

**AD HOC HEALTHCARE COMMITTEE  
GENERAL WORK GROUP  
GROUP B CODES - APPROVED CODE CHANGE DRAFTS**

This report includes 3 code change proposals from the Adhoc Health Care, General Work Group developed for Group B changes. This includes a larger change adding a new Section 1105. This proposal also contains MOE issues.

Note that there is an item listed for discussion of issues that are not being considered as proposals based upon the development of Section 1105 that should be discussed.

| <b>Code</b>  | <b>Section</b>   | <b>Comments</b>  |
|--|--|--|
| IFC  | 604.1.1 (IBC[F] 2702.1.1)  | Referencing ASCE 24 for generators.  |
| IFC  | 1105, 1104.7, 1104.15, 1104.17, 1104.17.1, 1104.17.2, Table 1104.17.2, 1104.22 | Retroactive requirements (includes MOE issues as well)   |
| IFC  | 611 (new)  | Hyperbaric facilities  |
| Issues already addressed in IFC (no code changes needed) | Various maintenance issues   | <ul style="list-style-type: none"> <li>• Gas fireplaces</li> <li>• Smoke barrier maintenance</li> <li>• Fire wall, fire barrier maintenance</li> </ul> |
|  |  |  |

## Fxx-12/13

### 604.1.1 ([F]2702.1.1)

**Proponent:** John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

**(IBC) Revise as follows:**

**604.1.1([F]2702.1.1) Stationary generators.** Stationary emergency and standby power generators required by this code shall be *listed* in accordance with UL 2200 and shall be installed in accordance with ASCE 24.

**Add to Chapter 80:**

ASCE 24 - Flood Resistant Design and Construction

**Reason:** This proposal is submitted by the ICC Ad Hoc Committee for Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering, a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>.

There is no way to get to the requirements or limitations regarding generator placement for healthcare facilities that are in the standard if the code text for the specific code section does not take you there.

The Adhoc committee on healthcare identified this coordination oversight as it has been identified in healthcare facilities and that generators are being installed in areas subject to flooding, and although they were designed to meet the structural loads for the flooding, they would operationally fail.

There is no cost impact for these requirements because the compliance with ASCE 24 is required for these facilities; specific reference to ASCE for coordination of requirements applicable to healthcare facilities that require emergency or standby power systems per federal, state and licensing agency requirements and references.

It is an installation construction requirement that is not specifically addressed in the code; emergency and standby power by generators is necessary for life safety and preservation for healthcare and for other occupancies and uses as specified in 2702.

ASCE 24 is currently referenced in the IBC

Adhoc Health - Beth Tubbs

# Fxx-12/13

1104.7, 1104.15, 1104.17, 1104.17.1, 1104.17.2, Table 1104.17.2, 1104.22, 1105 (New)

**Proponent:** John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

Add a new Section 1105 as follows:

## ***SUGGESTED REVISIONS TO THE IFC***

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Add Section 1105 to the IFC as follows:

**SECTION 1105 – CONSTRUCTION REQUIREMENTS FOR EXISTING GROUP I-2 HOSPITALS**

**1105.1 General.** Existing Group I-2 hospitals shall meet the following requirements:

1. The minimum fire safety requirements in Section 1103,
2. The minimum egress requirements in Section 1104, and
3. The additional egress and construction requirements in Sections 1105.2 through 1105.7.5.2.

Where the provisions of this chapter conflict with the construction requirements that applied at the time of construction, the most restrictive provision shall apply.

**(K 12) 1105.2 Construction.** Group I-2 hospitals shall not be located on a floor level higher than the floor level limitation in Table 1105.2 based on the type of construction.

**Table 1105.2  
FLOOR LEVEL LIMITATIONS FOR GROUP I-2 HOSPITALS**

| Construction Type | Entire Building Equipped with Fire Sprinkler System | Allowable Floor Level <sup>a</sup> |    |    |           |
|-------------------|---|------------------------------------|----|----|-----------|
|                   |   | 1                                  | 2  | 3  | 4 or more |
| IA                | Yes   | P                                  | P  | P  | P         |
|                   | Note b  | P                                  | P  | P  | P         |
| IB                | Yes   | P                                  | P  | P  | P         |
|                   | Note b  | P                                  | P  | P  | P         |
| IIA               | Yes   | P                                  | P  | P  | NP        |
|                   | Note b  | P                                  | NP | NP | NP        |
| IIB               | Yes   | P                                  | P  | NP | NP        |
|                   | Note b  | NP                                 | NP | NP | NP        |
| IIIA              | Yes   | P                                  | P  | NP | NP        |
|                   | Note b  | P                                  | NP | NP | NP        |
| IIIB              | Yes   | P                                  | NP | NP | NP        |
|                   | Note b  | NP                                 | NP | NP | NP        |
| IV                | Yes   | P                                  | P  | NP | NP        |
|                   | Note b  | NP                                 | NP | NP | NP        |
| VA                | Yes   | P                                  | P  | NP | NP        |
|                   | Note b  | NP                                 | NP | NP | NP        |
| VB                | Yes   | P                                  | NP | NP | NP        |
|                   | Note b  | NP                                 | NP | NP | NP        |

P = Permitted; NP = Not Permitted

a. Floors level shall be counted based on the number of stories above grade.

b. Entire building is not protected with an automatic fire sprinkler system. A fire sprinkler system must be installed to meet the minimum requirements in Section 1103.5.2.

**1105.3 Egress.** In addition to the general means of egress requirements in Section 1103, existing Group I-2 hospitals shall meet the requirements in Section 1105.3.1 through 1105.3.2.

**1105.3.1 Door width.** Means of egress doors used for the movement of beds shall provide a clear width not less than 41.5 inches (1054 mm).

**1105.3.2 Door height.** The height of doors shall not be less than 80 inches (2032 mm).

**1105.4 Corridors in Group I-2.** In existing Group I-2 occupancies, corridors and the openings therein shall provide a barrier designed to resist the passage of smoke.

**Exceptions:**

1. Opening protectives are not required for spaces open to the corridor and constructed in accordance with Section 407.2 of the *International Building Code* where such spaces are constructed as required for corridors.
2. Corridors that are in accordance with the International Building Code.

**1105.4.1 Corridor Walls.** Corridor walls shall be constructed to resist the passage of smoke and shall be continuous from the floor to the deck above or to a ceiling constructed to resist the passage of smoke that will withstand an uplifting force of one pound per square foot (48 Pa).

**1105.4.2 Openings in corridor walls.** Corridor openings shall be protected with doors and frames constructed of materials to resist the passage of smoke as indicated below:

1. Doors shall be positive latching.
2. Dutch door shall be equipped with positive latching devices on both the top and bottom leaves. The top and bottom leaves shall be protected with devices such as astragals to prevent the passage of smoke in the space between the door leaves.
3. Roller latches shall not be used.
4. Doors shall not be held open unless by an approved automatic closing hold open device in accordance with Section 716 of the *International Building Code*.
5. Frames for side hinged swinging doors shall have stops on the sides and top to limit transfer of smoke.
6. Doors shall not be undercut greater than 1 inch (25 mm).
7. Fixed glass window assemblies shall be permitted on unlimited size when installed to restrict the passage of smoke.
8. Louvers, transfer grills or similar opening shall not be permitted.

**Exceptions:**

1. Doors to auxiliary spaces such as toilet rooms, bathrooms, sink closets that do not contain storage or flammable or combustible materials or are not required to be separated by other provisions of this code shall be permitted to have ventilating louvers or to be undercut.
2. Corridor walls in smoke compartments not containing patient sleeping rooms may contain unprotected pass-through windows or similar openings not greater than 80 square inches (51 613 mm<sup>2</sup>) in each room not required to be separated by other provisions of this code.

**1105.4.3 Corridor width.** Existing corridors in Group I-2 shall not be less than 48 inches (1219 mm) in clear and unobstructed width.

**Exceptions:**

1. Corridors serving smoke compartment not housing patient sleeping rooms, treatment rooms, and or used for means of egress from a patient area shall have a minimum clear width of 44 inches (1118 mm). Such corridors serving an occupant load of less than 50 shall have a minimum clear width of 36 inches (914 mm).
2. Existing corridors shall not be reduced to less than the width required by the code under which they were constructed.
3. Clean, soiled linen and food carts may be within the required clear width when in use, attended by the staff using the carts, and within two doors of the rooms being served.
4. Corridors at least 72 inches (1829 mm) in clear width may have projections of not more than 6 inches (152 mm) above the handrail for hand sanitizers, nurses' and doctors' charting and similar equipment.
5. Corridors at least 8 feet (2438 mm) in clear width may have projections into the required clear width as permitted by Section 1005.7 of the *International Building Code*.

**1105.4.4 Dead end corridors.** Dead end corridors exceeding 30 feet (9144 mm) shall be prohibited.

**Exceptions:**

1. Existing dead end corridors serving smoke compartment housing patient sleeping rooms, treatment rooms, and incidental uses may exceed a dead end of 30 feet (9144 mm) where not practical to correct.
2. Existing dead end corridors not serving smoke compartment housing patient sleeping rooms, treatment rooms, and incidental uses shall comply with Section 1104.17.3.

**1105.5 Ramps.** Ramps have a minimum clear width of 48 inches (1219 mm).

**Exception:** Ramps serving smoke compartments not housing patient sleeping rooms, treatment rooms, or used for means of egress from a patient area shall have a minimum width of 44 inches (1118 mm). Such ramps serving an occupant load of less than 50 shall have a minimum width of 36 inches (914 mm).

**1105.6 Smoke compartments.** Smoke compartments shall be provided in existing Group I-2 hospitals in accordance with Sections 1105.6.1 through 1105.6.5.

**(K 23) 1105.6.1 Design.** Smoke compartments shall be designed to create a minimum of two separate compartments on each floor with more than 30 patients.

**1105.6.1.1 Refuge areas.** Refuge areas shall be provided within each smoke compartment.

**(K 24; K 26) 1105.6.1.2 Size of refuge areas.** The size of the refuge area shall accommodate the occupants and care recipients from the adjoining smoke compartment. Where a smoke compartment is adjoined by two or more smoke

compartments, the minimum area of the refuge area shall accommodate the largest occupant load of the adjoining compartments.

The refuge area shall be permitted to include corridors, sleeping areas, treatment rooms, lounge or dining areas and other low-hazard areas.

The minimum size of the refuge area shall provide the following:

1. Not less than 30 net square feet (2.8 m<sup>2</sup>) for each care recipient confined to bed or litter.
2. Not less than 6 square feet (0.56 m<sup>2</sup>) for each ambulatory care recipient not confined to bed or litter and for other occupants.

**(K 25) 1105.6.2 Construction.** Smoke barriers shall be designed to resist the passage of smoke and create separate smoke compartments. Smoke barriers shall be constructed to provide a fire-resistance-rating of at least ½ hour. Smoke barriers shall be permitted to terminate at an atrium wall.

**(K 25; K 104) 1105.6.3 Opening protectives.** Openings in smoke barriers shall be protected approved opening protectives. Windows shall be protected by fire-rated glazing with a fire-resistance-rating of xxxxxx hours.

**Exceptions:**

1. Previously approved wired glass vision panels shall be permitted to remain in place.
2. Smoke dampers are not required to be installed in existing smoke barriers which were constructed and approved without smoke dampers.

**(K 28) 1105.6.4 Door width.** Swinging or horizontal doors in existing smoke barriers shall provide a minimum clear width of 32 inches (813 mm).

**(K 27) 1105.6.5 Door rating.** Doors in existing smoke barriers in existing Group I-2 occupancies shall be constructed of 1-3/4 inch (44 mm) thick solid bonded core wood or have a fire-resistance-rating of 20 minutes. Vision panels in doors shall be fire-rated glazing or wired glass panels and steel frames. Non-rated protective plates shall be permitted in doors in smoke barriers.

**1105.7 Group I-2 care suites.** Care suites in existing Group I-2 occupancies shall comply with Sections 1105.7.1 through 1105.7.2 and either Section 1105.7.3 or 1105.7.4.

**1105.7.1 Exit access through care suites.** Exit access from all other portions of a building not classified as a care suite shall not pass through a care suite. In a care suite required to have more than one exit, one exit access is permitted to pass through an adjacent care suite provided all of the other requirements of Sections 407.4 and 1014.2 of the *International Building Code* are satisfied.

**1105.7.2 Separation.** Care suites shall be separated from other portions of the building by a smoke partition complying with Section 710 of the *International Building Code*.

**1105.7.3 Number of doors.** Movement of beds from the patient sleeping rooms out of the care suite shall not require passage through more than 3 doors.



**1105.7.4 Care suites containing sleeping room areas.** Sleeping rooms shall be permitted to be grouped into care suites with one intervening room if one of the following conditions is met:

1. The intervening room within the care suite is not used as an exit access for more than eight care recipient beds.
2. The arrangement of the care suite allows for direct and constant visual supervision into the sleeping rooms by care providers.
3. An automatic smoke detection is provided in the sleeping room in accordance with Section 907.

**1105.7.4.1 Area.** Care suites containing sleeping rooms shall be not greater than 7,500 square feet (696 m<sup>2</sup>) in area.

**Exception:** Care suites containing sleeping rooms shall be permitted to be not greater than 10,000 sq feet (929 m<sup>2</sup>) in area where the building is protected throughout by an approved automatic sprinkler system and the suite complies with one of the following:

1. All sleeping rooms are provided with constant visual supervision into the sleeping rooms by care providers.
2. An automatic smoke detection system is provided throughout the care suite in accordance with Section 907.

**1105.7.4.2 Exit access.** Any sleeping room, or any care suite that contains sleeping rooms, of more than 1,000 square feet (93 m<sup>2</sup>) shall have no fewer than two exit access doors from the care suite located in accordance with Section 1015.2.

**1105.7.4.3 Travel distance.** The travel distance between any point in a care site containing sleeping rooms and an exit access door from that care suite shall not be greater than 100 feet (30 480 mm).

**Exception:** The travel distance shall be permitted to be increased to 125 feet (38 100 mm) where the building is protected throughout by an approved automatic sprinkler system and the suite complies with one of the following:

1. All sleeping rooms are provided with constant visual supervision into the sleeping rooms by care providers.
2. An automatic smoke detection system is provided throughout the care suite in accordance with Section 907.

**1105.7.5 Care suites not containing sleeping rooms.** Areas not containing sleeping rooms, but only treatment areas and the associated rooms, spaces or circulation space shall be permitted to be grouped into care suites and shall conform to the limitations in Sections 1105.7.5.1 and 1105.7.5.2.

**1105.7.5.1 Area.** Care suites of rooms, other than sleeping rooms, shall have an area not greater than 10,000 square feet (929 m<sup>2</sup>).

**1105.7.5.2 Exit access.** Care suites, other than sleeping rooms, with an area of more than 2,500 square feet (232 m<sup>2</sup>) shall have no fewer than two exit access doors from the care suite located in accordance with Section 1015.2.

*(Renumber subsequent sections...)*

**Revise IFC Section 1104.7 as follows:**

**1104.7 Size of doors.** The minimum width of each door opening shall be sufficient for the occupant load thereof and shall provide a clear width of not less than 28 inches (711 mm). Where this section requires a minimum clear width of 28 inches (711 mm) and a door opening includes two door leaves without a mullion, one leaf shall provide a clear opening width of 28 inches (711 mm). ~~The maximum width of a swinging door leaf shall be 48 inches (1219 mm) nominal.~~ In ambulatory care facilities, doors serving as means of egress from patient treatment rooms or patient sleeping rooms shall provide a clear width of not less than 32 inches (813 mm). ~~Means of egress doors in an occupancy in Group I-2 used for the movement of beds shall provide a clear width not less than 41.5 inches (1054 mm).~~ The maximum width of a swinging door leaf shall be 48 inches (1219 mm) nominal. The height of doors shall not be less than 80 inches (2032 mm).

**Exceptions:**

1. The minimum and maximum width shall not apply to door openings that are not part of the required means of egress in occupancies in Groups R-2 and R-3.
2. Door openings to storage closets less than 10 square feet (0.93 m<sup>2</sup>) in area shall not be limited by the minimum width.
3. Width of door leaves in revolving doors that comply with Section 1008.1.4.1 shall not be limited.
4. Door openings within a dwelling unit shall not be less than 78 inches (1981 mm) in height.
5. Exterior door openings in dwelling units, other than the required exit door, shall not be less than 76 inches (1930 mm) in height.
6. Exit access doors serving a room not larger than 70 square feet (6.5 m<sup>2</sup>) shall be not less than 24 inches (610 mm) in door width.

**Revise IFC Section 1104.15 as follows:**

**1104.15 Width of ramps.** ~~Existing~~ In other than Group I-2, existing ramps are permitted to have a minimum width of 30 inches (762 mm) but not less than the width required for the number of occupants served as determined by Section 1005.1. Ramps in Group I-2 shall be in accordance with Section 1105.5.

**Revise IFC Section 1104.17 as follows:**

**1104.17 Corridors.** ~~Corridors~~ In other than Group I-2, existing corridors serving an occupant load greater than 30 and the openings therein shall provide an effective barrier to resist the movement of smoke. Transoms, louvers, doors and other openings shall be kept closed or self closing. Corridors in existing Group I-2 shall be in accordance with Section 1105.4.

**Exceptions:**

1. Corridors in occupancies other than in Group H ~~and I-2~~, which are equipped throughout with an approved automatic sprinkler system.

2. ~~Patient room doors in Corridors in occupancies in Group I-2 shall comply with the requirements of 1104.17.2 where smoke barriers are provided in accordance with the International Building Code.~~
3. Corridors in occupancies in Group E where each room utilized for instruction or assembly has at least one-half of the required means of egress doors opening directly to the exterior of the building at ground level.
4. Corridors that are in accordance with the *International Building Code*.

**1104.17.1 Corridor openings.** ~~Openings In other than Group I-2, openings~~ in corridor walls shall comply with the requirements of the *International Building Code*.

**Exceptions:**

1. Where 20-minute fire door assemblies are required, solid wood doors at least 1.75 inches (44 mm) thick or insulated steel doors are allowed.
2. Openings protected with fixed wire glass set in steel frames.
3. Openings covered with 0.5-inch (12.7 mm) gypsum wallboard or 0.75-inch (19.1 mm) plywood on the room side.
4. Opening protection is not required when the building is equipped throughout with an approved automatic sprinkler system.

**1104.17.2 Dead ends.** Where more than one exit or exit access doorway is required, the exit access shall be arranged such that dead ends do not exceed the limits specified in Table 1104.17.2.

**Exceptions:**

1. A dead-end passageway or corridor shall not be limited in length where the length of the dead end passageway or corridor is less than 2.5 times the least width of the dead-end passageway or corridor.
2. Dead end corridors in Group I-2 occupancies shall be in accordance with Section 1105.4.4.

**TABLE 1104.17.2  
COMMON PATH, DEAD-END AND TRAVEL DISTANCE LIMITS (by occupancy)**

| OCCUPANCY  | COMMON PATH LIMIT    |                    | DEAD-END LIMIT       |                      | TRAVEL DISTANCE LIMIT |                    |
|--|----------------------|--------------------|----------------------|----------------------|-----------------------|--------------------|
|  | Unsprinklered (feet) | Sprinklered (feet) | Unsprinklered (feet) | Sprinklered (feet)   | Unsprinklered (feet)  | Sprinklered (feet) |
| Group I-1  | 75                   | 75                 | 20                   | 50                   | 200                   | 250                |
| Group I-2 (Health care)  | NR <sup>e</sup>      | NR <sup>e</sup>    | <del>NR-Note f</del> | <del>NR-Note f</del> | 150                   | 200 <sup>c</sup>   |
| Group I-3 (Detention and correctional—Use Conditions II, III, IV, V) | 100                  | 100                | NR                   | NR                   | 150 <sup>c</sup>      | 200 <sup>c</sup>   |
| Group I-4 (Day Care Centers)   | NR                   | NR                 | 20                   | 20                   | 200                   | 250                |

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

NR = No requirements.

For SI: 1 foot = 304.8 mm, 1 square foot = 0.0929 m<sup>2</sup>.

- a. 20 feet for common path serving 50 or more persons; 75 feet for common path serving less than 50 persons.
- b. See Section 1028.9.5 for dead-end aisles in Group A occupancies.

- c. This dimension is for the total travel distance, assuming incremental portions have fully utilized their allowable maximums. For travel distance within the room, and from the room exit access door to the exit, see the appropriate occupancy chapter.
- d. See the *International Building Code* for special requirements on spacing of doors in aircraft hangars.
- e. Any patient sleeping room, or any suite that includes patient sleeping rooms, of more than 1,000 square feet shall have at least two exit access doors placed a distance apart equal to not less than one-third of the length of the maximum overall diagonal dimension of the patient sleeping room or suite to be served, measured in a straight line between exit access doors.
- f. Existing dead end corridors in Group I-2 shall comply with Section 1105.4.4.
- g. ~~f.~~ Where a tenant space in Group B, S and U occupancies has an occupant load of not more than 30, the length of a common path of egress travel shall not be more than 100 feet.

**Revise IFC Section 1104.22 as follows:**

**1104.22 Minimum aisle width.** The minimum clear width of aisles shall be:

1. Forty-two inches (1067 mm) for aisle stairs having seating on each side.  
**Exception:** Thirty-six inches (914 mm) where the aisle serves less than 50 seats.
2. Thirty-six inches (914 mm) for stepped aisles having seating on only one side.  
**Exception:** Thirty inches (760 mm) for catchment areas serving not more than 60 seats.
3. Twenty inches (508 mm) between a stepped aisle handrail or guard and seating when the aisle is subdivided by the handrail.
4. Forty-two inches (1067 mm) for level or ramped aisles having seating on both sides.  
**Exception:** Thirty-six inches (914 mm) where the aisle serves less than 50 seats.
5. Thirty-six inches (914 mm) for level or ramped aisles having seating on only one side.  
**Exception:** Thirty inches (760 mm) for catchment areas serving not more than 60 seats.
6. Twenty-three inches (584 mm) between a stepped stair handrail and seating where an aisle does not serve more than five rows on one side.
7. Aisles in Group I-2 shall comply with 1105.4.3.

**REASON:**

This proposal is submitted by the ICC Ad Hoc Committee for Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering, a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed

changes. All meeting materials and reports are posted on the AHC website at:  
<http://www.iccsafe.org/cs/AHC/Pages/default.aspx>

1. The revision to Section 1105.2 is proposed this retroactive limitation requirement for the allowable height based upon construction type because this is a gaping oversight for compliance requirements for nearly every healthcare facility and hospital. The requirements identified in Table 1105.2 for existing healthcare facility construction are absolutely necessary to be included in the I-Codes so that surveying and licensing requirements can be documented and provided for in the IFC. Without these limitations provided for in the IFC, to which the healthcare industry is required to comply and support, the implementation and use of the IFC as a compliance document could not be possible. While it is generally believed that most existing hospitals were constructed to comply with these minimum construction requirements, many were constructed using methods that were comprised of an “assembly” ( i.e. minimum thickness concrete slab with a metal lath and plaster ceiling below) which provided the necessary fire rating. This section will allow all hospitals to be evaluated on an ongoing basis to verify the system/assembly used to obtain the required fire rating will be maintained or replaced with an equivalent system/assembly. The existing allowance for the occupancies as stipulated in the proposed table, are less than that for new construction and do not increase the cost of construction and operations beyond what is currently mandated for healthcare facilities. This section addresses CMS K-Tag 12 on existing building construction for Group I-2 healthcare facilities in existing buildings.
2. Revision to 1104.7: Doors in hospitals, nursing homes, and similar occupancies have historically required doors to be a minimum of 32-inches in clear width due to the nature of the occupants within the buildings. The BOCA Basic Building Code in 1975 and the Uniform Building Code prior to 1979 both started requiring doors providing a clear width of 32-inches. The Americans with Disabilities Act Accessible Guidelines (ADAAG) of 1994 and the 2010 ADA Standards for Accessible Design, along with the Unified Federal Accessibility Standards (UFAS) also require a minimum of 32-inches clear because of the width necessary to maneuver a wheelchair through a door opening. Adding Ambulatory Care Facilities to the rule does not add any additional restrictions further than the IBC for door sizing. The deleted requirements for Group I-2 are relocated into new Sections 1105.3.1 and 1105.3.2.
3. New Section **1105.6**: This section addresses existing acceptable configuration of smoke barrier walls and smoke barriers that do not currently contain smoke dampers. The intent of proposed Section 1105.4.2 is to bring noncompliant smoke barriers to at least ½ hour fire resistance rating. Previously approved smoke barriers are not intended to be reduced to ½. Chapter 7 of the IFC would require maintenance of approved construction. New Section 1105.4.3, Exception 2 addresses hospitals that were originally approved without smoke dampers required. This provision would allow such situations to remain but would prohibit the removal of smoke dampers that were required. New Sections 1105.4.4 and 1105.4.5: These sections address doors in smoke barriers in existing Group I-2 occupancies. These revisions address:
  - CMS K-Tag 23 and K-Tag 24 on number of smoke compartments and size of smoke compartments.
  - CMS K-Tag 25 and K-Tag 104 on existing acceptable configuration of smoke barrier walls and smoke barriers that do not currently contain smoke dampers.
  - CMS K-Tag 26 on refuge areas within smoke compartments.

- These revisions address CMS K-Tag 27 and K-Tag 28 on existing acceptable configuration of smoke barrier walls.

These retroactive requirements are added to assist code officials and surveyors during the ongoing regular inspection of hospital facilities. These inspections are required by federal laws for certification and reimbursement. This requirement considers the minimum previously approved construction methods. This is consistent with the federal requirements that these facilities are currently held to.

## **Fxx-12/13**

**611 (New)**

**Proponent:** John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

**Add Section 611 to the IFC as follows:**

### **SECTION 611 – HYPERBARIC FACILITIES**

**(K 142) 611.1 General.** Hyperbaric facilities shall be maintained in a safe condition at all times in accordance with Section 14.3 of NFPA 99.

**611.2 Records.** Records shall be maintained of all testing and repair conducting on the hyperbaric chamber and associated devices and equipment. Records shall be available to the fire code official.

#### **REASON:**

This proposal is submitted by the ICC Ad Hoc Committee for Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and asses contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the [American Society for Healthcare Engineering](#), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at:

<http://www.iccsafe.org/cs/AHC/Pages/default.aspx>

Currently there is no specific requirement for maintaining hyperbaric chambers in the IFC. Adding this section into Chapter 6 will require that all hyperbaric chambers are maintained to the same NFPA standard they were required to meet when they were installed.

## PROVISIONS ALREADY COVERED IN IFC

**(K 67; K68) 603.5.2 Heating appliance installation and maintenance.** Heating appliances shall be installed and maintained in accordance with the manufacturer's instructions, the International Building Code, the International Mechanical Code, the International Fuel Gas Code and NFPA 70.

**(K 27; K 104) 703.1.2 Smoke barriers and smoke partitions.** Required smoke barriers and smoke partitions shall be maintained to prevent the passage of smoke. All openings protected with approved smoke barrier doors or smoke dampers shall be maintained in accordance with NFPA 105.

**(K 27) 703.1.3 Fire walls, fire barriers and fire partitions.** Required fire walls, fire barriers and fire partitions shall be maintained to prevent the passage of fire. All openings protected with approved doors or fire dampers shall be maintained in accordance with NFPA 80.