Public Input No. 59-NFPA 101-2021 [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 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 Input

Chapter 7 has inspection requirements for doors using special locking arrangements, but only when invoked by the occupancy chapter. Many heath care facilities do not regularly inspect this hardware which is essential to safeguarding life by allowing egress in the event of a fire and is commonly used in the health care industry. Similar to fire doors, these facilities should annually ensure the hardware works as required. This requirement would ensure egress hardware is inspected annually.

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Submittal Date: Mon Apr 12 14:15:10 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: No technical substantiation or loss data was provided to justify a requirement for annual testing of the noted door locking systems.

Public Input No. 282-NFPA 101-2021 [Section No. 18.2.2.2.5]

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:

(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) ~~Hardware~~ *Door electrical locking hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System ~~Units~~ . ~~Units~~* or UL 1034, ~~*Burglary-Resistant Locking Mechanisms*~~ .

A . 18.2.2.2.5.2(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.

Additional Proposed Changes

File Name	Description	Approved
2024_NFPA_101_UL_294_and_UL_1034_20210531.pdf	PDF of proposed revisions adding UL 1034.	

Statement of Problem and Substantiation for Public Input

This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.
The reference to UL 294 has created confusion for building designers specifying electric locking

systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.
In addition of adding UL 1034, this proposal brings consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101.

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

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 277-NFPA 101-2021 [Section No. 2.3.11]	
Public Input No. 278-NFPA 101-2021 [Section No. 7.2.1.5.7 [Excluding any Sub-Sections]]	
Public Input No. 279-NFPA 101-2021 [Section No. 7.2.1.6]	
Public Input No. 283-NFPA 101-2021 [Section No. 19.2.2.2.5]	

Submitter Information Verification

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Submittal Date: Mon May 31 10:57:48 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6700-NFPA 101-2021

Statement: This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.

The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.

The FR relocates the UL standard references to Annex A so as to not limit the standards to only UL standards.

2021 NFPA 101 UL 294 and UL 1034
Revised May 31, 2021
BHMA, John Woestman

Chapter 2 Referenced Publications

UL 294, Access Control System Units, 2018.
UL 1034-2011, Burglary-Resistant Electric Locking Mechanisms – with revisions through June 2020

Reason: Adding this UL standard as it is proposed to be referenced in 7.2.1.5.7, 7.2.1.6.1.1, 7.2.1.6.2.1, 7.2.1.6.3.1, 7.2.1.6.4.1, 18.2.2.2.5.2, and 19.2.2.2.5.2.

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 locking hardware for new installations shall be listed in accordance with UL **294**, *Access Control System Units* or UL 1034, *Burglary-Resistant Locking Mechanisms*.

3. Selected re-entry shall be provided in accordance with 7.2.1.5.7.1.

A.7.2.1.5.7(2)(c)
The electrical locking hardware may be a component of an electrical locking system (i.e. access control system) or the electrical locking hardware may be a device with an individual listing.

Reason: This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.
The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.
In addition of adding UL 1034, this proposal bring consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101.
The addition of this Annex A text complements the revisions to 7.2.1.5.7(2)(c)

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.

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 electrical locking ~~H~~hardware for new installations shall be listed in accordance with UL **294**, *Access Control System Units* or UL 1034, *Burglary-Resistant 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.

Reason: This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.
The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.

In addition of adding UL 1034, this proposal bring 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.

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 electrical locking ~~H~~hardware for new installations shall be listed in accordance with UL **294**, *Access Control System Units* or UL 1034, *Burglary-Resistant 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.

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 electrical locking ~~H~~hardware for new installations is listed in accordance with UL **294**, *Access Control System Units* or UL 1034, *Burglary-Resistant 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.

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 electrical locking hardware is 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 (i.e. access control system) or the electrical locking hardware may be a device with an individual listing.

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 ~~H~~hardware for new ~~electric lock~~ installations is listed in accordance with UL **294**, *Access Control System Units* or UL 1034, *Burglary-Resistant Locking Mechanisms*.

A. 18.2.2.2.5.2(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.

Reason: This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.
The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.
In addition of adding UL 1034, this proposal bring consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101.
The addition of this Annex A text complements 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 ~~H~~hardware for ~~new electric~~ lock installations is listed in accordance with UL **294**, *Access Control System Units* or UL 1034, *Burglary-Resistant Locking Mechanisms*.

A. 19.2.2.2.5.2(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.

Reason: This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.
The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.
In addition of adding UL 1034, this proposal bring consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101.
The addition of the Annex A text complements the revisions to 19.2.2.2.5.2(6)

Public Input No. 255-NFPA 101-2021 [Section No. 18.2.2.2.5 [Excluding any Sub-Sections]]

Door-locking arrangements shall be permitted in accordance with either 18.2.2.2.5.1, 18.2.2.2.5.2 or 18.2.2.2.5.3 .

18. 2 .2.2.5.3 Door locking arrangements as part of an infant abduction or elopement system shall be permitted where the patient special needs require specialized protective measures for their safety provided all the following criteria are met:

(1) The doors are nomally unlocked and only lock when a patient is within 10 ft of the door

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

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

a. Smoke detector activation in an approved, supervised automatic fire detection system in accordance with Section 9.6

b. An approved, supervised automatic sprinkler system in accordance with Section 9.7

Statement of Problem and Substantiation for Public Input

Currently the Code does not address what is required where an infant abduction or elopement system is provided. The doors are normally unlocked and only lock if a patient is within a specified distance from the door. This PI is seeking clarity on how to address infant abduction and elopement systems. If the committee feels this approach addressed in the PI is not an acceptable method of locking such units, perhaps additional text in the annex note for Section 18.2.2.2.5.2 could be added that the section also pertains to doors normally unlocked provided with an infant abduction or elopment system.

Smoke detector activation only was proposed in lieu of the building fire alarm system so the security arrangement could not defeated by pulling a manual fire alarm box.

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Submittal Date: Fri May 28 12:33:18 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: CI-6697-NFPA 101-2021

Statement: The CI responds to PI 255 and is intended to permit further review at the second draft stage and solicit public comments. The CI revises the PI by deleting "or elopement" in the base paragraph and changing "within 10 ft of the door" to "in proximity range of the sensors."

Public Input No. 244-NFPA 101-2021 [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)~~ Automatic smoke detection ~~system is~~ shall be provided throughout each room under ceiling within 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:

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

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 248-NFPA 101-2021 [Section No. 18.2.5.7.2.1(B)]	
Public Input No. 249-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]	
Public Input No. 250-NFPA 101-2021 [Section No. 18.2.5.7.3.2(B)]	

Public Input No. 251-NFPA 101-2021 [Section No. 19.2.2.2.5.2]

Submitter Information Verification

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Submittal Date: Fri May 28 11:47:56 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 245-NFPA 101-2021 [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 ~~building is protected~~ smoke compartment secured area and the smoke compartments in egress path to the exit discharge at the building exterior 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) Hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System Units*.

Statement of Problem and Substantiation for Public Input

The current Code language does not permit an Emergency Department or Pediatrics unit to be secure per 18.2.2.2.5.2 unless the building is completely sprinkler protected. Providing security to the vulnerable patients should not be dependent on sprinkler protection of areas that do not pose a threat to the increased egress time from the locked unit. Providing sprinkler protection throughout a building is not always feasible especially in rural critical access hospitals with limited budgets. CMS does not acknowledge text in the annex so the language being relocated into the body of the Code is necessary.

The language is being proposed in Chapter 18 even though new health care occupancies require sprinkler protection since the area not sprinkler protected is located in an area that is existing to remain and Chapter 18 sprinkler protection requirements would not apply.

Providing a secure unit in accordance with 18.2.2.2.5.2 delays the time for occupants to egress from the area which is addressed by providing sprinkler protection in the locked space and the egress path to the exterior of the building. This PI essentially seeks to move the text from the annex into the body of the Code.

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Submittal Date: Fri May 28 11:52:13 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6725-NFPA 101-2021
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.

Public Input No. 62-NFPA 101-2021 [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) and one of the following:

(2) From an approved constantly attended location in accordance with 18 . 2.2.2.6(1)(a) .

(3) 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.~~

(4)

(a) 9 and either 18.2.2.2.6(b) OR 18.2.2.2.6(c).

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

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

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

(8) Activation of the smoke detection system required by 18.2.2.2.5.2(

~~2~~

(a) 1) (b)

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

(9) Hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System Units*.

Additional Proposed Changes

File Name	Description	Approved
18.2.2.2.5.2.PNG	18.2.2.2.5.2	

Statement of Problem and Substantiation for Public Input

Text format as attached. Did not display correctly in this web ap. This change would consolidate the requirement for a remote release device. 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. 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.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance LLC
Street Address:
City:
State:
Zip:
Submittal Date: Mon Apr 12 16:00:56 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The PI makes unintended technical changes. The submitter intends to further revise the item for the second draft stage.

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) and one of the following:
   (a) From an approved constantly attended location in accordance with 18.2.2.2.6(1)(a).
   (b) A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9 and either 18.2.2.2.6(b) OR 18.2.2.2.6(c).

(2)* The building is 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(1)(b)
   (b) Waterflow in the automatic sprinkler system required by 18.2.2.2.5.2(3)

(5) Hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System Units*.

Public Input No. 172-NFPA 101-2021 [Section No. 18.2.2.2.11]

18.2.2.2.11

~~Sliding doors shall be permitted in accordance with 18.2.2.2.11.1 or 18.2.2.2.11.2 .~~

~~**18.2.2.2.11.1** –~~

Special-purpose horizontally sliding accordion or folding door assemblies in accordance with 7.2.1.13, that are not automatic-closing shall be limited to a single leaf and shall have a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.

~~**18.2.2.2.11.2** –~~

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

(1) ~~The area served by the door has no high-hazard contents.~~

(2) ~~The door is readily operable from either side without special knowledge or effort.~~

(3) ~~The force required to operate the door in the direction of door travel is not more than 30 lbf (133 N) to set the door in motion and is not more than 15 lbf (67 N) to close the door or open it to the minimum required width.~~

(4) ~~The door assembly complies with any required fire protection rating and, where rated, is self-closing or automatic-closing by means of smoke detection in accordance with 7.2.1.8 and is installed in accordance with NFPA 80.~~

(5) ~~Where corridor doors are required to latch, the doors are equipped with a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.~~

Statement of Problem and Substantiation for Public Input

The permissions allowed by 18.2.2.2.11.2 are already permitted for all occupancies by 7.2.1.4.1(4)(c), unless otherwise prohibited by the individual occupancy chapters. It is not necessary to include these requirements in the occupancy chapter.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance, LLC
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 19 11:42:56 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6694-NFPA 101-2021

Statement: The permissions allowed by 18.2.2.2.11.2 are already permitted for all occupancies by 7.2.1.4.1(4)(c), unless otherwise prohibited by the individual occupancy chapters. It is not necessary to include these requirements in the occupancy chapter.

Public Input No. 134-NFPA 101-2021 [Sections 18.2.5.7.2.1(A), 18.2.5.7.2.1(B)]

Sections 18.2.5.7.2.1(A), 18.2.5.7.2.1(B)

(A)

Patient care sleeping suites shall be provided with constant staff supervision within the suite.

(B)*

Patient care sleeping suites shall be ~~arranged in accordance with one of the following*~~ ~~Patient sleeping rooms within patient care sleeping suites shall provide one of the following: The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is~~ provided ~~by glass walls, and cubicle curtains shall be permitted.Any patient sleeping rooms without the direct supervision required by 18.2.5.7.2.1(B)(1) (a) shall be provided~~ with ~~smoke detection in accordance with Section 9.6 and 18.3.4 .Patient care sleeping suites shall be provided with~~ a total (complete) coverage automatic smoke detection system in accordance with 9.6.2.9 and 18.3.4 .

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. The task group recommends removing any language that assumes a nurse station would be continuously staffed or, for the most part, normally attended, relying instead on smoke detection throughout the area. One reason for this is the move toward distributed nurse stations that might not be staffed regularly (in both hospitals and long-term care) and the burden this places on the AHJ to determine the extent to which each nurse station is staffed. Our belief is that the addition of smoke detection in new construction would not be an onerous cost. The attendant Annex note is also recommended to be deleted.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 135-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]	
Public Input No. 136-NFPA 101-2021 [Section No. A.18.2.5.7.2.1(B)]	
Public Input No. 137-NFPA 101-2021 [Section No. A.18.2.5.7.2.1(B)(1)]	
Public Input No. 141-NFPA 101-2021 [Section No. 18.3.6.1]	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 11 17:06:21 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: A continuously staffed nurses station remains a viable alternative to smoke detection.

Public Input No. 248-NFPA 101-2021 [Section No. 18.2.5.7.2.1(B)]

(B)*

Patient care sleeping suites shall be arranged in accordance with one of the following:

(1)* Patient sleeping rooms within patient care sleeping suites shall provide one of the following:

(2) The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains shall be permitted.

(3) Any patient sleeping rooms without the direct supervision required by 18.2.5.7.2.1(B)(1)(a) shall be provided with smoke detection in accordance with Section 9.6 and 18.3.4 .

(4) Patient care sleeping suites shall be provided ~~with a total (complete) coverage automatic~~ with automatic smoke detection ~~system in accordance with 9.6.2.9 and 18.3.4 .~~ in all rooms below ceiling within the patient care sleeping suite.

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 244-NFPA 101-2021 [Section No. 18.2.2.2.5.2]	
Public Input No. 249-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]	
Public Input No. 250-NFPA 101-2021 [Section No. 18.2.5.7.3.2(B)]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
Organization:

Affiliation:	ASHE Regulatory Affairs Committee
Street Address:	
City:	
State:	
Zip:	
Submittal Date:	Fri May 28 12:05:07 EDT 2021
Committee:	SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 64-NFPA 101-2021 [Section No. 18.2.5.7.2.1(B)]

(B)*

~~Patient care sleeping suites shall be arranged in accordance with one of the following:~~

(1)* Patient sleeping rooms within patient care sleeping suites shall provide one of the following:

(2) The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains shall be permitted.

(3) Any patient sleeping rooms without the direct supervision required by 18.2.5.7.2.1(B)(1)(a) shall be provided with smoke detection in accordance with Section 9.6 and 18.3.4 .

(4) ~~Patient care sleeping suites shall be provided with a total (complete) coverage automatic smoke detection system in accordance with 9.6.2.9 and 18.3.4 .~~

(5)

Statement of Problem and Substantiation for Public Input

Section 18.2.5.7.2.1(B) offers two choices for smoke detection/supervision of sleeping suites. Under option 1, section 18.2.5.7.2.1(B)(1)(b) requires smoke detection in each patient room that does no have direct supervision as required by 18.2.5.7.2.1(B)(1)(a). A suite could in theory have no direct supervision and instead have smoke detection in each patient room and still be in compliance with 18.2.5.7.2.1(B)(1), thus meeting the minimum code requirement. Option 2 presented in 18.2.5.7.2.1(B)(2) requires total (complete) smoke detection throughout the suite. Essentially the requirements for this section are to provide smoke detection in each sleeping room OR provide total (complete) smoke detection which would include the smoke detectors in the sleeping rooms. A designer looking to meet minimum code requirements would never choose option 2 based on the increased cost of added smoke detectors. Further, additional devices would cause increased cost for the facility to maintain should a designer not understand the code minimum requirement and provie complete smoke detection. The change aims to require smoke detection only patient rooms that does not have direct staff supervision, which is in line with the current requirement.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance, LLC
Street Address:
City:
State:
Zip:
Submittal Date: Tue Apr 13 12:33:54 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6685-NFPA 101-2021

Statement: Section 18.2.5.7.2.1(B) offers two choices for smoke detection/supervision of sleeping suites. Under option 1, section 18.2.5.7.2.1(B)(1)(b) requires smoke detection in each patient room that does no have direct supervision as required by 18.2.5.7.2.1(B)(1)(a). A suite could in theory have no direct supervision and instead have smoke detection in each patient room and still be in compliance with 18.2.5.7.2.1(B)(1), thus meeting the minimum code requirement. Option 2 presented in 18.2.5.7.2.1(B)(2) requires total (complete) smoke detection throughout the suite. Essentially the requirements for this section are to provide smoke detection in each sleeping room OR provide total (complete) smoke detection which would include the smoke detectors in the sleeping rooms. A designer looking to meet minimum code requirements would never choose option 2 based on the increased cost of added smoke detectors. Further, additional devices would cause increased cost for the facility to maintain should a designer not understand the code minimum requirement and provide complete smoke detection. The change aims to require smoke detection only patient rooms that does not have direct staff supervision, which is in line with the current requirement.

Public Input No. 68-NFPA 101-2021 [Section No. 18.2.5.7.2.3]

18.2.5.7.2.3 Patient Care Sleeping Suite Maximum Size.

(A)

Reserved.

(B)

Patient care sleeping suites shall not exceed 7500 ft^2 (700 m^2) gross floor area, unless otherwise provided in 18.2.5.7.2.3(C).

(C)

Patient care sleeping suites greater than 7500 ft^2 (700 m^2) gross floor area and not exceeding 10,000 ft^2 (930 m^2) gross floor area shall be permitted where both of the following are provided in the suite:

(1)* Direct visual supervision in accordance with 18.2.5.7.2.1(B)(1)(a)

(2) ~~Total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 18.3.4~~

(3)

Statement of Problem and Substantiation for Public Input

For suites >5000 sq ft and less than 7500 sq ft, 19.2.5.7.2.3(B) requires sprinklers throughout the smoke compartment (note that public input No. 67 addresses that this requirement should be applied throughout the suite, not the smoke compartment). In addition, 19.2.5.7.2.3(B) requires that these sprinklers either meet the requirements of 19.3.5.8 OR that complete smoke detection is provided. This means that the code views the quick response sprinklers required by 19.3.5.8 equal to complete smoke detection in protection of the suite as both are equally compliant options for protection. New heath care occupancies already require quick response sprinklers throughout. Because the code views quick response sprinklers as equal to complete smoke detection, the designer should not be required to have complete smoke detection as well.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance, LLC
Street Address:
City:
State:
Zip:
Submittal Date: Wed Apr 14 09:24:59 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The allowance for 10,000 sq-ft suites was based on the presence of the extra protection afforded by direct supervision and smoke detection.

Public Input No. 135-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]

(C)

Patient care sleeping suites greater than 7500 ft^2 (700 m^2) gross floor area and not exceeding 10,000 ft^2 (930 m^2) gross floor area shall be permitted where both of the following are provided in the suite:

(1)* Direct visual supervision ~~in accordance with 18.2.5.7.2.1(B)(1) (a)~~ from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains

(2) Total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 18.3.4

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurses' Stations. This change is linked to proposed changes to 18.2.5.7.2.1(B)(1)(a), which is proposed to be deleted and therefore cannot be referenced. In this case, retention of language requiring supervision from a normally attended location is recommended to justify the increase from 7500 square feet (700 square meters) to 10,000 square feet (930 square meters) because total (complete) coverage is already proposed to be required in patient care sleeping suites up to 7500 square feet (700 square meters). The Annex note is proposed to be revised to explain what is meant by "normally attended" in order clarify this requirement.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 134-NFPA 101-2021 [Sections 18.2.5.7.2.1(A), 18.2.5.7.2.1(B)]	referenced by this section
Public Input No. 138-NFPA 101-2021 [Section No. A.18.2.5.7.2.3(C)(1)]	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 11 17:25:34 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The revision is not needed based on the action on PI-134, which did not delete 18.2.5.7.2.1(B)(1)(a).

Public Input No. 249-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]

(C)

Patient care sleeping suites greater than 7500 ft^2 (700 m^2) gross floor area and not exceeding 10,000 ft^2 (930 m^2) gross floor area shall be permitted where both of the following are provided in the suite:

(1)* Direct visual supervision in accordance with 18.2.5.7.2.1(B)(1)(a)

(2) ~~Total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 18.3.4~~ Automatic smoke detection in each room below ceiling within the patient care sleeping suite

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 244-NFPA 101-2021 [Section No. 18.2.2.2.5.2]	
Public Input No. 248-NFPA 101-2021 [Section No. 18.2.5.7.2.1(B)]	
Public Input No. 250-NFPA 101-2021 [Section No. 18.2.5.7.3.2(B)]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
Organization:
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:

Submittal Date: Fri May 28 12:08:00 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 250-NFPA 101-2021 [Section No. 18.2.5.7.3.2(B)]

(B)

Nonsleeping suites greater than 12,500 ft^2 (1160 m^2) gross floor area and not exceeding 15,000 ft^2 (1390 m^2) gross floor area shall be permitted where ~~provided with total (complete) coverage~~ automatic smoke detection in ~~accordance with 9.6.2.9 and 18.3.4 .~~ each room below ceiling within the nonsleeping suite is.

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 244-NFPA 101-2021 [Section No. 18.2.2.2.5.2]	
Public Input No. 248-NFPA 101-2021 [Section No. 18.2.5.7.2.1(B)]	
Public Input No. 249-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
Organization:
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 12:09:43 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 345-NFPA 101-2021 [New Section after 18.2.5.7.4]

18.2.5.8 Interlocked-Door Vestibule

Where approved by the authority having jurisdiction, 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 Input

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.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 292-NFPA 101-2021 [Section No. 7.2.1.2.3]	
Public Input No. 343-NFPA 101-2021 [New Section after 7.2.1.6.4.2]	

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
State:
Zip:
Submittal Date: Tue Jun 01 10:36:24 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The corresponding PI in Ch. 7 was resolved, so no core chapter provisions exist to reference. It is noted that the subject is being further studied by the Means of Egress TC for the second draft stage.

Public Input No. 156-NFPA 101-2021 [New Section after 18.3.2.1.2]

TITLE OF NEW CONTENT

Type your content here ...Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48-inch above the bottom of the door.

Statement of Problem and Substantiation for Public Input

Fire doors in storage and trash type rooms (hazardous areas) are often damaged by carts and other equipment. Allowing large protective plates in a fully sprinklered qr zone will protect the fire doors from damage without the extra expense of fire rated components.

Submitter Information Verification

Submitter Full Name: Peter Leszczak
Organization: US Department of Veterans Affairs
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 14 14:08:31 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: NFPA 80 would not permit a protective plate more than 16 in. above the bottom of the door. Fire doors are within the scope of NFPA 80 and any proposed revisions should be submitted to that standard.

Public Input No. 157-NFPA 101-2021 [Section No. 18.3.2.1.2]

18.3.2.1.2

The following areas shall be considered hazardous areas and shall be protected by ~~fire barriers having a minimum 1-hour fire resistance rating~~ smoke partitions in accordance with ~~Section~~ 8. ~~3:~~ 4.

(1) Boiler and fuel-fired heater rooms

(2) Central/bulk laundries larger than 100 ft^2 (9.3 m^2)

(3) Paint shops employing hazardous substances and materials in quantities less than those that would be classified as a severe hazard

(4) Physical plant maintenance shops

(5) Rooms with soiled linen in volume exceeding 64 gal (242 L)

(6) Rooms with collected trash in volume exceeding 64 gal (242 L)

(7) Storage rooms larger than 100 ft^2 (9.3 m^2) and storing combustible material

Statement of Problem and Substantiation for Public Input

The 1-hour fire barrier enclosure for a fully protected typical medical unit hazardous area that is protected with quick-response sprinklers is excessive. The activation of the quick-response sprinklers will control the fire in the room of origin. The smoke partition requirements of section 8.4 will restrict smoke migration by providing self- or auto-closing doors.

Submitter Information Verification

Submitter Full Name: Peter Leszczak
Organization: US Depart. of Veterans Affairs
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 14 14:18:03 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: Hazardous area protection is important in defend-in-place occupancies. The revision would be inconsistent with other building codes. No technical justification was provided to substantiate the proposed revision. There is no assurance that such areas will be located in spaces with quick response sprinklers as indicated in the substantiation.

Public Input No. 175-NFPA 101-2021 [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 non-sleeping patient care suite by corridor wall in accordance with 18.3.6.

Statement of Problem and Substantiation for Public Input

The sterile cores have combustible materials for use in the procedures in ORs and anesthetizing areas. These areas have been considered hazardous area by some AHJ's . Rated walls with latching hardware or smoke partition walls with latching hardware create access issues for the surgeons and staff. Surgeons and Staff clean and sterilize their hands in the core area. Use of the door latch may introduce contamination to the sterile field.
While we may have considerable amount of combustibles in the sterile core, this area is occupied before and during the procedure. The recent NFPA fire data does not identify these sterile cores as issue for fire incidents.

Based on the desire for doors without latches to address the users needs and the lack of fire incidents that endanger the patients, the removal of the sterile core areas support OR and anesthetizing areas meets the goals stated in Chapter 4.

Submitter Information Verification

Submitter Full Name: Michael Crowley
Organization: Coffman Engineers, Inc.
Street Address:
City:
State:
Zip:
Submittal Date: Wed May 19 18:14:17 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The revision does not define sterile cores. It is not clear how 18.3.6 would apply to such arrangements. See also CI-6726.

Public Input No. 54-NFPA 101-2021 [New Section after 18.3.2.5]

18.3.2.5.6

Where residential cooking equipment is used for rehab, physical therapy, or other clinical purposes, the equipment shall not require additional protection, provided the equipment is disconnected from power and/or fuel source such that it cannot produce heat.

Statement of Problem and Substantiation for Public Input

This is a typical arrangement found in many hospitals across the country. it is important for a patient to be able to imitate cooking practices to ensure the patient can live on their own upon hospital discharge. Currently there is no code compliant way to provide this equipment without protecting it with additional safeguards which are costly to install and maintain, but will likely never be needed in practice because the equipment is not used for food preparation. Because these appliances were never intended to actually cook with, this provision would allow them to be present while also ensuring they cannot create a hazard if staff or patients were to try to use them for actually cooking.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance LLC
Street Address:
City:
State:
Zip:
Submittal Date: Mon Apr 12 12:37:28 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6727-NFPA 101-2021

Statement: This is a typical arrangement found in many hospitals across the country. it is important for a patient to be able to imitate cooking practices to ensure the patient can live on their own upon hospital discharge. Currently there is no code compliant way to provide this equipment without protecting it with additional safeguards which are costly to install and maintain, but will likely never be needed in practice because the equipment is not used for food preparation. Because these appliances were never intended to actually cook with, this provision would allow them to be present while also ensuring they cannot create a hazard if staff or patients were to try to use them for actually cooking.

Public Input No. 26-NFPA 101-2021 [Section No. 18.3.2.5.3]

[See attached Public Comment No. 109 - Rejected but held]

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.

Additional Proposed Changes

File Name	Description	Approved
101_A2023_SAF_HEA_PC109.pdf	Public Comment No. 109 Rejected but held	

Statement of Problem and Substantiation for Public Input

NOTE: This Public Input appeared as "Rejected but held" in Public Comment No. 109 of the A2020 Second Draft Report for NFPA 101 and per the Regs at 4.4.8.3.1.

Submitter Information Verification

Submitter Full Name: Tc On Saf-Hea
Organization: NFPA
Street Address:
City:
State:
Zip:
Submittal Date: Mon Feb 01 09:34:36 EST 2021
Committee: SAF-HEA

Committee Statement

Resolution: It is not clear that listing per UL 197 is sufficient protection in lieu of all of the current protection requirements for equipment that is open to the corridor. The exemption would apply to the entire cooking area regardless of the presence of other equipment that is not listed to UL 197. The submitter might consider this to be its own exemption as a separate paragraph under 18.3.2.5.

Public Comment No. 109-NFPA 101-2019 [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~~
the electric cooking appliance(s) is (are) listed to ANSI/UL 197 using the category KNLZ test method, or, each of the following conditions are met

~~:~~
~~:~~
~~1~~

(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.

Statement of Problem and Substantiation for Public Comment

New technology in commercial electric food cooking equipment places a catalytic combustion chamber within an oven chamber where combustible particulate matter is continuously catalyzed and converted into H2O and CO2. Other novel systems cool the oven-process air in a drain assembly, thereby condensing FOG particulate matter that is then discharged down the waste drain. These food equipment processes are tested pursuant to ANSI/UL 197 and the KNLZ category testing, which is also referenced in ANSI UL710B, Sect 17, and includes the EPA 202 test method.
These systems comprise the very first commercial cooking appliances with integral fire prevention systems. They prevent fire by preventing hazardous levels of combustible particulate matter to be emitted to the indoor space. By destroying combustible particulate matter at the source, emissions are reduced to safe levels of CO2 and H2O being emitted into the space, neither of which is a contributing fire risk factor. Such systems are an order of magnitude safer than that which is currently permitted, with well over 100K units installed in the past 15yrs without a single report of a fire. You see these ovens in your favorite coffee shops and frankly, everywhere in recent past.

Related Item

• cooking

Submitter Information Verification

Submitter Full Name:	Thomas Johnson
Organization:	Johnson Risk Solutions, LLC
Affiliation:	The Middleby Corporation (TurboChef, Blodgett, Wells Mfg, Wells Mfg, Evo, Cooktek) and several others clients with UL 197 KNLZ listed products. . .
Street Address:	
City:	
State:	
Zip:	
Submittal Date:	Tue Apr 16 11:36:41 EDT 2019
Committee:	SAF-AAC

Public Input No. 401-NFPA 101-2021 [Section No. 18.3.5]

18.3.5 Extinguishment Requirements.

18.3.5.1*

Buildings containing health care occupancies shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.1 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 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.

18.3.5.5

In Type I and Type II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection without causing a building to be classified as nonsprinklered in specified areas where the authority having jurisdiction has prohibited sprinklers.

18.3.5.6*

Listed quick-response or listed residential sprinklers shall be used throughout smoke compartments containing patient sleeping rooms.

18.3.5.7 Reserved.

18.3.5.8 Reserved.

18.3.5.9 Reserved.

18.3.5.10*

Sprinklers shall not be required in clothes closets of patient sleeping rooms in hospitals where the area of the closet does not exceed 6 ft^2 (0.55 m^2), provided that the distance from the sprinkler in the patient sleeping room to the back wall of the closet does not exceed the maximum distance permitted by NFPA 13.

18.3.5.11*

Sprinklers in areas where cubicle curtains are installed shall be in accordance with NFPA 13.

18.3.5.12

Portable fire extinguishers shall be provided in all health care occupancies in accordance with Section 9.9.

Statement of Problem and Substantiation for Public Input

The SAF-AAC and BLD-AAC formed a task group to review fire sprinkler supervision requirements in NFPA 101 and 5000. The task group recommends occupancy chapters to consider replacing text that points to Section 9.7.1.1 (likewise in NFPA 5000, Section 55.3.1.) for supervision, as this can be interpreted the installation standard, i.e. NFPA 13, drives the method of supervision which allows chains and locks on new installations. This is not the intent of NFPA 101 or NFPA 5000 as model codes that allow construction tradeoffs and exceptions based on electrical supervision of valves, waterflow, etc. The task group recommends occupancy TCs to revise text in XX.3.5.1 to be explicit as

follows:

- …protected by an automatic sprinkler system in accordance with Section 9.7.1 and electrically supervised in accordance with 9.7.2.

- …protected by an automatic sprinkler system in accordance with Section 55.3 and electrically supervised in accordance with 55.3.2.

Submitted on behalf of the SAF-AAC and BLD-AAC task group on sprinkler supervision.

Submitter Information Verification

Submitter Full Name:	Jeffrey Hugo
Organization:	National Fire Sprinkler Associ
Affiliation:	Submitted on behalf of the SAF-AAC and BLD-AAC task group on sprinkler supervision.
Street Address:	
City:	
State:	
Zip:	
Submittal Date:	Tue Jun 01 14:32:51 EDT 2021
Committee:	SAF-HEA

Committee Statement

Resolution: Adding the proposed language would be redundant in that 'supervised' is already in the paragraph. 9.7.2 states where a sprinkler system is required to be supervised, it must be electrically supervised.

Public Input No. 141-NFPA 101-2021 [Section No. 18.3.6.1]

18.3.6.1 Corridor Separation.

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

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

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

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

(4)* The open space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4

~~, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space~~

(a) .

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

(5)* ~~This requirement shall not apply to spaces for nurses' stations.~~

(6)

(7) Gift shops not exceeding 500 ft^2 (46.4 m^2) shall be permitted to be open to the corridor or lobby.

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

(9) The space is not a hazardous area.

(10)* The space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4

~~, or the space is arranged and located to allow direct supervision by the facility staff from the nurses' station or similar location~~

(a) .

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

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

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. The task group recommends removing any language that assumes a nurse station would be continuously staffed or, for the most part, normally attended, relying instead on smoke detection throughout the area. One reason for this is the move toward distributed nurse stations that might not be staffed

regularly (in both hospitals and long-term care) and the burden this places on the AHJ to determine the extent to which each nurse station is staffed. Our belief is that the addition of smoke detection in new construction would not be an onerous cost.
Note that the only change is the deleted text. The underlined text is existing (a quirk of Terra).

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 134-NFPA 101-2021 [Sections 18.2.5.7.2.1(A), 18.2.5.7.2.1(B)]	same concept applied to sleeping suites; same substantiation
Public Input No. 142-NFPA 101-2021 [Section No. A.18.3.6.1(1)(c)]	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Thu May 13 11:35:30 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The existing provision has existed for many years and no justification has been provided to remove the attended nurses station option.

Public Input No. 53-NFPA 101-2021 [New Section after 18.3.6.3.5]

18.3.6.3.5.1

Doors to normally unoccupied spaces such as mechanical, electrical, or other similar spaces shall be provided with a positive latch, deadbolt, or other means for keeping the door closed that is acceptable to the authority having jurisdiction.

Statement of Problem and Substantiation for Public Input

Closing doors to normally unoccupied rooms is not typically part of a hospital's fire response plan or staff training as the focus is to close patient room doors. Doors to these rooms are kept normally secured closed, but do not require a staff member to quickly close them, thus should not require a positive latching device. A deadbolt or other similar locking mechanism would be sufficient to keep the door closed and should be permitted.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance LLC
Street Address:
City:
State:
Zip:
Submittal Date: Mon Apr 12 12:30:34 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: Insufficient substantiation has been provided to allow a blanket exemption to the requirement for positive latching with no limit on the equipment in the room.

Public Input No. 272-NFPA 101-2021 [Section No. 18.3.6.3.5]

18.3.6.3.5*

Doors shall be self-latching and provided with positive latching hardware, or 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 .

A.18.3.6.3.5

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, which is based on the provisions of NFPA 80 Section 6.4.4.3.3, is equivalently applicable to doors not required to comply with NFPA 80 (doors not required to be fire-rated).

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).

NFPA 80 Section 6.4.4.3.3, as part of the locks and latches requirements, states: 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.

Statement of Problem and Substantiation for Public Input

On corridor doors in health care facilities, as an acceptable alternative to doors provided with positive latching hardware our BHMA members are being asked if it is possible to apply the provisions of NFPA 80 Section 6.4.4.3.3 on fire-rated and non-fire-rated corridor doors. 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).

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.

NFPA 80 Section 6.4.4.3.3, as part of the locks and latches requirements, states: 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.

The proposed additions to Annex A complement the proposed revisions to 18.3.6.3.5.

Related Public Inputs for This Document

Related Input	Relationship

Public Input No. 273-NFPA 101-2021 [Section No. A.19.3.6.3.5]
Public Input No. 274-NFPA 101-2021 [Section No. 20.3.7.1]
Public Input No. 276-NFPA 101-2021 [Section No. 32.3.3.6.7]

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
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Zip:
Submittal Date: Mon May 31 09:57:38 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: 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.

Public Input No. 52-NFPA 101-2021 [Section No. 18.3.6.3.5]

18.3.6.3.5

Doors shall be self-latching and provided with positive latching hardware except as permitted by 18 .3.6.3.5.1.

Statement of Problem and Substantiation for Public Input

Closing doors to normally unoccupied rooms is not typically part of a hospital's fire response plan or staff training as the focus is to close patient room doors. Doors to these rooms are kept normally secured closed, but do not require a staff member to quickly close them, thus should not require a positive latching device. A deadbolt or other similar locking mechanism would be sufficient to keep the door closed and should be permitted.

Submitter Information Verification

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Submittal Date: Mon Apr 12 12:22:04 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The related PI-53 was resolved.

Public Input No. 50-NFPA 101-2021 [Section No. 18.3.6.4.2]

18.3.6.4.2

Doors ~~to~~ or walls below the ceiling 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 ~~or to be~~ and doors shall be permitted to be undercut.

Statement of Problem and Substantiation for Public Input

Sections 18/19.3.6.4.1 prohibits transfer grills in doors and walls, but 18/19.3.6.4.2 permits them in doors to certain spaces. A louver in a door and a transfer grill in a wall below the ceiling are functionally the same, thus both should be permitted.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance, LLC
Street Address:
City:
State:
Zip:
Submittal Date: Mon Apr 12 12:02:30 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6719-NFPA 101-2021
Statement: Sections 18/19.3.6.4.1 prohibits transfer grills in doors and walls, but 18/19.3.6.4.2 permits them in doors to certain spaces. A louver in a door and a transfer grill in a wall below the ceiling are functionally the same, thus both should be permitted.

Public Input No. 261-NFPA 101-2021 [Section No. 18.3.7.1]

18.3.7.1

Buildings containing health care facilities shall be subdivided by smoke barriers *(see 18.2.4.3 4.1)*, unless otherwise permitted by 18.3.7.2 and 18.3.7.3, as follows:

(1) To divide every story used by inpatients for sleeping or treatment into not less than two smoke compartments

(2) To divide every story having an occupant load of 50 or more persons, regardless of use, into not less than two smoke compartments

(3) To limit the size of each smoke compartment required by 18.3.7.1(1) and 18.3.7.1(2) to an area not exceeding one of the following:

(4) 22,500 ft^2 (2100 m^2) gross floor area in hospital smoke compartments where any patient sleeping room is configured for two or more patients

(5) 40,000 ft^2 (3720 m^2) gross floor area in hospital smoke compartments where all patient sleeping rooms are configured for only one patient, in which case suites in accordance with 18.2.5.7 shall be permitted where every occupiable sleeping room within the suite is configured for only one patient

(6) 40,000 ft^2 (3720 m^2) gross floor area in hospital smoke compartments that contain no patient sleeping rooms

(7) 22,500 ft^2 (2100 m^2) gross floor area in nursing homes and limited care facilities

(8) To separate atriums in accordance with 18.3.7.3, in which case no limitation in the atrium size is required

(9) To limit the travel distance from any point to reach a door in the required smoke barrier to a distance not exceeding 200 ft (61 m)

Statement of Problem and Substantiation for Public Input

The proposed text is what is referenced in the chapter 19 and was the text referenced in chapter 18 2009 edition. The reference was not changed in the 2012 edition when additional paragraphs were added and it remains in the 2021 edition.

Submitter Information Verification

Submitter Full Name: Lennon Peake
Organization: Koffel Associates, Inc.
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 13:43:31 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6720-NFPA 101-2021

Statement: The revision corrects the informational cross-reference.

Public Input No. 262-NFPA 101-2021 [Section No. 18.3.7.2]

18.3.7.2

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

(1) Stories that do not contain a health care occupancy located directly above the health care occupancy

(2) Areas on health care floors that do not contain a health care occupancy and that are separated from the health care occupancy by a 2-hour fire barrier complying with ~~7~~ 8 ~~.2.4.~~ 3

(3) Stories that do not contain a health care occupancy and that are below the health care occupancy

(4) Open-air parking structures protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7

Statement of Problem and Substantiation for Public Input

The Code currently requires a horizontal exit to be provided for smoke barriers to be omitted on a floor which contains both business and health care occupancies. Requiring all horizontal exit fire barrier requirements seems excessive such as termination at outside walls, penetrations and door swing. A 2-hour fire barrier should be sufficient protection to allow the omission of smoke barriers in business occupancies on floors separated by a 2-hour barrier.

Submitter Information Verification

Submitter Full Name: Lennon Peake
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Affiliation: ASHE Regulatory Affairs Committee
Street Address:
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Zip:
Submittal Date: Fri May 28 13:47:05 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6729-NFPA 101-2021

Statement: The Code currently requires a horizontal exit to be provided for smoke barriers to be omitted on a floor which contains both business and health care occupancies. Requiring all horizontal exit fire barrier requirements seems excessive such as termination at outside walls, penetrations and door swing. A 2-hour fire barrier should be sufficient protection to allow the omission of smoke barriers in business occupancies on floors separated by a 2-hour barrier.

Public Input No. 190-NFPA 101-2021 [Section No. 18.3.7.3]

18.3.7.3

Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless otherwise permitted by one of the following:

(1) This requirement shall not apply where an atrium is used, in which case both of the following criteria also shall apply:

(2) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1) (c).

(3) Not less than two separate smoke compartments shall be provided on each floor.

(4)* Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems.

(5) ~~The provisions of 8.5.6.5 and 8.5.7.2 shall not apply.~~

Statement of Problem and Substantiation for Public Input

The purpose of this Public Input is to remove the exemption and require quantitative smoke leakage limits for penetrations and joints in New Healthcare (18.3.7.3 (3)) and New Ambulatory Healthcare (20.3.7.7) facilities.

A requirement for penetration and joint openings to restrict the transfer of smoke through smoke barriers in healthcare occupancies has existed since at least the 2000 edition of NFPA 101. Chapters 18 and 20 have always required smoke barriers to be constructed in accordance with section 8.5. NFPA 101 does not have any exemptions in 18.3.7.3 and 20.3.7.7 from complying with 8.5.6.2, 8.5.6.3, or 8.5.7.3 and requiring performance language for protection from smoke movement. The performance language is intended to maintain integrity of the smoke compartment by effectively restricting the transfer of smoke between compartments, especially when egress of patients and staff is not possible. However, the performance language does not provide quantitative limits thus there is no real method to access acceptability of a firestop system to meet this performance requirement.

In the 2018 edition, the Fire Protection Features Technical Committee added language in 8.5.6 and 8.5.7 to quantify these limits, using well established methods from the UL 1479 and UL 2079 Standards. The updated requirement added language for individual and/or cumulative total leakage of protected through-penetrations and joints to be better quantified and define the level of performance expected from smoke barriers. The exact same criteria have been in the International Building Code since the 2012 edition.

Further, section 8.5.3 only permits a fire barrier to be used as a smoke barrier when it also meets the requirements of the remainder of Section 8.5. Critical to this performance is the ability of fire-resistant joints and penetrations to restrict the passage of smoke, as defined in 8.5.6 and 8.5.7.

The justification that was used to introduce the exemption proposed by Second Revision No. 4007-NFPA 101-2016 to 18.3.7.3.(3) and 20.3.7.7 to require fire-resistant penetrations and joints to comply with Leakage Rating (L-Rating) requirements of 8.5.6.5 and 8.5.7.2 is provided below:

"The revision exempts health care occupancy smoke barriers from the air-leakage rating requirements of 8.5.6.5 and 8.5.7.2 for through-penetrations and joints, respectively. Health care occupancy smoke barriers already must have a fire resistance rating; the fire barrier requirements of Section 8.3 sufficiently restrict the passage of smoke."

It is well known that fire resistance ratings do not measure smoke passage. Fire resistance ratings measure the passage of flame, hot gases, and temperature rise. There is a separate test certification method to measure smoke/air leakage in firestop systems. As such, some firestop systems may not perform well during these tests. While these systems are properly fire-resistance rated and Listed for fire performance, they may not inherently restrict smoke passage especially at lower temperatures. It is difficult to quantify "restrict" without some data that confirms the performance, this is why the leakage test criteria was added to UL1479 and UL2079 firestop test standards. The leakage "L" rating is the amount of air (smoke) that can leak through a penetration/joint, measured in cubic feet per minute. The test is administered at ambient temperature and at 400 0F.

In rejecting Public Comments 147 and 148, the Committee rational states:

"The determination of air leakage rates is not required for other openings in smoke barriers. The proposed revision exceeds the minimum level of protection intended by smoke barriers. No substantiation has been provided to indicate the currently required level of protection presents a hazard."

First, the "currently required level of protection" includes the L-Rating requirements from Section 8.5, so no rational was necessary. That rational was presented, and accepted, by the SAF-FIR Technical Committee. Secondly, we believe there is no basis for asserting that "The proposed revision exceeds the minimum level of protection intended by smoke barriers." Section 8.5.3 already states that a fire barrier that does not restrict the passage of smoke through all of the components required in 8.5 is, by definition, not a smoke barrier. As noted previously, it is well known that fire resistance ratings do not measure smoke passage.

It should also be emphasized that, while the argument was made that fire doors and dampers in these facilities do not require leakage ratings, article 8.5.4.1 still requires leaving only the minimum clearance necessary for proper operation below a fire door, and a maximum clearance of ¾ in. (19 mm). It further prohibits louvers or grilles.

Based on reviewing the history of these changes to Chapter 18 and Chapter 20, the exemptions provided in 18.3.7.3.(3) and 20.3.7.7 for penetrations and joints to comply with quantitative Leakage Rating (L-Rating) requirements of 8.5.6.5 and 8.5.7.2 is not justifiable.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 191-NFPA 101-2021 [Section No. 20.3.7.7]	

Submitter Information Verification

Submitter Full Name: Tony Crimi
Organization: AC Consulting Solutions Inc
Affiliation: International Firestop Council
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 25 08:42:07 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: Smoke barriers are already required to resist the passage of smoke. Smoke dampers are permitted to be omitted and door undercuts permitted under certain conditions. The level of detail required by 8.5.6.5 and 8.5.7.2 is not warranted. Smoke barriers have not

required any smoke leakage rating for decades and no fire loss data specific to health care occupancies has been provided to substantiate the revision.

Public Input No. 133-NFPA 101-2021 [Section No. 18.4.3]

18.4.3 High-Rise Buildings.

High-rise buildings shall comply with Section 11.8 except as modified in 18 . 4.3.1 .

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

Statement of Problem and Substantiation for Public Input

The requirement in Chapter 11 that vertical exit enclosure be smokeproof enclosures should not include healthcare occupancies since healthcare occupancies are defend in place occupancies that do not use stairs as a first choice for evacuation.
=====
A proposal was also submitted to Chapter 11 with the following substantiation, which is also applicable here, as follows:
=====
This requirement was added to the 2018 edition based on the following substantiation:
“Evacuation times in high-rise buildings are often greatly extended, often making use of staged evacuations, or protect in place procedures for non-fire floors. It is imperative that exit stairway enclosures are adequately protected from smoke to ensure the safety of occupants on floors above the fire.
The NIST fire report on the Cook County Administration Building fire demonstrated that had the building’s stairwell entry smoke evacuation system (which was not even properly designed) been working the spread of smoke into the stairwell would have been reduced.”
However, the NIST report also reported that if sprinklers would have been present, the fire would have been controlled and limited to the room of origin. See excerpt from the NIST report below:
“The FDS simulations provide insight into the fire development in Suite 1240. The simulations examine the impact of the spread of smoke into the southeast stairway with and without a functioning smoke exhaust shaft. Another simulation examined the impact of automatic fire suppression sprinklers. The FDS simulation suggested that had automatic sprinklers been present in the storage room where the fire is believed to have originated, they would have controlled the fire and limited the fire spread to the room of fire origin.”
Adequate technical justification was not provided for the original requirement to mandate smokeproof enclosures in buildings that are sprinkler protected throughout. Where the sprinkler system is installed throughout the building, the requirement for smokeproof enclosures is not justified.
In addition, the air handlers used to provide smokeproof enclosures are often not reliable. The systems often sit dormant and when they are called upon to operate during a fire, their reliability is very questionable, even as indicated by the original substantiation for the Cook County Administration Building where the proponent indicated “had the building’s stairwell entry smoke evacuation system (which was not even properly designed) been working the spread of smoke into the stairwell would have been reduced.”
I would argue that the chances of a sprinkler system working and controlling a fire are much greater than a smokeproof enclosure working to keep an exit available for use.
The change proposed will limit the requirement for smokeproof enclosures to those buildings that are not sprinkler protected throughout.

Submitter Information Verification

Submitter Full Name: Peter Larrimer
Organization: US Department of Veterans Affa
Street Address:

City:
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Submittal Date: Tue May 11 10:35:10 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6721-NFPA 101-2021

Statement: The requirement in Chapter 11 that vertical exit enclosure be smokeproof enclosures should not include healthcare occupancies since healthcare occupancies are defend in place occupancies that do not use stairs as a first choice for evacuation.

=====

A proposal was also submitted to Chapter 11 with the following substantiation, which is also applicable here, as follows:

=====

This requirement was added to the 2018 edition based on the following substantiation:

“Evacuation times in high-rise buildings are often greatly extended, often making use of staged evacuations, or protect in place procedures for non-fire floors. It is imperative that exit stairway enclosures are adequately protected from smoke to ensure the safety of occupants on floors above the fire.

The NIST fire report on the Cook County Administration Building fire demonstrated that had the building’s stairwell entry smoke evacuation system (which was not even properly designed) been working the spread of smoke into the stairwell would have been reduced.”

However, the NIST report also reported that if sprinklers would have been present, the fire would have been controlled and limited to the room of origin. See excerpt from the NIST report below:

“The FDS simulations provide insight into the fire development in Suite 1240. The simulations examine the impact of the spread of smoke into the southeast stairway with and without a functioning smoke exhaust shaft. Another simulation examined the impact of automatic fire suppression sprinklers. The FDS simulation suggested that had automatic sprinklers been present in the storage room where the fire is believed to have originated, they would have controlled the fire and limited the fire spread to the room of fire origin.”

Adequate technical justification was not provided for the original requirement to mandate smokeproof enclosures in buildings that are sprinkler protected throughout. Where the sprinkler system is installed throughout the building, the requirement for smokeproof enclosures is not justified.

In addition, the air handlers used to provide smokeproof enclosures are often not reliable. The systems often sit dormant and when they are called upon to operate during a fire, their reliability is very questionable, even as indicated by the original substantiation for the Cook County Administration Building where the proponent indicated “had the building’s stairwell entry smoke evacuation system (which was not even properly designed) been working the spread of smoke into the stairwell would have been reduced.”

I would argue that the chances of a sprinkler system working and controlling a fire are

much greater than a smokeproof enclosure working to keep an exit available for use.

The change proposed will limit the requirement for smokeproof enclosures to those buildings that are not sprinkler protected throughout.

Public Input No. 336-NFPA 101-2021 [Section No. 18.4.4]

18.4.4* Alcohol-Based Hand-Rub Dispensers.

~~Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1 , unless all of the following conditions are met:~~

- ~~Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm).~~
- ~~The maximum individual dispenser fluid capacity shall be as follows:~~
  - (1) ~~0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors~~
  - (2) ~~0.53 gal (2.0 L) for dispensers in suites of rooms~~
- ~~Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA 30B.~~
- ~~Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm).~~
- ~~Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 18.4.4(6) .~~
- ~~One dispenser complying with 18.4.4(2) or 18.4.4 (3) per room and located in that room shall not be included in the aggregated quantity addressed in 18.4.4(5) .~~
- ~~Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30.~~
- ~~Dispensers shall not be installed in the following locations:~~
  - (1) ~~Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source~~
  - (2) ~~To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source~~
  - (3) ~~Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source~~
- ~~Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments.~~
- ~~The alcohol-based hand-rub solution shall not exceed 95 percent alcohol content by volume.~~

~~Operation of the dispenser shall comply with the following criteria:~~

- ~~The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.~~
- ~~Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.~~
- ~~An object placed within the activation zone and left in place shall not cause more than one activation.~~
- ~~The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.~~

~~The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is minimized.~~ The installation and maintenance of Alcohol-based hand-rub dispensers and the storage of alcohol-based hand rub solutions in accordance with 8.7.3.3 shall be permitted.

Statement of Problem and Substantiation for Public Input

Our current health situation with the latest viral outbreak has led to a need to increase the number of alcohol based hand sanitizer dispensers within many different types of occupancies. Although alcohol based hand sanitizer was addressed in this chapter and many other requirements were also located in this chapter, the requirements did not apply to storage of sanitizer when not in use or many other provisions that could be applicable. Providing a pointer to section 8.7.3.3 will provide a direct link to all the requirements needed for safe installation, use, and maintenance of alcohol based hand rub dispensers as well as the storage of any alcohol based hand rub materials not in use.

Currently Robert Upson is also chairing an NFPA 30 task group, and Bruce Johnson is chairing an NFPA 1 task group to address this subject within those standards respectively. So a recommendation should be made to this committee to put forth a committee input and create a task group to review this requirement throughout and ensure correlation with NFPA 1 and NFPA 30 task groups that are already reviewing this.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 316-NFPA 101-2021 [Section No. 8.7.3.3]	
Public Input No. 324-NFPA 101-2021 [New Section after 11.4.3.6]	
Public Input No. 325-NFPA 101-2021 [Section No. 12.4.6]	
Public Input No. 326-NFPA 101-2021 [Section No. 13.4.6]	
Public Input No. 327-NFPA 101-2021 [Section No. 14.4.5]	
Public Input No. 329-NFPA 101-2021 [Section No. 15.4.5]	
Public Input No. 330-NFPA 101-2021 [Section No. 16.4.5]	
Public Input No. 332-NFPA 101-2021 [Section No. 16.6.4]	
Public Input No. 333-NFPA 101-2021 [Section No. 17.4.5]	
Public Input No. 334-NFPA 101-2021 [Section No. 17.6.4]	
Public Input No. 337-NFPA 101-2021 [Section No. 19.4.4]	
Public Input No. 339-NFPA 101-2021 [Section No. 20.4.4]	
Public Input No. 340-NFPA 101-2021 [Section No. 21.4.4]	
Public Input No. 342-NFPA 101-2021 [Section No. 22.4.7]	
Public Input No. 344-NFPA 101-2021 [Section No. 23.4.7]	
Public Input No. 347-NFPA 101-2021 [Section No. 26.3.2.1]	
Public Input No. 349-NFPA 101-2021 [Section No. 28.4.2]	
Public Input No. 354-NFPA 101-2021 [Section No. 29.4.2]	
Public Input No. 357-NFPA 101-2021 [Section No. 30.4.3]	
Public Input No. 360-NFPA 101-2021 [Section No. 32.2.4]	
Public Input No. 361-NFPA 101-2021 [Section No. 32.3.4.2]	
Public Input No. 363-NFPA 101-2021 [Section No. 33.2.4]	
Public Input No. 364-NFPA 101-2021 [Section No. 33.3.4.2]	
Public Input No. 365-NFPA 101-2021 [Section No. 36.4.6]	
Public Input No. 367-NFPA 101-2021 [Section No. 37.4.6]	
Public Input No. 368-NFPA 101-2021 [Section No. 38.4.4]	
Public Input No. 369-NFPA 101-2021 [Section No. 39.4.4]	
Public Input No. 370-NFPA 101-2021 [Section No. 40.4.3]	
Public Input No. 371-NFPA 101-2021 [Section No. 42.4.3]	

Submitter Information Verification

Submitter Full Name: Kelly Nicolello
Organization: UL LLC
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City:
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Submittal Date: Tue Jun 01 10:12:40 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The unique health care provisions for ABHRs need to be maintained in the health care chapters.

Public Input No. 303-NFPA 101-2021 [New Section after 18.7.6]

18.7.6 Modular Rooms and Sleep Pods

18.7.6.1

Modular rooms and sleep pods installed in indoor locations shall comply with Section 10.6. Where provided in areas covered by an occupant notification system the units shall comply with Section 9.6.3.6.1.

Statement of Problem and Substantiation for Public Input

Modular rooms and sleep pods are becoming increasingly popular, and are showing up in a variety of different occupancies. This proposal provides a means for AHJs to approve these installations and allow the use of these prefabricated structures.

This proposal treats modular rooms and sleep pods, such as those shown in the attached pictures, as products that can be installed in a building, and not as building construction, while not losing applicable code requirements.

The UL 962 listing covers the fabrication and safety of the modular room. UL 962 includes requirements for insulation, finish materials, internal wiring, lighting, ventilation, and other construction features. Markings are to be provided on the listed products to document the
Interior finish and foamed plastic ratings, such as the ASTM E84 (UL 723) flame spread and smoke developed indexes. This makes it easy to determine their suitability for use in the specific areas of the building.

Section 10.6.5 allows the AHJ to approve the installation locations, to make sure the means of egress is not compromised and other code requirements are not adversely impacted.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 296-NFPA 101-2021 [New Section after 3.3.189]	
Public Input No. 297-NFPA 101-2021 [New Section after 3.3.262]	
Public Input No. 298-NFPA 101-2021 [New Section after 9.6.3.6.1]	
Public Input No. 299-NFPA 101-2021 [Section No. 10.1.3.2]	
Public Input No. 300-NFPA 101-2021 [New Section after 10.5.5]	
Public Input No. 301-NFPA 101-2021 [New Section after 12.7.5]	
Public Input No. 302-NFPA 101-2021 [New Section after 13.7.5]	
Public Input No. 304-NFPA 101-2021 [New Section after 19.7.6]	
Public Input No. 305-NFPA 101-2021 [New Section after 20.7.6]	
Public Input No. 307-NFPA 101-2021 [New Section after 21.7.6]	
Public Input No. 309-NFPA 101-2021 [New Section after 36.4.4.12]	
Public Input No. 310-NFPA 101-2021 [New Section after 37.4.4.12]	
Public Input No. 311-NFPA 101-2021 [New Section after 38.7.7]	
Public Input No. 312-NFPA 101-2021 [New Section after 39.7.7]	
Public Input No. 313-NFPA 101-2021 [New Section after 40.7.3]	

Submitter Information Verification

Submitter Full Name: Kelly Nicolello
Organization: UL LLC
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Submittal Date: Mon May 31 16:32:08 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: It is not clear how these would be defined or how the criteria would be applied in health care occupancies. Requiring notification appliances might be ok but sprinklers should probably also be addressed. It is noted that the referenced Ch. 9 provision was not added.

Public Input No. 238-NFPA 101-2021 [Section No. 18.7.9.1]

18.7.9.1

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

Statement of Problem and Substantiation for Public Input

Currently section 4.6.10.2 requires compliance with NFPA 241 only where required by Chapters 11-42. The text of 18.7.9.2 is confusing as it only requires the means of egress in any area undergoing construction, repair, or improvements to comply with NFPA 241. Since healthcare is a defend in place occupancy all construction adjacent to occupied portions of the building must comply with NFPA 241.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 239-NFPA 101-2021 [Section No. 18.7.9.2]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
Organization:
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
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Zip:
Submittal Date: Fri May 28 11:22:58 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6722-NFPA 101-2021

Statement: It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection. This revision provides clarity on when NFPA 241 is applicable.

Public Input No. 257-NFPA 101-2021 [Sections 18.7.9.1, 18.7.9.2]

Sections 18.7.9.1, 18.7.9.2

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 in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1. ~~and shall also comply with NFPA 241~~ .

Statement of Problem and Substantiation for Public Input

It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection . This proposal seeks to provide clarity on when NFPA 241 is applicable. If the committee determines the existing reference to NFPA 241 is acceptable and no change to the Code is required, an annex note stating the separation requirements of NFPA 241 do not apply would be helpful.

Submitter Information Verification

Submitter Full Name: Lennon Peake
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City:
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Submittal Date: Fri May 28 13:04:18 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6722-NFPA 101-2021
Statement: It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection. This revision provides clarity on when NFPA 241 is applicable.

Public Input No. 239-NFPA 101-2021 [Section No. 18.7.9.2]

18.7.9.2

The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1~~ and shall also comply with NFPA 241~~ .

Statement of Problem and Substantiation for Public Input

This revision is to accommodate the proposed 238 PI

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 238-NFPA 101-2021 [Section No. 18.7.9.1]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
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Affiliation: ASHE Regulatory Affairs Committee
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City:
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Zip:
Submittal Date: Fri May 28 11:24:06 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6722-NFPA 101-2021

Statement: It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection. This revision provides clarity on when NFPA 241 is applicable.

Public Input No. 154-NFPA 101-2021 [Section No. 18.7.9.3]

18.7.9.3

For rehabilitation activities or preparation for rehabilitation activities ~~of a duration not greater than 30 days that do not cause the classification of the construction area as a hazardous area as identified in 18.3.2~~ , flame-resistant plastic in accordance with NFPA 701, or equivalent, shall be permitted to be used to separate the construction area from the other spaces.

Statement of Problem and Substantiation for Public Input

The proper separation and containment of construction sites is extremely important for infection control and saves thousands of lives each year. Regardless of the code, facilities currently use these materials for separation and to my knowledge there has not been a series of fire related deaths or any hazards identified by use of these materials. Where the AHJ doesn't allow the use of these materials, this does lead to serious complications and even death of patients. They need to be allowed without these limitations. Allowing these materials doesn't replace the need to provide proper fire separation where it is required by the code, but to assemble that separation exposes patients and these materials are necessary to contain the dust. In addition, these materials should be allowed to be used as a secondary barrier when needed and for periods greater than 30 days. Construction sites are very dynamic, and temporary barterers and access points to the site may need to be relocated often during construction.

From the research titled:

Review of Fungal Outbreaks and Infection Prevention in Healthcare Settings During Construction and Renovation
Hajime Kanamori, William A. Rutala, Emily E. Sickbert-Bennett, David J. Weber.

"Numerous fungal outbreaks have occurred in healthcare settings and have been a serious threat to immunocompromised hosts. Construction and renovation activities can cause serious dust contamination and disperse large amounts of fungal spores, and construction activity has been reported to be an independent risk factor for invasive fungal infections. A previous review revealed that construction or renovation activities within the hospital or in surrounding areas accounted for approximately half of the sources of healthcare-associated Aspergillus outbreaks. Hospital construction and renovation activities are an ever-constant phenomenon. It is estimated that 5000 deaths due to construction-related infections occur each year in healthcare settings."

One of the reasons we still have 5000 deaths in health care due to construction is because we can't standardize the methods for containment in a way that is feasible, flexible and consistent. In ASHE's Health Care Construction Workshop attended by thousands of health care construction professionals, we have volumes of testimonials about the successful use of these barriers for more than 30 days and that we need to be able to develop standardized approaches to providing this containment so that we can eliminate these deaths. Despite valiant attempts to control dust and debris with proper ventilation, wet cleaning and other mitigation methods, without presence of a proper barrier, control can not be provided. With infection related deaths occurring 5000 to 1 fire related death the Life Safety Code needs to allow these materials so that we can set those standards and save these lives.

Submitter Information Verification

Submitter Full Name: Chad Beebe

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City:
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Submittal Date: Fri May 14 11:01:25 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6749-NFPA 101-2021

Statement: The revision is intended to address concerns with the 30-day time limit and for consistency with NFPA 241, to which a general reference now will be provided in 18.7.9.1. It is intended to permit the use of flame retardant plastic subject to the limits and requirements of NFPA 241.

Public Input No. 60-NFPA 101-2021 [Section No. 19.2.2.2.4]

19.2.2.2.4

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 19.2.2.2.5 shall be permitted.

(2)* Delayed-egress electrical locking systems complying with 7.2.1.6.1 shall be 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.

(5) Approved existing door-locking installations shall be permitted.

Statement of Problem and Substantiation for Public Input

Chapter 7 has inspection requirements for doors using special locking arrangements, but only when invoked by the occupancy chapter. Many heath care facilities do not regularly inspect this hardware which is essential to safeguarding life by allowing egress in the event of a fire and is commonly used in the health care industry. Similar to fire doors, these facilities should annually ensure the hardware works as required. This requirement would ensure egress hardware is inspected annually.

Submitter Information Verification

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Submittal Date: Mon Apr 12 15:41:08 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: No technical substantiation or loss data was provided to justify a requirement for annual testing of the noted door locking systems.

Public Input No. 283-NFPA 101-2021 [Section No. 19.2.2.2.5]

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:

(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) ~~Hardware for~~ *Door electrical locking hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System ~~Units~~ . ~~Units~~* or UL 1034, ~~*Burglary-Resistant Locking Mechanisms*~~ .

A . 19.2.2.2.5.2(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.

Statement of Problem and Substantiation for Public Input

This proposal adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.
The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The proposed revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.
In addition of adding UL 1034, this proposal bring consistency in the text where UL 294 (and UL 1034) are referenced in NFPA 101.

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

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 277-NFPA 101-2021 [Section No. 2.3.11]	
Public Input No. 278-NFPA 101-2021 [Section No. 7.2.1.5.7 [Excluding any Sub-Sections]]	
Public Input No. 279-NFPA 101-2021 [Section No. 7.2.1.6]	
Public Input No. 282-NFPA 101-2021 [Section No. 18.2.2.2.5]	

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
State:
Zip:
Submittal Date: Mon May 31 11:02:27 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6730-NFPA 101-2021

Statement: This revision adds an additional listing option to UL 1034 for the electrical locking hardware. Listing to UL 1034 will provide an additional safety and performance certification option for the electro-mechanical or electromagnetic lock devices.

The reference to UL 294 has created confusion for building designers specifying electric locking systems and for AHJs approving systems for this application. The revision will help eliminate that confusion by allowing what is already available and commonly utilized for these applications. The addition of UL 1034 is also intended to provide clarity as to certified products in use and available in the market.

The FR relocates the UL standard references to Annex A so as to not limit the standards to only UL standards.

Public Input No. 256-NFPA 101-2021 [Section No. 19.2.2.2.5 [Excluding any Sub-Sections]]

Door-locking arrangements shall be permitted in accordance with either 19.2.2.2.5.1, 19.2.2.2.5.2, or 19.2.2.2.5.3 .

19. 2 .2.2.5.3 Door locking arrangements as part of an infant abduction or elopement system shall be permitted where patient special needs require specialized protective measures for their safety provided all the following criteria are met:

(1) The doors are normally unlocked and only lock when a patient is within 10 ft fo the door

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

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

a. Smoke detector activation in an approved, supervised automatic fire detection system in accordance with Section 9.6

b. An approved, supervised automatic sprinkler system in accordance with Section 9.7

Statement of Problem and Substantiation for Public Input

Currently the Code does not address what is required where an infant abduction or elopement system is provided. The doors are normally unlocked and only lock if a patient is within a specified distance from the door. This PI is seeking clarity on how to address infant abduction and elopement systems. If the committee feels this approach addressed in the PI is not an acceptable method of locking such units, perhaps additional text in the annex note for Section 19.2.2.2.5.2 could be added that the section also pertains to doors normally unlocked provided with an infant abduction or elopment system.

Smoke detector activation only was proposed in lieu of the building fire alarm system so the security arrangement could not defeated by pulling a manual fire alarm box.

Submitter Information Verification

Submitter Full Name: Lennon Peake
Organization: Koffel Associates, Inc.
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 12:55:56 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: CI-6731-NFPA 101-2021
Statement: The CI responds to PI 256 and is intended to permit further review at the second draft stage and solicit public comments. The CI revises the PI by deleting "or elopement" in the base paragraph and changing "within 10 ft of the door" to "in proximity range of the sensors."

Public Input No. 158-NFPA 101-2021 [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 within the smoke compartment .

(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:

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

Statement of Problem and Substantiation for Public Input

This clarifies that the remote control of locks must be controlled locally from within the locked space. This locked space must be within a smoke compartment and not the entire building. Some people are trying to use this provision to lock down an entire building. Please note the difference between 18.2.2.2.6 (1)(a) and 19.2.2.2.6(1)(a).

Submitter Information Verification

Submitter Full Name: Peter Leszczak
Organization: US Department of Veterans Affairs
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 14 15:03:43 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The proposed revision is not necessary and does not clarify the requirement.

Public Input No. 247-NFPA 101-2021 [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 ~~building is protected~~ smoke compartment secured area and the smoke compartments in the egress path to the exit discharge at the building exterior 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) Hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System Units*.

Statement of Problem and Substantiation for Public Input

The current Code language does not permit an Emergency Department or Pediatrics unit to be secure per 19.2.2.2.5.2 unless the building is completely sprinkler protected. Providing security to the vulnerable patients should not be dependent on sprinkler protection of areas that do not pose a threat to the increased egress time from the locked unit. Providing sprinkler protection throughout a building is not always feasible especially in rural critical access hospitals with limited budgets. CMS does not acknowledge text in the annex so the language being relocated into the body of the Code is necessary.

Providing a secure unit in accordance with 19.2.2.2.5.2 delays the time for occupants to egress from the area which is addressed by providing sprinkler protection in the locked space and the egress path to the exterior of the building. This PI essentially seeks to move the text from the annex into the body of the Code.

Submitter Information Verification

Submitter Full Name: Lennon Peake
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Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 12:00:56 EDT 2021

Committee: SAF-HEA

Committee Statement

Resolution: FR-6732-NFPA 101-2021

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.

Public Input No. 251-NFPA 101-2021 [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)~~ Automatic smoke detection ~~system~~ is provided ~~throughout~~ in each room under ceiling 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:

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

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 244-NFPA 101-2021 [Section No. 18.2.2.2.5.2]	
Public Input No. 252-NFPA 101-2021 [Section No. 19.2.5.7.2]	
Public Input No. 253-NFPA 101-2021 [Section No. 19.2.5.7.3.2]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
Organization:
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 12:12:26 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 63-NFPA 101-2021 [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) and one of the following:

(2) From an approved constantly attended location in accordance with 18 . 2.2.2.6(1)(a)

(3) 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.~~

(4)

(a) and either 18.2.2.2.6(b) OR 18.2.2.2.6(c).

(5)* The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7.

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

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

(8) Activation of the smoke detection system required by 19.2.2.2.5.2(

~~2~~

(a) 1) (b)

(b) Waterflow in the automatic sprinkler system required by 19.2.2.2.5.2(3)

(9) Hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System Units*.

Additional Proposed Changes

File Name	Description	Approved
19.2.2.2.5.2.PNG	19.2.2.2.5.2	

Statement of Problem and Substantiation for Public Input

Text format as attached. Did not display correctly in this web ap. This change would consolidate the requirement for a remote release device. Currently, providing a remote release device from within the locked area at an approved constantly attended location meets the requirements of both 19.2.2.2.5.2(1) and 19.2.2.2.5.2(2), but the code language is confusing which can lead to extra equipment being installed. 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.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
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Street Address:
City:
State:
Zip:
Submittal Date: Mon Apr 12 16:13:41 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The PI makes unintended technical changes. The submitter intends to further revise the item for the second draft stage.

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) and one of the following:
   (a) From an approved constantly attended location in accordance with 18.2.2.2.6(1)(a)
   (b) A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, and either 18.2.2.2.6(b) OR 18.2.2.2.6(c).

(2)* The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7.

(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(1)(b)
   (b) Waterflow in the automatic sprinkler system required by 19.2.2.2.5.2(3)

(5) Hardware for new electric lock installations is listed in accordance with UL 294, *Access Control System Units*.

Public Input No. 159-NFPA 101-2021 [Section No. 19.2.2.2.6]

19.2.2.2.6

Doors that are located in the means of egress and are permitted to be locked under other provisions of 19.2.2.2.5 shall comply with all 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.

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

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

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

(6) More than one lock shall be permitted on each door, subject to approval of the authority having jurisdiction.

Statement of Problem and Substantiation for Public Input

This clarifies that the remote control of locks must be controlled locally from within the locked space. This locked space must be within a smoke compartment.

Submitter Information Verification

Submitter Full Name: Peter Leszczak
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City:
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Zip:
Submittal Date: Fri May 14 15:10:58 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The proposed revision is not needed and does not clarify the requirement.

Public Input No. 173-NFPA 101-2021 [Section No. 19.2.2.2.11]

19.2.2.2.11

~~Sliding doors shall be permitted in accordance with 19.2.2.2.11.1 or 19.2.2.2.11.2 .~~

~~19.2.2.2.11.1~~ –

Special-purpose horizontally sliding accordion or folding door assemblies in accordance with 7.2.1.13 that are not automatic-closing shall be limited to a single leaf and shall have a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.

~~19.2.2.2.11.2~~ –

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

(1) ~~The area served by the door has no high-hazard contents.~~

(2) ~~The door is readily operable from either side without special knowledge or effort.~~

(3) ~~The force required to operate the door in the direction of door travel is not more than 30 lbf (133 N) to set the door in motion and is not more than 15 lbf (67 N) to close the door or open it to the minimum required width.~~

(4) ~~The door assembly complies with any required fire protection rating and, where rated, is self-closing or automatic-closing by means of smoke detection in accordance with 7.2.1.8 and is installed in accordance with NFPA 80.~~

(5) ~~Where corridor doors are required to latch, the doors are equipped with a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.~~

Statement of Problem and Substantiation for Public Input

The permissions allowed by 19.2.2.2.11.2 are already permitted for all occupancies by 7.2.1.4.1(4)(c), unless otherwise prohibited by the individual occupancy chapters. It is not necessary to include these requirements in the occupancy chapter.

Submitter Information Verification

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City:
State:
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Submittal Date: Wed May 19 11:46:30 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6723-NFPA 101-2021

Statement: The permissions allowed by 19.2.2.2.11.2 are already permitted for all occupancies by 7.2.1.4.1(4)(c), unless otherwise prohibited by the individual occupancy chapters. It is not necessary to include these requirements in the occupancy chapter.

Public Input No. 44-NFPA 101-2021 [Section No. 19.2.2.2.11 [Excluding any Sub-Sections]]

Sliding doors shall be permitted in accordance with 19.2.2.2.11.1, 19.2.2.2.11.2 or 19.2.2.2.11.3

19. 2. 2.2.11.3

Automatic horizontal sliding doors shall be permitted in heath care facilities whose primary mission is spinal cord injury care or in the portion of the facility dedicated to spinal cord care.

19.2.2.2.11.3.1

The faculty must be fully protected by sprinklers.

19.2.2.2.11.3.2

If the doors are serving an occupant load of 50 or more persons, the doors must be capable of collapse with a force of 50 pounds.

Statement of Problem and Substantiation for Public Input

Proposed change will address the needs of patients in long term spinal care injury centers.

Quadriplegic patients that are mobile are unable to open standard doors or doors with ADA push button openers. This proposed code change will allow ADA compliance and convince for patients in long term spinal care centers.

Submitter Information Verification

Submitter Full Name: William Guffey
Organization: University of Maryland Fire Marshal's Office
Street Address:
City:
State:
Zip:
Submittal Date: Sat Mar 20 10:18:51 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The proposed requirements are inconsistent with requirements of Ch. 18 for new health care. The provision is already covered by 7.2.9.

Public Input No. 252-NFPA 101-2021 [Section No. 19.2.5.7.2]

19.2.5.7.2 Sleeping Suites.

Sleeping suites shall be in accordance with the following:

(1) Patient care sleeping suites shall comply with the provisions of 19.2.5.7.2.1 through 19.2.5.7.2.4.

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

19.2.5.7.2.1 Patient Care Sleeping Suite Supervision.

(A)

Patient care sleeping suites shall be provided with constant staff supervision within the suite.

(B)*

Patient care sleeping suites shall be arranged in accordance with one of the following:

(1)* Patient sleeping rooms within patient care sleeping suites shall provide one of the following:

(2) The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains shall be permitted.

(3) Any patient sleeping rooms without the direct supervision required by 19.2.5.7.2.1(B)(1)(a) shall be provided with automatic smoke detection

~~in accordance with Section 9.6 and 19.3.4 .~~

(a) under ceiling.

(4) Patient care sleeping suites shall be provided with ~~a total (complete) coverage~~ automatic smoke detection ~~system in accordance with 9.6.2.9 and 19.3.4 .~~ in each room under ceiling within the patient care sleeping suite.

19.2.5.7.2.2 Patient Care Sleeping Suite Means of Egress.

(A)*

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

(B)

Patient care sleeping suites of more than 1000 ft^2 (93 m^2) gross floor area shall have not less than two exit access doors remotely located from each other.

(C)*

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

(1) An exit stair

(2) An exit passageway

(3) An exit door to the exterior

(4) Another suite, provided that the separation between the suites complies with the corridor requirements of 19.3.6.2 through 19.3.6.5

19.2.5.7.2.3 Patient Care Sleeping Suite Maximum Size.

(A)

Patient care sleeping suites shall not exceed 5000 ft^2 (460 m^2) gross floor area, unless otherwise provided in 19.2.5.7.2.3(B) or 19.2.5.7.2.3(C).

(B)

Patient care sleeping suites shall not exceed 7500 ft^2 (700 m^2) gross floor area where the smoke compartment is protected throughout by one of the following:

(1) Approved electrically supervised sprinkler system in accordance with 19.3.5.7 and ~~total (complete) coverage~~ automatic smoke detection in ~~accordance with~~ ~~9.6.2.9~~ ~~and 19.3.4~~ each room under ceiling within the patient care sleeping suite

(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

(C)

Patient care sleeping suites greater than 7500 ft^2 (700 m^2) gross floor area, and not exceeding 10,000 ft^2 (930 m^2) gross floor area, shall be permitted where all of the following are provided in the suite:

(1)* Direct visual supervision in accordance with 19.2.5.7.2.1(B)(1)(a)

(2) ~~Total (complete) coverage automatic~~ Automatic smoke detection ~~in accordance with 9.6.2.9 and 19.3.4~~ is provided in each room under ceiling within the patient care sleeping suite

(3) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

19.2.5.7.2.4 Patient Care Sleeping Suite Travel Distance.

(A)

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

(B)

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

(1) 150 ft (46 m) if the building is not protected throughout by an approved electrically supervised sprinkler system complying with 19.3.5.7

(2) 200 ft (61 m) if the building is protected throughout by an approved electrically supervised sprinkler system complying with 19.3.5.7

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for

Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 251-NFPA 101-2021 [Section No. 19.2.2.2.5.2]	
Public Input No. 253-NFPA 101-2021 [Section No. 19.2.5.7.3.2]	

Submitter Information Verification

Submitter Full Name: Joshua Brackett
Organization:
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 12:14:04 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 65-NFPA 101-2021 [Section No. 19.2.5.7.2.1(B)]

(B)*

~~Patient care sleeping suites shall be arranged in accordance with one of the following:~~

(1)* Patient sleeping rooms within patient care sleeping suites shall provide one of the following:

(2) The patient sleeping rooms shall be arranged to allow for direct supervision from a normally attended location within the suite, such as is provided by glass walls, and cubicle curtains shall be permitted.

(3) Any patient sleeping rooms without the direct supervision required by 19.2.5.7.2.1(B)(1)(a) shall be provided with smoke detection in accordance with Section 9.6 and 19.3.4 .

(4) ~~Patient care sleeping suites shall be provided with a total (complete) coverage automatic smoke detection system in accordance with 9.6.2.9 and 19.3.4 .~~

(5)

Statement of Problem and Substantiation for Public Input

Section 19.2.5.7.2.1(B) offers two choices for smoke detection/supervision of sleeping suites. Under option 1, section 19.2.5.7.2.1(B)(1)(b) requires smoke detection in each patient room that does no have direct supervision as required by 19.2.5.7.2.1(B)(1)(a). A suite could in theory have no direct supervision and instead have smoke detection in each patient room and still be in compliance with 19.2.5.7.2.1(B)(1), thus meeting the minimum code requirement. Option 2 presented in 19.2.5.7.2.1(B)(2) requires total (complete) smoke detection throughout the suite. Essentially the requirements for this section are to provide smoke detection in each sleeping room OR provide total (complete) smoke detection which would include the smoke detectors in the sleeping rooms. A designer looking to meet minimum code requirements would never choose option 2 based on the increased cost of added smoke detectors. Further, additional devices would cause increased cost for the facility to maintain should a designer not understand the code minimum requirement and provie complete smoke detection. The change aims to require smoke detection only patient rooms that does not have direct staff supervision, which is in line with the current requirement.

Submitter Information Verification

Submitter Full Name: Adam Graybeal
Organization: Koffel Compliance, LLC
Street Address:
City:
State:
Zip:
Submittal Date: Tue Apr 13 13:07:49 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6733-NFPA 101-2021

Statement: Section 19.2.5.7.2.1(B) offers two choices for smoke detection/supervision of sleeping suites. Under option 1, section 19.2.5.7.2.1(B)(1)(b) requires smoke detection in each patient room that does no have direct supervision as required by 19.2.5.7.2.1(B)(1)(a). A suite could in theory have no direct supervision and instead have smoke detection in each patient room and still be in compliance with 19.2.5.7.2.1(B)(1), thus meeting the minimum code requirement. Option 2 presented in 19.2.5.7.2.1(B)(2) requires total (complete) smoke detection throughout the suite. Essentially the requirements for this section are to provide smoke detection in each sleeping room OR provide total (complete) smoke detection which would include the smoke detectors in the sleeping rooms. A designer looking to meet minimum code requirements would never choose option 2 based on the increased cost of added smoke detectors. Further, additional devices would cause increased cost for the facility to maintain should a designer not understand the code minimum requirement and provie complete smoke detection. The change aims to require smoke detection only patient rooms that does not have direct staff supervision, which is in line with the current requirement.

Public Input No. 66-NFPA 101-2021 [Section No. 19.2.5.7.2.3]

19.2.5.7.2.3 Patient Care Sleeping Suite Maximum Size.

(A)

Patient care sleeping suites shall not exceed 5000 ft^2 (460 m^2) gross floor area, unless otherwise provided in 19.2.5.7.2.3(B) or 19.2.5.7.2.3(C).

(B)

Patient care sleeping suites shall not exceed 7500 ft^2 (700 m^2) gross floor area where the smoke compartment is protected throughout by one of the following:

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

(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

(C)

Patient care sleeping suites greater than 7500 ft^2 (700 m^2) gross floor area, and not exceeding 10,000 ft^2 (930 m^2) gross floor area, shall be permitted where all of the following are provided in the suite:

(1)* Direct visual supervision in accordance with 19.2.5.7.2.1(B)(1)(a)

(2) One of the following shall be provided:

(3) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

(4) Total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 19.3.4

(5) ~~Approved electrically supervised sprinkler system protection complying with 19.3.5.8~~

Statement of Problem and Substantiation for Public Input

For suites >5000 sq ft and less than 7500 sq ft, 19.2.5.7.2.3(B) requires sprinklers throughout the smoke compartment (note that public input No. 67 addresses that this requirement should be applied throughout the suite, not the smoke compartment). In addition, 19.2.5.7.2.3(B) requires that these sprinklers either meet the requirements of 19.3.5.8 OR that complete smoke detection is provided. This means that the code views the quick response sprinklers required by 19.3.5.8 equal to complete smoke detection in protection of the suite as both are equally compliant options for protection. Suites >7500 sq ft and <10000 sq ft already require direct supervision of all patient rooms which is not required for smaller suites. Because the code views quick response sprinklers as equal to complete smoke detection, the designer should be able to choose one of these, rather than be required to have both.

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Submittal Date: Tue Apr 13 14:23:28 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The allowance for 10,000 sq-ft suites was based on the presence of the extra protection afforded by direct supervision and smoke detection.

Public Input No. 67-NFPA 101-2021 [Section No. 19.2.5.7.2.3]

19.2.5.7.2.3 Patient Care Sleeping Suite Maximum Size.

(A)

Patient care sleeping suites shall not exceed 5000 ft^2 (460 m^2) gross floor area, unless otherwise provided in 19.2.5.7.2.3(B) or 19.2.5.7.2.3(C).

(B)

Patient care sleeping suites shall not exceed 7500 ft^2 (700 m^2) gross floor area where the ~~smoke compartment~~ suite is protected throughout by one of the following:

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

(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

(C)

Patient care sleeping suites greater than 7500 ft^2 (700 m^2) gross floor area, and not exceeding 10,000 ft^2 (930 m^2) gross floor area, shall be permitted where all of the following are provided in the suite:

(1)* Direct visual supervision in accordance with 19.2.5.7.2.1(B)(1)(a)

(2) Total (complete) coverage automatic smoke detection in accordance with 9.6.2.9 and 19.3.4

(3) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

Statement of Problem and Substantiation for Public Input

It is not logical for the entire smoke compartment (or multiple smoke compartments as sometimes a smoke barrier dissects a suite) to bear requirements based on the size of the suite contained within. The provisions for protection of a suite less than 5000 or between 7500 and 10000 sq ft only apply to the area within the suite, so it does not make sense that the requirement for only 5000 to 7500 sq ft applies to any smoke compartment that the suite is a part of. This revision would also bring the existing health care requirements into compliance with the new health care requirement, where the existing requirements are currently more stringent.

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Submittal Date: Tue Apr 13 14:32:43 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6724-NFPA 101-2021

Statement: It is not logical for the entire smoke compartment (or multiple smoke compartments as sometimes a smoke barrier dissects a suite) to bear requirements based on the size of the suite contained within. The provisions for protection of a suite less than 5000 or between 7500 and 10000 sq ft only apply to the area within the suite, so it does not make sense that the requirement for only 5000 to 7500 sq ft applies to any smoke compartment that the suite is a part of. This revision would also bring the existing health care requirements into compliance with the new health care requirement, where the existing requirements are currently more stringent.

Public Input No. 253-NFPA 101-2021 [Section No. 19.2.5.7.3.2]

19.2.5.7.3.2 Patient Care Nonsleeping Suite Maximum Size.

Patient care nonsleeping suites shall not exceed 10,000 ft^2 (930 m^2) gross floor area, unless otherwise provided in 19.2.5.7.3.2(A) or 19.2.5.7.3.2(B).

(A)

Patient care nonsleeping suites greater than 10,000 ft^2 (930 m^2) gross floor area and not exceeding 12,500 ft^2 (1161 m^2) gross floor area shall be permitted where the smoke compartment is protected throughout by one of the following:

(1) Approved electrically supervised sprinkler system in accordance with 19.3.5.7 and ~~total (complete) coverage~~ automatic smoke detection ~~in accordance with 9.6.2.9 and 19.3.4~~ is provided in each room under ceiling within the patient care nonspleeping suite

(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

(B)

Patient care nonsleeping suites greater than 12,500 ft^2 (1161 m^2) gross floor area and not exceeding 15,000 ft^2 (1394 m^2) gross floor area shall be permitted where both of the following are provided in the suite:

(1) ~~Total (complete) coverage automatic~~ Automatic smoke detection ~~in accordance with 9.6.2.9 and 19.3.4~~ is provided in each room under ceiling within the patient care nonspleeping suite

(2) Approved electrically supervised sprinkler system protection complying with 19.3.5.8

Statement of Problem and Substantiation for Public Input

Currently, 9.6.2.9 requires that total smoke detection shall be provided in all occupiable areas suitable for detection in accordance with NFPA 72.
3.3.22.7 defines an occupiable area as an area of the facility occupied by people on a regular basis.

However, NFPA 72 (2019) requires that Total (Complete) smoke detection above suspended ceilings as noted below.

17.5.3.1* Total (Complete) Coverage. Where required by other governing laws, codes, or standards, and unless otherwise modified by 17.5.3.1.1 through 17.5.3.1.5, total coverage of a building or a portion thereof, shall include all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces.

Recognizing the need for true Total (Complete) Coverage as indicated by 9.6.2.9 and 17.5.3.1 for other occupancy types and construction types this change is intended to convey the need specifically for Healthcare occupancies. Healthcare occupancies are 24/7 facilities, are typically constructed as Type I or II, and are not permitted to have combustible concealed spaces. Providing automatic smoke detection below the ceiling in all rooms meets the intent.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 251-NFPA 101-2021 [Section No. 19.2.2.2.5.2]	
Public Input No. 252-NFPA 101-2021 [Section No. 19.2.5.7.2]	

Submitter Information Verification

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Submittal Date: Fri May 28 12:18:56 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The term 'total (complete) coverage' is needed to correlate with 9.6.2.9. The proposed revision does not clarify the requirement.

Public Input No. 346-NFPA 101-2021 [New Section after 19.2.5.7.4]

19.2.5.8 **Interlocked-Door Vestibule**

Where approved by the authority having jurisdiction, 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 Input

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.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 341-NFPA 101-2021 [New Section after 3.3.164]	
Public Input No. 343-NFPA 101-2021 [New Section after 7.2.1.6.4.2]	

Submitter Information Verification

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Submittal Date: Tue Jun 01 10:40:28 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The corresponding PI in Ch. 7 was resolved, so no core chapter provisions exist to reference. It is noted that the subject is being further studied by the Means of Egress TC for the second draft stage.

Public Input No. 177-NFPA 101-2021 [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 non-sleeping patient care suite by corridor wall in accordance with 19.3.6.

Statement of Problem and Substantiation for Public Input

The sterile cores have combustible materials for use in the procedures in ORs and anesthetizing areas. These areas have been considered hazardous area by some AHJ's . Rated walls with latching hardware or smoke partition walls with latching hardware create access issues for the surgeons and staff. Surgeons and Staff clean and sterilize their hands in the core area. Use of the door latch may introduce contamination to the sterile field.
While we may have considerable amount of combustibles in the sterile core, this area is occupied before and during the procedure. The recent NFPA fire data does not identify these sterile cores as issue for fire incidents.

Based on the desire for doors without latches to address the users needs and the lack of fire incidents that endanger the patients, the removal of the sterile core areas support OR and anesthetizing areas meets the goals stated in Chapter 4.

Submitter Information Verification

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Submittal Date: Wed May 19 19:24:18 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The revision does not define sterile cores. It is not clear how 19.3.6 would apply to such arrangements.

Public Input No. 55-NFPA 101-2021 [New Section after 19.3.2.5]

19.3.2.5.6

Where residential cooking equipment is used for rehab, physical therapy, or other clinical purposes, the equipment shall not require additional protection, provided the equipment is disconnected from power and/or fuel source such that it cannot produce heat.

Statement of Problem and Substantiation for Public Input

This is a typical arrangement found in many hospitals across the country. it is important for a patient to be able to imitate cooking practices to ensure the patient can live on their own upon hospital discharge. Currently there is no code compliant way to provide this equipment without protecting it with additional safeguards which are costly to install and maintain, but will likely never be needed in practice because the equipment is not used for food preparation. Because these appliances were never intended to actually cook with, this provision would allow them to be present while also ensuring they cannot create a hazard if staff or patients were to try to use them for actually cooking.

Submitter Information Verification

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Submittal Date: Mon Apr 12 12:47:48 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6734-NFPA 101-2021

Statement: This is a typical arrangement found in many hospitals across the country. it is important for a patient to be able to imitate cooking practices to ensure the patient can live on their own upon hospital discharge. Currently there is no code compliant way to provide this equipment without protecting it with additional safeguards which are costly to install and maintain, but will likely never be needed in practice because the equipment is not used for food preparation. Because these appliances were never intended to actually cook with, this provision would allow them to be present while also ensuring they cannot create a hazard if staff or patients were to try to use them for actually cooking.

Public Input No. 51-NFPA 101-2021 [Section No. 19.3.6.4.2]

19.3.6.4.2

Doors or walls below the ceiling 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 ~~or~~ and doors shall be permitted to be undercut.

Statement of Problem and Substantiation for Public Input

Sections 18/19.3.6.4.1 prohibits transfer grills in doors and walls, but 18/19.3.6.4.2 permits them in doors to certain spaces. A louver in a door and a transfer grill in a wall below the ceiling are functionally the same, thus both should be permitted.

Submitter Information Verification

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Submittal Date: Mon Apr 12 12:12:00 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6736-NFPA 101-2021
Statement: Sections 18/19.3.6.4.1 prohibits transfer grills in doors and walls, but 18/19.3.6.4.2 permits them in doors to certain spaces. A louver in a door and a transfer grill in a wall below the ceiling are functionally the same, thus both should be permitted.

Public Input No. 337-NFPA 101-2021 [Section No. 19.4.4]

19.4.4* Alcohol-Based Hand-Rub Dispensers.

~~Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1 , unless all of the following conditions are met:~~

- ~~Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm).~~
- ~~The maximum individual dispenser fluid capacity shall be as follows:~~
  - (1) ~~0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors~~
  - (2) ~~0.53 gal (2.0 L) for dispensers in suites of rooms~~
- ~~Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA 30B.~~
- ~~Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm).~~
- ~~Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 19.4.4(6) .~~
- ~~One dispenser complying with 18.4.4 (2) or 18.4.4 (3) per room and located in that room shall not be included in the aggregated quantity addressed in 19.4.4(5) .~~
- ~~Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30.~~
- ~~Dispensers shall not be installed in the following locations:~~
  - (1) ~~Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source~~
  - (2) ~~To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source~~
  - (3) ~~Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source~~
- ~~Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments.~~
- ~~The alcohol-based hand-rub solution shall not exceed 95 percent alcohol content by volume.~~

~~Operation of the dispenser shall comply with the following criteria:~~

- ~~The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.~~
- ~~Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.~~
- ~~An object placed within the activation zone and left in place shall not cause more than one activation.~~
- ~~The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.~~

~~The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is minimized~~

The installation and maintenance of Alcohol-based hand-rub dispensers and the storage of alcohol-based hand rub solutions in accordance with 8.7.3.3 shall be permitted .

Statement of Problem and Substantiation for Public Input

Our current health situation with the latest viral outbreak has led to a need to increase the number of alcohol based hand sanitizer dispensers within many different types of occupancies. Although alcohol based hand sanitizer was addressed in this chapter and many other requirements were also located in this chapter, the requirements did not apply to storage of sanitizer when not in use or many other provisions that could be applicable. Providing a pointer to section 8.7.3.3 will provide a direct link to all the requirements needed for safe installation, use, and maintenance of alcohol based hand rub dispensers as well as the storage of any alcohol based hand rub materials not in use.

Currently Robert Upson is also chairing an NFPA 30 task group, and Bruce Johnson is chairing an NFPA 1 task group to address this subject within those standards respectively. So a recommendation should be made to this committee to put forth a committee input and create a task group to review this requirement throughout and ensure correlation with NFPA 1 and NFPA 30 task groups that are already reviewing this.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 316-NFPA 101-2021 [Section No. 8.7.3.3]	
Public Input No. 324-NFPA 101-2021 [New Section after 11.4.3.6]	
Public Input No. 325-NFPA 101-2021 [Section No. 12.4.6]	
Public Input No. 326-NFPA 101-2021 [Section No. 13.4.6]	
Public Input No. 327-NFPA 101-2021 [Section No. 14.4.5]	
Public Input No. 329-NFPA 101-2021 [Section No. 15.4.5]	
Public Input No. 330-NFPA 101-2021 [Section No. 16.4.5]	
Public Input No. 332-NFPA 101-2021 [Section No. 16.6.4]	
Public Input No. 333-NFPA 101-2021 [Section No. 17.4.5]	
Public Input No. 334-NFPA 101-2021 [Section No. 17.6.4]	
Public Input No. 336-NFPA 101-2021 [Section No. 18.4.4]	
Public Input No. 339-NFPA 101-2021 [Section No. 20.4.4]	
Public Input No. 340-NFPA 101-2021 [Section No. 21.4.4]	
Public Input No. 342-NFPA 101-2021 [Section No. 22.4.7]	
Public Input No. 344-NFPA 101-2021 [Section No. 23.4.7]	
Public Input No. 347-NFPA 101-2021 [Section No. 26.3.2.1]	
Public Input No. 349-NFPA 101-2021 [Section No. 28.4.2]	
Public Input No. 354-NFPA 101-2021 [Section No. 29.4.2]	
Public Input No. 357-NFPA 101-2021 [Section No. 30.4.3]	
Public Input No. 360-NFPA 101-2021 [Section No. 32.2.4]	
Public Input No. 361-NFPA 101-2021 [Section No. 32.3.4.2]	
Public Input No. 363-NFPA 101-2021 [Section No. 33.2.4]	
Public Input No. 364-NFPA 101-2021 [Section No. 33.3.4.2]	
Public Input No. 365-NFPA 101-2021 [Section No. 36.4.6]	
Public Input No. 367-NFPA 101-2021 [Section No. 37.4.6]	
Public Input No. 368-NFPA 101-2021 [Section No. 38.4.4]	
Public Input No. 369-NFPA 101-2021 [Section No. 39.4.4]	
Public Input No. 370-NFPA 101-2021 [Section No. 40.4.3]	
Public Input No. 371-NFPA 101-2021 [Section No. 42.4.3]	

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Committee: SAF-HEA

Committee Statement

Resolution: The unique health care provisions for ABHRs need to be maintained in the health care chapters.

Public Input No. 35-NFPA 101-2021 [Section No. 19.7.1.1]

19.7.1.1

The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of ~~a~~ an Emergency Action plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. The Emergency Action Plan shall meet the requirements of paragraph 4.8.2

Statement of Problem and Substantiation for Public Input

Its not clear what needs to be included in the plan. If the intent is that an Emergency Action Plan is required, then it would seemingly benefit the reader by specifying that the plan needs to be developed and written according to 4.8.2.

Submitter Information Verification

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Submittal Date: Wed Mar 10 13:48:17 EST 2021
Committee: SAF-HEA

Committee Statement

Resolution: The proposed revision is adequately addressed by 19.7.2.2 (fire safety plan) and might create confusion based on terminology in NFPA 99 (emergency operation plan).

Public Input No. 304-NFPA 101-2021 [New Section after 19.7.6]

19.7.6 Modular Rooms and Sleep Pods

19.7.6.1

Modular rooms and sleep pods installed in indoor locations shall comply with Section 10.6. Where provided in areas covered by an occupant notification system the units shall comply with Section 9.6.3.6.1.

Statement of Problem and Substantiation for Public Input

Modular rooms and sleep pods are becoming increasingly popular, and are showing up in a variety of different occupancies. This proposal provides a means for AHJs to approve these installations and allow the use of these prefabricated structures.

This proposal treats modular rooms and sleep pods, such as those shown in the attached pictures, as products that can be installed in a building, and not as building construction, while not losing applicable code requirements.

The UL 962 listing covers the fabrication and safety of the modular room. UL 962 includes requirements for insulation, finish materials, internal wiring, lighting, ventilation, and other construction features. Markings are to be provided on the listed products to document the
Interior finish and foamed plastic ratings, such as the ASTM E84 (UL 723) flame spread and smoke developed indexes. This makes it easy to determine their suitability for use in the specific areas of the building.

Section 10.6.5 allows the AHJ to approve the installation locations, to make sure the means of egress is not compromised and other code requirements are not adversely impacted.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 296-NFPA 101-2021 [New Section after 3.3.189]	
Public Input No. 297-NFPA 101-2021 [New Section after 3.3.262]	
Public Input No. 299-NFPA 101-2021 [Section No. 10.1.3.2]	
Public Input No. 300-NFPA 101-2021 [New Section after 10.5.5]	
Public Input No. 301-NFPA 101-2021 [New Section after 12.7.5]	
Public Input No. 302-NFPA 101-2021 [New Section after 13.7.5]	
Public Input No. 303-NFPA 101-2021 [New Section after 18.7.6]	
Public Input No. 305-NFPA 101-2021 [New Section after 20.7.6]	
Public Input No. 307-NFPA 101-2021 [New Section after 21.7.6]	
Public Input No. 309-NFPA 101-2021 [New Section after 36.4.4.12]	
Public Input No. 310-NFPA 101-2021 [New Section after 37.4.4.12]	
Public Input No. 311-NFPA 101-2021 [New Section after 38.7.7]	
Public Input No. 312-NFPA 101-2021 [New Section after 39.7.7]	
Public Input No. 313-NFPA 101-2021 [New Section after 40.7.3]	

Submitter Information Verification

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Submittal Date: Mon May 31 16:35:19 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: It is not clear how these would be defined or how the criteria would be applied in health care occupancies. Requiring notification appliances might be ok but sprinklers should probably also be addressed. It is noted that the referenced Ch. 9 provision was not added.

Public Input No. 235-NFPA 101-2021 [Section No. 19.7.9.1]

19.7.9.1

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

Statement of Problem and Substantiation for Public Input

Currently section 4.6.10.2 requires compliance with NFPA 241 only where required by Chapters 11-42. The text of 19.7.9.2 is confusing as it only requires the means of egress in any area undergoing construction, repair, or improvements to comply with NFPA 241. Since healthcare is a defend in place occupancy all construction adjacent to occupied portions of the building must comply with NFPA 241.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 236-NFPA 101-2021 [Section No. 19.7.9.2]	

Submitter Information Verification

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Submittal Date: Fri May 28 11:15:46 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6751-NFPA 101-2021

Statement: It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection. This revision provides clarity on when NFPA 241 is applicable.

Public Input No. 258-NFPA 101-2021 [Sections 19.7.9.1, 19.7.9.2]

Sections 19.7.9.1, 19.7.9.2

19.7.9.1

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

19.7.9.2

The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1. ~~and shall also comply with NFPA 241~~ .

Statement of Problem and Substantiation for Public Input

It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection . This proposal seeks to provide clarity on when NFPA 241 is applicable. If the committee determines the existing reference to NFPA 241 is acceptable and no change to the Code is required, an annex note stating the separation requirements of NFPA 241 do not apply would be helpful.

Submitter Information Verification

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Submittal Date: Fri May 28 13:09:34 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6751-NFPA 101-2021
Statement: It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection. This revision provides clarity on when NFPA 241 is applicable.

Public Input No. 236-NFPA 101-2021 [Section No. 19.7.9.2]

19.7.9.2

The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1~~ and shall also comply with NFPA 241~~ .

Statement of Problem and Substantiation for Public Input

This change is to accommodate changes proposed in PI 235

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 235-NFPA 101-2021 [Section No. 19.7.9.1]	

Submitter Information Verification

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Submittal Date: Fri May 28 11:21:04 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6751-NFPA 101-2021

Statement: It is common in the health care industry to apply the requirements of NFPA 241 related to separating a construction site from the remainder of the hospital. However, as currently written NFPA 241 only applies for mean of egress inspection. This revision provides clarity on when NFPA 241 is applicable.

Public Input No. 348-NFPA 101-2021 [New Section after 20.2.5.3.2]

20.2.5.4 Interlocked-Door Vestibule

Where approved by the authority having jurisdiction, 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 Input

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.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 341-NFPA 101-2021 [New Section after 3.3.164]	
Public Input No. 343-NFPA 101-2021 [New Section after 7.2.1.6.4.2]	

Submitter Information Verification

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Committee: SAF-HEA

Committee Statement

Resolution: The corresponding PI in Ch. 7 was resolved, so no core chapter provisions exist to reference. It is noted that the subject is being further studied by the Means of Egress TC for the second draft stage.

Public Input No. 266-NFPA 101-2021 [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 3.3.284.8.4

(3) Occupiable spaces with attached garages that are mechanically ventilated in accordance with the mechanical code

Statement of Problem and Substantiation for Public Input

The recently published NFPA Fire Protection Research Foundation report “CO Detection and Alarm Requirements: Literature Review” highlights major deficits in current code requirements to adequately protect occupants from high level CO exposure incidents in buildings that house permanently installed CO hazards. The addition of these proposed requirements will prevent deaths and injuries to occupants - including patients, visitors and staff - of new ambulatory health care occupancies by providing a baseline level of protection from high level CO exposure. It is difficult to imagine an occupancy type more in need of adequate CO protection requirements than one that serves a population already defined as being incapable of self-preservation and reliant upon staff to perform emergency control functions.

The lethality of CO is undisputed. The severity of poisoning injury depends not only on the level and duration of CO exposure, but also on the individual. Those most at risk from the effects of CO: infants and children, older people, pregnant women/unborn babies, and those with underlying health conditions. There is no formula that can accurately predict how CO will impact a particular person nor what level or duration of exposure can be tolerated without suffering prolonged harm, irreversible brain damage, or death. For many victims who survive exposure to high levels of CO, the effects do not end with the poisoning incident. They can be severe enough to cause death weeks to months later. High level CO exposure can also result in irreversible effects, including life-altering brain injury.

The lifesaving value of CO detection is undisputed. CO detection has been commercially available for

at least 30 years and has proven reliability. There is no substitute for the early detection that these devices provide, alerting to danger before conditions escalate to a level of causing harm.

As a homeowner it is a reasonable expectation to be aware of the hazards of CO and take responsibility to install CO detection to protect yourself. However, as an occupant of a building that is under someone else's charge, there is no way of knowing of equivalent hazards nor whether action has been taken to install safeguards. Combined with no human ability to detect CO, this leaves occupants critically vulnerable during any type of CO exposure incident where no detection is installed. Their life safety is entirely at the mercy of circumstances they have no knowledge of and no control over, assuming a risk they had no choice in taking. Further, most people likely assume CO detection requirements are already in place for commercial occupancies because they are advised to have CO alarms installed in their homes. This assumption puts them at even greater disadvantage during exposure as they likely assume there will be an environmental alert to a dangerous CO situation that requires evacuation.

It is not safe to occupy any building where there are permanently installed CO hazards without the protection of CO detection. These proposed requirements match baseline requirements currently in place in Chapter 12. Please act to ensure that people are, at the very least, equally protected in new ambulatory health care occupancies.

Submitter Information Verification

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Committee: SAF-HEA

Committee Statement

Resolution: A task group has been appointed to study the issue of carbon monoxide detection requirements in health care and ambulatory health care occupancies and provide recommendations at the second draft stage. Concerns raised at the first draft meeting include properly identifying the locations in which CO detectors would be required; the proposed requirement for installation on ceilings, which would preclude wall-mounted detectors; and the determination of what constitutes centrally located. It was noted that no data was submitted specific to losses in ambulatory health care facilities.

Public Input No. 263-NFPA 101-2021 [Section No. 20.3.7.1]

20.3.7.1

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

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

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

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

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

Statement of Problem and Substantiation for Public Input

Section 20.1.3.3(2) contains a requirement that ambulatory health care occupancies be separated from other occupancies by barriers with a 1-hour fire resistance rating, therefore the reference to “and occupancies” in 20.3.7.1 which only applies to tenant separation should not be included in this section.

Submitter Information Verification

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Submittal Date: Fri May 28 13:50:12 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6744-NFPA 101-2021

Statement: Where the separated occupancy approach is used, 20.1.3.3(2) contains the requirements for separating the ambulatory health care occupancy from other occupancies. 20.3.7.1 only needs to apply to tenant separations occurring on the story.

Public Input No. 274-NFPA 101-2021 [Section No. 20.3.7.1]

20.3.7.1

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

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

(2) * Doors shall be constructed of not less than 1¾ in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be equipped with positive ~~latches~~ latching hardware or shall in a fire emergency become positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector .

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

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

A.20.3.7.1(2)

These 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, which is based on the provisions of NFPA 80 Section 6.4.4.3.3, is equivalently applicable to doors required, and not required, to comply with NFPA 80.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. These doors are required to be self-closing which ensures the door is in a closed position upon activation of an automatic fire detector and becomes positively latched.

NFPA 80 Section 6.4.4.3.3, as part of the locks and latches requirements, states: 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.

Statement of Problem and Substantiation for Public Input

Reason: On these doors in ambulatory health care facilities, as an acceptable alternative to doors provided with positive latching hardware our BHMA members are being asked if it is possible to apply the provisions of NFPA 80 Section 6.4.4.3.3 on these doors, both fire-rated and non-fire-rated. 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).

Also proposing Annex A materials to complement proposed revisions to 20.3.7.1(2).
The use of automatic fail-safe devices to cause these doors to become positively latched is applicable on doors also required to be self-closing – as required by Item 3 of this section. This is to ensure the door is in a closed position upon activation of an automatic fire detector and becomes positively latched.

NFPA 80 Section 6.4.4.3.3, as part of the locks and latches requirements, states: 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.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 272-NFPA 101-2021 [Section No. 18.3.6.3.5]	
Public Input No. 273-NFPA 101-2021 [Section No. A.19.3.6.3.5]	
Public Input No. 275-NFPA 101-2021 [Section No. 21.3.7.1]	
Public Input No. 276-NFPA 101-2021 [Section No. 32.3.3.6.7]	

Submitter Information Verification

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Committee: SAF-HEA

Committee Statement

Resolution: The 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.

Public Input No. 57-NFPA 101-2021 [Section No. 20.3.7.1]

20.3.7.1

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

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

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

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

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

Statement of Problem and Substantiation for Public Input

The section is not clear as written as the sentence does not indicate to which walls the subsections apply. Occupancy separations, where required, are addressed in chapter 6. This requirement is for tenant separations which is less stringent than the occupancy separation requirement. Removing the "and occupancies" from the section clarifies that this section is not intended to address the separation of ambulatory health care occupancies from adjacent occupancies.

Submitter Information Verification

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Submittal Date: Mon Apr 12 13:18:38 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6744-NFPA 101-2021

Statement: Where the separated occupancy approach is used, 20.1.3.3(2) contains the requirements for separating the ambulatory health care occupancy from other occupancies. 20.3.7.1 only needs to apply to tenant separations occurring on the story.

Public Input No. 191-NFPA 101-2021 [Section No. 20.3.7.7]

20.3.7.7

~~The provisions of 8.5.6.5 and 8.5.7.2 shall not apply.~~

Statement of Problem and Substantiation for Public Input

The purpose of this Public Input is to remove the exemption and require quantitative smoke leakage limits for penetrations and joints in New Healthcare (18.3.7.3 (3)) and New Ambulatory Healthcare (20.3.7.7) facilities.

A requirement for penetration and joint openings to restrict the transfer of smoke through smoke barriers in healthcare occupancies has existed since at least the 2000 edition of NFPA 101. Chapters 18 and 20 have always required smoke barriers to be constructed in accordance with section 8.5. NFPA 101 does not have any exemptions in 18.3.7.3 and 20.3.7.7 from complying with 8.5.6.2, 8.5.6.3, or 8.5.7.3 and requiring performance language for protection from smoke movement. The performance language is intended to maintain integrity of the smoke compartment by effectively restricting the transfer of smoke between compartments, especially when egress of patients and staff is not possible. However, the performance language does not provide quantitative limits thus there is no real method to access acceptability of a firestop system to meet this performance requirement.

In the 2018 edition, the Fire Protection Features Technical Committee added language in 8.5.6 and 8.5.7 to quantify these limits, using well established methods from the UL 1479 and UL 2079 Standards. The updated requirement added language for individual and/or cumulative total leakage of protected through-penetrations and joints to be better quantified and define the level of performance expected from smoke barriers. The exact same criteria have been in the International Building Code since the 2012 edition.

Further, section 8.5.3 only permits a fire barrier to be used as a smoke barrier when it also meets the requirements of the remainder of Section 8.5. Critical to this performance is the ability of fire-resistant joints and penetrations to restrict the passage of smoke, as defined in 8.5.6 and 8.5.7.

The justification that was used to introduce the exemption proposed by Second Revision No. 4007-NFPA 101-2016 to 18.3.7.3.(3) and 20.3.7.7 to require fire-resistant penetrations and joints to comply with Leakage Rating (L-Rating) requirements of 8.5.6.5 and 8.5.7.2 is provided below:

"The revision exempts health care occupancy smoke barriers from the air-leakage rating requirements of 8.5.6.5 and 8.5.7.2 for through-penetrations and joints, respectively. Health care occupancy smoke barriers already must have a fire resistance rating; the fire barrier requirements of Section 8.3 sufficiently restrict the passage of smoke."

It is well known that fire resistance ratings do not measure smoke passage. Fire resistance ratings measure the passage of flame, hot gases, and temperature rise. There is a separate test certification method to measure smoke/air leakage in firestop systems. As such, some firestop systems may not perform well during these tests. While these systems are properly fire-resistance rated and Listed for fire performance, they may not inherently restrict smoke passage especially at lower temperatures. It is difficult to quantify “restrict” without some data that confirms the performance, this is why the leakage test criteria was added to UL1479 and UL2079 firestop test standards. The leakage “L” rating is the amount of air (smoke) that can leak through a penetration/joint, measured in cubic feet per minute. The test is administered at ambient temperature and at 400 0F.

In rejecting Public Comments 147 and 148, the Committee rational states:

“The determination of air leakage rates is not required for other openings in smoke barriers. The

proposed revision exceeds the minimum level of protection intended by smoke barriers. No substantiation has been provided to indicate the currently required level of protection presents a hazard."

First, the "currently required level of protection" includes the L-Rating requirements from Section 8.5, so no rational was necessary. That rational was presented, and accepted, by the SAF-FIR Technical Committee. Secondly, we believe there is no basis for asserting that "The proposed revision exceeds the minimum level of protection intended by smoke barriers." Section 8.5.3 already states that a fire barrier that does not restrict the passage of smoke through all of the components required in 8.5 is, by definition, not a smoke barrier. As noted previously, it is well known that fire resistance ratings do not measure smoke passage.

It should also be emphasized that, while the argument was made that fire doors and dampers in these facilities do not require leakage ratings, article 8.5.4.1 still requires leaving only the minimum clearance necessary for proper operation below a fire door, and a maximum clearance of ¾ in. (19 mm). It further prohibits louvers or grilles.

Based on reviewing the history of these changes to Chapter 18 and Chapter 20, the exemptions provided in 18.3.7.3.(3) and 20.3.7.7 for penetrations and joints to comply with quantitative Leakage Rating (L-Rating) requirements of 8.5.6.5 and 8.5.7.2 is not justifiable.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 190-NFPA 101-2021 [Section No. 18.3.7.3]	

Submitter Information Verification

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Submittal Date: Tue May 25 08:44:48 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: Smoke barriers are already required to resist the passage of smoke. Smoke dampers are permitted to be omitted and door undercuts permitted under certain conditions. The level of detail required by 8.5.6.5 and 8.5.7.2 is not warranted. Smoke barriers have not required smoke leakage ratings for decades and no fire loss data specific to health care occupancies has been provided to substantiate the revision.

Public Input No. 339-NFPA 101-2021 [Section No. 20.4.4]

20.4.4* Alcohol-Based Hand-Rub Dispensers.

Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1 , unless all of the following conditions are met:

(1) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm).

(2) The maximum individual dispenser fluid capacity shall be as follows:

(3) 0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors

(4) 0.53 gal (2.0 L) for dispensers in suites of rooms

(5) Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA 30B.

(6) Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm).

(7) Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 20.4.4(6) .

(8) One dispenser per room complying with 20.4.4(2) or 20.4.4 (3), and located in the room, shall not be required to be included in the aggregated quantity specified in 20.4.4(5) .

(9) Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30.

(10) Dispensers shall not be installed in the following locations:

(11) Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source

(12) To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source

(13) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source

(14) Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments.

(15) The alcohol-based hand-rub solution shall not exceed 95 percent alcohol content by volume.

(16) Operation of the dispenser shall comply with the following criteria:

(17) The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.

(18) Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.

(19) An object placed within the activation zone and left in place shall not cause more than one activation.

(20) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.

(21) The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is

~~minimized.~~

(22) ~~The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.~~

The installation and maintenance of Alcohol-based hand-rub dispensers and the storage of alcohol-based hand rub solutions in accordance with 8.7.3.3 shall be permitted.

Statement of Problem and Substantiation for Public Input

Our current health situation with the latest viral outbreak has led to a need to increase the number of alcohol based hand sanitizer dispensers within many different types of occupancies. Although alcohol based hand sanitizer was addressed in this chapter and many other requirements were also located in this chapter, the requirements did not apply to storage of sanitizer when not in use or many other provisions that could be applicable. Providing a pointer to section 8.7.3.3 will provide a direct link to all the requirements needed for safe installation, use, and maintenance of alcohol based hand rub dispensers as well as the storage of any alcohol based hand rub materials not in use.

Currently Robert Upson is also chairing an NFPA 30 task group, and Bruce Johnson is chairing an NFPA 1 task group to address this subject within those standards respectively. So a recommendation should be made to this committee to put forth a committee input and create a task group to review this requirement throughout and ensure correlation with NFPA 1 and NFPA 30 task groups that are already reviewing this.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 316-NFPA 101-2021 [Section No. 8.7.3.3]	
Public Input No. 324-NFPA 101-2021 [New Section after 11.4.3.6]	
Public Input No. 325-NFPA 101-2021 [Section No. 12.4.6]	
Public Input No. 326-NFPA 101-2021 [Section No. 13.4.6]	
Public Input No. 327-NFPA 101-2021 [Section No. 14.4.5]	
Public Input No. 329-NFPA 101-2021 [Section No. 15.4.5]	
Public Input No. 330-NFPA 101-2021 [Section No. 16.4.5]	
Public Input No. 333-NFPA 101-2021 [Section No. 17.4.5]	
Public Input No. 332-NFPA 101-2021 [Section No. 16.6.4]	
Public Input No. 334-NFPA 101-2021 [Section No. 17.6.4]	
Public Input No. 336-NFPA 101-2021 [Section No. 18.4.4]	
Public Input No. 337-NFPA 101-2021 [Section No. 19.4.4]	
Public Input No. 340-NFPA 101-2021 [Section No. 21.4.4]	
Public Input No. 342-NFPA 101-2021 [Section No. 22.4.7]	
Public Input No. 344-NFPA 101-2021 [Section No. 23.4.7]	
Public Input No. 347-NFPA 101-2021 [Section No. 26.3.2.1]	
Public Input No. 349-NFPA 101-2021 [Section No. 28.4.2]	
Public Input No. 354-NFPA 101-2021 [Section No. 29.4.2]	
Public Input No. 357-NFPA 101-2021 [Section No. 30.4.3]	
Public Input No. 360-NFPA 101-2021 [Section No. 32.2.4]	
Public Input No. 361-NFPA 101-2021 [Section No. 32.3.4.2]	

Public Input No. 363-NFPA 101-2021 [Section No. 33.2.4]
Public Input No. 364-NFPA 101-2021 [Section No. 33.3.4.2]
Public Input No. 365-NFPA 101-2021 [Section No. 36.4.6]
Public Input No. 367-NFPA 101-2021 [Section No. 37.4.6]
Public Input No. 368-NFPA 101-2021 [Section No. 38.4.4]
Public Input No. 369-NFPA 101-2021 [Section No. 39.4.4]
Public Input No. 370-NFPA 101-2021 [Section No. 40.4.3]
Public Input No. 371-NFPA 101-2021 [Section No. 42.4.3]

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Submittal Date: Tue Jun 01 10:19:54 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The unique ambulatory health care provisions for ABHRs need to be maintained in the ambulatory health care chapters.

Public Input No. 305-NFPA 101-2021 [New Section after 20.7.6]

20.7.6 Modular Rooms and Sleep Pods

20.7.6.1

Modular rooms and sleep pods installed in indoor locations shall comply with Section 10.6. Where provided in areas covered by an occupant notification system the units shall comply with Section 9.6.3.6.1.

Statement of Problem and Substantiation for Public Input

Modular rooms and sleep pods are becoming increasingly popular, and are showing up in a variety of different occupancies. This proposal provides a means for AHJs to approve these installations and allow the use of these prefabricated structures.

This proposal treats modular rooms and sleep pods, such as those shown in the attached pictures, as products that can be installed in a building, and not as building construction, while not losing applicable code requirements.

The UL 962 listing covers the fabrication and safety of the modular room. UL 962 includes requirements for insulation, finish materials, internal wiring, lighting, ventilation, and other construction features. Markings are to be provided on the listed products to document the
Interior finish and foamed plastic ratings, such as the ASTM E84 (UL 723) flame spread and smoke developed indexes. This makes it easy to determine their suitability for use in the specific areas of the building.

Section 10.6.5 allows the AHJ to approve the installation locations, to make sure the means of egress is not compromised and other code requirements are not adversely impacted.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 296-NFPA 101-2021 [New Section after 3.3.189]	
Public Input No. 297-NFPA 101-2021 [New Section after 3.3.262]	
Public Input No. 298-NFPA 101-2021 [New Section after 9.6.3.6.1]	
Public Input No. 300-NFPA 101-2021 [New Section after 10.5.5]	
Public Input No. 301-NFPA 101-2021 [New Section after 12.7.5]	
Public Input No. 302-NFPA 101-2021 [New Section after 13.7.5]	
Public Input No. 303-NFPA 101-2021 [New Section after 18.7.6]	
Public Input No. 299-NFPA 101-2021 [Section No. 10.1.3.2]	
Public Input No. 304-NFPA 101-2021 [New Section after 19.7.6]	
Public Input No. 307-NFPA 101-2021 [New Section after 21.7.6]	
Public Input No. 309-NFPA 101-2021 [New Section after 36.4.4.12]	
Public Input No. 310-NFPA 101-2021 [New Section after 37.4.4.12]	
Public Input No. 311-NFPA 101-2021 [New Section after 38.7.7]	
Public Input No. 312-NFPA 101-2021 [New Section after 39.7.7]	
Public Input No. 313-NFPA 101-2021 [New Section after 40.7.3]	

Submitter Information Verification

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Committee: SAF-HEA

Committee Statement

Resolution: It is not clear how these would be defined or how the criteria would be applied in health care occupancies. Requiring notification appliances might be ok but sprinklers should probably also be addressed. It is noted that the referenced Ch. 9 provision was not added.

Public Input No. 350-NFPA 101-2021 [New Section after 21.2.5.3]

21.2.5.4 Interlocked-Door Vestibule

Where approved by the authority having jurisdiction, 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 Input

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.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 341-NFPA 101-2021 [New Section after 3.3.164]	
Public Input No. 343-NFPA 101-2021 [New Section after 7.2.1.6.4.2]	

Submitter Information Verification

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Submittal Date: Tue Jun 01 10:46:29 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The corresponding PI in Ch. 7 was resolved, so no core chapter provisions exist to reference. It is noted that the subject is being further studied by the Means of Egress TC for the second draft stage.

Public Input No. 267-NFPA 101-2021 [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 3.3.284.8.4

(3) Occupiable spaces with attached garages that are mechanically ventilated in accordance with the mechanical code

Statement of Problem and Substantiation for Public Input

The recently published NFPA Fire Protection Research Foundation report “CO Detection and Alarm Requirements: Literature Review” highlights major deficits in current code requirements to adequately protect occupants from high level CO exposure incidents in buildings that house permanently installed CO hazards. The addition of these proposed requirements will prevent deaths and injuries to occupants - including patients, visitors and staff - of existing ambulatory health care occupancies by providing a baseline level of protection from high level CO exposure.

It is difficult to imagine an occupancy type more in need of adequate CO protection requirements than one that serves a population already defined as being incapable of self-preservation and reliant upon staff to perform emergency control functions. In addition, the risk of CO exposure is likely higher in an existing building due to aging fuel-burning equipment and out-of-date construction.

The lethality of CO is undisputed. The severity of poisoning injury depends not only on the level and duration of CO exposure, but also on the individual. Those most at risk from the effects of CO: infants and children, older people, pregnant women/unborn babies, and those with underlying health conditions. There is no formula that can accurately predict how CO will impact a particular person nor what level or duration of exposure can be tolerated without suffering prolonged harm, irreversible brain damage, or death. For many victims who survive exposure to high levels of CO, the effects do not end with the poisoning incident. They can be severe enough to cause death weeks to months later. High level CO exposure can also result in irreversible effects, including life-altering brain injury.

The lifesaving value of CO detection is undisputed. CO detection has been commercially available for at least 30 years and has proven reliability. There is no substitute for the early detection that these devices provide, alerting to danger before conditions escalate to a level of causing harm.

As a homeowner it is a reasonable expectation to be aware of the hazards of CO and take responsibility to install CO detection to protect yourself. However, as an occupant of a building that is under someone else's charge, there is no way of knowing of equivalent hazards nor whether action has been taken to install safeguards. Combined with no human ability to detect CO, this leaves occupants critically vulnerable during any type of CO exposure incident where no detection is installed. Their life safety is entirely at the mercy of circumstances they have no knowledge of and no control over, assuming a risk they had no choice in taking. Further, most people likely assume CO detection requirements are already in place for commercial occupancies because they are advised to have CO alarms installed in their homes. This assumption puts them at even greater disadvantage during exposure as they likely assume there will be an environmental alert to a dangerous CO situation that requires evacuation.

It is not safe to occupy any building where there are permanently installed CO hazards without the protection of CO detection. These proposed requirements match baseline requirements currently in place in Chapter 12 and are also proposed for Chapter 20. Please act to ensure that people are equivalently protected in existing ambulatory health care occupancies.

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Committee: SAF-HEA

Committee Statement

Resolution: A task group has been appointed to study the issue of carbon monoxide detection requirements in health care and ambulatory health care occupancies and provide recommendations at the second draft stage. Concerns raised at the first draft meeting include properly identifying the locations in which CO detectors would be required; the proposed requirement for installation on ceilings, which would preclude wall-mounted detectors; and the determination of what constitutes centrally located. It was noted that no data was submitted specific to losses in ambulatory health care facilities.

Public Input No. 264-NFPA 101-2021 [Section No. 21.3.7.1]

21.3.7.1

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

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

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

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

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

Statement of Problem and Substantiation for Public Input

Section 21.1.3.3(2) contains a requirement that ambulatory health care occupancies be separated from other occupancies by barriers with a 1-hour fire resistance rating, therefore the reference to “and occupancies” in 21.3.7.1 which only applies to tenant separation should not be included in this section.

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Submittal Date: Fri May 28 13:55:17 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6752-NFPA 101-2021

Statement: Section 21.1.3.3(2) contains a requirement that ambulatory health care occupancies be separated from other occupancies by barriers with a 1-hour fire resistance rating, therefore the reference to “and occupancies” in 21.3.7.1 which only applies to tenant separation should not be included in this section.

Public Input No. 275-NFPA 101-2021 [Section No. 21.3.7.1]

21.3.7.1

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

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

(2) * Doors shall be constructed of not less than 1¾ in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be equipped with positive ~~latches~~ latching hardware or shall in a fire emergency become positively latched by means of an automatic fail-safe device that is activated by an automatic fire detector .

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

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

A. 21. 3.7.1 (2)

These 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, which is based on the provisions of NFPA 80 Section 6.4.4.3.3, is equivalently applicable to doors required, and not required, to comply with NFPA 80.

The alternative is an automatic fail-safe device that positively latches the door when activated by an automatic fire detector. These doors are required to be self-closing which ensures the door is in a closed position upon activation of an automatic fire detector and becomes positively latched.

NFPA 80 Section 6.4.4.3.3, as part of the locks and latches requirements, states: 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.

Statement of Problem and Substantiation for Public Input

On these doors in ambulatory health care facilities, as an acceptable alternative to doors provided with positive latching hardware our BHMA members are being asked if it is possible to apply the provisions of NFPA 80 Section 6.4.4.3.3 on these doors, both fire-rated and non-fire-rated. 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).

The use of automatic fail-safe devices to cause these doors to become positively latched is applicable on doors also required to be self-closing – as required by Item 3 of this section. This is to ensure the door is in a closed position upon activation of an automatic fire detector and becomes positively latched.

NFPA 80 Section 6.4.4.3.3, as part of the locks and latches requirements, states: 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.

Also proposing Annex A materials to complement proposed revisions to 21.3.7.1(2).

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 274-NFPA 101-2021 [Section No. 20.3.7.1]	
Public Input No. 276-NFPA 101-2021 [Section No. 32.3.3.6.7]	

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Committee: SAF-HEA

Committee Statement

Resolution: The 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.

Public Input No. 58-NFPA 101-2021 [Section No. 21.3.7.1]

21.3.7.1

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

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

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

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

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

Statement of Problem and Substantiation for Public Input

The section is not clear as written as the sentence does not indicate to which walls the subsections apply. Occupancy separations, where required, are addressed in chapter 6. This requirement is for tenant separations which is less stringent than the occupancy separation requirement. Removing the "and occupancies" from the section clarifies that this section is not intended to address the separation of ambulatory health care occupancies from adjacent occupancies.

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Committee: SAF-HEA

Committee Statement

Resolution: FR-6752-NFPA 101-2021

Statement: Section 21.1.3.3(2) contains a requirement that ambulatory health care occupancies be separated from other occupancies by barriers with a 1-hour fire resistance rating, therefore the reference to “and occupancies” in 21.3.7.1 which only applies to tenant separation should not be included in this section.

Public Input No. 340-NFPA 101-2021 [Section No. 21.4.4]

21.4.4* Alcohol-Based Hand-Rub Dispensers.

Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1 , unless all of the following conditions are met:

(1) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm).

(2) The maximum individual dispenser fluid capacity shall be as follows:

(3) 0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors

(4) 0.53 gal (2.0 L) for dispensers in suites of rooms

(5) Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA 30B.

(6) Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm).

(7) Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 21.4.4(6) .

(8) One dispenser per room complying with 21.4.4(2) or 21.4.4 (3), and located in the room, shall not be required to be included in the aggregated quantity specified in 21.4.4(5) .

(9) Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30.

(10) Dispensers shall not be installed in the following locations:

(11) Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source

(12) To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source

(13) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source

(14) Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments.

(15) The alcohol-based hand-rub solution shall not exceed 95 percent alcohol content by volume.

(16) Operation of the dispenser shall comply with the following criteria:

(17) The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.

(18) Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.

(19) An object placed within the activation zone and left in place shall not cause more than one activation.

(20) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.

(21) The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is

~~minimized.~~

(22) ~~The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.~~

The installation and maintenance of Alcohol-based hand-rub dispensers and the storage of alcohol-based hand rub solutions in accordance with 8.7.3.3 shall be permitted.

Statement of Problem and Substantiation for Public Input

Our current health situation with the latest viral outbreak has led to a need to increase the number of alcohol based hand sanitizer dispensers within many different types of occupancies. Although alcohol based hand sanitizer was addressed in this chapter and many other requirements were also located in this chapter, the requirements did not apply to storage of sanitizer when not in use or many other provisions that could be applicable. Providing a pointer to section 8.7.3.3 will provide a direct link to all the requirements needed for safe installation, use, and maintenance of alcohol based hand rub dispensers as well as the storage of any alcohol based hand rub materials not in use.

Currently Robert Upson is also chairing an NFPA 30 task group, and Bruce Johnson is chairing an NFPA 1 task group to address this subject within those standards respectively. So a recommendation should be made to this committee to put forth a committee input and create a task group to review this requirement throughout and ensure correlation with NFPA 1 and NFPA 30 task groups that are already reviewing this.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 316-NFPA 101-2021 [Section No. 8.7.3.3]	
Public Input No. 324-NFPA 101-2021 [New Section after 11.4.3.6]	
Public Input No. 325-NFPA 101-2021 [Section No. 12.4.6]	
Public Input No. 326-NFPA 101-2021 [Section No. 13.4.6]	
Public Input No. 327-NFPA 101-2021 [Section No. 14.4.5]	
Public Input No. 329-NFPA 101-2021 [Section No. 15.4.5]	
Public Input No. 330-NFPA 101-2021 [Section No. 16.4.5]	
Public Input No. 333-NFPA 101-2021 [Section No. 17.4.5]	
Public Input No. 332-NFPA 101-2021 [Section No. 16.6.4]	
Public Input No. 334-NFPA 101-2021 [Section No. 17.6.4]	
Public Input No. 336-NFPA 101-2021 [Section No. 18.4.4]	
Public Input No. 337-NFPA 101-2021 [Section No. 19.4.4]	
Public Input No. 339-NFPA 101-2021 [Section No. 20.4.4]	
Public Input No. 342-NFPA 101-2021 [Section No. 22.4.7]	
Public Input No. 344-NFPA 101-2021 [Section No. 23.4.7]	
Public Input No. 347-NFPA 101-2021 [Section No. 26.3.2.1]	
Public Input No. 349-NFPA 101-2021 [Section No. 28.4.2]	
Public Input No. 354-NFPA 101-2021 [Section No. 29.4.2]	
Public Input No. 357-NFPA 101-2021 [Section No. 30.4.3]	
Public Input No. 360-NFPA 101-2021 [Section No. 32.2.4]	
Public Input No. 361-NFPA 101-2021 [Section No. 32.3.4.2]	

Public Input No. 363-NFPA 101-2021 [Section No. 33.2.4]
Public Input No. 364-NFPA 101-2021 [Section No. 33.3.4.2]
Public Input No. 365-NFPA 101-2021 [Section No. 36.4.6]
Public Input No. 367-NFPA 101-2021 [Section No. 37.4.6]
Public Input No. 368-NFPA 101-2021 [Section No. 38.4.4]
Public Input No. 369-NFPA 101-2021 [Section No. 39.4.4]
Public Input No. 370-NFPA 101-2021 [Section No. 40.4.3]
Public Input No. 371-NFPA 101-2021 [Section No. 42.4.3]

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Committee: SAF-HEA

Committee Statement

Resolution: The unique ambulatory health care provisions for ABHRs need to be maintained in the ambulatory health care chapters.

Public Input No. 307-NFPA 101-2021 [New Section after 21.7.6]

20.7.6 Modular Rooms and Sleep Pods

20.7.6.1

Modular rooms and sleep pods installed in indoor locations shall comply with Section 10.6. Where provided in areas covered by an occupant notification system the units shall comply with Section 9.6.3.6.1.

Statement of Problem and Substantiation for Public Input

Modular rooms and sleep pods are becoming increasingly popular, and are showing up in a variety of different occupancies. This proposal provides a means for AHJs to approve these installations and allow the use of these prefabricated structures.

This proposal treats modular rooms and sleep pods, such as those shown in the attached pictures, as products that can be installed in a building, and not as building construction, while not losing applicable code requirements.

The UL 962 listing covers the fabrication and safety of the modular room. UL 962 includes requirements for insulation, finish materials, internal wiring, lighting, ventilation, and other construction features. Markings are to be provided on the listed products to document the
Interior finish and foamed plastic ratings, such as the ASTM E84 (UL 723) flame spread and smoke developed indexes. This makes it easy to determine their suitability for use in the specific areas of the building.

Section 10.6.5 allows the AHJ to approve the installation locations, to make sure the means of egress is not compromised and other code requirements are not adversely impacted.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 295-NFPA 101-2021 [Section No. 2.3.11]	
Public Input No. 296-NFPA 101-2021 [New Section after 3.3.189]	
Public Input No. 297-NFPA 101-2021 [New Section after 3.3.262]	
Public Input No. 298-NFPA 101-2021 [New Section after 9.6.3.6.1]	
Public Input No. 299-NFPA 101-2021 [Section No. 10.1.3.2]	
Public Input No. 300-NFPA 101-2021 [New Section after 10.5.5]	
Public Input No. 301-NFPA 101-2021 [New Section after 12.7.5]	
Public Input No. 302-NFPA 101-2021 [New Section after 13.7.5]	
Public Input No. 303-NFPA 101-2021 [New Section after 18.7.6]	
Public Input No. 304-NFPA 101-2021 [New Section after 19.7.6]	
Public Input No. 305-NFPA 101-2021 [New Section after 20.7.6]	
Public Input No. 309-NFPA 101-2021 [New Section after 36.4.4.12]	
Public Input No. 310-NFPA 101-2021 [New Section after 37.4.4.12]	
Public Input No. 311-NFPA 101-2021 [New Section after 38.7.7]	
Public Input No. 312-NFPA 101-2021 [New Section after 39.7.7]	
Public Input No. 313-NFPA 101-2021 [New Section after 40.7.3]	

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Submittal Date: Mon May 31 16:42:14 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: It is not clear how these would be defined or how the criteria would be applied in health care occupancies. Requiring notification appliances might be ok but sprinklers should probably also be addressed. It is noted that the referenced Ch. 9 provision was not added.

Public Input No. 16-NFPA 101-2020 [Section No. A.18.1.1.1.1]

A.18.1.1.1.1

In determining equivalency for conversions, modernizations, renovations, or unusual design concepts of hospitals or nursing homes, the authority having jurisdiction is permitted to accept evaluations based on the health care occupancies ~~for~~ fire safety evaluation system (FSES) of NFPA 101A utilizing the parameters for new construction.

Statement of Problem and Substantiation for Public Input

Clarification on the document title.

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Submittal Date: Thu Dec 17 12:52:04 EST 2020
Committee: SAF-HEA

Committee Statement

Resolution: FR-6753-NFPA 101-2021
Statement: Editorial correction.

Public Input No. 246-NFPA 101-2021 [Section No. A.18.2.2.2.5.2(3)]

A.18.2.2.2.5.2(3)

Where locked doors in accordance with 18.2.2.2.5.2 are proposed for an existing building that is not sprinklered throughout, the authority having jurisdiction might consider permitting the installation based on an analysis of the extent of sprinkler protection provided. ~~Sprinklered areas should include, at a minimum, the secured compartment and compartments that the occupants of the secured compartment must travel through to egress the building.~~

Statement of Problem and Substantiation for Public Input

The PI is in conjunction with PI 245. This PI essentially seeks to move the text from the annex into the body of the Code.

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Committee: SAF-HEA

Committee Statement

Resolution: FR-6699-NFPA 101-2021
Statement: The annex note is not required based on the action on PI-245 [18.2.2.2.5.2(3)].

Public Input No. 136-NFPA 101-2021 [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 ft ^{2} (700 m ^{2}):

(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 ft ^{2} (700 m ^{2}), 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) .

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

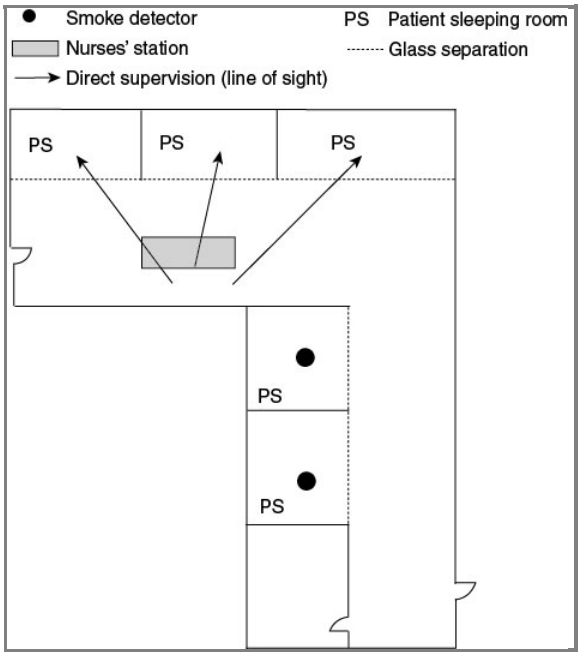
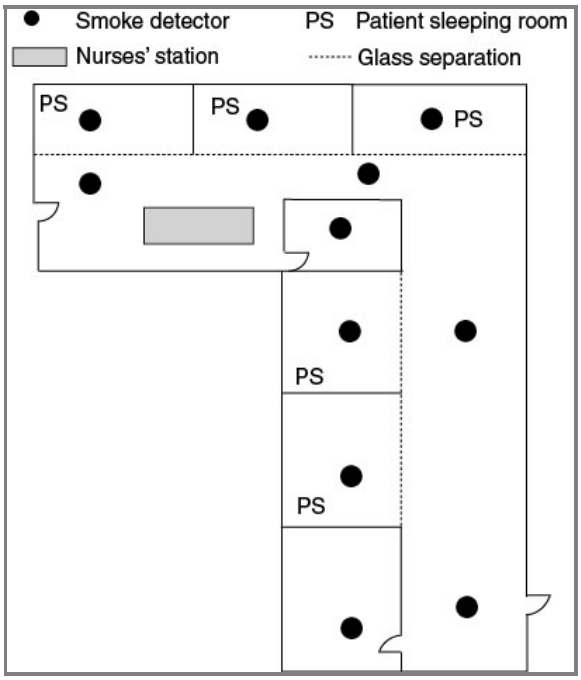
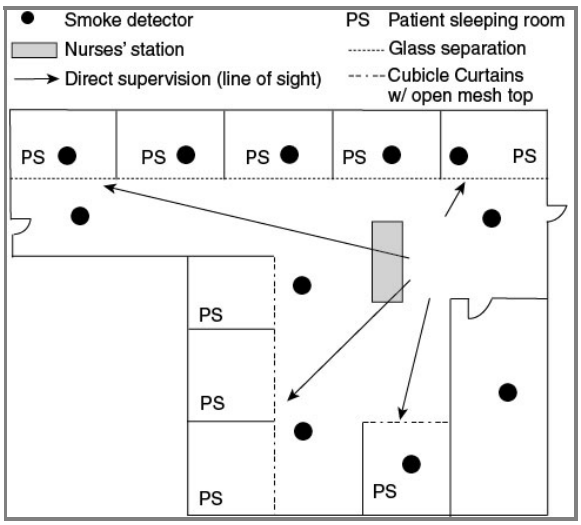


Figure A.18.2.5.7.2.1(B)(b) Supervision Provided by Total (Complete) Smoke Detection Throughout the Sleeping Suite.



~~**Figure A.18.2.5.7.2.1(B)(c) For Suites >7500 ft ^{2} (>700 m ^{2}), All Sleeping Rooms Must Be Provided with Direct Supervision by Staff and Total (Complete) Smoke Detection Installed Throughout the Sleeping Suite.**~~



Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. The task group recommends deletion of 18.2.5.7.2.1(B), in which case the Annex note needs to be deleted as well. Note that the figures address situations in which either supervision or smoke detection is required, but not both. The task group recommends eliminating this situation from Chapter 18, requiring either smoke detection or both smoke detection and supervision, depending on the suite size. No change to Chapter 19 is proposed, so the figures will be needed in the Annex note to 19.2.5.7.2.1(B).

Related Public Inputs for This Document

Related Input	Relationship

Public Input No. 134-NFPA 101-2021 [Sections 18.2.5.7.2.1(A), 18.2.5.7.2.1(B)]	section referenced by this annex note

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State:
Zip:
Submittal Date: Tue May 11 17:38:29 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The annex material is retained based on the action on the base paragraph in PI-64 (FR-6685). It is noted that if changes to the annex language are needed, public comments should be submitted on both Section A.18 (new) and A.19 (existing).

Public Input No. 137-NFPA 101-2021 [Section No. A.18.2.5.7.2.1(B)(1)]

~~A.18.2.5.7.2.1(B)(1)~~ —

~~The interior partitions or walls might extend full height to the ceiling, provided that they do not obscure visual supervision of the suite. Where they do obscure visual supervision, see 18.2.5.7.2.1(B)(2)~~ .

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. The task group recommends deleting 18.2.5.7.2.1(B)(1); therefore this Annex note also needs to be deleted.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 134-NFPA 101-2021 [Sections 18.2.5.7.2.1(A), 18.2.5.7.2.1(B)]	section referenced by this Annex note

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 11 17:47:24 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6754-NFPA 101-2021
Statement: The revision appends the existing A.18.2.5.7.2.1(B)(1) to A.18.2.5.7.2.1(B) for consistency with the action taken on PI-64 (FR-6685).

Public Input No. 138-NFPA 101-2021 [Section No. A.18.2.5.7.2.3(C)(1)]

A.18.2.5.7.2.3(C)(1)

The ~~alternative of~~ ~~18.2.5.7.2.1~~ ~~(B)(1)(b) is not to be applied, since~~ ~~18.2.5.7.2.3(C)(2)~~ ~~requires total coverage automatic smoke detection for the suite that exceeds 7500 ft~~ ^{2} ~~(700 m~~ ^{2} ~~) but does not exceed 10,000 ft~~ ^{2} ~~(930 m~~ ^{2} ~~).~~ location (such as a nurse station) is considered "normally attended" if it is an area steadily used by staff throughout the period the area contains patients, and where at a given time within that period, there will generally be staff present. Uninterrupted physical staff presence within the nurse station for the entire period is not required for a nurse station to be "normally attended."

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. This language is intended to clarify what is meant by "normally attended."

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 135-NFPA 101-2021 [Section No. 18.2.5.7.2.3(C)]	section referenced by this Annex note
Public Input No. 139-NFPA 101-2021 [Section No. A.19.2.5.7.2.1(B)(1)]	

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 11 17:52:28 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The revision is not needed based on the action on the base paragraph in PI-135.

Public Input No. 142-NFPA 101-2021 [Section No. A.18.3.6.1(1)(c)]

~~**A.18.3.6.1(1)(c)** —~~

~~The omission of smoke detection does not pertain to nurses' stations that are not continuously staffed as there would not be early detection by staff in such areas during "off" hours.~~

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. This Annex note pertain to text recommended for deletion.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 141-NFPA 101-2021 [Section No. 18.3.6.1]	This is the annex note for that section

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Thu May 13 11:53:25 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The revision is not needed based on the action on the base paragraph in PI-141.

Public Input No. 143-NFPA 101-2021 [Section No. A.18.3.6.1(2)]

~~A.18.3.6.1(2)~~ —

~~A typical nurses' station would normally contain one or more of the following with associated furniture and furnishings:~~

(1) ~~Charting area~~

(2) ~~Clerical area~~

(3) ~~Nourishment station~~

(4) ~~Storage of small amounts of medications, medical equipment and supplies, clerical supplies, and linens~~

(5) ~~Patient monitoring and communications equipment~~

~~The omission of smoke detection does not pertain to nurses' stations that are not continuously staffed as there would not be early detection by staff in such areas during "off" hours.~~

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. This is the Annex note for a section that is recommended for deletion.

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Thu May 13 11:58:07 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The annex paragraph is retained based on the action on the base paragraph in PI-141.

Public Input No. 144-NFPA 101-2021 [Section No. A.18.3.6.1(4)(b)]

~~**A.18.3.6.1(4)(b)** —~~

~~The omission of smoke detection does not pertain to nurses' stations that are not continuously staffed as there would not be early detection by staff in such areas during "off" hours.~~

Statement of Problem and Substantiation for Public Input

This Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. The Annex note pertains to text that is recommended to be deleted.

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Thu May 13 12:00:20 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: The annex language is retained based on the action on the base paragraph in PI-141.

Public Input No. 254-NFPA 101-2021 [Section No. A.19.2.2.2.5.2(3)]

A.19.2.2.2.5.2(3)

Where locked doors in accordance with 19.2.2.2.5.2 are proposed for an existing building that is not sprinklered throughout, the authority having jurisdiction might consider permitting the installation based on an analysis of the extent of sprinkler protection provided. ~~Sprinklered areas should include, at a minimum, the secured compartment and compartments that the occupants of the secured compartment must travel through to egress the building.~~

Statement of Problem and Substantiation for Public Input

This PI is being submitted in conjunction with PI 247.

Submitter Information Verification

Submitter Full Name: Lennon Peake
Organization: Koffel Associates, Inc.
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 12:23:11 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6737-NFPA 101-2021
Statement: The revision is not needed based on the action on PI-247.

Public Input No. 260-NFPA 101-2021 [Section No. A.19.2.2.2.10]

A.19.2.2.2.10

~~Doors to the enclosures of interior stair exits should be arranged to open from the stair side at not less than every third floor so that it will be possible to leave the stairway at such floor if fire renders the lower part of the stair unusable during egress or if occupants seek refuge on another floor.~~

Statement of Problem and Substantiation for Public Input

Existing health care occupancies are exempt from the re-entry provision and the annex note recommends re-entry on every third floor which is more restrictive than the code requirement health care occupancies are exempt from. If the committee determines the annex note has merit and should not be deleted, the word "third" should be changed to "fifth"

Submitter Information Verification

Submitter Full Name: Lennon Peake
Organization: Koffel Associates, Inc.
Affiliation: ASHE Regulatory Affairs Committee
Street Address:
City:
State:
Zip:
Submittal Date: Fri May 28 13:40:18 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6746-NFPA 101-2021
Statement: Existing health care occupancies are exempt from the re-entry provision and the annex note recommends re-entry on every third floor which is more restrictive than the code requirement health care occupancies are exempt from.

Public Input No. 139-NFPA 101-2021 [Section No. A.19.2.5.7.2.1(B)(1)]

A.19.2.5.7.2.1(B)(1)

The location (such as a nurse station) is considered "normally attended" if it is an area steadily used by staff throughout the period the area contains patients, and where at a given time within that period, there will generally be staff present. Uninterrupted physical staff presence within the nurse station for the entire period is not required for a nurse station to be "normally attended." 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)(a)(2).

Statement of Problem and Substantiation for Public Input

THis Public Input is submitted by the Health Care Occupancies Task Group on Nurse's Stations. The added language clarifies what is meant by "normally attended."

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 138-NFPA 101-2021 [Section No. A.18.2.5.7.2.3(C)(1)]	identical language and substantiation on the same issue

Submitter Information Verification

Submitter Full Name: John Rickard
Organization: P3 Consulting
Street Address:
City:
State:
Zip:
Submittal Date: Tue May 11 18:02:25 EDT 2021
Committee: SAF-HEA

Committee Statement

Resolution: FR-6755-NFPA 101-2021
Statement: The revision appends the existing A.19.2.5.7.2.1(B)(1) to A.19.2.5.7.2.1(B) based on the action on the base paragraph in FR-6733.

Public Input No. 273-NFPA 101-2021 [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 suitable program that trains staff to close the doors in an emergency should be established, 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 . 3.6.3.5) .

(2) 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.

(3) 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.

Statement of Problem and Substantiation for Public Input

Revising Annex A materials to recognize the alternative proposed for 18.3.6.3.5.

Related Public Inputs for This Document

Related Input	Relationship
Public Input No. 272-NFPA 101-2021 [Section No. 18.3.6.3.5]	

Submitter Information Verification

Submitter Full Name: John Woestman
Organization: Kellen Company
Affiliation: Builders Hardware Manufacturers Association (BHMA)
Street Address:
City:
State:
Zip:
Submittal Date: Mon May 31 10:04:29 EDT 2021

Committee: SAF-HEA

Committee Statement

Resolution: The 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.