



SUBJECT

Direct Corridor Access from Habitable Rooms

CAN: 2-407.4.1

Effective: 11/12/2015



CODE SECTIONS

Section 407.4.1, Chapter 4
2013 California Building Code (CBC)

Section 202, Chapter 2
2013 California Building Code (CBC)

407.4 Means of egress. Group I-2 *and* I-2.1 occupancies shall be provided with means of egress complying with Chapter 10 and Sections 407.4.1 through 407.4.3.

407.4.1 Direct access to a corridor. Habitable rooms in Group I-2 *and* I-2.1 occupancies shall have an exit access door leading directly to a corridor.

Exceptions:

1. Rooms with exit doors opening directly to the outside at ground level.
2. Rooms arranged as care suites complying with Section 407.4.3

202 DEFINITIONS

CARE SUITE. A group of treatment rooms, care recipient sleeping rooms and their associated support rooms or spaces and circulation space within Group I-2 occupancies where staff are in attendance for supervision of all care recipients within the suite, and the suite is in compliance with the requirements of Section 407.4.3.

DIRECT ACCESS. A path of travel from a space to an immediately adjacent space through an opening in the common wall between the two spaces.

HABITABLE SPACE. A space in a building for living, sleeping, eating or cooking. Bathrooms, toilet rooms, closets, halls, storage or utility spaces and similar areas are not considered habitable spaces.

PURPOSE

The purpose of this Code Application Notice (CAN) is to clarify requirements of California Building Code (CBC), Section 407.4.1 relative to what areas, spaces or uses are considered *habitable rooms*, and when direct corridor access is required.

BACKGROUND

In the event of an emergency, health care facility staff is responsible for the relocation of patients and other building occupants. Direct access to the corridor system from a patient sleeping room, treatment room or other occupied area is a significant component of staff access and movement of patients and visitors. Section 407.4.1 of the 2013 CBC requires that a *habitable room* in a Group I-2 or I-2.1 occupancy has an exit access door leading directly to a corridor or directly to the outside at grade level or through an exit access arranged as a *care suite*. There is no definition of *habitable room* in the CBC. The definition of *habitable space* provided in CBC, Section 202, defines habitable spaces that are typically found in residential occupancies. The intent of the term *habitable room* in Group I-2 and Group I-2.1 occupancies is not sufficiently clear. Use of the *habitable space* definition found in Section 202 has led to confusion, inconsistent designs and inconsistent enforcement of the requirements of CBC, Section 407.4.1.

NFPA 101, Life Safety Code contains similar provisions pertaining to the means of egress requirements from a *habitable room*. Skilled nursing facilities, long term care facilities, and accredited acute care hospitals must comply with the provisions of NFPA 101, Life Safety Code. This CAN interpretation coordinates the enforcement of the CBC with the requirements of the Life Safety Code.

INTERPRETATION

Habitable Rooms

The CBC describes the I-2 Occupancy as that used for medical care on a 24-hour basis for more than five persons who are incapable of self-preservation. *Habitable rooms* are clarified in the NFPA, Life Safety Code and the International Code Council (ICC) model code commentaries as: “*Habitable rooms* within these occupancies include not only patient bedrooms, but patient treatment rooms as well.” The term “treatment rooms” in this case, includes both diagnostic and interventional procedures. I-2.1 Occupancies are those facilities that receive persons for outpatient medical care (i.e. less than 24 hours) that may render the patient incapable of unassisted self-preservation and where each tenant space accommodates more than five such patients. Treatment rooms in these facilities are also considered *habitable rooms* under CBC Section 407. However, a *habitable room* is not limited only to patient sleeping rooms and treatment rooms. Any room in an I-2 Occupancy, or in an I-2.1 Occupancy, that might be occupied by a patient and/or the health facility staff expected to assist in the patient’s preservation is considered a *habitable room*. Such rooms must have direct access to a corridor in compliance with CBC, Section 407.4.1, or qualify for one of the exceptions.

Habitable rooms include staff areas within the patient treatment and sleeping areas (i.e., nourishment rooms, clean/soiled utility rooms, staff lounges, staff locker rooms, staff work areas, staff sleep rooms, conference rooms, consult rooms, offices, regularly attended work stations, etc.) as well as waiting rooms, visitor’s lounges, visitor’s quiet rooms, and visitor’s sleep rooms.

Conversely, the term *habitable room* is not intended to include individual bathrooms, individual bathing facilities, closets, housekeeping rooms and similar spaces. In addition, briefly occupied spaces such as control rooms in radiology/imaging spaces; medication rooms directly accessible from nursing stations; mixing rooms in pharmacies; small storage/supply rooms; small clean/soiled linen storage rooms where no issuing or sorting occurs; and equipment rooms, electrical rooms, IT rooms, and communication rooms are not considered *habitable rooms*.

Care Suites

There are some patient treatment rooms where an exit access door leading directly to a corridor would be in conflict with other provisions of the CBC, would compromise security protocols, clinical outcomes, or radiation/radio frequency protection, and/or would be cost prohibitive. There may be functional requirements or discretionary design considerations where direct access is simply not preferred. In these cases, the *habitable room* must comply with one of the exceptions to Section 407.4.1, such as configuration as a *care suite*.

The ICC provides a commentary relative to *care suites* for clarification: “An example of this might be an MRI suite where access to the treatment room was through both a waiting area and a patient prep/staff supervisory area.” In addition, CBC, Section 1224.18.4 requires: “An anteroom or area visible from the control room shall be located outside the MRI scanner room so that patients, health care personnel, and other employees must pass through it before entering the scanning area and control room. The room or area shall be outside the restricted areas of the MRI’s magnetic field.” Subsequently, an MRI suite may be configured as a *care suite*, as allowed under Exception 2 of Section 407.4.1, to achieve code compliance.

Exiting through an Intervening Anteroom

In some instances positive-pressure and negative-pressure patient care rooms require an anteroom to further protect the isolation of those environments. Exit access for Airborne Infection Isolation Rooms, Protective Environment Rooms, and Airborne Infection Isolation Exam/Treatment Rooms are permitted to pass through such an intervening anteroom, whether these rooms are located in a *care suite* or not.

Original signed	11/12/14
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