

CHAPTER 18 • New

A.18.3.7.6 Smoke barrier doors are intended to provide access to adjacent zones. The pair of cross-corridor doors are required to be opposite swinging. Access to both zones is required.

It is not the intent of 18.3.7.6 to prohibit the application of push plates, hardware, or other attachments on some barrier doors in health care occupancies.

18.3.7.7 Cross-corridor openings in smoke barriers that are not in required means of egress from a health care space shall be permitted to be protected by a single-leaf door.

18.3.7.8* Doors in smoke barriers shall comply with 8.5.4 and all of the following:

- (1) The doors shall be self-closing or automatic-closing in accordance with 18.2.2.2.7.
- (2) Latching hardware shall not be required.
- (3) Stops shall be required at the head and sides of door frames.
- (4) Rabbits, bevels, or astragals shall be required at the meeting edges of pairs of doors.
- (5) Center mullions shall be prohibited.

A.18.3.7.8 Smoke barriers might include walls having door openings other than cross-corridor doors. There is no restriction in the *Code* regarding which doors or how many doors form part of a smoke barrier. For example, doors from the corridor to individual rooms are permitted to form part of a smoke barrier. Split astragals (i.e., astragals installed on both door leaves) are also considered astragals.

18.3.7.9* Vision panels consisting of fire-rated glazing in approved frames shall be provided in each cross-corridor swinging door and at each cross-corridor horizontal-sliding door in a smoke barrier.

A.18.3.7.9 It is not the intent to require the frame to be a listed assembly.

18.3.7.10 Vision panels in doors in smoke barriers, if provided, shall be of fire-rated glazing in approved frames.

Paragraph 18.3.7.1 requires that all floors of a building housing a new health care occupancy — other than those meeting one of the five exemptions offered by 18.3.7.2 — be subdivided into smoke compartments.

Per 18.3.7.1(1), any floor used by inpatients for sleeping or treatment must be subdivided into at least two smoke compartments, regardless of floor size or number of patients. Also, 18.3.7.1(2) requires any floor with an occupant load of 50 or more persons, regardless of size or use, to be subdivided into at least two

CHAPTER 19 • Existing

19.3.7.7 Reserved.

19.3.7.8* Doors in smoke barriers shall comply with 8.5.4 and all of the following:

- (1) The doors shall be self-closing or automatic-closing in accordance with 19.2.2.2.7.
- (2) Latching hardware shall not be required.
- (3) The doors shall not be required to swing in the direction of egress travel.

A.19.3.7.8 Smoke barriers might include walls having door openings other than cross-corridor doors. There is no restriction in the *Code* regarding which doors or how many doors form part of a smoke barrier. For example, doors from the corridor to individual rooms are permitted to form part of a smoke barrier.

19.3.7.9 Door openings in smoke barriers shall be protected using one of the following methods:

- (1) Swinging door providing a clear width of not less than 32 in. (810 mm)
- (2) Horizontal-sliding door complying with 7.2.1.14 and providing a clear width of not less than 32 in. (810 mm)

19.3.7.10 The requirement of 19.3.7.9 shall not apply to existing 34 in. (865 mm) doors.

smoke compartments, using smoke barriers. However, 18.3.7.2(1) through (5) provide exemptions for some non-health care occupancy floors.

Exhibit 18/19.83 and the text that follows illustrate the use of 18.3.7.1(1) and (2) and the five exemptions of 18.3.7.2. The provision of 18.3.7.2(4) is new to the 2012 edition of the *Code*.

The following requirements are illustrated in Exhibit 18/19.83: