



## California State Fire Marshal **CODE INTERPRETATION**

Date Issued	July 29, 2014	Interpretation	14-007
Topic	I-2 Hospitals– Patient treatment/exam rooms, and basements		
Code Section(s)	2013 CBC 202, 707.1, 407.5, 1014.2, 1014.3		
Requested by	Ratcliff Peter Tsugawa, Principal		
Date Received	March 6, 2014		

**1. Do “habitable rooms” in Group I-2 occupancies include patient treatment and exam rooms (occupied rooms)?**

**Answer:** Yes. Direct access to the corridor system from a patient sleeping room or treatment room is a key component to staff access and patient movement. The term “habitable rooms” includes patient treatment rooms, however it is not limited solely to sleeping rooms and treatment rooms. The term habitable room is used in lieu of the term ‘patient sleeping room’ to clarify that all occupied rooms in a health care facility must have direct access to a corridor leading to an exit (or must be arranged to comply with one of the exceptions) The term “habitable rooms” is not intended to include individual bathrooms, closets and similar spaces, as well as briefly occupied spaces, such as control rooms in radiology and small storage/supply rooms. Habitable areas would include staff areas within the patient treatment and sleeping areas (i.e., nutrition rooms, clean/dirty linen rooms, staff lounge, staff work areas).

**2. Do you apply “egress through intervening spaces” when you do not want a treatment room in a “care suite?” (Provided the common path of egress is 75 ft or less)**

**Answer:** No. California Building Code (CBC) §1014.2 ‘Egress Through Intervening Spaces’ is a general provision for all occupancies. CBC §407.4.1 is a specific provision for Group I-2 occupancies. The term ‘habitable rooms’ is specific to Group I-2 occupancies and, as noted above, includes all occupied rooms in a health care facility. §407.4.1 has two exceptions:

1. Exception 1 allows habitable rooms to egress through a care suite that complies with §407.4.3; the non-rated corridor within the care suite is considered an intervening room
2. Exception 2 exempts the requirement for direct access to a corridor if the habitable room has an exit door opening directly to the outside at ground level.

**3. Are smoke barriers required in a basement of a hospital that contains no patient care or treatment areas? (i.e. central processing, locker rooms, and storage)**

**Answer:** Yes. CBC §407.5 applies specifically to Group I-2 occupancies and requires smoke barriers on each story used by care recipients for sleeping, care or treatment and all other stories classified as Group I-2 with an occupant load of 50 or more. Therefore, smoke barriers are required in a basement of a hospital that contains patient care or treatment for one or more occupants, as well as basements classified as Group I-2 if the occupant load is 50 or more. However, if the basement is classified as a different occupancy and is separated in accordance with CBC §508.4, smoke barriers are not required in basements that are not classified as Group I-2.

However, healthcare facilities that receive Federal reimbursement from the Centers for Medicare and Medicaid Services (CMS) must also comply with the *Life Safety Code* in order to meet the conditions of participation for this program. Provisions contained in the 2000 edition of NFPA 101 *Life Safety Code* have requirements for smoke barriers that maybe more restrictive than the CBC, specifically see Section NFPA 101 Section 18.3.7