ICC AD HOC COMMITTEE ON HEALTHCARE
MEETING #1
April 20 – 21, 2011

DRAFT MINUTES

Four Points Sheraton Chicago O'Hare
10249 W Irving Park Rd
Schiller Park, IL
(847) 671 - 6000

April 20: **8:00 am – 5:00 pm**
April 21: **8:00 am – 2:00 pm**

1.0 Welcome and introductions

1.1 Call to order; introductions

Absent a chair, ICC staff called the meeting to order at approximately 8:15 am on April 20th. Self introductions were made. See Appendix A for a list of attendees.

1.2 Welcoming remarks from ICC/ASHE Staff

In discussing the genesis of this activity, it was noted that there are different codes with differing requirements that impact the healthcare industry. This often results in conflicting requirements with designers being required to comply with all applicable requirements which leads to inefficient and non cost effective designs while at the same time not necessarily resulting in a demonstrable increase in life safety. This effort is intended to establish a comprehensive set of requirements that can be adopted and applied at all levels of enforcement, including federal agencies.

2.0 Approve agenda (posted)

Move item 6.0 after 7.0. Agenda approved as revised.

3.0 Meeting logistics

3.1 Conduct of meetings

a. Role of: Chair/Vice chair; AHC members; interested parties; staff

The meetings will be held as informally as possible, with input permitted from the interested parties in attendance. The Chair will decide, based on meeting progress, when to extend or terminate discussion on a given topic. In the interest of bringing issues to a conclusion, this may require discussion to be limited to members of the AHC. The Vice Chair will run the meeting in the Chairs absence. Staff is permitted to participate in the technical discussions in an advisory capacity. In all cases, the final decisions rest with the members of the AHC. This is usually achieved via some measure of consensus which does not require a formal vote but if consensus is not achieved, a vote of the AHC can be taken.

3.2 Schedule (posted)

a. Proposed code change production timelines

The schedule calls for 5 meetings, with the final meeting in December. As such, the work of the committee in terms of code changes to be submitted for Group A and Group B codes for the 2012/2013 Cycle needs to be completed by the end of the last meeting.

4.0 Rules and Procedures (posted)

4.1 Drafting principles

4.2 Format

Staff presented the posted document.

5.0 Resource documents

5.1 ASHE Code Summary Report

ASHE has developed a code summary report for both new and existing buildings. It will be posted on their website at: http://www.ashe.org/resources/tools

5.2 Identification of other resource documents

It was noted that a useful document to use as checklist would be the Fire Safety Survey Report by the Centers for Medicare and Medicaid Services of the Department of Health and Human Services. Staff will have the report posted on the AHC website.

5.3 Assignment of copyright

Staff cited the posted Rules and Procedures regarding assignment of copyright, noting that any material drafted by the AHC as a code change proposal will become the property of ICC. As such, copyrighted text can not distributed or copied by a participant in this process unless permission is granted by the copyright holder and the subsequent copyright will be held by ICC if submitted as a code change proposal. It was further noted that staff will not be responsible for reviewing documents with respect to copyright considerations – this responsibility rests with the individual proposing the language.

6.0 Elect Chair/Vice Chair

John Williams was elected as Chair.
Jeff O'Neill was elected as Vice Chair.

7.0 Ad Hoc activity Scope and Objectives

A lengthy open discussion was held to discuss the scope of this effort. The following are some of the issues noted:

- Defend in place with staffing considerations
- I-2 vs I-1 focus
- Ambulatory care not always a Group B – ambulatory surgical centers
- Licensing considerations
- Use and operation of the facility vs the Use classifications in the code
- Limit the scope to hospitals and ambulatory surgical centers
- Should nursing homes be included?
- Once scope established, it needs to include both new and existing facilities
- Crossover enforcement issues – building/fire department vs health department
- Align scope with the CMS threshold

This led to a discussion of specific code regulated occupancies and a determination as to whether they are to be included in the scope:

- Hospitals (I-2):
  - Not including nursing homes, hospice, foster care, detoxification and psychiatric facilities
- Ambulatory surgical centers (B):
  - Included in scope
  - 4 or more rendered incapable of self preservation for less than 24 hours
  - Surgery center is a subset of the broader ambulatory care facility
  - Need to consider the level of anesthesia – dentist office vs oral surgery

8.0 Review of key sections of draft 2012 IBC text (posted)

8.1 Review and identification of sections requiring possible revision

8.2 Identification of other IBC sections based on topic

The committee identified some of the key life safety parameters to consider:

- Defend in place
- Smoke compartments
- Sprinklers
- Alarms
- Capability of self preservation
- Means of egress, including access and egress controls
- Hazardous materials such as oxygen
- Emergency power
- Levels of fire separations
- Emergency planning (Chapter 4 of the IFC)
- Administration – need of statement of the level of care or services provided in order to determine the applicable code requirements

9.0 Establish Work Plan and Work Groups

9.1 Role of Work Groups; relationship to AHC

The role of Work Groups (WG's) is to research and investigate assigned topics and provide recommendations to the AHC. In all cases, it is the AHC who will decide the code changes to submit to the ICC. The WG's will be made up of a cross section of interested parties and members of the AHC. Each WG will be chaired by a member of the AHC.

9.2 Identification of Work Group topics

See Appendix B.

9.3 Identification of Work Group interested parties

This effort will be on-going and any interested party can participate in the WG's. A staff liaison to each WG will be assigned who will be responsible for managing the interested party email distribution lists.

9.4 Logistics of Work Group meetings

The WG activities will be conducted via email and conference calls.

10.0 Initiate drafting of proposed changes

The committee discussed code format and code change issues, noting that hospitals are typically multiple use buildings, including:

- Surgical and non surgical
- Short term and long term
- Some parts capable of self preservation, others are not
- Administration
- Emergency rooms

Due to the current code approach which includes child care, detoxification facilities, mental hospitals and nursing homes along with hospitals in I-2, the preferred approach may to be to separate hospitals into a separate category such as a proposed new occupancy I-5.

<u>I-5 Approach</u>

- Separates out hospitals from I-2. Need to document why hospitals should be treated differently than nursing homes
- Search IBC for "I-2" and identify provisions specific to I-2
- Add I-5 requirements which are the same as current I-2 requirements
- Add I-5 requirements that are different than current I-2 requirements

- Existing hospitals: How to deal with new I-5 classification for hospitals when existing hospitals were built as I-2 (or no code if construction pre-dates adopted code)
- Where does ambulatory care fit? I-5 too restrictive? B too liberal?
- Where does a doctor/dentist offices go? In-office anesthesia? Length of anesthesia, ie colonoscopy vs major surgery?
- May need to create sub-categories of Group I-5 as is done with different use conditions in I-3

11.0 New business

None

12.0 Old business – none (1st meeting)

13.0 Meeting wrap – up

13.1 Progress assessment

a. Impact on work plan

13.2 Assignments

The next steps in the process will be the initiation of the Work Group activities. The Work Group activities will be compiled into reports which will be the agenda for the next AHC meeting. It is preferred that these reports be completed and distributed/posted as far enough in advance of the next AHC meeting in order to provide time to prepare for the meeting.

14.0 Future Meetings

14.1 AHC Meeting #2: June 29 – 30, 2011: Chicago, IL

Hyatt Rosemont (not the Hyatt Regency O'Hare)

AHC Meeting #3: August 10 – 11, 2011; Chicago, IL

AHC Meeting #4: October 5 – 6, 2011; Chicago, IL

AHC Meeting #5: December 14 – 15 (13th if needed), 2011, Location TBD

14.2 Work Group telecons: TBD

15.0 Adjourn

Chair Williams adjourned the meeting at approximately 10:45 am on April 21st.

AHC website for posted materials: http://www.iccsafe.org/cs/ahc/Pages/default.aspx

Appendix A

Meeting Attendees

AHC Committee and Staff

Committee

Ed Altizer	Virginia State Fire Marshals Office
Brooks Baker, III	University of Alabama at Birmingham; Rep: ASHE
Tom Baldwin	Benton Harbor Township, MI
Jack Chamblee	Carolinas Healthcare System; Rep: ASHE
Jonathan Flannery	University of Arkansas for Medical Sciences; Rep: ASHE
Dave Howard	Pentors – St. Francis Health Services; Rep: ASHE
Henry Kosarzycki	State of Wisconsin – Dept. of Health Services
Sharon Meyers	State of Ohio – Ohio Dept. of Commerce
Jeff O'Neill	University of Pennsylvania Health System; Rep: ASHE
Tim Peglow	MD Anderson Cancer Center; Rep: ASHE
Brad Pollitt	Shands Healthcare; Rep: ASHE
Enrique Unanue	Codes Services, LLC; Rep: AIA Illinois; Academy of Architecture for Health
John Williams	Washington State Dept. of Health

Staff

Chad Beebe	ASHE
Doug Erickson	ASHE
Tom Frost	ICC
Kim Paarlberg	ICC
Mike Pfeiffer	ICC

Interested Parties

Rick Kabele	AFSCC/Bldg. Safety
Lynn Manley	IDPH
Dave Collins	AIA
Len Pursell	BESAM/ASSA Abloy
John Woestman	BHMA
Nancy Karrsh (sp?)	Intentec (sp?)
Nicole Christ	H&L Architecture
Jeff Harper	Rolf Jensen & Assoc.
Bill Koffel	Koffel Associates
Gene Jaques	Town of Wallkill, NY

Appendix B

Work Groups

FIRE/FIRE SAFETY WORK GROUP

CODES:

IBC: Ch 7, 8, 9, 14, 15
IFC
IMC

ISSUES:

- DECORATIONS ON WALLS
- ELEVATOR RECALL PROCEDURES WHEN THERE IS SMOKE IN MACHINE ROOM/ELEVATOR LOBBY
- INTERCOMMUNICATION BETWEEN FLOOR OPENINGS
- MECHANICAL SYSTEMS/SMOKE CONTROL
  - SMOKE DAMPER EFFECTIVENESS
  - SHUTDOWN PARAMETERS
  - SMOKE CONTROL IN OPERATING ROOMS
  - NFPA 99
- CORRIDOR WALLS/SMOKE PARTITIONS
  - CEILING SMOKE RESISTANT MEMBRANE
- VENTILATON RATES – IMC TABLE 403.3
- COOKING FACILITIES IN BREAK ROOMS – APPLICATION OF COMMERCIAL EXHAUST PROVISIONS
- IMPACT OF AUTOMATIC GUIDED VEHICLES
  - CHARGING LOCATIONS
  - PLACEMENT OF HAZARDOUS MATERIALS IN CORRIDOR
  - IMPACT ON CORRIDOR WIDTH
- FIRE ALARMS - AUDIBLE AND VISIBLE
- NEW AND EXISTING FACILITIES TO BE FULLY SPRINKLERED
  - TESTING PARAMETERS
- HAZARDOUS MATERIAL LOCATIONS
  - MEDICAL GASES
- ALCOHOL DISPENSERS IN PATIENT ROOMS
- CLINICAL LABS/HAZARDOUS EXHAUST

CHAIR: BALDWIN

AHC MEMBERS: CHAMBLEE, BAKER, UNANUE, PEGLOW, MYERS, LEWIS

STAFF LIAISON: Bill Rehr; brehr@iccsafe.org

EGRESS WORK GROUP

CODES:

IBC: Ch 10 and 11
IFC: Section 4604 (existing buildings)

ISSUES:

- EGRESS THROUGH ELEVATOR LOBBY (NEED TO COORDINATE WITH CTC EFFORTS)
- GENERAL EGRESS
  - WIDTH – 8' CORRIDOR VS 5' CLEAR;
  - COMMON PATH OF TRAVEL
  - TRAVEL DISTANCE
  - SLIDING DOORS
- SPECIAL LOCKING DEVICES
  - DELAYED EGRESS
  - LATCHES ON SMOKE BARRIER DOORS
  - STAFF CONTROL IN PSYCH WARDS
  - INFANT CONTROL
- OCCUPANT EVACUATION VIA ELEVATORS (NEED TO COORDINATE WITH CTC EFFORTS)
- PATIENTS AS PART OF OCCUPANT LOAD CALCULATION/REFUGE AREAS
- SUITE SIZE AND SUPERVISION
  - MEANS OF EGRESS SUITE
- WAITING SPACES OPEN TO CORRIDOR
- ACCESSIBILITY - MAXIMUM 18" CLEAR ON THE SIDE OF TOILET FOR CARE-GIVER ACCESS

CHAIR: FLANNERY
AHC MEMBERS: POLLITT, KOSARZYCKI, ALTIZER, NICHOLS
STAFF LIAISON: Kim Paarlberg; kpaarlberg@iccsafe.org

GENERAL WORK GROUP

CODES:

IBC: Chs 3 – 6, 12, 13, 27 – 34

ISSUES:

- AMBULATORY CARE
  - PART OF I – 2?
  - DEFINITION
  - IMPACT ON ADDING NEW CARE FACILITY INTO EXISTING LEASED SPACE
    - OCCUPANCY SEPARATION/CONTINUITY
    - EGRESS
    - OCC LOAD FACTORS
- DEFINITION OF “DEFEND IN PLACE”
- SIZE OF COMPARTMENTS
- USE OF FACILITY DURING RENOVATIONS
  - TEMPORARY C OF O
  - RENOVATION PARAMETERS
  - FIRE SAFETY PARAMETERS
- HAZARDOUS MATERIAL LOCATIONS
  - SIZE OF CONTROL AREAS IN TALLER BUILDINGS
- INCIDENTAL USE AREAS - LARGER STORAGE ROOMS
- SEISMIC RETROFIT FOR EXISTING BUILDINGS/ADDITIONS
- SMOKE COMPARTMENT ALTERNATIVE/TRADE OFF FOR FULLY SUPPRESSED BLDG

CHAIR: MYERS

AHC MEMBERS: HOWARD, UNANUE, POLLITT, KOSARZYCKI

STAFF LIAISON: Beth Tubbs; btubbs@iccsafe.org