WHEA Lunch & Learn Series
JAN-2017

Lauzon Life Safety Consulting

Suites
Bill Lauzon, PE

1973-2006

“Facility Engineer”
Fargo, ND - Tomah – Madison
Kenosha – Racine, WI

2006-2011
Wis Dept of Health

2011-present
Lauzon Life Safety Consulting, LLC
Statewide Consultant

Member:
WHEA Code Committee
WHEA Education Committee

Consulting, LLC
Statewide Consultant

WHEA Lunch & Learn Series
JAN-2017

Statewide Trainer & CMS Liaison

Member:
WHEA Code Committee
WHEA Education Committee
WHEA Lunch & Learn Series
JAN-2017

WHEA Chap 1 Secretary
“& moving up the ranks”

2012-2015

Lauzon Life Safety Consulting, LLC
Part-Time Inspector & Trainer

2016-Present

Managing Officer
Lauzon Life Safety Consulting, LLC

Heather Lauzon Werner

Member:
WHEA Code Committee
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WHEA Chap 1 Secretary
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SUITES
1. What are Suites?
2. Benefits of Suites
3. Revisions from 2000 LSC
4. Patient Sleeping Suites
5. Patient Care Suites
6. Non-Patient Suites
7. Activity: Suite Evaluation
8. Activity: Suite Designation
Agenda

SUITES

1. What are Suites?
2. Benefits of Suites
3. Revisions from 2000 LSC
4. Patient Sleeping Suites
5. Patient Care Suites
6. Non-Patient Suites
7. Activity: Suite Evaluation
8. Activity: Suite Designation

WHEA Lunch & Learn Series
JAN-2017

Ask Anytime
What are Suites?

What is a Suite?

More than a candy bar

“Very tasty, but can give you an ache”
Understanding Suites starts with this Code:

All rooms **MUST** have a door directly to the corridor

18.2.5.6.1 Every habitable room shall have an exit access door leading directly to an exit access corridor, unless otherwise provided in 18.2.5.6.2, 18.2.5.6.3, and 18.2.5.6.4.

Suite exception
18.2.5.6.4 Rooms within suites complying with 18.2.5.7 shall not be required to have an exit access door leading directly to an exit access corridor.
What are Suites?

What is a Suite?

When there’s a “room within a room”
What are Suites?

Ah Ha! I’m in a SUITE!
It’s a SUITE when you see additional doors when inside a room
Example: ICU
What are Suites?

Suites are ONLY applicable in Health Care & Ambulatory Care Occupancies

Incapable of Self-Preservation

NO Suites in Business Occupancies

(There is no requirement for rooms to open into a corridor)
Where in the LSC?

$\text{x.2.5.7}
\begin{align*}
\text{Suites} \\
\text{x = 18/19}
\end{align*}$
What are Suites?

Pages from LLSC CODE TOOL BOX

LAUZON Life Safety Consulting

CODE TOOL BOX
Based on the 2012 LSC and its referenced standards

Contents are a SUMMARY of HEALTH CARE code requirements. Always refer to and follow the full code to ensure compliance.

All Code references shown in the Tool Box are from NFPA 101-2012 (unless otherwise shown).

Use of CMS, NFPA, ICC, DSPS, DHS, TJC and other logos and codes does not infer their acceptance of the contents of this booklet.

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“Your Protective Shield in the Code War”
What are Suites?

Pages from LLSC CODE TOOL BOX

Only available to members of LLSC’s “Code Central”
(over 170 pages of code explanations & Checklists)

Use INSPECTION REPORT TOOL BOX for Detailed Test & Inspection Documentation Requirements

Use of CMS, NFPA, ICC, DSPS, DHS, TJC and other logos and codes does not infer their acceptance of the contents of this booklet

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LAUZON Life Safety Consulting

“Your Protective Shield in the Code War”

CODE TOOL BOX
Based on the 2012 LSC and its referenced standards

Health Care

Index on Page 3&4
Suites generally are a group of rooms and spaces that functions effectively together as a unit

Habitable rms do not include individual bathrooms, closets, briefly occupied work spaces or small storage rms

Inside of suites there are no corridors

There are no min widths or door latching requirements. Doors can slide without breaking away, latching or single motion release

<table>
<thead>
<tr>
<th>Item</th>
<th>What to Check</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation Wall</td>
<td>1. Smoke Tightness</td>
<td>1. Suites must be separated from the rest of the building and other suites by walls and doors built to at least the same requirements as a corridor (18/19.2.5.7.1.2)</td>
</tr>
<tr>
<td>Hazardous Contents</td>
<td>1. Intervening spaces</td>
<td>1. Intervening rooms must not be hazardous areas (18/19.2.5.7.1.3(A))</td>
</tr>
<tr>
<td></td>
<td>2. Enclosure</td>
<td>2. Hazardous rooms must be enclosed per 19.3.2.1 (18/19.2.5.7.1.3(B))</td>
</tr>
<tr>
<td></td>
<td>3. Haz Suites</td>
<td>3. Multiple contiguous hazardous spaces within a suite do not be individually enclosed with rated walls, provided the suite is primarily a hazardous area, and the perimeter of the suite is constructed per 19.3.2.1 (18/19.2.5.7.1.3(C))</td>
</tr>
<tr>
<td></td>
<td>4. Surgical Sterile Storage</td>
<td>4. Existing: Sterile storage areas, with only a single day supply, within a sprinkled operating room suite do not need to be enclosed as a haz space (19.2.5.7.1.3(D))</td>
</tr>
<tr>
<td>Internal Walls</td>
<td>1. Non-rated walls</td>
<td>1. Subdivision walls within a suite must be made with noncombustible or limited-combustible materials or with fire-retardant wood that is encapsulated behind drywall or plaster (18/19.2.5.7.1.4)</td>
</tr>
<tr>
<td>Hall Widths</td>
<td>1. Min Widths</td>
<td>1. There are no specific min suite aisle/hall/passage widths, and the corridor widths do not apply. Thus, apply the general width requirement of existing facilities of 28&quot; (7.3.4.1.2)</td>
</tr>
<tr>
<td>Item</td>
<td>What to Check</td>
<td>Requirement</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Exit Access</td>
<td>1. Types</td>
<td>1. New: Must have direct access to a corridor (18.2.5.7.3.2); Existing: Must have access to a corridor or a horizontal exit (19.2.5.7.3.1(A))</td>
</tr>
<tr>
<td></td>
<td>2. 2 Exit Accesses</td>
<td>2. Patient non-sleeping suites larger than 2,500 sf must have at least 2 remotely located exit access doors (18/19.2.5.7.3.2(A))</td>
</tr>
<tr>
<td></td>
<td>3. Alternate Access</td>
<td>3. If more than one exit access is required, one is permitted to be directly to an exit stair, exit passageway, or door to the exterior (18/19.2.5.7.3.1(B)) or into another suite that is properly enclosed with “corridor-type” walls &amp; doors (18/19.2.5.7.3.2(C))</td>
</tr>
<tr>
<td>Max Size</td>
<td>1. 10,000 SF</td>
<td>1. Patient non-sleeping suites shall not exceed 10,000 sf (18/19.2.5.7.3.3)</td>
</tr>
<tr>
<td>Travel Distance</td>
<td>1. Within Room to Corridor door</td>
<td>1. The max travel distance from any point within a non-sleeping patient suite to an exit access door shall not exceed 100’ (18/19.2.5.7.3.4(A))</td>
</tr>
<tr>
<td></td>
<td>2. Within Room to Exit door</td>
<td>2. The max travel distance from any point within a non-sleeping patient suite to an exit door shall not exceed 200’ (18/19.2.5.7.3.4(B)(2)) if the building is fully sprinkled; OR shall not exceed 150’ (19.2.5.7.3.4(B)(1)) if the building is not fully sprinkled.</td>
</tr>
</tbody>
</table>

**SUITES-NON-PATIENT CARE**

No size limit of suite; The egress provisions for non-patient care suites shall be in accordance with the primary use and occupancy of the space, See Travel Distance Topic (19.2.5.7.4)
### Non-Patient Sleeping Suites shall comply with requirements for a non-patient care suite (19.2.5.7.2(2))

<table>
<thead>
<tr>
<th>Item</th>
<th>What to Check</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exit Access</strong></td>
<td></td>
<td>1. Patient sleeping suites shall have access to a corridor or a horizontal exit (18/19.2.5.7.2.1(A))</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Sleeping suites larger than 1000 sf must have at least 2 remotely located exit access doors (18/19.2.5.7.2.2(A))</td>
</tr>
<tr>
<td></td>
<td>1. Types</td>
<td>3. If more than one exit access is required, one is permitted to be directly to an exit stair, exit passageway, or door to the exterior (18/19.2.5.7.2.1(B)) or into another suite that is properly enclosed with “corridor-type” walls &amp; doors (18/19.2.5.7.2.2(C))</td>
</tr>
<tr>
<td></td>
<td>2. 2 Exit Accesses</td>
<td>2 Exit Accesses</td>
</tr>
<tr>
<td></td>
<td>3. Alternate Access</td>
<td>Exit Accesses</td>
</tr>
<tr>
<td><strong>Staff Supervision</strong></td>
<td></td>
<td>1. Shall be provided with constant staff supervision within the suite (18/19.2.5.7.2.1(C))</td>
</tr>
<tr>
<td></td>
<td>1. Constant</td>
<td>2. Suite shall be arranged to allow direct viewing of sleeping rooms from a normally attended location (glass walls w/cubical curtains); OR total smoke detection (18/19.2.5.7.2.1(D))</td>
</tr>
<tr>
<td></td>
<td>2. Direct</td>
<td></td>
</tr>
<tr>
<td><strong>Max Size</strong></td>
<td>1. 5,000 SF</td>
<td>1. Sleeping suites shall not exceed 5,000 sf (18/19.2.5.7.2.3(A)) unless otherwise permitted.</td>
</tr>
<tr>
<td></td>
<td>2. 7,500 SF</td>
<td>2. Sleeping suites shall not exceed 7,500 sf, Unless the smoke compartment is fully sprinkled with Quick-Response heads; OR Unless the smoke compartment is fully sprinkled with Standard-Response heads and total smoke detection (18/19.2.5.7.2.3(B))</td>
</tr>
<tr>
<td></td>
<td>3. 10,000 SF</td>
<td>3. Sleeping suites shall not exceed 10,000 sf, Unless (1) the smoke compartment is fully sprinkled with Quick-Response heads; AND (2) the smoke compartment is totally smoke detected; AND (3) the suite is arranged to allow direct viewing of sleeping rooms from a normally attended location (glass walls w/cubical curtains) (18/19.2.5.7.2.3(C))</td>
</tr>
<tr>
<td><strong>Travel Distance</strong></td>
<td>1. Within Room to Corridor door</td>
<td>1. The max travel distance from any point within a sleeping unit to an exit access door shall not exceed 100’ (18/19.2.5.7.2.4(A))</td>
</tr>
<tr>
<td></td>
<td>2. Within Room to Exit door</td>
<td>2. The max travel distance from any point within a sleeping unit to an exit door shall not exceed 200’ (18/19.2.5.7.2.4(B)(2)) if the building is fully sprinkled; OR shall not exceed 150’ (19.2.5.7.2.4(B)(1)) if the building is not fully sprinkled.</td>
</tr>
</tbody>
</table>
This is only a partial list that shows the most frequently cited requirements ... Check the full code

<table>
<thead>
<tr>
<th>Occupancy</th>
<th>Max Travel Distance from within room to exit</th>
<th>Max Common Path of Travel (^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly, Existing (Chap 13)</td>
<td>1. Sprinkled: 250’</td>
<td>1. Sprinkled: 20’/75’ (^b)</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 20’/75’ (^b)</td>
</tr>
<tr>
<td>Health Care, Existing (Chap 19)</td>
<td>1. Sprinkled: 200’</td>
<td>1. Sprinkled: NR</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 150’</td>
<td>2. Unsprinkled: NR</td>
</tr>
<tr>
<td>Ambulatory, Existing (Chap 21)</td>
<td>1. Sprinkled: 200’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 150’</td>
<td>2. Unsprinkled: 75’</td>
</tr>
<tr>
<td>Lodging, Existing (Chap 26)</td>
<td>1. Sprinkled: NR</td>
<td>1. Sprinkled: NR</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: NR</td>
<td>2. Unsprinkled: NR</td>
</tr>
<tr>
<td>Business, Existing (Chap 38)</td>
<td>1. Sprinkled: 300’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 75’</td>
</tr>
<tr>
<td>Industrial, Existing, General Industrial (Chap 40)</td>
<td>1. Sprinkled: 250’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 50’</td>
</tr>
<tr>
<td>Storage, Existing Ordinary Haz Storage (Chap 42)</td>
<td>1. Sprinkled: 400’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 50’</td>
</tr>
</tbody>
</table>

\(^a\) Common Path of Travel = portion of exit access prior to two separate & distinct paths of travel to two exits are available

\(^b\) 1\(^{st}\) number = CP if serving >50 persons; 2\(^{nd}\) number = CP if serving ≤ 50 persons

\(^c\) Provided there is no fuel-fired equip & egress path is readily known
What are the benefits of Suites?

Primary Benefits
1. NO CORRIDORS within suites

Never call them “Corridors”
Call them “Passages” or “Halls”

Don’t mark with “yellow”
1. NO CORRIDORS within suites

Corridor: 8’ Width requirement

Suites:

7.3.4.1 Not less than 36”

7.3.4.1.2 In existing buildings not less than 28”
1. NO CORRIDORS within suites

Corridor: Door Positive Latching

Suites: NO Door Latching requirement
1. NO CORRIDORS within suites

**Corridor:**
Hinged Door Swing

**Suites:**
NO Door Swing requirement
1. NO CORRIDORS within suites

**Corridor:**
Door must close with tug or push

**Suites:**
No Door Closing requirement
Wedges are “legal” within a suite (unless at a rated door)
2. EXTENDED TRAVEL DISTANCE:

**Non-Suite Rooms:**

2000 LSC: Max 50’ travel to reach the corridor door

**18.2.6.2.3** The travel distance between any point in a health care sleeping room and an exit access door in that room shall not exceed 50 ft
2. EXTENDED TRAVEL DISTANCE:

**Suites:**

*2000 & 2012 LSC:*

Max 100’ travel to reach the corridor door

18.2.5.7.2.4 Sleeping Suite Travel Distance.
Travel distance between any point in a sleeping suite and an exit access door from that suite shall not exceed 100 ft
Digression

TRAVEL DISTANCE:

How to Measure:
TRAVEL DISTANCE:

How to Measure:

7.6.1 The travel distance to an exit shall be measured on the floor or other walking surface as follows:

(1) Along the centerline of the natural path of travel, starting from the most remote point subject to occupancy.
TRAVEL DISTANCE:

How to Measure:

(2) Curve around any corners or obstructions, with a 12” clearance
TRAVEL DISTANCE:

How to Measure:

(3) Terminate at one of the following:
   (a) **Center** of the doorway
   (b) Other point at which the exit begins
2. EXTENDED TRAVEL DISTANCE:

**Patient Suites:**
2000 & 2012 LSC:
Max 100’ travel to reach the exit access door

**Non-Patient Suites**
Do not follow health care egress rules

- DON’T Follow the 100’ Health Care Exit Access Travel Distance
- DON’T Follow the 200’ Health Care Exit Travel Distance

250’ - 400’ Permitted
3. HAZARDOUS SPACES

18.2.5.7.1.3 Suite Hazardous Contents Areas.

(A)* Intervening rooms shall not be hazardous areas as defined by 18.3.2.

Can’t exit through a Hazardous Space

Same as other locations
3. HAZARDOUS SPACES

18.2.5.7.1.3 Suite Hazardous Contents Areas.

(B) Hazardous areas within a suite shall be separated from the remainder of the suite in accordance with 18.3.2.1, unless otherwise provided in 18.2.5.7.1.3(C).

Must **Enclose** with rated walls
3. HAZARDOUS SPACES

18.2.5.7.1.3 Suite Hazardous Contents Areas.

(C) Hazardous areas within a suite shall not be required to be separated from the remainder of the suite if

1. Suite is primarily a hazardous area.
2. Suite has approved automatic smoke detection
3. Suite enclosed as a hazardous area

Don’t need to rate interior walls & doors
3. HAZARDOUS SPACES

19.2.5.7.1.3(D) – Existing Surgical Suites
Central Sterile Core NOT Hazardous, under certain conditions

More Later
4. **NON-PATIENT SUITE FREEDOMS**

NO maximum size
What are the revisions in suites from the 2000 LSC to 2012?
Benefits

Suites have become “Sweeter”
What are the revisions in suites from the 2000 LSC to 2012?

1. More Code Explanations
2. More Types
3. Defined all requirements
4. Enhanced exit locations
5. Larger suite sizes
6. No Limit on intervening Rooms
7. No 50’ travel distance
8. Hazardous rules changed
9. Added Smoke Detection
Changes from 2000 LSC

1. Expanded ¼ page → 1 ¼ PAGES

2000 LSC

18.2.5.2 Any patient sleeping room, or any suite that includes patient sleeping rooms, of more than 1000 ft² (93 m²) shall have not less than two exit access doors remotely located from each other.

18.2.5.3 Any room or any suite of rooms, other than patient sleeping rooms, of more than 2500 ft² (232 m²) shall have not less than two exit access doors remotely located from each other.

18.2.5.4 Any suite of rooms that comply with the requirements of 18.2.5.3 shall be permitted to be subdivided with non-flammable, non-combustible, or limited-combustible partitions.

18.2.5.5 Interconnecting rooms shall not be hazardous as defined in 18.3.9.

18.2.5.6 Suites of sleeping rooms shall not exceed 5000 ft² (460 m²).

18.2.5.7 Suites of rooms, other than patient sleeping rooms, shall not exceed 10,000 ft² (929 m²).

18.2.5.8 Suites of rooms, other than patient sleeping rooms, shall be permitted to have one interesting room if the travel distance within the suite to the exit access door does not exceed 100 ft (30 m) and shall be permitted to have two interesting rooms where the travel distance within the suite to the exit access doors does not exceed 200 ft (60 m).

2012 LSC

11.2.7.1.4 Suite Separation. Suites shall be separated from the remainder of the suite where complying with the following:

(a) The suite is protected by an approved automatic smoke detector system in accordance with Section 9.6.

(b) The suite is separated from the rest of the health care facility by a fire-resistive wall with a fire door as required by 18.2.5.3.

11.2.7.1.4 Suite Subdivision. The subdivision of suites shall be in accordance with the requirements of 18.3.7.1.3, with non-flammable and non-combustible partitions constructed of fire-resistant treated wood or non-flammable limited-combustible materials, and such partitions shall not be required to be fire-resistive.
2. Four Types of Suites

1. Patient SLEEPING

2. NON-Patient Sleeping

3. Patient CARE (Non-Sleeping)

4. NON-Patient Care
2. Four Types of Suites

1. Patient SLEEPING
   "PS"

2. NON-Patient Sleeping
   "NP"

3. Patient CARE (Non-Sleeping)
   "PC"

4. NON-Patient Care
3. Corridor Wall/Doors Requirements

18.2.5.7.1.2 Suite Separation. Suites shall be separated from the remainder of the building, and from other suites, by walls and doors meeting corridor wall/door the requirements.
18.2.5.7.1.4 Suite Subdivision. The subdivision of suites by:

- Noncombustible partitions or
- Limited-combustible partitions or
- Partitions constructed with Fire-retardant-treated wood enclosed with noncombustible or limited-combustible materials
- And such partitions shall not be required to be fire rated.
Interior Walls

Noncombustible Materials (4.6.13)

- “will not ignite, burn, support combustion or release flammable vapors when subjected to fire or heat”
- “passes ASTM E136 standard test”

Limited-combustible Materials (4.6.14)

- Has Potential Heat Valve ≤ 3500 Btu/lb, per ANSI/UL 723
- Has noncombustible base + max 1/8” thick surface with flame spread ≤ 50, per ASTM E84
- Has flame spread ≤ 25 or continued progressive combustion, per ASTM E84

<table>
<thead>
<tr>
<th>Material</th>
<th>Potential Heat (Btu/lb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas Fir:</td>
<td>8,400</td>
</tr>
<tr>
<td>Fire Treated Douglas Fir:</td>
<td>7,050</td>
</tr>
<tr>
<td>Fiber Glass Insulation:</td>
<td>3,040</td>
</tr>
<tr>
<td>Gypsum Board:</td>
<td>760</td>
</tr>
</tbody>
</table>
Interior Walls

Fire-retardant-treated wood enclosed with limited-combustible materials

(= FRT covered with Drywall)
4. Second Exit Flexibility

2000 LSC: 2\textsuperscript{nd} Exit **HAD** to be to Corridor
4. Second Exit Flexibility

2012 LSC: 2\textsuperscript{nd} Exit CAN be to Corridor, Suite, Exit or Outside
5. Size of Suites expanded

5,000sf → 7,500sf → 10,000sf → Unlimited
6. No Limit on Intervening Rooms

2000 LSC: max 2

2012 LSC: No Limit
Changes from 2000 LSC

7. Less Travel Distance Restriction

2000 LSC: max 50’/max 100’

2012 LSC: Max 100’ in In-Patient Suites

2012 LSC: 300’ in Clinic Suites
18.2.5.7.1.3 Suite Hazardous Contents Areas.

(C) Hazardous areas within a suite shall not be required to be separated from the remainder of the suite if

1. Suite is primarily a hazardous area.
2. Suite has approved automatic smoke detection
3. Suite enclosed as a hazardous area
8. Hazardous Suites

19.2.5.7.1.3(D) – Existing Surgical Suites
Central Sterile Core NOT Hazardous, if

• Existing (prior to July 5, 2016)
• Sprinkled
• One-Day Supply

This is Rare
9. More Smoke Detection

Patient Sleeping Suites:

Must have Smoke Detectors in sleeping rooms without glass walls/doors or curtains.
9. More Smoke Detection

Patient Sleeping Suites:

Must have Smoke Detectors in sleeping rooms without glass walls/doors or curtains

RETOACTIVE for existing

Recommend Checking:
All your Patient Sleeping Suites
WHEA Lunch & Learn Series
JAN-2017

SUITES

1. What are Suites?
2. Benefits of Suites
3. Revisions from 2000 LSC
4. Patient Sleeping Suites
5. Patient Care Suites
6. Non-Patient Suites
7. Activity: Suite Evaluation
8. Activity: Suite Designation
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>PATIENT SLEEPING - 'PS'</th>
<th>(IN)PATIENT CARE - 'PC'</th>
<th>NON-PATIENT - 'NP'</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Corridor Exit Access (Arrangement)</td>
<td>Minimum of one door to a corridor or horizontal exit [18/19.2.5.7.2.1(A); 18/19.2.5.7.2.2(B)]</td>
<td>Minimum of one door to a corridor or horizontal exit [18/19.2.5.7.3.1]</td>
<td>Minimum of one door to a corridor or horizontal exit [18/19.2.5.6.1]</td>
</tr>
<tr>
<td>2. Two Remote Exit Access Doors (Arrangement)</td>
<td>Min 2 if &gt; 1,000 sf; 2nd can be to corridor, stair, exit passage, exterior, or suite [18/19.2.5.7.2.2(A); 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2(C)]</td>
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<td>Min 2 if &gt; 2,500 sf; 2nd can be to corridor, stair, exterior, or suite [18/19.2.5.5.2]</td>
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<tr>
<td>3. Supervision (Arrangement)</td>
<td>Constant Staff Supervision within the Suite [18/19.2.5.7.2.1(C)]</td>
<td>No Requirement</td>
<td>No Requirement</td>
</tr>
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<td>4. Direct View or Detection (Arrangement)</td>
<td>Must have one of following: 1. Sleep Rms have direct staff supervision from a normally attended location in suite (i.e. glass walls or curtains) 2. Sleep Rms without #1 must have smoke detection 3. All Occupiable Rms have smoke detection [18/19.2.5.7.2.1(D)]</td>
<td>No Requirement</td>
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</tr>
<tr>
<td>5. Basic Size</td>
<td>Can not exceed 7,500 SF; [18/19.2.5.7.2.3(B)]</td>
<td>Can not exceed 10,000 SF; [18/19.2.5.7.3.3]</td>
<td>No Requirement</td>
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<tr>
<td>6. Alternate Size</td>
<td>Permitted to be up to 10,000 SF, if have direct viewing per #5.1, AND full smoke detection; [18/19.2.5.7.2.3(C)]</td>
<td>Not Permitted</td>
<td>No Requirement</td>
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<tr>
<td>7. Exit Access Travel Distance</td>
<td>Maximum 100' travel distance to an exit access door [18/19.2.5.7.2.4(A)]</td>
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<td>9. Perimeter Wall &amp; Door</td>
<td>Same as a Corridor (Resist Passage of Smoke; Non-Rated; Doors Positive Latching); [18/19.2.5.7.1.2]</td>
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<td>10. Interior Wall</td>
<td>Non-rated partitions made with noncombustible or limited combustible materials or fire-retardant-treated wood that is covered with noncombustible or limited combustible materials [18/19.2.5.7.1.4]</td>
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<td>11. Intervening Hazards</td>
<td>Can egress from non-hazardous through an intervening hazardous space [18/19.5.7.1.3(A)]</td>
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<tr>
<td>12. Separation of Hazards</td>
<td>Haz areas must be enclosed with 1-hr rated walls &amp; 45 min self-closing doors [18/19.2.5.7.1.3(B)]</td>
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<td>Do not need to rate interior walls within a suite if entire suite is enclosed with 1-hr rated walls, suite is primarily hazardous, and all rooms are smoke detected [18/19.2.5.7.1.3(C)]</td>
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Requirements of Patient Sleeping Suites

‘PS’

(Most restrictive)
Requirements of Patient Sleeping Suites

1. Arrangement
2. Size
3. Travel Distance
1. Sleeping Suite Arrangement

18/19.2.5.7.2.1

A. Corridor Exit Access
B. Multiple Exits
C. Supervision
D. Direct View or Detection
A. Direct Corridor Access Required

Must have a door to corridor or horizontal exit
18/19.2.5.7.2.2
  – Sleeping Rooms
>1,000 SF must have at least 2 remote exit access doors
1. Sleeping Suite Arrangement

B. Two Exit Access’ Required

18/19.2.5.7.2.2
– Sleeping Rooms
>1,000 SF must have at least 2 remote exit access doors

Remote:
>1/3 Diagonal (1/2 if not spkled)
1. Sleeping Suite Arrangement

**Digression**

**B. Two Exit Access’ Required**

18/19.2.5.7.2
- Sleeping Rooms >1,000 SF must have 2 remote access doors.
1. Sleeping Suite Arrangement

B. Two Exit Access’ Required

18/19.2.5.7.2.1 (B); 18/19.2.5.7.2.2(C)

2nd Exit CAN be a Corridor, Stair, Suite, Exit or Outside
1. Sleeping Suite Arrangement

B. Two Exit Access’ Required

18/19.2.5.7.2.1 (B); 18/19.2.5.7.2.2(C)

CAUTION: If egressing through into another suite

- It can not be locked
- It can not be hazardous
C. Supervision

Must have constant staff supervision

“Staff always need to be in suite!”
D. Direct View

Must have one of the following:

1. Direct supervision from normally attended location (ie. Glass walls & doors), or
2. Patient Room Smoke Detection if not observable from a central nurse station, or
3. Smoke Detection in all occupiable spaces

RETROACTİVE !!!

One of the few situations where Chapter 19 is tougher than prior Chapter 18 requirements
D. Direct View

18/19.2.5.7.2.1(D)

- Must have **one** of the following:
  1. **Direct** supervision from normally attended location (i.e., Glass walls & doors), or

Example: ICU
D. Direct View or Detection

2. Patient Room Smoke Detection if not observable from a central nurse station

“If you can’t see the **BED**, You need a **HEAD**”

Example: ICU
3. Smoke Detection in all occupiable spaces
1. Sleeping Suite Arrangement

D. Direct View or Detection

Recommend Checking
All your Patient Sleeping Suites

Using this rule:

“If you can’t see the BED, You need a HEAD”
1. Sleeping Suite Arrangement

**Direct View or Detection**

**NOT Easy to Fix**

- Reconstruct to view all beds from a central location with glass walls or curtains
- Install Smoke Detectors in all Non-Viewable Sleep Rms
- Wait for NFPA/CMS Clarification
- Wait for DHS to cite
2. Sleeping Suite Size

18/19.2.5.7.2.3

2000 LSC
Max 5,000 SF

2012 LSC
Max 7,500 SF*

* Unless you meet other conditions
Existing Sleeping Suite Size

CONDITIONS TO EXCEED: 5,000 SF

Smoke Compartment is:
• Fully sprinkled w/Quick Response Heads (19.3.5.8)

OR

• Fully Sprinkled (19.3.5.7) + Full Smoke Detection

Bulb Thickness
NOT the color

Standard Heads
2. Sleeping Suite Size

New & Existing Sleeping Suite Size

18/19.2.5.7.2.3(C)

3 CONDITIONS to increase to 10,000 FS Max

1. Fully sprinkled w/Quick Response Heads, and
2. Full Smoke Detection, and
3. Direct Visual Supervision

Detectors in EVERY space:
NFPA 72, 17.5.3: includes all spaces, shafts, closets, attics, above ceiling, etc...

Don’t Expect to see too many 10,000 SF ‘PS’

All rooms viewable (glass walls/doors or curtains)
3. Travel Distance
18/19.2.5.7.2.4

2 Situations to Keep in Mind

• Travel Distance Within Suite to the Corridor Exit Access

• Travel Distance Within/out of Suite to the Exit
3. Sleeping Suite Travel Dist

Travel Distance-To Exit Access

2000 LSC:
max 50'/max 100'

2012 LSC:
Max 100'

No Limit on # Intervening Rooms

Same for New or Existing
3. Sleeping Suite Travel Dist

- **2012 LSC: (new)**
  - Max 200’

- **2012 LSC: (existing)**
  - Max 200’ (if bldg fully sprinkled)
  - Max 150’ (if not)

Travel Distance-To Exit:

- 140’
3. Sleeping Suite Travel Dist

2012 LSC: (new)
Max 200’

2012 LSC: (existing)
• Max 200’ (if bldg fully sprinkled)
• Max 150’ (if not)

Travel Distance - To Exit

Questions?
‘PC’
Less restrictive
Requirements of Patient Care Suites (non-sleeping)

1. Arrangement
2. Size
3. Travel Distance
1. Care Suite Arrangement

18/19.2.5.7.2.1

A. Corridor Exit Access
B. Multiple Exits
C. Supervision
D. Direct View or Detection
A. Direct Corridor Access Required

18/19.2.5.6.1

Must have a door to corridor or horizontal exit
18/19.2.5.7.3.2 Care Rooms > 2,500 SF must have at least 2 remote exit access doors
1. Care Suite Arrangement

### 2nd Exit Access CHECKPOINTS:

- Applies to Care Suites > 2,500 SF
- 1st Exit Access must be to Corridor
- 2nd Exit Access may be Corridor, Another Suite, Stair, Outside

**CAUTION:** If exiting into another suite
- Can never be locked
- Can not be hazardous
2. Care Suite Size

18/19.2.5.7.3.3

**2000 LSC**
Max 10,000 SF

**2012 LSC**
Max 10,000 SF

NO CHANGE
3. Travel Distance

18/19.2.5.7.3.4

2 Situations to Keep in Mind

• Travel Distance Within Suite to the Corridor

• Travel Distance Within/out of Suite to the Exit
3. Travel Distance

18/19.2.5.7.3.4

2 Situations to Keep in Mind

- Travel Distance Within Suite to the Exit Access
- Travel Distance Within/out of Suite to the Exit
3. Care Suite Travel Dist

### Travel Distance - To Exit Access

#### 2000 LSC:
- max 50’ thru 2 rms
- max 100’ thru 1 rm

#### 2012 LSC:
- Max 100’

- No Limit on # Intervening Rooms

- Same for New or Existing
3. Care Suite Travel Dist

Travel Distance - To Exit

2012 LSC: (new)
Max 200’

2012 LSC: (existing)
- Max 200’ (if bldg fully sprinkled)
- Max 150’ (If not)

Care Suite

3. Care Suite Travel Dist

Travel Distance - To Exit

2012 LSC: (new)
Max 200’

2012 LSC: (existing)
- Max 200’ (if bldg fully sprinkled)
- Max 150’ (If not)

Care Suite
3. Care Suite Travel Dist

Travel Distance - To Exit

2012 LSC:
(new)
Max 200’

Care Suite

2012 LSC:
(existing)
• Max 200’
(if bldg fully sprinkled)
• Max 150’
(not)

Questions?
Requirements of Non-(In)Patient Suites

NON-(In)Patient Sleeping

‘NP’

NON-(In)Patient Care
Requirements of Non-(In)Patient Suites

18/19.2.5.7.4

Follow the primary use & occupancy of the space
Requirements of Non-(In)Patient Suites

1. Arrangement
2. Size
3. Travel Distance
1. Non-(In)Patient Suite Arrangement

A. Corridor Exit Access
B. Multiple Exits
C. Supervision
D. Direct View or Detection
A. Direct Corridor Access Required

18/19.2.5.6.1

Every habitable room must have a door to corridor or horizontal exit
18/19.2.5.7.3.2 – Habitable Rooms > 2,500 SF must have at least 2 remote exit access doors
2. Non-((In)Patient Suite Size

**2000 LSC**
Max 10,000 SF

**2012 LSC**
No Limit
2. Non-(In)Patient Suite Size

18/19.2.5.7.3.3

CAUTION:
IBC 508.2.1 has a 10% limit on amount of “Accessory” occupancies on any story

2012 LSC
No Limit
3. Non-(In)Patient Travel Distance

18/19.2.6.2

Follow the primary use & occupancy of the space

1 Situation to Keep in Mind

- Travel Distance Within Suite to the Exit Access
- Travel Distance to the Exit
3. Non-Pt Care Suite Travel Dist

Non-Patient Suites

Travel Distance To Exit

2012 LSC: (new) Depends on use

2012 LSC: (existing) Depends on use

MED RECORD SUITE 1,367 SF

LAB SUITE 1,880 SF

115’
### 3. Travel Distance

Non-Patient Suites

Follow the primary use & occupancy of the space

<table>
<thead>
<tr>
<th>Occupancy</th>
<th>Max Travel Distance from within room to exit</th>
<th>Max Common Path of Travel a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assembly, Existing (Chap 13)</strong></td>
<td>1. Sprinkled: 250’</td>
<td>1. Sprinkled: 20’/75’ b</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 20’/75’ b</td>
</tr>
<tr>
<td><strong>Health Care, Existing (Chap 19)</strong></td>
<td>1. Sprinkled: 200’</td>
<td>1. Sprinkled: NR</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 150’</td>
<td>2. Unsprinkled: NR</td>
</tr>
<tr>
<td><strong>Ambulatory, Existing (Chap 21)</strong></td>
<td>1. Sprinkled: 200’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 150’</td>
<td>2. Unsprinkled: 75’</td>
</tr>
<tr>
<td><strong>Lodging, Existing (Chap 26)</strong></td>
<td>1. Sprinkled: NR</td>
<td>1. Sprinkled: NR</td>
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<tr>
<td></td>
<td>2. Unsprinkled: NR</td>
<td>2. Unsprinkled: NR</td>
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<tr>
<td><strong>Business, Existing (Chap 38)</strong></td>
<td>1. Sprinkled: 300’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
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<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 75’</td>
</tr>
<tr>
<td><strong>Industrial, Existing, General Industrial (Chap 40)</strong></td>
<td>1. Sprinkled: 250’</td>
<td>1. Sprinkled: 100’</td>
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<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 50’</td>
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<tr>
<td><strong>Storage, Existing Ordinary Haz Storage (Chap 42)</strong></td>
<td>1. Sprinkled: 400’</td>
<td>1. Sprinkled: 100’</td>
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<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 50’</td>
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3. Non-Pt Care Suite Travel Dist

Non-Patient Suites

Digression

MED RECORD SUITE 1,367 SF

LAB SUITE 1,880 SF

STAIR 1002

COMMON PATH OF TRAVEL

TRAVEL DISTANCE TO EXIT

Max 300'

Max 100'

115'

52'

108
Questions?
Activity: Evaluation of a Suite

Step-by-Step process
To evaluate several actual suites
Evaluation Steps

1. Determine Type of Suite
2. Arrangement
   - Corridor Exit Access
   - Multiple Exit Access’ (Number, Remoteness)
   - Supervision (Pt Sleeping only)
   - Direct View or Detection (Pt Sleeping only)
3. Size (Pt Use only)
4. Travel Distance
   - Travel Distance to the Exit Access (Pt Use only)
   - Travel Distance to the Exit
Suite 2670 – Behavioral Health Outpatient Clinic

Existing
Size: 4,190 SF
Travel Distance: 73’
Fully Sprinkled

1. Type of Suite?
2. Arrangement
   • Corridor Exit Access
   • Multiple Exit Access’ (number, remoteness)
   • Supervision (Pt Sleeping only)
   • Direct View or Detection (Pt Sleeping only)
3. Size (Pt Use only)
4. Travel Distance
   • Travel Distance to the Exit Access (Pt Use only)
   • Travel Distance to the Exit
1. Type of Suite?

If Business Use: "Non-(In)Patient Care"
If Health Care Use: "Non-Sleeping Patient Care"
1. Arrangement
   • Corridor Exit Access
1. Arrangement
   - Corridor Exit Access

Make sure there are no Dead-End Corridors beyond the 30’ Limit (18/19.2.5.2; 20’ per IBC if new)

Check the “Yellow” corridors for “fingers” (indicate dead-ends)
Suite 2670 – Behavioral Health Inpatient Clinic

1. Arrangement
   - Multiple Exit Access' (Number)

Size: 4,190 SF

>2,500 SF → Need 2
Suite 2670 – Behavioral Health Inpatient Clinic

1. Arrangement
   • Multiple Exit Access’ (remoteness)
Suite 2670 – Behavioral Health Inpatient Clinic

Size: 4,190 SF

Size: < 10,000 SF
4. **Travel Distance**
   - Travel Distance to the Exit Access (Pt Use only)

   Travel Distance: 73’

   Fully Sprinkled

   (measure)

   < 100 Ft
Suite 2670 – Behavioral Health Inpatient Clinic

4. Travel Distance
   - Travel Distance to the Exit

Travel Distance: 183’

Fully Sprinkled

< 200 Ft
Suite 2670 – Behavioral Health Inpatient Clinic

1. Type of Suite?
2. Arrangement
   • Corridor Exit Access
   • Multiple Exit Access’ (number, remoteness)
   • Supervision (Pt Sleeping only)
   • Direct View or Detection (Pt Sleeping only)
3. Size (Pt Use only)
4. Travel Distance
   • Travel Distance to the Exit Access (Pt Use only)
   • Travel Distance to the Exit
Patient Sleeping Suite Eval
Patient Sleeping Suite Eval
1. **Type of Suite?**
2. **Arrangement**
   - Corridor Exit Access
   - Multiple Exit Access’ (number, remoteness)
   - Supervision (Pt Sleeping only)
   - Direct View or Detection (Pt Sleeping only)
3. **Size** (Pt Use only)
4. **Travel Distance**
   - Travel Distance to the Exit Access (Pt Use only)
   - Travel Distance to the Exit

**Existing**

- **Size**: 4,881 SF
- **Travel Distance**: 69’
- **Fully Sprinkled**
1. Type of Suite?

“Patient Sleeping Suite”
1. **Arrangement**
   - Corridor Exit Access
1. **Arrangement**
   - Corridor Exit Access

Make sure there are no Dead-End Corridors beyond the 30’ Limit
(18/19.2.5.2; 20’ per IBC if new)

Check the “Yellow” corridors for “fingers” (indicate dead-ends)

**Can not egress FROM a corridor into a suite**
1. **Arrangement**
   - Multiple Exit Access’ (number)

Size: 4,881 SF

>1,000 SF $\Rightarrow$ Need 2
Patient Sleeping Suite Eval

Activity-Evaluation

1. Arrangement
   - Multiple Exit Access’ (number)

Size: 4,881 SF

>1,000 SF → Need 2

2nd Egress CHECKPOINTS:
- Applies to Sleeping Suites > 1,000 SF
- 1st Exit must be to Corridor
- 2nd Exit may be Corridor, Another Suite, Stair, Outside
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Size: 4,881 SF

>1,000 SF → Need 2
1. **Arrangement**
   - Multiple Exit Access’ (remoteness)

Size: 4,881 SF

Fully Sprinkled

>1/3 Diag Distance
Patient Sleeping Suite Eval

Size: 4,881 SF

Fully Sprinkled

1. Arrangement
   - Multiple Exit Access’ (remoteness)

CAUTION: If exiting into another suite
   - Can never* be locked
   - Can not be hazardous

*Unless there’s Clinical or Special Need in Suite #1
Patient Sleeping Suite Eval

Activity-Evaluation

1. Arrangement
   - Supervision (Pt Sleeping only)
   - Must have constant staff supervision
1. **Arrangement**
   - Direct View or Detection (Pt Sleeping only)
   - Must have one of the following:
     - Direct supervision from normally attended location (ie. Glass walls & doors), or
     - Patient Room Smoke Detection, or
     - Smoke Detection in all occupiable spaces

**Options**

None → None → None → RETROACTIVE !!!

One of the few situations where Chapter 19 is tougher than prior Chapter 18 requirements.
Patient Sleeping Suite Eval

1. Arrangement
   - Direct View or Detection (Pt Sleeping only)
     - Must have one of the following:
       - Direct supervision from normally attended location (ie. Glass walls & doors), or
       - Patient Room Smoke Detection, or
       - Smoke Detection in all occupiable spaces

MUST resolve Direct View or Detection Issue

NO EASY SOLUTION
- Reconstruct for ICU type layout
- Install Smoke Detectors in all Sleep Rms
- Wait for NFPA/CMS Clarification
- Wait for DHS to cite
Patient Sleeping Suite Eval

3. **Size** (Pt Use only)

Size: 4,881 SF

< 5,000 SF

No extra requirements
4. Travel Distance
   • Travel Distance to the Exit Access (Pt Use only)

Travel Distance 1: 69’

TD < 100 Ft
4. **Travel Distance**
   - Travel Distance to the Exit Access (Pt Use only)

   Travel Distance 2: 97'

   Suite Perimeter is considered Exit Access if walls meet “corridor” requirements

   TD < 100 Ft
4. Travel Distance
   • Travel Distance to the Exit

Travel Distance 1: 81’

TD < 200 Ft
4. Travel Distance
   • Travel Distance to the Exit

MUST resolve Travel Distance 2

Travel Distance 2: 210’
4. Travel Distance
   - Travel Distance to the Exit

Can Resolve if Install a new door here

MUST resolve Travel Distance 2

TD < 200 Ft

Travel Distance 2: 181’
1. Type of Suite?
2. Arrangement
   - Corridor Exit Access
   - Multiple Exit Access’ (number, remoteness)
   - Supervision
   ☑ Direct View or Detection
3. Size
4. Travel Distance
   - Travel Distance to the Exit Access
   ☑ Travel Distance to the Exit

If install door
Activity: Designation of a Suite on a Life Safety Plan

Required by Joint Commission, CMS, Wis DQA
Activity: Designation of a Suite on a Life Safety Plan

AHJ’s are flexible on the method

But must show compliance

**Size** is the most looked at requirement ...

... but **TD** & **Exit Paths** are just as important
1. Have an **Accurate** Floor Plan

CAD drawing is best

Can

- Color
- Measure size
- Measure distance
2. Color the Corridors & Exits

“Yellow” is the preferred color used by DQA
3. Color the Smoke Barriers

“Blue” Is the preferred color used by DQA
I prefer dashed perimeter line because I use colors for exits & haz rooms
5. Calculate the Suite Size

Multiple Methods
- Scale from drawing
- ACAD Properties
- Measure

NO LIMIT for Non-(In)Patient Suites

Mark on Drawing
6. Confirm Location of Exit Access Corridor Locations

Must have at least ONE

TWO if Size > 2,500 SF

No Need to Show...But make sure you have all you need
7. Confirm Remoteness of Exit Access Locations

Min $1/3^{rd}$ the Diagonal Length

1/3 x 151' = 50'

No Need to Show...But make sure you comply
8. Make sure there are no Dead-End Corridors

Can not egress FROM a corridor into a suite

Limit 20’ DEC

This corridor extends to right. If it didn’t it would be a non-compliant DEC
8. Make sure there are no Dead-End Corridors

Limit 20’ DEC

This corridor leads to an exit stairwell. If it didn’t it would be a non-compliant DEC
9. Color Hazardous Areas

Multiple Methods are used

I prefer use of red to make them “stand-out”
10. Determine Travel Distances

1. To Exit
   Access
   Not applicable since use is Business & no corridor egress criteria

2. To Exit
10. Determine Travel Distances

2. To Exit

Look at the "inner-most" locations within the suite, farthest from the nearest exit

Max: Depends on Use
3. Travel Distance 18/19.2.6.2

Follow the primary use & occupancy of the space

<table>
<thead>
<tr>
<th>Occupancy</th>
<th>Max Travel Distance from within room to exit</th>
<th>Max Common Path of Travel a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly, Existing (Chap 13)</td>
<td>1. Sprinkled: 250’</td>
<td>1. Sprinkled: 20’/75’ b</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 20’/75’ b</td>
</tr>
<tr>
<td>Health Care, Existing (Chap 19)</td>
<td>1. Sprinkled: 200’</td>
<td>1. Sprinkled: NR</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 150’</td>
<td>2. Unsprinkled: NR</td>
</tr>
<tr>
<td>Ambulatory, Existing (Chap 21)</td>
<td>1. Sprinkled: 200’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 150’</td>
<td>2. Unsprinkled: 75’</td>
</tr>
<tr>
<td>Lodging, Existing (Chap 26)</td>
<td>1. Sprinkled: NR</td>
<td>1. Sprinkled: NR</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: NR</td>
<td>2. Unsprinkled: NR</td>
</tr>
<tr>
<td>Business, Existing (Chap 38)</td>
<td>1. Sprinkled: 300’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td></td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 75’</td>
</tr>
<tr>
<td>Industrial, Existing, General Industrial</td>
<td>1. Sprinkled: 250’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td>(Chap 40)</td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 50’</td>
</tr>
<tr>
<td>Storage, Existing Ordinary Haz Storage</td>
<td>1. Sprinkled: 400’</td>
<td>1. Sprinkled: 100’</td>
</tr>
<tr>
<td>(Chap 42)</td>
<td>2. Unsprinkled: 200’</td>
<td>2. Unsprinkled: 50’</td>
</tr>
</tbody>
</table>
10. Determine Travel Distances

2. To Exit

Max Exit Travel Distance: 300’

Max Common Path of Travel: 100’

No Need to Show CPT…But make sure you comply
Kitchen Suite

ETD: 122'
STD: 95'
STD: 55'

Final LSP drawing

KITCHEN SUITE
9,530 sf

ETD: 87'
WHEA Lunch & Learn Series
JAN-2017

SUITES

1. What are Suites?
2. Benefits of Suites
3. Revisions from 2000 LSC
4. Patient Sleeping Suites
5. Patient Care Suites
6. Non-Patient Suites
7. Activity: Suite Evaluation
8. Activity: Suite Designation
WHEA Lunch & Learn Series
JAN-2017