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120. HEALTH CARE OCCUPANCIES. (7-1-97)

01. Scope: (7-1-97)

a. Health care occupancies shall conform to other applicable requirements of this standard, as well as the following provisions. Nothing in this standard shall be construed to prohibit better or otherwise safer conditions than specified herein. (7-1-97)

02. Definitions: For definitions of other terms used in this section, see sub-section 010 of this standard. (7-1-97)

a. Health care occupancies are those used for purposes such as medical or other treatment or care of persons suffering from physical or mental illness, disease or infirmity; for the care of infants, convalescents, or aged persons. Health care occupancies provide sleeping facilities for the occupants and are occupied by persons who are mostly incapable of self-preservation because of age, physical or mental disability, or because of security measures not under the occupants control. (7-1-97)

b. Hospital are buildings or portions thereof used for the medical, psychiatric, obstetrical, or surgical care, on a twenty-four (24) hour basis of four (4) and after July 1, 2002 five (5) or more inpatients. The term hospital, wherever used in this standard shall include general hospitals, mental hospitals, tuberculosis hospitals, children's hospitals, and any such facilities providing inpatient care. (7-1-03)
c. Nursing Home are buildings or portions thereof used for the lodging, boarding, and nursing care, on a twenty-four (24) hour basis, of four (4) and after July 1, 2002 five (5) or more persons who, because of mental or physical incapacity, may require the assistance of another person. The term nursing home, wherever used in this standard, shall include nursing facilities, intermediate care facilities, and infirmaries or homes for the aged. (7-1-03)

d. Residential-Custodial Care Facilities are buildings or portions thereof, used for the lodging or boarding of four (4) or more persons and sixteen (16) after July 1, 2002 who are incapable of self-preservation because of age, or physical or mental limitation. This includes facilities such as homes for the aged, nurseries (custodial care for children under six (6) years of age and after July 1, 2002 five (5) children 2-1/2 years or less), and mentally retarded care institutions. Day care facilities that do not provide lodging or boarding for institutional occupants are not covered in this section of the standard. (7-1-03)

03. General Requirements: (7-1-97)

a. Proof or documentation that health care facilities have been inspected by the authorities having jurisdiction and meeting the requirement of NFPA-99 and NFPA-101 or other rules or regulations shall be made available. (7-1-97)

b. Health care occupancies are treated in this standard in the following groups: Health care facilities (Hospitals and Nursing Homes) and Residential-custodial care facilities (Nurseries, Homes for the aged, developmentally disabled care institutions). (7-1-97)

c. All health care facilities shall be so designed, constructed, maintained, and operated as to minimize the possibility of a fire emergency requiring the evacuation of occupants. Because the safety of occupants of health care facilities cannot be assured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities, adequate staffing, and careful development of operating and maintenance procedures composed of the following: (7-1-97)

i. Proper design, construction, and compartmentation; (7-1-97)

ii. Provision for detection, alarm, and extinguishment; (7-1-97)

iii. Fire prevention and the planning, training, and drilling in programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building. (7-1-97)

04. Doors: (7-1-97)

a. All required exterior exit doors shall open in the direction of exit travel, regardless of occupant load. (7-1-97)

b. Exit doors serving an occupant load of more than fifty (50) or more shall not be provided with a latch or lock unless it is panic hardware (not required on health care occupancies built after July 1, 2002). EXCEPTION: In hospitals and nursing homes, locking devices, when approved,
may be installed on patient sleeping rooms, provided such devices are readily open-able from the patient room side and are readily operable by the facility staff on the other side. When key locks are used on patient room doors, keys shall be located on the floor involved at a prominent location accessible to the staff. (7-1-03)

c. Locks installed on patient sleeping room doors shall be so arranged that they can be locked only from the corridor side. All such locks shall be arranged to permit exit from the rooms by a simple operation without the use of a key. EXCEPTION: Doors in homes for the aged may be lock-able by the occupant, if they can be unlocked from the opposite side and keys are carried by attendants at all times. (7-1-97)

d. Every exit opening through which patients are transported in wheelchairs, stretchers, or beds shall be of sufficient width to permit the ready passage of such equipment but shall have a clear width of not less than forty-four 44 inches. (7-1-97)

05. Corridors: (7-1-97)

a. The minimum clear width of a corridor shall be forty-four (44) inches, except that corridors serving any area housing one (1) or more non-ambulatory persons shall be not less than eight (8) feet in width (ninety-six (96) inches in width for health care occupancies built after July 1, 2002). There shall be no change of elevation in a corridor serving persons who are not ambulatory, unless ramps are used. EXCEPTION: Health care centers for ambulatory patients receiving outpatient medical care shall not have corridors less than six (6) feet in width until reaching an exterior door, enclosed exit stairway, or horizontal exit and shall not pass through an adjoining room. (7-1-03)

b. Walls of corridors serving an occupancy area having an occupant load of ten (10) or more shall be not less than one (1) hour fire-resistive construction and the ceilings shall not be less than that required for a one (1) hour fire-resistive floor or roof system. EXCEPTION: Corridor walls and ceilings need not be of fire-resistive construction within office spaces having an occupant load of one-hundred (100) or less when the entire story in which the space is located is equipped with an automatic sprinkler system throughout and an automatic smoke-detection system installed within the corridor; Corridors more than thirty (30) feet in width where occupancies served by such corridors have at least one (1) exit independent from the corridor. Refer to section 040 of this standard. (7-1-97)

06. Protection from Hazards: (7-1-97)

a. Exit enclosures from any hazardous area shall be safeguarded in accordance with sub-section 040.07 of this standard. Hazardous areas include, but are not limited to: Boiler and furnace rooms, laundries, kitchens, repair shops, handicraft shops, employees locker rooms, soiled linen rooms, print shops, rooms or spaces used for the storage of combustible supplies and equipment in quantities deemed hazardous, trash collection rooms, and gift rooms. (7-1-97)

b. All exterior openings in a boiler room containing central heating equipment if located below openings in another story, or if less than ten (10) feet from other doors or windows of the same
building, shall be protected by a fire assembly having a three-fourths (3/4) hour fire protection rating. Such fire assemblies shall be fixed, automatic, or self-closing. (7-1-97)

07. Rescue and Ventilation: (7-1-97)

a. Every patient sleeping room shall have an outside window or door arranged and located to permit the venting of products of combustion and to permit any occupant to have access to fresh air in case of emergency. EXCEPTIONS: Rooms intended for occupancy of less than twenty-four (24) hours, such as those housing obstetrical labor beds, recovery beds, observation beds in the emergency department and newborn nurseries. Buildings designed with an engineered smoke control system. (7-1-97)

08. Emergency Lighting: (7-1-97)

a. Each health care facility shall be provided with emergency lighting that meets the provisions of section 042 of this standard. (7-1-97)

09. Fire Alarms: (7-1-97)

a. An approved manual and automatic fire alarm system shall be provided for all Health Care Occupancies. Audible/visible alarm devices shall be used in all non-patient areas. Visible alarm devices may be used in lieu of audible devices in patient occupied areas. (7-1-97)

10. Fire Sprinklers: (7-1-97)

a. An automatic sprinkler system shall be installed. (7-1-97)

11. Smoke Detectors: (7-1-97)

a. Smoke detectors which receive their primary power from the building wiring shall be installed in patient sleeping rooms of hospitals and nursing homes. Actuation of such detectors shall cause a visual display on the corridor side of the room in which the detector is located and shall cause an audible and visual alarm at the respective nurses' station. When single-station detectors and related devices are combined with a nursing call system, the nursing call system shall be listed for the intended combined use. EXCEPTION: In rooms equipped with automatic door closers having integral smoke detectors on the room side, the integral detector may substitute for the room smoke detector, provided it performs the required alerting functions. (7-1-97)

121. -- 129. (RESERVED)