, Class B, or Class C in areas other than those specified in 21.3.3.2.1.

21.3.3.3 Interior Floor Finish. (No requirements.)

21.3.4 Detection, Alarm, and Communications Systems.

21.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 21.3.4.2 through 21.3.4.4.

21.3.4.2 Initiation. Initiation of the required fire alarm systems shall be by manual means in accordance with 9.6.2 and by means of any detection devices or detection systems required.
21.3.4.3 Notification. Positive alarm sequence in accordance with 9.6.3.4 shall be permitted.

21.3.4.3.1 Occupant Notification. Occupant notification shall be accomplished automatically, without delay, in accordance with 9.6.3 upon operation of any fire alarm activating device.

21.3.4.3.2 Emergency Forces Notification.

21.3.4.3.2.1 Fire department Emergency forces notification shall be accomplished in accordance with 9.6.4.

21.3.4.3.2.2 Smoke detection devices or smoke detection systems equipped with reconfirmation features shall not be required to automatically notify the fire department, unless the alarm condition is reconfirmed after a period not exceeding 120 seconds.

21.3.4.4 Fire Safety Functions. Operation of any activating device in the required fire alarm system shall be arranged to accomplish automatically, without delay, any control functions required to be performed by that device. (See 9.6.5.)

21.3.5 Extinguishment Requirements. See 39.3.5.

21.3.5.1 Isolated hazardous areas shall be permitted to be protected in accordance with 9.7.1.2.

21.3.5.2 For new installations in existing ambulatory health care facilities, where more than two sprinklers are installed in a single area for protection in accordance with 9.7.1.2, waterflow detection shall be provided to sound the building fire alarm or to notify, by a signal, any constantly attended location, such as PBX, security, or emergency room, at which the necessary corrective action shall be taken.

21.3.5.3 Portable fire extinguishers shall be provided in ambulatory health care facilities in accordance with 9.7.4.1.

21.3.6 Corridors. (No requirements.)

21.3.7 Subdivision of Building Space.

21.3.7.1 Ambulatory health care facilities occupancies shall be separated from other tenants and occupancies and shall meet all of the following requirements:

(1) Walls shall have not less than a 1-hour fire resistance rating and shall extend from the floor slab below to the floor or roof slab above.

(2) Doors shall be constructed of not less than 1¾ in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be equipped with positive latches.

(3) Doors shall be self-closing and shall be kept in the closed position, except when in use.

(4) Any windows in the barriers shall be of fixed fire window assemblies in accordance with Section 8.3.

21.3.7.2 Every story of an ambulatory health care facility occupancy shall be divided into not less than two smoke compartments, unless otherwise permitted by one of the following:
(1) This requirement shall not apply where the area of the ambulatory health care occupancy is less than 5000 ft² (465 m²) per story and that area is protected by an approved automatic smoke detection system. This requirement shall not apply to facilities of less than 5000 ft² (465 m²) that are protected by an approved automatic smoke detection system.

(2) This requirement shall not apply where the area of the ambulatory health care occupancy is less than 10,000 ft² (929 m²) per story and the building is protected throughout by an approved, supervised automatic sprinkler system installed in accordance with Section 9.7. This requirement shall not apply to facilities of less than 10,000 ft² (929 m²) that are protected throughout by an approved, supervised automatic sprinkler system installed in accordance with Section 9.7.

(3) An area in an adjoining occupancy shall be permitted to serve as a smoke compartment for an ambulatory health care facility if all of the following criteria are met:

(a) The separating wall and both compartments meet the requirements of 21.3.7.

(b) The ambulatory health care facility is less than 22,500 ft² (2100 m²).

(c) Access from the ambulatory health care facility to the other occupancy is unrestricted.

21.3.7.3 Reserved.

21.3.7.4 Reserved.

21.3.7.5 Required smoke barriers shall be constructed in accordance with Section 8.5 and shall have a minimum ½-hour fire resistance rating, unless otherwise permitted by 21.3.7.6.

21.3.7.6 Smoke barriers shall be permitted to terminate at the required occupancy separation where the ambulatory health care occupancy is constructed as a separated multiple occupancy in accordance with 6.1.14.4.

21.3.7.67 Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems where adjacent smoke compartments are protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

21.3.7.78 Windows in the smoke barrier shall be of fixed fire window assemblies in accordance with Section 8.3.

21.3.7.89 Reserved.

21.3.7.910* Doors in smoke barriers shall be not less than 1¾ in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be self-closing or automatic-closing in accordance with 21.2.2.421.2.2.2.2.

21.3.7.101 Latching hardware shall not be required on smoke barrier cross-corridor doors, and doors shall not be required to swing in the direction of egress travel.

21.4.1 Limited Access or Underground Buildings. See Section 11.7.

21.4.2 High-Rise Buildings.

21.4.3 Alcohol-Based Hand-Rub Dispensers. 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 NFPA 30B, 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 21.4.3(6).
(6) One dispenser per room complying with 21.4.3 (2) or (3, and located in the room, shall not be required to be included in the aggregated quantity specified in 21.4.3(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.

21.4.2.1 All high-rise ambulatory health care occupancy buildings shall be provided with a reasonable degree of safety from fire, and such degree of safety shall be accomplished by one of the following means:

(1) Installation of a complete, approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1)

(2) Installation of an engineered life safety system complying with all of the following:

(a) The engineered life safety system shall be developed by a registered professional engineer experienced in fire and life safety systems design.

(b) The life safety system shall be approved by the authority having jurisdiction and shall be permitted to include any or all of the following systems:

   i. Partial automatic sprinkler protection
   ii. Smoke detection alarms
   iii. Smoke control
   iv. Compartmentation
   v. Other approved systems

21.4.2.2* A limited, but reasonable, time shall be permitted for compliance with any part of 21.4.2.1, commensurate with the magnitude of expenditure and the disruption of services.

21.4.2.3 In addition to the requirements of 21.4.2.1 and 21.4.2.2, all buildings, regardless of height, shall comply with all other applicable provisions of this chapter.

21.5 Building Services.
21.5.1 Utilities.

21.5.1.1 Utilities shall comply with the provisions of Section 9.1.

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

21.5.2 Heating, Ventilating, and Air-Conditioning.

21.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be in accordance with the manufacturer’s specifications, unless otherwise modified by 21.5.2.2.

21.5.2.2 If fuel-fired, heating devices shall comply with all of the following:

1. They shall be chimney connected or vent connected.

2. They shall take air for combustion directly from the outside.

3. They shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area.

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

21.5.2.2.2 Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient treatment areas, provided that both of the following criteria are met:

1. Such heaters are located high enough to be out of the reach of persons using the area.

2. Such heaters are equipped with the safety features required by 21.5.2.2.1.

21.5.3 Elevators, Escalators, and Conveyors. Elevators, escalators, and conveyors shall comply with the provisions of Section 9.4.

21.5.4 Rubbish Chutes, Incinerators, and Laundry Chutes. Rubbish chutes, incinerators, and laundry chutes shall comply with the provisions of Section 9.5.

21.6 Reserved.

21.7* Operating Features.

21.7.1 Evacuation and Relocation Plan and Fire Drills.

21.7.1.1 The administration of every ambulatory health care facility 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.

21.7.1.2 All employees shall be periodically instructed and kept informed with respect to their duties under the plan required by 21.7.1.1.
21.7.1.3 A copy of the plan required by 21.7.1.1 shall be readily available at all times in the telephone operator’s location or at the security center.

21.7.1.4* Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.

21.7.1.5 Patients shall not be required to be moved during drills to safe areas or to the exterior of the building.

21.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.

21.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.

21.7.1.8 Employees of ambulatory health care facilities shall be instructed in life safety procedures and devices.

21.7.2 Procedure in Case of Fire.

21.7.2.1* Protection of Patients.

21.7.2.1.1 For ambulatory health care facilities, the proper protection of patients shall require the prompt and effective response of ambulatory health care personnel.

21.7.2.1.2 The basic response required of staff shall include the following:

(1) Removal of all occupants directly involved with the fire emergency

(2) Transmission of an appropriate fire alarm signal to warn other building occupants and summon staff

(3) Confinement of the effects of the fire by closing doors to isolate the fire area

(4) Relocation of patients as detailed in the facility’s fire safety plan

21.7.2.2 Fire Safety Plan. A written fire safety plan shall provide for all of the following:

(1) Use of alarms

(2) Transmission of alarms to fire department

(3) Response to alarms

(4) Isolation of fire

(5) Evacuation of immediate area

(6) Evacuation of smoke compartment

(7) Preparation of floors and building for evacuation

(8) Extinguishment of fire
21.7.2.3 Staff Response.

21.7.2.3.1 All personnel shall be instructed in the use of and response to fire alarms.

21.7.2.3.2 All health care personnel shall be instructed in the use of the code phrase to ensure transmission of an alarm under any of the following conditions:

(1) When the individual who discovers a fire must immediately go to the aid of an endangered person

(2) During a malfunction of the building fire alarm system

21.7.2.3.3 Personnel hearing the code announced shall first activate the building fire alarm using the nearest fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.

21.7.3 Maintenance of Exits.

21.7.3.1 Proper maintenance shall be provided to ensure the dependability of the method of evacuation selected.

21.7.3.2 Ambulatory health care occupancies that find it necessary to lock exits shall, at all times, maintain an adequate staff qualified to release locks and direct occupants from the immediate danger area to a place of safety in case of fire or other emergency.

21.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions:

(1) Smoking shall be prohibited in any room, ward, or compartment 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 ambulatory health care facilities where smoking is prohibited and signs are placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.

(3) Smoking by patients classified as not responsible shall be prohibited.

(4) The requirement of 21.7.4(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.

(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.

21.7.5 Furnishings, Mattresses, and Decorations.

21.7.5.1* Draperies, curtains and other loosely hanging fabrics and films serving as furnishings or decorations in ambulatory health care occupancies shall be in accordance with the provisions of 10.3.1, and the following also shall apply:
(1) Such curtains shall include cubicle curtains.

(2) Such curtains shall not include curtains at showers.

21.7.5.2 Newly introduced upholstered furniture shall comply with 10.3.2.1 and one of the following provisions:

(1) The furniture shall meet the criteria specified in 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).

21.7.5.3 Newly introduced mattresses shall comply with 10.3.2.2 and one of the following provisions:

(1) The mattresses shall meet the criteria specified in 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).

21.7.5.4 Combustible decorations shall be prohibited, unless one of the following criteria is met:

(1) They are flame-retardant.

(2) The decorations meet the flame propagation performance criteria contained in Test Method 1 or Test Method 2, as appropriate, 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)* They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present. 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 of any required latching of the door and do not exceed the area limitations of 21.7.5.4(b) or (c).

(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.

21.7.5.5 Soiled Linen and Trash Receptacles.
21.7.5.5.1 Soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity, and all of the following also shall apply:

(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.

21.7.5.5.2* Containers used solely for recycling clean waste or for patient records awaiting destruction shall be permitted to be excluded from the requirements of 21.7.5.5.1 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 21.7.5.5.2(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.

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


21.7.7* Engineered Smoke Control Systems.

21.7.7.1 New engineered smoke control systems shall be tested in accordance with established engineering principles and shall meet the performance requirements of such testing prior to acceptance.

21.7.7.2 Following acceptance, all engineered smoke control systems shall be tested periodically in accordance with recognized engineering principles.

21.7.7.3 Test documentation shall be maintained on the premises at all times.

21.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all ambulatory health care occupancies, unless both of the following criteria are met:

(1) Such devices are used only in nonsleeping staff and employee areas.
(2) The heating elements of such devices do not exceed 212°F (100°C).
21.7.9 Construction, Repair, and Improvement Operations.

21.7.9.1 Construction, repair, and improvement operations shall comply with 4.6.10.

21.7.9.2 The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1 and shall also comply with NFPA 241, *Standard for Safeguarding Construction, Alteration, and Demolition Operations*. 
Submitter: Technical Committee Health Care Occupancies

Recommendation: Revise to read:

A.18.2.3.5(2) The intent of 18.2.3.5(2) is to permit limited noncontinuous projections along the corridor wall. These include hand-rub dispensing units complying with 18.3.2.6, nurse charting units, wall-mounted computers, telephones, artwork, bulletin boards, display case frames, cabinet frames, fire alarm boxes, and similar items. It is not the intent to permit the narrowing of the corridor by the walls themselves. The provision of 7.3.2.2 permits projections up to 4 1/2 in. (114 mm) to be present at and below the 38 in. (965 mm) height specified in 18.2.3.5(2), and it is not the intent of 18.2.3.5(2) to prohibit such projections. Permitting projections above the 38 in. (965 mm) handrail height complies with the intent of the requirement, as such projections will not interfere with the movement of gurneys, beds, and wheelchairs. Projections below handrail height for limited items, such as fire extinguisher cabinets and recessed water coolers, also will not interfere with equipment movement. Other codes and standards, such as NFPA 5000, other building codes, and the Federal 2010 ADA Standards for Accessible Design might require cane protection for projections greater than 4 inches. It is not the intent of 18.2.3.5.2 to limit or preclude requirements found in other applicable codes and standards.

Submitter: Technical Committee Health Care Occupancies

Recommendation: A.18.2.5.7.2.1(A) For the purposes of this paragraph, it is the intent that the term habitable rooms not include individual bathrooms, closets, and similar spaces, as well as briefly occupied work spaces, such as control rooms in radiology and small storage rooms in a pharmacy.
Supervisor: Technical Committee Health Care Occupancies

Recommendation: A.18.2.5.7.2.1(B) Supervision of sleeping suites is accomplished by direct supervision by staff, smoke detection, or a combination of direct supervision and smoke detection. The three options that follow are available for meeting the supervision requirements for patient sleeping suites having an area not exceeding 7500 ft² (700 m²): (1) Direct supervision of all sleeping rooms by staff from a normally attended location within the suite [in accordance with 18.2.5.7.2.1(B)(1)(a)]. (2) Supervision of those sleeping rooms that can be directly supervised [in accordance with 18.2.5.7.2.1(B)(1)(a)] and smoke detection provided in the sleeping rooms that cannot be directly supervised [in accordance with 18.2.5.7.2.1(B)(1)(b)] as depicted in Figure A.18.2.5.7.2.1(B)-1. (3) Total (complete) coverage smoke detection throughout the sleeping suite [in accordance with 18.2.5.7.2.1(B)(2)] as depicted in Figure A.18.2.5.7.2.1(B)-2. Where the option for total (complete) coverage smoke detection is used, the provision of 9.6.2.9 requires detectors in all occupiable areas that are suitable for smoke detector operation. For example, an area subject to shower steam would not require a smoke detector. For patient sleeping suites having an area greater than 7500 ft² (700 m²), both direct supervision by staff and total (complete) coverage smoke detection throughout the sleeping suite are required [in accordance with 18.2.5.7.2.3(C)] as depicted in Figure A.18.2.5.7.2.1(B)-3.

[Insert 101-FR-3086 Figure_A.18.2.5.7.2.1(B)-1] Figure A.18.2.5.7.2.1(B)-1. All sleeping rooms provided either with direct supervision by staff or smoke detection.

[Insert 101-FR-3086 Figure_A.18.2.5.7.2.1(B)-2] Figure A.18.2.5.7.2.1(B)-2. Supervision provided by total (complete) smoke detection throughout the sleeping suite.

[Insert 101-FR-3086 Figure_A.18.2.5.7.2.1(B)-3] Figure A.18.2.5.7.2.1(B)-3. For suites >7500 ft² (>700 m²), all sleeping rooms must be provided with direct supervision by staff and total (complete) smoke detection installed throughout the sleeping suite.
Smoke Detector
Nurses Station
Glass separation
Direct Supervision (line of sight)
PS – Patient sleeping room

PS
PS
PS

PS
PS
PS

101/FR3086/FR529terra/A2014/ROP
Smoke Detector

Nurses Station

Direct Supervision (line of sight)

PS – Patient sleeping room

Glass separation

Cubicle Curtains w/open mesh top
Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.2.5.7.2.1(D)(B)(1) The interior partitions or walls might extend full height to the ceiling, provided that they do not obscure visual supervision of the suite. Where they do obscure visual supervision, see 18.2.5.7.2.1(D)(B)(2).

A.18.2.5.7.2.2(B)(A) Where only one means of egress is required from the suite, it needs to be provided by a door opening directly to a corridor complying with 18.3.6 or to a horizontal exit.

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.2.5.7.3.2(B) Where only one means of egress is required from the suite, it needs to be provided by a door opening directly to a corridor complying with 18.3.6.

A.18.2.5.7.3.1(C) Where the second exit access for a non-sleeping suite is through an adjacent suite, it is the intent that the adjacent suite not be considered an intervening room.

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.3.2.1 Provisions for the enclosure of rooms used for charging linen chutes and waste chutes or for rooms into which these chutes empty are provided in Section 9.5.

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.3.2.5.3(11) Protection of the cooktop or range is accomplished by the sprinklers that are required in the space and the required cooktop hood fire suppression system. The smoke alarms are intended to notify staff who might not be in the immediate area. The intent of requiring smoke alarms instead of smoke detectors is to prevent false alarms from initiating the building fire alarm system and notifying the fire department. Smoke alarms should be maintained a minimum of 20 ft (6.1 m) away from the cooktop or range as studies have shown this distance to be the threshold for significantly reducing false nuisance alarms caused by cooking. The intent of the interconnected smoke alarms, with silence feature, is that while the devices would alert staff members to a potential problem, if it is a false nuisance alarm, the staff members can use the silence feature instead of disabling the alarm. The referenced study indicates that nuisance alarms are reduced with photoelectric smoke alarms. Providing two, interconnected alarms provides a safety factor since they are not electrically supervised by the fire alarm system. (Smoke Alarms – Pilot Study of Nuisance Alarms Associated with Cooking)

A.18.3.2.5.3(12) The provision of 18.3.2.5.3(12) recognizes that it is more important to maintain the 20-ft (6.1-m) minimum spacing criterion between the smoke alarm and the cooktop or range, to minimize nuisance alarms, than to assure that the smoke alarm is located within the kitchen area itself.

A.18.3.2.5.3(13) The requirements of 18.3.2.5.3(13) are intended to allow the local staff to silence and reset the system smoke detector without the assistance of the engineering or maintenance personnel. This provision is not intended to require the system smoke detector to initiate a building wide occupant alarm signal or to notify the emergency forces.
Submitter: Technical Committee Health Care Occupancies

Recommendation: A.18.3.2.6 Extensive research, including fire modeling, has indicated that alcohol-based hand-rub solutions can be safely installed in corridors of health care facilities, provided that certain other precautions are taken. The total quantities of flammable liquids in any area should comply with the provisions of other recognized codes, including NFPA 1, Fire Code, and NFPA 30, Flammable and Combustible Liquids Code. In addition, special consideration should be given to the following:

(1) Obstructions created by the installation of hand-rub solution dispensers
(2) Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction
(3) Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment
(4) Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

Submitter: Technical Committee Health Care Occupancies

Recommendation: A.18.3.4.2 It is not the intent of this Code to require single-station smoke detector alarms that might be required by local codes to be connected to or to initiate the building fire alarm system.

Submitter: Technical Committee Health Care Occupancies

Recommendation: A.18.3.5.10 Although this exception is currently not recognized by NFPA 13, Standard for the Installation of Sprinkler Systems, a proposal for such exemption has been submitted for consideration by the Technical Committee on Sprinkler System Installation Criteria. This exception is limited to hospitals, as nursing homes and many limited care facilities might have more combustibles within the closets. The limited amount of clothing found in the small clothes closets in hospital patient rooms is typically far less than the amount of combustibles in casework cabinets that do not require sprinkler protection, such as nurse servers. In many hospitals, especially new hospitals, it is difficult to make a distinction between clothes closets and cabinet work. The exception is far more restrictive than similar exceptions for hotels and apartment buildings. NFPA 13 already permits the omission of sprinklers in wardrobes [see 8.1.1(7) of NFPA 13]. It is not the intent of 18.3.5.10 to affect the wardrobe provisions of NFPA 13. It is the intent that the sprinkler protection in the room covers the closet as if there were no door on the closet. (See 8.5.3.2.3 of NFPA 13.)
Smoke barrier doors are intended to provide access to adjacent zones. The pair of cross-corridor doors are required to be opposite swinging. Access to both zones is required. It is not the intent of 18.3.7.6 to prohibit the application of push plates, hardware, or other attachments on some barrier doors in health care occupancies. The provision of 18.3.7.6 requires the door leaves to be of substantial construction that is sufficient to resist fire for 20 minutes. Non-labeled 1 3/4-in. (44-mm) solid, bonded wood core doors that are used in place of labeled 20-minute fire doors are not subject to the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protective; therefore, nonrated factory or field-applied protective plates unlimited in height are permitted.

Extensive research, including fire modeling, has indicated that alcohol-based hand-rub solutions can be safely installed in corridors of health care facilities, provided that certain other precautions are taken. The total quantities of flammable liquids in any area should comply with the provisions of other recognized codes, including NFPA 1, Fire Code, and NFPA 30, Flammable and Combustible Liquids Code. In addition, special consideration should be given to the following:

1. Obstructions created by the installation of hand-rub solution dispensers
2. Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction
3. Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment
4. Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

The purpose of this requirement is to provide a means for building designers, occupants, and operators to clearly designate approved egress corridors that can be identified even though physical or other obvious barriers might not be present to indicate their location. Floor plans used to satisfy this requirement might incorporate more than one function and more than one smoke compartment of the building, provided egress corridors are clearly identified where no fixed barriers are present. Such plans should be accessible to the authority having jurisdiction but should not be required to be posted.

The user should verify that the products meet the referenced test methods of NFPA 701, and not the small-scale test procedure that was previously eliminated from NFPA 701.
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101 FR3043 SAF-HEA
(A.18.7.8 (New))

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.18.7.8 Portable space heaters complying with 18.7.8 should be permitted to be located in office areas, nurses stations, and other similar non-patient spaces within the same smoke compartment as patient sleeping rooms.

101 FR3007 SAF-HEA
(A.19.2.2.2.5.2)

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.19.2.2.2.5.2 Pediatric units, maternity units, and emergency departments are examples of areas where patients might have special needs that justify door locking. Door locking arrangements should be permitted to reduce the risk of abduction of infants and children who are patients.

101 FR3011 SAF-HEA
(A.19.2.2.7)

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.19.2.2.7 In some health care occupancies, especially nursing homes, the use of murals to disguise doors has been found to be beneficial for certain patient populations. This provision is intended to apply to disguising of egress doors by painting the doors or the use of wall paper on the doors. The marking of the means of egress such as required exit signs should be clearly visible and not disguised by the mural. Where decorations are applied to the door, the requirements of 19.7 would still apply and painting a mural on the door would not be considered a decoration. Such murals should not obscure required vision panels or affect the required fire resistance rating of fire rated door assemblies.

A.19.2.2.7(2) It is intended that the door releasing hardware includes levers, locks, knobs, and panic bars, that are directly operated or grasped by staff.

A.19.2.2.7(3) It is intended that the door hardware that is permitted to be covered (i.e., disguised by the mural) includes items such as hinges, closers, and magnets, which would normally not be directly operated or grasped by staff.

101 FR3091 SAF-HEA
(A.19.2.5.7.2.1(A))

Submitter: Technical Committee Health Care Occupancies
Recommendation: A.19.2.5.7.2.1(A) For the purposes of this paragraph, it is the intent that the term "habitable rooms" not include individual bathrooms, closets, and similar spaces, as well as briefly occupied work spaces, such as control rooms in radiology and small storage rooms in a pharmacy.
Submitter: Technical Committee Health Care Occupancies

Recommendation: A.19.2.5.7.2.1(B) Supervision of existing sleeping suites is accomplished by direct supervision by staff, automatic smoke detection, or a combination of direct supervision and smoke detection. The three options that follow are available for meeting the supervision requirements for patient sleeping suites having an area not exceeding 5000 ft² (460 m²):

1. Direct supervision of all sleeping rooms by staff from a normally attended location within the suite [in accordance with 19.2.5.7.2.1(B)(1)(a)].

2. Supervision of those sleeping rooms that can be directly supervised [in accordance with 19.2.5.7.2.1(B)(1)(a)] and automatic smoke detection provided in the sleeping rooms that cannot be directly supervised [in accordance with 19.2.5.7.2.1(B)(1)(b)] as depicted in Figure A.19.2.5.7.2.1(B)-1.

3. Total (complete) coverage automatic smoke detection throughout the sleeping suite [in accordance with 19.2.5.7.2.1(B)(2)] as depicted in Figure A.19.2.5.7.2.1(B)-2.

Where the option for total (complete) coverage automatic smoke detection is used, the provision of 9.6.2.9 requires detectors in all occupiable areas that are suitable for smoke detector operation. For example, an area subject to shower steam would not require a smoke detector.

For patient sleeping suites having an area greater than 5000 ft² (460 m²) but not greater than 7500 ft² (700 m²), sprinkler protection is required throughout the suite and the supervision requirements of 19.2.5.7.2.1 also apply. Such protection might take the form of standard response sprinklers in accordance with 19.3.5.7 or quick response sprinklers in accordance with 19.3.5.8. Where standard response sprinklers are used in accordance with 19.3.5.7, the suite must be protected by total (complete) automatic smoke detection [in accordance with 19.2.5.7.2.3(B)(1)] as depicted in Figure A.19.2.5.7.2.1(B)-3.

For patient sleeping suites having an area greater than 7500 ft² (700 m²), the suite must be protected by quick response sprinklers in accordance with 19.3.5.8, direct supervision of all sleeping rooms must be provided by staff, and total (complete) coverage automatic smoke detection must be provided throughout the sleeping suite [in accordance with 19.2.5.7.2.3(C)] as depicted in Figure A.19.2.5.7.2.1(B)-4.

[Insert 101-FR-3081_Figure_A.19.2.5.7.2.1(B)-1]

Figure A.19.2.5.7.2.1(B)-1. All sleeping rooms provided either with direct supervision by staff or smoke detection.

[Insert 101-FR-3081_Figure_A.19.2.5.7.2.1(B)-2]

Figure A.19.2.5.7.2.1(B)-2. Supervision provided by total (complete) smoke detection throughout the sleeping suite.

[Insert 101-FR-3081_Figure_A.19.2.5.7.2.1(B)-3]

Figure A.19.2.5.7.2.1(B)-3. For suites >5000 ft² (>460 m²) and ≤7500 ft² (≤700 m²) protected by standard response sprinklers, total (complete) smoke detection required throughout the sleeping suite.

[Insert 101-FR-3081_Figure_A.19.2.5.7.2.1(B)-4]

Figure A.19.2.5.7.2.1(B)-4. For suites >7500 ft² (>700 m²), all sleeping rooms must be provided with direct supervision by staff and total (complete) smoke detection installed throughout the sleeping suite.
Smoke Detector

Nurses Station

Glass separation

Direct Supervision (line of sight)

PS – Patient sleeping room

PS

PS

PS

PS
Smoke Detector
Nurses Station
PS – Patient sleeping room
Glass separation
Cubicle Curtains w/open mesh top
Smoke Detector

Nurses Station

Direct Supervision (line of sight)

PS – Patient sleeping room

Glass separation

Cubicle Curtains w/open mesh top

PS

PS

PS

PS

PS

PS

PS

PS

PS
Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.2.5.7.2.1(D)** Where only one means of egress is required from the suite, it needs to be provided by a door opening directly to a corridor complying with 19.3.6 or to a horizontal exit.

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Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.2.5.7.3.2(B)** Where only one means of egress is required from the suite, it needs to be provided by a door opening directly to a corridor complying with 19.3.6.

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Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.3.2.5.3(11)** Protection of the cooktop or range is accomplished by the sprinklers that are required in the space and the required cooktop hood fire suppression system. The smoke alarms are intended to notify staff who might not be in the immediate area. The intent of requiring smoke alarms, instead of smoke detectors is to prevent false alarms from initiating the building fire alarm system and notifying the fire department. Smoke alarms should be maintained a minimum of 20 ft (6.1 m) away from the cooktop or range as studies have shown this distance to be the threshold for significantly reducing *false nuisance* alarms caused by cooking. The intent of the interconnected smoke alarms, with silence feature, is that while the devices would alert staff members to a potential problem, if it is a *false nuisance* alarm, the staff members can use the silence feature instead of disabling the alarm. The referenced study indicates that nuisance alarms are reduced with photoelectric smoke alarms. Providing two, interconnected alarms provides a safety factor since they are not electrically supervised by the fire alarm system. (Smoke Alarms – Pilot Study of Nuisance Alarms Associated with Cooking)

**A.19.3.2.5.3(12)** The provision of 19.3.2.5.3(12) recognizes that it is more important to maintain the 20-ft (6.1-m) minimum spacing criterion between the smoke alarm and the cooktop or range, to minimize nuisance alarms, than to assure that the smoke alarm is located within the kitchen area itself.

**A.19.3.2.5.3(13)** The requirements of 19.3.2.5.3(13) are intended to allow the local staff to silence and reset the system smoke detector without the assistance of the engineering or maintenance personnel. This provision is not intended to require the system smoke detector to initiate a building wide occupant alarm signal or to notify the emergency forces.

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Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.3.2.5.3(7)** Deep-fat frying is defined as a cooking method that involves fully immersing food in hot oil.
Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.3.2.6** Extensive research, including fire modeling, has indicated that alcohol-based hand-rub solutions can be safely installed in corridors of health care facilities, provided that certain other precautions are taken.

The total quantities of flammable liquids in any area should comply with the provisions of other recognized codes, including NFPA 1, Fire Code, and NFPA 30, Flammable and Combustible Liquids Code. In addition, special consideration should be given to the following:

1. Obstructions created by the installation of hand-rub solution dispensers
2. Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction
3. Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment
4. Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.3.4.2** It is not the intent of this Code to require single-station smoke detectors, which might be required by local codes, to be connected to or to initiate the building fire alarm system.

Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.3.5.10** Although this exception is currently not recognized by NFPA 13, Standard for the Installation of Sprinkler Systems, a proposal for such exemption has been submitted for consideration by the Technical Committee on Sprinkler System Installation Criteria. This exception is limited to hospitals, as nursing homes and many limited care facilities might have more combustibles within the closets. The limited amount of clothing found in the small clothes closets in hospital patient rooms is typically far less than the amount of combustibles in casework cabinets that do not require sprinkler protection, such as nurse servers. In many hospitals, especially new hospitals, it is difficult to make a distinction between clothes closets and cabinet work. The exception is far more restrictive than similar exceptions for hotels and apartment buildings. NFPA 13 already permits the omission of sprinklers in wardrobes [see 8.1.1(7) of NFPA 13]. It is not the intent of 19.3.5.10 to affect the wardrobe provisions of NFPA 13. It is the intent that the sprinkler protection in the room covers the closet as if there were no door on the closet. (See 8.5.3.2.3 of NFPA 13.)

Submitter: Technical Committee Health Care Occupancies

Recommendation: **A.19.3.6.3** Where a nurse server penetrates a corridor wall, the access opening on the corridor side of the nurse server must be protected as is done for a corridor door. The provision of 19.3.6.3 requires the door leaves to be of substantial construction that is sufficient to resist fire for 20 minutes. These doors, described as 1-3/4 in. (44 mm) thick, solid-bonded wood core doors, are nonrated doors and are not subject to the requirements of NFPA 80.
Submitter: Technical Committee Health Care Occupancies

**Recommendation: A.19.4.3** Extensive research, including fire modeling, has indicated that alcohol-based hand-rub solutions can be safely installed in corridors of health care facilities, provided that certain other precautions are taken. The total quantities of flammable liquids in any area should comply with the provisions of other recognized codes, including NFPA 1, *Fire Code*, and NFPA 30, *Flammable and Combustible Liquids Code*. In addition, special consideration should be given to the following:

1. Obstructions created by the installation of hand-rub solution dispensers
2. Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction
3. Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment
4. Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

Submitter: Technical Committee Health Care Occupancies

**Recommendation: A.19.7.3.3** The purpose of this requirement is to provide a means for building designers, occupants, and operators to clearly designate approved egress corridors that can be identified even though physical or other obvious barriers might not be present to indicate their location. Floor plans used to satisfy this requirement might incorporate more than one function and more than one smoke compartment of the building, provided egress corridors are clearly identified where no fixed barriers are present. Such plans should be accessible to the authority having jurisdiction but should not be required to be posted.

Submitter: Technical Committee Health Care Occupancies

**Recommendation: A.19.7.5.6(2)** The user should verify that the products meet the referenced test methods of NFPA 701, and not the small-scale test procedure that was previously eliminated from NFPA 701.

Submitter: Technical Committee Health Care Occupancies

**Recommendation: A.19.7.8**(New) Portable space heaters complying with 19.7.8 should be permitted to be located in office areas, nurses stations, and other similar non-patient spaces within the same smoke compartment as patient sleeping rooms.
Recommendation: A.20.1.1.6 A.20.1.1.8 The Code recognizes that certain functions necessary for the life safety of building occupants, such as the closing of corridor doors, the operation of manual fire alarm devices, and the removal of patients from the room of fire origin, require the intervention of facility staff. It is not the intent of A.20.1.1.6 20.1.1.8 to specify the levels or locations of staff necessary to meet this requirement.

A.20.1.2 This objective is accomplished in the context of the physical facilities, the type of activities undertaken, the provisions for the capabilities of staff, and the needs of all occupants through requirements directed at the following:
1. Prevention of ignition
2. Detection of fire
3. Control of fire development
4. Confinement of the effects of fire
5. Extinguishment of fire
6. Provision of refuge or evacuation facilities, or both
7. Staff reaction

A.20.3.2 Doctors' offices and treatment and diagnostic facilities that are intended solely for outpatient care and are physically separated from facilities for the treatment or care of inpatients, but are otherwise associated with the management of an institution, might be classified as business occupancies rather than health care occupancies.

A.20.3.6.1 The intent of 38.3.6(1) through (3) is to permit spaces to be open to the exit access corridor without separation.
A.20.3.6.1(1) Where exits are available from an open floor area, such as open plan buildings, corridors are not required to be separated. An example of an open plan building is a building in which the work spaces and accesses to exits are delineated by the use of tables, desks, bookcases, or counters, or by partitions that are less than floor-to-ceiling height.
A.20.3.6.1(2) It is the intent of this provision that a single tenant be limited to an area occupied under a single management and work the same hours. The concept is that people under the same employ working the same hours would likely be familiar with their entire tenant space. It is not the intent to apply this provision simply because tenants are owned by the same organization. For example, in a government-owned office building, the offices of different federal agencies would be considered multiple tenants, because an employee normally works for one agency. The agencies might work various hours. Another example of multiple tenancy would be a classroom building of a university, because some classrooms might be in use at times when other classrooms are not being used.
A.20.3.7.13 Split astragals (i.e., astragals installed on both door leaves) are also considered astragals.
A.20.4.3 Extensive research, including fire modeling, has indicated that alcohol-based hand-rub solutions can be safely installed in corridors of health care facilities, provided that certain other precautions are taken. The total quantities of flammable liquids in any area should comply with the provisions of other recognized codes, including NFPA 1, *Fire Code*, and NFPA 30, *Flammable and Combustible Liquids Code*. In addition, special consideration should be given to the following:

1. Obstructions created by the installation of hand-rub solution dispensers
2. Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction
3. Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment
4. Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

A.20.7 Health care occupants have, in large part, varied degrees of physical disability, and their removal to the outside, or even their disturbance caused by moving, is inexpedient or impractical in many cases, except as a last resort. Similarly, recognizing that there might be an operating necessity for the restraint of the mentally ill, often by use of barred windows and locked doors, fire exit drills are usually extremely disturbing, detrimental, and frequently impracticable.

In most cases, fire exit drills, as ordinarily practiced in other occupancies, cannot be conducted in health care occupancies. Fundamentally, superior construction, early discovery and extinguishment of incipient fires, and prompt notification need to be relied on to reduce the occasion for evacuation of buildings of this class to a minimum.

A.20.7.1.4 Many health care occupancies conduct fire drills without disturbing patients by choosing the location of the simulated emergency in advance and by closing the doors to patients’ rooms or wards in the vicinity prior to the initiation of the drill. The purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan. Its purpose is not to disturb or excite patients. Fire drills should be scheduled on a random basis to ensure that personnel in health care facilities are drilled not less than once in each 3-month period.

Drills should consider the ability to move patients to an adjacent smoke compartment. Relocation can be practiced using simulated patients or empty wheelchairs.

A.20.7.2.1 Each facility has specific characteristics that vary sufficiently from other facilities to prevent the specification of a universal emergency procedure. The recommendations that follow, however, contain many of the elements that should be considered and adapted, as appropriate, to the individual facility.

Upon discovery of fire, personnel should immediately take the following action:

1. If any person is involved in the fire, the discoverer should go to the aid of that person, calling aloud an established code phrase, which provides for both the immediate aid of any endangered person and the transmission of an alarm.
2. Any person in the area, upon hearing the code called aloud, should activate the building fire alarm using the nearest manual fire alarm box.
3. If a person is not involved in the fire, the discoverer should activate the building fire alarm using the nearest manual fire alarm box.
4. Personnel, upon hearing the alarm signal, should immediately execute their duties as outlined in the facility fire safety plan.
5. The telephone operator should determine the location of the fire as indicated by the audible signal.
6. In a building equipped with an uncoded alarm system, a person on the floor of fire origin should be responsible for promptly notifying the facility telephone operator of the fire location.
7. If the telephone operator receives a telephone alarm reporting a fire from a floor, the operator should regard that alarm in the same fashion as an alarm received over the fire alarm system and should immediately notify the fire department and alert all facility personnel of the place of fire and its origin.
8. If the building fire alarm system is out of order, any person discovering a fire should immediately notify the telephone operator by telephone, and the operator should then transmit this information to the fire department and alert the building occupants.

A.20.7.4 The most rigid discipline with regard to prohibition of smoking might not be nearly as effective in reducing incipient fires from surreptitious smoking as the open recognition of smoking, with provision of suitable facilities for smoking. Proper education and training of the staff and attendants in the ordinary fire hazards and their abatement is unquestionably essential. The problem is a broad one, varying with different types and arrangements of buildings; the effectiveness of rules of procedure, which need to be flexible, depends in large part on the management.

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Printed on 10/11/2012
A.20.7.5.5.2 It is the intent that this provision permits recycling of bottles, cans, paper and similar clean items that do not contain grease, oil, flammable liquids, or significant plastic materials using larger containers or several adjacent containers and not require locating such containers in a room protected as a hazardous area. Containers for medical records awaiting shredding are often larger than 32 gal (121 L). These containers are not to be included in the calculations and limitations of 20.7.5.5.1. There is no limit on the number of these containers, as FM Approval Standard 6921, Containers for Combustible Waste, ensures that the fire will not spread outside of the container. FM approval standards are written for use with FM Approvals. The tests can be conducted by any approved laboratory. The portions of the standard referring to FM Approvals are not included in this reference.

A.20.7.5.4(4) The percentage of decorations should be measured against the area of any wall or ceiling, not the aggregate total of walls, ceilings, and doors. The door is considered part of the wall. The decorations must be located such that they do not interfere with the operation of any door, sprinkler, smoke detector, or any other life safety equipment. Other art might include hanging objects or three-dimensional items.

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A.20.7.7 A document that provides recognized engineering principles for the testing of smoke control systems is NFPA 92, Standard for Smoke Control Systems.
Recommendation: A.21.1.1.6 A.21.1.1.8 The Code recognizes that certain functions necessary for the life safety of building occupants, such as the closing of corridor doors, the operation of manual fire alarm devices, and the removal of patients from the room of fire origin, require the intervention of facility staff. It is not the intent of A.21.1.1.6 A.21.1.1.8 to specify the levels or locations of staff necessary to meet this requirement.

A.21.1.1.2 This objective is accomplished in the context of the physical facilities, the type of activities undertaken, the provisions for the capabilities of staff, and the needs of all occupants through requirements directed at the following:

1. Prevention of ignition
2. Detection of fire
3. Control of fire development
4. Confinement of the effects of fire
5. Extinguishment of fire
6. Provision of refuge or evacuation facilities, or both
7. Staff reaction

A.21.1.3.2 Doctors' offices and treatment and diagnostic facilities that are intended solely for outpatient care and are physically separated from facilities for the treatment or care of inpatients, but that are otherwise associated with the management of an institution, might be classified as business occupancies rather than health care occupancies.

A.21.2.2.2.4 The words "principal entrance/exit doors" describe doors that the authority having jurisdiction can reasonably expect to be unlocked in order for the facility to do business.

A.21.2.2.6 The waiver of the requirement for doors to swing in the direction of egress travel is based on the assumption that, in this occupancy, there is little possibility of a panic rush that might prevent the opening of doors that swing against egress travel.

A.21.3.2.1 It is not the intent of this provision that rooms inside individual tenant spaces that are used to store routine office supplies for that tenant be required to be either separated or sprinklered.

A.21.3.2.3 The requirement for separating high hazard contents areas from other parts of the building is intended to isolate the hazard, and 8.2.3.3 is applicable.

A.21.3.2.6 Extensive research, including fire modeling, has indicated that alcohol-based hand-rub solutions can be safely installed in corridors of health care facilities, provided that certain other precautions are taken. The total quantities of flammable liquids in any area should comply with the provisions of other recognized codes, including NFPA 1, Fire Code, and NFPA 30, Flammable and Combustible Liquids Code. In addition, special consideration should be given to the following:

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A.21.3.7.9 Smoke barriers might include walls having door openings other than cross-corridor doors. There is no restriction in the Code regarding which doors or how many doors form part of a smoke barrier. For example, doors from the corridor to individual rooms are permitted to form part of a smoke barrier.

A.21.4.2.2 In some cases, appreciable cost might be involved in bringing an existing occupancy into compliance. Where this is true, it would be appropriate for the authority having jurisdiction to prescribe a schedule determined jointly with the facility, allowing suitable periods of time for the correction of the various deficiencies and giving due weight to the ability of the owner to secure the necessary funds.

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