



**ICC AD HOC COMMITTEE ON HEALTHCARE
MEETING # 7
July 12 - 13, 2012**

**DRAFT MINUTES
Four Points Sheraton Chicago O'Hare
Schiller Park, IL**

Thursday, July 12: 8:00 am – 5:00 pm

Friday, July 13: 8:00 am – 2:00 pm

1.0 Welcome and introductions

1.1 Chair Williams - Call to order; introductions

Chair Williams called the meeting to order at approximately 8:05 am on July 12th. The focus of this meeting will be to review the committee actions from the 2012 Code Development Hearings and develop public comments and discuss status of 2013 Group B code change development.

Self introductions were made. See Appendix A.

2.0 Approve agenda (posted)

Add new agenda item 7.1 Post AHC Activities to be heard following item 3.0

3.0 Administration

3.1 Approval of April 3 - 4, 2012 minutes (posted)

Approved

4.0 Group A Codes: Work Group Reports – Review results of the 2012 Code Development Hearings for Group A code changes (AHC submittals as well as others related to AHC scope) and develop AHC Public Comments (due August 1st). (reports posted)

Overview of 2012 Code Development Hearing:

- 37 code changes submitted
 - 25 were either As Submitted or As Modified
 - 7 Disapproval
 - 5 were Disapproval as requested by the AHC
- Many of the more contentious issue were early on at the hearings
- AHC member attendance at the hearings was very good
- Audience members who worked for different AHJ's made it a point to talk to members of the AHC and compliment the effort of the AHC

4.1 Occupancy WG

Significant issues noted in the review of the report:

- The use of the distinguishing term "Condition 2" is not necessary for each and every occurrence of the term "hospital" in the I-Codes.
- Terms such as "rehabilitation" and "outpatient" require investigation as to context when deciding whether or not to use the term "Condition 2".
- There is a possibility that the use of the term "Condition 2" may be re-considered in the 2015 cycle as a code change on a case-by-case basis as the 2015 Code incorporates the proposed revisions based on G257-12
- It was noted that there are a handful of test cases to support the alternative evaluation in accordance with G244-12. The test cases are intended to demonstrate internal consistency within the family of I-Code requirements

4.2 Fire/Fire Safety WG (IBC Chs 7-9, 14, 15; IMC)

Significant issues noted in the review of the report:

- FS42 smoke transfer through suspended ceilings: Need test data/ceiling tile manufacturer info to demonstrate efficacy
- FS114 Elimination of smoke dampers: Sprinklers in hospitals have proved to be successful in conjunction with compartmentation and staff training. Document cost of installation, maintenance, inspection vs. reliability of dampers for effectiveness. Air flow effects infection control.

4.3 General WG (IBC Chs 3 – 6, 12, 13, 27 – 34)

Significant issues noted in the review of the report:

- G76 smoke compartment size: Need additional technical justification such as programming information, occupant load capacity for corridor, door width capacity – show that actual load is always less than in the space. Old numbers only based on travel distance. Add graphics to explain increase.

4.4 Egress WG (IBC Chs 10-11)

Significant issues noted in the review of the report:

- G77/G80 (AHC change) emergency power: NFPA 99 2012 - 12.5.3.1 address hazard vulnerability – 96 hours including power and water. The hazard analysis in G77 could literally ask for more than 96 hours, so the modification to G77 is more restrictive. G80 refers back to chapter 27 – which has the link to NFPA 110 for the review of the system. G80 includes a direct reference to NFPA 99, which would allow the use of the risk based approach supported by the committee. G80 covers the spirit of G77, with the exception of the 96 hour rule.

5.0 Group B Codes: Work Group Reports – Develop code change proposals to be submitted by the Group B code change deadline of January 3, 2013 (reports posted)

5.1 Occupancy WG (IEBC; IFC)

A report on the IEBC was developed and distributed/discussed on Friday. Significant issues included:

- Prescriptive approaches to change of occupancy, including changes to a different condition or building use within the same division
- Electrical repair requirements in work area approach
- Level 2 alterations for: special use and occupancy; smoke compartments; fire alarms; means of egress.
- Change of occupancy in work area approach
- There are no IPMC issues that need to be addressed

5.2 Fire/Fire Safety WG (Code sections in IBC Chs 7-9, 14, 15 maintained by the IFC code committee; IEBC; IFC)

Significant issues noted in the report:

- KTAG 20: See IBC 404.6 for consistent language. Look at existing exit access stairways within an atrium (maybe add glass door criteria in 404.6 Item 1.2).
- KTAG 71: Problem with current language in IBC 713.13 in regard to Group I-2. Address issue of bottom of chute door. Other issues to consider:
 - Should ambulatory care be included?
 - Provisions applicable to all I-2's (ie nursing homes)
 - Compare the termination room requirements to IBC Table 509 in both the 2012 Code and as it was revised in the current code change cycle by G130-12.
 - IFC Chapter 11 requirements cannot be more stringent than IBC new building requirements in Section 713.13.
 - Section 1103.4.8.5 may be too restrictive for existing buildings or that such doors

- may not be listed.
- Need to look at Incidental use table for IFC
- Should the table be applicable to Ambulatory care that is not seperated?

5.3 General WG (Code sections in IBC Chs 3 – 6, 12, 13, 27 – 34 maintained by the IFC code committee; IEBC)

Significant issues included the creation of new IFC section 1105 for existing I-2 requirements:

- Need cross references back to Sections 1003 and 1104?
- Replace “hospital” with “I-2 Condition 2”
- Minor changes to some of the wording throughout proposed new section 1105
- Revision to reason statement to note that the height and area revision is based upon construction type because it is a key component of the regulatory approval for a health care facility such that surveying and licensing requirements can be documented and provided for in the IFC.

5.4 Egress WG (Code sections in IBC Chs 10 – 11 maintained by the IFC code committee; IEBC; IFC Section 4604)

Egress issues covered in the General WG report

6.0 Old business

None

7.0 New business

7.1 Post AHC activities [new agenda item]

Ron Piester provided an overview of the discussions held in Dallas with members of the AHC regarding possible activities which fall outside the scope of the AHC effort which is exclusively dealing with code changes to the I-Codes

- Need an education/communication toolkit for the ICC members in order to foster the partnership with the hospital regulatory side and the code officials
- Develop/support ICC federal advocacy strategy
- Training tools
- Inspection tools
- Develop a guideline(s) for issues that are not code related but still impact both the hospital and AHJ communities. Examples cited were:
 - Checklist of applicable code requirements
 - Existing building surveys

It was noted that this is a longer term commitment beyond the development of AHC code change proposals.

7.2 Other new business

- There was a question as to whether or not G79 was out of the scope of the AHC. G79 confirmed as within scope.
- Group B changes for hospitals may warrant CTC Care facility coordination changes for nursing homes

8.0 2012 Final Action Hearing logistics

Staff went over the logistics and the DVD examples of previous FAH's.

9.0 Future Meetings

9.1 Future AHC Meetings: Meeting #8: November 19 -20, 2012 (date tentative)

AHC conference calls scheduled as follows:

- Sept 26th at 11 am Central: Review public comments/FAH prep
- Oct 10th at 11 am Central: Review public comments/FAH prep
- Nov 7th at 11 am Central: AHC Meeting #8 prep

9.2 Work Group telecons: TBD

10.0 Adjourn

Meeting adjourned at 11 am on July 13th

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

AHC #7 Meeting Minutes - Appendix A

Meeting Attendees

AHC Committee and Staff

Committee

Ed Altizer	Virginia State Fire Marshals Office
Tom Baldwin	Benton Harbor Township, MI
Jack Chamblee	Carolinas Healthcare System; Rep: ASHE
Jonathan Flannery	University of Arkansas for Medical Sciences; Rep: ASHE
Eugene Jaques	Town of Wallkill, Middletown, NY
Sharon Meyers	State of Ohio – Ohio Dept. of Commerce
Dan Nichols	State of New York Dept of State
Jeff O'Neill	University of Pennsylvania Health System; Rep: ASHE
Tim Peglow	MD Anderson Cancer Center; Rep: ASHE
Brad Pollitt	Shands Healthcare; Rep: ASHE
John Williams	Washington State Dept. of Health

Staff

Tom Frost	ICC
Kim Paarlberg	ICC
Mike Pfeiffer	ICC
Bill Rehr	ICC

ICC Board

Ron Piester	Vice President of ICC Board of Directors
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Interested Parties

John Woestman	BHMA
Dan Finnegan	Siemens/IAFC
Lynn Manley	Illinois Dept. of Public Health