Ambulatory Health Care
vs.
Business Occupancy

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Eugene A. Cable, P.E., MSFPE
Fire Protection Engineer
Life Safety Consultants
NEHES Honorary Member
(518) 794-7237
Eugene.Cable@Fairpoint.Net
Introduction

- Three complicated issues in NFPA 101
  - Occupancy Classification
    - Vertical Openings
    - Door Locking
    - Fire Alarm Systems in Hospitals

- Going to Cover:
  - Part I AHC Occupancy classification - AHJs
  - Part II Changes required, Business to AHC
  - Part III A Specific Case Study – The Building
Basic Code Use

- Word Search, Index, Table of Contents
- and or
- all of one of one or more of
- where both of the following
- unless
Example

- (C) Sleeping suites greater than 7500 ft² (700 m²) and not exceeding 10,000 ft² (930 m²) 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(D)(1)(a)

  - (2) Total coverage (complete) automatic smoke detection in accordance with 9.6.2.9 and 18.3.4
6.1.11.1* Definition — Business Occupancy. An occupancy used for the transaction of business other than mercantile.
6.1.6.1* Definition — Ambulatory Health Care Occupancy.
An occupancy used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following:
(1) Treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.

(2) Anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.

(3) Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.
Examples Ambulatory Health Care

- Dialysis (4 or more in an area by area basis)
- Day Surgery
- Emergency Centers
- Dentist Offices, oral surgery with sedation
- Endoscopy Center

Maybe:
- Oncology/Infusion
- Urgent care center
Four or more patients incapable of self preservation – ambulatory surgical centers

LS standards apply to “outpatient surgical departments regardless of number of patients”
Events that might lead to Ambulatory Health Care

- An AHJ says so

- Expansion of existing services, now four or more are rendered incapable

- Executive management sees opportunity to add services to an existing clinic building, it involves general anesthesia
Part II Changes Required Business to AHC

Code Requirements
<table>
<thead>
<tr>
<th></th>
<th>Business</th>
<th>AHC</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
<td>NR (No Requirements)</td>
<td>Staff are available in patient occupied areas</td>
<td>21.1.1.1.6</td>
</tr>
<tr>
<td><strong>Type of Construction</strong></td>
<td>NR</td>
<td>NR with full sprinkler protection</td>
<td>21.1.6</td>
</tr>
<tr>
<td><strong>Auto close doors</strong></td>
<td>NR</td>
<td>All such doors in smoke compartment</td>
<td>21.2.2.3</td>
</tr>
<tr>
<td><strong>Separation</strong></td>
<td>NA</td>
<td>1-hour rated from business, 2-hour from all other</td>
<td>21.1.3.2 T6.1.14</td>
</tr>
<tr>
<td><strong>Corridor width</strong></td>
<td>44 inches</td>
<td>44 inches</td>
<td>21.2.3</td>
</tr>
<tr>
<td><strong>Room doors</strong></td>
<td>NR</td>
<td>32 inch clear width</td>
<td></td>
</tr>
<tr>
<td><strong>Exits</strong></td>
<td>2 - with exceptions</td>
<td>2 - no exceptions</td>
<td>21.2.4</td>
</tr>
<tr>
<td><strong>Travel to exit</strong></td>
<td>300 feet with sprinklers</td>
<td>200 feet with sprinklers</td>
<td>21.2.6.2.2</td>
</tr>
<tr>
<td><strong>Emergency lighting</strong></td>
<td>Specifics, such as 3 stories</td>
<td>All facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Essential electrical system</strong></td>
<td>NR</td>
<td>General Anesthesia areas</td>
<td>21.3.6.4.5</td>
</tr>
<tr>
<td><strong>Vertical openings</strong></td>
<td>Same, ½ hour existing</td>
<td>Same, ½ hour existing</td>
<td>39.3.1 8.2.5.4</td>
</tr>
<tr>
<td><strong>Vertical openings, exit stair</strong></td>
<td>Same, 1-hour</td>
<td>Same, 1-hour</td>
<td>7.1.3.2.1 (b)</td>
</tr>
<tr>
<td><strong>Alcohol hand rub units</strong></td>
<td>NR</td>
<td>All rules apply same as health care (CMS/TJC)</td>
<td>21.3.2.6</td>
</tr>
<tr>
<td><strong>Hazardous areas</strong></td>
<td>Same, w/ sprinklers no enclosure</td>
<td>Same, w/sprinklers no enclosure</td>
<td>21.3.2 8.4</td>
</tr>
<tr>
<td><strong>Fire alarm</strong></td>
<td>Specifics, such as 3 stories</td>
<td>F.A system required</td>
<td>21.3.4.1</td>
</tr>
<tr>
<td><strong>F.D. automatic notification</strong></td>
<td>NR</td>
<td>Required</td>
<td>21.3.4.4.4</td>
</tr>
<tr>
<td><strong>Sprinklers</strong></td>
<td>NR</td>
<td>NR – unless taking exceptions</td>
<td>21.3.7.2</td>
</tr>
<tr>
<td><strong>Smoke barrier</strong></td>
<td>NR</td>
<td>At least 1 smoke barrier per floor , with exceptions, no compartment size or travel distance limits for existing</td>
<td>21.3.7.2</td>
</tr>
<tr>
<td><strong>1-hour rated separation</strong></td>
<td>Depends on other occupancy</td>
<td>Required</td>
<td>21.3.7.1</td>
</tr>
<tr>
<td><strong>Fire plan</strong></td>
<td>NR – total evacuation</td>
<td>Required – defend in safe place according to plan</td>
<td>21.7.1.1.2</td>
</tr>
<tr>
<td><strong>Fire drills</strong></td>
<td>Specific: &gt; 500 person, periodic</td>
<td>1 per quarter per shift</td>
<td>21.7.5.4</td>
</tr>
<tr>
<td><strong>Furnishings</strong></td>
<td>NR</td>
<td>Curtains, decorations</td>
<td>21.7.5.5</td>
</tr>
<tr>
<td><strong>Soiled linen and trash</strong></td>
<td>NR</td>
<td>32 gallon limit</td>
<td>21.7.5.5</td>
</tr>
<tr>
<td><strong>Portable heater</strong></td>
<td>NR</td>
<td>Prohibited with exceptions</td>
<td>21.7.8</td>
</tr>
</tbody>
</table>
Part III
The Building
Welcome to Elevator K

2
General Obstetrics and Gynecology
Gyn Ultrasound
Lab Services (Levine Patients)
Reproductive Endocrinology and Infertility

1
Bridge to Main Hospital
Conference Room - Levine Center
Gyn Oncology
Kendall Street
Radiation Oncology

G
Urogynecology
Urology

LL1
Kendall Street
Parking and Pay Station
2nd floor
Chapter 43 – Change of Occupancy to AHC the rules of the game

43.7.2.1

- Requires compliance with Chapter 21 Existing
- Requires fire alarm system meet New
- Requires sprinkler system meet New
- Requires all hazardous areas meet New, Ch 20
Inspection Results for the entire building

- 79 items, minus 20 CAD or Advisory = 59 issues
  38 of which were violations regardless of occupancy

- For 2nd floor – change to AHC: 11 deficiencies
- For 1st floor – 2nd floor change to AHC: 13 def.
- For Ground floor – 2nd floor change to AHC: 4 def.
LL1 floor
Ambulatory Health Care Issues
2nd floor

- Smoke barrier: missing
- Hazardous areas (multiple) : need room enclosure and door self-closer (non-rated).
- Privacy curtains – no tag and non-rated
- Alcohol Hand Rubs – rules apply
Ambulatory Health Care Issues

1st floor

- 1-hour floor separation between 1st floor business and 2nd floor AHC is not possible due to non-rated (bare steel) construction. Therefore, entire building is AHC.

  However the smoke barrier not required 1st floor and Ground floor due to Code allowed exceptions.

- The rest, same issues here as the 2nd floor such as hazardous areas.
Conclusion

- The chart outlines all the issues to look for when changing an occupancy classification from Business to Ambulatory Health Care.

- Watch out for Occupancy creep, you may have facilities that should be classified ambulatory health care, just no one has caught it yet.
Speaking of catching

Life is a game. BASEBALL is serious.