



Public Comment No. 237-NFPA 101-2022 [Section No. 18.1.3.11]

~~18.1.3.11 –~~

~~Any area with a hazard of contents classified higher than that of the health care occupancy and located in the same building shall be protected as required by 18.3.2 .~~

Statement of Problem and Substantiation for Public Comment

There is no need for this requirement. If a space is in an occupancy other than a healthcare occupancy and it is in the same building that contains the healthcare occupancy, the occupancy separation requirements of Chapter 6 that mandate a two hour fire resistance separation is more than adequate and this chapter should not be requiring a fire rated enclosure for a space in an occupancy that is outside of the healthcare occupancy that is already properly separated. If there is no two hour fire resistant separation between the healthcare occupancy and the other occupancies, then the hazardous area requirements of NFPA 101, 18/19.3.2 already apply. This requirement is more often missed than applied during design because designers don't refer to the healthcare occupancy requirements in Chapter 18/19 when designing spaces to the requirements of other occupancies within the same building that might contain a healthcare occupancy.

Related Item

- PI156, 157, 175, CI 6726

Submitter Information Verification

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Submittal Date: Wed Jun 01 08:54:13 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but held

Resolution: The proposed revision is deemed to be new material and will be held for the next revision cycle.

**Public Comment No. 86-NFPA 101-2022 [Section No. 18.2.2.2.4]****18.2.2.2.4**

Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side, unless otherwise permitted by one of the following:

- (1) Locks complying with 18.2.2.2.5 shall be permitted.
- (2)* Delayed-egress electrical locking systems complying with 7.2.1.6.1 shall be ~~permitted~~ permitted where inspected in accordance with 7.2.1.14.
- (3)* Sensor-release of electrical locking systems complying with 7.2.1.6.2 shall be permitted where inspected in accordance with 7.2.1.14.
- (4) Elevator lobby exit access door locking in accordance with 7.2.1.6.4 shall be permitted where inspected in accordance with 7.2.1.14.

Statement of Problem and Substantiation for Public Comment

While is true that PI #59-NFPA 101-2021 was not submitted with any "technical substantiation or loss data" to substantiate the change, statistically over the course of their service life, a portion of these devices will fail. In addition, anecdotally I have come across countless installations that are not functioning, incorrectly installed, and/or missing required signage in my short ~10 years primarily conducting health care life safety assessments. If/when a failure happens that leads to loss of life/injury, it is possible that the specific reason would not be announced publicly. Fire alarm, suppression, smoke control, and other life safety systems are required to undergo ITM procedures at prescribed frequencies. It is unlikely that every component in those systems that requires an ITM procedure had loss data to support it's inclusion as an item requiring testing. It is more likely that statistics concluded that a certain percentage of devices will fail over the course of their life, thus it is important to test devices regularly to avoid an incident where failure causes injury or loss of life. In this case, these devices failing could prevent egress and lead to loss of life in a fire. This proposal contemplates that devices on doors that otherwise prevent occupants from egressing the building be tested with a similar frequency as other life safety systems to proactively mitigate loss.

Another anecdotal note on this is that locking arrangements are one of the most common items that I bring up in life safety plan review and when consulting for architects/owners on construction projects. A typical response is that the door "drops on fire alarm" which is not a code compliant means of release in and of itself. I have not doubt that this method of door release is widely adopted/installed throughout the industry. While a code change such as this cannot fix initial incorrect application of the code, inspection of existing locking arrangements can get more sets of eyes on existing installations to ensure they have all functionality required by the code. Note this would also apply to the related section in the existing occupancy chapter 19 as well (19.2.2.2.4)

Related Item

- PI# 59-NFPA 101-2021 • PI# 60-NFPA 101-2021

Submitter Information Verification

Submitter Full Name: Adam Graybeal

Organization: Koffel Compliance, LLC

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Submittal Date: Wed May 11 14:31:27 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: Insufficient data has been provided to determine the failure modes occurring in the field to justify the proposed requirement for annual inspections of the noted systems. Testing requirements should be in a standalone section if included. The substantiation provided by the submitter does not provide the additional justification requested by the committee at the first draft stage.

**Public Comment No. 211-NFPA 101-2022 [Section No. 18.2.2.2.5.1]****18.2.2.2.5.1***

Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, ~~provided that staff can readily unlock doors at all times in accordance with 18.2.2.2.6.~~

Statement of Problem and Substantiation for Public Comment

Compliance with 18/19.2.2.2.6 is required by that section in order to use the provisions of 18/19.2.2.2.5, thus the reference is redundant when included in 18.2.2.2.5.1.

Related Item

- No. 87-NFPA 101-2022

Submitter Information Verification

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Submittal Date: Tue May 31 11:32:25 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The reference to 18.2.2.2.6 is needed here.



Public Comment No. 121-NFPA 101-2022 [Section No. 18.2.2.2.5.2]

18.2.2.2.5.2*

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

- (1) Staff can readily unlock doors at all times in accordance with 18.2.2.2.6.
- (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 smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are 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:
 - (6) Activation of the smoke detection system required by 18.2.2.2.5.2(2)
 - (7) Waterflow in the automatic sprinkler system required by 18.2.2.2.5.2(3)
- (8)* ~~Door electrical~~ Door electro-mechanical or electromagnetic locking hardware for new electric lock installations ~~is listed for the purpose~~ shall be listed in accordance with UL 294, Access Control System Units or UL 1034, Burglary-Resistant Locking Mechanisms.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
2024_NFPA_101_UL_294_and_UL_1034_Public_Comments_20220520.pdf	NFPA 101 2024 proposal to add UL 1034 as an option where door hardware is required to be listed to UL 294.	

Statement of Problem and Substantiation for Public Comment

Because of implications to life safety with electrical locking systems potentially affecting egress on these doors in the means of egress, it is prudent to require listing of door electrical locking hardware used in these applications. Requiring listing to either UL 294 or to UL 1034 appropriately revises this important listing requirement to help assure the electrical locking hardware performs as intended for these life-safety applications.

The Life Safety Code, in chapters 18 and 19, first required this electrical door hardware to be listed to UL 294 in the 2018 edition of NFPA 101.

UL 294 and 1034 address efficacy and safety considerations for door access control applications (ingress control) to assure the door hardware would perform as intended and expected. Typically, access control systems incorporating card readers, keypads, iris scanners, etc. are tested and listed to UL 294. Additionally, delayed egress electrical locking systems, sensor-release electrical locking systems, and certain types of door hardware release electrical locking systems are all typically tested and listed to UL 294. On the other hand, components such as electromagnetic locks, electric dead bolts, electric strikes, and other door electrically operated locking mechanisms are typically listed to UL 1034. UL 294 and UL 1034 are collateral standards that complement each other.

These examples illustrate that many of the same systems and components used to control access (ingress) to a space are also used for egress-side electrical locking systems. Considering that egress-side electrical locking systems have life safety implications, NFPA 101 was enhanced (in 2009) to require listing of electrical locking hardware to UL 294. In hindsight, what's proposed here – meeting a mandatory listing requirement with the collateral listing to UL 1034 – should have been the language included in NFPA 101 in the earlier editions.

In addition to the option to list to UL 1034, this proposal brings consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101. The additions of Annex A text complement the revisions to the mandatory language of these special locking arrangements.

The revisions of the Annex A text complement the revisions to 18.2.2.2.5.2(6)

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 114-NFPA 101-2022 [Section No. 7.2.1.5.7]	
Public Comment No. 116-NFPA 101-2022 [Section No. 7.2.1.6]	
Public Comment No. 122-NFPA 101-2022 [Section No. 19.2.2.2.5.2]	
Public Comment No. 123-NFPA 101-2022 [Section No. A.18.2.2.2.5.2(6)]	

Related Item

• PI 277 • PI 278 • PI 279 • PI 282

Submitter Information Verification

Submitter Full Name: John Woestman
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Submittal Date: Fri May 20 17:02:12 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6657-NFPA 101-2022](#)
Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.

2021 / 2024 NFPA 101 UL 294 and UL 1034

Revised 20, 2022

BHMA, John Woestman

Proposed public comment revisions are based on NFPA 101 language as revised, or not, per the First Draft Report.

Chapter 2 Referenced Publications

UL 294, Access Control System Units, 2018.

UL 1034, *Burglary-Resistant Electric Locking Mechanisms*, 2011, revised 2020

Commented [WJ1]: Public Input No. 277-NFPA 101-2021

The approved First Revision is the **highlighted** text. No revisions needed for public comment.

Chapter 7 Means of Egress

7.2.1.5.7 * Stair Enclosure Re-entry.

Every door assembly in a stair enclosure serving more than four stories, unless permitted by 7.2.1.5.7.2, shall meet one of the following conditions:

1. Re-entry from the stair enclosure to the interior of the building shall be provided.
2. An automatic release shall be provided that meets all of the following:
 - a) The automatic release shall unlock all stair enclosure door assemblies to allow re-entry.
 - b) The automatic release shall be actuated with the initiation of the building fire alarm system.
 - c) *Door **electrical** **electro-mechanical** or **electromagnetic** locking hardware for new installations shall be listed in accordance with UL 294, *Access Control System Units* or UL 1034, *Burglary-Resistant Electric Locking Mechanisms*.
3. Selected re-entry shall be provided in accordance with 7.2.1.5.7.1.

Commented [WJ2]: Public Input No. 278-NFPA 101-2021

The approved First Revision is with the **highlighted** text with potential further revisions via public comment.

Commented [JW3]: PC 114

A.7.2.1.5.7(2)(c)

The electrical locking hardware may be a component of an electrical locking system (e.g. access control system) or the electrical locking hardware may be a device with an individual listing. **Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.**

Commented [WJ4]: Public Input No. 278-NFPA 101-2021

The approved First Revision is the **highlighted** text. No revisions via public comment needed.

Commented [JW5]: PC 115

Reason:

The proposed revisions help clarify the door electrical locking hardware that is required to be listed for these electrical locking applications. In addition of adding the option to list to UL 1034 included in the First Revision, this proposal brings consistency in the text where UL 294 and UL 1034 are referenced in NFPA 101. The additions of the Annex A text complement the revisions to the mandatory language of these special locking arrangements.

Because of implications to life safety with electrical locking systems potentially affecting egress on doors in the means of egress, it is prudent to require listing of door electrical locking hardware used in these applications. Listing to either UL 294 or to UL 1034 appropriately revises this important listing requirement to help assure the electrical locking hardware performs as intended for this life-safety application.

The Life Safety Code first required door hardware to be listed to UL 294 in the 2009 edition of NFPA 101. This section of NFPA 101, Stair Enclosure Re-entry, first required listing of door locking hardware to UL 294 with the 2021 edition of NFPA 101.

UL 294 and 1034 address efficacy and safety considerations for door access control applications (ingress control) to help assure the door hardware and access control solutions would perform as intended and expected. Typically, access control systems incorporating card readers, keypads, iris scanners, etc. are tested and listed to UL 294. Additionally, delayed egress electrical locking systems, sensor-release electrical locking systems, and certain types of door hardware release electrical locking systems are all typically tested and listed to UL 294. On the other hand, components such as electromagnetic locks, electric dead bolts, electric strikes, and other door electrically operated locking mechanisms are typically listed to UL 1034. UL 294 and UL 1034 are collateral standards that complement each other.

These examples illustrate that some of the same systems and components used to control access (ingress) to a space are also used for egress-side electrical locking systems. Considering that egress-side electrical locking systems have life safety implications, NFPA 101 was enhanced (in 2009) to require listing of electrical locking hardware to UL 294. In hindsight, the collateral listing to UL 1034 should have been the language included in NFPA 101 in the earlier editions.

7.2.1.6* Special Locking Arrangements.

7.2.1.6.1 * Delayed-Egress Electrical Locking Systems.

7.2.1.6.1.1

Approved, delayed-egress electrical locking systems shall be permitted to be installed on door assemblies serving low- and ordinary-hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6 or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 11 through 43, provided that all of the following criteria are met:

1. The delay of the delayed-egress electrical locking system shall deactivate allowing unobstructed egress upon actuation of one of the following:
 - a) Approved, supervised automatic sprinkler system in accordance with Section 9.7
 - b) Not more than one heat detector of an approved, supervised automatic fire detection system in accordance with Section 9.6
 - c) Not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6
2. The delay of the delayed-egress electrical locking system shall deactivate allowing unobstructed egress upon loss of power controlling the lock or locking mechanism.
3. *An irreversible process shall release the electrical lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.3 under all of the following conditions:
 - a) The force shall not be required to exceed 15 lbf (67 N).
 - b) The force shall not be required to be continuously applied for more than 3 seconds.
 - c) The initiation of the release process shall activate an audible signal in the vicinity of the door opening.
 - d) Once the electrical lock has been released by the application of force to the releasing device, rearming the delay electronics shall be by manual means only.

Commented [WJ6]: Public Input No. 279-NFPA 101-2021

Commented [JW7]: PC 116 is the mandatory text (Chapter 7). Separate PC for the Annex revisions.

4. *A readily visible, durable sign that conforms to the visual characters requirements of ICC A117.1, *Accessible and Usable Buildings and Facilities*, shall be located on the door leaf adjacent to the release device in the direction of egress, and shall read as follows:
 - a) PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS, for doors that swing in the direction of egress travel
 - b) PULL UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS, for doors that swing against the direction of egress travel
5. The egress side of doors equipped with delayed-egress electrical locking systems shall be provided with emergency lighting in accordance with Section 7.9.
6. ~~*Door electro-mechanical or electromagnetic locking hardware~~ for new installations shall be listed in accordance with UL 294, *Access Control System Units* or UL 1034, *Burglary-Resistant Electric Locking Mechanisms*.

A.7.2.1.6.1.1(6)

The electrical locking hardware may be a component of an electrical locking system, or the electrical locking hardware may be a device with an individual listing. Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Commented [JW8]: PC 117

7.2.1.6.2 * Sensor-Release of Electrical Locking Systems.

7.2.1.6.2.1

Where permitted in Chapters 11 through 43, door assemblies in the means of egress shall be permitted to be equipped with sensor-release electrical locking system hardware provided that all of the following criteria are met:

1. A sensor shall be provided on the egress side, arranged to electrically unlock the door leaf in the direction of egress upon detection of an approaching occupant.
2. Door leaves shall automatically electrically unlock in the direction of egress upon loss of power to the sensor or to the part of the locking system that electrically locks the door leaves.
3. Door locks shall be arranged to electrically unlock in the direction of egress from a manual release device complying with all of the following criteria:
 - a) The manual release device shall be located on the egress side, 40 in. to 48 in. (1015 mm to 1220 mm) vertically above the floor, and within 60 in. (1525 mm) of the secured door openings, except as otherwise permitted by 7.2.1.6.2(3)(c).
 - b) The requirement of 7.2.1.6.2(3)(a) to locate the manual release device within 60 in. (1525 mm) of the secured door opening shall not apply to previously approved existing installations.
 - c) The manual release device shall be readily accessible and clearly identified by a sign that reads as follows: PUSH TO EXIT.
 - d) When operated, the manual release device shall result in direct interruption of power to the electrical lock — independent of the locking system electronics — and the lock shall remain unlocked for not less than 30 seconds.
4. Activation of the building fire-protective signaling system, if provided, shall automatically electrically unlock the door leaves in the direction of egress, and the door leaves shall remain electrically unlocked until the fire-protective signaling system has been manually reset.
5. The activation of manual fire alarm boxes that activate the building fire-protective signaling system specified in 7.2.1.6.2(4) shall not be required to unlock the door leaves.
6. Activation of the building automatic sprinkler or fire detection system, if provided, shall automatically electrically unlock the door leaves in the direction of egress, and the door leaves shall remain electrically unlocked until the fire-protective signaling system has been manually reset.

7. The egress side of sensor-release electrically locked egress doors, other than existing sensor-release electrically locked egress doors, shall be provided with emergency lighting in accordance with Section 7.9.
8. ~~*Door electro-mechanical or electromagnetic locking. Hardware~~ for new installations shall be listed in accordance with UL 294, *Access Control System Units* or UL 1034, *Burglary-Resistant Electric Locking Mechanisms*.

A.7.2.1.6.2.1(8)

The electrical locking hardware may be a component of an electrical locking system, or the electrical locking hardware may be a device with an individual listing. Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Commented [JW9]: PC 118

7.2.1.6.3 Door Hardware Release of Electrically Locked Egress Door Assemblies.

7.2.1.6.3.1

Door assemblies in the means of egress shall be permitted to be equipped with approved electrical locking systems released by the operation of door hardware provided that all of the following conditions are met:

1. The hardware for egress-side occupant release of the electrical lock is affixed to the door leaf.
2. The hardware has an obvious method of operation that is readily operated in the direction of egress under all lighting conditions.
3. The hardware is capable of being operated with one hand in the direction of egress.
4. Operation of the hardware directly and immediately interrupts the power supply to the electric lock to unlock the door assembly in the direction of egress.
5. *Loss of power to the listed releasing hardware automatically unlocks the door assembly in the direction of egress.
6. ~~*Door electro-mechanical or electromagnetic locking. Hardware~~ for new installations ~~is shall be~~ listed in accordance with UL 294, *Access Control System Units* or UL 1034, *Burglary-Resistant Electric Locking Mechanisms*.

A.7.2.1.6.3.1(6)

The electrical locking hardware may be a component of an electrical locking system, or the electrical locking hardware may be a device with an individual listing. Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Commented [JW10]: PC 119

7.2.1.6.4 * Elevator Lobby Exit Access Door Assemblies Locking.

7.2.1.6.4.1

Where permitted in Chapters 11 through 43, door assemblies separating the elevator lobby from the exit access required by 7.4.1.6.1 shall be permitted to be electrically locked, provided that all the following criteria are met:

1. ~~*The Door electro-mechanical or electromagnetic~~ locking hardware ~~is shall be~~ listed in accordance with UL 294, *Access Control System Units* or UL 1034, *Burglary-Resistant Locking Mechanisms*.
2. The building is protected throughout by a fire alarm system in accordance with Section 9.6.
3. The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.
4. Waterflow in the sprinkler system required by 7.2.1.6.4.1 is arranged to initiate the building fire alarm system.
5. The elevator lobby is protected by an approved, supervised smoke detection system in accordance with Section 9.6.
6. Detection of smoke by the detection system required by 7.2.1.6.4.1 is arranged to initiate the building fire alarm system and notify building occupants.

7. Initiation of the building fire alarm system by other than manual fire alarm boxes unlocks the electrical locks on the elevator lobby door assembly.
8. Loss of power to the elevator lobby electrical lock system unlocks the electrical locks on the elevator lobby door assemblies.
9. Once unlocked, the elevator lobby door assemblies remain electrically unlocked until the building fire alarm system has been manually reset.
10. Where the elevator lobby door assemblies remain mechanically latched after being electrically unlocked, latch-releasing hardware in accordance with 7.2.1.5.3 is affixed to the door leaves.
11. A two-way communication system is provided for communication between the elevator lobby and a central control point that is constantly staffed.
12. The central control point staff required by 7.2.1.6.4 is capable, trained, and authorized to provide emergency assistance.

A.7.2.1.6.4.1(1)

The electrical locking hardware may be a component of an electrical locking system, or the electrical locking hardware may be a device with an individual listing. Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Commented [JW11]: PC 120

Reason:

Because of implications to life safety with electrical locking systems potentially affecting egress on doors in the means of egress, it is prudent to require listing of door electrical locking hardware used in these special locking arrangements. Listing to either UL 294 or to UL 1034 appropriately revises this important listing requirement to help assure the electrical locking hardware performs as intended for these life-safety applications.

The Life Safety Code first required door hardware to be listed to UL 294 in the 2009 edition of NFPA 101 on elevator lobby exit access door assemblies. Special locking arrangements included the UL 294 listing requirement with the 2012 and 2018 editions of NFPA 101.

UL 294 and 1034 address efficacy and safety considerations for door access control applications (ingress control) to assure the door hardware and access control solutions would perform as intended and expected. Typically, access control systems incorporating card readers, keypads, iris scanners, etc. are tested and listed to UL 294. Additionally, delayed egress electrical locking systems, sensor-release electrical locking systems, and certain types of door hardware release electrical locking systems are all typically tested and listed to UL 294. On the other hand, components such as electromagnetic locks, electric dead bolts, electric strikes, and other door electrically operated locking mechanisms are typically listed to UL 1034. UL 294 and UL 1034 are collateral standards that complement each other.

These examples illustrate that many of the same systems and components used to control access (ingress) to a space are also used for egress-side electrical locking systems. Considering that egress-side electrical locking systems have life safety implications, NFPA 101 was enhanced (in 2009) to require listing of electrical locking hardware to UL 294. In hindsight, what's proposed here – the collateral listing to UL 1034 – should have been the language included in NFPA 101 in the earlier editions.

In addition to the option to list to UL 1034, this proposal brings consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101. The additions of Annex A text complement the revisions to the mandatory language of these special locking arrangements.

Chapter 18 New Health Care Occupancies

18.2.2.2.5

Door-locking arrangements shall be permitted in accordance with either 18.2.2.2.5.1 or 18.2.2.2.5.2.

18.2.2.2.5.1 *

Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times in accordance with 18.2.2.2.6.

18.2.2.2.5.2 *

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

1. Staff can readily unlock doors at all times in accordance with 18.2.2.2.6.
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 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 18.2.2.2.5.2(2)
 - b) Waterflow in the automatic sprinkler system required by 18.2.2.2.5.2(3)

6. *Door electrical locking hardware for new electric lock installations is listed for the purpose: *Door electro-mechanical or electromagnetic locking hardware for new installations shall be listed in accordance with UL 294, Access Control System Units or UL 1034, Burglary-Resistant Electric Locking Mechanisms.

A. 18.2.2.2.5.2(6)

UL 294, Access Control System Units, and UL 1034, Burglary-Resistant Electric Locking Mechanisms, are two standards that provide criteria for listed door-locking hardware. The electrical locking hardware might be a component of an electrical locking system or the electrical locking hardware might be a device with an individual listing. Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Reason:

Because of implications to life safety with electrical locking systems potentially affecting egress on these doors in the means of egress, it is prudent to require listing of door electrical locking hardware used in these applications. Requiring listing to either UL 294 or to UL 1034 appropriately revises this important listing requirement to help assure the electrical locking hardware performs as intended for these life-safety applications.

The Life Safety Code, in chapters 18 and 19, first required this electrical door hardware to be listed to UL 294 in the 2018 edition of NFPA 101.

UL 294 and 1034 address efficacy and safety considerations for door access control applications (ingress control) to assure the door hardware would perform as intended and expected. Typically, access control systems incorporating card readers, keypads, iris scanners, etc. are tested and listed to UL 294. Additionally, delayed egress electrical locking systems, sensor-release electrical locking systems, and certain types of door hardware release electrical locking systems are all typically tested and listed to UL 294. On the other hand, components such as electromagnetic locks, electric dead bolts, electric strikes,

Commented [WJ12]: Public Input No. 282- NFPA 101-2021

The approved First Revision is the highlighted text.

and other door electrically operated locking mechanisms are typically listed to UL 1034. UL 294 and UL 1034 are collateral standards that complement each other.

These examples illustrate that many of the same systems and components used to control access (ingress) to a space are also used for egress-side electrical locking systems. Considering that egress-side electrical locking systems have life safety implications, NFPA 101 was enhanced (in 2009) to require listing of electrical locking hardware to UL 294. In hindsight, what's proposed here – meeting a mandatory listing requirement with the collateral listing to UL 1034 – should have been the language included in NFPA 101 in the earlier editions.

In addition to the option to list to UL 1034, this proposal brings consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101. The additions of Annex A text complement the revisions to the mandatory language of these special locking arrangements.

The revisions of the Annex A text complement the revisions to 18.2.2.2.5.2(6)

Chapter 19 Existing Health Care Occupancies

19.2.2.2.5

Door-locking arrangements shall be permitted in accordance with either 19.2.2.2.5.1 or 19.2.2.2.5.2.

19.2.2.2.5.1 *

Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times in accordance with 19.2.2.2.6.

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:
 1. Activation of the smoke detection system required by 19.2.2.2.5.2(2)
 2. Waterflow in the automatic sprinkler system required by 19.2.2.2.5.2(3)
6. *Door electrical locking hardware for new electric lock installations is listed for the purpose. *Door electro-mechanical or electromagnetic locking hardware for new installations shall be listed in accordance with UL 294, Access Control System Units or UL 1034, Burglary-Resistant Electric Locking Mechanisms.

A. 19.2.2.2.5.2(6)

UL 294, Access Control System Units, and UL 1034, Burglary-Resistant Electric Locking Mechanisms, are two standards that provide criteria for listed door locking hardware. The electrical locking hardware might be a component of an electrical locking system or the electrical locking hardware might be a device with an individual listing. Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Commented [WJ13]: Public Input No. 283- NFPA 101-2021

The approved First Revision is the highlighted text.

Reason:

Because of implications to life safety with electrical locking systems potentially affecting egress on these doors in the means of egress, it is prudent to require listing of door electrical locking hardware used in these applications. Requiring listing to either UL 294 or to UL 1034 appropriately revises this important listing requirement to help assure the electrical locking hardware performs as intended for these life-safety applications.

The Life Safety Code, in chapters 18 and 19, first required this electrical door hardware to be listed to UL 294 in the 2018 edition of NFPA 101.

UL 294 and 1034 address efficacy and safety considerations for door access control applications (ingress control) to assure the door hardware would perform as intended and expected. Typically, access control systems incorporating card readers, keypads, iris scanners, etc. are tested and listed to UL 294. Additionally, delayed egress electrical locking systems, sensor-release electrical locking systems, and certain types of door hardware release electrical locking systems are all typically tested and listed to UL 294. On the other hand, components such as electromagnetic locks, electric dead bolts, electric strikes, and other door electrically operated locking mechanisms are typically listed to UL 1034. UL 294 and UL 1034 are collateral standards that complement each other.

These examples illustrate that many of the same systems and components used to control access (ingress) to a space are also used for egress-side electrical locking systems. Considering that egress-side electrical locking systems have life safety implications, NFPA 101 was enhanced (in 2009) to require listing of electrical locking hardware to UL 294. In hindsight, what's proposed here – meeting a mandatory listing requirement with the collateral listing to UL 1034 – should have been the language included in NFPA 101 in the earlier editions.

In addition to the option to list to UL 1034, this proposal brings consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101. The additions of Annex A text complement the revisions to the mandatory language of these special locking arrangements.

The revisions of the Annex A text complement the revisions to 19.2.2.2.5.2(6)



Public Comment No. 203-NFPA 101-2022 [Section No. 18.2.2.2.5.2]

18.2.2.2.5.2*

Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety

, provided that all of the following criteria are met: Staff can readily unlock doors at all times in accordance with 18.2.2.2.

6.A total (complete)

5.3 or 18.2.2.2.5.4.

18.2.2.2.5.3 A 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, and all of the following criteria are met:

(1) Staff can readily unlock the doors at all times in accordance with 18.2.2.2.6.

(2) * The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1 .

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

(4) The locks release by independent activation of each of the following:

(a) Activation of the smoke detection system required by 18.2.2.2.5.

2

3

(

2

b)

Waterflow in the automatic sprinkler system in the locked space required by 18.2.2.2.5.3(2)

†

⚡ Door electrical locking hardware

5) Hardware for new electric lock installations is listed for the purpose.

18.2.2.2.5.4 Locked doors can be remotely unlocked at an approved, constantly attended location within the locked space and all of the following criteria are met:

(1) Only one lock is provided on the door(s).

(2)* The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.

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

(4) The locks release by activation of the automatic sprinkler system in the locked space required by 18.2.2.2.5.4(1).

(5) Hardware for new electric lock installations is listed for the purpose.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
PI_-_Task_Group_-_1822252.docx	Public Input comments on behalf of Locking Doors task group regarding clarification of 18.2.2.2.5.2.	

LSC_18.2.2.2.5.2_3_Diagram.pdf

There was some previous email discussion related to the new language in Item #2 with regards to the requirement for sprinkler protection for the smoke compartment, adjacent smoke compartments and all smoke compartments leading to the requires exists. A member of the Task Group submitted a drawing that may be helpful to illustrate this requirement and could possibly be used as handbook material.

Statement of Problem and Substantiation for Public Comment

As a result of FR-6699 (deleting existing language) and FR-6725 (adding new language), the Health Care Door Locking Task Group felt that 18.2.2.2.5.2 was confusing and proposed a revised re-organization of the section to read as submitted.

As a side note, there was some previous email discussion related to the new language in Item #2 with regards to the requirement for sprinkler protection for the smoke compartment, adjacent smoke compartments and all smoke compartments leading to the requires exists. Ajay Prasad had submitted a drawing that may be helpful to illustrate this requirement and could possibly be used as handbook material. I have attached that drawing for your review.

Related Item

- FR-6699 and FR-6725

Submitter Information Verification

Submitter Full Name: Bret Martin
Organization: CNA Insurance
Affiliation: Chair of Health Care Door Locking Task Group
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 31 09:05:07 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6655-NFPA 101-2022](#)
Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.

18.2.2.2.5.2* Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety in accordance with 18.2.2.2.5.3 or 18.2.2.2.5.4.

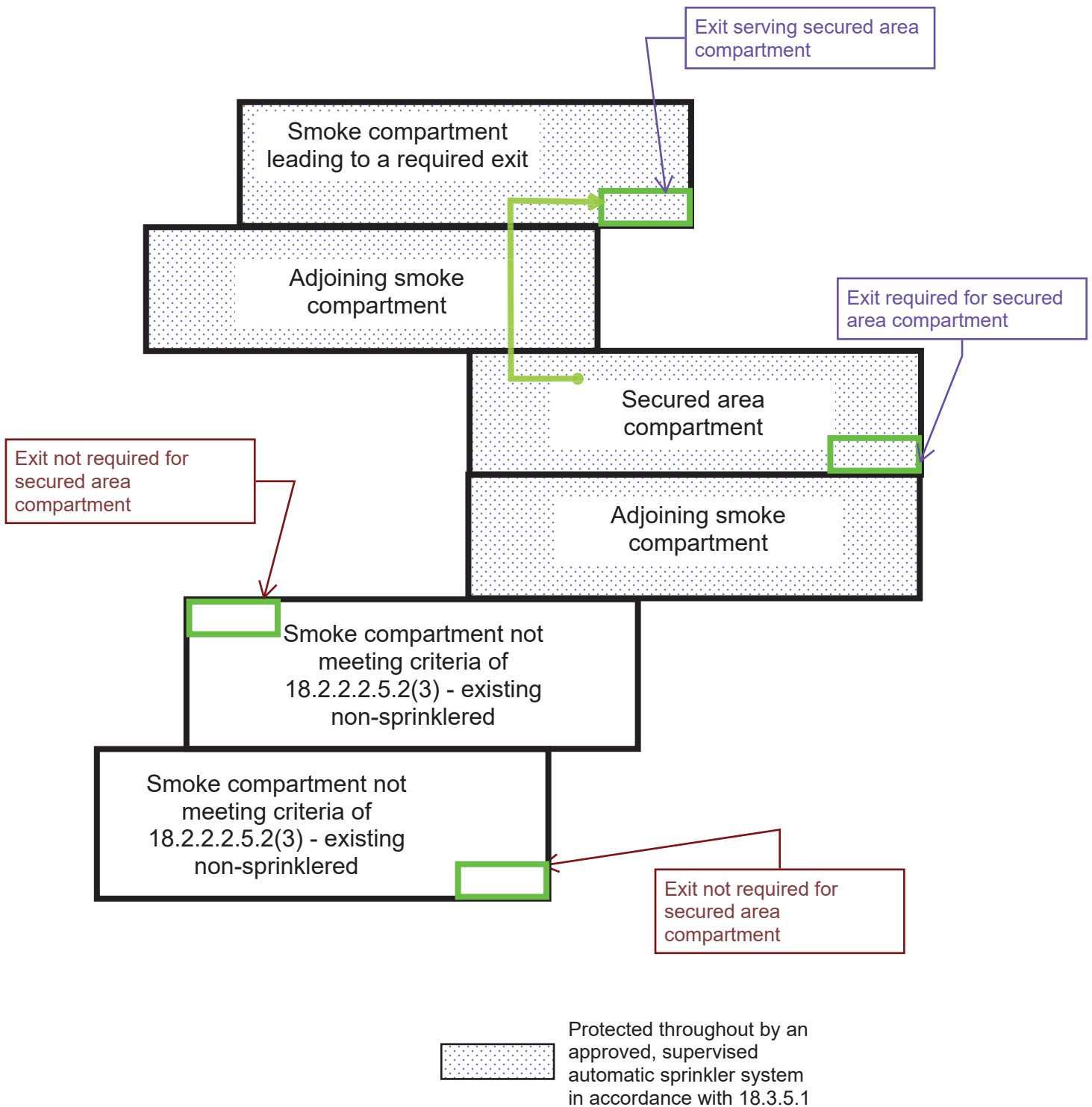
18.2.2.2.5.3 A smoke detection system is provided throughout the locked space in accordance with 9.6.2.9 and all of the following criteria are met:

- (1) Staff can readily unlock the doors at all times in accordance with 18.2.2.2.6.
- (2) * The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.
- (3) The locks are electrical locks that fail safely so as to release upon loss of power to the device.
- (4) The locks release by independent activation of each of the following:
 - (a) Activation of the smoke detection system required by 18.2.2.2.5.3
 - (b) Waterflow in the automatic sprinkler system in the locked space required by 18.2.2.2.5.3(2)
- (5) Hardware for new electric lock installations is listed for the purpose.

18.2.2.2.5.4 Locked doors can be remotely unlocked at an approved, constantly attended location within the locked space and all of the following criteria are met:

- (1) Only one lock is provided on the door(s).
- (2)* The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.
- (3) The locks are electrical locks that fail safely so as to release upon loss of power to the device.
- (4) The locks release by activation of the automatic sprinkler system in the locked space required by 18.2.2.2.5.4(1).
- (5) Hardware for new electric lock installations is listed for the purpose.

Proposed Change to LSC
18.2.2.2.5.2(3)



**Public Comment No. 28-NFPA 101-2022 [Section No. 18.2.2.2.5.2]****18.2.2.2.5.2***

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

- (1) Staff can readily unlock doors at all times in accordance with 18.2.2.2.6.
- (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 smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are 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 18.2.2.2.5.2(2)
 - (b) Waterflow in the automatic sprinkler system required by 18.2.2.2.5.2(3)
- (6)* Door electrical locking hardware for new electric lock installations is listed for the purpose.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_26.pdf	101_Correlating Committee Note No. 26	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 26 appeared in the First Draft Report on First Revision No. 6725. Consider the negative votes of S. Dannaway and K. Bush: "This should not be automatic. The current annex note A.18.2.2.2.5.2(3) provides AHJs with guidance to determine if locking arrangement is permissible in a building that is not fully sprinklered" "The extent of sprinkler protection should be defined by fire barriers or fire walls and not by smoke barriers. The fire resistance rating for such separations should align with those designating fire areas and not simply defined by smoke compartments. In addition, the identification of adjacent smoke compartments and the designated means of egress can be confusing and subject to multiple interpretations."

Related Item

- FR-6725

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC
Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Mon Mar 21 15:39:57 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6657-NFPA 101-2022

Statement:

The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.



Correlating Committee Note No. 26-NFPA 101-2022 [Detail]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 15:36:54 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider the negative votes of S. Dannaway and K. Bush: "This should not be automatic. The current annex note A.18.2.2.5.2(3) provides AHJs with guidance to determine if locking arrangement is permissible in a building that is not fully sprinklered"

"The extent of sprinkler protection should be defined by fire barriers or fire walls and not by smoke barriers. The fire resistance rating for such separations should align with those designating fire areas and not simply defined by smoke compartments. In addition, the identification of adjacent smoke compartments and the designated means of egress can be confusing and subject to multiple interpretations."

[First Revision No. 6725-NFPA 101-2021 \[Detail\]](#)

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.



First Revision No. 6725-NFPA 101-2021 [Detail]

Revise 18.2.2.2.5.2(3) to read as follows:

(3) The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1.

Submitter Information Verification

Committee: SAF-HEA

Submittal Date: Tue Aug 10 17:30:33 EDT 2021

Committee Statement and Meeting Notes

Committee Statement: The FR responds to PI-245. The committee revised the language to clarify that smoke compartments leading to the required exits and adjacent smoke compartments must be sprinkler protected.

Response Message: FR-6725-NFPA 101-2021

Committee Notes:

<u>Date</u>	<u>Submitted By</u>	
Aug 15, 2021	Barbosa	See FR-6700 for other changes to 18.2.2.2.5. Annex A for (3) being deleted in FR-6699-items balloting separately.

Public Input No. 245-NFPA 101-2021 [Section No. 18.2.2.2.5.2]

Ballot Results

✓ This item has passed ballot

27 Eligible Voters

5 Not Returned

19 Affirmative All

1 Affirmative with Comments

2 Negative with Comments

0 Abstention

Not Returned

Cummings, Luke

Davy, Matthew W.

Harmeyer, Robert J.

McKenzie, Herman

Vann, Joshua

Affirmative All

Beebe, Chad E.
Carson, Wayne G. Chip
Farraher, Martin J.
Guglielmo, Anne M.
Klein, David P.
Knippa, Kevin
Koffel, William E.
Martin, Bret M.
Merrill II, James
Peterkin, James S.
Pethe, Ben
Prasad, Ajay V.
Prediger, G. Brian
Rickard, John A.
Roeper, Kurt A.
Schmitt, Dennis L.
Shaner, Deborah L.
Stinnett, Neil
Victor, Terry L.

Affirmative with Comment

Widdekind, Michael D.
Affirmative

Negative with Comment

Bush, Kenneth E.

The extent of sprinkler protection should be defined by fire barriers or fire walls and not by smoke barriers. The fire resistance rating for such separations should align with those designating fire areas and not simply defined by smoke compartments. In addition, the identification of adjacent smoke compartments and the designated means of egress can be confusing and subject to multiple interpretations.

Dannaway, Samuel S.

This should not be automatic. The current annex note A.18.2.2.2.5.2(3) provides AHJs with guidance to determine if locking arrangement is permissible in a building that is not fully sprinklered

Editorial Comment

[Click here](#)



Public Comment No. 87-NFPA 101-2022 [Section No. 18.2.2.2.5.2]

18.2.2.2.5.2*

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

- Staff can readily unlock doors at all times in accordance with 18.2.2.2.6 .
- 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. The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are

(1) * The building is protected throughout by an approved, supervised automatic sprinkler system in accordance

with

with 18.3.5.1 . and the locks release by activation of waterflow in the automatic sprinkler system.

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

(3) The locks release by independent activation of

each

one of the following:

Activation of the

(a) A total (complete) smoke detection system

required by 18.2

that is provided throughout the locked unit in accordance with 9.6 .2.

2.5.2(2)

- Waterflow in the automatic sprinkler system required by 18.2.2.2.5.2(3)

* Door electrical locking hardware

9 ,

(b) Locked doors can be remotely unlocked at an approved, constantly attended location within the locked unit.

(4) Hardware for new electric lock installations is listed

for the purpose

in accordance with UL 294, Access Control System Units .

Additional Proposed Changes

File Name	Description	Approved
PC_87-NFPA_101-2022_Locking_Markup.PNG	Potential Locking Markup	
Door_Locking_for_NFPA_101_Comments.docx	Word Document Edit Markup and Comments	

Statement of Problem and Substantiation for Public Comment

This change would consolidate the requirements of this section for clarity. Currently, providing a remote release device from within the locked area at an approved constantly attended location meets the requirements of both 18.2.2.2.5.2(1) and 18.2.2.2.5.2(2), but the code language is confusing which can lead to extra equipment being installed. In addition, reference from 18.2.2.2.5.2 to 18.2.2.2.6 is not required as 18.2.2.2.6 is required by itself to be implemented once 18.2.2.5 is used. The change clarifies if the remote release is provided at an approved constantly attended location, there is no need for staff to carry keys or achieve other reliable means to unlock, and complete smoke detection would not be required.

Committee response indicated change of wording resulted in unintended change requiring releasing mechanism to be "within the locked smoke compartment" rather than "within the locked space." This was an inadvertent change, however it raises a point that these requirements should be worded the same. Often times these locking arrangements are used to lock doors into and out of units. The previous requirement stated the remote release device was required "within the locked space." If egress is required in both directions, this would result in two releasing mechanisms being required. The change to "within the secured unit" (as proposed by Public Comment # 88-NFPA 101-2022) indicates what the code

intends: that the staff within the secured unit are responsible for choosing if/when to remotely unlock the doors. An adjacent unit should not be required to unlock the doors into or out of a secured unit, which is what would technically be required for doors secured in both directions.

Note additional related change to 18.2.2.2.6(1)(a) has been submitted as Public Comment # 88-NFPA 101-2022. Note this would also apply to the related section in the existing occupancy chapter 19 as well (19.2.2.2.5.2)

Related Item

• PI # 62-NFPA 101-2021 • PI #63-NFPA 101-2021

Submitter Information Verification

Submitter Full Name: Adam Graybeal

Organization: Koffel Compliance, LLC

Street Address:

City:

State:

Zip:

Submittal Date: Wed May 11 15:13:05 EDT 2022

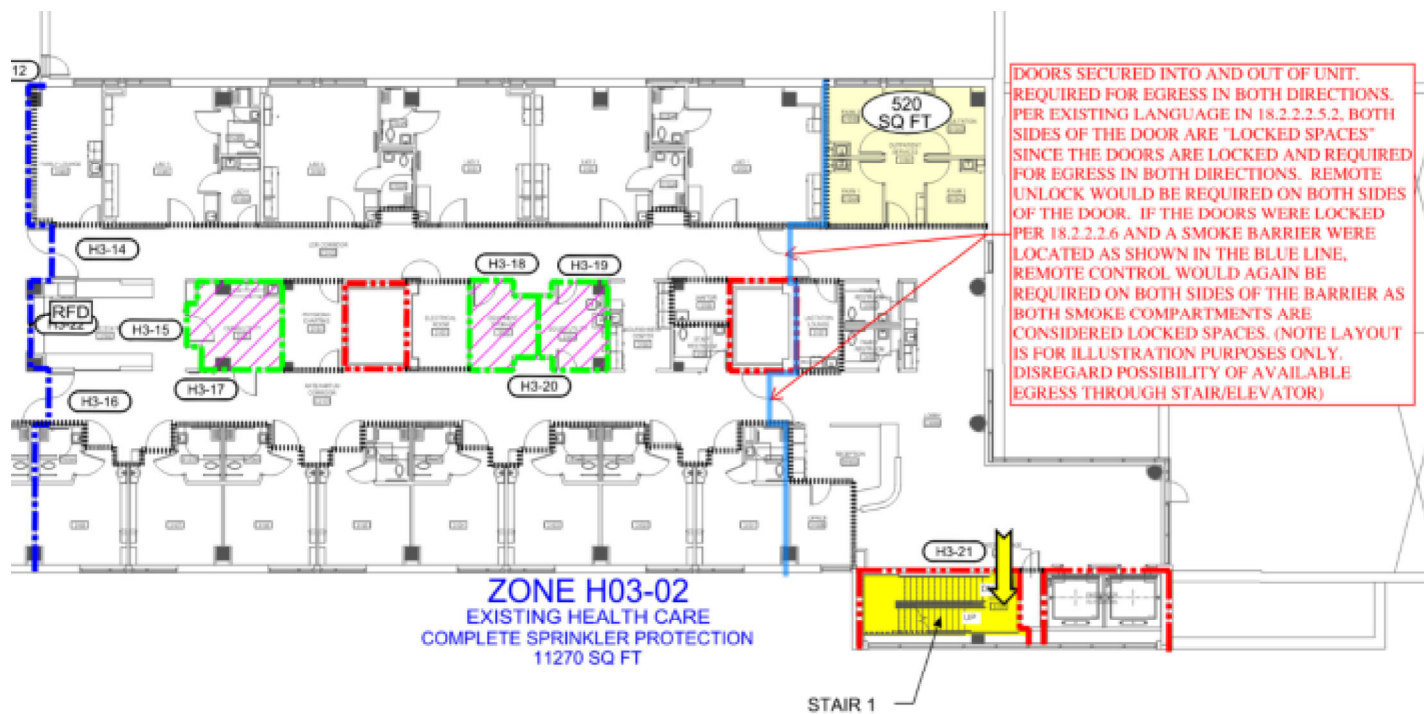
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6657-NFPA 101-2022

Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.



18.2.2.2.5.1 *

Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, ~~provided that staff can readily unlock doors at all times in accordance with 18.2.2.2.6.~~

Commented [AG1]: This is a redundant reference as the provisions of 18.2.2.2.6 apply to all of 18.2.2.2.5

18.2.2.2.5.2 *

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

- ~~(1) Staff can readily unlock doors at all times in accordance with 18.2.2.2.6.~~
- ~~(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.~~
- ~~(13) The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5.1, and the locks release by activation of waterflow in the automatic sprinkler system.~~
- ~~(24) The locks are electrical locks that fail safely so as to release upon loss of power to the device.~~
- ~~(35) The locks release by independent activation of each one of the following:~~
 - ~~(a) A total (complete) smoke detection system that is provided throughout the locked unit in accordance with 9.6.2.9. Activation of the smoke detection system required by 18.2.2.2.5.2(2)~~
 - ~~(b) Locked doors can be remotely unlocked at an approved, constantly attended location within the locked unit. Waterflow in the automatic sprinkler system required by 18.2.2.2.5.2(3)~~
- ~~(46) Hardware for new electric lock installations is listed in accordance with UL 294, Access Control System Units.~~

Commented [AG2]: This is a redundant reference as the provisions of 18.2.2.2.6 apply to all of 18.2.2.2.5

Commented [AG3]: This consolidates the sprinkler unlocking to a single line item

Commented [AG4]: Clarifying that the release is intended to be controlled from inside the unit that needs to be secured rather than considering a "space" that egresses into the locked unit as a locked "space"

18.2.2.2.6

Doors that are located in the means of egress and are permitted to be locked under other provisions of 18.2.2.2.5 shall comply with both of the following:

- (1) Provisions shall be made for the rapid removal of occupants by means of one of the following:
 - (a) Remote control of locks from within the locked ~~smoke compartment~~ unit
 - (b) Keying of all locks to keys carried by staff at all times
 - (c) Other such reliable means available to the staff at all times
- (2) Only one locking device shall be permitted on each door.

Commented [AG5]: These requirements apply 18.2.2.2.5.1, and 18.2.2.2.5.2 as they are subsections of 18.2.2.2.5.

**Public Comment No. 88-NFPA 101-2022 [Section No. 18.2.2.2.6]****18.2.2.2.6**

Doors that are located in the means of egress and are permitted to be locked under ~~other~~ provisions of 18.2.2.2.5 shall comply with both of the following:

(1) Provisions shall be made for the rapid removal of occupants by means of one of the following:

(2) Remote control of locks from within the locked

smoke compartment

(a) unit.

(b) Keying of all locks to keys carried by staff at all times

(c) Other such reliable means available to the staff at all times

(3) Only one locking device shall be permitted on each door.

Statement of Problem and Substantiation for Public Comment

See PC # 87-NFPA 101-2022 for details. Change prompted from committee response to PI # 62-NFPA 101-2021

Committee response indicated change of wording resulted in unintended change requiring releasing mechanism to be "within the locked smoke compartment" rather than "within the locked space." This was an inadvertent change, however it raises a point that these requirements should be worded the same. Often times these locking arrangements are used to lock doors into and out of units. The previous requirement stated the remote release device was required "within the locked space." If egress is required in both directions, this would result in two releasing mechanisms being required. The change to "within the secured unit" (as proposed by Public Comment # 88-NFPA 101-2022) indicates what the code intends: that the staff within the secured unit are responsible for choosing if/when to remotely unlock the doors. An adjacent unit should not be required to unlock the doors out of a secured unit, which is what would technically be required for doors secured in both directions.

In addition, the word "other" should be removed as this appears to be a reference for when these code requirements fell under the same subsection. Now that they are separate sections, the word "other" is no longer needed

Related Item

- PI # 62-NFPA 101-2021

Submitter Information Verification

Submitter Full Name: Adam Graybeal

Organization: Koffel Compliance, LLC

Street Address:

City:

State:

Zip:

Submittal Date: Wed May 11 15:56:48 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The proposed revision does not resolve the perceived issue identified by the submitter.

**Public Comment No. 155-NFPA 101-2022 [Section No. 18.2.2.2.10]****18.2.2.2.10**

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 7.2.1.5.7.

(1) For fire alarm systems, only automatic activation of the fire alarm system shall trigger automatic release of stair enclosure re-entry.

Statement of Problem and Substantiation for Public Comment

Reference PI 233. Healthcare occupancies have a balance between security and life safety. Ultimately life safety trumps security; however, manual means of bypassing the security protocol for re-entry should not be an option. In the event of a stolen baby the criminal could easily pull the fire alarm and re-enter on a different floor.

Related Public Comments for This Document**Related Comment****Relationship**

Public Comment No. 154-NFPA 101-2022 [Section No. 7.2.1.5.7]

Related Item

- PI 233

Submitter Information Verification

Submitter Full Name: Joshua Brackett

Organization:

Affiliation: ASHE Regulatory Affairs Committee

Street Address:

City:

State:

Zip:

Submittal Date: Thu May 26 23:46:08 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6633-NFPA 101-2022

Statement: Healthcare occupancies have a balance between security and life safety. Ultimately life safety trumps security; however, manual means of bypassing the security protocol for re-entry should not be required. In the event of a stolen baby the criminal could easily pull the fire alarm and re-enter on a different floor.

**Public Comment No. 127-NFPA 101-2022 [New Section after 18.2.5.7.4]****18.2.5.8 Interlocked-Door Vestibule**

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
NFPA_101_Special_Locking_Arrangements_Interlocked_Door_Vestibule_Public_Comments_20200520.pdf	NFPA 101 2024 public comments re: interlocked door vestibule.	

Statement of Problem and Substantiation for Public Comment

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 19, 20, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria in proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 125-NFPA 101-2022 [New Section after 7.2.1.6.4.2]	
Public Comment No. 126-NFPA 101-2022 [New Section after 3.3.164.2]	
Public Comment No. 128-NFPA 101-2022 [New Section after 19.2.5.7.4]	

Related Item

• PI 345 • PI 343 • PI 341

Submitter Information Verification

Submitter Full Name: John Woestman

Organization: Kellen Company

Affiliation: Builders Hardware Manufacturers Association (BHMA)

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 20 17:56:05 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: Related comments in Ch. 7 were rejected by the TC on Means of Egress.

NFPA 101 Special Locking Arrangement – Interlocked-Door Vestibule – Informal Task Group
Public Comments for 2nd draft, Sept. 29, 2021 – revisions Oct. 1, 2021, further revisions Nov. 1, 2021,
Nov. 3, 2021, and May 4, 6, 9, & 20, 2022.
John Woestman, BHMA

Black underscored text is original proposed revisions.
Red or blue formatted text are potential revisions for 2nd draft consideration.

Interlocked-Door Vestibule.

A compartment provided with doors in series where only one of the doors in series is openable at a time.

Reason:

This proposed definition is modeled after the definition of “sally port”, and along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 36, 37, 38, 39, 40, and 42, offers the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

Chapter 7 Mean of Egress

7.2.1.6.5 Interlocked-Door Vestibule

Where permitted in chapters 11 through 43 with low- and ordinary-hazard contents, an interlocked-door vestibule shall be permitted in a the means of egress where there are provisions for continuous and unobstructed travel through the interlocked-door vestibule during an emergency egress condition.

Interlocked-door vestibules shall comply with all of the following:

1. The building shall be protected by an approved supervised automatic sprinkler system in accordance with Section 9.7.
2. The area served by the interlocked-door vestibule shall be protected by an approved supervised automatic fire detection system in accordance with Section 9.6 and shall utilize smoke detectors on each side of the interlocked doors.
3. An override switch, which disables the interlocks of the doors of the interlocked-door vestibule for not less than 30 seconds, shall be provided on the egress side of each door of the interlocked-door vestibule. The override switch may be omitted by approval of the Authority Having Jurisdiction.

Commented [WJ1]: Public Input No. 341-NFPA 101-2021

Commented [JW2]: Public Comment No. 126-NFPA 101-2022

Commented [WJ3]: Public Input No. 343-NFPA 101-2021

Commented [JW4]: Public Comment No. 125-NFPA 101-2022

4. The override switches shall be within 48 in. (1220 mm) of door and between 34 in. (865 mm) and 48 in. (1220 mm) above the floor.
5. Signage shall be provided at each override switch describing its operation.
6. Upon loss of power to the interlock function of the doors of the interlocked-door vestibule, the interlock function shall be disabled.
7. The interlocks of the doors of the interlocked-door vestibule shall deactivate by activation of the fire alarm when initiated by the automatic fire detection system or the automatic sprinkler system.
8. The egress path shall not pass through more than one interlocked-door vestibule.
9. The fire department with responsibility for responding to a building that contains an interlocked-door vestibule shall be notified of the presence of the interlocked-door vestibule.
10. Where permitted by the authority having jurisdiction, interlocked-door vestibules shall be permitted to serve high-hazard content areas.
11. Door electrical locking hardware for new installations shall be listed in accordance with UL 294, Access Control System Units, or UL 1034, Burglary-Resistant Locking Mechanisms.

Reason:

This proposal, along with complementary proposals in Chapters 18, 19, 20, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

An occupant egressing through an interlocked-door vestibule would be delayed at the second door in series if the first door in series is not in a closed position, and vice-versa.

The proposed criteria were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Potential Annex Note:

Outside of detention and correctional facilities, the commercial building equivalent of sally ports – interlocked-door vestibules - are utilized for security reasons (i.e. money handling rooms; and in health care), occupant protection, clinical needs of the patients, environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Interlocked-door vestibules are as the name implies: a vestibule with interlocked-doors. The door into the vestibule is interlocked with the door leading out of the vestibule such that only one of the doors can be open at a given time.

Requirement 3: an example of where interlock override switches may not be desired is where an interlocked-door vestibule is utilized to deter theft, such as a high-end precious gem business.

Visual indicators may be desirable on the egress side of each door to indicate when the door is in the locked status and when in the unlocked status. Visual indicators may be desirable in occupancies where some of the occupants are likely unfamiliar with interlocked-door vestibule, such as mercantile occupancies, or some health care occupancies.

These provisions for interlocked-door vestibules cannot address all potential uses and applications.

Chapter 18 New Health Care Occupancies

18.2.5.8 Interlocked-Door Vestibule

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 19, 20, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria in proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Commented [WJ5]: Public Input No. 345-NFPA 101-2021

Commented [JW6]: Public Comment No. 127-NFPA 101-2022

Chapter 19 Existing Health Care Occupancies

19.2.5.8 Interlocked-Door Vestibule

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 20, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

Commented [WJ7]: Public Input No. 346-NFPA 101-2021

Commented [JW8]: Public Comment No. 128-NFPA 101-2022

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Chapter 20 New Ambulatory Health Care Occupancies

20.2.5.4 Interlocked-Door Vestibule

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Commented [WJ9]: Public Input No. 348-NFPA 101-2021

Commented [JW10]: Public Comment No. 129-NFPA 101-2022

Chapter 21 Existing Ambulatory Health Care Occupancies

21.2.5.4 Interlocked-Door Vestibule

Commented [WJ11]: Public Input No. 350-NFPA 101-2021

Commented [JW12]: Public Comment No. 130-NFPA 101-2022

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Chapter 36 New Mercantile Occupancies

36.2.5.12 Interlocked-Door Vestibule

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress where doors are not required to swing in the direction of egress travel.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

For this occupancy, this proposal suggests an interlocked-door vestibule should be permitted only where the occupant load of the area served does not require doors to swing in the direction of egress travel.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

Commented [WJ13]: Public Input No. 352-NFPA 101-2021

Commented [JW14]: Public Comment No. 131-NFPA 101-2022

Commented [JW15]: Revisions to address TC reasons for resolution.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Chapter 37 Existing Mercantile Occupancies

37.2.5.12 Interlocked-Door Vestibule

Where approved permitted by the authority having jurisdiction, aAn interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress where doors are not required to swing in the direction of egress travel.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 36, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

For this occupancy, this proposal suggests an interlocked-door vestibule should be permitted only where the occupant load of the area served does not require doors to swing in the direction of egress travel.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Commented [WJ16]: Public Input No. 353-NFPA 101-2021

Commented [JW17]: Public Comment No. 132-NFPA 101-2022

Commented [JW18]: Revisions to address TC reasons for resolution.

Chapter 38 New Business Occupancies

38.2.5.4 Interlocked-Door Vestibule

Where approved permitted by the authority having jurisdiction, aAn interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress where doors are not required to swing in the direction of egress travel.

Reason:

Commented [WJ19]: Public Input No. 355-NFPA 101-2021

Commented [JW20]: Public Comment No. 133-NFPA 101-2022

Commented [JW21]: Revisions to address TC reasons for resolution.

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 36, 37, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

For this occupancy, this proposal suggests an interlocked-door vestibule should be permitted only where the occupant load of the area served does not require doors to swing in the direction of egress travel.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Chapter 39 Existing Business Occupancies

39.2.5.4 Interlocked-Door Vestibule

~~Where approved by the authority having jurisdiction, a~~ An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress ~~where doors are not required to swing in the direction of egress travel.~~

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 36, 37, 38, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

For this occupancy, this proposal suggests an interlocked-door vestibule should be permitted only where the occupant load of the area served does not require doors to swing in the direction of egress travel.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

Commented [WJ22]: Public Input No. 356-NFPA 101-2021

Commented [JW23]: Public Comment No. 134-NFPA 101-2022

Commented [JW24]: Revisions to address TC reasons for resolution.

Chapter 40 Industrial Occupancies

40.2.5.4 Interlocked-Door Vestibule

In other than high-hazard occupancies, an interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 36, 37, 38, 39, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

For this occupancy, the proposal suggests interlocked-door vestibules would not be permitted in high-hazard industrial occupancies – the committee is encouraged to revise as appropriate.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria in proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Commented [WJ25]: Public Input No. 358-NFPA 101-2021

Commented [JW26]: Public Comment No. 135-NFPA 101-2022

Chapter 42 Storage Occupancies

42.2.5.1 Interlocked-Door Vestibule

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Reason:

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 21, 36, 37, 38, 39, and 40, offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Commented [WJ27]: Public Input No. 359-NFPA 101-2021

Commented [JW28]: Public Comment No. 136-NFPA 101-2022

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria in proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

**Public Comment No. 213-NFPA 101-2022 [New Section after 18.3.2.1.3]****18.3.2.1.4**

Rooms used as sterile cores supporting operating room and anesthetizing areas are not considered hazardous areas if separated from the corridor or nonsleeping patient care suite by corridor wall in accordance with 18.3.6 and shall be equipped with self-closing or automatic-closing doors.

Statement of Problem and Substantiation for Public Comment

In essence, this is to accept CI 6726, but ensure room doors either self or automatically close, to ensure a fire is contained to the sterile core. These rooms are essential to the OR setting and infection control is paramount such that the doors that are needed to contain a fire need to be equipped with closing devices in lieu of latching hardware.

Related Item

- CI 6726

Submitter Information Verification

Submitter Full Name: Joshua Elvove

Organization: Self

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 13:25:15 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6645-NFPA 101-2022

Statement: The revision incorporates the concept of sterile cores from CI-6726 as modified and ensures room doors either self or automatically close to ensure a fire is contained to the sterile core. These rooms are essential to the OR setting and infection control is paramount such that the doors that are needed to contain a fire need to be equipped with closing devices in lieu of latching hardware.



Public Comment No. 93-NFPA 101-2022 [Section No. 18.3.2.5.3]

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:
 - (6) The cooktop or range is protected with a fire suppression system listed in accordance with UL 300, *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.
 - (7) A manual release of the extinguishing system is provided in accordance with Section 10.5 of NFPA 96.
 - (8) 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.
- (9)* The use of solid fuel for cooking is prohibited.
- (10) Deep-fat frying is prohibited
- (11) Portable fire extinguishers in accordance with NFPA 96 are located in all kitchen areas.
- (12) A switch meeting all of the following is provided:
 - (13) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.
 - (14) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.
 - (15) The switch is on a timer, not exceeding a 120-minute capacity, that automatically deactivates the cooktop or range, independent of staff action.
- (16) 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 are followed.
- (17) Not less than two AC-powered photoelectric smoke alarms with battery backup, interconnected in accordance with 9.6.2.10.4, and equipped with a silence feature are located not closer than 20 ft (6.1 m) and not further than 25 ft (7.6 m) from the cooktop or range.
- (18) 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.
- (19) 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:
 - (20) 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.
 - (21) The detector is permitted to initiate a local audible alarm signal only.
 - (22) The detector is not required to initiate a buildingwide occupant notification signal.
 - (23) The detector is not required to notify emergency forces.
 - (24) 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.
- (25) System smoke detectors 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.
- (26) Carbon monoxide detectors shall be installed in accordance with 18.3.4.6.2(1).

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 92-NFPA 101-2022 [New Section after 18.4.5.8]	CO Detection
Public Comment No. 98-NFPA 101-2022 [Section No. 19.3.2.5.3]	

Related Item

- CI No. 6689

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 10:33:55 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Accepted
Resolution: [SR-6635-NFPA 101-2022](#)
Statement: This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection. There may be fuel-fired devices in the area that could produce CO.

**Public Comment No. 109-NFPA 101-2022 [Sections 18.3.5.1, 18.3.5.2, 18.3.5.3, 18.3.5.4]****Sections 18.3.5.1, 18.3.5.2, 18.3.5.3, 18.3.5.4****18.3.5.1***

Buildings containing health care occupancies shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless .1 and electrically supervised in accordance with 9.7.2, unless otherwise permitted by 18.3.5.5.

18.3.5.2

Reserved.

18.3.5.3 Reserved.**18.3.5.4**

The automatic sprinkler system required by 18.3.5.1 shall be installed in accordance with 9.7.1.1(1) and electrically supervised in accordance with 9 . 7.2 .

Statement of Problem and Substantiation for Public Comment

Electrical supervision is required by 9.7.2, however, the term "electrical" is appropriate for consistency with other new building chapters.

Related Item

- PI 401

Submitter Information Verification

Submitter Full Name: Jeffrey Hugo
Organization: National Fire Sprinkler Association (NFSA)
Affiliation: On behalf SAF-ACC and BLD-AAC Task Group on Sprinkler Supervision
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 13:00:47 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected
Resolution: The proposed revision is not necessary. The current requirement is clear. The committee intends for the required sprinkler system to be electrically supervised in accordance with 9.7.2.

**Public Comment No. 137-NFPA 101-2022 [Sections****18.3.6.3.5, 18.3.6.3.6, 18.3.6.3.7, 18.3.6.3.8]****Sections 18.3.6.3.5, 18.3.6.3.6, 18.3.6.3.7, 18.3.6.3.8****18.3.6.3.5**

Doors shall be self-latching and provided with positive latching hardware, except as permitted in 18.3.6.3.6, 18.3.6.3.7, or 18.3.6.3.8.

18.3.6.3.6

Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to meet the latching requirements of 18.3.6.3.5.

18.3.6.3.7

Powered doors that comply with the requirements of 7.2.1.9 shall not be required to meet the latching requirements of 18.3.6.3.5, provided that all of the following criteria are met:

- (1) The door is equipped with a means for keeping the door closed that is acceptable to the authority having jurisdiction.
- (2) The device used is capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of a swinging door and applied in any direction to a sliding or folding door, whether or not power is applied.
- (3) Where door leaves are operated by power by any automatic mechanism, the automatic opening of the doors shall cease to function upon operation of approved smoke detectors installed in accordance with the provisions of *NFPA 72* for door release service.

18.3.6.3.8*

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.4.3]

18.3.6.3.8.1*

Doors with latching arrangements complying with 18.3.6.3.8 shall be self-closing doors complying with 18.3.6.3.8.2 or automatic-closing doors complying with 18.3.6.3.8.3.

18.3.6.3.8.2*

Self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close each time it is opened. The closing mechanism shall not have a hold-open feature.

18.3.6.3.8.3*

Automatic-closing doors shall be arranged to close automatically by means of a closing device which causes the door to close, and a separate, labeled, fail-safe door holder / release device that is activated by an actuation device and is installed in accordance with NFPA 80 Section 4.7.

18.3.6.3.9

Corridor doors utilizing an inactive leaf shall have automatic flush bolts on the inactive leaf to provide positive latching.

A.18.3.6.3.8

Corridor doors in health care facilities have long been required to have positive latching hardware.

An alternative to the positive latching hardware requirement, introduced in NFPA 101-2024, based on the provisions of NFPA 80 Section 6.4.4.4.3 and NFPA 105 Section 6.3.6.4.2, is equivalently applicable to doors not required to comply with NFPA 80 and to doors not required to comply with NFPA 105.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. This alternative is permitted if the doors are also either self-closing or automatic-closing – to ensure the door moves to a closed position upon activation of an automatic fire detector to become positively latched. This alternative is an option on doors required to comply with NFPA 80 as well as doors not required to comply with NFPA 80 (doors not required to be fire-rated).

The provisions of 18.3.6.3.8 are directly from NFPA 80-2022 Section 6.4.4.4.3.

A.18.3.6.3.8.1

For a door to become positively latched by means of a fail-safe device activated by an automatic fire detector, the door would need to be either self-closing or automatic-closing.

A.18.3.6.3.8.2

The self-closing requirements are from NFPA 80 Section 7.1.4.2, but without the NFPA 80 requirement to latch when closed.

A.18.3.6.3.8.3

The automatic-closing requirements are from NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but without the requirement to latch upon closure, and without the option for fusible links.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
2024_NFPA_101_Positive_Latching_Potential_Revisions_20220520.pdf	NFPA 101 2024 public comments re: positive latching NFPA 80 alternative.	

Statement of Problem and Substantiation for Public Comment

On corridor doors in health care facilities, as an acceptable alternative to doors provided with positive latching hardware is to become positively latched in a fire emergency. The option to become positively latched in a fire emergency is included in NFPA 80 and NFPA 105.

Our BHMA members are being asked if it is possible to apply the provisions of NFPA 80-2019 Section 6.4.4.3.3 / NFPA 80-2022 Section 6.4.4.4.3, or NFPA 105 Section 6.3.6.4.2, on corridor doors not required to comply with NFPA 80 (nor

NFPA 105). This proposal assumes that if it's acceptable to apply the provisions of NFPA 80 Section 6.4.4.3.3 to doors required to comply with NFPA 80 (doors required to be fire-rated), then it should also be acceptable to apply these same provisions to doors not required to comply with NFPA 80 (doors not required to be fire-rated). Ditto for NFPA 105.

The additional requirement for use of the automatic fail-safe devices is the doors are also required to be either self-closing or automatic-closing. This is to ensure the door moves to a closed position upon activation of an automatic fire detector and becomes positively latched.

The original Public Input No. 272-NFPA 101-2021 was resolved (disapproved) during the First Draft technical committee meeting, stating: The proposed revision might be better suited as a Ch. 8 requirement. There is also concern that the provision might permit a fusible link to serve as the required fire detection device.

This public comment does not propose revisions in Chapter 8 because this proposal addresses requirements for doors in new construction specifically identified as not required to comply with NFPA 80. It seems that proposing in Chapter 8 revisions as in this proposal would be out of place as Chapter 8 addresses building elements required to comply with explicit requirements, such as NFPA 80. It may be noted Chapter 8 includes several provisions (i.e. exceptions) for existing doors regarding opening protectives, but includes no similar provisions for new construction.

This public comment addresses the fusible link concern with the provisions proposed in 18.3.6.3.5.4 by not including fusible links as an option for activating automatic-closing doors.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 138-NFPA 101-2022 [Section No. A.19.3.6.3.5]	
<u>Related Item</u>	
• PI 272	

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 20 19:15:06 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6651-NFPA 101-2022](#)
Statement: The revision incorporates the concept proposed by PC-137, as modified, and allows doors to become self-latching upon detection of smoke in the vicinity of the door as permitted by NFPA 80 for fire doors.

NFPA 101

Chapter 18 New Health Care Occupancies

18.3.6.3 * Corridor Doors.

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 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.
3. For doors protecting pass-through openings, a clearance between the bottom of the door and the sill not exceeding $\frac{1}{8}$ in. (3 mm) shall be permitted.
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.

18.3.6.3.2 Reserved.

18.3.6.3.3 Reserved.

18.3.6.3.4 Reserved.

18.3.6.3.5

Doors shall be self-latching and provided with positive latching hardware, except as permitted in 18.3.6.3.6, 18.3.6.3.7, or 18.3.6.3.8.

18.3.6.3.6

Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to meet the latching requirements of 18.3.6.3.5.

18.3.6.3.7

Powered doors that comply with the requirements of 7.2.1.9 shall not be required to meet the latching requirements of 18.3.6.3.5, provided that all of the following criteria are met:

1. The door is equipped with a means for keeping the door closed that is acceptable to the authority having jurisdiction.
2. The device used is capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of a swinging door and applied in any direction to a sliding or folding door, whether or not power is applied.
3. Where door leaves are operated by power by any automatic mechanism, the automatic opening of the doors shall cease to function upon operation of approved smoke detectors installed in accordance with the provisions of *NFPA 72* for door release service.

18.3.6.3.8*

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.3]

18.3.6.3.1*

Commented [WJ1]: Original proposal, not shown, was Public Input No. 272-NFPA 101-2021. A revised proposal, to be submitted via Public Comment, is shown here.

Commented [JW2]: Language copied directly from NFPA 80-2022 6.4.4.4.3

Commented [JW3]: For a door to become positively latched (by means of a fail-safe device activated by an automatic fire detector) the door must also be either self-closing or automatic-closing.

Doors with latching arrangements complying with 18.3.6.3.8 shall be self-closing doors complying with 18.3.6.3.8.2 or automatic-closing doors complying with 18.3.6.3.8.3.

18.3.6.3.8.2*

Self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close each time it is opened. The closing mechanism shall not have a hold-open feature.

Commented [JW4]: Text from self-closing requirements in NFPA 80 Section 7.1.4.2, but deleted NFPA 80 requirement to latch when closed.

18.3.6.3.8.3*

Automatic-closing doors shall be arranged to close automatically by means of a closing device which causes the door to close, and a separate, labeled, fail-safe door holder / release device that is activated by an actuation device and is installed in accordance with NFPA 80 Section 4.7.

Commented [JW5]: Text from automatic-closing requirements in NFPA 80 Section 7.1.4.3 and 7.1.4.2.1, but doesn't include requirement to latch upon closure nor option for fusible links.

18.3.6.3.89

Corridor doors utilizing an inactive leaf shall have automatic flush bolts on the inactive leaf to provide positive latching.

Reason: On corridor doors in health care facilities, as an acceptable alternative to doors provided with positive latching hardware is to become positively latched in a fire emergency. The option to become positively latched in a fire emergency is included in NFPA 80 and NFPA 105.

Our BHMA members are being asked if it is possible to apply the provisions of NFPA 80-2019 Section 6.4.4.3.3 / NFPA 80-2022 Section 6.4.4.4.3, or NFPA 105 Section 6.3.6.4.2, on corridor doors not required to comply with NFPA 80 (nor NFPA 105). This proposal assumes that if it's acceptable to apply the provisions of NFPA 80 Section 6.4.4.3.3 to doors required to comply with NFPA 80 (doors required to be fire-rated), then it should also be acceptable to apply these same provisions to doors not required to comply with NFPA 80 (doors not required to be fire-rated). Ditto for NFPA 105.

The additional requirement for use of the automatic fail-safe devices is the doors are also required to be either self-closing or automatic-closing. This is to ensure the door moves to a closed position upon activation of an automatic fire detector and becomes positively latched.

The original Public Input No. 272-NFPA 101-2021 was resolved (disapproved) during the First Draft technical committee meeting, stating: The proposed revision might be better suited as a Ch. 8 requirement. There is also concern that the provision might permit a fusible link to serve as the required fire detection device.

This public comment does not propose revisions in Chapter 8 because this proposal addresses requirements for doors in new construction specifically identified as not required to comply with NFPA 80. It seems that proposing in Chapter 8 revisions as in this proposal would be out of place as Chapter 8 addresses building elements required to comply with explicit requirements, such as NFPA 80. It may be noted Chapter 8 includes several provisions (i.e. exceptions) for existing doors regarding opening protectives, but includes no similar provisions for new construction.

This public comment addresses the fusible link concern with the provisions proposed in 18.3.6.3.5.4 by not including fusible links as an option for activating automatic-closing doors.

A.18.3.6.3.8

Corridor doors in health care facilities have long been required to have positive latching hardware. An alternative to the positive latching hardware requirement, introduced in NFPA 101-2024, based on the provisions of NFPA 80 Section 6.4.4.4.3 and NFPA 105 Section 6.3.6.4.2, is equivalently applicable to doors not required to comply with NFPA 80 and to doors not required to comply with NFPA 105.

Commented [WJ6]: Original proposal was Public Input No. 272-NFPA 101-2021. This public comment text has been revised from that PI.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. This alternative is permitted if the doors are also either self-closing or automatic-closing – to ensure the door moves to a closed position upon activation of an automatic fire detector to become positively latched. This alternative is an option on doors required to comply with NFPA 80 as well as doors not required to comply with NFPA 80 (doors not required to be fire-rated).

The provisions of 18.3.6.3.8 are directly from NFPA 80-2022 Section 6.4.4.4.3.

A.18.3.6.3.8.1

For a door to become positively latched by means of a fail-safe device activated by an automatic fire detector, the door would need to be either self-closing or automatic-closing.

A.18.3.6.3.8.2

The self-closing requirements are from NFPA 80 Section 7.1.4.2, but without the NFPA 80 requirement to latch when closed.

A.18.3.6.3.8.3

The automatic-closing requirements are from NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but without the requirement to latch upon closure, and without the option for fusible links.

Reason: Proposing Annex A materials to complement new proposed revisions / section 18.3.6.3.8.

Chapter 19 Existing Health Care Occupancies

19.3.6.3 * Corridor Doors.

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 $\frac{3}{4}$ in. thick, solid-bonded wood core
2. Material that resists fire for a minimum of 20 minutes.

19.3.6.3.2

The requirements of 19.3.6.3.1 shall not apply where otherwise permitted by either of the following:

1. Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to comply with 19.3.6.3.1.
2. In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7, the door construction materials requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.

19.3.6.3.3

Compliance with NFPA 80 shall not be required.

19.3.6.3.4

A clearance between the bottom of the door and the floor covering not exceeding 1 in. (25 mm) shall be permitted for corridor doors.

Commented [WJ7]: Text included for visibility. Corridor doors in existing health care occupancies not required to be positive latching. Thus, no changes proposed in Chapter 19, but potential revision in Annex A.

19.3.6.3.5 *

Doors shall be provided with a means for keeping the door closed, and the following requirements also shall apply:

1. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door.
2. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.7.

Annex A Explanatory Material

A.19.3.6.3.5

While it is recognized that closed doors serve to maintain tenable conditions in a corridor and adjacent patient rooms, such doors, which, under normal or fire conditions, are self-closing, might create a special hazard for the personal safety of a room occupant. Such closed doors might present a problem of delay in discovery, confining fire products beyond tenable conditions.

Because it is critical for responding staff members to be able to immediately identify the specific room involved, it is recommended that approved automatic smoke detection that is interconnected with the building fire alarm be considered for rooms having doors equipped with closing devices. Such detection is permitted to be located at any approved point within the room. When activated, the detector is required to provide a warning that indicates the specific room of involvement by activation of a fire alarm annunciator, nurse call system, or any other device acceptable to the authority having jurisdiction.

In existing buildings, use of the following options reasonably ensures that patient room doors will be closed and remain closed during a fire:

1. Doors should have **positive latches**, ~~or as an alternative, the doors shall in a fire emergency become positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector provided the doors are also self-closing or automatic-closing (see 18.3.6.3.8).~~ ~~and a~~
1. ~~A~~ suitable program that trains staff to close the doors in an emergency should be established.
- 2.
3. It is the intent of the Code that no new installations of roller **latches** be permitted; however, repair or replacement of roller **latches** is not considered a new installation.
4. Doors protecting openings to patient sleeping or treatment rooms, or spaces having a similar combustible loading, might be held closed using a closer exerting a closing force of not less than 5 lbf (22 N) on the door **latch** stile.

Reason: Revising Annex A materials to recognize the alternative proposed in 18.3.6.3.5 and 18.3.6.3.8.

NFPA 5000-2021

Chapter 19 Health Care Occupancies

19.3.6.3 * Corridor Doors.

19.3.6.3.1 *

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 shall not be required.

Commented [WJ8]: Public Input No. 273-NFPA 101-2021

- (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 $\frac{1}{8}$ in. (3 mm) shall be permitted.
- (4) The requirements of [19.3.6.3.1](#) shall not apply to doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.

19.3.6.3.2

Doors shall be self-latching and provided with **positive latching** hardware except as permitted in [19.3.6.3.3](#), [19.3.6.3.4](#), or [19.3.6.3.5](#).

19.3.6.3.3

Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to meet the latching requirements of 19.3.6.3.2.

19.3.6.3.4

Powered doors that comply with the requirements of 11.2.1.9 shall not be required to meet the latching requirements of 19.3.6.3.2, provided that all of the following criteria are met:

- (1) The door is equipped with a means for keeping the door closed that is acceptable to the AHJ.
- (2) The device used is capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of a swinging door and applied in any direction to a sliding or folding door, whether or not power is applied.
- (3) Where door leaves are operated by power by any automatic mechanism, the automatic opening of the doors shall cease to function upon operation of approved smoke detectors installed in accordance with the provisions of *NFPA 72* for door release service.

19.3.6.3.5*

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.4.3]

Commented [JW9]: Language copied directly from NFPA 80-2022 6.4.4.4.3

19.3.6.3.5.1*

Doors with latching arrangements complying with 19.3.6.3.5 shall be self-closing doors complying with 19.3.6.3.5.2 or automatic-closing doors complying with 19.3.6.3.5.3.

Commented [JW10]: For a door to become positively latched (by means of a fail-safe device activated by an automatic fire detector) the door must also be either self-closing or automatic-closing.

19.3.6.3.5.2*

Self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close each time it is opened. The closing mechanism shall not have a hold-open feature.

Commented [JW11]: Text from self-closing requirements in NFPA 80 Section 7.1.4.2, but deleted NFPA 80 requirement to latch when closed.

19.3.6.3.5.3*

Automatic-closing doors shall be arranged to close automatically by means of a closing device which causes the door to close, and a separate, labeled, fail-safe door holder / release device that is activated by an actuation device and is installed in accordance with NFPA 80 Section 4.7.

Commented [JW12]: Text from automatic-closing requirements in NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but deleted requirement to latch upon closure, and didn't include option for fusible links.

19.3.6.3.5.6

Corridor doors utilizing an inactive leaf shall have automatic flush bolts on the inactive leaf to provide **positive latching**.

Reason: On corridor doors in health care facilities, as an acceptable alternative to doors provided with positive latching hardware is to become positively latched in a fire emergency. The option to become positively latched in a fire emergency is included in NFPA 80 and NFPA 105.

Our BHMA members are being asked if it is possible to apply the provisions of NFPA 80-2019 Section 6.4.4.3.3 / NFPA 80-2022 Section 6.4.4.4.3, or NFPA 105 Section 6.3.6.4.2, on corridor doors not required to comply with NFPA 80 (nor NFPA 105). This proposal assumes that if it's acceptable to apply the provisions of NFPA 80 Section 6.4.4.3.3 to doors required to comply with NFPA 80 (doors required to be fire-rated), then it should also be acceptable to apply these same provisions to doors not required to comply with NFPA 80 (doors not required to be fire-rated). Ditto for NFPA 105.

The additional requirement for use of the automatic fail-safe devices is the doors are also required to be either self-closing or automatic-closing. This is to ensure the door moves to a closed position upon activation of an automatic fire detector and becomes positively latched.

The original Public Input No. 272-NFPA 101-2021 was resolved (disapproved) during the First Draft technical committee meeting, stating: The proposed revision might be better suited as a Ch. 8 requirement. There is also concern that the provision might permit a fusible link to serve as the required fire detection device.

This public comment for NFPA 5000 is consistent with the public comment for Chapter 18 of NFPA 101.

A.19.3.6.3.5

Corridor doors in health care facilities have long been required to have positive latching hardware. An alternative to the positive latching hardware requirement, introduced in NFPA 101-2024, based on the provisions of NFPA 80 Section 6.4.4.4.3 and NFPA 105 Section 6.3.6.4.2, is equivalently applicable to doors not required to comply with NFPA 80 and to doors not required to comply with NFPA 105.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. This alternative is permitted if the doors are also either self-closing or automatic-closing – to ensure the door moves to a closed position upon activation of an automatic fire detector to become positively latched. This alternative is an option on doors required to comply with NFPA 80 as well as doors not required to comply with NFPA 80 (doors not required to be fire-rated).

The provisions of 19.3.6.3.5 are directly from NFPA 80-2022 Section 6.4.4.4.3.

A.19.3.6.3.5.1

For a door to become positively latched by means of a fail-safe device activated by an automatic fire detector, the door would need to be either self-closing or automatic-closing.

A.19.3.6.3.5.2

The self-closing requirements are from NFPA 80 Section 7.1.4.2, but without the NFPA 80 requirement to latch when closed.

A.19.3.6.3.5.3

The automatic-closing requirements are from NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but without the requirement to latch upon closure, and without the option for fusible links.

Reason: Proposing Annex A materials to complement new proposed revisions / section 19.3.6.3.5.

For reference: Text Permitting Positive Latching via Fail-Safe Electric Latch (not part of proposal)

NFPA 80-2019

6.4.4.3.3

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. (See Section [4.7](#).)

NFPA 80-2022

6.4.4.4.3

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. (See Section [4.7](#).)

NFPA 105-2019

6.3.6.4.2

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.3.3]

NFPA 105-2022

6.3.6.4.2

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.4.3]

**Public Comment No. 29-NFPA 101-2022 [Section No. 18.3.6.4.2]****18.3.6.4.2**

Doors and walls to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall be permitted to have ventilating louvers and door undercuts.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_27.pdf	101_Correlating Committee Note No. 27	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 27 appeared in the First Draft Report on First Revision No. 6719.
Consider revising to read: "Doors and walls separating toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials from corridors shall be permitted..."

Related Item

- FR-6719

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC
Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Mon Mar 21 15:46:54 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6641-NFPA 101-2022](#)
Statement: The revision responds to CCN-27 and incorporates the suggested language.



Correlating Committee Note No. 27-NFPA 101-2022 [Section No. 18.3.6.4.2]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 15:38:37 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider revising to read: "Doors and walls separating toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials from corridors shall be permitted..."

First Revision No. 6719-NFPA 101-2021 [Section No. 18.3.6.4.2]

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.

**Public Comment No. 30-NFPA 101-2022 [Section No. 18.4.3.2]****18.4.3.2**

Smokeproof enclosures in accordance with 11.8.2.3 shall not be required in buildings sprinkler protected throughout in accordance with 18.3.5.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_28.pdf	101_Correlating Committee Note No. 28	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 28 appeared in the First Draft Report on First Revision No. 6721.
Consider revising to read: "Smokeproof enclosures in accordance with 11.8.2.3 shall not be required in buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5."

Related Item

- FR-6721

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC

Organization: NFPA

Street Address:

City:

State:

Zip:

Submittal Date: Mon Mar 21 15:51:19 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: [SR-6639-NFPA 101-2022](#)

Statement: The revision responds to CCN-28 and incorporates the suggested changes.



Correlating Committee Note No. 28-NFPA 101-2022 [Section No. 18.4.3]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 15:40:44 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider revising to read: "Smokeproof enclosures in accordance with 11.8.2.3 shall not be required in buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 18.3.5."

First Revision No. 6721-NFPA 101-2021 [Section No. 18.4.3]

Ballot Results

✔ This item has passed ballot

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.



Public Comment No. 92-NFPA 101-2022 [New Section after 18.4.5.8]

18.3.4.6 Carbon Monoxide Detection Systems

18.3.4.6.1 Carbon monoxide detection systems, where required by 18.3.4.6.2, shall be in accordance with 9.12.

18.3.4.6.2 Carbon monoxide detection systems shall be provided in the following locations:

- (1) Carbon monoxide detectors shall be installed on the ceilings of rooms containing permanently installed fuel-burning appliances, including fireplaces.
- (2) Carbon monoxide detectors shall be installed within 36 in (910 mm) . of . the first supply air register from a permanently installed, fuel-burning HVAC system.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 93-NFPA 101-2022 [Section No. 18.3.2.5.3]	
Public Comment No. 94-NFPA 101-2022 [New Section after A.18.3.4.5.3]	
Public Comment No. 96-NFPA 101-2022 [New Section after 19.3.4.5.2]	
Public Comment No. 101-NFPA 101-2022 [New Section after 20.3.4.4]	

Related Item

- CI No. 6689

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 10:11:18 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6647-NFPA 101-2022](#)
Statement: The revision adds requirements for CO detection developed by the Task Group on CO Detection for Health Care Occupancies based on a review of loss data, incidents, and national requirements provided by a literature review conducted by the Fire Protection Research Foundation.

**Public Comment No. 223-NFPA 101-2022 [New Section after 18.7.5]****18.7.6 Modular Rooms.****18.7.6.1**

Modular rooms installed in indoor locations shall comply with Section 10.7.

18.7.6.2*

Where provided in areas covered by an occupant notification system, the audible and visible signals shall extend into the interior of the modular room.

A.18.7.6.2

Extending the audible and visible signals into the interior does not necessarily mean additional devices need to be installed. Where occupant notification systems installed to serve the area where the modular booth is to be located provide the required audible and visible signals within the modular booth additional devices are not necessary. If the occupant notification systems installed to serve the area where the modular booth is to be located do not provide the required audible and visible signals, then additional devices would be required to be installed within the modular booth.

Statement of Problem and Substantiation for Public Comment

The Committee Statement for the resolution of Public Input No. 303 stated that the committee was unclear how these would be defined. FR-6555 added a new definition of modular room. The committee statement also wanted to address fire sprinkler protection. FR-6583 adds requirements into Chapter 10 to cover modular rooms. The new Section 10.7.3 requires modular rooms to be listed to UL 962, Household and Commercial Furnishings. UL 962 contains requirements for modular booths to provide for fire sprinkler protection where installed in areas that are provided with automatic fire sprinkler protection. Additionally, this public comment simplifies the intent of Public Input No. 303 that where modular rooms are installed in areas covered by an occupant notification system the audible and visible signals must extend into the interior of the modular room. This public comment uses similar language to that approved with FR-6632 that created a new Section 36.4.4.12, 36.4.4.12.1 and 36.4.4.12.2. A new Annex section was added to clarify that extending the audible and visible signals into the interior of the modular does not necessary require the installation of a device in the interior of the modular room.

Related Item

- PI 303

Submitter Information Verification

Submitter Full Name: Howard Hopper

Organization: UL LLC

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 16:49:08 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The proposed revision addresses alarm notification. Other requirements are addressed by Sec. 10.7.

**Public Comment No. 31-NFPA 101-2022 [Section No. 18.7.9]**

18.7.9 Construction, Repair, and Improvement Operations.

18.7.9.1

Construction, repair, and improvement operations shall comply with 4.6.10 and NFPA 241.

18.7.9.2

The means of egress from any area that remains occupied by building occupants during construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_29.pdf	101_Correlating Committee Note No. 29	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 29 appeared in the First Draft Report on First Revision No. 6722.
Consider deleting "by building occupants" and adding an annex note to clarify that "occupied" is intended to mean occupied by patients, staff, visitors, etc., and not construction personnel.

Related Item

- FR-6722

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC
Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Mon Mar 21 15:57:31 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6648-NFPA 101-2022](#)
Statement: The revision responds to CCN-29 and should meet the intent of the correlating committee.



Correlating Committee Note No. 29-NFPA 101-2022 [Sections 18.7.9.1, 18.7.9.2]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 15:42:50 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider deleting "by building occupants" and adding an annex note to clarify that "occupied" is intended to mean occupied by patients, staff, visitors, etc., and not construction personnel.

First Revision No. 6722-NFPA 101-2021 [Sections 18.7.9.1, 18.7.9.2]

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.

**Public Comment No. 238-NFPA 101-2022 [Section No. 19.1.3.11]****19.1.3.11 –**

~~Any area with a hazard of contents classified higher than that of the health care occupancy and located in the same building shall be protected as required by 19.3.2.~~

Statement of Problem and Substantiation for Public Comment

There is no need for this requirement. If a space is in an occupancy other than a healthcare occupancy and it is in the same building that contains the healthcare occupancy, the occupancy separation requirements of Chapter 6 that mandate a two hour fire resistance separation is more than adequate and this chapter should not be requiring a fire rated enclosure for a space in an occupancy that is outside of the healthcare occupancy that is already properly separated. If there is no two hour fire resistant separation between the healthcare occupancy and the other occupancies, then the hazardous area requirements of NFPA 101, 18/19.3.2 already apply. This requirement is more often missed than applied during design because designers don't refer to the healthcare occupancy requirements in Chapter 18/19 when designing spaces to the requirements of other occupancies within the same building that might contain a healthcare occupancy.

For existing buildings that contain healthcare occupancies, this mandates that the healthcare occupancy hazardous area protection requirements apply to all occupancies even when two hour separation exists between the occupancies. While this has been in the code for a long time, a storage room in an existing business occupancy in a building that is separated by two hour fire rated construction from a healthcare occupancy in the same building should not be identified as a deficiency based on a requirement in the healthcare occupancy chapter.

Related Item

- PI 156, 157, 175 CI 6726

Submitter Information Verification

Submitter Full Name: Peter Larrimer

Organization: US Department of Veterans Affa

Street Address:

City:

State:

Zip:

Submittal Date: Wed Jun 01 09:09:32 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but held

Resolution: The proposed revision is deemed to be new material and will be held for the next revision cycle.



Public Comment No. 122-NFPA 101-2022 [Section No. 19.2.2.2.5.2]

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 smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are 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:
 - (6) Activation of the smoke detection system required by 19.2.2.2.5.2(2)
 - (7) Waterflow in the automatic sprinkler system required by 19.2.2.2.5.2(3)
- (8)* ~~Door electrical~~ Door electro-mechanical or electromagnetic locking hardware for new ~~electric lock~~ installations ~~is listed for the purpose~~ shall be listed in accordance with UL 294, Access Control System Units or UL 1034, Burglary-Resistant Electric Locking Mechanisms .

Statement of Problem and Substantiation for Public Comment

Because of implications to life safety with electrical locking systems potentially affecting egress on these doors in the means of egress, it is prudent to require listing of door electrical locking hardware used in these applications. Requiring listing to either UL 294 or to UL 1034 appropriately revises this important listing requirement to help assure the electrical locking hardware performs as intended for these life-safety applications.

The Life Safety Code, in chapters 18 and 19, first required this electrical door hardware to be listed to UL 294 in the 2018 edition of NFPA 101.

UL 294 and 1034 address efficacy and safety considerations for door access control applications (ingress control) to assure the door hardware would perform as intended and expected. Typically, access control systems incorporating card readers, keypads, iris scanners, etc. are tested and listed to UL 294. Additionally, delayed egress electrical locking systems, sensor-release electrical locking systems, and certain types of door hardware release electrical locking systems are all typically tested and listed to UL 294. On the other hand, components such as electromagnetic locks, electric dead bolts, electric strikes, and other door electrically operated locking mechanisms are typically listed to UL 1034. UL 294 and UL 1034 are collateral standards that complement each other.

These examples illustrate that many of the same systems and components used to control access (ingress) to a space are also used for egress-side electrical locking systems. Considering that egress-side electrical locking systems have life safety implications, NFPA 101 was enhanced (in 2009) to require listing of electrical locking hardware to UL 294. In hindsight, what's proposed here – meeting a mandatory listing requirement with the collateral listing to UL 1034 – should have been the language included in NFPA 101 in the earlier editions.

In addition to the option to list to UL 1034, this proposal brings consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101. The additions of Annex A text complement the revisions to the mandatory language of these special locking arrangements.

The revisions of the Annex A text complement the revisions to 19.2.2.2.5.2(6)

Related Public Comments for This Document

<u>Related Comment</u>
Public Comment No. 121-NFPA 101-2022 [Section No. 18.2.2.2.5.2]
Public Comment No. 124-NFPA 101-2022 [Section No. A.19.2.2.2.5.2(6)]
<u>Related Item</u>

Relationship

• PI 283

Submitter Information Verification

Submitter Full Name: John Woestman

Organization: Kellen Company

Affiliation: Builders Hardware Manufacturers Association (BHMA)

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 20 17:14:12 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: [SR-6659-NFPA 101-2022](#)

Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.



Public Comment No. 204-NFPA 101-2022 [Section No. 19.2.2.2.5.2]

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: Staff can readily unlock doors at all times in accordance with 19.2.2.2.~~

~~6.A total (complete)~~

~~5.3 or 19.2.2.2.5.4.~~

19.2.2.2.5.3 A 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, and all of the following criteria are met:~~

~~(1) Staff can readily unlock the doors at all times in accordance with 19.2.2.2.6.~~

~~(2) * The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.~~

7

~~1.~~

~~(3) The locks are electrical locks that fail safely so as to release upon loss of power to the device.~~

~~(4) 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

~~3~~

~~(~~

2

~~b)~~

~~Waterflow in the automatic sprinkler system in the locked space required by 19.2.2.2.5.3(2)~~

~~4~~

~~5* Door electrical locking hardware~~

~~5) Hardware for new electric lock installations is listed for the purpose.~~

19.2.2.2.5.4 Locked doors can be remotely unlocked at an approved, constantly attended location within the locked space and all of the following criteria are met:

~~(1) Only one lock is provided on the door(s).~~

~~(2)* The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.1.~~

~~(3) The locks are electrical locks that fail safely so as to release upon loss of power to the device.~~

~~(4) The locks release by activation of the automatic sprinkler system in the locked space required by 19.2.2.2.5.4(1).~~

~~(5) Hardware for new electric lock installations is listed for the purpose.~~

Additional Proposed Changes

File Name

Description

Approved

PI_-_Task_Group_-_
_1922252.docx

Clarification language for 19.2.2.2.5.2.

LSC_19.2.2.2.5.2_3_Diagram.pdf

Related to the new language in Item #2 with regards to the requirement for sprinkler protection for the smoke compartment, adjacent smoke compartments and all smoke compartments leading to the requires exists. A task group member submitted a drawing that may be helpful to illustrate this requirement and could possibly be used as handbook material. I have attached that drawing for your review.

Statement of Problem and Substantiation for Public Comment

As a result of FR-6737 (deleting existing language) and FR-6732 (adding new language), the Task Group felt that 19.2.2.2.5.2 was confusing and proposed a revised re-organization of the section to read as follows. There was some previous email discussion related to the new language in Item #2 with regards to the requirement for sprinkler protection for the smoke compartment, adjacent smoke compartments and all smoke compartments leading to the requires exists. A Task Group member submitted a drawing that may be helpful to illustrate this requirement and could possibly be used as handbook material.

Related Item

- FR-6737 and FR-6732

Submitter Information Verification

Submitter Full Name: Bret Martin

Organization: CNA Insurance

Affiliation: Chair - Health Care Door Locking Task Group

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 09:20:49 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: [SR-6659-NFPA 101-2022](#)

Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.

19.2.2.2.5.2* Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety in accordance with 19.2.2.2.5.3 or 19.2.2.2.5.4.

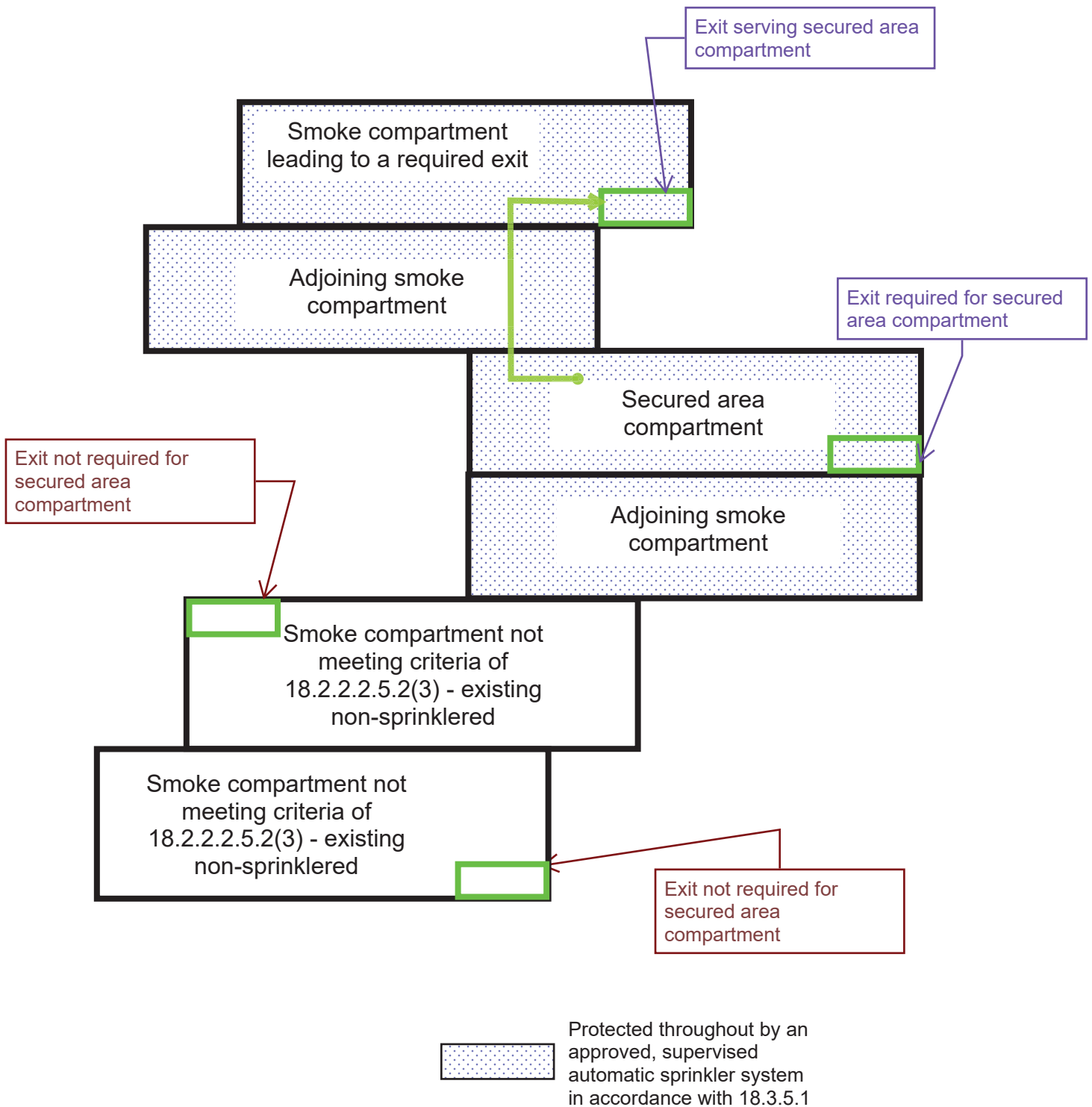
19.2.2.2.5.3 A smoke detection system is provided throughout the locked space in accordance with 9.6.2.9 and all of the following criteria are met:

- (1) Staff can readily unlock the doors at all times in accordance with 19.2.2.2.6.
- (2) * The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.1.
- (3) The locks are electrical locks that fail safely so as to release upon loss of power to the device.
- (4) The locks release by independent activation of each of the following:
 - (a) Activation of the smoke detection system required by 19.2.2.2.5.3
 - (b) Waterflow in the automatic sprinkler system in the locked space required by 19.2.2.2.5.3(2)
- (5) Hardware for new electric lock installations is listed for the purpose.

19.2.2.2.5.4 Locked doors can be remotely unlocked at an approved, constantly attended location within the locked space and all of the following criteria are met:

- (1) Only one lock is provided on the door(s).
- (2)* The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.1.
- (3) The locks are electrical locks that fail safely so as to release upon loss of power to the device.
- (4) The locks release by activation of the automatic sprinkler system in the locked space required by 19.2.2.2.5.4(1).
- (5) Hardware for new electric lock installations is listed for the purpose.

Proposed Change to LSC
18.2.2.2.5.2(3)



**Public Comment No. 32-NFPA 101-2022 [Section No. 19.2.2.2.5.2]****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 smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are 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)* Door electrical locking hardware for new electric lock installations is listed for the purpose.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_30.pdf	101_Correlating Committee Note No. 30	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 30 appeared in the First Draft Report on First Revision No. 6732.

Consider the negative vote of K. Bush: "The extent of sprinkler protection should be defined by fire barriers or fire walls and not by smoke barriers. The fire resistance rating for such separations should align with those designating fire areas and not simply defined by smoke compartments. In addition, the identification of adjacent smoke compartments and the designated means of egress can be confusing and subject to multiple interpretations." Clarify the means to determine which smoke compartments are those leading to the required exits from the secured area.

Related Item

- FR-6732

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC
Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Mon Mar 21 16:14:05 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6659-NFPA 101-2022

Statement:

The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.



Correlating Committee Note No. 30-NFPA 101-2022 [Detail]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 15:51:15 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider the negative vote of K. Bush: "The extent of sprinkler protection should be defined by fire barriers or fire walls and not by smoke barriers. The fire resistance rating for such separations should align with those designating fire areas and not simply defined by smoke compartments. In addition, the identification of adjacent smoke compartments and the designated means of egress can be confusing and subject to multiple interpretations."

Clarify the means to determine which smoke compartments are those leading to the required exits from the secured area.

[First Revision No. 6732-NFPA 101-2021 \[Detail\]](#)

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.



First Revision No. 6732-NFPA 101-2021 [Detail]

Revise 19.2.2.2.5.2(3) to read as follows:

(3) The smoke compartment containing the secured area, all adjacent smoke compartments, and all smoke compartments leading to the required exits from the secured area are protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7.

Submitter Information Verification

Committee: SAF-HEA

Submittal Date: Tue Aug 10 19:08:20 EDT 2021

Committee Statement and Meeting Notes

Committee Statement: The FR responds to PI-247. The committee revised the language to clarify that smoke compartments leading to the required exits and adjacent smoke compartments must be sprinkler protected.

Response Message: FR-6732-NFPA 101-2021

Committee Notes:

<u>Date</u>	<u>Submitted By</u>	
Aug 13, 2021	Gregory Harrington	SL: Flag for correlating committee - How does one determine which are the required exits from the secured area?
Aug 15, 2021	Barbosa	See FR-6730 for other changes to 19.2.2.2.5. Annex A for (3) being deleted in FR-6737-items balloting separately.
Aug 24, 2021	Gregory Harrington	Corrected cross ref to 19.3.5.7 from 19.3.5.1 - my error.

Public Input No. 247-NFPA 101-2021 [Section No. 19.2.2.2.5.2]

Ballot Results

✓ **This item has passed ballot**

27 Eligible Voters
 5 Not Returned
 20 Affirmative All
 1 Affirmative with Comments
 1 Negative with Comments
 0 Abstention

Not Returned

Cummings, Luke
 Davy, Matthew W.
 Harmeyer, Robert J.

McKenzie, Herman
Vann, Joshua

Affirmative All

Beebe, Chad E.
Carson, Wayne G. Chip
Dannaway, Samuel S.
Farraher, Martin J.
Guglielmo, Anne M.
Klein, David P.
Knippa, Kevin
Koffel, William E.
Martin, Bret M.
Merrill II, James
Peterkin, James S.
Pethe, Ben
Prasad, Ajay V.
Prediger, G. Brian
Rickard, John A.
Roeper, Kurt A.
Schmitt, Dennis L.
Shaner, Deborah L.
Stinnett, Neil
Victor, Terry L.

Affirmative with Comment

Widdekind, Michael D.
Affirmative

Negative with Comment

Bush, Kenneth E.

The extent of sprinkler protection should be defined by fire barriers or fire walls and not by smoke barriers. The fire resistance rating for such separations should align with those designating fire areas and not simply defined by smoke compartments. In addition, the identification of adjacent smoke compartments and the designated means of egress can be confusing and subject to multiple interpretations.

Editorial Comment

[Click here](#)

**Public Comment No. 128-NFPA 101-2022 [New Section after 19.2.5.7.4]****19.2.5.8 Interlocked-Door Vestibule**

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Statement of Problem and Substantiation for Public Comment

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 20, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Related Public Comments for This Document**Related Comment****Relationship**

[Public Comment No. 127-NFPA 101-2022 \[New Section after 18.2.5.7.4\]](#)

[Public Comment No. 125-NFPA 101-2022 \[New Section after 7.2.1.6.4.2\]](#)

[Public Comment No. 126-NFPA 101-2022 \[New Section after 3.3.164.2\]](#)

Related Item

• PI 346 • PI 345 • PI 343 • PI 341

Submitter Information Verification

Submitter Full Name: John Woestman

Organization: Kellen Company

Affiliation: Builders Hardware Manufacturers Association (BHMA)

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 20 18:00:55 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The related comment in Ch. 7 was rejected by the TC on Means of Egress.



Public Comment No. 215-NFPA 101-2022 [New Section after 19.3.2.1.5]

19.3.2.1.6

Rooms used as sterile cores supporting operating room and anesthetizing areas are not considered hazardous areas if separated from the corridor or nonsleeping patient care suite by corridor walls in accordance with 19.3.6 and shall be equipped with self-closing or automatic-closing doors.

Statement of Problem and Substantiation for Public Comment

In essence, this is to accept CI 6726 per another public comment but also add it for existing occupancies, Same justification as for new occupancies adding self or automatically closing room doors to ensure a fire is contained to the sterile core. These rooms are essential to the OR setting and infection control is paramount such that the doors that are needed to contain a fire need to be equipped with closing devices in lieu of latching hardware.

Related Item

- New 18.3.2.1.4 from CI 6726

Submitter Information Verification

Submitter Full Name: Joshua Elvove

Organization: Self

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 13:37:12 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6646-NFPA 101-2022

Statement: The revision incorporates the concept of sterile cores from CI-6726 as modified and ensures room doors either self or automatically close to ensure a fire is contained to the sterile core. These rooms are essential to the OR setting and infection control is paramount such that the doors that are needed to contain a fire need to be equipped with closing devices in lieu of latching hardware.



Public Comment No. 98-NFPA 101-2022 [Section No. 19.3.2.5.3]

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:
 - (6) The cooktop or range is protected with a fire suppression system listed in accordance with UL 300, *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.
 - (7) A manual release of the extinguishing system is provided in accordance with Section 10.5 of NFPA 96.
 - (8) 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.
- (9)* The use of solid fuel for cooking is prohibited.
- (10) Deep-fat frying is prohibited.
- (11) Portable fire extinguishers in accordance with NFPA 96 are located in all kitchen areas.
- (12) A switch meeting all of the following is provided:
 - (13) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.
 - (14) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.
 - (15) The switch is on a timer, not exceeding a 120-minute capacity, that automatically deactivates the cooktop or range, independent of staff action.
- (16) 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 are followed.
- (17) Not less than two AC-powered photoelectric smoke alarms with battery backup, interconnected in accordance with 9.6.2.10.4, and equipped with a silence feature are located not closer than 20 ft (6.1 m) and not further than 25 ft (7.6 m) from the cooktop or range.
- (18) 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.
- (19) 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:
 - (20) 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.
 - (21) The detector is permitted to initiate a local audible alarm signal only.
 - (22) The detector is not required to initiate a building-wide occupant notification signal.
 - (23) The detector is not required to notify the emergency forces.
 - (24) 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.
- (25) System smoke detectors 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.
- (26) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.
- (27) Carbon monoxide detectors shall be installed in accordance with 19.3.4.6.2(1).

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 93-NFPA 101-2022 [Section No. 18.3.2.5.3]	CO Detection
<u>Related Item</u>	
• CI No. 6690	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 10:57:30 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: No technical justification was provided to require the installation of CO detection in existing buildings. If new fuel-fired equipment is added to an existing health care occupancy, or there is a change of occupancy classification, Ch. 43 should address the need for CO detection in those instances. The proposed referenced paragraph does not exist via the rejection of PC-96.



Public Comment No. 96-NFPA 101-2022 [New Section after 19.3.4.5.2]

19.3.4.6 Carbon Monoxide Detection Systems

19.3.4.6.1 Carbon monoxide detection systems, where required by 19.3.4.6.2, shall be in accordance with 9.12.

19.3.4.6.2 Carbon monoxide detection systems shall be provided in the following locations:

(1) Carbon monoxide detectors shall be installed on the ceilings of rooms containing permanently installed fuel-burning appliances, including fireplaces.

(2) Carbon monoxide detectors shall be installed within 36 in (910 mm) . of . the first supply air register from a permanently installed, fuel-burning HVAC system..

19.3.4.6.3 For existing fire alarm systems with a fire alarm control unit that does not support temporal 4 notification or the monitoring of carbon monoxide detectors due to older technology, stand-alone carbon monoxide alarms shall be permitted to be used.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

Related Comment

Public Comment No. 92-NFPA 101-2022 [New Section after 18.4.5.8]

Public Comment No. 99-NFPA 101-2022 [New Section after A.19.3.4.3.1(4)]

Public Comment No. 100-NFPA 101-2022 [New Section after A.19.3.4.3.1(4)]

Relationship

CO Detection

Related Item

- CI No. 6690

Submitter Information Verification

Submitter Full Name: John Rickard

Organization: P3 Consulting

Street Address:

City:

State:

Zip:

Submission Date: Wed May 18 10:54:05 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: No technical justification was provided to require the installation of CO detection in existing buildings. If new fuel-fired equipment is added to an existing health care occupancy, or there is a change of occupancy classification, Ch. 43 should address the need for CO detection in those instances.

**Public Comment No. 33-NFPA 101-2022 [Section No. 19.3.6.4.2]****19.3.6.4.2**

Doors and walls to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall be permitted to have ventilating louvers and door undercuts.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_33.pdf	101_Correlating Committee Note No. 33	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 33 appeared in the First Draft Report on First Revision No. 6736.
Consider revising to read: "Doors and walls separating toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials from corridors shall be permitted..."

Related Item

- FR-6736

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC

Organization: NFPA

Street Address:

City:

State:

Zip:

Submittal Date: Mon Mar 21 16:20:19 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6642-NFPA 101-2022

Statement: The revision responds to CCN-33 and incorporates the suggested language.



Correlating Committee Note No. 33-NFPA 101-2022 [Section No. 19.3.6.4.2]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 16:04:39 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider revising to read: "Doors and walls separating toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials from corridors shall be permitted..."

First Revision No. 6736-NFPA 101-2021 [Section No. 19.3.6.4.2]

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.

**Public Comment No. 224-NFPA 101-2022 [New Section after 19.7.5]****19.7.6 Modular Rooms****19.7.6.1**

Modular rooms installed in indoor locations shall comply with Section 10.7.

19.7.6.2*

Where provided in areas covered by an occupant notification system, the audible and visible signals shall extend into the interior of the modular room.

A.19.7.6.2

Extending the audible and visible signals into the interior does not necessarily mean additional devices need to be installed. Where occupant notification systems installed to serve the area where the modular booth is to be located provide the required audible and visible signals within the modular booth additional devices are not necessary. If the occupant notification systems installed to serve the area where the modular booth is to be located do not provide the required audible and visible signals, then additional devices would be required to be installed within the modular booth.

Statement of Problem and Substantiation for Public Comment

The Committee Statement for the resolution of Public Input No. 304 stated that the committee was unclear how these would be defined. FR-6555 added a new definition of modular room. The committee statement also wanted to address fire sprinkler protection. FR-6583 adds requirements into Chapter 10 to cover modular rooms. The new Section 10.7.3 requires modular rooms to be listed to UL 962, Household and Commercial Furnishings. UL 962 contains requirements for modular booths to provide for fire sprinkler protection where installed in areas that are provided with automatic fire sprinkler protection. Additionally, this public comment simplifies the intent of Public Input No. 304 that where modular rooms are installed in areas covered by an occupant notification system the audible and visible signals must extend into the interior of the modular room. This public comment uses similar language to that approved with FR-6632 that created a new Section 36.4.4.12, 36.4.4.12.1 and 36.4.4.12.2. A new Annex section was added to clarify that extending the audible and visible signals into the interior of the modular does not necessary require the installation of a device in the interior of the modular room.

Related Item

- PI 304

Submitter Information Verification

Submitter Full Name: Howard Hopper

Organization: UL LLC

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 16:53:14 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The proposed revision addresses alarm notification. Other requirements are addressed by Sec. 10.7.

**Public Comment No. 225-NFPA 101-2022 [New Section after 19.7.5]****20.7.6 Modular Rooms****20.7.6.1**

Modular rooms installed in indoor locations shall comply with Section 10.7.

20.7.6.2*

Where provided in areas covered by an occupant notification system, the audible and visible signals shall extend into the interior of the modular room.

A.20.7.6.2

Extending the audible and visible signals into the interior does not necessarily mean additional devices need to be installed. Where occupant notification systems installed to serve the area where the modular booth is to be located provide the required audible and visible signals within the modular booth additional devices are not necessary. If the occupant notification systems installed to serve the area where the modular booth is to be located do not provide the required audible and visible signals, then additional devices would be required to be installed within the modular booth.

Statement of Problem and Substantiation for Public Comment

The Committee Statement for the resolution of Public Input No. 305 stated that the committee was unclear how these would be defined. FR-6555 added a new definition of modular room. The committee statement also wanted to address fire sprinkler protection. FR-6583 adds requirements into Chapter 10 to cover modular rooms. The new Section 10.7.3 requires modular rooms to be listed to UL 962, Household and Commercial Furnishings. UL 962 contains requirements for modular booths to provide for fire sprinkler protection where installed in areas that are provided with automatic fire sprinkler protection. Additionally, this public comment simplifies the intent of Public Input No. 305 that where modular rooms are installed in areas covered by an occupant notification system the audible and visible signals must extend into the interior of the modular room. This public comment uses similar language to that approved with FR-6632 that created a new Section 36.4.4.12, 36.4.4.12.1 and 36.4.4.12.2. A new Annex section was added to clarify that extending the audible and visible signals into the interior of the modular does not necessary require the installation of a device in the interior of the modular room.

Related Item

- PI 305

Submitter Information Verification

Submitter Full Name: Howard Hopper

Organization: UL LLC

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 16:55:58 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The proposed revision addresses alarm notification. Other requirements are addressed by Sec. 10.7.

**Public Comment No. 34-NFPA 101-2022 [Section No. 19.7.9.2]****19.7.9.2**

The means of egress from any area that remains occupied by building occupants during construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_34.pdf	101_Correlating Committee Note No. 34	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 33 appeared in the First Draft Report on First Revision No. 6751.
Consider deleting "by building occupants" and adding an annex note to clarify that "occupied" is intended to mean occupied by patients, staff, visitors, etc., and not construction personnel.

Related Item

- FR-6751

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC

Organization: NFPA

Street Address:

City:

State:

Zip:

Submittal Date: Tue Mar 22 09:25:54 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: [SR-6662-NFPA 101-2022](#)

Statement: The revision responds to CCN-33 and should meet the intent of the correlating committee.



Correlating Committee Note No. 34-NFPA 101-2022 [Sections 19.7.9.1, 19.7.9.2]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 16:05:56 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Consider deleting "by building occupants" and adding an annex note to clarify that "occupied" is intended to mean occupied by patients, staff, visitors, etc., and not construction personnel.

First Revision No. 6751-NFPA 101-2021 [Sections 19.7.9.1, 19.7.9.2]

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.

**Public Comment No. 129-NFPA 101-2022 [New Section after 20.2.5.3.2]****20.2.5.4 Interlocked-Door Vestibule**

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Statement of Problem and Substantiation for Public Comment

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 21, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Related Public Comments for This Document**Related Comment****Relationship**

Public Comment No. 125-NFPA 101-2022 [New Section after 7.2.1.6.4.2]

Public Comment No. 130-NFPA 101-2022 [New Section after 21.2.5.3]

Related Item

- PI 343

Submitter Information Verification

Submitter Full Name: John Woestman

Organization: Kellen Company

Affiliation: Builders Hardware Manufacturers Association (BHMA)

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 20 18:05:57 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The related comment in Ch. 7 was rejected by the TC on Means of Egress.



Public Comment No. 101-NFPA 101-2022 [New Section after 20.3.4.4]

20.3.4.5 Carbon Monoxide Detection Systems

20.3.4.5.1 Carbon monoxide detection systems, where required by 20.3.4.5.2, shall be in accordance with 9.12.

20.3.4.5.2 Carbon monoxide detection systems shall be provided in the following locations:

- (1) Carbon monoxide detectors shall be installed on the ceilings of rooms containing permanently installed fuel-burning appliances, including fireplaces.
- (2) Carbon monoxide detectors shall be installed within 36 in (910 mm) . of . the first supply air register from a permanently installed, fuel-burning HVAC system.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
<u>Public Comment No. 92-NFPA 101-2022 [New Section after 18.4.5.8]</u>	CO Detection
<u>Public Comment No. 102-NFPA 101-2022 [New Section after A.20.3.4.3.1.2]</u>	
<u>Public Comment No. 103-NFPA 101-2022 [New Section after 21.3.4.4]</u>	

Related Item

- PI No. 266

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 11:10:00 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6649-NFPA 101-2022
Statement: This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection. The requirement for CO detection adjacent to attached garages is not included because it is not typically applicable to these occupancies. Garages are regulated by other standards, which address ventilation, etc.

**Public Comment No. 170-NFPA 101-2022 [New Section after 20.3.4.4]****20.3.4.5 Carbon Monoxide Detection**

20.3.4.5.1 New ambulatory health care occupancies shall be provided with carbon monoxide detection and warning equipment in accordance with Section 9.12 in the locations specified as follows:

- (1) On the ceilings of rooms containing permanently installed fuel-burning appliances or fuel-burning fireplaces
- (2) Centrally located within occupiable spaces served by the first supply air register from permanently installed fuel-burning HVAC systems
- (3)* Centrally located within occupiable spaces adjacent to an attached garage

A.20.3.4.5.1(3) The intent is to require CO detectors in occupiable spaces immediately adjacent, vertically or horizontally, to attached garages, regardless of the presence of openings between the garage and the adjacent occupiable spaces. Other occupiable spaces that are not adjacent to the attached garage do not require CO detectors.

20.3.4.5.2 Carbon monoxide detectors as specified in 20.3.4.5.1 shall not be required in the following locations:

- (1) Garages
- (2) Occupiable spaces with attached garages that are open parking structures as defined in 3.3.282.8.4
- (3) Occupiable spaces with attached garages that are mechanically ventilated in accordance with the mechanical code

Statement of Problem and Substantiation for Public Comment

New ambulatory health care occupancies currently lack requirements for CO detection in buildings with known CO hazards, including fuel-burning appliances. The addition of these requirements will ensure the safety of patients, visitors and staff in the event of high level CO release within the building.

This public comment is submitted in support of committee action taken in the first revision phase to develop CO detection requirements for new ambulatory health care occupancies. The resubmission of the requirement currently in place in Chapter 12 is submitted for example purposes only.

The committee noted that “no data was submitted specific to losses in ambulatory health care facilities.” A CO source in any building that is not monitored by installed CO detection devices is a life safety hazard to occupants. With regard to installation cost, primary consideration must be given to the unique nature of CO exposure and the inability of occupants to sense when they are being exposed. To avoid injury and death, there is no safe alternative to installed CO detection devices.

“The lack of an operating alarm can be seen in several of these case studies. Carbon monoxide is colorless and odorless. Its early onset symptoms are not unique or severe, which leads to mistaking them for something else or thinking there is not a serious problem. These symptoms can quickly escalate to severe symptoms, which usually revolves around the victim becoming unconscious. People do not self-rescue when they are able, because they do not realize that they should. If someone does realize there is problem, it is most likely too late. This common sequence combined with CO’s toxicity, and a general negligence, makes CO a very dangerous problem that can happen almost anywhere. Detection is the only safeguard against this problem.”
<https://www.nfpa.org/News-and-Research/Data-research-and-tools/Detection-and-Signaling/Carbon-Monoxide-Detection-and-Alarm-Requirements-Literature-Review>

Related Item

- PI 266 CO Detection

Submitter Information Verification

Submitter Full Name: Kris Hauschildt

Organization: Jenkins Foundation

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 27 18:44:15 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: [SR-6649-NFPA 101-2022](#)

Statement: This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection. The requirement for CO detection adjacent to attached garages is not included because it is not typically applicable to these occupancies. Garages are regulated by other standards, which address ventilation, etc.

**Public Comment No. 130-NFPA 101-2022 [New Section after 21.2.5.3]****21.2.5.4 Interlocked-Door Vestibule**

An interlocked-door vestibule in accordance with 7.2.1.6.5 shall be permitted in the means of egress.

Statement of Problem and Substantiation for Public Comment

This proposal, along with complementary proposals in 7.2.1.6.5 and Chapters 18, 19, 20, 36, 37, 38, 39, 40, and 42 offer the opportunity for interlocked-door vestibules in these occupancies.

While sally ports are defined in NFPA 101 (3.3.249) and permitted in detention and correctional occupancies, sally ports are typically used as security vestibules and control egress (obviously).

Outside of detention and correctional facilities, the commercial building equivalent of sally ports are utilized for security reasons (i.e. money handling rooms), occupant protection (health care), environmental contamination control (manufacturing clean rooms), controlled substance dispensing (prescription drugs and cannabis), and other uses and applications.

Unfortunately, the term “sally port”, and its definition, is predominately reserved for uses where occupants are restrained against their will in buildings or spaces. An interlocked-door vestibule could be used for that purpose, but would more commonly be used as mentioned above.

The criteria is proposed section 7.2.1.6.5 (via separate public comment) were developed by an informal task group of stakeholders who volunteered to assist with developing requirements for interlocked door vestibules which could be submitted as public comments for second draft consideration.

Related Public Comments for This Document**Related Comment****Relationship**

[Public Comment No. 129-NFPA 101-2022 \[New Section after 20.2.5.3.2\]](#)

[Public Comment No. 125-NFPA 101-2022 \[New Section after 7.2.1.6.4.2\]](#)

Related Item

• PI 350 • PI 343

Submitter Information Verification

Submitter Full Name: John Woestman

Organization: Kellen Company

Affiliation: Builders Hardware Manufacturers Association (BHMA)

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 20 18:09:55 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The related comment in Ch. 7 was rejected by the TC on Means of Egress.



Public Comment No. 103-NFPA 101-2022 [New Section after 21.3.4.4]

21.3.4.5 Carbon Monoxide Detection Systems

21.3.4.5.1 Carbon monoxide detection systems, where required by 21.3.4.5.2, shall be in accordance with 9.12.

21.3.4.5.2 Carbon monoxide detection systems shall be provided in the following locations:

(1) Carbon monoxide detectors shall be installed on the ceilings of rooms containing permanently installed fuel-burning appliances, including fireplaces.

(2) Carbon monoxide detectors shall be installed within 36 in (910 mm) . of . the first supply air register from a permanently installed, fuel-burning HVAC system.

21.3.4.5.3 For existing fire alarm systems with a fire alarm control unit that does not support temporal 4 notification or the monitoring of carbon monoxide detectors due to older technology, stand-alone carbon monoxide alarms shall be permitted to be used.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 101-NFPA 101-2022 [New Section after 20.3.4.4]	CO Detection
Public Comment No. 104-NFPA 101-2022 [New Section after A.21.3.4.3.1.2]	
Public Comment No. 105-NFPA 101-2022 [New Section after A.21.3.4.3.1.2]	

Related Item

- PI No. 267

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submission Date: Wed May 18 11:17:43 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected
Resolution: No technical justification was provided to require the installation of CO detection in existing buildings. If new fuel-fired equipment is added to an existing health care occupancy, or there is a change of occupancy classification, Ch. 43 should address the need for CO detection in those instances.



Public Comment No. 171-NFPA 101-2022 [New Section after 21.3.4.4]

21.3.4.5 Carbon Monoxide Detection

21.3.4.5.1 Existing ambulatory health care occupancies shall be provided with carbon monoxide detection and warning equipment in accordance with Section 9.12 in the locations specified as follows:

- (1) On the ceilings of rooms containing permanently installed fuel-burning appliances or fuel-burning fireplaces
- (2) Centrally located within occupiable spaces served by the first supply air register from permanently installed fuel-burning HVAC systems
- (3)* Centrally located within occupiable spaces adjacent to an attached garage

A.21.3.4.5.1(3) The intent is to require CO detectors in occupiable spaces immediately adjacent, vertically or horizontally, to attached garages, regardless of the presence of openings between the garage and the adjacent occupiable spaces. Other occupiable spaces that are not adjacent to the attached garage do not require CO detectors.

21.3.4.5.2 Carbon monoxide detectors as specified in 21.3.4.5.1 shall not be required in the following locations:

- (1) Garages
- (2) Occupiable spaces with attached garages that are open parking structures as defined in 3.3.282.8.4
- (3) Occupiable spaces with attached garages that are mechanically ventilated in accordance with the mechanical code

Statement of Problem and Substantiation for Public Comment

Existing ambulatory health care occupancies currently lack requirements for CO detection in buildings with known CO hazards, including fuel-burning appliances. The addition of these requirements will ensure the safety of patients, visitors and staff in the event of high level CO release within the building.

This public comment is submitted in support of committee action taken in the first revision phase to develop CO detection requirements for existing ambulatory health care occupancies. The resubmission of the requirement currently in place in Chapter 12 is resubmitted for example purposes only.

The committee noted that “no data was submitted specific to losses in ambulatory health care facilities.” A CO source in any building that is not monitored by installed CO detection devices is a life safety hazard to occupants. With regard to installation cost, primary consideration must be given to the unique nature of CO exposure and the inability of occupants to sense when they are being exposed. To avoid injury and death, there is no safe alternative to installed CO detection devices.

Existing buildings arguably carry the highest risk of exposure due to aging gas appliances and exhaust systems. A recent case:

“Vermont’s largest hospital...In late 2019, air circulation problems shut down five operating rooms at the Fanny Allen campus, which conducted about 30 outpatient surgeries a day. Carbon monoxide was found in the ventilation system, causing dizziness and nausea in staff. A similar issue in the building’s inpatient rehab area displaced 14 patients. After months of investigations, a brief attempt to reopen the OR and inpatient rehab unit and yet another poisoning incident in November 2020...”

<https://vtdigger.org/2021/09/12/states-largest-hospital-uvmmc-asks-for-204-million-increase/?fbclid=IwAR0DwLA172VRHeh78mjBlu9FkFeLre-mYskLvBlwi5xTG002P4Pf0p4QNYM>

“The lack of an operating alarm can be seen in several of these case studies. Carbon monoxide is colorless and odorless. Its early onset symptoms are not unique or severe, which leads to mistaking them for something else or thinking there is not a serious problem. These symptoms can quickly escalate to severe symptoms, which usually revolves around the victim becoming unconscious. People do not self-rescue when they are able, because they do not realize that they should. If someone does realize there is problem, it is most likely too late. This common sequence combined with CO’s toxicity, and a general negligence, makes CO a very dangerous problem that can happen almost anywhere. Detection is the only safeguard against this problem.”

<https://www.nfpa.org/News-and-Research/Data-research-and-tools/Detection-and-Signaling/Carbon-Monoxide-Detection-and-Alarm-Requirements-Literature-Review>

Related Item

- PI 267 CO Detection

Submitter Information Verification

Submitter Full Name: Kris Hauschildt

Organization: Jenkins Foundation

Street Address:

City:

State:

Zip:

Submittal Date: Fri May 27 18:53:58 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The limited incident data submitted does not warrant a retroactive requirement for CO detection in all existing facilities. The committee is aware that interested parties are exploring research opportunities to collect additional data. The CO task group is being retained for the next revision cycle.

**Public Comment No. 226-NFPA 101-2022 [New Section after 21.7.5]****21.7.6 Modular Rooms.****21.7.6.1**

Modular rooms installed in indoor locations shall comply with Section 10.7.

21.7.6.2*

Where provided in areas covered by an occupant notification system, the audible and visible signals shall extend into the interior of the modular room.

A.21.7.6.2

Extending the audible and visible signals into the interior does not necessarily mean additional devices need to be installed. Where occupant notification systems installed to serve the area where the modular booth is to be located provide the required audible and visible signals within the modular booth additional devices are not necessary. If the occupant notification systems installed to serve the area where the modular booth is to be located do not provide the required audible and visible signals, then additional devices would be required to be installed within the modular booth.

Statement of Problem and Substantiation for Public Comment

The Committee Statement for the resolution of Public Input No. 307 stated that the committee was unclear how these would be defined. FR-6555 added a new definition of modular room. The committee statement also wanted to address fire sprinkler protection. FR-6583 adds requirements into Chapter 10 to cover modular rooms. The new Section 10.7.3 requires modular rooms to be listed to UL 962, Household and Commercial Furnishings. UL 962 contains requirements for modular booths to provide for fire sprinkler protection where installed in areas that are provided with automatic fire sprinkler protection. Additionally, this public comment simplifies the intent of Public Input No. 307 that where modular rooms are installed in areas covered by an occupant notification system the audible and visible signals must extend into the interior of the modular room. This public comment uses similar language to that approved with FR-6632 that created a new Section 36.4.4.12, 36.4.4.12.1 and 36.4.4.12.2. A new Annex section was added to clarify that extending the audible and visible signals into the interior of the modular does not necessary require the installation of a device in the interior of the modular room.

Related Item

- PI 307

Submitter Information Verification

Submitter Full Name: Howard Hopper

Organization: UL LLC

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 16:59:42 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected

Resolution: The proposed revision addresses alarm notification. Other requirements are addressed by Sec. 10.7.

**Public Comment No. 200-NFPA 101-2022 [Section No. A.18.2.2.2.5.2]****A.18.2.2.2.5.2**

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. The requirements of this section apply even if a door is normally unlocked and only locks when a patient is within proximity of the door.

Statement of Problem and Substantiation for Public Comment

The purpose of the proposed new annex language is to provide clarity that the provisions of this section apply to infant abduction system locking even when the door is normally unlocked.

Related Item

- PI-255

Submitter Information Verification

Submitter Full Name: Lennon Peake

Organization: Koffel Associates, Inc.

Affiliation: ASHE Regulatory Affairs Committee

Street Address:

City:

State:

Zip:

Submittal Date: Mon May 30 11:44:57 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6670-NFPA 101-2022

Statement: The revision clarifies that the 18.2.2.2.5 locking arrangements also apply to systems on doors that are normally unlocked, but that lock upon approach of a patient.

**Public Comment No. 205-NFPA 101-2022 [Section No. A.18.2.2.2.5.2]****A.18.2.2.2.5.2**

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. The requirements of this section apply even if a door is normally unlocked and only locks when a patient is within a certain proximity of the door.

Statement of Problem and Substantiation for Public Comment

Revision to annex material for A.18.2.2.2.5.2. The purpose of the proposed new annex language is to provide clarity on how to address infant abduction systems where the door is normally unlocked and only locked upon activation by a proximity sensor.

Related Item

- PI-247 and FR 6732

Submitter Information Verification

Submitter Full Name: Bret Martin
Organization: CNA Insurance
Affiliation: Chair - Health Care Door Locking Task Group
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 31 09:37:09 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6655-NFPA 101-2022
Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.

**Public Comment No. 123-NFPA 101-2022 [Section No. A.18.2.2.2.5.2(6)]****A.18.2.2.2.5.2(6)**

~~UL 294, Access Control System Units, and UL 1034, Burglary-Resistant Electric Locking Mechanisms, are two standards that provide criteria for listed door-locking hardware.~~ The electrical locking hardware might be a component of an electrical locking system or the electrical locking hardware might be a device with an individual listing.
Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Statement of Problem and Substantiation for Public Comment

The revisions of the Annex A text complement the revisions to 18.2.2.2.5.2(6).

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 121-NFPA 101-2022 [Section No. 18.2.2.2.5.2]	
<u>Related Item</u>	
• PI 282	

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
State:
Zip:
Submission Date: Fri May 20 17:18:00 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6655-NFPA 101-2022
Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.



Public Comment No. 41-NFPA 101-2022 [Section No. A.18.2.5.7.2.1(B)]

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 following three options 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)(a)
- (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)(b)

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)(c).

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(B)(2).

Figure A.18.2.5.7.2.1(B)(a) All Sleeping Rooms Provided Either with Direct Supervision by Staff or Smoke Detection.

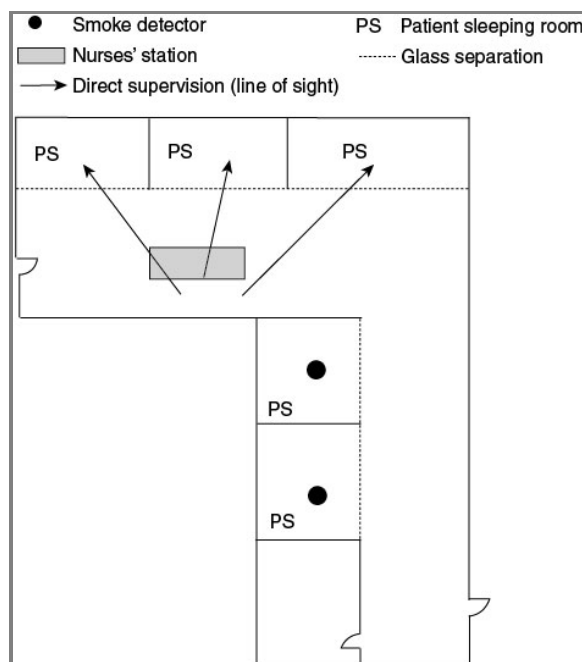


Figure A.18.2.5.7.2.1(B)(b) Supervision Provided by Total (Complete) Smoke Detection Throughout the Sleeping Suite.

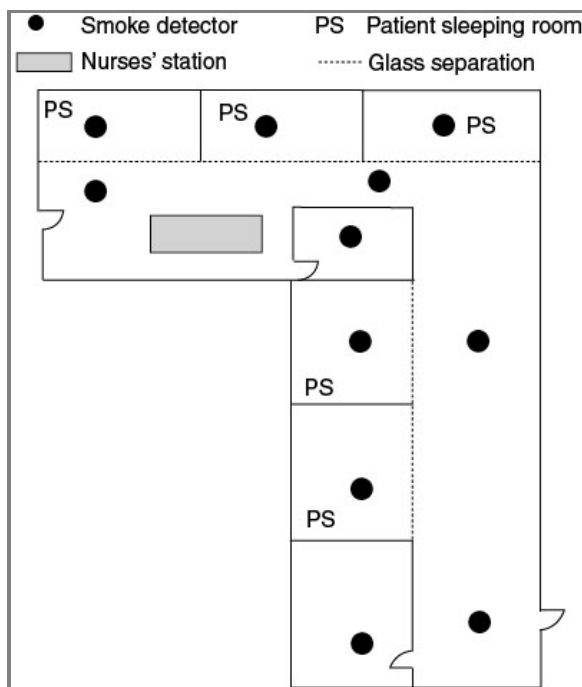
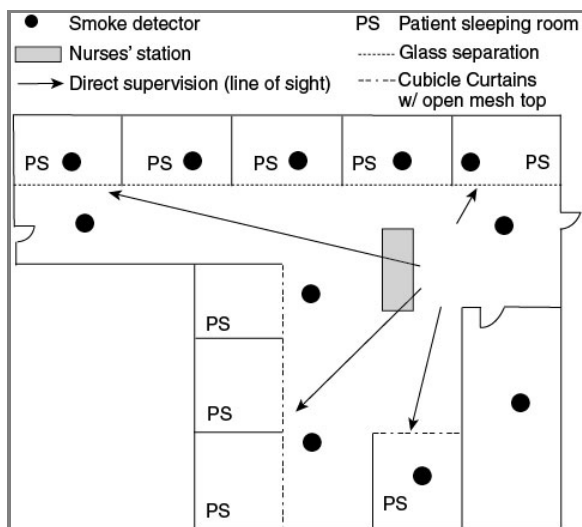


Figure A.18.2.5.7.2.1(B)(c) For Suites >7500 ft² (>700 m²), All Sleeping Rooms Must Be Provided with Direct Supervision by Staff and Total (Complete) Smoke Detection Installed Throughout the Sleeping Suite.



Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_41.pdf	101_Correlating Committee Note No. 41	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 41 appeared in the First Draft Report on First Revision No. 6754. Review the revisions to 18.2.5.7 and corresponding annex notes for any additional needed revisions.

Related Item

- FR-6754

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC

Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Tue Mar 22 11:28:49 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6663-NFPA 101-2022](#)
Statement: The revision responds to CCN-41 and should meet the correlating committee's intent.



Correlating Committee Note No. 41-NFPA 101-2022 [Sections A.18.2.5.7.2.1(B), A.18.2.5.7.2.1(B)(1)]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 16:30:01 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Review the revisions to 18.2.5.7 and corresponding annex notes for any additional needed revisions.

First Revision No. 6754-NFPA 101-2021 [Sections A.18.2.5.7.2.1(B), A.18.2.5.7.2.1(B)(1)]

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.

**Public Comment No. 94-NFPA 101-2022 [New Section after A.18.3.4.5.3]****A.18.3.4.6.1**

The required location of carbon monoxide detectors is intended to be found in the scoping document, NFPA 101, under 18.3.4.6.2. The locations indicated in NFPA 72 17.12.1 are intended to be superseded by the NFPA 101 requirements.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 92-NFPA 101-2022 [New Section after 18.4.5.8]	CO Detection
<u>Related Item</u>	
• CI No. 6689	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 10:38:49 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6647-NFPA 101-2022
Statement: The revision adds requirements for CO detection developed by the Task Group on CO Detection for Health Care Occupancies based on a review of loss data, incidents, and national requirements provided by a literature review conducted by the Fire Protection Research Foundation.

**Public Comment No. 201-NFPA 101-2022 [Section No. A.19.2.2.2.5.2]****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. The requirements of this section apply even if a door is normally unlocked and only locks when a patient is within proximity of the door.

Statement of Problem and Substantiation for Public Comment

The purpose of the proposed new annex language is to provide clarity that the provisions of this section apply to infant abduction system locking even when the door is normally unlocked.

Related Item

- PI-256

Submitter Information Verification

Submitter Full Name: Lennon Peake

Organization: Koffel Associates, Inc.

Affiliation: ASHE Regulatory Affairs Committee

Street Address:

City:

State:

Zip:

Submittal Date: Mon May 30 11:47:40 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6671-NFPA 101-2022

Statement: The revision clarifies that the 19.2.2.2.5 locking arrangements also apply to systems on doors that are normally unlocked, but that lock upon approach of a patient.

**Public Comment No. 206-NFPA 101-2022 [Section No. A.19.2.2.2.5.2]****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. The requirements of this section apply even if a door is normally unlocked and only locks when a patient is within a certain proximity of the door.

Statement of Problem and Substantiation for Public Comment

Revision to annex material for A.19.2.2.2.5.2. The purpose of the proposed new annex language is to provide clarity on how to address infant abduction systems where the door is normally unlocked and lock upon activation of a proximity sensor.

Related Item

- FR-6737

Submitter Information Verification

Submitter Full Name: Bret Martin

Organization: CNA Insurance

Affiliation: Chair - Health Care Door Locking Task Group

Street Address:

City:

State:

Zip:

Submittal Date: Tue May 31 09:44:10 EDT 2022

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: SR-6671-NFPA 101-2022

Statement: The revision clarifies that the 19.2.2.2.5 locking arrangements also apply to systems on doors that are normally unlocked, but that lock upon approach of a patient.

**Public Comment No. 124-NFPA 101-2022 [Section No. A.19.2.2.2.5.2(6)]****A.19.2.2.2.5.2(6)**

~~UL 294, Access Control System Units, and UL 1034, Burglary-Resistant Electric Locking Mechanisms, are two standards that provide criteria for listed door-locking hardware.~~ The electrical locking hardware might be a component of an electrical locking system or the electrical locking hardware might be a device with an individual listing.
Depending on the electrical locking hardware system or component, either UL 294 or UL 1034 is the pertinent standard for the required listing.

Statement of Problem and Substantiation for Public Comment

The revisions of the Annex A text complement the revisions to 19.2.2.2.5.2(6).

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 122-NFPA 101-2022 [Section No. 19.2.2.2.5.2]	
<u>Related Item</u>	
• PI 283	

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
State:
Zip:
Submission Date: Fri May 20 17:20:41 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6659-NFPA 101-2022
Statement: The revision was developed by a task group on health care door locking to recognize alternative means of providing security where patient special needs require specialized protective measures for their safety.



Public Comment No. 42-NFPA 101-2022 [Section No. A.19.2.5.7.2.1(B)]

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

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)(c).

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)(d).

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 19.2.5.7.2.1(B)(1)(2).

Figure A.19.2.5.7.2.1(B)(a) All Sleeping Rooms Provided Either with Direct Supervision by Staff or Smoke Detection.

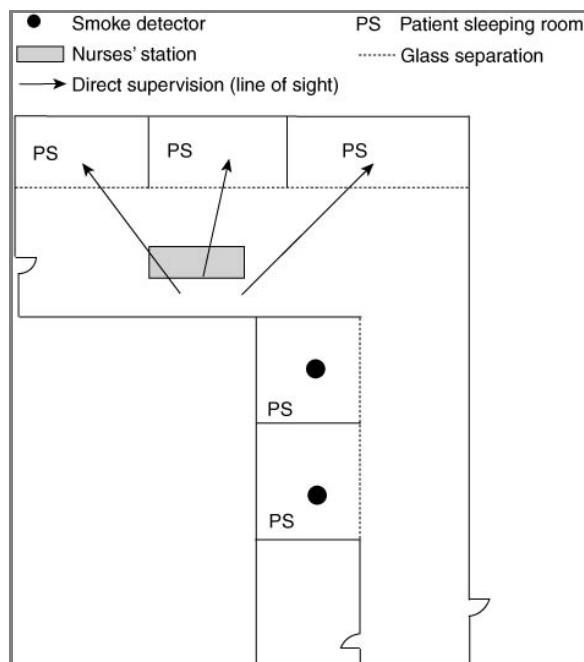


Figure A.19.2.5.7.2.1(B)(b) Supervision Provided by Total (Complete) Smoke Detection Throughout the Sleeping Suite.

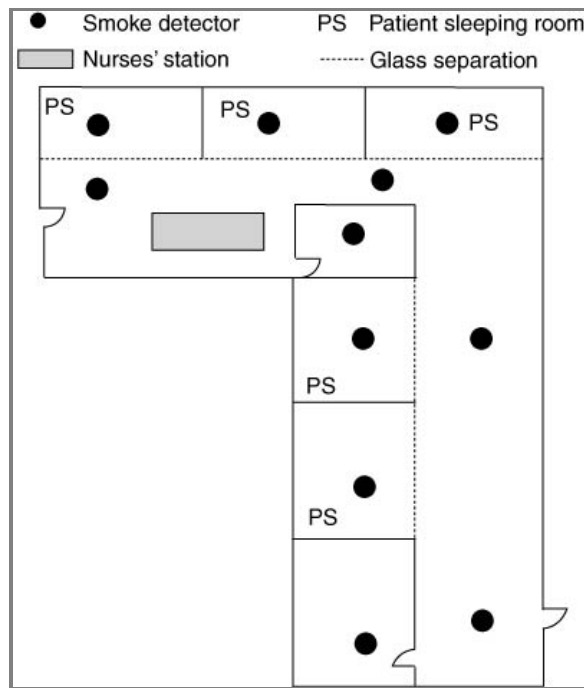


Figure A.19.2.5.7.2.1(B)(c) For Suites $>5000 \text{ ft}^2$ ($>460 \text{ m}^2$) and $\leq 7500 \text{ ft}^2$ ($\leq 700 \text{ m}^2$) Protected by Standard Response Sprinklers, Total (Complete) Smoke Detection Required Throughout the Sleeping Suite.

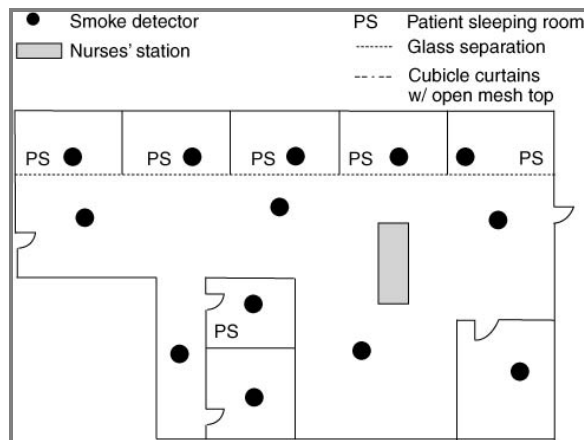
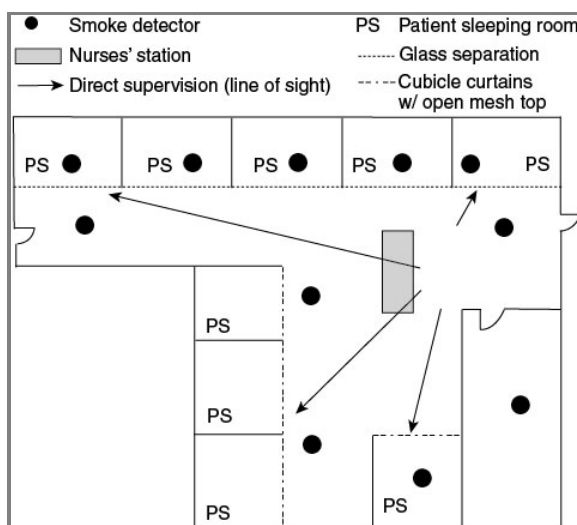


Figure A.19.2.5.7.2.1(B)(d) For Suites $>7500 \text{ ft}^2$ ($>700 \text{ m}^2$), All Sleeping Rooms Must Be Provided with Direct Supervision by Staff and Total (Complete) Smoke Detection Installed Throughout the Sleeping Suite.



Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
101_A2023_SAF_AAC_CCN_42.pdf	101_Correlating Committee Note No. 42	

Statement of Problem and Substantiation for Public Comment

NOTE: The following CC Note No. 42 appeared in the First Draft Report on First Revision No. 6755. Review the revisions to 19.2.5.7 and corresponding annex notes for any additional needed revisions.

Related Item

- FR-6755

Submitter Information Verification

Submitter Full Name: CC ON SAF_AAC
Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Tue Mar 22 11:32:46 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: [SR-6665-NFPA 101-2022](#)
Statement: The revision responds to CCN-42 and should meet the correlating committee's intent.



Correlating Committee Note No. 42-NFPA 101-2022 [Sections A.19.2.5.7.2.1(B), A.19.2.5.7.2.1(B)(1)]

Submitter Information Verification

Committee: SAF-AAC

Submittal Date: Mon Jan 17 16:31:26 EST 2022

Committee Statement and Meeting Notes

Committee Statement: Review the revisions to 19.2.5.7 and corresponding annex notes for any additional needed revisions.

First Revision No. 6755-NFPA 101-2021 [Sections A.19.2.5.7.2.1(B), A.19.2.5.7.2.1(B)(1)]

Ballot Results

✓ **This item has passed ballot**

11 Eligible Voters

1 Not Returned

10 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Taluba, Jon

Affirmative All

Bush, Kenneth E.

Carson, Wayne G. Chip

Gilyeat, Sharon S.

Harbuck, Stanley C.

Hopper, Howard

Hugo, Jeffrey M.

Lucas, Jeffrey A.

Quiter, James R.

Reiswig, Rodger

Rosenbaum, Eric R.



Public Comment No. 100-NFPA 101-2022 [New Section after A.19.3.4.3.1(4)]

A.19.3.4.6.3

Documentation on the age and functionality of the fire alarm control unit should be made available to the authority having jurisdiction where this provision is used.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 96-NFPA 101-2022 [New Section after 19.3.4.5.2]	CO Detection
<u>Related Item</u>	
• CI No. 6690	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 11:05:35 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected
Resolution: The proposed corresponding base requirement was rejected.



Public Comment No. 99-NFPA 101-2022 [New Section after A.19.3.4.3.1(4)]

A.19.3.4.6.1

The required location of carbon monoxide detectors is intended to be found in the scoping document, NFPA 101, under 19.3.4.6.2. The locations indicated in NFPA 72 17.12.1 are intended to be superseded by the NFPA 101 requirements.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 96-NFPA 101-2022 [New Section after 19.3.4.5.2]	CO Detection
<u>Related Item</u>	
• CI No. 6690	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 18 11:02:58 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected
Resolution: The proposed corresponding base requirement was rejected.

**Public Comment No. 138-NFPA 101-2022 [Section No. A.19.3.6.3.5]****A.19.3.6.3.5**

While it is recognized that closed doors serve to maintain tenable conditions in a corridor and adjacent patient rooms, such doors, which, under normal or fire conditions, are self-closing, might create a special hazard for the personal safety of a room occupant. Such closed doors might present a problem of delay in discovery, confining fire products beyond tenable conditions.

Because it is critical for responding staff members to be able to immediately identify the specific room involved, it is recommended that approved automatic smoke detection that is interconnected with the building fire alarm be considered for rooms having doors equipped with closing devices. Such detection is permitted to be located at any approved point within the room. When activated, the detector is required to provide a warning that indicates the specific room of involvement by activation of a fire alarm annunciator, nurse call system, or any other device acceptable to the authority having jurisdiction.

In existing buildings, use of the following options reasonably ensures that patient room doors will be closed and remain closed during a fire:

- (1) Doors should have positive latches, ~~and a~~ or as an alternative, the doors shall in a fire emergency become positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector provided the doors are also self-closing or automatic-closing (see 18.3.6.3.8).
- (2) A suitable program that trains staff to close the doors in an emergency should be established.
- (3) It is the intent of the *Code* that no new installations of roller latches be permitted; however, repair or replacement of roller latches is not considered a new installation.
- (4) Doors protecting openings to patient sleeping or treatment rooms, or spaces having a similar combustible loading, might be held closed using a closer exerting a closing force of not less than 5 lbf (22 N) on the door latch stile.

Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
2024_NFPA_101_Positive_Latching_Potential_Revisions_20220520.pdf	NFPA 101 2024 public comments re: positive latching NFPA 80 alternative.	

Statement of Problem and Substantiation for Public Comment

Revising Annex A materials to recognize the alternative proposed in 18.3.6.3.5 and 18.3.6.3.8.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 137-NFPA 101-2022 [Sections 18.3.6.3.5, 18.3.6.3.6, 18.3.6.3.7, 18.3.6.3.8]	
<u>Related Item</u>	
• PI 273	

Submitter Information Verification

Submitter Full Name: John Woestman
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Submittal Date: Fri May 20 19:29:00 EDT 2022

NFPA 101

Chapter 18 New Health Care Occupancies

18.3.6.3 * Corridor Doors.

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 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.
3. For doors protecting pass-through openings, a clearance between the bottom of the door and the sill not exceeding $\frac{1}{8}$ in. (3 mm) shall be permitted.
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.

18.3.6.3.2 Reserved.

18.3.6.3.3 Reserved.

18.3.6.3.4 Reserved.

18.3.6.3.5

Doors shall be self-latching and provided with positive latching hardware, except as permitted in 18.3.6.3.6, 18.3.6.3.7, or 18.3.6.3.8.

18.3.6.3.6

Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to meet the latching requirements of 18.3.6.3.5.

18.3.6.3.7

Powered doors that comply with the requirements of 7.2.1.9 shall not be required to meet the latching requirements of 18.3.6.3.5, provided that all of the following criteria are met:

1. The door is equipped with a means for keeping the door closed that is acceptable to the authority having jurisdiction.
2. The device used is capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of a swinging door and applied in any direction to a sliding or folding door, whether or not power is applied.
3. Where door leaves are operated by power by any automatic mechanism, the automatic opening of the doors shall cease to function upon operation of approved smoke detectors installed in accordance with the provisions of *NFPA 72* for door release service.

18.3.6.3.8*

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.3]

18.3.6.3.1*

Commented [WJ1]: Original proposal, not shown, was Public Input No. 272-NFPA 101-2021. A revised proposal, to be submitted via Public Comment, is shown here.

Commented [JW2]: Language copied directly from NFPA 80-2022 6.4.4.4.3

Commented [JW3]: For a door to become positively latched (by means of a fail-safe device activated by an automatic fire detector) the door must also be either self-closing or automatic-closing.

Doors with latching arrangements complying with 18.3.6.3.8 shall be self-closing doors complying with 18.3.6.3.8.2 or automatic-closing doors complying with 18.3.6.3.8.3.

18.3.6.3.8.2*

Self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close each time it is opened. The closing mechanism shall not have a hold-open feature.

Commented [JW4]: Text from self-closing requirements in NFPA 80 Section 7.1.4.2, but deleted NFPA 80 requirement to latch when closed.

18.3.6.3.8.3*

Automatic-closing doors shall be arranged to close automatically by means of a closing device which causes the door to close, and a separate, labeled, fail-safe door holder / release device that is activated by an actuation device and is installed in accordance with NFPA 80 Section 4.7.

Commented [JW5]: Text from automatic-closing requirements in NFPA 80 Section 7.1.4.3 and 7.1.4.2.1, but doesn't include requirement to latch upon closure nor option for fusible links.

18.3.6.3.89

Corridor doors utilizing an inactive leaf shall have automatic flush bolts on the inactive leaf to provide positive latching.

Reason: On corridor doors in health care facilities, as an acceptable alternative to doors provided with positive latching hardware is to become positively latched in a fire emergency. The option to become positively latched in a fire emergency is included in NFPA 80 and NFPA 105.

Our BHMA members are being asked if it is possible to apply the provisions of NFPA 80-2019 Section 6.4.4.3.3 / NFPA 80-2022 Section 6.4.4.4.3, or NFPA 105 Section 6.3.6.4.2, on corridor doors not required to comply with NFPA 80 (nor NFPA 105). This proposal assumes that if it's acceptable to apply the provisions of NFPA 80 Section 6.4.4.3.3 to doors required to comply with NFPA 80 (doors required to be fire-rated), then it should also be acceptable to apply these same provisions to doors not required to comply with NFPA 80 (doors not required to be fire-rated). Ditto for NFPA 105.

The additional requirement for use of the automatic fail-safe devices is the doors are also required to be either self-closing or automatic-closing. This is to ensure the door moves to a closed position upon activation of an automatic fire detector and becomes positively latched.

The original Public Input No. 272-NFPA 101-2021 was resolved (disapproved) during the First Draft technical committee meeting, stating: The proposed revision might be better suited as a Ch. 8 requirement. There is also concern that the provision might permit a fusible link to serve as the required fire detection device.

This public comment does not propose revisions in Chapter 8 because this proposal addresses requirements for doors in new construction specifically identified as not required to comply with NFPA 80. It seems that proposing in Chapter 8 revisions as in this proposal would be out of place as Chapter 8 addresses building elements required to comply with explicit requirements, such as NFPA 80. It may be noted Chapter 8 includes several provisions (i.e. exceptions) for existing doors regarding opening protectives, but includes no similar provisions for new construction.

This public comment addresses the fusible link concern with the provisions proposed in 18.3.6.3.5.4 by not including fusible links as an option for activating automatic-closing doors.

A.18.3.6.3.8

Corridor doors in health care facilities have long been required to have positive latching hardware. An alternative to the positive latching hardware requirement, introduced in NFPA 101-2024, based on the provisions of NFPA 80 Section 6.4.4.4.3 and NFPA 105 Section 6.3.6.4.2, is equivalently applicable to doors not required to comply with NFPA 80 and to doors not required to comply with NFPA 105.

Commented [WJ6]: Original proposal was Public Input No. 272-NFPA 101-2021. This public comment text has been revised from that PI.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. This alternative is permitted if the doors are also either self-closing or automatic-closing – to ensure the door moves to a closed position upon activation of an automatic fire detector to become positively latched. This alternative is an option on doors required to comply with NFPA 80 as well as doors not required to comply with NFPA 80 (doors not required to be fire-rated).

The provisions of 18.3.6.3.8 are directly from NFPA 80-2022 Section 6.4.4.4.3.

A.18.3.6.3.8.1

For a door to become positively latched by means of a fail-safe device activated by an automatic fire detector, the door would need to be either self-closing or automatic-closing.

A.18.3.6.3.8.2

The self-closing requirements are from NFPA 80 Section 7.1.4.2, but without the NFPA 80 requirement to latch when closed.

A.18.3.6.3.8.3

The automatic-closing requirements are from NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but without the requirement to latch upon closure, and without the option for fusible links.

Reason: Proposing Annex A materials to complement new proposed revisions / section 18.3.6.3.8.

Chapter 19 Existing Health Care Occupancies

19.3.6.3 * **Corridor Doors.**

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 $\frac{3}{4}$ in. thick, solid-bonded wood core
2. Material that resists fire for a minimum of 20 minutes.

19.3.6.3.2

The requirements of 19.3.6.3.1 shall not apply where otherwise permitted by either of the following:

1. Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to comply with 19.3.6.3.1.
2. In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7, the door construction materials requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.

19.3.6.3.3

Compliance with NFPA 80 shall not be required.

19.3.6.3.4

A clearance between the bottom of the door and the floor covering not exceeding 1 in. (25 mm) shall be permitted for corridor doors.

Commented [WJ7]: Text included for visibility. Corridor doors in existing health care occupancies not required to be positive latching. Thus, no changes proposed in Chapter 19, but potential revision in Annex A.

19.3.6.3.5 *

Doors shall be provided with a means for keeping the door closed, and the following requirements also shall apply:

1. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door.
2. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.7.

Annex A Explanatory Material

A.19.3.6.3.5

While it is recognized that closed doors serve to maintain tenable conditions in a corridor and adjacent patient rooms, such doors, which, under normal or fire conditions, are self-closing, might create a special hazard for the personal safety of a room occupant. Such closed doors might present a problem of delay in discovery, confining fire products beyond tenable conditions.

Because it is critical for responding staff members to be able to immediately identify the specific room involved, it is recommended that approved automatic smoke detection that is interconnected with the building fire alarm be considered for rooms having doors equipped with closing devices. Such detection is permitted to be located at any approved point within the room. When activated, the detector is required to provide a warning that indicates the specific room of involvement by activation of a fire alarm annunciator, nurse call system, or any other device acceptable to the authority having jurisdiction.

In existing buildings, use of the following options reasonably ensures that patient room doors will be closed and remain closed during a fire:

1. Doors should have **positive latches**, ~~or as an alternative, the doors shall in a fire emergency become positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector provided the doors are also self-closing or automatic-closing (see 18.3.6.3.8).~~ ~~and a~~
1. ~~A~~ suitable program that trains staff to close the doors in an emergency should be established.
- 2.
3. It is the intent of the Code that no new installations of roller **latches** be permitted; however, repair or replacement of roller **latches** is not considered a new installation.
4. Doors protecting openings to patient sleeping or treatment rooms, or spaces having a similar combustible loading, might be held closed using a closer exerting a closing force of not less than 5 lbf (22 N) on the door **latch** stile.

Reason: Revising Annex A materials to recognize the alternative proposed in 18.3.6.3.5 and 18.3.6.3.8.

NFPA 5000-2021

Chapter 19 Health Care Occupancies

19.3.6.3 * Corridor Doors.

19.3.6.3.1 *

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 shall not be required.

Commented [WJ8]: Public Input No. 273-NFPA 101-2021

- (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 $\frac{1}{8}$ in. (3 mm) shall be permitted.
- (4) The requirements of [19.3.6.3.1](#) shall not apply to doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.

19.3.6.3.2

Doors shall be self-latching and provided with **positive latching** hardware except as permitted in [19.3.6.3.3](#), [19.3.6.3.4](#), or [19.3.6.3.5](#).

19.3.6.3.3

Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to meet the latching requirements of 19.3.6.3.2.

19.3.6.3.4

Powered doors that comply with the requirements of 11.2.1.9 shall not be required to meet the latching requirements of 19.3.6.3.2, provided that all of the following criteria are met:

- (1) The door is equipped with a means for keeping the door closed that is acceptable to the AHJ.
- (2) The device used is capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of a swinging door and applied in any direction to a sliding or folding door, whether or not power is applied.
- (3) Where door leaves are operated by power by any automatic mechanism, the automatic opening of the doors shall cease to function upon operation of approved smoke detectors installed in accordance with the provisions of *NFPA 72* for door release service.

19.3.6.3.5*

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.4.3]

Commented [JW9]: Language copied directly from NFPA 80-2022 6.4.4.4.3

19.3.6.3.5.1*

Doors with latching arrangements complying with 19.3.6.3.5 shall be self-closing doors complying with 19.3.6.3.5.2 or automatic-closing doors complying with 19.3.6.3.5.3.

Commented [JW10]: For a door to become positively latched (by means of a fail-safe device activated by an automatic fire detector) the door must also be either self-closing or automatic-closing.

19.3.6.3.5.2*

Self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close each time it is opened. The closing mechanism shall not have a hold-open feature.

Commented [JW11]: Text from self-closing requirements in NFPA 80 Section 7.1.4.2, but deleted NFPA 80 requirement to latch when closed.

19.3.6.3.5.3*

Automatic-closing doors shall be arranged to close automatically by means of a closing device which causes the door to close, and a separate, labeled, fail-safe door holder / release device that is activated by an actuation device and is installed in accordance with NFPA 80 Section 4.7.

Commented [JW12]: Text from automatic-closing requirements in NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but deleted requirement to latch upon closure, and didn't include option for fusible links.

19.3.6.3.5.6

Corridor doors utilizing an inactive leaf shall have automatic flush bolts on the inactive leaf to provide **positive latching**.

Reason: On corridor doors in health care facilities, as an acceptable alternative to doors provided with positive latching hardware is to become positively latched in a fire emergency. The option to become positively latched in a fire emergency is included in NFPA 80 and NFPA 105.

Our BHMA members are being asked if it is possible to apply the provisions of NFPA 80-2019 Section 6.4.4.3.3 / NFPA 80-2022 Section 6.4.4.4.3, or NFPA 105 Section 6.3.6.4.2, on corridor doors not required to comply with NFPA 80 (nor NFPA 105). This proposal assumes that if it's acceptable to apply the provisions of NFPA 80 Section 6.4.4.3.3 to doors required to comply with NFPA 80 (doors required to be fire-rated), then it should also be acceptable to apply these same provisions to doors not required to comply with NFPA 80 (doors not required to be fire-rated). Ditto for NFPA 105.

The additional requirement for use of the automatic fail-safe devices is the doors are also required to be either self-closing or automatic-closing. This is to ensure the door moves to a closed position upon activation of an automatic fire detector and becomes positively latched.

The original Public Input No. 272-NFPA 101-2021 was resolved (disapproved) during the First Draft technical committee meeting, stating: The proposed revision might be better suited as a Ch. 8 requirement. There is also concern that the provision might permit a fusible link to serve as the required fire detection device.

This public comment for NFPA 5000 is consistent with the public comment for Chapter 18 of NFPA 101.

A.19.3.6.3.5

Corridor doors in health care facilities have long been required to have positive latching hardware. An alternative to the positive latching hardware requirement, introduced in NFPA 101-2024, based on the provisions of NFPA 80 Section 6.4.4.4.3 and NFPA 105 Section 6.3.6.4.2, is equivalently applicable to doors not required to comply with NFPA 80 and to doors not required to comply with NFPA 105.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. This alternative is permitted if the doors are also either self-closing or automatic-closing – to ensure the door moves to a closed position upon activation of an automatic fire detector to become positively latched. This alternative is an option on doors required to comply with NFPA 80 as well as doors not required to comply with NFPA 80 (doors not required to be fire-rated).

The provisions of 19.3.6.3.5 are directly from NFPA 80-2022 Section 6.4.4.4.3.

A.19.3.6.3.5.1

For a door to become positively latched by means of a fail-safe device activated by an automatic fire detector, the door would need to be either self-closing or automatic-closing.

A.19.3.6.3.5.2

The self-closing requirements are from NFPA 80 Section 7.1.4.2, but without the NFPA 80 requirement to latch when closed.

A.19.3.6.3.5.3

The automatic-closing requirements are from NFPA 80 Sections 7.1.4.3 and 7.1.4.2.1, but without the requirement to latch upon closure, and without the option for fusible links.

Reason: Proposing Annex A materials to complement new proposed revisions / section 19.3.6.3.5.

For reference: Text Permitting Positive Latching via Fail-Safe Electric Latch (not part of proposal)

NFPA 80-2019

6.4.4.3.3

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. (See Section [4.7](#).)

NFPA 80-2022

6.4.4.4.3

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. (See Section [4.7](#).)

NFPA 105-2019

6.3.6.4.2

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.3.3]

NFPA 105-2022

6.3.6.4.2

Latching arrangements that do not provide positive latching in the normal mode shall be permitted to be used provided that, in a fire emergency, the door becomes positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector. [80:6.4.4.4.3]

Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR

Resolution: [SR-6652-NFPA 101-2022](#)

Statement: The revision recognizes the alternative means of positive latching provided in 18.3.6.3.6.

**Public Comment No. 102-NFPA 101-2022 [New Section after A.20.3.4.3.1.2]****A.20.3.4.5.1**

The required location of carbon monoxide detectors is intended to be found in the scoping document, NFPA 101, under 20.3.4.5.2. The locations indicated in NFPA 72 17.12.1 are intended to be superseded by the NFPA 101 requirements.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 101-NFPA 101-2022 [New Section after 20.3.4.4]	CO Detection
<u>Related Item</u>	
• PI No. 266	

Submitter Information Verification

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Submittal Date: Wed May 18 11:15:03 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected but see related SR
Resolution: SR-6649-NFPA 101-2022
Statement: This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection. The requirement for CO detection adjacent to attached garages is not included because it is not typically applicable to these occupancies. Garages are regulated by other standards, which address ventilation, etc.



Public Comment No. 104-NFPA 101-2022 [New Section after A.21.3.4.3.1.2]

A.21.3.4.5.1

The required location of carbon monoxide detectors is intended to be found in the scoping document, NFPA 101, under 21.3.4.5.2. The locations indicated in NFPA 72 17.12.1 are intended to be superseded by the NFPA 101 requirements.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 103-NFPA 101-2022 [New Section after 21.3.4.4]	CO Detection
<u>Related Item</u>	
• PI No. 267	

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Committee: SAF-HEA

Committee Statement

Committee Action: Rejected
Resolution: The proposed corresponding base requirement was rejected.

**Public Comment No. 105-NFPA 101-2022 [New Section after A.21.3.4.3.1.2]****21.3.4.5.3**

Documentation on the age and functionality of the fire alarm control unit should be made available to the authority having jurisdiction where this provision is used.

Statement of Problem and Substantiation for Public Comment

This language, adding carbon monoxide detectors to this chapter, was developed by the Task Group on Carbon Monoxide Detection.

Related Public Comments for This Document

<u>Related Comment</u>	<u>Relationship</u>
Public Comment No. 103-NFPA 101-2022 [New Section after 21.3.4.4]	CO Detection
<u>Related Item</u>	
• PI No. 267	

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Submittal Date: Wed May 18 11:27:23 EDT 2022
Committee: SAF-HEA

Committee Statement

Committee Action: Rejected
Resolution: The proposed corresponding base requirement was rejected. It is noted that the proposed revision was intended to be an annex note.