3.3.196.1* Ambulatory Health Care Occupancy.

An occupancy used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following: (1) treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; (2) anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; (3) emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others. (SAF-HEA)

Supplemental Information

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Submitter Information Verification

Submitter Full Name: Ron Cote
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Submittal Date: Wed Aug 26 10:25:30 CDT 2015

Committee Statement

Committee Statement: The labels "emergency" and "urgent" are not needed. The key is that treatment is provided to those who arrive incapable of self preservation.

Response
Message:

Public Input No. 206-NFPA 101-2015 [Section No. 3.3.190.1]
Annex change for FR-3501

A.3.3.190.1  Ambulatory Health Care Occupancy. It is not the intent that occupants be considered to be incapable of self-preservation just because they are in a wheelchair or use assistive walking devices, such as a cane, a walker, or crutches. Rather, it is the intent to address emergency care treatment centers that receive patients who have been rendered incapable of self-preservation due to the emergency, such as being rendered unconscious as a result of an accident or being unable to move due to sudden illness.
**3.3.251 Self-Preservation Capability (Health Care and Ambulatory Health Care Occupancies).**

The ability of a patient to act on an innate desire to protect oneself from harm without staff intervention.

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**Committee Statement**

Committee Statement: The term "self-preservation capability" is used the health care and ambulatory health care occupancy chapters. The proposed definition captures the important aspects on which the related requirements are predicated.
18.1.1.1.9

Facilities that do not provide housing on a 24-hour basis for their occupants shall be classified as other occupancies and shall be covered by other chapters of this Code.

Submitter Information Verification

Submitter Full Name: Ron Cote
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Submittal Date: Tue Sep 08 09:08:35 CDT 2015

Committee Statement

Committee Statement: The provision confuses more than it helps. There is adequate text, without this sentence, to assist the user in properly determining whether something is a health care occupancy.

Response Message:
18.1.4.2 Special Definitions.

The following is a list of special terms used in this chapter:

1. Ambulatory Health Care Occupancy. (See 3.3.196.1.)
2. Deep-fat Fat Frying. (See 3.3.57.)
3. Hospital. (See 3.3.150.)
4. Limited Care Facility. (See 3.3.93.2.)
5. Nursing Home. (See 3.3.148.2.)
6. Self-Preservation Capability (Health Care and Ambulatory Health Care Occupancies). (See 3.3.251.)

Submitter Information Verification

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Submittal Date: Tue Sep 08 09:32:26 CDT 2015

Committee Statement

Committee Statement: Correlation with placement of new definition in Chapter 3 so that users find the term from within the occupancy chapter.
Response Message:
First Revision No. 3556-NFPA 101-2015 [Section No. 18.1.6.6]

18.1.6.6*
Fire-retardant-treated wood that serves as supports for the installation of fixtures and equipment shall be permitted to be installed behind noncombustible or limited-combustible sheathing.

Supplemental Information

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Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [Not Specified]
Street Address: 
City:
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Submittal Date: Tue Sep 08 09:46:09 CDT 2015

Committee Statement

Committee Statement: This First Revision adds annex text as A.18.1.6.6.

When this provision was added in the 2003 edition of NFPA 101, the proposer's text stated, "...with fire retardant backing material being permitted to be installed for fixture installation." The technical committee put this in the form of an exception and added the word "equipment." In a subsequent edition, a definition was added by Fundamentals that narrowly defines equipment and fixtures as being mechanical/electrical/fire protection/elevator equipment. This has led some AHJ's, reasonably enough, to link 18.1.6.6 to the definition in 3.3.75, even though this was not the intent of the Health Care Committee. This annex note clarifies the original and current intent of this provision.

Note that this annex text is not being added to Chapters 20 and 21 which rely instead on the language in NFPA 220. NFPA 5000 also uses the same language as in NFPA 220.

Response Message:
A.18.1.6.6
This provision is not intended to limit the use of fire-retardant-treated wood to fixtures and equipment as defined in 3.3.75. Other types of fixtures and equipment for which fire-retardant-treated wood may be used as support include grab bars, shelving, and toilet accessories.
18.2.2.5.2*
Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following criteria are met:

(1) Staff can readily unlock doors at all times in accordance with 18.2.2.6.

(2) A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space.

(3)* The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.

(4) The locks are electrical locks that fail safely so as to release upon loss of power to the device.

(5) The locks release by independent activation of each of the following:
   (a) Activation of the smoke detection system required by 18.2.2.5.2(2)
   (b) Waterflow in the automatic sprinkler system required by 18.2.2.5.2(3)

(6) Hardware for new electric lock installations is listed in accordance with ANSI/UL 294, Standard for Access Control System Units.

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Submittal Date: Thu Aug 27 09:33:37 CDT 2015

Committee Statement

Committee Statement: Adding the requirement for hardware for electrical locking systems to listed to UL 294, as is currently required per 7.2.1.5.6 for electrically controlled egress door assemblies.

Response Message:
18.2.2.2.10
High-rise health care occupancies

Stairs that serve an occupiable story that is more than 75 ft (23 m) above the level of fire department vehicle access shall comply with the re-entry provisions of 7.2.1.5.8.

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Street Address:
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Submittal Date: Wed Aug 26 10:59:14 CDT 2015

Committee Statement

Committee Statement: A high-rise building is defined as "A building where the floor of an occupiable story is greater than 75 ft (23 m) above the lowest level of fire department vehicle access." However, there may be stairs in a building that is classified as a high-rise building, that serve portions of the building where the top occupied floor is less than 75 ft above the access.

Presently, the code allows a non-high-rise building classified as a healthcare occupancy to lock exit stair doors against re-entry provided it is not a high-rise building. The modified language would allow a stair that serves only five floors to be locked against re-entry while still requiring any stair that serves the high-rise portions of the building to meet the re-entry provisions of Chapter 7.

Response Message:

Public Input No. 76-NFPA 101-2015 [Section No. 18.2.2.10]
Horizontal-sliding sliding doors shall be permitted in accordance with 18.2.2.11.1 or 18.2.2.11.2.

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<td>Removed &quot;horizontal&quot; for coordination with change made to 18.2.2.11.1.</td>
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Submitter Information Verification

- **Submitter Full Name:** Ron Cote
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- **Submittal Date:** Wed Aug 26 11:15:00 CDT 2015
18.2.2.2.11.1

Horizontal sliding doors Special-purpose horizontally sliding accordion or folding door assemblies in accordance with 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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Committee Statement

Committee Statement: The last cycle, reference to 7.2.1.14 was removed from the code in 18/19.2.2.2.11.1. Presently, 18/19.2.2.2.11 allows two options for horizontal-sliding doors. However, it appears that the user of the code can use the first option and none of the restrictions in the second option would apply effectively negating the need for the second option.

Response Message:

Public Input No. 213-NFPA 101-2015 [Section No. 18.2.2.11.1]
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:

(1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.

(2) Projections from the corridor wall shall be permitted by one of the following:
   (a) Noncontinuous projections not more than 6 4 in. (150 100 mm) from the corridor wall, positioned not less than 38 in. (965 mm) above the floor, shall be permitted.
   (b) Noncontinuous projections of more than 4 in. (100 mm) but not more than 6 in. (150 mm) from the corridor wall shall be permitted provided that both of the following are met:
      i. The projecting item is positioned not less than 38 in. (965 mm) above the floor.
      ii. A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor.

(3) Exit access within a room or suite of rooms complying with the requirements of 18.2.5 shall be permitted.

(4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:
   (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm).
   (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
   (c) The wheeled equipment is limited to the following:
      i. Equipment in use and carts in use
      ii. Medical emergency equipment not in use
      iii. Patient lift and transport equipment

(5) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:
   (a) The fixed furniture is securely attached to the floor or to the wall.
   (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 18.2.3.4(2).
   (c) The fixed furniture is located only on one side of the corridor.
   (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft² (4.6 m²).
   (e) The fixed furniture groupings addressed in 18.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).
   (f) The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.
   (g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses’ station or similar space.
(6)* Cross-corridor door openings in corridors with a required minimum width of 8 ft (2440 mm) shall have a clear width of not less than 6 ft 11 in. (2110 mm) for pairs of doors or a clear width of not less than 41½ in. (1055 mm) for a single door.

(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 41½ in. (1055 mm) for a single door.

(9) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for emergency stair travel devices, provided that all of the following conditions are met:

(a) These devices do not reduce the clear unobstructed corridor width to less than 72 in. (1830 mm).

(b) These devices are secured to the wall.

(c) Where furniture is placed in the corridor in accordance with 18.2.3.4(4), the emergency stair travel devices are placed on the same side of the corridor as the furniture.

(d) These devices are located so as to not obstruct access to building service and fire protection equipment.

(e) These devices are grouped such that each grouping does not exceed a projected floor area of 12 ft² (3.7 m²).

(f) The groupings addressed in 18.2.3.4(6) (e) are separated from each other by a distance of at least 10 ft (3050 mm).
Aisles, corridors, and ramps required for exit access in a limited care facility or hospital for psychiatric care shall be not less than 6 ft (1830 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:

(1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.

(2) Projections from the corridor wall shall be permitted by one of the following:

   (a) Noncontinuous projections not more than 4 in. (100 mm) from the corridor wall, positioned not less than 38 in. (965 mm) above the floor, shall be permitted.

   (b) Noncontinuous projections of more than 4 in. (100 mm) but not more than 6 in. (150 mm) from the corridor wall shall be permitted provided that both of the following are met:

      i. The projecting item is positioned not less than 38 in. (965 mm) above the floor.

      ii. A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor.

(3) Noncontinuous projections not more than 6 in. (150 mm) from the corridor wall, positioned not less than 38 in. (965 mm) above the floor, shall be permitted.

(4) Exit access within a room or suite of rooms complying with the requirements of 18.2.5 shall be permitted.

(5) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:

   (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm).

   (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.

   (c) The wheeled equipment is limited to the following:

      i. Equipment in use and carts in use

      ii. Medical emergency equipment not in use

      iii. Patient lift and transport equipment

(6) 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.

(7) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for emergency stair travel devices, provided that all of the following conditions are met:

   (a) These devices do not reduce the clear unobstructed corridor width to less than 72 in. (1830 mm).

   (b) These devices are secured to the wall.

   (c) Where furniture is placed in the corridor in accordance with 18.2.3.4(5), the emergency stair travel devices are placed on the same side of the corridor as the furniture.

   (d) These devices are located so as to not obstruct access to building service and fire
protection equipment.

(e) These devices are grouped such that each grouping does not exceed a projected floor area of 12 ft\(^2\) (3.7 m\(^2\)).

(f) The groupings addressed in 18.2.3.5(7) (e) are separated from each other by a distance of at least 10 ft (3050 mm).

Supplemental Information

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Submitter Information Verification

Submitter Full Name: Ron Cote
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Street Address:  
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Submittal Date: Wed Sep 02 14:59:51 CDT 2015

Committee Statement

Committee Statement: 18.2.3.4(2) and 18.2.3.5(2) are revised for correlation with ADA. The annex text relative to cane detection has been updated for correlation.

New 18.2.3.4(9) and 18.2.3.5(6) recognize the need to store emergency stair travel devices in a location near where they will be employed. This would permit evacuation sleds with or without wheels to be stored in the corridor which aide in the unlikely evacuation of patients. since these are used for the same primary purpose of the corridor (i.e., evacuation / relocation / movement of patients) there shouldn't be anything that prohibits them from being located in the corridor.

Public Input No. 444-NFPA 101-2015 [Section No. 18.2.3.4]
Public Input No. 194-NFPA 101-2015 [Section No. 18.2.3.4]
Public Input No. 338-NFPA 101-2015 [New Section after 18.2.3.4]
A.18.2.3.4(2) The intent of 18.2.3.4 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 4½ in. (114 mm) to be present at and below the 38 in. (965 mm) height specified in 18.2.3.4(2), and it is not the intent of 18.2.3.4 (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.

Building codes and accessibility codes might require cane detection below projections that exceed 4 in. (102 mm). The purpose of the provision of 18.2.3.4(2)(b)ii, requiring a projection below the main projection, is to accommodate requirements from ADA that projections be not more than 4 in. (100 mm) so as to prevent persons with visual impairments from impacting projections that they are unable to detect. The lower projection within 27 in. (685 mm) of the floor is needed for cane detection.

A.18.2.3.5(2) The intent of 18.2.3.5 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 4½ 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.

Building codes and accessibility codes might require cane detection below projections that exceed 4 in. (102 mm). The purpose of the provision of 18.2.3.5(2)(b)ii, requiring a projection below the main projection, is to accommodate requirements from ADA that projections be not more than 4 in. (100 mm) so as to prevent persons with visual impairments from impacting projections that they are unable to detect. The lower projection within 27 in. (685 mm) of the floor is needed for cane detection.
18.2.4.4 Exits from Smoke Compartments.

18.2.4.4.1 Not less than two exits shall be accessible from each smoke compartment, and egress shall be permitted through an adjacent compartment(s), provided that the two required egress paths are arranged so that both do not pass through the same adjacent smoke compartment.

18.2.4.4.2 A door in a smoke barrier shall not serve as the only exit access from any space in a smoke compartment.

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Submittal Date: Tue Sep 08 07:23:33 CDT 2015

Committee Statement

Committee Statement: As currently written, the Code permits rooms to be in one smoke compartment while the only egress path from the room is through the corridor door into the adjacent smoke compartment. The new provision is intended to prohibit the situation where a patient room, for example, has its only exit access door arranged such that it is in a smoke barrier such that upon leaving the room, the patient is in a different smoke compartment.

Response Message:

Public Input No. 112-NFPA 101-2015 [Section No. 18.2.4.4]
18.3.6.1 Corridor Separation.

Corridors shall be separated from all other areas by partitions complying with 18.3.6.2 through 18.3.6.5 (see also 18.2.5.4), unless otherwise permitted by one of the following:

(1)* Spaces shall be permitted to be unlimited in area and open to the corridor, provided that all of the following criteria are met:

(a)* The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas.

(b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers.

(c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses’ station or similar space.

(d) The space does not obstruct access to required exits.

(2) Waiting areas shall be permitted to be open to the corridor, provided that all of the following criteria are met:

(a) The aggregate waiting area in each smoke compartment does not exceed 600 ft² (55.7 m²).

(b) Each area is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or each area is arranged and located to allow direct supervision by the facility staff from a nursing station or similar space.

(c) The area does not obstruct access to required exits.

(3)* This requirement shall not apply to spaces for nurses’ stations.

(4) Gift shops not exceeding 500 ft² (46.4 m²) shall be permitted to be open to the corridor or lobby.

(5) In a limited care facility, group meeting or multipurpose therapeutic spaces shall be permitted to open to the corridor, provided that all of the following criteria are met:

(a) The space is not a hazardous area.

(b) The space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the space is arranged and located to allow direct supervision by the facility staff from the nurses’ station or similar location.

(c) The space does not obstruct access to required exits.

(6) Cooking facilities in accordance with 18.3.2.5.3 shall be permitted to be open to the corridor.

Supplemental Information
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### Committee Statement

Committee Statement: The need for the new annex text is explained by the text itself.

Response Message:
A.18.3.6.1(1)

The intent is also to permit a space that is compliant with the provisions of 18.3.6.1(1) to be considered open to the corridor even though it is physically separated from the corridor by walls and doors. The walls and doors would not need to comply with 18.3.6.2 through 18.3.6.5. For example, doors would be permitted without a latch or with a louvre.
18.3.6.2.1*
Corridor walls shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke.

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Submitter Full Name: Ron Cote
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Street Address:
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Submittal Date: Tue Sep 08 07:01:30 CDT 2015

Committee Statement

Committee Statement: The National Bureau of Standards (now NIST) research report, NBSIR-81-2444, on which the exemption from having to carry the corridor wall to the deck or floor above, included successful testing where the corridor wall extended above the ceiling membrane.

Response Message:
A.18.3.6.2.1 new Annex text

The provision for terminating the corridor wall at the ceiling is not intended to prevent the wall from extending above the ceiling.
First Revision No. 3507-NFPA 101-2015 [ Section No. 18.3.7.1 ]

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 18.3.7.1(2) to an area not exceeding one of the following:

   (a) 22,500 ft$^2$ (2100 m$^2$), unless the area is an atrium separated in accordance with 8.6.7, in which case no limitation in size is required in hospital smoke compartments where any patient sleeping room is configured for two or more patients

   (b) 40,000 ft$^2$ (3720 m$^2$) in hospital smoke compartments where all patient sleeping rooms are configured for only one patient, in which case suites in accordance with 18.2.5.7 shall be permitted where every occupiable sleeping room within the suite is configured for only one patient

   (c) 40,000 ft$^2$ (3720 m$^2$) in hospital smoke compartments that contain no patient sleeping rooms

   (d) 22,500 ft$^2$ (2100 m$^2$) in nursing homes and limited care facilities

(4) To separate atriums in accordance with 8.6.7, in which case no limitation in size is required

(5) 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)

Submitter Information Verification

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Submittal Date: Wed Aug 26 16:30:49 CDT 2015

Committee Statement

Committee Statement: For several years there has been discussion over the appropriate size of a healthcare occupancy smoke compartment. During the last NFPA 101 cycle, the Second draft report...
contained language that would have increased the maximum size of smoke compartments to 40,000 sf for hospitals and kept the size at 22,500 sf for nursing homes and limited care facilities. This change was overturned by a Certified amending motion at the technical hearing by a narrow margin. Based on the testimony received, there appeared to be concern over this increase in size for a multitude of reasons.

There was concern over the lack of technical substantiation for the change. This was balanced with questions of the origin of the existing language and the technical basis for arriving at 22,500 sf. There was concern that the increase in smoke compartment size resulted in a reduction in passive protection that placed too much reliance on sprinkler systems. The response to this concern was that healthcare facilities have robust active and passive systems even with the increase. In addition, they have the benefit of well trained staff that act as immediate responders as well as frequently and rigorous inspections by state licensing, federal certification and third party accreditation agencies - all of which verify that the existing systems and practices are being appropriately maintained. There was concern relating to the fire history of healthcare occupancies: recent NFPA reports of fire data healthcare occupancies still show deaths in healthcare occupancies. The 2nd draft attempted to deal with this concept by allowing only hospitals to increase smoke compartment size. Hospitals have a much better fire history than nursing homes and limited care facilities.

There was concern that other countries do not have the infrastructure to ensure that water mains and sprinkler systems would reliably work and that hospital staff would be trained appropriately to be the immediate responders. These concerns highlight the importance of the "total concept" approach that NFPA has fostered since the early 1950's. If there is not a united approach to active system, passive systems, staff training and regulatory oversight - there is a higher risk of failure. If any adopting jurisdiction knows that one of the these components will reliably fail, that adopting jurisdiction should be able to amend the rule according to the special needs of that jurisdiction. There was the point that hospitals operational needs are driving larger, single-occupant patient rooms and which have less risk, while compartment size is not changing. The challenge to this argument was that the proposed language took a one-size-fits-all approach to compartment size and did not take into account the variables of facilities who might choose to perpetuate smaller, double occupancy rooms.

Regardless of the point, there was a counterpoint to every argument in this discussion. The major contributors to this debate committed to discussing the issue further in hopes of uncovering better data and reaching common ground. A separate egress study was procured, unfortunately the study was limited and the results were inconclusive. However, the proponents of this change were able to reach an agreement that we believe resolves the major concerns of the parties involved:

1. Focus the increase of smoke compartment size to hospitals only.
2. Only allow the increase to 40,000 sf to smoke compartments that have single occupancy sleeping rooms -or- smoke compartments without patient sleeping rooms.
3. Allow the use of suites (which might contain multiple sleeping rooms) in all smoke compartments. However, limit those smoke compartments that contained multiple patient sleeping rooms (whether they be inside of a suite or outside of a suite ) to 22,500 sf. Sleeping suites with only single occupancy sleeping rooms would be permitted to be in a 40,000 sf smoke compartment.
4. Clarify that arrangements for single- vs. multiple-occupancy rooms is intended to be by design, rather than administrative decision. Thus we have used the term "configured for
single patient occupancy”.

Response
Message:

Public Input No. 232-NFPA 101-2015 [Section No. 18.3.7.1]
Public Input No. 453-NFPA 101-2015 [Section No. 18.3.7.1]
Public Input No. 233-NFPA 101-2015 [Section No. 18.3.7.1]
18.5.1.4

Maintenance and testing of essential electrical systems shall be in accordance with NFPA 99.

Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Tue Sep 08 10:15:38 CDT 2015

Committee Statement

Committee Statement: This new requirement provides the link for the user of NFPA 101 to get to the maintenance and testing requirements of NFPA 99. This has become more important with the elimination of occupancy chapters from NFPA 99.
First Revision No. 3512-NFPA 101-2015 [ Section No. 18.7.5.7.1 ]

18.7.5.7.1
Soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity and shall meet all of the following requirements:

(1) The average density of container capacity in a room or space shall not exceed 0.5 gal/ft\(^2\) (20.4 L/m\(^2\)).

A capacity of 32 gal (121 L) shall not be exceeded within any 64 ft\(^2\) (6 m\(^2\)) area.

(2)* 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.

(3) Container size and density shall not be limited in hazardous areas.

Submitter Information Verification

Submitter Full Name: Ron Cote  
Organization: [ Not Specified ]  
Street Address:  
City:  
State:  
Zip:  
Submittal Date: Thu Aug 27 10:01:39 CDT 2015

Committee Statement

Committee Statement: The provision being deleted is too specific and excludes arrangements that are safe. Maximum container size and an average density not to exceed that specified accomplish the intent.

Response Message: 

$\text{First Revision No. 3512-NFPA 101-2015 [ Section No. 18.7.5.7.1 ]}$

Submitter Information Verification

Submitter Full Name: Ron Cote  
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Street Address:  
City:  
State:  
Zip:  
Submittal Date: Thu Aug 27 10:01:39 CDT 2015

Committee Statement

Committee Statement: The provision being deleted is too specific and excludes arrangements that are safe. Maximum container size and an average density not to exceed that specified accomplish the intent.

Response Message: 

$\text{Page 30 of 52}$
Facilities that do not provide housing on a 24-hour basis for their occupants shall be classified as other occupancies and shall be covered by other chapters of this Code.

Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [Not Specified]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Tue Sep 08 09:13:09 CDT 2015

Committee Statement

Committee Statement: The provision confuses more than it helps. There is adequate text, without this sentence, to assist the user in properly determining whether something is a health care occupancy.

Response Message:
19.1.4.2 Special Definitions.
The following is a list of special terms used in this chapter:

1. **Ambulatory Health Care Occupancy.** (See 3.3.192.1.)
2. **Deep-fat Fat Frying.** (See 3.3.57.)
3. **Hospital.** (See 3.3.146.)
4. **Limited Care Facility.** (See 3.3.92.2.)
5. **Nursing Home.** (See 3.3.144.2.)
6. **Self-Preservation Capability (Health Care and Ambulatory Health Care Occupancies).**
   (See 3.3.251.)

Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [ Not Specified ]
Street Address: 
City: 
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Zip: 
Submittal Date: Tue Sep 08 09:35:43 CDT 2015

Committee Statement

Committee Statement: Correlation with placement of new definition in Chapter 3 so that users find the term from within the occupancy chapter.
Response Message:
19.1.6.2*

Any building of Type I(442), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible or non-fire-rated steel supports, decking, or roofing, provided that all of the following criteria are met:


2. The roof shall be separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2½ in. (63 mm) of concrete or gypsum fill.

3. The attic or other space shall be either unoccupied or protected throughout by an approved automatic sprinkler system.

Submitter Information Verification

Submitter Full Name: Ron Cote
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Zip: [ Not Specified ]
Submittal Date: Thu Aug 27 09:26:58 CDT 2015

Committee Statement

Committee Statement: There are existing facilities with roofing systems that have a combination of combustible as well as non-fire-rated steel supports used in the construction. Both are intended to be permitted by this exemption.

Response Message:

Public Input No. 8-NFPA 101-2015 [Section No. 19.1.6.2]
19.1.6.6*

Fire-retardant-treated wood that serves as supports for the installation of fixtures and equipment shall be permitted to be installed behind noncombustible or limited-combustible sheathing.

Supplemental Information

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Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [Not Specified]
Street Address: [Not Specified]
City: [Not Specified]
State: [Not Specified]
Zip: [Not Specified]
Submittal Date: Tue Sep 08 09:51:21 CDT 2015

Committee Statement

Committee Statement: This First Revision adds annex text as A.19.1.6.6.

When this provision was added in the 2003 edition of NFPA 101, the proposer’s text stated, “...with fire retardant backing material being permitted to be installed for fixture installation.” The technical committee put this in the form of an exception and added the word “equipment.” In a subsequent edition, a definition was added by Fundamentals that narrowly defines equipment and fixtures as being mechanical/electrical/fire protection/elevator equipment. This has led some AHJ’s, reasonably enough, to link 18.1.6.6 to the definition in 3.3.75, even though this was not the intent of the Health Care Committee. This annex note clarifies the original and current intent of this provision.

Note that this annex text is not being added to Chapters 20 and 21 which rely instead on the language in NFPA 220. NFPA 5000 also uses the same language as in NFPA 220.

Response Message:
A.19.1.6.6
This provision is not intended to limit the use of fire-retardant-treated wood to fixtures and equipment as defined in 3.3.75. Other types of fixtures and equipment for which fire-retardant-treated wood may be used as support include grab bars, shelving, and toilet accessories.
19.2.2.2.5.2*

Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following are met:

1. Staff can readily unlock doors at all times in accordance with 19.2.2.2.6.
2. A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space.
3. The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7.
4. The locks are electrical locks that fail safely so as to release upon loss of power to the device.
5. The locks release by independent activation of each of the following:
   a. Activation of the smoke detection system required by 19.2.2.2.5.2(2)
   b. Waterflow in the automatic sprinkler system required by 19.2.2.2.5.2(3)
6. Hardware for new electric lock installations is listed in accordance with ANSI/UL 294, Standard for Access Control System Units.

Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [ Not Specified ]
Street Address: [ Not Specified ]
City: [ Not Specified ]
State: [ Not Specified ]
Zip: [ Not Specified ]
Submittal Date: Thu Aug 27 09:30:59 CDT 2015

Committee Statement

Committee Statement: Adding the requirement for hardware for electrical locking systems to listed to UL 294, as is currently required per 7.2.1.5.6 for electrically controlled egress door assemblies.

Response Message:

Public Input No. 426-NFPA 101-2015 [New Section after 19.2.2.5.2]
19.2.2.2.11 Horizontal-sliding doors shall be permitted in accordance with 19.2.2.11.1 or 19.2.2.11.2.

19.2.2.11.1 Horizontal-sliding doors 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.

19.2.2.11.2 Horizontal-sliding doors serving an occupant load of fewer than 10 shall be permitted, provided that all of the following criteria are met:

1. The area served by the door has no high hazard contents.
2. The door is readily operable from either side without special knowledge or effort.
3. The force required to operate the door in the direction of door travel is not more than 30 lbf (133 N) to set the door in motion and is not more than 15 lbf (67 N) to close the door or open it to the minimum required width.
4. The door assembly complies with any required fire protection rating and, where rated, is self-closing or automatic-closing by means of smoke detection in accordance with 7.2.1.8 and is installed in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.
5. Where corridor doors are required to latch, the doors are equipped with a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.

Submitter Information Verification

Submitter Full Name: Ron Cote
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Street Address:
City:
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Submittal Date: Wed Aug 26 11:16:27 CDT 2015

Committee Statement

Committee Statement: The last cycle, reference to 7.2.1.14 was removed from the code in 18/19.2.2.11.1. Presently, 18/19.2.2.11 allows two options for horizontal-sliding doors. However, it appears that the user of the code can use the first option and none of the restrictions in the second option would apply effectively negating the need for the second option.
Response
Message:
Any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by one of the following:

(1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.

(2)* Where corridor width is at least 6 ft (1830 mm), **noncontinuous projections not more than 6 in. (150 mm) projections** from the corridor wall, above the handrail height, shall be permitted by one of the following:

   (a) **Noncontinuous projections not more than 4 in. (100 mm) from the corridor wall, positioned above handrail height, are permitted.**

   (b) **Noncontinuous projections of more than 4 in. (100 mm) but not more than 6 in. (150 mm) from the corridor wall are permitted provided that both of the following are met:**

      i. The projecting item is positioned above handrail height

      ii. A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor

(3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted.

(4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:

   (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm).

   (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.

   (c)* The wheeled equipment is limited to the following:

      i. Equipment in use and carts in use

      ii. Medical emergency equipment not in use

      iii. Patient lift and transport equipment

(5)* Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:

   (a) The fixed furniture is securely attached to the floor or to the wall.

   (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 19.2.3.4(2).

   (c) The fixed furniture is located only on one side of the corridor.

   (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft\(^2\) (4.6 m\(^2\)).

   (e) The fixed furniture groupings addressed in 19.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).

   (f)* The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.
(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses’ station or similar space.

(h) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8.

(6) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for emergency stair travel devices, provided that all of the following conditions are met:

(a) These devices do not reduce the clear unobstructed corridor width to less than 72 in. (1830 mm).

(b) These devices are secured to the wall.

(c) Where furniture is placed in the corridor in accordance with 19.2.3.4(5), the emergency stair travel devices are placed on the same side of the corridor as the furniture.

(d) These devices are located so as not to obstruct access to building service and fire protection equipment.

   i. These devices are grouped such that each grouping does not exceed a projected floor area of 12 ft$^2$ (3.7 m$^2$).

   ii. The groupings addressed in 19.2.3.4(6) (e) are separated from each other by a distance of at least 10 ft (3050 mm).

   iii. The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8.

Supplemental Information

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Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [ Not Specified ]
Street Address:
City:
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Zip:
Submittal Date: Thu Sep 03 09:39:43 CDT 2015

Committee Statement

Committee Statement: 19.2.3.4(2) is revised for correlation with ADA. The annex text relative to cane detection has been updated for correlation.

New 19.2.3.4(6) recognizes the need to store emergency stair travel devices in a...
location near where they will be employed. This would permit evacuation sleds with or without wheels to be stored in the corridor which aide in the unlikely evacuation of patients. since these are used for the same primary purpose of the corridor (i.e., evacuation / relocation / movement of patients) there shouldn't be anything that prohibits them from being located in the corridor.

Public Input No. 339-NFPA 101-2015 [New Section after 19.2.3.4]
Public Input No. 195-NFPA 101-2015 [Section No. 19.2.3.4]
A.19.2.3.4(2) The intent of 19.2.3.4(2) is to permit limited noncontinuous projections along the corridor wall. These include hand-rub dispensing units complying with 19.4.3, 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 4½ in. (114 mm) to be present at and below the 38 in. (965 mm) height specified in 18.2.3.4(2), and it is not the intent of 19.2.3.4 (2) to prohibit such projections.

Building codes and accessibility codes might require cane detection below projections that exceed 4 in. (102 mm). The purpose of the provision of 19.2.3.4(2)(b)ii, requiring a projection below the main projection, is to accommodate requirements from ADA that projections be not more than 4 in. (100 mm) so as to prevent persons with visual impairments from impacting projections that they are unable to detect. The lower projection within 27 in. (685 mm) of the floor is needed for cane detection.
19.3.6.1 Corridor Separation.
Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5 (see also 19.2.5.4), unless otherwise permitted by one of the following:

(1)* Smoke compartments protected throughout by an approved supervised automatic sprinkler system in accordance with 19.3.5.8 shall be permitted to have spaces that are unlimited in size and open to the corridor, provided that all of the following criteria are met:

(a)* The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas.

(b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers.

(c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses’ station or similar space.

(d) The space does not obstruct access to required exits.

(2) In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8, waiting areas shall be permitted to be open to the corridor, provided that all of the following criteria are met:

(a) The aggregate waiting area in each smoke compartment does not exceed 600 ft² (55.7 m²).

(b) Each area is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or each area is arranged and located to allow direct supervision by the facility staff from a nursing station or similar space.

(c) The area does not obstruct access to required exits.

(3)* This requirement shall not apply to spaces for nurses’ stations.

(4) Gift shops not exceeding 500 ft² (46.4 m²) shall be permitted to be open to the corridor or lobby, provided that one of the following criteria is met:

(a) The building is protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.

(b) The gift shop is protected throughout by an approved automatic sprinkler system in accordance with Section 9.7, and storage is separately protected.

(5) Limited care facilities in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8 shall be permitted to have group meeting or multipurpose therapeutic spaces open to the corridor, provided that all of the following criteria are met:

(a) The space is not a hazardous area.

(b) The space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the space is arranged and located to allow direct supervision by the facility staff from the nurses’ station or similar location.

(c) The space does not obstruct access to required exits.

(6) Cooking facilities in accordance with 19.3.2.5.3 shall be permitted to be open to the corridor.

*Smoke compartments protected throughout by an approved supervised automatic sprinkler system in accordance with 19.3.5.8 shall be permitted to have spaces that are unlimited in size and open to the corridor, provided that all of the following criteria are met:

(a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas.

(b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers.

(c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses’ station or similar space.

(d) The space does not obstruct access to required exits.

This requirement shall not apply to spaces for nurses’ stations.

Gift shops not exceeding 500 ft² (46.4 m²) shall be permitted to be open to the corridor or lobby, provided that one of the following criteria is met:

(a) The building is protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.

(b) The gift shop is protected throughout by an approved automatic sprinkler system in accordance with Section 9.7, and storage is separately protected.

Limited care facilities in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8 shall be permitted to have group meeting or multipurpose therapeutic spaces open to the corridor, provided that all of the following criteria are met:

(a) The space is not a hazardous area.

(b) The space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the space is arranged and located to allow direct supervision by the facility staff from the nurses’ station or similar location.

(c) The space does not obstruct access to required exits.

Cooking facilities in accordance with 19.3.2.5.3 shall be permitted to be open to the corridor.
Spaces, other than patient sleeping rooms, treatment rooms, and hazardous areas, shall be permitted to be open to the corridor and unlimited in area, provided that all of the following criteria are met:

(a) The space and the corridors onto which it opens, where located in the same smoke compartment, are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4.

(b)* Each space is protected by automatic sprinklers, or the furnishings and furniture, in combination with all other combustibles within the area, are of such minimum quantity and arrangement that a fully developed fire is unlikely to occur.

(c) The space does not obstruct access to required exits.

Waiting areas shall be permitted to be open to the corridor, provided that all of the following criteria are met:

(a) Each area does not exceed 600 ft$^2$ (55.7 m$^2$).

(b) The area is equipped with an electrically supervised automatic smoke detection system in accordance with 19.3.4.

(c) The area does not obstruct any access to required exits.

Group meeting or multipurpose therapeutic spaces, other than hazardous areas, that are under continuous supervision by facility staff shall be permitted to be open to the corridor, provided that all of the following criteria are met:

(a) Each area does not exceed 1500 ft$^2$ (139 m$^2$).

(b) Not more than one such space is permitted per smoke compartment.

(c) The area is equipped with an electrically supervised automatic smoke detection system in accordance with 19.3.4.

(d) The area does not obstruct access to required exits.

Supplemental Information

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Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Tue Sep 08 10:08:51 CDT 2015

Committee Statement

Committee Statement: The need for the new annex text is explained by the text itself.
Response Message:
A.19.3.6.1(1)

The intent is also to permit a space that is compliant with the provisions of 19.3.6.1(1) to be considered open to the corridor even though it is physically separated from the corridor by walls and doors. The walls and doors would not need to comply with 19.3.6.2 through 19.3.6.5. For example, doors would be permitted without a latch or with a louvre.
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 comply with one of the following:
   a. Smoke compartments shall not exceed 22,500 ft$^2$ (2100 m$^2$).
   b. Where compliant with the provisions of 18.3.7.1(4) and where the building is sprinklered in accordance with 19.3.5.8, hospital smoke compartments where all sleeping rooms are configured for only one patient shall not exceed 40,000 ft$^2$ (3720 m$^2$).
   c. Where compliant with the provisions of 18.3.7.1(5) and where the building is sprinklered in accordance with 19.3.5.8, hospital smoke compartments without patient sleeping rooms shall not exceed 40,000 ft$^2$ (3720 m$^2$).

2. The travel distance from any point to reach a door in the required smoke barrier shall not exceed 200 ft (61 m).

3. 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.

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

Submitter Information Verification

Submitter Full Name: Ron Cote
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Aug 26 16:49:51 CDT 2015

Committee Statement

Committee Statement: For several years there has been discussion over the appropriate size of a healthcare occupancy smoke compartment. During the last NFPA 101 cycle, the Second draft report contained language that would have increased the maximum size of smoke compartments to 40,000 sf for hospitals and kept the size at 22,500 sf for nursing homes and limited care facilities. This change was overturned by a Certified amending motion at the technical hearing by a narrow margin. Based on the testimony received, there appeared to be concern over this increase in size for a multitude of reasons.

There was concern over the lack of technical substantiation for the change. This was
balanced with questions of the origin of the existing language and the technical basis for arriving at 22,500 sf. There was concern that the increase in smoke compartment size resulted in a reduction in passive protection that placed too much reliance on sprinkler systems. The response to this concern was that healthcare facilities have robust active and passive systems even with the increase. In addition, they have the benefit of well trained staff that act as immediate responders as well as frequently and rigorous inspections by state licensing, federal certification and third party accreditation agencies - all of which verify that the existing systems and practices are being appropriately maintained. There was concern relating to the fire history of healthcare occupancies: recent NFPA reports of fire data healthcare occupancies still show deaths in healthcare occupancies. The 2nd draft attempted to deal with this concept by allowing only hospitals to increase smoke compartment size. Hospitals have a much better fire history than nursing homes and limited care facilities.

There was concern that other countries do not have the infrastructure to ensure that water mains and sprinkler systems would reliably work and that hospital staff would be trained appropriately to be the immediate responders. These concerns highlight the importance of the "total concept" approach that NFPA has fostered since the early 1950's. If there is not a united approach to active system, passive systems, staff training and regulatory oversight - there is a higher risk of failure. If any adopting jurisdiction knows that one of the these components will reliably fail, that adopting jurisdiction should be able to amend the rule according to the special needs of that jurisdiction. There was the point that hospitals operational needs are driving larger, single-occupant patient rooms and which have less risk, while compartment size is not changing. The challenge to this argument was that the proposed language took a one-size-fits-all approach to compartment size and did not take into account the variables of facilities who might choose to perpetuate smaller, double occupancy rooms.

Regardless of the point, there was a counterpoint to every argument in this discussion. The major contributors to this debate committed to discussing the issue further in hopes of uncovering better data and reaching common ground. A separate egress study was procured, unfortunately the study was limited and the results were inconclusive. However, the proponents of this change were able to reach an agreement that we believe resolves the major concerns of the parties involved:

1. Focus the increase of smoke compartment size to hospitals only.

2. Only allow the increase to 40,000 sf to smoke compartments that have single occupancy sleeping rooms -or- smoke compartments without patient sleeping rooms.

3. Allow the use of suites (which might contain multiple sleeping rooms) in all smoke compartments. However, limit those smoke compartments that contained multiple patient sleeping rooms (whether they be inside of a suite or outside of a suite ) to 22,500 sf. Sleeping suites with only single occupancy sleeping rooms would be permitted to be in a 40,000 sf smoke compartment.

4. Clarify that arrangements for single- vs. multiple-occupancy rooms is intended to be by design, rather than administrative decision. Thus the revised text uses the term “configured for single patient occupancy”.

Note that the text regarding the travel distance requirement was separated into it's own line item to reduce the amount of text in this change. No technical change to the travel distance requirement was intended. Also, the text clarifies that existing smoke compartments that want to take advantage of the larger size must comply with the requirements of 18.3.7.1.
Response
Message:

Public Input No. 438-NFPA 101-2015 [Section No. 19.3.7.1]
Public Input No. 336-NFPA 101-2015 [Section No. 19.3.7.1]
Public Input No. 455-NFPA 101-2015 [Section No. 19.3.7.1]