

FILE NO. CAN 2-420A.7

DATE: February 16, 2005

CODE APPLICATION NOTICE

CODE SECTION: 420A.7 Windows and Screens, 2001 California Building Code**420A.7 Windows and Screens.**

420A.7.1 Rooms approved for the housing of patients shall be provided with natural light by means of exterior glazed openings excluding clerestory window, obscure glass and skylights, with an area not less than one tenth of the total floor area and natural ventilation by means of an exterior opening, with an area not less than one-twentieth of the total floor area.

EXCEPTIONS: 1. Intensive-care newborn nurseries.

2. Intensive-care units other than intensive-care nurseries shall be provided with exterior glazed openings, excluding obscure glass, sized and located in a manner to provide patients with an awareness of the outdoors.

420A.7.2 Patient room window openings shall be operable and shall have sills not more than 36 inches (914 mm) above the floor. Where windows require the use of tools or keys for operation, the tools or keys shall be located at the nurses' station.

EXCEPTIONS: 1. Window sills in intensive-care units may be 60 inches (1524 mm) above the floor.

2. Windows in buildings which have a mechanical smoke-control system complying with Section 905 need not be operable.

3. Windows of isolation rooms shall only be operable by the use of tools or keys which shall be located at the nurses' station.

INTERPRETATION:

Patient rooms that comply with the current code requirements for mechanical ventilation systems, smoke barriers and other passive smoke control systems shall be deemed to comply with the intent of the code for providing fresh air to occupants in emergencies and venting the products of combustion. OSHPD will consider designs for patient rooms with inoperable windows, that otherwise comply with applicable code requirements, as providing an acceptable alternate method of compliance.

REASON:

Hospitals and skilled nursing facilities are required to comply with the *Life Safety Code (LSC)* in order to qualify for federal reimbursement. Until recently, the Centers for Medicare and Medicaid Services (CMS) required compliance with the 1985 *LSC*. The 1985 *LSC* required operable windows in patient sleeping rooms of health care occupancies to provide fresh air for occupants in emergencies and venting of products of combustion, unless an engineered smoke control system was provided.

In the decades since the 1985 *LSC* was written, the codes have been modified to incorporate life safety features that provide these protections without the need for operable windows. The *LSC* acknowledged this by dropping the requirement for operable windows. In January 2003, CMS adopted the 2000 *LSC*, which no longer requires operable windows. Additionally, operable windows in patient rooms can cause security concerns, air balance difficulties, and environmental air quality issues.

OSHPD has submitted a code change proposal for the 2004 annual cycle to eliminate the CBC requirement for operable windows, based on the change in the *LSC*. The current California Building Standards Code, Title 24, requires mechanical ventilation for hospitals and skilled nursing facilities, and also requires these facilities to be compartmentalized and provide other passive and active smoke control systems to protect occupants from the spread of smoke. There is no justification to continue requiring operable windows for hospitals and skilled nursing facilities in the California code, since the *LSC* no longer requires them, and other reasons for requiring operable windows in the past have been addressed by other means.

ORIGINAL SIGNED

2/17/05

Kurt A. Schaefer

Date