

# OSFM INTERPRETATIONS

**NUMBER: 97-16**

**ADOPTION DATE:** February 3, 1997

**REVISION DATE: July 9, 1999**

***RESCINDED, REFER TO OUFC, 1998 EDITION, 1007.2.7.1.2***

**TITLE:** Patient Room Smoke Detector, Power Sources and Wiring Requirements

## **RULE or CODE SECTION:**

Uniform Fire Code Section 1007.2.7.1.2

See also OUFC Sec. 1007.2.7.1.1, 1007.2.12 and 1007.3.3.3.1

The following codes and sections are referenced for information and not intended to be interpreted by this committee. \*

\*(see also Oregon Structural Specialty Code Sec. 308.9 and 308.10)

\*(see also NFPA 101 Life Safety Code, chapters 7-6 and 12-6.3.4)

## **CONCERN or ISSUE:**

Is it the intent of UFC section 1007.2.7.1.2 to require the use of residential type single station smoke detectors that receive their power from the house wiring or approved system type detectors that receive their power from an approved alarm panel?

Concerns have been divided into three parts as follows:

- A. Use of residential smoke detectors in patient sleeping rooms?
- B. Power source for smoke detectors?
- C. Approved alarm panels or system requirements?

## **HISTORY or BACKGROUND:**

The language in sec. 1007.2.7.1.2 of the Oregon Uniform Fire Code was extracted from the Oregon Structural Specialty Code sec. 308.10. The OSFM Interpretations Committee's research indicates very little use of this type of installation. This is primarily because it is more cost effective to install low volt systems and intertied systems, which provides better protection for the facility. The building and fire codes have vacillated through the years regarding these requirements. The 1991 fire and building code versions required all detection to be intertied. The 1988 fire code required all detectors to be intertied, while the building code had language very similar to the 1994 edition. Earlier codes did not specifically address patient room issues.

## **CONCLUSION:**

Sections 1007.2.7.1.2 OUFC and 308.10 OSSC provide direction for the installation for detectors receiving primary power in patient rooms and the use of single station detectors when used in conjunction with nurse call systems.

**A.** The codes do not allow residential smoke detectors where requirements for listed commercial applications would apply. There are listings for single station commercial detectors capable of operating other devices such as enunciators and nurse call systems. A listed single station detector could be installed in a patient sleeping room and comply with the fire and building codes sections noted above. The exception to Section 1007.3.3.3.1 of the OUFC is further evidence as this section specifically excludes patient sleeping rooms in hospitals and nursing homes from the requirement of detector activation audibility throughout the building and allowing single station detectors.

**B.** The OUFC considers differences in power supply and wiring in a building for fire alarms. This seems evident from the fact that the code addresses system requirements in one section and then specifically addresses “patient room smoke detectors” in another.

**C.** Although an approved fire alarm system is required in all health care occupancies, the amount of coverage may or may not include the patient sleeping rooms, depending upon the code or edition being referenced.

**Note:** For facilities that are certified through Health Care Financing Administration and surveyed in conformance with the 101 Life Safety Code, the facility would be required to have all initiating devices intertied to an approved system.

**Approved by:** Robert Panuccio  
State Fire Marshal

**Date:** 07 – 09 - 99