



**ICC AD HOC COMMITTEE ON HEALTHCARE
MEETING # 8
November 19 - 20, 2012**

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

Monday, November 19: 8:00 am – 5:00 pm

Tuesday, November 20: 8:00 am – 2:00 pm

1.0 Welcome and introductions

1.1 Chair Williams - Call to order; introductions

The meeting was called to order at approximately 8:05 am on November 19, 2012. Self-introductions were made. See Appendix A for a list of attendees.

2.0 Approve agenda (posted)

Add item 9.2 Hurricane Sandy. Approved

3.0 Administration

3.1 Approval of July 12 -13, 2012 minutes (posted)

Approved

4.0 Group A Codes: 2012 Results for IBC, IFGC, IPC and IMC

Chairman Williams noted that the AHC was quite successful in their first exposure to the ICC Code Development Process. The group identified those code changes which were not successful which may result in a starting point for the 2015 – 2017 Cycle.

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)

General comment:

- It is important to differentiate between hospitals and ambulatory care where necessary when considering any type of retroactive requirements. Ambulatory care is a new concept in the codes.
- Given the new concept of ambulatory care, should any type of retroactive requirement be proposed for an appendix instead of the code?
- Use the descriptor of Group I-2 "Use Conditions" based on the approval of G31 and G257 last cycle.
- Need to review the KTAGS to make sure we have all the key issues covered relative to retroactive requirements.
- Need to be mindful of AHC scope. While a retroactive requirement for a non AHC building may be logical when compared to AHC buildings, such requirements are outside the scope of the AHC.
- Coordinate with CTC Care Facilities where necessary.

5.1 Occupancy WG (IEBC; IFC)

Significant issues noted in the review of the report:

- Changes to sections of the IEBC that were maintained by the IBC Chapter 34 committee cannot be proposed this cycle
- Do not submit change to hospital grade receptacle provisions

- Do not submit change to special use and occupancies for level 2 alterations
- Smoke compartments for nursing homes beyond the scope of AHC

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 review of the report:

- IFC Section 1103.4 for vertical openings and the requirements for enclosure are one of the most overlooked provisions in the code regarding existing hospitals
- Need to be careful so as to not preclude an option previously permitted for new construction under one of the legacy codes as a viable requirement for existing buildings
- Should retroactive sprinklers warrant time for compliance to be identified in the code? Should it be an “AHJ to insert date” provision in the code? - Yes.

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

Significant issues noted in the review of the report:

- Decorative materials and scope/compliance with NFPA 701 was discussed at length
- Updates to ASCE 24 for floodproofing could have a considerable impact on existing hospitals

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

Significant issues noted in the review of the report:

- Proposed Section 1103 will be viewed as a reduction in requirements when compared to previously adopted codes
- Select trade-offs versus what is viewed as a package of requirements will be an issue
- How do you address the significant differences between a building built in the 1960’s versus one in the 1990’s when considering retroactive requirements?
- Single code changes are too comprehensive. Need to break changes into separate issues which are not dependent on each other.
- Need caveats in the code changes such as “where approved by the code official”.

6.0 Review Existing Building KTAG matrix

6.1 Identify issues not covered in Group B work group reports for 2013 cycle

Significant issues noted in the review of the report:

- As noted previously, retroactive requirements for ambulatory care will be a challenge since the requirements for new construction were just included in the 2009 IBC

7.0 Update on non-code change related activities beyond AHC

7.1 Education/communication toolkits; Federal advocacy strategy; Training/inspection tools; Healthcare Facilities Guideline

ASHE noted that they are working with ICC’s training department. It was noted that there was a new ICC/NFPA Codes Coalition focusing on the adoption of current codes.

8.0 Old business

None

9.0 New business

9.1 Identification of IECC (Group B) and IgCC (Group C) issues

Any IECC issues such as lighting need to be included in the Group B cycle. None identified.

9.2 Hurricane Sandy

ASHE noted that they sent out a survey to approximately 600 effected hospitals and asked how

their existing emergency power systems worked. The results had not been tabulated yet.

10.0 Future Meetings

10.1 AHC follow-up conference calls prior January 3, 2013 code change deadline

December 7th, 14th and 21st (if needed)

10.2 Future AHC Meetings

2013 meetings to be scheduled to accomplish the following agendas:

- Committee Action Hearing preparation
- Public comment development
- Public Comment Hearing preparation

10.3 Work Group telecons: TBD

11.0 Adjourn

Chairman Williams adjourned the meeting at approximately 12:45 pm on November 20, 2012.

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

AHC #8 Meeting Minutes - Appendix A

Meeting Attendees

AHC Committee and Staff

Committee

Ed Altizer	Virginia State Fire Marshals Office
Tom Baldwin	Benton Charter Township, MI
Jack Chamblee	Carolinas Healthcare System; Rep: ASHE
Jonathan Flannery	University of Arkansas for Medical Sciences; 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
John Williams	Washington State Dept. of Health

Staff

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

Interested Parties

John Woestman	BHMA
Dan Finnegan	Siemens/IAFC
Dave Collins	The Preview Group
Sarah Rice	The Preview Group
Thom Zaremba	Roetsel and Andress