

# Code Technology Committee

## Final Action on Code Changes Related to Care Facilities

The following are code changes and public comments considered at the 2010 Dallas Final Action Hearings that are related to the CTC Area of Study noted above. The action next to each change is the final action that will result in the applicable 2012 I-Code.

<u>Code change</u>	<u>Final Action</u>
E63 – Page 1	D
G15 – Page 3	AMPC1
G16 – Page 6	AMPC1, 2, 3
G20 – Page 12	AMPC 1, 3, 4, 5
G21 – Page 22	D
G24 – Page 40	D
F106 – Page 41	D

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### E63-09/10

1008.1.9.3 (IFC [B] 1008.1.9.3)

#### Proposed Change as Submitted

**Proponent:** Tom Lariviere, Chairman, representing Joint Fire Service Review Committee

**Revise as follows:**

**1008.1.9.3 (IFC [B] 1008.1.9.3) Locks and latches.** Approved locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. Places of detention or restraint.
2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M and S, and in places of religious worship, the main exterior door or doors are permitted to be equipped with key-operated locking devices from the egress side provided:
  - 2.1 The locking device is readily distinguishable as locked;
  - 2.2 A readily visible durable sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background; and
  - 2.3 The use of the key-operated locking device is revocable by the building official for due cause.
3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware.
4. Doors from individual dwelling or sleeping units of Group R occupancies having an occupant load of 10 or less are permitted to be equipped with a night latch, dead bolt or security chain, provided such devices are openable from the inside without the use of a key or tool.
5. Fire doors after the minimum elevated temperature has disabled the unlatching mechanism in accordance with listed fire door test procedures.
6. In Group I-2 occupancies housing clients where the means of egress needs to be secured for the safety of the clients provided all the following requirements are met:
  - 6.1 The facility is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1,
  - 6.2 The doors unlock upon actuation of the automatic sprinkler system,
  - 6.3 The doors unlock upon activation of the automatic smoke detection system,
  - 6.4 The doors unlock upon loss of power controlling the lock or lock mechanism,
  - 6.5 The door locks shall have the capability of being unlocked by a signal from an approved location,
  - 6.6 Emergency lighting is provided at the door, and
  - 6.7 The facility is constantly staffed.

**Reason:** The new language addresses the problem faced by providers of patients suffering from Alzheimer's or Dementia wandering out of facilities and endangering their persons. Cognitive impairments caused by these diseases and other forms of dementia, render the residents of this type of facility unable to make the most appropriate decisions for their safety and welfare. This proposal would allow for door locking arrangements without delayed egress locks that are currently approved in health care type occupancies.

These patients can be very quick and mobile. The delayed egress lock poses a very challenging situation for staff when providing care for these patients who seek wandering or "exit seeking" associated with their disease.

**Cost Impact:** The code change proposal will not increase the cost of construction.

**Analysis:** A concern would be how this proposal will coordinate with Section 1008.1.9.6 Special locking arrangements in Group I-2.

ICCFILENAME:Lariviere-E1-1008.1.9.3

## **Public Hearing Results**

**Committee Action:**

**Approved as Submitted**

**Committee Reason:** The proposals addresses the unique locking arrangements in Group I-2 where the need is also to protect the clients, however, some of the facilities where this is needed are not necessarily medical facilities.

**Assembly Action:**

**None**

## **Individual Consideration Agenda**

**This item is on the agenda for individual consideration because public comments were submitted.**

*Public Comment 1:*

**Joe Pierce, Dallas Fire Department, representing Joint Fire Service Review Committee, requests Approval as Modified by this Public Comment.**

**Modify the proposal as follows:**

**1008.1.9.3 (IFC [B] 1008.1.9.3) Locks and latches.** *Approved* locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. through 5. (*No change to current text*)

~~6.~~ In Group I-2 occupancies housing clients where the means of egress needs to be secured for the safety of the clients provided all the following requirements are met:

- ~~6.1.~~ The facility is protected by an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3,
- ~~6.2.~~ The doors unlock upon actuation of the automatic sprinkler system,
- ~~6.3.~~ The doors unlock upon actuation of the automatic fire detection system,
- ~~6.4.~~ The doors unlock upon loss of power controlling the lock or lock mechanism,
- ~~6.5.~~ The door locks shall have the capability of being unlocked by a signal from an approved location,
- ~~6.6.~~ Emergency lighting is provided at the door, and
- ~~6.7.~~ The facility is constantly staffed.

**1008.1.9.6 (IFC [B] 1008.1.9.6) Special locking arrangements in Group I-2.** *Approved* ~~delayed~~ special egress locks shall be permitted in a Group I-2 occupancy where the clinical needs of persons receiving care require such locking. ~~Delayed~~ Special egress locks shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 ~~or~~ and an approved automatic ~~smoke or heat fire~~ detection system installed in accordance with Section 907, provided that the doors ~~unlock~~ are installed and operated in accordance with Items 1 through ~~6~~ 7 below. ~~A building occupant shall not be required to pass through more than one door equipped with a delayed egress lock before entering an exit.~~

- 1. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.
- 2. The doors unlock upon loss of power controlling the lock or lock mechanism.
- 3. The door locks shall have the capability of being unlocked by a signal from the fire command center, a nursing station or other approved location.
- 4. ~~A building occupant shall not be required to pass through more than one door equipped with a special egress lock before entering an exit.~~
- 4. The procedures for the operation(s) of the unlocking system shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the *International Fire Code*.
- 6. ~~The facility shall be constantly staffed and~~ all clinical staff shall have the keys, codes or other means necessary to operate the locking devices.
- 7. ~~Emergency lighting shall be provided at the door.~~

**Exception:** Items 1 through ~~3~~ 4 shall not apply to doors to areas where persons which because of clinical needs require restraint or containment as part of the function of ~~a mental hospital~~ psychiatric treatment areas.

**Commenter=s Reason:** Code Change E63 was Approved as Submitted. However, the language approved in Item 6 of Section 1008.1.9.3 creates an overlap when compared to the language in Section 1008.1.9.6 which was Approved as Modified by G65-09/10. Therefore, the intent of this Public Comment is:

- 1. Combine the approved language in E36-09/10 with the approved language in IBC 1008.1.9.6 in G65-09/10. Accordingly, these revisions are: modification of the term "unlock" with the phrase "installed and operated"; relocation of the last sentence in the main paragraph to Item 4; and inclusion of Item 4 in the Exception; and revision of the phrase "a mental hospital" to "psychiatric treatment areas" in the Exception.
- 2. Maintain the requirement for "approved" locks that is specified in 1008.1.9.3.

3. Delete Item 6 from 1008.1.9.3, because it will now be covered in 1008.1.9.6.
4. Add the requirement for constant staffing from 1008.1.9.3 Item 6.6 into 1008.1.9.6 Item 6.
5. The allowance of either fire sprinkler system OR a fire detection system is deleted. Section 4603.4.2 requires fire sprinklers in all existing Group I-2 occupancies and Section 4603.6.3 requires a fire alarm system in all existing Group I-2 occupancies. Therefore, both systems should be present whether the building is new or existing, and requiring both systems to be present is consistent with the requirements in the IBC and IFC.

The revised sections address the problem faced by care providers of patients suffering from Alzheimer's or Dementia wandering out of facilities and endangering their persons. Cognitive impairments caused by these diseases and other forms of dementia, render the residents of this type of facility unable to make the most appropriate decisions for their safety and welfare. This proposal would allow for door locking arrangements which may be delayed egress locks, but more frequently are other types of approved locking arrangements.

*Public Comment 2:*

**Paul K. Heilstedt, PE, Hon. AIA, Chair, representing ICC Code Technology Committee (CTC), requests Disapproval.**

**Commenter=s Reason:** The proponent correctly notes the need to address special locking arrangements for patients with Alzheimer's or Dementia. However, these provisions are not coordinated and conflict with the provisions in Section 1008.9.16 which were added last cycle via a public comment to E51-07/08 by the CTC to specifically address these conditions. Language of Section 1008.1.9.6 is unique to Group I-2 and the minor issues raised in portions of the proposed new language, such as "constantly staffed", were debated and rejected during the last cycle. We urge the membership to simply deny this change and don't create conflicts in language or loop holes for poor locking arrangements in Group I-2 uses. Approval of E63 will cause an unintended conflict within the code. The CTC supports the modifications to Section 1008.1.9.6 as modified in Code Change G65-09/10.

Final Action:                    AS                    AM                    AMPC\_\_\_\_\_                    D

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**G15-09/10**

**202, 304.1 (IFC [B] 202), 304.1.1 304.2, 422, 710.5, [F] 903.2.2, [F] 903.3.2, [F] 907.2.2, [F] 907.2.2.1 (IFC 903.2.2, 903.3.2, 907.2.2, 907.2.2.1)**

**Proposed Change as Submitted**

**Proponent:** Paul K. Heilstedt, P.E., Chair, representing ICC Code Technology Committee (CTC)

**1. Revise as follows:**

**304.1 (IFC [B] 202) Business Group B.** Business Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office, professional or service-type transactions, including storage of records and accounts. Business occupancies shall include, but not be limited to, the following:

- Ambulatory health care facilities
- Clinic – outpatient

*(Portions of list not shown remain unchanged)*

**~~304.1.1~~ 304.2 Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

*(Relocate definition for Ambulatory Health Care Facilities from Section 202, and revise.)*

**AMBULATORY HEALTH CARE FACILITY.** Buildings or portions thereof used to provide medical, surgical, psychiatric, nursing or similar care on a less than 24-hour basis to individuals who are rendered incapable of self-preservation by the services provided.

**CLINIC-OUTPATIENT.** Buildings or portions thereof used to provide medical care on less than a 24-hour basis to individuals who are not rendered incapable of self-preservation by the services provided.

**SECTION 422  
AMBULATORY HEALTH CARE FACILITIES**

**422.1 General.** Occupancies classified as ~~Group B~~ ambulatory health care facilities shall comply with the provisions of Sections 422.1 through ~~422.6~~ 422.7 and other applicable provisions of this code.

**422.2 Separation.** Ambulatory care facilities where the potential for four or more care recipients are to be incapable of self preservation at any time, whether rendered incapable by staff or staff accepted responsibility for a care recipient

already incapable, shall be separated from adjacent spaces, corridors or tenants with a fire partition installed in accordance with Section 708.

~~422.2~~ **422.3 Smoke barriers compartments.** ~~Smoke barriers shall be provided to subdivide every~~ Where the aggregate area of one or more ambulatory health care facilities greater than exceeds 10,000 square feet on one story, the story shall be provided with a smoke barrier to subdivide the story into not less than into a minimum of two smoke compartments per story. The area of any one such smoke compartment shall not exceed 22,500 square feet (2092 m<sup>2</sup>). The travel distance from any point in a smoke compartment to a smoke barrier door shall not exceed 200 feet (60 960 mm). The smoke barrier shall be installed in accordance with Section 710 with the exception that smoke barriers shall be continuous from outside wall to an outside wall, a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof.

~~422.3~~ **422.4 Refuge area.** At least 30 net square feet (2.8 m<sup>2</sup>) per nonambulatory patient care recipient shall be provided within the aggregate area of corridors, patient care recipient rooms, treatment rooms, lounge or dining areas and other low-hazard areas ~~on each side of each smoke barrier within each smoke compartment.~~ Each occupant of an ambulatory care facility shall be provided with access to a refuge areas without passing through or utilizing adjacent tenant spaces.

~~422.4~~ **422.5 Independent egress.** A means of egress shall be provided from each smoke compartment created by smoke barriers without having to return through the smoke compartment from which means of egress originated.

~~422.5~~ **422.6 Automatic Sprinkler Systems.** Automatic sprinklers systems shall be provided for ambulatory care facilities in accordance with Section 903.2.2.

~~422.6~~ **422.7 Fire alarm systems.** A fire alarm system shall be provided for ambulatory care facilities in accordance with Section 907.2.2.1.

**710.5 Openings.** Openings in a *smoke barrier* shall be protected in accordance with Section 715.

#### Exceptions:

1. In Group I-2 and ambulatory care facilities, where doors are installed across *corridors*, a pair of opposite-swinging doors without a center mullion shall be installed having vision panels with fire-protection-rated glazing materials in fire-protection-rated frames, the area of which shall not exceed that tested. The doors shall be close fitting within operational tolerances, and shall not have undercuts in excess of 3/4-inch, louvers or grilles. The doors shall have head and jamb stops, astragals or rabbets at meeting edges and shall be automatic closing by smoke detection in accordance with Section 715.4.8.3. Where permitted by the door manufacturer's listing, positive-latching devices are not required.
2. In Group I-2 and ambulatory care facilities, horizontal sliding doors installed in accordance with Section 1008.1.4.3 and protected in accordance with Section 715.

**[F] 903.2.2 (IFC 903.2.2) Group-B ambulatory health care facilities.** An automatic sprinkler system shall be installed throughout all fire areas containing an ~~Group-B ambulatory health care facility occupancy~~, when either of the following conditions exist at any given time:

1. Four or more care recipients are incapable of self preservation, whether rendered incapable by staff or staff have accepted responsibility for care recipients already incapable.
2. One or more care recipients that are incapable of self preservation are located at other than the level of exit discharge.

In buildings where care is provided on levels other than the level of exit discharge, an automatic sprinkler system shall be installed on the entire floor where care is provided as well as all floors below, and all floors between the level of care and the closest level of exit discharge.

**[F] 903.3.2 (IFC 903.3.2) Quick-response and residential sprinklers.** Where automatic sprinkler systems are required by this code, quick-response or residential automatic sprinklers shall be installed in the following areas in accordance with Section 903.3.1 and their listings:

1. Throughout all spaces within a smoke compartment containing ~~patient~~ sleeping units in Group I-2 in accordance with this code.

2. Throughout all spaces within a smoke compartment containing treatment rooms in ambulatory care facilities.
- ~~3. 2.~~ Dwelling units, and sleeping units in Group R and I-1 occupancies.
- ~~4. 3.~~ Light-hazard occupancies as defined in NFPA 13.

**[F] 907.2.2 (IFC 907.2.2) Group B.** A manual fire alarm system shall be installed in Group B occupancies where one of the following conditions exists:

1. The combined Group B *occupant load* of all floors is 500 or more.
2. The Group B *occupant load* is more than 100 persons above or below the lowest *level of exit discharge*.
3. The ~~Group B~~ fire area contains a ~~Group B~~ ambulatory health care facility.

**Exception:** Manual fire alarm boxes are not required where the building is equipped throughout with an *automatic sprinkler system* installed in accordance with Section 903.3.1.1 and the occupant notification appliances will activate throughout the notification zones upon sprinkler water flow.

**[F] 907.2.2.1 (IFC 907.2.2.1) ~~Group B~~ ambulatory health care facilities.** Fire areas containing ~~Group B~~ ambulatory health care facilities shall be provided with an electronically supervised automatic smoke detection system installed within the ambulatory health care facility and in public use areas outside of tenant spaces, including public *corridors* and elevator lobbies.

**Exception:** Buildings equipped throughout with an *automatic sprinkler system* in accordance with Section 903.3.1.1, provided the occupant notification appliances will activate throughout the notification zones upon sprinkler water flow.

**Reason:** The ICC Board established the ICC Code Technology Committee (CTC) as the venue to discuss contemporary code issues in a committee setting which provides the necessary time and flexibility to allow for full participation and input by any interested party. The code issues are assigned to the CTC by the ICC Board as "areas of study". Information on the CTC, including: meeting agendas; minutes; reports; resource documents; presentations; and all other materials developed in conjunction with the CTC effort can be downloaded from the following website: <http://www.iccsafe.org/cs/cc/ctc/index.html>. Since its inception in April/2005, the CTC has held seventeen meetings - all open to the public.

This proposed change is a result of the CTC's investigation of the area of study entitled "Care Facilities". The scope of the activity is noted as: Study issues associated with Day Care/Adult Care, Ambulatory Health Care and Assisted Living facilities with an emphasis on the number of occupants in relation to the supervision, and the determination of the resident's capability of responding to an emergency situation without physical assistance from the facility's supervision.

The Code Technology Committee Study Group on Care Facilities has conducted a comprehensive review of current building and fire codes, federal regulations and prior code change proposals dealing with the provision of "care". "Care" as it relates to the scope of this work relates to an occupant of a building who is compromised (mentally or physically) and receives some type of support (care). These facilities encompass a full spectrum of acuity and span a wide range of occupancy types including Groups B, E, I and R. On the lower end of the spectrum, occupants may be aged and receive occasional day living assistance such as cooking and cleaning. On the opposite end of the spectrum, occupants may be completely bedridden and dependant on medical gases and emergency power to maintain life.

The proposed changes provide clear direction for design and construction by using terms and concepts consistently and clearly identifying thresholds related to the condition of an occupant. Federal regulations and state licensing provisions were considered, but primarily in terms of avoiding conflicting requirements. It is not the intent of these changes to address licensing or operational issues. We do believe that the proposed changes will provide consistent and correlated language between these multiple sources of regulations that will help design and code professionals address the needs of care recipients in the many different types of facilities.

A major goal is to provide clarity and consistency of terminology. New definitions are added to specifically describe each type of care or facility and identify the distinct differences in these. Some terms are consolidated to be more descriptive of a group of occupants, yet generic enough to be used interchangeably. For example: a "Patient" is now identified as a "care recipient" and "nurse" is now "care provider". People receive care of varying types but they are not always referred to as "patients". They receive care from a wide range of persons with different technical abilities, not just a "nurse" or "staff". Other definitions address existing terms not defined within current code. The study group believes that these changes bring a practical response to the recent developments within the healthcare delivery system.

#### **Ambulatory Care Facilities, Section 422 and related sections**

This public comment represents the collaborative efforts to address the more specifically concerns regarding these uses over the past several cycles.

Change modifying the existing language includes:

- Remove an unneeded reference to "Health" as the definition clearly expresses that these types of facilities are related to some form or care. Also relocate the definition to Section 304.2 to align with the formatting of other Groups that provide definitions for special occupancies within that specifically related section.
- Remove an unneeded reference to "Group B" whenever the term Ambulatory Health Care Facility is used.
- Added Section 422.2 to require fire partition separation from adjacent spaces in facilities with greater than 4 care recipients. The intent is to subdivide the floor to allow for a reasonable level of safety for care recipients who made need assistance to evacuate, or to allow for the option of protecting in place for a limited period of time.
- Modified the continuity requirements of a smoke barrier to deal with intersection or connection to adjacent tenants, and maintain the integrity and safety.
- Several of these changes are mindful of existing buildings to allow for renovations without going into other tenant spaces.
- Added 22,500 square foot limit to a smoke compartment, similar to Group I-2s.
- For multiple tenant spaces, language is added to the area of refuge requirements to clarify that the area of refuge must be accessed without going through adjacent tenant spaces.

Correlative changes to Sections 710, 903 and 907 are bringing consistency of terminology and provision cross references.

**Cost Impact:** This proposal will increase the cost of construction.

ICCFILENAME: HEILSTEDT-G2-304.1.doc

## Public Hearing Results

**Committee Action:**

**Approval as Submitted**

**Committee Reason:** The changes clarify the regulations of the ambulatory care facilities. It will also result in the IBC requirements being more consistent with CMS standards than they are currently.

**Assembly Action:**

**None**

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### Individual Consideration Agenda

**This item is on the agenda for individual consideration because a public comment was submitted.**

*Public Comment:*

**Joe Pierce, Dallas Fire Department, representing Joint Fire Service Review Committee, requests Approval as Modified by this Public Comment.**

**Modify the proposal as follows:**

**[F] 903.2.2 (IFC 903.2.2) Ambulatory care facilities.** An automatic sprinkler system shall be installed throughout ~~all fire areas~~ the entire floor containing an ambulatory care facility, when either of the following conditions exist at any given time:

1. Four or more care recipients are incapable of self preservation, whether rendered incapable by staff or staff have accepted responsibility for care recipients already incapable.
2. One or more care recipients that are incapable of self preservation are located at other than the level of exit discharge.

In buildings where care is provided on levels other than the level of exit discharge, an automatic sprinkler system shall be installed on the entire floor where care is provided as well as all floors below, and all floors between the level of care and the closest level of exit discharge, including the level of exit discharge.

*(Portions of proposal not shown remain unchanged)*

**Commenter=s Reason:** Item F68-09/10 was Approval as Submitted and addresses several of the same issues as this revision in G15-09/10. Item F68 was approved as follows:

**903.2.2 (IBC [F] 903.2.2) Group B Ambulatory health care facilities.** An *automatic sprinkler system* shall be installed throughout ~~all fire areas~~ the entire floor containing a Group B ambulatory health care facility ~~occupancy~~ and all floors between the ambulatory health care facility and the level of exit discharge, including the level of exit discharge when either of the following conditions exist at any time:

1. Four or more care recipients are incapable of self preservation.
2. One or more care recipients that are incapable of self preservation are located at other than the *level of exit discharge* serving such an occupancy.

As you can see, both code change proposals revised the following items:

1. Deletion of the word "occupancy"
2. Requirement to have the fire sprinkler installed from the floor of the ambulatory care facility and the level of exit discharge; however each proposal worded this in a different fashion.

G15 additionally revised the title of the facility to simply "ambulatory care facility". F68 also required the fire sprinkler system to be installed on the entire floor, not just the fire area. G15 also requires the entire floor to be sprinklered when on a floor other than the level of exit discharge.

This Public Comment combines all the revisions between the two code changes. The last phrase in the final paragraph is added to ensure that the level of exit discharge is included in the floors requiring fire sprinklers.

Final Action:            AS                    AM                    AMPC\_\_\_\_            D

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## **G16-09/10**

**305.1, 305.2 (New), 305.2 (IFC [B] 202); 308.5, 308.5.1, 308.5.2 (IFC [B] 202), 310.2; [F] 903.2.6 (IFC 903.2.6); 1015.1, Table 1015.1, 1015.7 (New), 1021.2, Table 1021.2 (IFC [B] 1015.1, Table 1015.1, 1015.7 (New), 1021.2, Table 1021.2); 1103.2.12; [P] Table 2902.1, [P] 2903.1, [P] 2903.2 (IPC Table 403.1, 403.1, 403.2)**

### Proposed Change as Submitted

**Proponent:** Paul K. Heilstedt, P.E., Chair, representing ICC Code Technology Committee (CTC)

**1. Revise as follows:**

**SECTION 305  
EDUCATIONAL GROUP E**

**305.1 (IFC [B] 202) Educational Group E.** Educational Group E occupancy includes, among others, the use of a building or structure, or a portion thereof, by six or more persons at any one time for educational purposes through the 12th grade.

**Exception:** Religious educational rooms and religious auditoriums, which are accessory to *places of religious worship* in accordance with Section 303.1 and have *occupant loads* of less than 100, shall be classified as a Group A-3 occupancies.

**305.2 Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

*(Relocated definition for Personal Care Service from Section 310.2, and revise.)*

**PERSONAL CARE SERVICE.** The care of ~~residents~~ occupant's who do not require ~~chronic or convalescent~~ medical or nursing care. Personal care involves responsibility for the safety of the ~~residents~~ occupants while inside the building.

**305.2 305.3 (IFC [B] 202) Group E, Day care facilities.** The use of a building or structure, or portion thereof, for educational, supervision or *personal care services* or more than five children older than 2 1/2 years of age, shall be classified as a Group E occupancy.

A facility such as the above within a dwelling unit and having five or fewer persons shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2.

**SECTION 308  
INSTITUTIONAL GROUP I**

**308.5 (IFC [B] 202) Group I-4, day care facilities.** This group shall include buildings and structures occupied by persons of any age who receive custodial care for less than 24 hours by individuals other than parents or guardians, relatives by blood, marriage or adoption, and in a place other than the home of the person cared for. ~~A facility such as the above five or fewer persons shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2. Places of worship during religious functions are not included. This group shall include, but not be limited to, the following:~~

Adult day care  
Child day care

~~**308.5.1 (IFC [B] 202) Adult care facility.** A facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and custodial care shall be classified as Group I-4.~~

~~**Exception:** A facility where occupants are capable of responding to an emergency situation without physical assistance from the staff shall be classified as Group R-3.~~

~~**308.5.2 (IFC [B] 202) Child care facility.** A facility that provides supervision and custodial care on less than a 24-hour basis for more than five children 2 1/2 years of age or less shall be classified as Group I-4.~~

**Exceptions:**

1. A child day care facility that provides custodial care for more than five but no more than 100 children 2-1/2 years or less of age, when the rooms where such children are cared for are located on the level of exit discharge and each of these child care rooms has an exit door directly to the exterior, shall be classified as Group E.
2. Rooms and spaces within places of worship providing such care during religious functions shall be classified as part of the primary occupancy.

A facility such as the above within a dwelling unit and having five or fewer persons shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2.

**[F] 903.2.6 (IFC 903.2.6) Group I.** An *automatic sprinkler system* shall be provided throughout buildings with a Group I fire area.

**Exceptions:**

1. An *automatic sprinkler system* installed in accordance with Section 903.3.1.2 or 903.3.1.3 shall be allowed in Group I-1 facilities.
2. An *automatic sprinkler system* is not required where day care facilities are at the *level of exit discharge* and where every room where care is provided has at least one exterior *exit door*.
3. In buildings where Group I-4 day care is provided on levels other than the level of exit discharge, an *automatic sprinkler system* in accordance with 903.3.1.1 shall be installed on the entire floor where care is provided as well as all floors below, and all floors between the level of care and the closest level of exit discharge.

**1015.1 (IFC [B] 1015.1) Exits or exit access doorways from spaces.** Two *exits* or *exit access doorways* from any space shall be provided where one of the following conditions exists:

**Exception:** Group I-2 occupancies shall comply with Section 1014.2.2 through 1014.2.7.

1. The *occupant load* of the space exceeds one of the values in Table 1015.1.

**Exception:** In Group R-2 and R-3 occupancies, one *means of egress* is permitted within and from individual dwelling units with a maximum *occupant load* of 20 where the dwelling unit is equipped throughout with an *automatic sprinkler system* in accordance with Section 903.3.1.1 or 903.3.1.2.

2. The *common path of egress travel* exceeds one of the limitations of Section 1014.3.
3. Where required by Section 1015.3, 1015.4, 1015.5, 1015.6 or 1015.6.1, or 1015.7.

Where a building contains mixed occupancies, each individual occupancy shall comply with the applicable requirements for that occupancy. Where applicable, cumulative *occupant loads* from adjacent occupancies shall be considered in accordance with the provisions of Section 1004.1.

**TABLE 1015.1 (IFC [B] TABLE 1015.1)  
SPACES WITH ONE EXIT OR EXIT ACCESS DOORWAY**

OCCUPANCY	MAXIMUM OCCUPANT LOAD
A, B, E <sup>a</sup> , F, M, U	49
H-1, H-2, H-3	3
H-4, H-5, I-1, I-3, I-4, R	10
S	29

a. Day care maximum occupant load is 10.

**2. Add new text as follows:**

**1015.7 (IFC [B] 1015.7) Day care means of egress.** Day care facilities, rooms or spaces where care is provided for more than 10 children that are 2-1/2 years of age or less, shall have access to not less than two exits or exit access doorways.

**3. Revise as follows:**

**1021.2 (IFC [B] 1021.2) Single exits.** Only one *exit* shall be required from Group R-3 occupancy buildings or from stories of other buildings as indicated in Table 1021.2. Occupancies shall be permitted to have a single *exit* in buildings otherwise required to have more than one *exit* if the areas served by the single *exit* do not exceed the limitations of Table 1021.2. Mixed occupancies shall be permitted to be served by single *exits* provided each individual occupancy complies with the applicable requirements of Table 1021.2 for that occupancy. Where applicable, cumulative *occupant loads* from adjacent occupancies shall be considered in accordance with the provisions of Section 1004.1. Basements with a single *exit* shall not be located more than one *story* below *grade plane*.

**TABLE 1021.2 (IFC [B] TABLE 1021.2)  
STORIES WITH ONE EXIT**

STORY	OCCUPANCY	MAXIMUM OCCUPANTS (OR DWELLING UNITS) PER FLOOR AND TRAVEL DISTANCE
First story or basement	A, B <sup>a</sup> , E <sup>e</sup> , F <sup>d</sup> , M, U, S <sup>d</sup>	49 occupants and 75 feet travel distance
	H-2, H-3	3 occupants and 25 feet travel distance
	H-4, H-5, I, R	10 occupants and 75 feet travel distance



	S <sup>a</sup>	29 occupants and 100 feet travel distance
Second story	B <sup>b</sup> , F, M, S <sup>a</sup>	29 occupants and 75 feet travel distance
	R-2	4 dwelling units and 50 feet travel distance
Third story	R-2 <sup>c</sup>	4 dwelling units and 50 feet travel distance

For SI: 1 foot = 304.8 mm.

- For the required number of exits for parking structures, see Section 1021.1.2.
- For the required number of exits for air traffic control towers, see Section 412.3.
- Buildings classified as Group R-2 equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or 903.3.1.2 and provided with emergency escape and rescue openings in accordance with Section 1029.
- Group B, F and S occupancies in buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 shall have a maximum travel distance of 100 feet.
- ~~Day care occupancies shall have a maximum occupant load of 40.~~

**1103.2.12 Day care facilities.** Where a day care facility (~~Groups A-3, E, I-4 and R-3~~) is part of a dwelling unit, only the portion of the structure utilized for the day care facility is required to be accessible.

**[P] TABLE 2902.1 (IPC TABLE 403.1)  
MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES<sup>a</sup>  
(See Sections 2902.2 and 2902.3)**

No.	CLASSIFICATION	OCCUPANCY	DESCRIPTION	WATER CLOSETS (URINALS SEE SECTION 419.2 OF THE INTERNATIONAL PLUMBING CODE)		LAVATORIES		BATHTUBS/SHOWERS	DRINKING FOUNTAINS <sup>e, f</sup> (SEE SECTION 410.1 OF THE INTERNATIONAL PLUMBING CODE)	OTHER
				MALE	FEMALE	MALE	FEMALE			
5	Institutional	I-4	Adult day care and child day care	1 per 15		1 per 15		1	1 per 100	1 service sink

(Portions of table not shown are unchanged.)

**[P] 2903.1 (IPC 403.1) Water closet compartment.** Each water closet utilized by the public or employees shall occupy a separate compartment with walls or partitions and a door enclosing the fixtures to ensure privacy.

**Exceptions:**

- Water closet compartments shall not be required in a single-occupant toilet room with a lockable door.
- Toilet rooms located in ~~day care~~ and child day care facilities and containing two or more water closets shall be permitted to have one water closet without an enclosing compartment.
- This provision is not applicable to toilet areas located within Group I-3 housing areas.

**[P] 2903.2 (IPC 403.2) Urinal partitions.** Each urinal utilized by the public or employees shall occupy a separate area with walls or partitions to provide privacy. The walls or partitions shall begin at a height not more than 12 inches (305 mm) from and extend not less than 60 inches (1524 mm) above the finished floor surface. The walls or partitions shall extend from the wall surface at each side of the urinal a minimum of 18 inches (457 mm) or to a point not less than 6 inches (152 mm) beyond the outermost front lip of the urinal measured from the finished back wall surface, whichever is greater.

**Exceptions:**

- Urinal partitions shall not be required in a single occupant or unisex toilet room with a lockable door.
- Toilet rooms located in ~~day care~~ and child day care facilities and containing two or more urinals shall be permitted to have one urinal without partitions.

**Reason:** The ICC Board established the ICC Code Technology Committee (CTC) as the venue to discuss contemporary code issues in a committee setting which provides the necessary time and flexibility to allow for full participation and input by any interested party. The code issues are assigned to the CTC by the ICC Board as "areas of study". Information on the CTC, including: meeting agendas; minutes; reports; resource documents; presentations; and all other materials developed in conjunction with the CTC effort can be downloaded from the following website: <http://www.iccsafe.org/cs/cc/ctc/index.html>. Since its inception in April/2005, the CTC has held seventeen meetings - all open to the public.

This proposed change is a result of the CTC's investigation of the area of study entitled "Care Facilities". The scope of the activity is noted as: Study issues associated with Day Care/Adult Care, Ambulatory Health Care and Assisted Living facilities with an emphasis on the number of occupants in relation to the supervision, and the determination of the resident's capability of responding to an emergency situation without physical assistance from the facility's supervision.

The Code Technology Committee Study Group on Care Facilities has conducted a comprehensive review of current building and fire codes, federal regulations and prior code change proposals dealing with the provision of "care". "Care" as it relates to the scope of this work relates to an occupant of a building who is compromised (mentally or physically) and receives some type of support (care). These facilities encompass a full spectrum of acuity and span a wide range of occupancy types including Groups B, E, I and R. On the lower end of the spectrum, occupants may be aged and receive occasional day living assistance such as cooking and cleaning. On the opposite end of the spectrum, occupants may be completely bedridden and dependant on medical gases and emergency power to maintain life.

The proposed changes provide clear direction for design and construction by using terms and concepts consistently and clearly identifying thresholds related to the condition of an occupant. Federal regulations and state licensing provisions were considered, but primarily in terms of

avoiding conflicting requirements. It is not the intent of these changes to address licensing or operational issues. We do believe that the proposed changes will provide consistent and correlated language between these multiple sources of regulations that will help design and code professionals address the needs of care recipients in the many different types of facilities.

A major goal is to provide clarity and consistency of terminology. New definitions are added to specifically describe each type of care or facility and identify the distinct differences in these. Some terms are consolidated to be more descriptive of a group of occupants, yet generic enough to be used interchangeably. For example: a "Patient" is now identified as a "care recipient" and "nurse" is now "care provider". People receive care of varying types but they are not always referred to as "patients". They receive care from a wide range of persons with different technical abilities, not just a "nurse" or "staff". Other definitions address existing terms not defined within current code. The study group believes that these changes bring a practical response to the recent developments within the healthcare delivery system.

**Day Care Facilities, Section 305.3 and related sections**

This public comment represents the collaborative efforts of the CTC Study Group on Care to clarify the scope and intent of the code as it applies to the subject of when care is provided and what are the appropriate elements of the building code to address the risks associated with Day Care.

Changes to modify the existing language include:

- Changing the provisions for religious educational facilities to become an exception.
- Adding a definition section for the educational group and moving the definition of personal care services from 310.2 to 305.2, clarifying the day care as a day care facility, and adding the correlation to classify that a Group E, day care facility with five or fewer is allowed in an R-3 or may be constructed per the IRC.
- Adding clarifications to the I-4 Group to include both adult and child day care services, and adding an exception for such services within a place of worship, and clarifying that day care facility with five or fewer is allowed in an R-3 or may be constructed per the IRC.
- Correlating the requirements for fire suppression in Chapter 9 with the provisions for day care.
- Clarifying the requirement for means of egress from day care where more than 10 children receive care.
- Removing the occupancy group designations from the scoping criteria in Chapter 11 as being unnecessary, C
- Clarifying that the plumbing table is applicable for day care, and that the exclusion for partitions is meant to apply to child day care, not all day care.

Issues concerning the multitude of occupancies, conflicting criteria and/or confusion between the occupancies identified as "Day Care vs. Child or Adult Day Care" were the initial impetus for the study of care. The overlap and inconsistencies for all types of care were eventually included once the true scope of the issues was recognized.

**Cost Impact:** The code change proposal will not increase the cost of construction.

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**Public Hearing Results**

**Committee Action:**

**Disapproved**

**Committee Reason:** The change would leave a gap in the code for facilities where 1 to 5 people are receiving care but they are not located in a dwelling unit. The proposal appeared to not provide an occupancy classification for this size of facilities.

**Assembly Action:**

**None**

**Individual Consideration Agenda**

**This item is on the agenda for individual consideration because public comments were submitted.**

*Public Comment 1:*

**Paul K. Heilstedt, PE, Hon. AIA, Chair, representing the ICC Code Technology Committee (CTC), requests Approval as Modified by this Public Comment.**

**Further modify the proposal as follows:**

**305.3 (IFC [B] 202) Group E, Day care facilities.** The use of a building or structure, or portion thereof, for educational, supervision or *personal care services* ~~or~~ for more than five children older than 2 1/2 years of age, shall be classified as a Group E occupancy.

**305.3.1 Five or fewer children.** A facility having five or fewer persons receiving such care shall be classified as part of the primary occupancy.

**305.3.2 Five or fewer in a dwelling unit.** A facility such as the above within a dwelling unit and having five or fewer persons receiving such care shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2.

**308.5 (IFC [B] 202) Group I-4, day care facilities.** This group shall include buildings and structures occupied by persons of any age who receive custodial care for less than 24 hours by individuals other than parents or guardians, relatives by blood, marriage or adoption and in a place other than the home of the person cared for. This group shall include, but not be limited to, the following:

- Adult day care
- Child day care

**Exceptions:**

1. A child day care facility that provides custodial care for more than five but no more than 100 children 2-1/2 years or less of age, when the rooms where such children are cared for are located on the level of exit discharge and each of these child care rooms has an exit door directly to the exterior, shall be classified as Group E.

2. Rooms and spaces within places of worship providing such care during religious functions shall be classified as part of the primary occupancy.
3. A building or space that has more than 5 people that receive custodial care and are occupants of that building or space as their place of employment or as a volunteer.

**308.5.1 Five or fewer occupants receiving care.** A facility having five or fewer persons receiving such care shall be classified as part of the primary occupancy.

**308.5.2 Five or fewer occupants receiving care in a dwelling unit.** A facility such as the above within a dwelling unit and having five or fewer persons receiving such care shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2.

**[F] 903.2.6 (IFC 903.2.6) Group I.** An *automatic sprinkler system* shall be provided throughout buildings with a Group I *fire area*.

**Exceptions:**

1. An *automatic sprinkler system* installed in accordance with Section 903.3.1.2 or 903.3.1.3 shall be allowed in Group I-1 facilities.
2. An *automatic sprinkler system* is not required where day care facilities are at the *level of exit discharge* and where every room where care is provided has at least one exterior *exit door*.
3. In buildings where Group I-4 day care is provided on levels other than the level of exit discharge, an automatic sprinkler system in accordance with 903.3.1.1 shall be installed on the entire floor where care is provided ~~as well as all floors below~~, and all floors between the level of care and the ~~closest~~ level of exit discharge, ~~//////////???????~~ s all floors below the level of exit discharge, other than areas classified as an open parking garage.

*(Portions of proposal not shown are unchanged)*

**Reason:** The code change committee correctly noted in Sections 305.3 and 308.5 that there are gaps where the occupants receiving care are not in a dwelling unit. This public comment maintains intent of the original proposal but clarifies that the threshold number of individuals are those receiving care and not the total occupant load of the dwelling unit. The additions of Exception 3 to Section 308.5 addresses the instance where there are people that may need or receive custodial care but are not in the building for that purpose; it is their place of employment. Examples are facilities such as Goodwill or Salvation Army that provides employment opportunities for persons that need custodial care in the course of their work day.

The proposed revisions to Exception 3 in Section 903.2.6 clarifies the application of the sprinkler system based on code parameters of "level of exit discharge".

*Public Comment 2:*

**Maureen Traxler City of Seattle, representing the Department of Planning & Development, requests Approval as Modified by this Public Comment.**

**Further modify the definition of PERSONAL CARE SERVICE as in the original proposal, and move to Chapter 2.**

**PERSONAL CARE SERVICE.** The care of occupants who do not require medical care. Personal care involves responsibility for the safety of the occupants while inside the building.

*(Portions of proposal not shown remain unchanged.)*

**Commenter's Reason:** The term "personal care service" is used in several code sections (305, 308 & 310), and so belongs in Chapter 2 rather than in one of the sections of Chapter 3.

*Public Comment 3:*

**Maureen Traxler, City of Seattle, representing the Department of Planning & Development, requests Approval as Modified by this Public Comment.**

**Further modify the proposal as follows:**

**SECTION 305  
EDUCATIONAL GROUP E**

**305.1 (IFC [B] 202) Educational Group E.** Educational Group E occupancy includes, among others, the use of a building or structure, or a portion thereof, by six or more persons at any one time for educational purposes through the 12th grade.

**305.1.1 Accessory to places of worship.** Religious educational rooms and religious auditoriums, which are accessory to *places of religious worship* in accordance with Section 303.1 and have *occupant loads* of less than 100, shall be classified as Group A-3 occupancies.

**305.2 Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

*(Relocated definition for Personal Care Service from Section 310.2, and revise.)*

**PERSONAL CARE SERVICE.** The care of ~~residents~~ occupants who do not require ~~chronic or convalescent~~ medical ~~or nursing~~ care. Personal care involves responsibility for the safety of the ~~residents~~ occupants while inside the building.

**305.2 305.3 (IFC [B] 202) Group E, Day care facilities.** This group includes buildings and structures or portions thereof occupied by more than five children older than 2-1/2 years of age who receive educational, supervision or *personal care services* for less than 24 hours per day. ~~The use of a~~

building or structure, or portion thereof, for educational, supervision or ~~personal care services~~ or more than five children older than 2 1/2 years of age, shall be classified as a Group E occupancy.

**305.3.1 Within places of worship.** Rooms and spaces within places of worship providing such care during religious functions shall be classified as part of the primary occupancy.

**305.3.2 Five or fewer children.** A facility having five or fewer children receiving such care shall be classified as part of the primary occupancy.

**305.3.3 Five or fewer in a dwelling unit.** A facility such as the above within a dwelling unit and having five or fewer children receiving such care shall be classified as a Group R-3 occupancy or shall comply with the *International Residential Code*.

**SECTION 308  
INSTITUTIONAL GROUP I**

**308.5 (IFC [B] 202) Group I-4, day care facilities.** This group shall include buildings and structures occupied by more than five persons of any age who receive custodial care for less than 24 hours per day by individuals other than parents or guardians, relatives by blood, marriage or adoption, and in a place other than the home of the person cared for. ~~A facility such as the above five or fewer persons shall be classified as a Group R-3 or shall comply with the International Residential Code in accordance with Section 101.2. Places of worship during religious functions are not included.~~ This group shall include, but not be limited to, the following:

- Adult day care
- Child day care

~~**308.5.1 (IFC [B] 202) Adult care facility.** A facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and custodial care shall be classified as Group I-4.~~

~~**Exception:** A facility where occupants are capable of responding to an emergency situation without physical assistance from the staff shall be classified as Group R-3.~~

~~**308.5.2 (IFC [B] 202) Child care facility.** A facility that provides supervision and custodial care on less than a 24-hour basis for more than five children 2 1/2 years of age or less shall be classified as Group I-4.~~

~~**Exception:**~~

~~**308.5.1 Classification as Group E.** A child day care facility that provides custodial care for more than five but no more than 100 children 2-1/2 years or less of age, when the rooms where such children are cared for are located on the level of exit discharge and each of these child care rooms has an exit door directly to the exterior, shall be classified as Group E.~~

~~**308.5.2 Within a place of worship.** Rooms and spaces within places of worship providing such care during religious functions shall be classified as part of the primary occupancy.~~

~~**308.5.3 Five or fewer occupants receiving care.** A facility having five or fewer persons receiving custodial care shall be classified as part of the primary occupancy.~~

~~**308.5.4 Five or fewer occupants receiving care in a dwelling unit.** A facility such as the above within a dwelling unit and having five or fewer persons receiving custodial care shall be classified as a Group R-3 occupancy or shall comply with the *International Residential Code*.~~

**Commenter's Reason:** This modification carries out the intent of the original proposal in a more comprehensive, focused and coordinated manner. It focuses on clarifying the relationship between E and I day cares by using parallel charging language in Sections 305.3 and 308.5. Both E and I classifications apply where more than 5 occupants receive care for less than 24 hours per day. The differences are that Group E only applies where the occupants are children older than 2-1/2 years and they are receiving educational, supervision or personal care services and not custodial care.

First please note that this public comment provides a consistent format in Sections 305.1, 305.3 and 308.5 in which each provision that establishes an exception to the classification and places a building use into a different classification is specified in its own subsection rather than as exceptions or a sentence lost in the main occupancy section.

This public comment adds to Section 305.3 the same 'exception' that was originally proposed only for Section 308.5. The 'exception' allows areas used for care of children during religious functions to be considered part of the main occupancy.

New subsections are proposed in both Sections 305.3 and 308.5 that set forth the classification for occupancies with five or fewer people receiving care.

This public comment does not make any changes to the substantive provisions in chapters other than Chapter 3.

Final Action:                    AS                    AM                    AMPC\_\_\_\_\_                    D

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**G20-09/10**

**308.1, 308.2, 308.3, 308.3.1, 310.1, 310.2, (IFC [B] 202); [F] 903.2.6, [F] 903.2.8, [F] 903.3.1.3, [F] 903.3.2, [F] 907.2.6, [F] 907.2.6.2, (IFC 903.2.6, 903.2.8, 903.3.1.3, 903.3.2, 907.2.6, 907.2.6.2); Table 1021.2 (IFC [B] Table 1021.2); 1107.5.3; [P] Table 2902.1 (IPC Table 403.1)**

**Proposed Change as Submitted**

**Proponent:** Paul K. Heilstedt, P.E., Chair, representing ICC Code Technology Committee (CTC)

**Revise as follows:**

**308.1 (IFC [B] 202) Institutional Group I.** Institutional Group I occupancy includes, among others, the use of a building or structure, or a portion thereof, in which ~~people are cared for or live in a supervised environment, having physical limitations because of health or age are harbored for medical treatment or other care or treatment, or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted care or supervision is provided to individuals who, are or are not capable of self preservation without physical assistance or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted.~~ Institutional occupancies shall be classified as Group I-1, I-2, I-3 or I-4.

**308.2 1 (IFC [B] 202) Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

*(Relocate revised definitions from Section 308.3.1, and revise.)*

**24 HOUR CARE.** The actual time that a person is an occupant within a facility for the purpose of receiving care. It shall not include a facility that is open for 24 hours and is capable of providing care to someone visiting the facility during any segment of the 24 hours.

**CUSTODIAL CARE.** Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living, usually on a long-term basis. Custodial care include occupants who evacuate at a slower rate and/or who have mental and psychiatric complications.

**DETOXIFICATION FACILITIES.** Facilities that ~~serve patients who are provided treatment for substance abuse on a 24-hour basis and~~ serving care recipients who are incapable of self-preservation or who are harmful to themselves or others.

**CHILD FOSTER CARE FACILITIES.** Facilities that provide care ~~on a 24-hour basis~~ to more than five children, 2<sup>1</sup>/<sub>2</sub> years of age or less,

**HOSPITALS AND MENTAL PSYCHIATRIC HOSPITALS.** Facilities ~~buildings or portion thereof used on a 24-hour basis that provides care or treatment for the medical, psychiatric, obstetrical, or surgical treatment of inpatients who care recipients that~~ are incapable of self-preservation.

**INCAPABLE OF SELF PRESERVATION.** Persons because of age; physical limitations; mental limitations; chemical dependency; or medical treatment cannot respond as an individual to an emergency situation.

**MEDICAL CARE.** Care involving medical or surgical procedures, nursing or for psychiatric purposes.

**NURSING HOMES.** ~~Nursing homes are long-term care~~ Facilities that provide long-term care ~~on a 24-hour basis,~~ including both intermediate care facilities and skilled nursing facilities, ~~servicing more than five persons and~~ where any of the persons are incapable of self-preservation.

**308.2 308.3 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or portions thereof housing for more than 16 persons who reside on a 24 hour basis who ~~because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services and receive custodial care.~~ The occupants are capable of responding to an emergency situation without physical assistance from staff self preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- Initial stage Alzheimer's facilities
- Residential board and custodial care facilities
- Social rehabilitation facilities

A facility such as the above with five or fewer persons shall be classified as a Group R-3 or shall comply with the International Residential Code in accordance with Section 101.2. A facility such as above, housing at least six and not more than 16 persons, shall be classified as Group R-4.

~~308.3~~ **308.4 (IFC [B] 202) Group I-2.** This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing or custodial care on a 24 hour basis for more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following:

- Foster Child care facilities
- Detoxification facilities
- Hospitals
- Nursing homes
- ~~Mental~~ Psychiatric hospitals

A facility such as the above with five or fewer residents shall be classified as Group R-3 or shall comply with the International Residential Code in accordance with Section 101.2.

~~308.3.1 (IFC [B] 202) Definitions.~~ The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

*(Relocate revised definitions to Section 308.2)*

**310.1 (IFC [B] 202) Residential Group R.** Residential Group R includes, among others, the use of a building, or a portion thereof, for sleeping purposes when not classified as an Institutional Group I or when not regulated by the International Residential Code in accordance with Section 101.2. Residential occupancies shall include the following:

**R-1** Residential occupancies containing sleeping units where the occupants are primarily transient in nature, including:

- Boarding houses (transient)
- Hotels (transient)
- Motels (transient)

Congregate living facilities (transient) with 10 or fewer occupants are permitted to comply with the construction requirements for Group R-3.

**R-2** Residential occupancies containing sleeping units or more than two dwelling units where the occupants are primarily permanent in nature, including:

- Apartment houses
- Boarding houses (not transient)
- Convents
- Dormitories
- Fraternities and sororities
- Hotels (nontransient)
- Live/work units
- Monasteries
- Motels (nontransient)
- Vacation timeshare properties

Congregate living facilities with 16 or fewer individuals are permitted to comply with the requirements for Group R-3.

**R-3** Residential occupancies where the occupants are primarily permanent in nature and not classified as Group R-1, R-2, or I, including:

- Buildings that do not contain more than two dwelling units.
- ~~Adult care facilities that provide accommodations for five or fewer persons of any age for less than 24 hours.~~
- ~~Child care facilities that provide accommodations for five or fewer persons of any age for less than 24 hours.~~
- Care facilities as that provide accommodations for five or fewer persons
- Congregate living facilities with 16 or fewer individuals.

~~Adult care and child~~ Care facilities for 5 or fewer individuals receiving care that are within a single-family home dwellings are permitted to comply with the International Residential Code.

**R-4.** This occupancy shall include buildings, structures or portions thereof for more than five but not more than 16 persons, excluding staff, who reside on a 24 hour basis in a supervised residential environment and receive custodial care. The occupants are capable of self preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers

Assisted living facilities  
Congregate care facilities  
Convalescent facilities  
Group homes  
Halfway houses  
Initial stage Alzheimer's facilities  
Residential board and custodial care facilities  
Social rehabilitation facilities

Residential occupancies shall include buildings arranged for occupancy as residential care/assisted living facilities including more than five but not more than 16 occupants, excluding staff.

Group R-4 occupancies shall meet the requirements for construction as defined for Group R-3, except as otherwise provided for in this code ~~or shall comply with the *International Residential Code* provided the building is protected by an *automatic sprinkler system* installed in accordance with Section 903.2.8.~~

**310.2 (IFC [B] 202) Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**BOARDING HOUSE.** A building arranged or used for lodging for compensation, with or without meals, and not occupied as a single-family unit.

**CONGREGATE LIVING FACILITIES.** A building or part thereof that contains sleeping units where residents share bathroom and/or kitchen facilities.

**DORMITORY.** A space in a building where group sleeping accommodations are provided in one room, or in a series of closely associated rooms, for persons not members of the same family group, under joint occupancy and single management, as in college dormitories or fraternity houses.

**GROUP HOME.** A facility for social rehabilitation, substance abuse or mental health problems that contain a group housing arrangement that provides custodial care but does not provide acute care.

~~**RESIDENTIAL CARE/ASSISTED LIVING FACILITIES.** A building or part thereof housing persons on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides personal care services. The occupants are capable of responding to an emergency situation without physical assistance from staff. This classification shall include, but not be limited to, the following: residential board and care facilities, assisted living facilities, halfway houses, group homes, congregate care facilities, social rehabilitation facilities, alcohol and drug abuse centers and convalescent facilities.~~

**TRANSIENT.** Occupancy of a *dwelling unit* or *sleeping unit* for not more than 30 days.

**[F] 903.2.6 (IFC 903.2.6) Group I.** An *automatic sprinkler system* shall be provided throughout buildings with a Group I *fire area*.

**Exception:** An *automatic sprinkler system* installed in accordance with Section 903.3.1.2 ~~or 903.3.1.3~~ shall be ~~allowed~~ permitted in Group I-1 facilities.

**[F] 903.2.8 (IFC 903.2.8) Group R.** An automatic sprinkler system installed in accordance with Section 903.3 shall be provided throughout all buildings with a Group R *fire area*.

An *automatic sprinkler system* installed in accordance with 903.3.1.3 shall be permitted in congregate residences with 16 or fewer residents. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in care facilities with 5 or fewer individuals a single family dwelling.

**[F] 903.3.1.3 (IFC 903.3.1.3) NFPA 13D sprinkler systems.** *Automatic sprinkler systems* installed in one and two-family *dwelling*s, Group R-3 and R-4 congregate residences and *townhouses* shall be permitted to be installed throughout in accordance with NFPA 13D.

**[F] 903.3.2 (IFC 903.3.2) Quick-response and residential sprinklers.** Where automatic sprinkler systems are required by this code, quick-response or residential automatic sprinklers shall be installed in the following areas in accordance with Section 903.3.1 and their listings:

1. Throughout all spaces within a smoke compartment containing ~~patient~~ care recipient sleeping units in Group I-2 in accordance with this code.

2. Dwelling units, and sleeping units in Group R and I-1 occupancies.
3. Light-hazard occupancies as defined in NFPA 13.

**[F] 907.2.6 (IFC 907.2.6) Group I.** A manual fire alarm system that activates the occupant notification system shall be installed in Group I occupancies. An automatic smoke detection system that activates the occupant notification system shall be provided in accordance with Sections 907.2.6.1, 907.2.6.2 and 907.2.6.3.3.

**Exceptions:**

1. Manual fire alarm boxes in ~~resident or patient~~ sleeping units of Group I-1 and I-2 occupancies shall not be required at *exits* if located at all ~~nurses' care providers'~~ control stations or other constantly attended staff locations, provided such stations are visible and continuously accessible and that travel distances required in Section 907.4.2 are not exceeded.
2. Occupant notification systems are not required to be activated where private mode signaling installed in accordance with NFPA 72 is *approved* by the fire code official.

**[F] 907.2.6.2 (IFC 907.2.6.2) Group I-2.** An automatic smoke detection system shall be installed in *corridors* in nursing homes, long term care facilities (~~both intermediate care and skilled nursing facilities~~), detoxification facilities and spaces permitted to be open to the *corridors* by Section 407.2. The system shall be activated in accordance with Section 907.5. Hospitals shall be equipped with smoke detection as required in Section 407.

**Exceptions:**

1. *Corridor* smoke detection is not required in smoke compartments that contain ~~patient~~ sleeping units where such units are provided with smoke detectors that comply with UL 268. Such detectors shall provide a visual display on the *corridor* side of each ~~patient sleeping unit~~ and shall provide an audible and visual alarm at the ~~care provider nursing~~ station attending each unit.
2. *Corridor* smoke detection is not required in smoke compartments that contain ~~patient sleeping units~~ where ~~patient sleeping unit~~ doors are equipped with automatic door-closing devices with integral smoke detectors on the unit sides installed in accordance with their listing, provided that the integral detectors perform the required alerting function.

**1021.2 (IFC [B] 1021.2) Single exits.** Only one *exit* shall be required from Group R-3 occupancy buildings or from stories of other buildings as indicated in Table 1021.2. Occupancies shall be permitted to have a single *exit* in buildings otherwise required to have more than one *exit* if the areas served by the single *exit* do not exceed the limitations of Table 1021.2. Mixed occupancies shall be permitted to be served by single *exits* provided each individual occupancy complies with the applicable requirements of Table 1021.2 for that occupancy. Where applicable, cumulative *occupant loads* from adjacent occupancies shall be considered in accordance with the provisions of Section 1004.1. Basements with a single *exit* shall not be located more than one *story* below *grade plane*.

**TABLE 1021.2 (IFC [B] TABLE 1021.2)  
STORIES WITH ONE EXIT**

STORY	OCCUPANCY	MAXIMUM OCCUPANTS (OR DWELLING UNITS) PER FLOOR AND TRAVEL DISTANCE
First story or basement	A, B <sup>a</sup> , E <sup>e</sup> , F <sup>a</sup> , M, U, S <sup>a</sup>	49 occupants and 75 feet travel distance
	H-2, H-3	3 occupants and 25 feet travel distance
	H-4, H-5, I, R, <u>R-1, R-2, R-4</u>	10 occupants and 75 feet travel distance
	S <sup>a</sup>	29 occupants and 100 feet travel distance
Second story	B <sup>b</sup> , F, M, S <sup>a</sup>	29 occupants and 75 feet travel distance
	R-2	4 dwelling units and 50 feet travel distance
Third story	R-2 <sup>c</sup>	4 dwelling units and 50 feet travel distance

For SI: 1 foot = 304.8 mm.

- a. For the required number of exits for parking structures, see Section 1021.1.2.
- b. For the required number of exits for air traffic control towers, see Section 412.3.
- c. Buildings classified as Group R-2 equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or 903.3.1.2 and provided with emergency escape and rescue openings in accordance with Section 1029.
- d. Group B, F and S occupancies in buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 shall have a maximum travel distance of 100 feet.



e. Day care occupancies shall have a maximum occupant load of 10.

**1107.5.3 Group I-2 hospitals.** Accessible units and Type B units shall be provided in General-purpose hospitals, psychiatric facilities, and detoxification facilities ~~and residential care/assisted living facilities~~ of Group I-2 occupancies in accordance with Sections 1107.5.3.1 and 1107.5.3.2.

**[P] TABLE 2902.1 (IPC TABLE 403.1)  
MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES<sup>a</sup>  
(See Sections 2902.2 and 2902.3)**

No.	CLASSIFICATION	OCCUPANCY	DESCRIPTION	WATER CLOSETS (URINALS SEE SECTION 419.2 OF THE INTERNATIONAL PLUMBING CODE)		LAVATORIES		BATHTUBS/ SHOWERS	DRINKING FOUNTAINS <sup>e</sup> (SEE SECTION 410.1 OF THE INTERNATIONAL PLUMBING CODE)	OTHER
				MALE	FEMALE	MALE	FEMALE			
7	Residential	R-3	Congregate living facilities with 16 or fewer persons	1 per 10		1 per 10		1 per 8	1 per 100	1 service sink
		R-4	Residential care/assisted living facilities <u>Congregate living facilities with 16 or fewer persons</u>	1 per 10		1 per 10		1 per 8	1 per 100	1 service sink

*(Portions of table not shown remain unchanged.)*

**Reason:** The ICC Board established the ICC Code Technology Committee (CTC) as the venue to discuss contemporary code issues in a committee setting which provides the necessary time and flexibility to allow for full participation and input by any interested party. The code issues are assigned to the CTC by the ICC Board as "areas of study". Information on the CTC, including: meeting agendas; minutes; reports; resource documents; presentations; and all other materials developed in conjunction with the CTC effort can be downloaded from the following website: <http://www.iccsafe.org/cs/cc/ctc/index.html>. Since its inception in April/2005, the CTC has held seventeen meetings - all open to the public.

This proposed change is a result of the CTC's investigation of the area of study entitled "Care Facilities". The scope of the activity is noted as:

Study issues associated with Day Care/Adult Care, Ambulatory Health Care and Assisted Living facilities with an emphasis on the number of occupants in relation to the supervision, and the determination of the resident's capability of responding to an emergency situation without physical assistance from the facility's supervision.

The Code Technology Committee Study Group on Care Facilities has conducted a comprehensive review of current building and fire codes, federal regulations and prior code change proposals dealing with the provision of "care". "Care" as it relates to the scope of this work relates to an occupant of a building who is compromised (mentally or physically) and receives some type of support (care). These facilities encompass a full spectrum of acuity and span a wide range of occupancy types including Groups B, E, I and R. On the lower end of the spectrum, occupants may be aged and receive occasional day living assistance such as cooking and cleaning. On the opposite end of the spectrum, occupants may be completely bedridden and dependant on medical gases and emergency power to maintain life.

The proposed changes provide clear direction for design and construction by using terms and concepts consistently and clearly identifying thresholds related to the condition of an occupant. Federal regulations and state licensing provisions were considered, but primarily in terms of avoiding conflicting requirements. It is not the intent of these changes to address licensing or operational issues. We do believe that the proposed changes will provide consistent and correlated language between these multiple sources of regulations that will help design and code professionals address the needs of care recipients in the many different types of facilities.

A major goal is to provide clarity and consistency of terminology. New definitions are added to specifically describe each type of care or facility and identify the distinct differences in these. Some terms are consolidated to be more descriptive of a group of occupants, yet generic enough to be used interchangeably. For example: a "Patient" is now identified as a "care recipient" and "nurse" is now "care provider". People receive care of varying types but they are not always referred to as "patients". They receive care from a wide range of persons with different technical abilities, not just a "nurse" or "staff". Other definitions address existing terms not defined within current code. The study group believes that these changes bring a practical response to the recent developments within the healthcare delivery system.

**Group I-1, I-2, R-4; Section 308 and related correlations**

Change modifying the existing language includes:

- A modification is proposed to the general charging language of Group I to more clearly express the various types of occupancy conditions found within Group I.
- Consolidate the definitions from Section 308.3.1 and 308.1 to create a definition Section 308.2 for all of Group I, consistent with current format within the code. Some of the definitions have been modified to add clarity; others are new to remove confusion of meaning and intent.
- Modified the general language of specific use occupancies within Group I and R to reflect the new definitions proposed and be more current with industry and licensing descriptions, but not the provisions.

- Modifications or additions have been made to the example listings of uses and correlate the terminology for a consistency of application. The threshold of more than 5 persons was added to the first paragraph of Group I-2 and the last sentence was added after the example listing to allow for families to care for person without becoming an I-2 use. This also correlates how the occupancies with less than 5 persons are handled in the other care facilities.
- The definition of Child Care Facilities has been to Foster Care Facilities and the provision of 24 hours was removed as it is redundant to the general language of an I-2 use. Foster Care for more than 5, children 2 ½ years of age or less is still an I-2 use. Facilities providing care to 6 to 16 children greater than 2 ½ years of age, is an R-4 and facilities for greater than 16 children it will be an I-1. Additionally, this will eliminate the confusion between day care and 24 hour care facilities.
- In Section 903.2.6 it is proposed to delete the option for the NFPA13D sprinkler system for Group I-1 because a NFPA 13D system is not permitted based on the threshold for Group I-1 being greater than 16 occupants. The sprinkler requirements for Group R is generic and currently not clear for facilities such as small congregate residences. As a small assisted living facility, the NFPA 13D sprinkler system is appropriate permitted in Group R-4 (see the revisions to Section 903.2.8) as well as other congregate residences with 16 or fewer occupants. Indicating the used in Section 903.1.3 clarifies that congregate residences with 16 or fewer occupants, while not single family dwellings, are permitted to use NFPA 13D systems. This is consistent with NFPA13D requirements. This was permitted specifically for Group R-4 in the 2000 IBC. This would also be consistent with Fair Housing Act court cases based on non-discrimination for group homes.
- Changes proposed beyond Chapter 3 are correlative in nature to reflect the new definitions or provisions previously allowed under chapter 3 provisions but not correlated for ease of use.

**Cost Impact:** This proposal will not increase the cost of construction.

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## Public Hearing Results

**Committee Action:**

**Approved as Modified**

**Modify the proposal as follows:**

**308.2 Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**DETOXIFICATION FACILITIES.** Facilities that ~~provided~~ provide treatment for substance abuse serving care recipients who are incapable of self-preservation or who are harmful to themselves or others.

**HOSPITALS AND PSYCHIATRIC HOSPITALS.** Facilities that ~~provides~~ provide care or treatment for the medical, psychiatric, obstetrical, or surgical treatment of inpatients care recipients that are incapable of self-preservation.

**[F] 903.2.8 (IFC 903.2.8) Group R.** An automatic sprinkler system installed in accordance with Section 903.3 shall be provided throughout all buildings with a Group R *fire area*.

An *automatic sprinkler system* installed in accordance with 903.3.1.3 shall be permitted in congregate residences with 16 or fewer residents. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in care facilities with 5 or fewer individuals in a single family dwelling.

*(Portions of proposal not shown remain unchanged)*

**Committee Reason:** The change reflects a collaborative effort to refine and clarify the various care occupancies. The committee remains concerned about the definition of foster care and its relationship to various state laws. In addition there was concern regarding undefined terms introduced by the change, specifically "Initial stage Alzheimer's" and 'long term care'. The committee acknowledged that this is not the same as the various state regulations, but provided a better framework for states to coordinate their regulations. On balance, the change improves the code and the committee hopes to see public comments to clarify the definitions.

**Assembly Action:**

**None**

## Individual Consideration Agenda

**This item is on the agenda for individual consideration because public comments were submitted.**

*Public Comment 1:*

**Paul K. Heilstedt, PE, Hon. AIA, Chair, representing ICC Code Technology Committee (CTC), requests Approval as Modified by this Public Comment.**

**Further modify proposal as follows:**

**308.2 (IFC [B] 202) Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**CUSTODIAL CARE.** Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living, ~~usually on a long-term basis~~. Custodial care include occupants who evacuate at a slower rate and/or who have mental and psychiatric complications.

**NURSING HOMES.** Facilities that provide ~~long-term~~ care, including both intermediate care facilities and skilled nursing facilities, where any of the persons are incapable of self-preservation.

**308.3 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or portions thereof for more than 16 persons who reside on a 24 hour basis in a supervised environment and receive custodial care. The occupants are capable of self preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- ~~Initial stage Alzheimer's facilities~~
- Residential board and custodial care facilities
- Social rehabilitation facilities

A facility such as the above with five or fewer persons shall be classified as a Group R-3 or shall comply with the International Residential Code in accordance with Section 101.2. A facility such as above, housing at least six and not more than 16 persons receiving such care, shall be classified as Group R-4.

**[F] 903.2.8 (IFC 903.2.8) Group R.** An automatic sprinkler system installed in accordance with Section 903.3 shall be provided throughout all buildings with a Group R *fire area*.

An *automatic sprinkler system* installed in accordance with 903.3.1.3 shall be permitted in congregate residences with 16 or fewer residents. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in care facilities with 5 or fewer individuals in a single family dwelling.

*(Portions of proposal not shown remain unchanged.)*

**Commenter's Reason:** While the code committee agreed that the code change clarifies various care occupancies, they noted in their reason for As Modified the concern over vague terminology, specifically in regards to "long term care" and "Initial stage Alzheimer's". The CTC agrees and submits this public comment in order to rectify those concerns and correlate the language "receiving such care" in Section 308.3 to that added in G16 -09/10.

### *Public Comment 2:*

### **Ed Altizer, Virginia State Fire Marshall's Office, requests Approval as Modified by this Public Comment.**

**Further modify the proposal as follows:**

#### **1. Add definition to 308.2 (IFC [B] 202)**

**ASSISTED LIVING FACILITIES.** Custodial care congregate residential settings that provide or coordinate personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled) for the maintenance or care of adults who are aged, infirm or disabled and who are cared for in a primarily residential setting. Maintenance or care means the protection, general supervision and oversight of the physical and mental well-being of an aged, infirm or disabled individual. Residents may or may not need assistance to evacuate.

#### **2. Revise as follows:**

**308.3 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or portions thereof housing for more than 16 persons who reside on a 24 hour basis who because of age, mental disability or other reasons, live in a supervised residential environment that provides *personal care services* and receive custodial care. The occupants are capable of self preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities with residents capable of self preservation
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- Initial stage Alzheimer's facilities
- Residential board and custodial care facilities
- Social rehabilitation facilities

**308.4 (IFC [B] 202) Group I-2.** This occupancy shall include buildings and structures used for medical or custodial care on a 24 hour basis for more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following:

- Assisted living facilities with residents incapable of self preservation
- Foster Child care facilities
- Detoxification facilities
- Hospitals
- Nursing homes
- Psychiatric hospitals

A facility such as the above with five or fewer residents shall be classified as Group R-3 or shall comply with the International Residential Code in accordance with Section 101.2.

*(Portions of proposal not shown remain unchanged.)*

**Commenter's Reason:** Requesting further modification to G20-09/10. The current proposal in G20-09/10 limits I-2 to only medical care facilities which in itself would be in conflict with foster child care facilities. There are many facilities housing residents incapable of self preservation that are not medical facilities by state definitions. As an example, assisted living facilities are a group in Virginia that are not medical facilities but are licensed care facilities and can house residents incapable of self preservation. The term assisted living facility is also used in the I-1 laundry list but

G20 removes the definition. This proposal to modify G20 would add a definition of assisted living facilities and include them as well as other care facilities in the I-2 use group.

*Public Comment 3:*

**Joe Pierce, Chairman - Joint Fire Service Review Committee, requests Approval as Modified by this Public Comment.**

**Further modify the proposal as follows:**

**308.4 (IFC [B] 202) Group I-2.** This occupancy shall include buildings and structures used for medical care on a 24 hour basis for more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following:

- Child care facilities
- Detoxification facilities
- Hospitals
- Nursing homes
- Psychiatric hospitals

A facility such as the above with five or fewer residents shall be classified as Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2 provided an automatic sprinkler system is installed in accordance with Section 903.3.1.3 or *International Residential Code* Section P2904.

**310.1 (IFC [B] 202) Residential Group R.** Residential Group R includes, among others, the use of a building, or a portion thereof, for sleeping purposes when not classified as an Institutional Group I or when not regulated by the *International Residential Code* in accordance with Section 101.2. Residential occupancies shall include the following:

**R-1** Residential occupancies containing sleeping units where the occupants are primarily transient in nature, including:

- Boarding houses (transient)
- Hotels (transient)
- Motels (transient)

Congregate living facilities (transient) with 10 or fewer occupants are permitted to comply with the construction requirements for Group R-3.

**R-2** Residential occupancies containing sleeping units or more than two dwelling units where the occupants are primarily permanent in nature, including:

- Apartment houses
- Boarding houses (not transient)
- Convents
- Dormitories
- Fraternities and sororities
- Hotels (nontransient)
- Live/work units
- Monasteries
- Motels (nontransient)
- Vacation timeshare properties

Congregate living facilities with 16 or fewer individuals are permitted to comply with the requirements for Group R-3.

**R-3** Residential occupancies where the occupants are primarily permanent in nature and not classified as Group R-1, R-2, or I, including:

- Buildings that do not contain more than two dwelling units.
- Care facilities as that provide accommodations for five or fewer persons
- Congregate living facilities with 16 or fewer individuals.

Care facilities for 5 or fewer individuals receiving care that are within a single-family dwellings are permitted to comply with the *International Residential Code* provided an automatic sprinkler system is installed in accordance with Section 903.3.1.3 or *International Residential Code* Section P2904.

**R-4** This occupancy shall include buildings, structures or portions thereof for more than five but not more than 16 persons, excluding staff, who reside on a 24 hour basis in a supervised residential environment and receive custodial care. The occupants are capable of self preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- Initial stage Alzheimer's facilities
- Residential board and custodial care facilities
- Social rehabilitation facilities

Group R-4 occupancies shall meet the requirements for construction as defined for Group R-3, except as otherwise provided for in this code.

*(Portions of proposal not shown remain unchanged)*

**Commenter's Reason:** This Public Comment revises the reference to construct small I-2 facilities and care facilities housed in a dwelling constructed under the IRC. This Public Comment will continue to allow the smaller facilities to be constructed either as an R-3, or under the IRC. When the IBC is used to construct an R-3, the facility will be equipped with fire sprinklers. And if the option is exercised to build the facility under the IRC, the facility must also be equipped with fire sprinklers. These revisions specify that even though the IRC is used, the facility must still be

equipped with fire sprinklers. These occupancies, even though housing less than six occupants, still have the same clientele as the larger occupancy.

In the IBC, the reference to 903.3.1.3 is the appropriate reference and sends the user to NFPA 13D. In the IRC, Section P2904 is the appropriate reference, and Section P2904 can be used to design the fire sprinkler system or it also provides the option to use NFPA 13D.

If a new structure is built, it will be required to be sprinklered. A new facility can be constructed either as an R-3 under the IBC which will require a fire sprinkler system, or as a one-family dwelling under the IRC which will also require a fire sprinkler system is installed. However, many congregate care facilities open and occupy an existing structure. This revision will require that when an existing single family home is used as a small congregate care facility, it will also be sprinklered.

#### *Public Comment 4:*

#### **Joe Pierce, Chair, representing Joint Fire Service Review Committee, requests Approval as Modified by this Public Comment.**

##### **Further modify proposal as follows:**

**308.3 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or parts thereof for more than 16 *persons* who reside on a 24-hour basis in a supervised environment and receive custodial care. The occupants are capable of self-preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- Initial stage Alzheimer's facilities
- Residential board and custodial care facilities
- Social rehabilitation facilities

A facility such as the above with five or fewer ~~persons~~ *residents* shall be classified as Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2 provided an automatic sprinkler system is installed in accordance with Section 903.3.1.3 or *International Residential Code* Section P2904.

A facility such as above, housing at least six and not more than 16 *persons*, shall be classified as Group R-4.

*(Portions of proposal not shown remain unchanged)*

**Commenter's Reason:** This Public Comment revises the reference to construct small I-1 facilities constructed under the IRC. This Public Comment will continue to allow the smaller congregate care facilities to be constructed either as an R-3, or under the IRC.

When the IBC is used to construct an R-3, the facility will be equipped with fire sprinklers. And if the option is exercised to build the facility under the IRC, the facility must also be equipped with fire sprinklers. These revisions specify that even though the IRC is used, the facility must still be equipped with fire sprinklers. These occupancies, even though housing less than six occupants, still have the same clientele as the I-1 occupancy. The facility is still a Group Home, a Congregate Care Facility, or an Assisted Living Facility, etc.

In the IBC, the reference to 903.3.1.3 is the appropriate reference and sends the user to NFPA 13D. In the IRC, Section P2904 is the appropriate reference, and Section P2904 can be used to design the fire sprinkler system or it also provides the option to use NFPA 13D.

If a new structure is built, it will be required to be sprinklered. A new facility can be constructed either as an R-3 under the IBC which will require a fire sprinkler system, or as a one-family dwelling under the IRC which will also require a fire sprinkler system is installed. However, many congregate care facilities open and occupy an existing structure. This revision will require that when an existing single family home is used as a small congregate care facility, it will also be sprinklered.

In the first line of the paragraph the term "persons" is replaced with the term "residents". This is consistent with the revision in the charging paragraph which refers to the number of persons who reside in the facility. This would not include daytime employees for example.

#### *Public Comment 5:*

#### **Joe Pierce, Chairman - Joint Fire Service Review Committee, requests Approval as Modified by this Public Comment.**

##### **Further modify the proposal as follows:**

**[F] 903.2.8 (IFC 903.2.8) Group R.** An automatic sprinkler system installed in accordance with Section 903.3 shall be provided throughout all buildings with a Group R fire area.

An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in Group R-3 or R-4 congregate residences with 16 or fewer residents. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in care facilities with 5 or fewer individuals a in single family dwelling.

*(Portions of proposal not shown remain unchanged)*

**Commenter's Reason:** This code change currently allows all Group R buildings to be protected with a fire sprinkler system design according to Section 903.3.1.3, which is NFPA 13D. The approved code change allowed all congregate residences to use NFPA 13D as the design standard. This Public Comment will limit the application of NFPA 13D fire sprinkler systems to congregate residences when classified as Group R-3 or R-4.

The NFPA 13D standard is only applicable to one- and two-family dwellings. A one- and two-family dwelling is what you will find within the classification of Group R-3 or R-4. The other R occupancies such as R-1 and R-2 cannot be protected with a fire sprinkler system designed according to NFPA 13D.

This Public Comment will allow the reference to appropriately apply to R-3 and R-4 occupancies.

Final Action: AS AM AMPC\_\_\_\_\_ D

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## G21-09/10

308.2 (IFC 202), 310.1, 310.2, 420.1, 420.2, 420.4 (New), 420.4.1 (New), 420.4.2 (New), 420.4.3 (New), 420.5 (New), 420.5.1 (New), Table 503, 504.2, 508.2.4, 508.3.3, Table 706.4, 710.5, 1006.1, 1107.6.4.1; IFC 903.2.6, 907.2.6.1, 907.5.2.3.3

### Proposed Change as Submitted

**Proponent:** Daniel Purgiel, LRS Architects Inc.

#### 1. Revise as follows:

**308.2 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or parts thereof housing more than 46 ~~five~~ persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services. The occupants require physical assistance with evacuation in responding to an emergency situation. ~~The occupants are capable of responding to an emergency situation without physical assistance from staff.~~ This group shall include, but not be limited to, the following:

Alcohol and drug centers  
Alzheimer's facilities  
Assisted living facilities  
~~Congregate care facilities~~  
Convalescent facilities  
Group homes  
Halfway houses  
Residential board and care facilities  
~~Social rehabilitation facilities~~

A facility such as the above with five or fewer persons shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2. A facility such as above, housing at least six and not more than 16 persons, ~~shall be classified as Group R-4.~~ shall meet the requirements for construction as defined for Group R-3, except as otherwise provided in this code or shall comply with the *International Residential Code*, provided the building complies with Section 903.2.6. A facility such as above, where occupants are capable of responding to an emergency situation without physical assistance, shall be classified as Group R-4.

**310.1 (IFC [B] 202) Residential Group R.** Residential Group R includes, among others, the use of a building or structure, or a portion thereof, for sleeping purposes when not classified as an Institutional Group I or when not regulated by the *International Residential Code* in accordance with Section 101.2. Residential occupancies shall include the following:

**R-1** Residential occupancies where the occupants are primarily transient in nature, including:

Boarding houses (transient)  
Hotels (transient)  
Motels (transient)

Congregate living facilities (transient) with 10 or fewer occupants are permitted to comply with the construction requirements for Group R-3.

**R-2** Residential occupancies containing sleeping units or more than two dwelling units where the occupants are primarily permanent in nature, including:

Apartment houses  
Boarding houses (not transient)

Care Facilities

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Convents  
Dormitories  
Fraternities and sororities  
Hotels (nontransient)  
Monasteries  
Motels (nontransient)  
Vacation timeshare properties

Congregate living facilities with 16 or fewer occupants are permitted to comply with the construction requirements for Group R-3.

**R-3** Residential occupancies where the occupants are primarily permanent in nature and not classified as R-1, R-2, R-4 or I including:

Buildings do not contain more than two dwelling units.

Adult facilities that provide accommodations for five or fewer persons of any age for less than 24 hours.

Child care facilities that provide accommodations for five or fewer persons of any age for less than 24 hours.

Congregate living facilities with 16 or fewer persons.

Adult and child care facilities that are within a single-family home are permitted to comply with the *International Residential Code*.

**R-4** ~~Residential occupancies shall include buildings, arranged for occupancy as residential care/assisted living facilities including more than five but not more than 16 occupants, excluding staff. Residential occupancies located in buildings or portions thereof housing more than five persons, excluding staff, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services. The occupants are capable of responding to an emergency situation without physical assistance. This group shall include, but not be limited to, the following:~~

Alcohol and drug centers  
Assisted living facilities  
Congregate care facilities  
Convalescent facilities  
Group homes  
Halfway houses  
Residential board and care facilities  
Social rehabilitation facilities

Group R-4 occupancies housing 16 or fewer persons, shall meet the requirements for construction as defined for Group R-3 except as otherwise provided for in this code, or shall comply with the *International Residential Code* provided the building is protected by an automatic sprinkler system installed in accordance with Section 903.2.7.

**310.2 Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**RESIDENTIAL CARE/ASSISTED LIVING FACILITIES.** A building or part thereof housing persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides personal care services. ~~The occupants are capable of responding to an emergency situation without physical assistance from staff. The occupants are not bedridden, except during temporary sickness. Occupancy classification is based on the ability of occupants to respond to an emergency situation with or without physical assistance. This classification~~ Residential care/ assisted living facilities shall include, but not be limited to, the following: residential board and care facilities, assisted living facilities, halfway houses, group homes, congregate care facilities, social rehabilitation facilities, alcohol and drug abuse centers and convalescent facilities.

(Definitions not shown are unchanged.)

## SECTION 420 GROUPS I-I, R-1, R-2, R-3 and R

**420.1 General.** Occupancies in Groups I-1, R-1, R-2 R-3 and R shall comply with the provisions of this section and other applicable provisions of this code.

**420.2 Separation walls.** Walls separating dwelling units in the same building, walls separating sleeping units in the same building and walls separating dwelling or sleeping units from other occupancies contiguous to them in the same building shall be constructed as fire partitions in accordance with Section 709.

**Exception:** Walls separating dwelling units and sleeping units within Groups I-1 and R-4 occupancies, housing 16 or fewer persons are not required to be constructed as fire partitions.

**420.3 Horizontal separation.** Floor assemblies separating dwelling units in the same buildings, floor assemblies separating sleeping units in the same building and floor assemblies separating dwelling or sleeping units from other occupancies contiguous to them in the same building shall be constructed as horizontal assemblies in accordance with Section 712.

**2. Add new text as follows:**

**420.4 Groups I-1 Smoke barriers.** Group I-1 occupancies housing more than 16 residents shall be provided with smoke barriers in accordance with Section 710. Smoke barriers shall subdivide every story used by residents for sleeping or treatment into at least two smoke compartments. Each smoke compartment shall have a maximum of 16 sleeping rooms, or 10,500 square feet (976 m<sup>2</sup>), whichever is less, and the travel distance from any point in a smoke compartment to a smoke barrier door shall not exceed 150 feet (60 960 mm).

**420.4.1 Refuge area.** At least 6 net square feet (0.56 m<sup>2</sup>) of refuge area per resident shall be provided within the aggregate area of corridors, treatment rooms, or other low hazard common space rooms on each side of each smoke barrier.

**420.4.2 Independent egress.** A means of egress shall be provided from each smoke compartment created by smoke barriers without having to return through the smoke compartment from which means of egress originated.

**420.4.3 Horizontal assemblies.** Horizontal assemblies supporting smoke barriers required by this section shall be designated to resist the movement of smoke and shall comply with Section 712.9.

**420.5 Group I-1 corridors.** Group I-1 occupancies shall have an exit access door from dwelling units or sleeping rooms leading directly to a corridor. Corridors in Group I-1 shall be continuous to the exits and separated from other areas in accordance with Section 1018, except areas conforming to Section 420.5.1

**Exception:** Sleeping rooms and dwelling units with exit doors opening directly to the exterior at ground level shall not be required to have an exit access door leading directly to a corridor.

**420.5.1 Group I-1 multipurpose areas.** Multipurpose areas directly adjacent to sleeping rooms that are not part of a dwelling unit shall be permitted to be open to the corridor where the following criteria are met:

1. The area shall be under continuous 24 hour supervision by the facility staff;
2. The area is not used as an exit access for more than 16 sleeping rooms;
3. Travel distance within the smoke compartment, where the sleeping rooms and multipurpose areas are located, shall not exceed 75 feet (30 480 mm);
4. The area shall have direct access to an exit or shall exit into a fire-resistance rated corridor in accordance with Section 1018;
5. The area is arranged so as not to obstruct any access to the required exits;
6. The area is equipped with an automatic fire detection system installed in accordance with Section 907.2;
7. The walls and ceilings of the area outside the sleeping rooms are constructed as required for corridors;
8. The area shall be separated from incidental accessory occupancies in accordance with Section 508.2.5; and
9. Doors from the sleeping rooms opening into the area shall not have a required protection rating and shall not be required to be equipped with self-closing or automatic closing devices, but shall provide an effective barrier to limit the transfer of smoke and shall be equipped with positive latching. Roller latches are not permitted.

**3. Revised text as follows:**

**TABLE 503**  
**ALLOWABLE HEIGHT AND BUILDING AREAS**  
Height limitations shown as stories and feet above grade plane.  
Area limitations as determined by the definition of "Area, building," per floor



GROUP	HEIGHT (feet) HEIGHT (s)	TYPE OF CONSTRUCTION								
		TYPE I		TYPE II		TYPE III		TYPE IV	TYPE V	
		A	B	A	B	A	B	HT	A	B
I-1 <sup>e</sup>	S A	UL UL	96 55,000	42 19,000	31 10,000	41 16,500	31 10,000	41 18,000	31 10,500	2 NP 4,500 NP
R-4	S A	UL UL	449 55,000	4 19,000	43 10,000	4 16,500	43 10,000	4 18,000	3 10,500	2 4,500

(Portions of Table and footnotes not shown remain unchanged)

**504.2 Automatic sprinkler system increase.** Where a building is equipped throughout with an *approved automatic sprinkler system* in accordance with Section 903.3.1.1, the value specified in Table 503 for maximum *building height* is increased by 20 feet (6096 mm) and the maximum number of *stories* is increased by one. These increases are permitted in addition to the *building area* increase in accordance with Sections 506.2 and 506.3. For Group R buildings equipped throughout with an *approved automatic sprinkler system* in accordance with Section 903.3.1.2, the value specified in Table 503 for maximum *building height* is increased by 20 feet (6096 mm) and the maximum number of *stories* is increased by one, but shall not exceed 60 feet (18 288 mm) or four *stories*, respectively.

**Exceptions:**

- Buildings or portions of buildings, classified as a Group I-1 occupancy, specifically designated or licensed by a state to house residents with Alzheimer's disease in Types IIB, III, IV, or V construction.
- Buildings or portions of buildings, classified as a Group I-2 occupancy of Type IIB, II, IV or V construction.
- Buildings or portions of buildings, classified as a Group H-1, H-2, H-3 or H-5 occupancy.
- Fire resistance rating substitution in accordance with Table 601, Note d.

**508.2.4 Separation of occupancies.** No separation is required between accessory occupancies and the main occupancy.

**Exceptions:**

- Group H-2, H-3, H-4 and H-5 occupancies shall be separated from all other occupancies in accordance with Section 508.4.
- Incidental accessory occupancies required to be separated or protected by Section 508.2.5.
- Group I-1, R-1, R-2 and R-3 dwelling units and sleeping units shall be separated from other dwelling or sleeping units and from accessory occupancies contiguous to them in accordance with the requirements of Section 420.
- Groups I-1 and R-4 occupancies with more than 16 dwelling units and sleeping units shall be separated from other dwelling or sleeping units and from accessory occupancies contiguous to them in accordance with the requirements of Section 420.

**508.3.3 Separation.** No separation is required between nonseparated occupancies.

**Exceptions:**

- Group H-2, H-3, H-4 and H-5 occupancies shall be separated from all other occupancies in accordance with Section 508.4.
- Group I-1, R-1, R-2 and R-3 dwelling units and sleeping units shall be separated from other dwelling or sleeping units and from accessory occupancies contiguous to them in accordance with the requirements of Section 420.
- Groups I-1 and R-4 occupancies with more than 16 dwelling units and sleeping units shall be separated from other dwelling or sleeping units and from accessory occupancies contiguous to them in accordance with the requirements of Section 420.

**Table 706.4  
FIRE WALL FIRE RESISTANCE RATINGS**

A, B, E, H-4, I, R-1, R-2, R-4, U	3 <sup>a</sup>
F-1, H-3 <sup>b</sup> , H-5, M, S-1	3
H-1, H-2	4 <sup>b</sup>
F-2, S-2, R-3, R-4	2

(Footnotes not shown, remain unchanged)

**710.5 Openings.** Openings in a smoke barrier shall be protected in accordance with Section 715.

**Exceptions:**

1. In Groups I-1 and I-2, where such doors are installed across corridors, a pair of opposite-swinging doors without a center mullion shall be installed having vision panels with fire-protection-rated glazing materials in fire-protection-rated frames, the area of which shall not exceed that tested. The doors shall be close fitting within operational tolerances, and shall not have undercuts in excess of 3/4- inch, louvers or grilles. The doors shall have head and jamb stops, astragals or rabbets at meeting edges and shall be automatic-closing by smoke detection in accordance with Section 715.4.8.3. Where permitted by the door manufacturer's listing, positive-latching devices are not required.
2. In Groups I-1 and I-2, horizontal sliding doors installed in accordance with Section 1008.1.4.3 and protected in accordance with Section 715.

**[F] 903.2.6 (IFC 903.2.6) Group I.** An automatic sprinkler system shall be provided throughout buildings with Group I fire area.

**Exception:** An automatic sprinkler system installed in accordance with Section 903.3.1.2 or 903.3.1.3 shall be allowed in Group I-1 facilities, housing 16 or fewer persons.

**[F] 907.2.6.1 (IFC 907.2.6.1) Group I-1.** An automatic smoke detection system shall be installed in *corridors*, waiting areas open to *corridors* and *habitable spaces* other than *sleeping units* and kitchens. The system shall be activated in accordance with Section 907.5.

**Exceptions:**

1. ~~Smoke detection in habitable spaces is not required where the facility is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.4.~~
- 2.1. Smoke detection is not required for exterior balconies.

**[F] 907.5.2.3.3 (IFC 907.5.2.3.3) Groups I-1, and R-1, and R-4.** Groups I-1, and R-1, and R-4 dwelling units or sleeping units in accordance with Table 907.5.2.3.3 shall be provided with a visible alarm notification appliance, activated by both the in-room smoke alarm and the building fire alarm system.

**Exception:** Visible alarm notification appliances are not required in Groups I-1 and R-4 occupancies, housing 16 or fewer persons.

**1006.1 (IFC [B] 1006.1) Illumination required.** The means of egress, including the exit discharge, shall be illuminated at all times the building space served by the means of egress is occupied.

**Exceptions:**

1. Occupancies in Group U.
2. Aisle accessways in Group A.
3. Dwelling units and sleeping units in Groups R-1, R-2, and R-3 and R-4.
4. Dwelling units and sleeping units of Group I occupancies.

**1107.6.4 Group R-4.** Accessible Units and Type B units shall be provided in Group R-4 occupancies shall be provided in accordance with Sections 1107.6.4.1 and 1107.6.4.2.

**1107.6.4.1 Accessible units.** At least 4 percent but not less than one of the dwelling or sleeping units shall be an Accessible unit.

**1107.6.4.2 Type B units.** In structures with four or more dwelling or sleeping units or sleeping units intended to be occupied as a residence, every dwelling and sleeping unit intended to be occupied as a residence shall be a Type B unit.

**Exception:** The number of Type B units is permitted to be reduced in accordance with Section 1107.7.

**Reason: IBC PERSONAL CARE OCCUPANCY REVISIONS: SUMMARY OVERVIEW OF THE ISSUE**

This proposal revises Group I-1 to allow not capable of self preservation residents in facilities that provide personal care services. This reflects the actual conditions that currently occur across the country as is now indicated in a referenced national study. This proposal keeps all not capable of self preservation occupants in the Group I occupancy. The study also shows that there are capable of self preservation personal care uses. This proposal moves the current capable Groups I-1 and R-4 uses exclusively to the R-4. This makes Group R for overnight residential and personal

care uses that are capable of self preservation. The smaller 6-16 resident personal care uses (current R-4), and their five current "exceptions" due to size, are now proposed to be made by "exceptions" in the new proposed I-1 and R-4, instead of by a separate occupancy classification.

This following Summary Overview provides background information required to understand why these revisions are proposed. More detailed background information is provided in attachment G- Additional Detailed Substantiation and the other referenced attachments in *(parenthesis and italics)*.

**Issue:**

The IBC Groups I-1 and R-4 are the occupancy designations for personal care. The resident profile requirement in Section 308.2 states that the "occupants are capable of responding to an emergency situation without physical assistance from staff."

The IBC statement above about the types of residents in personal care assisted living, is a central point of reference in the findings of a 130 page national analysis conducted by the State of Hawaii in 2007. The analysis is entitled "Assisted Living Analysis of All State Regulations Relative to Building Codes and Life Safety Codes," hereafter referred to as the study or analysis. Attachments A, B, and D are from the Hawaii analysis. This national review of assisted living resident types and related protection features was conducted to give recommendations to Hawaii on how it should regulate its assisted living. The findings included in the study are also used here to help substantiate the reasons for the proposed changes to the IBC.

**The Hawaii Study Is The Only Known In Depth National Review of Assisted Living Relative to These Subjects.**

- The analysis indicates that assisted living facilities and Alzheimer's facilities have the largest populations in personal care service occupancies. There are approximately 35,000 assisted living facilities in the United States. They are licensed by state governments under similar assisted living licenses in all 50 states, each with their own unique licensure regulations.
- The study shows that the current resident profile requirements in the IBC I-1 and R-4 occupancies are exclusively applicable in just 4 states, relative to assisted living. *(See Attachment A-All State Summary Table.)*
- The study finds that 51 of the 89 total assisted living categories in all 50 states have residents that require physical assistance with evacuation. The IBC does not currently allow non capable types of residents in its I-1 or R-4 personal care assisted living occupancies, and personal care is not listed in the I-2 occupancy.
- The study recommends that the IBC personal care occupancies should be revised to include personal care service assisted living with its actual resident types, while adding more I-2 protection requirements.
- It recommends that personal care assisted living not incorporate numerous other I-2 requirements and exceptions for reasons stated later in this summary.
- The recommendations in the study also allow for personal care occupancies having capable of self preservation residents as is currently found in the I-1 and R-4 occupancies, closely matching the current R-2 requirements.
- The IBC revisions proposed here follow concepts from the Hawaii recommendations and three other states that have created statewide amendments to the IBC, for the same reasons found in the Hawaii study.

**Both Federal and Individual State Licensing Requirements Override Current IBC Personal Care Criteria and Requirements**

The study shows that approximately 36 states allow Federal Medicaid waivers to allow Medicaid reimbursement to residents in their state's assisted living facilities, bringing other Federal requirements to personal care assisted living. *(See Attachment A-All State Summary Table)*. Most of these states and other individual state licensing regulations then add other life safety protection requirements not currently covered in the IBC personal care I-1 and R-4 occupancies. *(See Attachment G-Additional Detailed Substantiation-Protection Feature Sampling of Recent Projects)*. The Federal Centers for Medicare and Medicaid Services (CMS) enforce these requirements in many states, similar to what occurs in nursing facilities. This majority of states across the country, under additional enforcement of life safety, allow residents who need evacuation assistance, now further limit wood frame stories, and require full coverage commercial sprinklers and smoke barriers. *(See Attachment C-IBC Revision Summary Table.)*

The current lack of coordination with a majority of state licensing regulations life safety requirements, Federal CMS regulations, and the lack of classification of actual conditions in assisted living in the IBC, cause inconsistent application of the IBC across the country. Assisted living with residents of the same capabilities, and the same number of residents and stories, may be wood frame, have residential sprinklers with no smoke barriers in one city; and be required to be steel frame, have full coverage commercial sprinklers, and have smoke barriers in a nearby city. *(See Attachment G-Additional Detailed Substantiation.)*

**Proposal Includes a Broad Spectrum National Approach**

Finally, this proposal takes a broad spectrum national approach to personal care service uses, while not emphasizing preferences of one or a few states. It deals with the issue that each state has numerous types of these personal care uses and that each state regulates them differently. This proposal realigns the personal care occupancies to match the actual conditions and variations of occupant capabilities across the country. It will help eliminate the current inconsistent application of the IBC and make the code more consistent with other Federal and state enforced regulations. Once incorporated, the proposed revisions in the IBC will cover the full spectrum of the different types of personal care uses. *(See Attachment B-Elder Care Resident Profile Guide and C-IBC Revision Summary Table.)*

**SUMMARY OF CONCEPTS & PROPOSED REVISIONS**

**A. Proposed Not Capable of Self Preservation Personal Care Requiring Similar Protection Found in Nursing**

Most actual personal care assisted living have residents that may not be capable of self evacuation. This revision concept makes the Group I occupancy for those who are not capable of responding to emergencies on their own, and makes the R occupancy for those who are capable of responding on their own. The revision allows the non capable personal care resident type in the I-1. It then revises the I-1 to have similar protection features found in I-2 nursing. This is versus the current I-1 closely matching the current the R-2 resident capability and protection features. The remaining personal care uses that have residents that are capable of evacuation are proposed to be moved to the R-4 occupancy. *(See Attachment C-IBC Revision Summary Table, E-Current IBC Occupancy Requirements Comparison Table, and F- Proposed IBC Occupancy Requirements Comparison Table.)*

These revisions:

- Allow residents that may need assistance with evacuation in the I-1 occupancy. (Matching current CMS and a majority of state assisted living regulations.)
- Keep the current IBC "personal care" definition the same: Personal care is care of residents that do not require chronic nursing care etc.
- Adds the three main applicable protection features from I-2 into the I-1: Further story limitations on wood framing, full sprinklerization (NFPA 13 versus the current NFPA 13R), and smoke barriers providing compartmentalization. (Matching current CMS and a majority of state regulation concepts.)
- Changes the I-1 from housing more than 16 to housing over five persons, and then includes "exceptions" for 6 to 16 occupant facilities, instead of making a separate occupancy classification for them.

- Includes specially designated Alzheimer's facilities in I-1 while providing exceptions for corridors and story limitations in the proposed Chapters 4 and 5 for Alzheimer's facilities. (Aligning with current CMS concepts, matching 47 states that allow Alzheimer's facilities under assisted living licenses, and matching a majority of state licensing regulations.)

#### **B. Proposed Not Capable of Self Preservation Personal Care Requiring More Stringent Protection than Nursing**

The State of Hawaii review of all 50 states assisted living regulations showed that personal care assisted living is different from I-2 nursing care. (See Attachment A-All State Summary Table and G-Additional Detailed Substantiation)

- It showed that all states limit assisted living care to not include nursing care beyond intermittent care which is also consistent with the current IBC personal care definition. All states regulate nursing as another higher level of care not allowed in assisted living.
- All states do not allow bedridden residents in personal care assisted living, except due to short term sickness. Residents who are bedridden beyond temporary sickness, or require beyond intermittent nursing care from temporary sickness, are required to be discharged to a nursing facility in all states assisted living regulations.
- Assisted living residents are required to participate in fire drills and eventually disperse to a point of safety in case of an emergency in the fire code, in state assisted living regulations, and by most CMS enforced regulations. Nursing facilities are "protect in place," meaning residents are instructed to stay in their rooms and wait for rescue as needed.
- Assisted living has generally less required staff to resident ratios than nursing due to assisted living residents generally being more capable of evacuation than nursing residents.

These four criteria differentiate personal care services in assisted living from nursing care, substantiating why it is and should continue to be classified as a different occupancy. These differences then require personal care service occupancies to have some different protection features that the I-2 nursing occupancy does not require. (See Attachment G-Additional Detailed Substantiation)

These proposed IBC revisions:

- Make corridors in I-1 and R-4 more stringent than in I-2 nursing. The current requirement for protected rated corridors in I-1 and R-4 is maintained in most cases. This is more stringent than the unprotected corridor openings and spaces open to corridors allowed in I-2 nursing in the IBC Chapter 4. Having protected corridors in personal care service assisted living is appropriate because they are not "protect in place" and they have lower staff to resident ratios.
- Make smoke barriers in I-1 more stringent than in I-2 nursing. The proposal requires the smoke barrier "compartments" to be smaller in size versus what is allowed in nursing. This effectively reduces travel distance and travel time to reach a point of safety, taking into account slower residents than the general public and less staff than found in nursing.

#### **C. Proposed Capable of Self Preservation Personal Care Requiring Similar Protection Found in Residential Occupancies**

The proposed IBC revisions moves current personal care service uses with occupants capable of exiting on their own without physical assistance, to Group R-4. This makes Group R for overnight uses for those that are considered generally capable of self preservation except for short term sickness. This proposal accomplishes the following:

- Makes R-4 as fully capable personal care: It moves the current I-1 and R-4 personal care uses that have all residents that can evacuate on their own to the R-4 occupancy. It changes the current R-4 from housing 6 to 16 to housing over five persons. It then includes "exceptions" for 6 to 16 occupant facilities in other sections, instead of making a whole occupancy classification for them. There are only five exceptions for differentiating the current I-1 from the R-4, so combining the two resident counts into one-occupancy is appropriate.
- The detailed analysis of the current I-1, R-2 and R-4 shows essentially the same protection features between these occupancies. (See the Attachment E Current IBC Occupancy Requirements Comparison Table) The only differences currently between I-1 and R-2 are minor Chapter 5 and 9 differences. There are also currently no differences between the R-2 and R-4 allowable areas and stories. So moving personal care uses that have residents capable of self evacuation such as boarding homes, halfway houses, social rehab, and some assisted living to the general Group R and specifically Group R-4 is appropriate.

#### **D. Proposal Offers Conceptual Differentiation Between Two Letter Group Occupancies**

This proposal creates a true conceptual difference between the Group I and R occupancies. It also eliminates the splitting of personal care uses between the Group I (I-1) and Group R (R-4) occupancies, based solely on the number of occupants. That current condition of changing an occupancy letter group (I and R) solely for the number of residents, only occurs in these two occupancies in the code. This proposal changes this previous "number only" split, and now provides a definitive user capability difference between Groups I and R. It makes the general Group I for persons most likely depending on others to exit a building. It creates a capability level order in Group I from limited capability to fully detained occupants:

- Group I-1 is revised for non bedridden conscious persons needing limited assistance in exiting a building.
- Group I-2 is maintained as a "protect in place" occupancy and for persons who may require full assistance to exit a building, including bedridden and unconscious patients.
- Group I-3 is maintained for persons under restraint or security.
- Group I-4 is maintained as more of an exception to typical 24 hour Group I, but who's occupants still most likely require assistance with evacuation.
- The proposal then keeps the R for overnight sleeping occupancies for persons generally capable of self preservation. It keeps transient and non transient differences in R, while now also including only capable of self preservation personal care uses.

#### **E. Other Proposed Assisted Living Substantiations**

The proposed IBC revisions maintain assisted living as I-1 and R-4. It keeps other non-related nursing protection features and exceptions out of these personal care service occupancies. The revisions also more closely match CMS and a majority of states existing additional building protection requirements, while having little or no cost effect.

This proposal accomplishes the following:

- **Keep sole I-2 requirements in I-2:** It keeps exclusive I-2 requirements that are not applicable to personal care, only in I-2 and not in I-1 or R-4 personal care. They include a shorter 200' general allowable travel distance in the I-2 in Chapter 10, which is offset by the proposed smaller smoke compartment area in the I-1. There are numerous egress width differences required in the I-2 occupancy i.e. 8' corridor, 44" door, .3 egress width, that are all related to bed movement of bedridden occupants in I-2. Bedridden residents are not allowed in personal care assisted living, so those requirements are not applicable to personal care and thus are not proposed here. There is also a structural redundancy requirement for I-2 because it is a protect in place occupancy, which is also not applicable to assisted living personal care. (See Attachment G-Additional Detailed Substantiation)

- **These proposed personal care revised resident type and associated requirements closely match approximately 40 states current state regulations and CMS regulations.** Also note that last three editions of the CMS enforced life safety regulations for personal care, used in over half the states, have removed the timing of the resident formulas used in older editions that resulted in over complexity of determining capability of residents. This removal of timing is now just referenced as a guide but is not a determinate of its occupancy classification system anymore. The lack of timing of residents and other proposed changes in the IBC for personal care assisted living are consistent with the requirements already in existence in approximately 29 states through current CMS and other state licensing requirements: allowing assistance with evacuation in a non I-2 type occupancy, NFPA 13 sprinklers, further wood framing story limitations, and smoke barriers. The proposed revisions are also similar with 11 other states current licensing requirements for a total of about 40 states that already include the concepts proposed here. This continuity of requirements create national consistency similar to what already occurs between CMS life safety regulations in nursing and the IBC I-2 requirements. *(See Attachment C-IBC Revision Summary Table and G-Additional Detailed Substantiation)*
- **Proposal allows occupancy classification options for the variations of personal care around the country:** The proposal allows assisted living in the 46 or so states that exclusively have assistance with evacuation or both assistance and no assistance categories, to use all the new appropriately categorized occupancies of I-1 and R-4, versus the current lack of applicable occupancy classifications. This then effectively eliminates the discussions that must now occur as to what IBC occupancy is to be used between the building official, fire marshal, state licensing department, and applicant, when not capable residents are proposed as often occurs.
  - The proposal allows the 4 or so states that do not allow assistance with evacuation in personal care assisted living, to keep their regulations essentially the same, and now be classified as a Group R-4 occupancy.
  - The 5 or so states assisted licensing regulations that currently require essentially I-2 assisted living exclusively, can continue doing that through their licensing regulations (as currently occurs) or update them to the proposed new IBC format and/ or current similar CMS regulations. It also allows the 10 or so states to have multiple assisted living classifications in the revised IBC due to requiring older CMS regulations or other licensing regulations.
  - This seemingly complex issue of personal care occupancy classification is now made simpler for the building code plans reviewer compared to the lack of clarity that often now occurs. These classifications are revised and based on only whether the residents are capable or not capable of evacuation: The permit applicant must still confirm the state licensing agency resident type category and comply with their regulations (usually the Department of Human Services or Department of Health).
  - The applicant will initially propose an assumed classification of I-1 or R-4. The submitted set of plans to the building department should also indicate the state license agency category, to confirm in writing that the occupancy classification is correct relative to resident counts and capabilities as defined by the state regulations. The applicant should state on the permit application drawings whether the resident type proposed are capable or not capable of self preservation. The Building Official then makes the final determination of the occupancy classification based on the applicant's statement, and/or state licensing information provided to the building official. The applicant can also be requested by the building department to quote state licensing requirements of the state licensing regulation definitions on the drawings as now often occurs. This can be accomplished because numerous states write in their regulations whether the residents are capable or not capable of self preservation. If not shown in state licensing definitions, other parts of state licensing criteria indicate capability of residents including but not limited to: the types of facilities allowed, admissions and discharge criteria, or referenced CMS enforced life safety code and their resident capability classifications. This can help prove to the Building Official whether the I-1 or R-4 is the appropriate classification.
- **Keeps personal care out of I-2.** There are advocates for moving personal care to the I-2 occupancy. This is misdirected due to the numerous reasons indicated in the above overview including: assisted living having less than the nursing level of care residents, having less staff to resident ratios, not being protect in place, and nursing having numerous non applicable exceptions and additional protection requirements due to being a protect in place occupancy.
  - The major difference though is having less staff to resident ratios in assisted living. Higher staff ratios allows nursing and hospitals to be protect in place and exempt corridor protections, while also adding additional structural redundancy requirements.
  - These I-2 advocates also do not recognize that moving non capable personal care to I-2 would cause a non justified increase in construction costs with no relative increased occupant protection: A majority of assisted living facilities are constructed of protected wood frame and many are over one story. Wood frame costs are generally in the \$100 to \$130 per square foot range for these facilities. Steel frame costs up to 5 stories, are generally in the \$130 to \$160 per square foot range for the limited number of these facilities built this way. Changing these personal care facilities to I-2 would cause a majority of facilities to be steel frame (I-2 limits wood frame to 1 story) for little if any protection increases in comparison to the other protection features included in this proposal. This potential construction cost increase of 20% would be an undue burden on the industry. Keeping them in the new proposed I-1 (2 story wood) and R-4 (4 story wood) will have little if any affect on construction costs, especially in the majority of states under current CMS and state regulations with similar story and protection requirements matching this proposal.
- **Other options for including both capable and non capable personal care, with their different requirements, cause as many or more revised sections to the IBC, but create or do not solve other issues.** Keeping personal care in the I-1 and R-4, while delineating capability differences between these two occupancies is the most appropriate occupancy designation solution for dealing with personal care. The following are summaries of numerous options for revising personal care. All the revision options below assume including both capable and non capable personal care while adding new requirements to non capable uses, similar to what is in this proposal. The following summary concludes that this proposal option in this submittal is the best overall long term solution to match actual conditions across the country.
  - This proposal option:
    - (+) Makes conceptual I and R use differences with I as not capable and R as capable.
    - (+) Ads new requirements in the revised I-1.
    - (+) Removes the number only split of the current I-1 and R-4.
    - (+) Best long term conceptual revision.
    - (+/-) 22 sections revised.
  - Option for making I-1 and R-4 not capable personal care, keeping current number split, and adding capable personal care to R-2:
    - (+) Leaves current I-1 and R-4 mostly in tact with just revising resident type, while adding new requirements.
    - (-) Adds capable personal care list to R-2 and mixes the use with R-2.
    - (-) Leaves the number only split of the current I-1 and R-4.
    - (+) Requires 10-15 revised sections.
  - Option for keeping the current capable I-1 and R-4, and adding not capable personal care to I-2:

- (+) Leaves current I-1 and R-4 in tact.
- (-) Adds not capable personal care list to I-2 and adds various exceptions for non bed, not protect in place, and lower staff ratio personal care requirements and exceptions to I-2.
- (-) Limits not capable personal care to one story wood, increasing construction costs.
- (-) Leaves the number only split of the current I-1 and R-4.
- (+/-) Requires 15-20 revised sections.
- Option for adding a new not capable personal care occupancy designation number in either I or R (R-5?):
  - (-) Creates a new occupancy
  - (-) Requires 40+ revised sections plus major IFC revisions.

## ITEMIZED IBC SECTION REASONS

**Section 308.2** is revised to allow residents in Group I-1 that require assistance with evacuation. Residential care/assisted living facilities and other personal care uses that are allowed by individual state licensing regulations to have these types of residents remain in this revised Group I-1.

The previous reference of “assistance from staff” is removed, since assistance can be from staff as was previously mentioned in this section, or from other residents, or from first responders, such as fire department personal. The proposed reference of just “assistance” assumes that assistance with evacuation can be from anyone. Assistance from anyone then places a resident in this category.

The term “not capable of self preservation” is not included as part of the personal care occupancy descriptions since the term is not currently defined in the IBC. The term is currently used in the I-2 and is generally accepted as meaning that an occupant is not capable of self preservation when they are incapable of responding to an emergency situation on their own to exit a building without physical assistance. The current I-1 Section 308.2 clarifies what the implied definition of capable of self preservation is by stating that occupants are capable of responding to an emergency situation on their own without physical assistance. This approach of stating the implied definition versus using the term itself is maintained in the proposed I-1 and R-4 occupancy resident type descriptions to clarify the intent without referencing a definition. The statements in the current I-1 and both the proposed I-1 and R-4, then definitively delineate resident capability classification.

Alzheimer’s facilities are also specifically itemized since the Hawaii study showed that 47 states allow these facilities under assisted living licenses. (See *Attachment A-All State Summary Table*). Current CMS regulations also allow these facilities in their non nursing health care regulations. Alzheimer’s facilities have additional requirements in the proposed Chapter 5 story limitation revisions. There is also a corridor protection exception to allow the current common “neighborhood” designs for Alzheimer’s facilities in the proposed Chapter 4. See those section’s “Reasons” for substantiation.

Some other types of uses are removed from the current I-1 list because none of those uses are considered to have occupants that are not capable of self preservation.

Group I-1 is also changed from housing more than 16 to housing over five persons, matching the current I-2 resident count. The “exceptions” for 6 to 16 occupant facilities are listed in other revised sections under I-1, instead of making a separate occupancy classification. The facilities that have residents capable of self evacuation are moved from the current I-1 category to the R-4 category since there are currently only minor differences between the I-1, R-2, and R-4 occupancies. The categories moved to the R-4 include the complete list of uses from the current I-1, since some or all of these types of facilities have residents that are capable of self preservation. They include: Alcohol and drug centers, congregate care facilities, convalescent facilities, group homes, halfway houses, social rehabilitation facilities, and the limited types of assisted living and residential care facilities that require full capability. Clarification of the differences between the I-1 and I-2 is that I-1 facilities only provide “personal care service” as appropriately defined in the current IBC. Personal care services (I-1, R-4) do not provide “chronic convalescent, health, medical or surgical care.” The Group I-2 occupancy is the appropriate facility to provide those types of services. (See *Attachment C-IBC Revision Summary Table*)

The last paragraph of this section continues cross-referencing other related occupancies, which now include adding cross-referencing R-3, and referring capable personal care to the R-4 occupancy. Exceptions for complying with construction requirements for R-3 are maintained for facilities with 6-16 residents, including requiring added compliance with Section 903.2.6 (sprinklers), written in the same format as the current R-4 last paragraph description.

**Section 310.1** Group R-4 is revised to include personal care facilities, all of which have residents that do not require physical assistance with evacuation, similar to the current I-1. The whole section is re-written to match the current I-1 description. These types of facilities that have residents that are capable of self evacuation are moved from the current I-1 category to the R-4 category since there are currently only minor differences between the I-1, R-2, and R-4 occupancies. The categories moved to the R-4 include the complete list of uses from the current I-1, since some or all of these types of personal care service facilities have residents that are capable of self preservation. They include: Alcohol and drug centers, congregate care facilities, convalescent facilities, group homes, halfway houses, social rehabilitation facilities, and the limited types of assisted living and residential care facilities that require full capability by certain individual state licensing regulations. (See *Attachment A-All State Summary Table*). (See *Attachment C-IBC Revision Summary Table*)

The number of residents is revised from the current 6-16 to more than five residents. The “exceptions” for 6 to 16 occupant facilities are listed in other revised sections under R-4, instead of making a separate occupancy classification. The last paragraph of this section continues cross-referencing other related occupancies, which now include adding cross-referencing R-3.

**Section 310.2** The “Residential Care/Assisted Living” definition is revised to delete the previous resident capability limitation. The revised definition states that occupancy classification is based on the ability of occupants to respond to an emergency situation with or without assistance. The limitation on not allowing assistance with evacuation is now only written into the R-4 occupancy description. The Group I-1 occupancies are revised to allow assistance with evacuation. The definition further adds text that the occupants are non bedridden persons, except during temporary common sicknesses that occur in the general public. This is added to clarify the limitation of personal care versus I-2 nursing care. It is consistent with the current “personal care” definition and current assisted living regulations across the country. See the Summary Overview substantiating the concept reasons for the change. Other aspects of the current definitions remain unchanged, since they reflect current common distinctions in the personal care service industry.

**Section 420.1** Group R-4 is added since it is now proposed to be similar to the current I-1 in terms of resident types. The new R-4 requirements mostly parallel the current I-1 requirements.

**Section 420.2** The exceptions for 6 to 16 occupant facilities are listed here matching current requirements, instead of making a separate occupancy classification.

**Section 420.4** Smoke barriers are added as a requirement in Group I-1 occupancies with over 16 residents. They are added to I-1 due to the abilities of the new proposed resident type allowed and to match already existing CMS and state licensing regulations in a majority of states.

The section utilizes similar language and format from the current I-2 Section 407 for smoke barriers. This proposed section provides smoke barrier size and travel distance requirements that are more restrictive than the Group I-2 requirements. These limits, compared to I-2 smoke compartment size, are proposed because of the probability of less staff in personal care occupancies to assist in evacuation when compared to nursing. Smaller smoke compartments and shorter travel distance assumes less time to reach a point of safety from the compartment of origination. The proposed revisions limit the size of smoke compartments to 16 sleeping rooms, or 10,500 square feet, whichever is less, versus the 22,500 square feet allowed in I-2. The proposed limit is taken from the basic Group I-1 exceptions for over 16 occupant criteria throughout the code, or 10,500 square feet, the basic allowable area allowed in the I-1 occupancy. There are four states that have statewide amendments to the IBC for personal care implementing the overall concepts in this proposal. The State of Oregon and Hawaii statewide building code amendments reduce smoke compartment size in their non capable personal care occupancies to the approximately the size proposed here. Oregon has over a twenty year history of amendments for personal care occupancies with residents who are not capable of self preservation, including reduced smoke compartment size.

The use of the term "sleeping room" is included so not to mix the more limiting Chapter 10 occupant load calculations into this requirement. The concept is that actual sleeping rooms will be counted. The travel distance will additionally control the size. The reduction from the I-2 travel distance of 200' is reduced in the I-1 by 25 percent to 150'. This reduction is also based on the probability of less staff to assist residents in personal care during evacuation.

(See Attachment C-IBC Revision Summary Table)

**Section 420.4.1** The added refuge area requirement utilizes wording matching the current I-2 Section 407.4.1.

**Section 420.4.2** The added Independent egress requirement utilizes wording matching the current I-2 Section 407.4.2.

**Section 420.4.3** The added Horizontal assembly requirement utilizes wording matching the current I-2 Section 407.4.3.

**Section 420.5** is added to confirm that corridors are required in I-1 occupancies and to provide a scoping statement for the multipurpose areas next to sleeping room exception in lieu of corridors proposed in the new following Section 420.5.1. The language in this Section 420.5 is derived from the same scoping language requiring corridors in I-2 in Section 1014.2.2, then introducing the "suite" exception in the next Section 1014.2.3.

**Section 420.5.1** is added to allow "neighborhood designs" often seen in many Alzheimer's facilities. These designs often have 10 to 16 sleeping rooms open into a common shared living, activity, and dining area. Many facilities currently using this design layout use the accessory provisions allowed in the exit access intervening room requirements in Chapter 10, or use Section 407 exceptions if classified as the I-2 occupancy. These proposed provisions utilize concepts and wording from the spaces open to corridor provisions for nursing in found Section 407.2.3.

The intent here is to allow these neighborhood designs when there are only sleeping rooms that open into the spaces as found in Alzheimer's facilities. Typical assisted living units that have their own bathroom, kitchenette, and living rooms, are dwelling units so they are excluded from utilizing this exception. They are not included in this exception due to a self contained dwelling unit not requiring a common shared living, eating and activity area just outside a sleeping room. The key controlling requirement of this exception to corridor protection is the size of the compartment by the further limiting travel distance to 75' within that smoke compartment. This affectively limits travel time before reaching the required protection areas outside the compartment. The 16 sleeping room limit is derived from the maximum number of sleeping rooms allowed in a smoke compartment in the proposed Section 419.4. Other controlling features are from Section 407.2.3.

**Table 503** IBC Table 503 is proposed to be revised to reflect changes to the definitions and resident type in the revised Group I-1 occupancy:

- The proposed I-1 basic allowable areas remain with the same limits as the current I-1.
- There are revised limitations on the number of stories allowed that reflect current Federal CMS limits on these occupancies. (See Attachment D Areas & Height Table)
- Approximately 36 states reference Federal CMS regulations for their assisted living occupancies, so general continuity between CMS enforced regulations and the IBC should occur. The revisions to the story limitations show a variance from one to three stories. The two story limitation in Type VA construction, also match California's IBC statewide amendments to the story limitations for its similar occupancy. California's state amendments also match other key protection features of CMS board and care regulations. (See Attachment C-IBC Revision Summary Table)
- The two story limitation for up to one hour wood protection matches current CMS requirements and is appropriate for this occupancy due to the type of residents. These occupants are expected to be able to evacuate the building with or without assistance in case of emergencies. They are not bedridden as in I-2 nursing, (with one story limits), and with the I-2 occupants that may stay in place during emergencies in a "protect in place" occupancy. This further substantiates the difference in Group I-1 two-stories versus the Group I-2 one story. There are already numerous existing two story wood frame assisted living facilities. This will allow these existing facilities to continue to be in compliance.
- Type IIA with fire sprinklers allows three stories. This matches the Federal CMS limits.
- Type IB is allowed seven stories with fire sprinklers, half way in between the current I-1 and I-2 limits, with two more stories than the current I-2 limits. Type IB construction contains the most differences between various versions of CMS and other state enforced regulations. This proposal is an average of the difference between Federal CMS regulations and Group I-2.

Table 503 is revised for the new Group R-4 to match the current Group I-1, being that the current I-1 is essentially moved to the new R-4. The revisions here are more clerical revisions than actual revisions because of moving the current I-1 occupancy to the R-4.

**Section 504.2 Exceptions.** Most Group I-1 and all Group R-4 occupancies are still allowed the sprinkler increase of one story and 20 feet in height from Table 503 by the base scoping language of the unrevised Section 504.2. Group I-1 occupancies with specifically designated Alzheimer's facilities are added to the exceptions for not being allowed the sprinkler story and height increases in Type IIB, III, IV, or V construction, similar to the current I-2 exception. The wording of the phrase includes the text "specifically designated or licensed by a state" to clarify that these are specially designated facilities licensed by most state Department of Human Services or Department of Health. This text is included to exclude applying the exception to assisted living facilities that may have some residents with dementia and early Alzheimer's disease as occurs in many assisted living facilities. The exception is only intended for exclusively designated Alzheimer's facilities, due to the likelihood of all residents not being capable of self preservation.

This is an additional requirement for these facilities matching the story limitations of wood frame construction of the I-2, which most jurisdictions have categorized Alzheimer's facilities in the past. The revision affectively keeps Alzheimer's facilities with all the appropriate I-2 protection features except for non applicable protect in place and bedridden requirements. This is a practical exception versus placing these facilities in the I-2 occupancy, which would cause additional exceptions for Alzheimer's facilities due to the additional and reduced protection features required in the I-2 as stated in the Summary Overview. The State of Hawaii study also shows that Alzheimer's facilities are allowed with a special license in 47 state assisted living regulations. So keeping them in the same I-1 occupancy with the additional I-2 protection features, making them almost equivalent to I-2 protection, is appropriate.

The limitation of occurring on the first story in combustible and non protected construction is proposed because numerous state assisted living regulations and states using older CMS life safety codes limit these facilities to the first story in these construction types. (The last three editions of CMS enforced life safety code does allow two stories though.) The first story limitation is appropriate though mostly due to the likelihood that few if any of an exclusive Alzheimer's facility's residents have the capability of responding to an emergency on their own. This is compared to non Alzheimer's assisted living facilities proposed to be allowed to be two stories in height. These proposed two story types of assisted living facilities have fewer to substantially fewer occupants requiring assistance with evacuation.

**Section 508.2.4** is revised to reflect the revisions to the I-1 and R-4 occupancies, now incorporating more than 5 residents. Group I-1 and R-4 are moved to number 4 of this section to cover the 16 resident exceptions for both occupancies. The exception for 16 and under residents in I-1 and R-4 occupancies is added to maintain current requirements found in the similar current R-4. This is proposed versus making a whole new occupancy classification based only on the number of residents. The revisions here are more clerical revisions than actual revisions because of revising resident counts in the I-1 and R-4.

**Section 508.3.3** is revised to reflect the revisions to the I-1 and R-4 occupancies now incorporating more than 5 residents. Group I-1 and R-4 are moved to number 4 of this section to cover the 16 resident exceptions for both occupancies. The exception for 16 and under residents in I-1 and R-4 occupancies is added to maintain current requirements found in the similar current R-4. This is proposed versus making a whole new occupancy classification based only on the number of residents. The revisions here are more clerical revisions than actual revisions because of revising resident counts in the I-1 and R-4.

**Table 706.4** is revised to reflect the revisions to the R-4 occupancy, being that the current I-1 is essentially moved to the new R-4 while now incorporating more than 5 residents. The revisions here are more clerical revisions than actual revisions because of essentially moving the I-1 to the R-4.

**Section 710.5** is revised to include cross corridor doors in the new required smoke barriers in Group I-1, matching the same exceptions allowed for I-2. This exception matches current CMS requirements.

**Section 903.2.6** is revised to require full NFPA 13 sprinkler coverage in the I-1 occupancy when housing over 16 residents. This is proposed to reflect that the new I-1 residents may require physical assistance to evacuate. The exception is revised to allow NFPA 13R in smaller facilities versus creating a whole new occupancy classification for them for the few exceptions. The requirements also match current CMS and state assisted living regulations in a majority of states. (See Attachment A-All State Summary Table and C-IBC Revision Summary Table)

**Section 907.2.6.1** is revised to eliminate the exception for eliminating automatic smoke detection when sprinklers are provided. This proposal requires smoke detection even with sprinkler exceptions to reflect that the new less capable I-1 resident type.

**Section 907.5.2.3.3** is revised to match the current I-1 and current R-4 requirements. Group R-4 is added because it is now proposed to match the current I-1 in resident capability but not in resident counts. The exception is added to match current R-4 not requiring visible alarms when there are 16 or less residents. The exception for 16 and under residents in I-1 and R-4 occupancies is added to maintain current requirements found in the similar current R-4. This is proposed versus making a whole new occupancy classification based only on the number of residents. The revisions here are more clerical revisions versus technical requirement changes solely due to moving the current I-1 to the new R-4 occupancy and changing resident counts in the occupancies.

**Section 1006.1** is revised to match the current I-1 and new R-4 requirements. Group R-4 is added because it is essentially moved from the current I-1. Dwelling units are added in Group I because some I-1 uses have dwelling units, making them consistently exempt.

**Section 1107.6.4** is revised to match the current I-1 with the new R-4 requirements. The revisions are clerical revisions versus technical requirement changes solely due to moving the current I-1 to the new R-4 occupancy and changing resident counts in the occupancies.

**Cost Impact:** The code change proposal will not increase the cost of construction due to current enforcement of similar requirements by other regulations such as CMS and state licensing regulations.



Personal Care "Assisted Living" Regulations and NFPA/ IBC References														
State ALF <sup>1,2</sup>	Evacuation Criteria	Type of Facility	No of Residents	Alzheimer Residents Allowed	Admission / Discharge Criteria					Referenced NFPA Codes <sup>2,6</sup>			Referenced IBC <sup>6</sup> Occupancy	
					Evacuation Capability <sup>3</sup>	Ongoing Nursing Care Allowed	Bedridden Allowed	Beyond Facil. Capabilities	Other	NFPA Referenced	NFPA Occupancy Type	Other <sup>4-6</sup>	IBC Adoption & Stated IBC Occupancy	Assumed 16+ Res. IBC <sup>5,7,8</sup>
Washington (M) (AFH)		Adult Family Home Level 1:	1-6 adults	No	Self-evacuate required	Limited intermittent	14 days max	Discharge	Unable to self-evacuate	IFC	1-2 Family Dwelling		S	
		Adult Family Home Level 2:	1-6 adults	No	AEA	Limited intermittent	14 days max	Discharge	Continuous or skilled care	IFC	1-2 Family Dwelling			I-1, I-2
		Adult Family Home Level 3:	1-6 adults	Yes	Impractical to evacuate	Limited intermittent	14 days max	Discharge	Continuous or skilled care	IFC		NCSF		
	AEA Y	Boarding Home: Same 3 levels of care	7+ adults	No level 1&2, Yes level 3	Same 3 levels as AFH	Limited intermittent	14 days max	Discharge	Continuous or skilled care	IFC		sprinklers required		
West Virginia		Legally Unlicensed Health Care Home - Class I	1-3 adults	No		Limited intermittent	Y if licensed	Discharge	Ongoing or extensive nursing care	NFPA 101, 20003 edition	1-2 Family Dwelling		S	
	AEA Y	Assisted Living Residence - Class II:	4+ adults	Yes w/special license		Limited intermittent	Y if licensed	Discharge	Ongoing or extensive nursing care	NFPA 101, 20003 edition			IBC	I-1, I-2
	AEA X	Residential Care Community - Class III	17+ adults	No	Self-evacuation required	Limited intermittent	No	Discharge	Unable to self-evacuate	NFPA 101, 20003 edition			IBC	
Wisconsin (M) (CBRF)	AEA X	Community Based Residential Facilities - Class A	5+ adults	No	Self-evacuate required	3hr/wk, 90 day max	No	Discharge	Ongoing nursing care	NFPA 101	Based on evacuation ability & time	NFPA 13D & 13R	S	I-1, I-2
	AEA Y	Community Based Residential Facilities - Class C	5+ adults	Yes w/special license	AEA	3hr/wk, 90 day max	90 day max	Discharge	Ongoing nursing care	NFPA 101	and number of beds	NFPA 13		
Wyoming		Assisted Living Facility - Small:	1-8 adults	No	Self-evacuation required	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition	Residential Board & Care, Prompt		J	
	AEA Y	Assisted Living Facility - Large:	9+ adults	No	AEA - Cueing Only	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition	Resid. Board & Care - Prompt & Slow		2003 IBC	I-1, I-2
	AEA Y	Assisted Living - Large:	9+ adults	Yes	Impractical to evacuate	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition	Limited Care		2003 IBC	
Totals	AEA in +/- 46 States Y in +/- 35 States X in +/- 15 States	<u>Assisted Living or Similar</u>  <u>Allowed in 50 States</u>		<u>Alzheimer's</u>  <u>Allowed in +/- 47 States</u>	AEA in +/- 37 States	Limited Nursing  Intermittent for 45-90 days max. allowed in +/- 50 States	Short term Bedridden up to  7 - 45 days max. allowed in +/- 21 States			NFPA 101  referenced in 37 States	NFPA and it's  Board & Care, and Limited Care Occupancies referenced in +/- 28 States		IBC used in 50 States  26 states adopt (S)Statewide 24 states adopt by each (J) Jurisdiction IBC Referenced in 10 state assisted regulations	I-1 in +/- 4 States  I-2 in +/- 14 States I-1 & I-2 in +/- 32 States

**FOOTNOTES**

1. If no Assisted licensing category exists in a particular State, the closest category is listed. See more detailed description in "Assisted Living Occupancy Criteria Analysis by State."
2. (M) Indicates Medicaid Waiver is allowed in State.
3. AEA: Assistance with Evacuation Allowed is specifically stated. NCOSP: (Not) Capable of Self Preservation
4. Y: NFPA resident criteria allowed with its wood construction and limitation on wood stories. No limitation of location of residents on first floor when requiring assistance with evacuation is stated.
5. X: Self evacuation or nursing design is required, or location of residents on first floor is required when requiring assistance with evacuation is stated.
6. IBC: International Building Code, NFPA: National Fire Protection Association, IFC: International Fire Code.
7. Assumed base IBC Occupancy classification as determined by this analysis without any individual State amendments or interpretations.  
If "unable to evacuate" is a criteria for discharge, then IBC I-1 (Assisted Living) is the assumed IBC classification under this analysis.  
If "unable to evacuate" is not a criteria for discharge, and assistance with evacuation is allowed, only when noted, then the interpretation by this analysis under the IBC is that the occupancy classification would be I-2 (Nursing "not capable of self preservation" i.e. resident cannot get out on their own).  
If continuous nursing is allowed, and unable to evacuate are not marked, then it is assumed that all facilities would fit into the I-2 occupancy under this analysis.  
If Alzheimer's care is allowed then I-2 occupancy is the assumed designation under this analysis.  
If NFPA Residential Board and Care is referenced, then "prompt" is assumed to be I-1, and "slow" and "impractical" are assumed as I-2.  
Assumed IBC occupancy is stated because the personal care/ assisted living occupancy is not listed as part of the IBC I-2 occupancy.
8. Where noted, most likely 2 occupancies are assumed to be used in the State dependent on "Level of Care," or whether Alzheimer's residents allowed in special licensed units.

**ATTACHMENT B (From the State of Hawaii Analysis)**

<b>ELDER CARE RESIDENT PROFILE GUIDE TABLE <sup>1</sup></b>				
<b>Retirement/ Apartments</b>	<b>Assisted Living</b>			<b>Skilled Nursing</b>
<b>Independent</b>	<b>Minimum Assistance</b>	<b>Standby Assistance</b>	<b>Hands-on Assistance</b>	<b>Total Assistance</b>
<b>IBC: R-2 <sup>2</sup></b>	<b>IBC: I-1 <sup>2</sup></b>	<b>IBC: I-2 <sup>2</sup></b>	<b>IBC: I-2 <sup>2</sup></b>	<b>IBC: I-2 <sup>2</sup></b>
<b>NFPA: Apartments<sup>2</sup></b>	<b>NFPA: Board &amp; Care<sup>2</sup></b>	<b>NFPA: Board &amp; Care<sup>2</sup></b>	<b>NFPA: Board &amp; Care<sup>2</sup></b>	<b>NFPA: Health Care<sup>2</sup></b>
Able to respond independently in an emergency	Able to respond in an emergency	May need assistance in an emergency	Needs assistance in an emergency	Needs supervision and hands-on assistance in an emergency
Able to negotiate stairs in an emergency and exit the building	Walks/transfers independently - infrequent falls	Transfers - Standby assistance may be needed	Transfers- 1 person assist usually needed, and fall risk	Transfers - 2 person assist may be needed/Mechanical lift/bedfast
ADL (Acts of Daily Living)- Resident is able to accomplish all without assistance from staff	ADL - Independent to verbal reminders	ADL - Reminders to giving verbal cues	ADL - Verbal cues and/or hands-on assistance	ADL - Hands-on assistance
Transfer & ambulate. Eats and takes medications	Independent with medications & Dr. appointments	Medication reminders and management	Medication management	Medication adjustments and behavior management
Capable of own toileting and personal hygiene	Continent of bowel and bladder	Occasional incontinence assistance	Incontinence management	Incontinence management
Bathes, dresses, grooms	Independent in bathing	Bathing set up and monitoring	Bathing assistance	Bathing assistance
Meals/housekeeping, provide if chosen. No personal care assistance or monitoring	Meals, nutrition and housekeeping assistance is helpful	Meals, nutrition and housekeeping assistance is helpful	Meals, nutrition and housekeeping assistance is helpful	Verbal cues and hands-on assistance to eat
Would benefit from socialization and activities with minor encouragement	Able to independently plan and participate in social activities	Reminders and encouragement to participate in activities	Encourage and escort to participate in activities	Encourage and escort to activities
No memory impairment	Little memory impairment	Mild memory impairment - sometimes disoriented	Impaired memory, poor orientation and mild confusion	Needs 24 hour nursing supervision or skilled services such as physical, occupational and/or speech therapy
Capacity for decision-making and understanding consequences	Some decline in capacity for self care and understanding consequences of actions	Declining capacity for self care and understanding consequences	Limited capacity and inability to understand consequences of actions	Limited or no capacity for self care and understanding of consequences of actions
Family does not "need" to move	Family "slightly concerned"	Family "concerned"	Family "very concerned" - "Have to do something"	Family must do something

1. Based on and edited from Nevada Elder Care Assisted Living Guidelines.
2. This analysis assumed occupancy designations from the 2006 IBC and 2003 NFPA 101.

**(From the State of Hawaii Analysis)**

**Specific Criteria of Self-Preservation:**

There are very specific details of the ability of occupants of a building to be "capable of self-preservation." NFPA and its codes and guides outline very specific details of this topic. The NFPA 101A Guide on Alternative Approaches to Life Safety (2001 Edition) is referenced and summarized here to underscore the many details of self-preservation.

Chapter 6 of the NFPA defines variations of capabilities of occupants for Residential Board and Care occupancies. This is the most important aspect of determining if a building should have additional life safety elements incorporated into its design, therefore the topic is discussed in detail here. This NFPA Chapter 6 reviews capability and then offers calculation tables to determine occupant's ability of self-preservation. The review

below summarizes some specific points of this NFPA Chapter 6. It then assumes the determination of self-preservation at the end of each category in *italics*.

#### Risk of Resistance

Some residents may resist leaving the building during an emergency situation. "Minimal risk" indicates that there is no specific evidence to suggest that the resident might resist an evacuation.

"Mild resistance" indicates that there is specific evidence that the resident had previously resisted instructions from staff or may have hidden from the staff and then might resist leaving the building in a situation similar enough to a fire emergency. "Strong resistance" includes resistance by the resident who necessitates the full attention of one or more staff members. The resident may have struggled vigorously, refused to cooperate, or has hidden in similar fire situations to predict that behavior recurring in an actual emergency.

*Residents who show mild and strong resistance are considered not capable of self-preservation.*

#### Impaired Mobility

The resident is rated according to how easily he can leave a building "given the presence of factors such as physical barriers that hinder movement (e.g. stairs), the resident's ability to get out of bed, or the chairs normally used. The resident should be given credit for being able to use devices that aid movement (e.g., wheelchairs, walkers, crutches, and leg braces) only if those devices are always available in an emergency situation...Guiding or directing the resident by giving gentle pushes or leading by the hand is not considered requiring physical assistance."

"Self starting" means a resident is physically able to start and complete an evacuation without physical assistance.

"Slow" is when the resident prepares to leave and travels to the exit or area of refuge at a speed significantly slower than the general population. The NFPA classifies the general population as "prompt," meaning they can reach an exit (point of safety or area of refuge) within approximately 3 minutes. The NFPA categorizes a resident as being "slow" if it takes the resident more than 90 or 180 seconds to travel from a sleeping room to an exit, point of safety, or area of refuge. NFPA describes "very slow" as requiring over 150 seconds to reach an exit.

*Residents who are self starting and slow or very slow are considered being capable of self-preservation. Residents who are not self starting and are considered beyond slow are not capable of self-preservation.*

"Needs limited assistance" means "that the resident might need some initial or brief intermittent assistance but can accomplish most of the evacuation without assistance." The residents may require help getting into a wheelchair, descending stairs, getting out of bed, or opening a door, for example.

"Needs full assistance" means the resident either needs physical assistance from a staff member during most of the evacuation or must be assisted by staff by being carried from the facility, helped into the wheelchair and wheeled out of the facility, or helped into leg braces and helped to descend stairs.

*Residents who require limited and full assistance are considered not capable of self-preservation.*

#### Impaired Consciousness

The resident has experienced seconds or minutes of temporary impairment of consciousness over six times during the previous three months. The resident is only classified this way if the impairment would significantly interfere with his or her ability to exit the building. Temporary medical problems are also not counted in this definition. "Partially" impaired consciousness means the resident is still able to participate in an evacuation to some degree. "Totally" impaired consciousness means the resident needs full assistance by at least one staff member to evacuate out of a building.

*Residents who are partially or totally impaired are considered not capable of self-preservation.*

#### Need for Extra Help

The resident may need assistance in various circumstances from more than one staff to egress a building, whether to initially get out of bed or other individual actions or if the resident requires assistance during the duration of exiting the building.

#### Response to Instructions

This is the resident's ability to receive, comprehend and follow through with simple instructions during a self directed evacuation. Residents may require non constant "supervision, considerable attention, or might not respond during an evacuation."

*Residents who need extra help or require supervision, considerable attention, or might not respond during an evacuation are considered not capable of self-preservation.*

#### Waking Response to Alarm

Buildings with non-centralized alarm systems, residents who are on medication that inhibits responses to alarms, residents who have apparent hearing impairment (unless they are in a room with visual alarms), or if hearing aids are removed during the night, or residents who are exceptionally sound sleepers are all considered as "response not probable" to responding to an alarm.

*Residents who are not probable to responding to an alarm are considered not capable of self-preservation.*

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## **Public Hearing Results**

**Committee Action:**

**Disapproved**

**Committee Reason:** The committee acknowledged the proponent's effort to provide clarity to these regulations, but felt that the restructuring of the Group I-1, I-2 and R-4 occupancies to be unclear. There was concern that the resulting reductions in Table 503 were not justified. They found the additional provisions proposed in Section 420 to be confusing as to how they would be applied. The proposed smoke compartments are small and did not seem coordinated with other portions of the proposal.

**Assembly Action:**

**None**

## **Individual Consideration Agenda**

**This item is on the agenda for individual consideration because a public comment was submitted.**

*Public Comment:*

**Daniel Purgiel, LRS Architects Inc. and Tom Jaeger, Jaeger & Associates, LLC, representing American Health Care Association (AHC), American Association of Homes & Services for the Elderly (AAHSA), requests Approval as Modified by this Public Comment.**

Replace the proposal as follows:

**1. Revise as follows:**

**308.2 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or portions thereof housing more than 16 persons on a 24 hour basis who because of age, mental disability or other reasons, live in a supervised environment that provides personal care services. ~~The occupants are capable of responding to an emergency situation without physical assistance from staff. Occupants are either capable or incapable of self preservation.~~

**I-1** A facility with occupants receiving personal care that are capable of self preservation. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- ~~Assisted living facilities~~
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- ~~Residential board and care facilities~~
- Social rehabilitation facilities

**I-1 Incapable.** A facility with occupants receiving personal care that are incapable of self preservation, shall be classified as a Group I-1 Incapable condition and shall comply with the additional requirements of Group I-Incapable. This group shall include, but not be limited to, the following:

- Assisted living facilities
- Residential board and care facilities

A facility such as the above with five or fewer persons shall be classified as a Group R-3 or shall comply with the International Residential Code in accordance with Section 101.2. A facility such as above, housing at least six and not more than 16 persons, shall be classified as Group R-4.

**2. Add new text as follows:**

**308.3.1 (IFC [B] 202) Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**INCAPABLE OF SELF PRESERVATION.** Persons because of age, physical limitations, mental limitations, chemical dependency or medical treatment cannot respond as an individual to an emergency situation.

*(Definitions not shown are unchanged.)*

**3. Revise as follows:**

**310.2 (IFC [B] 202) Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**RESIDENTIAL CARE/ASSISTED LIVING FACILITIES.** A building or part thereof housing persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides personal care services. The occupants are either capable or incapable of self preservation, ~~of responding to an emergency situation without physical assistance from staff.~~ This classification shall include, but not be limited to, the following: residential board and care facilities, assisted living facilities, halfway houses, group homes, congregare care facilities, social rehabilitation facilities, alcohol and drug abuse centers and convalescent facilities.

*(Definitions not shown are unchanged.)*

**SECTION 420  
GROUPS I-I, R-1, R-2, R-3**

**420.1 General.** Occupancies in Groups I-1, R-1, R-2, and R-3 shall comply with the provisions of this section and other applicable provisions of this code.

**420.2 Separation walls.** Walls separating dwelling units in the same building, walls separating sleeping units in the same building and walls separating dwelling or sleeping units from other occupancies contiguous to them in the same building shall be constructed as fire partitions in accordance with Section 709.

**420.3 Horizontal separation.** Floor assemblies separating dwelling units in the same buildings, floor assemblies separating sleeping units in the same building and floor assemblies separating dwelling or sleeping units from other occupancies contiguous to them in the same building shall be constructed as horizontal assemblies in accordance with Section 712.

**420.4 Smoke barriers in Group I-1 Incapable.** Smoke barriers shall be provided in Group I-1 Incapable facilities to subdivide every story used by occupants receiving care into a minimum of two smoke compartments. Such stories shall be divided into smoke compartments with an area of not more than 22,000 square feet (2092 m<sup>2</sup>) and the travel distance from any point in a smoke compartment to a smoke barrier door shall not exceed 200 feet (60 960 mm). The smoke barrier shall be in accordance with Section 710.

**420.4.1 Smoke compartment areas.** Smoke compartment areas shall be used for relocation of occupants as part of building evacuation in a fire emergency. At least 15 net square feet (1.4 m<sup>2</sup>) shall be provided per occupant receiving care within the aggregate area of corridors, lounge or dining areas and other low hazard areas on each side of each smoke barrier, for the total number of occupants in adjoining smoke compartments.

**420.4.2 Independent egress.** A means of egress shall be provided from each smoke compartment created by smoke barriers without having to return through the smoke compartment from which means of egress originated.

**420.4.3 Horizontal assemblies.** Horizontal assemblies supporting smoke barriers required by this section shall be designated to resist the movement of smoke and shall comply with Section 712.9.

**504.2 Automatic sprinkler system increase.** Where a building is equipped throughout with an *approved automatic sprinkler system* in accordance with Section 903.3.1.1, the value specified in Table 503 for maximum *building height* is increased by 20 feet (6096 mm) and the maximum number of *stories* is increased by one. These increases are permitted in addition to the *building area* increase in accordance with Sections 506.2 and 506.3. For Group R buildings equipped throughout with an *approved automatic sprinkler system* in accordance with Section 903.3.1.2, the value specified in Table 503 for maximum *building height* is increased by 20 feet (6096 mm) and the maximum number of *stories* is increased by one, but shall not exceed 60 feet (18 288 mm) or four *stories*, respectively.

**Exceptions:**

1. Buildings or portions of buildings, classified as a Group I-1 Incapable or I-2 occupancy of Type IIB, III, IV or V construction.
2. Buildings or portions of buildings, classified as a Group H-1, H-2, H-3 or H-5 occupancy.
3. Fire resistance rating substitution in accordance with Table 601, Note d.

**710.5 Openings.** Openings in a smoke barrier shall be protected in accordance with Section 715.

**Exceptions:**

1. In Group I-1 Incapable and Group I-2, where such doors are installed across corridors, a pair of opposite-swinging doors without a center mullion shall be installed having vision panels with fire-protection-rated glazing materials in fire-protection-rated frames, the area of which shall not exceed that tested. The doors shall be close fitting within operational tolerances, and shall not have undercut in excess of 3/4 inch, louvers or grilles. The doors shall have head and jamb stops, astragals or rabbets at meeting edges and shall be automatic-closing by smoke detection in accordance with Section 715.4.8.3. Where permitted by the door manufacturer's listing, positive-latching devices are not required.
2. In Group I-1 Incapable, and Group I-2, horizontal sliding doors installed in accordance with Section 1008.1.4.3 and protected in accordance with Section 715.

**[F] 903.2.6 (IFC 903.2.6) Group I.** An automatic sprinkler system shall be provided throughout buildings with Group I fire areas.

**Exception:** An automatic sprinkler system installed in accordance with Section 903.3.1.2 or 903.3.1.3 shall be allowed in Group I-1 facilities, other than those classified as Group I-1 Incapable.

**[F] 907.2.6.1 (IFC 907.2.6.1) Group I-1.** An automatic smoke detection system shall be installed in *corridors*, waiting areas open to *corridors* and *habitable spaces* other than *sleeping units* and *kitchens of Group I-1 occupancies*. The system shall be activated in accordance with Section 907.5.

**Exceptions:**

1. For buildings other than those classified as Group I-1 Incapable, s Smoke detection in habitable spaces is not required where the facility is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1.
2. Smoke detection is not required for exterior balconies.

**Commenter's Reason: GENERAL SUMMARY OF G21 SUBSTITUTION & MODIFICATION:**

This modified and simplified G21 completely substitutes the original G21. It reflects the actual resident types that currently occur nationally and creates associated requirements already enforced across much of the country by individual state regulations. This background information and substantiation was referenced in the original G21 proposal. The modified G21 will bring more consistency to enforcement of the variety of Group I-1 uses.

The revised G21 is a response to the Baltimore hearings committee and public comments to the original G21 proposal. This revised proposal simplifies the original G21 substantially:

- It leaves the number counts unrevised: I-1: >16/ R-4: 6-16 occupants.
- It revises Group I-1 to allow both capable and incapable occupants versus the current only capable occupants.
- It adds only to a new Group I-1 Incapable occupancy condition four more restrictive requirements: smoke barriers, story limitations, increased NFPA 13 sprinkler protection, and additional smoke detection.
- The Group R-4 use definition is changed to allow either capable or incapable occupants. Group R-4 still matches what most states currently enforce even with capable and incapable residents in protection, story, and sprinkler requirements.
- The modified G21 can also align and mix easily with the relative proposed revisions in the G20 if both are approved, since only three of the G21 sections would require integration with the correlating G20 sections.

**This proposal also shows that the new Group I-1 Incapable categorization is appropriately more protective than having the use in the Group I-2 occupancy as some prefer.**

- It shows in the following table analysis that this revised Group I-1 Incapable still has appropriate corridor protections, smoke detection, and smoke alarms, which Group I-2 does not include. It shows that there are seven sections in the new Group I-1 that are more stringent than I-2, versus only three IBC sections in Group I-2 that are more stringent than the proposed I-1 Incapable requirements.
- It also shows that I-1 assisted living normally have less staff to resident ratios than Group I-2, which is why assisted living requires a higher level of safety to compensate for these lower staff levels.
- The new "Group I-1 Incapable" condition includes smoke barriers which provide an additional protective separation for occupants from a fire event. They provide temporary protection for occupants that require assistance from others to eventually reach an exit in an emergency. These Group I-1 facilities still complete building evacuation and residents participate in fire drills, which is consistent with the current International Fire Code. This is versus the "defend in place" concept of Group I-2.

- The table below shows the differences of the two occupant types, staffing ratios and compares protection features based on those similarities and differences. The table is based on the original G21 referenced national Hawaii study on assisted living.

<b>G21: INCAPABLE Personal Care to Health Care Comparisons</b>	
<b>LEGEND: (+ +) = <u>New G21 Change or Requirement</u> / Grey Fill = MORE Protection Required</b>	
<b>I-1 Incapable-Personal Care-Assisted Living</b> I-1: >16 Slower / <b>Incapable</b> R-4: 6-16 Slower / <b>Incapable</b> Conscious/ <b>Evacuate with Assistance</b>	<b>I-2 Health Care-Nursing</b> I-2: >5 Incapable <b>Incapable/ Bedridden/ Life Support</b> <b>Defend in Place</b>
<p><b>38,000 facilities</b> regulated in 50 states under individual state regulations</p> <p><b>-51 of 89 Categories Incapable</b> &gt; 5 residents. (Some states have up to 3 categories). +/- 32 states have both Capable and Incapable categories. +/- 14 states categorize all facilities as Incapable. +/- 4 states require all their facilities to be Capable.</p> <p><b>Bedridden NOT allowed</b> except to allow for typical short term illnesses ranging from 7-14 days in 21 states.</p> <p><b>Nursing Care generally only allowed or only limited</b> intermittent in all 50 states. If allowed only when the facility can provide services for short term illness.</p> <p>Night time staff to resident ratio: +/- 1:20 to 1:35</p>	<p><b>17,000 facilities</b> regulated in all 50 states under federal regulations.</p> <p><b>All facilities are considered Incapable.</b></p> <p><b>Bedridden allowed and common.</b></p> <p><b>Nursing care allowed and common.</b></p> <p>Night time staff to res. Ratio: +/- 1:8 to 1:15.</p>
<p><b>(+ +) Ch 4: <u>SMOKE BARRIERS</u> for Incapable only.</b></p> <p><b>Ch 4: NO OPEN SPACE</b> to corridor exceptions. (Less staff)</p> <p><b>CH 4: NO EXCEPTIONS</b> for corridor and door rating.</p> <p><b>Ch 4: FIRE PARTITIONS</b> between units.</p>	<p><b>Ch 4: Smoke Barriers</b> required.</p> <p><b>Ch 4: Open space</b> to corridor allowed. (More staff and Protect In Place)</p> <p><b>CH 4: NO</b> corridor and door rating by exception. (More staff.)</p> <p><b>Ch 4: NO</b> Fire Partitions between units.</p>
<p><b>Ch 5: (+ +) <u>NO SPRINKLER STORY INCREASE ALLOWED</u></b> 3 stories Type VA, 4 stories Type IIA for I-1 <u>For Incapable only.</u></p>	<p><b>Ch 5: No sprinkler story increase allowed</b> 1 story Type VA, 3 in Type IIA</p>
<p><b>(+ +) Ch 9: <u>NFPA 13 SPRINKLERS</u></b> <u>For I-1 Incapable only.</u> 13R/ D for others and R-4</p> <p><b>(+ +) CH 9: <u>SMOKE DETECTION</u></b> In common spaces for <u>Incapable only. No exception.</u> (Less staff)</p> <p><b>CH 9: SMOKE ALARMS</b> required. (Less staff)</p>	<p><b>Ch 9: NFPA 13 sprinklers</b></p> <p><b>CH 9: NO</b> Smoke detection by exception allowed in common spaces. (More staff.)</p> <p><b>CH 9: NO</b> smoke alarms required. (More staff)</p>
<p><b>CH 10: NO SUITE</b> exception to corridor protection allowed. (Less staff)</p> <p><b>Ch 10: RATED CORRIDORS &amp; DOORS .</b> (Less staff)</p> <p><b>CH 10: No bedridden</b> corridor width. (No bedridden/ life support)</p>	<p><b>CH 10: Suites allowed.</b> (More staff )</p> <p><b>Ch 10: NO rated corridor and doors.</b> (More staff)</p> <p><b>CH 10: Bedridden</b> corridor width. (Bedridden/ life support)</p>
<p><b>Ch 16: No structural redundancy</b> (No bedridden/ life support)</p>	<p><b>Ch 16: Structural redundancy</b> required &gt;50. (Bedridden/ life support)</p>

**ITEMIZED IBC SECTION REASONS:**

**Section 308.2** The G21 is modified to allow both capable and incapable of self preservation occupants in Group I-1. Currently nearly all state licensing agencies allow a majority of their assisted living classifications to have incapable residents according to the original G21 referenced Hawaii study. The general Group I-1 section is revised to be formatted similar to the Chapter 3 Group A format to cover both the capable and incapable conditions. The “condition” concept for Group I-1 is also used in the Group I detention occupancy.

**Group I-1:** The modified G21 maintains all current Group I-1 (capable of self preservation) facilities to remain as they are currently classified with the same associated requirements thru ought the code. Labeling Group I-1 without the “capable” condition heading maintains consistency with the past labeling of Group I-1 permits and classifications. The G21 then adds a new additional “incapable” condition:

**Group I-1 Incapable:** Both assisted living and residential board and care uses are relocated under the new heading “Group I-1 Incapable” condition, since the Hawaii study shows that a majority of these uses allow incapable occupants. This change will require most assisted living to conform to Group I-1 Incapable requirements. The revised G21 then confirms that Group I-1 Incapable will meet the basic Group I-1 requirements and “additional requirements of Group I-1 Incapable” in four areas of the code. This type of “in addition” charging statement is also used in Chapter 4 requirements. A majority of state licensing agencies already implement similar protection requirements, since they enforce either NFPA 101 for new buildings or include state amendments to the IBC. The “Incapable” occupancy condition keeps an obvious permit record to show the resident capability type.

**Section 308.3.1** is added to introduce the term incapable if self preservation. This term is required to correspond to the modification of Section 308.2. This is the term introduced for its use in the Group I-1 charging statement. The revised G21 purposely matches the term and definition from the G20, in case both proposals are approved.

**Section 310.2** The modified G21 revises the “Residential Care/Assisted Living” definition to allow either capable or incapable of self preservation occupants similar to the G21 Group I-1 changes. The modified G21 does not propose any other changes to the Group R-4 protection requirements for the following reasons:

Most state licensing agencies already allow the incapable resident type in these smaller 6-16 facilities. The reason for this is that three quarters of the state licensing agencies enforce NFPA 101 in their small facilities for 6-16 residents. All versions of NFPA 101 allow both capable and incapable residents in their small 6-16 category. The current IBC R-4 (capable) and correlating NFPA 101 Small (6-16) (incapable) Residential Board and Care facility requirements have essentially the same requirements. The key matching protection feature in both codes for these small facilities is the requirement of residential sprinklers. They both allow up to four stories in combustible construction. Other detailed protection requirements match each other. Both codes do not add smoke barriers since they are only required in facilities with over 16 residents (Group I-1 and NFPA Large). The smaller size of these facilities means travel time and possible exposure is less.

If the R-4 occupant type was not changed in the G21, those R-4 incapable uses would continue to not be specifically classified or be classified as Group I-2. Group I-2 classification for these small facilities requires excessive protection and cost such as NFPA 13 sprinklers, one story wood frame limitation, and hard conduit.

**Section 420.4** Smoke barriers are modified in the G21 as a requirement in the Group I-1 Incapable condition. The heading is per heading formats currently found in other Chapter 4 sections and Section 1017. Smoke barriers are added due to new proposed resident type allowed and to match already existing state licensing regulations in a majority of states. The section utilizes and matches technical requirements, language and format from the current I-2 Section 407 for smoke barriers. The smaller smoke compartment size from the previous original G21 is removed and the current size requirements from the current Group I-2 are implemented.

**Section 420.4.1** The modified G21 added "smoke compartment area" requirement utilizes similar current text from Section 422 Ambulatory Health Care Facilities and I-2 Section 407.4.1. The 15 square feet per occupant matches the non bed occupant area requirements of the current corresponding NFPA 101 Residential Board and Care requirements enforced over its last three editions. This 15 square foot requirement is already required by state assisted living licensing agencies in approximately 20 states. The area proposed is half the current bed and litter requirement but more than double the 6 square feet for non bed and litter areas in the Group I-2. Treatment rooms are purposely omitted from this I-1 version compared to the I-2, since occupants in personal care are not considered patients and thus do not receive treatment. Patient rooms are purposely omitted from this I-1 version compared to the I-2 for the same term reason and resident rooms are generally not a place where these types of residents are instructed to temporarily go to before exiting in emergency drills.

The charging statement is purposely different than the Group I-2 "Refuge Area" description and intent. The charging statement provides that smoke compartment areas are "for relocation of occupants as part of building evacuation in a fire emergency." This concept is different than the "defend in place" concept of the refuge area of the Group I-2 section 407.4.1. The Group I-2 defend in place concept assumes higher staff levels capable of assisting mostly incapable occupants, with some bedridden and some occupants on life support systems. Group I-1 incapable occupants, by not being bedridden or on life support, have typically less staff to resident ratios assisting residents than Group I-2. Less staff makes Group I-1 less of a viable option for the "defend in place" concept. For this reason the G21 Group I-1 Incapable "smoke compartments areas" only provide an additional temporary protection area for occupants. These occupants with assistance from others are trained through fire drills, to still eventually reach an exit in an emergency.

This emergency evacuation concept proposed is consistent with the current International Fire Code that states that Group I-1 residential care assisted living facilities shall include eventual complete building evacuation and that residents participate in fire drills. Residents are also still active participants in the required fire drills versus Group I-2 occupants. The Group I-1 Incapable residents still practice evacuation during fire drills to a "selected assembly point and shall provide experience in exiting through all required exits" as stated in the Fire Code. That practice evacuation assembly point is assumed to not require full building evacuation during fire drills due to impractical and unsafe weather but to train residents in evacuation drills to eventually reach an exit in a real emergency with assistance as needed.

**Section 420.4.2** The independent egress requirement remains as is from the original G21 proposal and utilizes exact wording matching the current I-2 Section 407.4.2 for smoke barriers.

**Section 420.4.3** The horizontal assembly requirement remains as is from the original G21 proposal and utilizes exact wording matching the current I-2 Section 407.4.3 for smoke barriers.

**Section 504.2.** The modified G21 requires that the new Group I-1 Incapable condition not be allowed to use sprinklers for story increases in Type IIB, III, IV, or V construction. The limitation is proposed due to the new incapable resident type allowed. It is also because about 30 states already limit their incapable assisted living facilities to less than the four stories that are currently allowed in Group I-1 in the combustible construction types. The three story limitation for the most commonly utilized Type VA construction is a "middle ground" of current enforcement across the 50 states. The four stories in Type VA are still allowed in this new G-21 for only Group I-1 capable facilities. Below is an approximate tally of the varying story requirements enforced by states licensing agencies that allow incapable occupants in their assisted living facilities. It is derived from the Hawaii study and compares the three different story requirements enforced by limited state IBC amendments and various editions of NFPA 101 that most states currently enforce.

- o About 15-20 state licensing agencies limit incapable assisted living Type VA wood frame to 4 stories: They use older NFPA 101 1998 and prior editions for their "Slow" incapable category. The largest percentage of assisted are considered "Slow," which allows 3-13 minutes with assistance to reach a point of safety, including the state of Washington incapable R-2 (I-1) IBC amendments.
- o About 15-20 state licensing agencies limit incapable assisted living Type VA wood frame to 2 stories: They use current NFPA 101 2003 and 2006 editions which eliminate the "Prompt," "Slow" and "Impractical" timing categories and assume incapable occupants. This tally also includes the older NFPA 101 1998 and prior editions "Impractical" categorization alternate means with horizontal exits with smoke barriers, and include incapable I-1 state of California and Hawaii IBC amendments.
- o Less than 10 state licensing agencies limit incapable assisted living Type VA wood frame to 1 story: This is because those state licensing agencies use the most restrictive NFPA 101 2000 edition and they only allow the "Impractical" category, which is the most stringent NFPA category. About five of these states require that all of their incapable assisted living categories be limited to being classified as NFPA 101 2000 "Impractical" one story Type VA limit with no "Slow" categorization allowed: NJ, ID, SC, OK, TX. (NFPA itself has eliminated this categorization in its last three more current editions.)

**Section 710.5** is modified in the G21 to include cross corridor doors in the new required smoke barriers in Group I-1 Incapable condition, matching the same exceptions allowed for I-2.

**Section 903.2.6** is modified in the G21 to require full NFPA 13 sprinkler coverage in the Group I-1 Incapable condition facility fire areas. The NFPA 13 requirement is added due to the new proposed resident type allowed. Currently over half the states licensing agencies already require NFPA 13 sprinklers in their assisted living facilities with incapable occupants. This is due to their requiring various versions of NFPA 101 or by their state amendments to the IBC. The exception is revised to allow NFPA 13R in other capable of self preservation I-1 facilities, maintaining the current exception for the current capable Group I-1 uses.

**Section 907.2.6.1** is revised in the modified G21 to eliminate the smoke detection exception only in Group I-1 Incapable condition buildings when sprinklers are provided. Currently over half the states licensing agencies already require smoke detection in their assisted living facilities with incapable occupants. This is due to their requiring various versions of NFPA 101 or by their state amendments to the IBC. This proposal still allows the exception to be applied to other Group I-1 when all residents are capable of self preservation within a building as defined by fire walls or exterior walls.

**Cost Impact:** The code change proposal will not increase the cost of construction due to current enforcement of similar requirements by other regulations such as state licensing regulations enforced in about three quarters of the states.

**G24-09/10**  
**308.2 (IFC [B] 202)**

**Proposed Change as Submitted**

**Proponent:** Tom Lariviere, Chairman, representing Joint Fire Service Review Committee

**Revise as follows:**

**308.2 (IFC [B] 202) Group I-1.** This occupancy shall include buildings, structures or parts thereof housing more than 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services. The occupants are capable of responding to an emergency situation without physical assistance from staff. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- Residential board and care facilities
- Social rehabilitation facilities

A facility such as the above with housing five or fewer persons shall be classified as Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2, provided the building is protected by an automatic sprinkler system installed in accordance with Section 903.2.8. A facility such as above, housing at least six and not more than 16 persons, shall be classified as Group R-4.

**Reason:** This proposal will continue to allow the smaller congregate care facilities to be constructed either as an R-3, or under the IRC. But when the IRC is used for this facility, the facility must be sprinklered.

If a new structure is built, it will be required to be sprinklered. A new facility can be constructed either as an R-3 under the IBC which will require a fire sprinkler system, or as a one-family dwelling under the IRC which will also require a fire sprinkler system is installed. However, many congregate care facilities open and occupy an existing structure. This revision will require that when an existing single family home is used as a small congregate care facility, it will also be sprinklered.

These occupancies, even though housing less than six occupants, still have the same clientele as the I-1 occupancy. The facility is still a Group Home, a Congregate Care Facility, or an Assisted Living Facility, etc. Many of the occupants in these facilities have limited capability or delayed response for self-preservation in an emergency.

This proposed wording in this proposal was approved in Item G36 07-08 for R-4 occupancies where a similar concept applies. The sprinkler system provides the desired level of life safety regardless of whether the facility houses 5 or 6 occupants.

**Cost Impact:** The code change proposal will increase the cost of construction.

ICCFILENAME: LARIVIERE-G1-308.2

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**Public Hearing Results**

**Committee Action:**

**Disapproved**

**Committee Reason:** The IRC has its own sprinkler requirements and the IBC should not be used to specify sprinkler requirements in buildings subject to the IRC. In addition it would set up a conflict between the sprinkler systems allowed by the IRC and those that would be required under this change.

**Assembly Action:**

**None**

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**Individual Consideration Agenda**

**This item is on the agenda for individual consideration because a public comment was submitted.**

*Public Comment:*

**Joe Pierce, Chairman, representing Joint Fire Service Review Committee, requests Approval as Submitted.**

**Commenter's Reason:** This proposal was Disapproved at the Code Development Hearing because it was felt that this is not consistent language with the I-Codes. However, Section 310.1 contains identical language for referring an R-4 to the IRC for construction.

The IBC governs construction for commercial purposes, and a Congregate Residence is a commercial facility. The IBC also allows construction of the Congregate Residence under the IRC provided that the building is equipped with a fire sprinkler system.



The references in the IBC assume that the building constructed under the IRC will be sprinklered, and it is important to maintain this requirement. This revision is the same as is currently required for an R-4 occupancy, and is only more critical in these facilities since they are classified as Group I occupancies.

Final Action: AS AM AMPC\_\_\_\_\_ D

**F106-09/10**

**907.2.2.1 (IBC [F] 907.2.2.1)**

**Proposed Change as Submitted**

**Proponent:** Rick Sheets, Fire Committee Chair, Brinks Home Security, representing National Burglar and Fire Alarm Association

**Revise as follows:**

**907.2.2.1 (IBC [F]907.2.2.1) Group B ambulatory health care facilities.** *Fire areas* containing Group B ambulatory health care facilities shall be provided with an electronically supervised automatic smoke detection system installed within the ambulatory health care facility and in public use areas outside of tenant spaces, including public *corridors* and elevator lobbies.

~~**Exception:** Buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 provided the occupant notification appliances will activate throughout the notification zones upon sprinkler water flow.~~

**Reason:** Delete Exception.

Another new occupancy has been defined under the "B" Business category, called "Ambulatory Health Care Facilities". (304.1) These facilities are defined as buildings or portions of buildings providing medical, surgical, psychiatric or nursing care less than 24 hours a day to persons incapable of self-preservation (i.e. 'put under' for minor surgery etc.). These occupancies, covered in 907.2.2.1, need an automatic smoke detection system installed in the Ambulatory Health Care Facility plus in their public use areas, corridors and elevator lobbies including all the public areas on other floors outside the AHCF area, .....except if the building is sprinkled and its activation causes the (required) occupant notification appliances to activate.

The problem with allowing this exception is that by code, heat detectors (which is what a sprinkler head is) are not, and never have been, permitted to replace smoke detectors for protection of life. Heat detectors are not life-safety devices in any code or standard because they do not provide the early warning needed for the safe evacuation of occupants. Sprinklers have a great reputation for saving lives only when used along with early detection provided by smoke detectors.

**Cost Impact:** The code change proposal will increase the cost of construction \$.30 per square foot.

ICCFILENAME: SHEETS-F1-907.2.2.1.DOC

**Public Hearing Results**

**Committee Action:**

**Disapproved**

**Committee Reason:** The proposal which would have removed the exception allowing sprinklers in lieu of smoke detection was disapproved as it would take away the incentive for sprinklers. In addition since the section is so new it should first have a chance to be applied before being revised.

**Assembly Action:**

**None**

**Individual Consideration Agenda**

**This item is on the agenda for individual consideration because public comments were submitted.**

*Public Comment 1:*

**Rick Sheets representing National Burglar and Fire Alarm Association, requests Approval as Submitted.**

**Commenter=s Reason:** The committee action was to disapprove F106 because it was felt that removing the exception took away the sprinkler incentive. The proposal did not ask to remove the sprinklers, just to provide smoke detectors in addition to the sprinklers. Smoke detectors provide much earlier warning of a fire emergency than sprinklers. While sprinklers will certainly reduce the fire growth, since many occupants of the AHCF occupancy may need assistance in evacuating if necessary, staff should be given the maximum amount of warning. Life safety can be greatly improved by providing both smoke detection and fire sprinklers.

A number of studies validate this, such as:

"Measurement of Room Conditions and Response of Sprinklers and Smoke Detectors During a Simulated Two-Bed Hospital Patient Room Fire", Notarianni, Kathy A., 1993, NISTIR 5240, Gaithersburg, MD: National Institute of Standards and Technology, July.

Notarianni noted:

*“Sprinklers in all locations tested actuated before the patient’s life would be threatened by this nominally 65 kW fire for the closed door, closed door privacy curtain, and open door privacy curtain tests. However, in the shielded fire test, the sprinklers at locations S6 and S1, the standard sidewall across from the foot of patient bed #2, and the EC sidewall, on the east wall near the bathroom, respectively, activated after the life safety criterion in HAZARD I with regard to temperature was exceeded. Ionization and photoelectric detectors in all locations alarmed before the patient’s life would be threatened.”*

*Structure Fires in Residential Board and Care*, Jennifer Flynn, NFPA Fire Analysis and Research, Quincy, MA, December 2009  
U.S. Fire departments responded to an estimated average of 2,070 structure fires in residential board and care facilities annually during 2003-2007. These fires caused annual averages of:

- 10 civilian deaths
- 70 civilian injuries
- \$10.9 million in direct property damage

Smoking materials caused 3% of fires but 63% of the civilian deaths.

- Fires that started on mattress or bedding material caused 44% of the civilian deaths in these properties.
- Structure fires in these properties peak between 4 and 7 p.m.
- Saturday was the peak day for fires in these properties.

**Public Comment 2:**

**Thomas Hammerberg representing Automatic Fire Alarm Association, requests Approval as Submitted.**

**Commenter’s Reason:** The committee action was to disapprove F106 because it was felt that removing the exception took away the sprinkler incentive. The proposal did not ask to remove the sprinklers, just to provide smoke detectors in addition to the sprinklers. Smoke detectors provide much earlier warning of a fire emergency than sprinklers. While sprinklers will certainly reduce the fire growth, since many occupants of the AHCF occupancy may need assistance in evacuating if necessary, staff should be given the maximum amount of warning. Life safety for fire fighters and occupants can be greatly improved by providing both smoke detection and fire sprinklers.

A number of studies validate this, such as:

“Measurement of Room Conditions and Response of Sprinklers and Smoke Detectors During a Simulated Two-Bed Hospital Patient Room Fire”, Notarianni, Kathy A., 1993, NISTIR 5240, Gaithersburg, MD: National Institute of Standards and Technology, July.

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Final Action:                    AS                    AM                    AMPC\_\_\_\_                    D

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