

Healthcare PC Report – 9-7-2022

Code change Number	Results	Public Comments	Section number	Topic	Notes
EB47-22	AM	AMPC	502.1.1, 1101.3	Risk category – what happens for facilities that have been kicked up in the risk category – See S74-S78	Speak against committee action – would like D. What happens to buildings that have been kicked up in Risk Category tables?
EB48-22	AS	D	502.1.1, 1101.2	Risk category – what happens for facilities that have been kicked up in the risk category – See S74-S78	Support PC for D – Jeff/Jonathan The IEBC already has mechanisms that addresses this. This has language that is not clear and will create interpretations issues. What happens to buildings that have been kicked up in Risk Category tables?
EB67-22	AM	AMPC	502.12, 706.3.2	Hospital in reason	Neutral
EB75-22	AS	AMPC	506.5.3, 1006.3	Risk category – what happens for facilities that have been kicked up in the risk category – See S74-S78 Hospital in reason	Neutral Could be an issue for existing buildings based on interpretation of EB47 (existing buildings has a COO if you add an addition) – seismic and wind loads?
EB98-22	AS	D	1011.5.1, 1105.2, 804.12.2	Guards on roof	Support AS – speak against PC – Jeff/Jonathan Issue for existing buildings that want to add an outdoor space (federal and state licensing requirement) on the roof for patients and having high guards would ‘add a story’ for height limitations. Fire and evacuation plans robust; familiarity of fire department with building; limited scope; needed for suicide prevention.
EB116-22	AM	AMPC	Appendix E	Temporary uses	Support AMPC – Jeff/Jonathan Important to address emergency situations – good guidance. PC is editorial.

S74-22	AS	3 PC – AMPC; AS; D	Table 1604.5	Nursing homes to Risk Category IV; plus issue with added description Hospital in reason	<p>Ask for S74 and S77 to be heard after S78</p> <p>Support PC for D</p> <p>Committee was split.</p> <p>“where loss of function represents a substantial hazard to occupants” – too open for interpretation for nursing homes and hospitals</p> <p>This is an emotional argument – not anything based on identified need.</p> <p>Affects short stay facilities and micro-hospitals without emergency rooms. Healthcare has extensive safety and evacuation plans. Agreements with other facilities for support.</p> <p>Licensure and emergency plans already in place – don’t need this to be addressed in additional seismic and wind requirements in buildings.</p> <p>This proposal does not deal with evacuation requirements that have happened due to power loss or flooding.</p> <p>This is not going to resist a tornado – that is hyper local – so you could evacuate residents to another building. In hurricanes – you can determine ahead of time to evacuate.</p> <p>PC1 changes occupant load allowance for Category 2 to 4 for nursing facilities between 17 and 50. Typical nursing homes start at 40 residents. Using the occupant load for Group R-4 is not reasonable. This is less than 0.2% of nursing homes.</p>
S75-22	AS	2 PC – AS; D	Table 1604.5	Jails to Risk Category IV; plus issue with added description	Support PC for D

				Hospital in reason	Committee was split. “where loss of function represents a substantial hazard to occupants” – too open for interpretation for ambulatory care and hospitals currently in category 4.
S76-22	AM	15 PC – 2-AM; 13-D	Table 1604.5	Public utilities to Risk Category IV; plus issue with added description Hospital in reason	Support PC for D Committee was split. “where loss of function represents a substantial hazard to occupants” – too open for interpretation for ambulatory care and hospitals currently in category 4.
S77-22	D	AMPC	Table 1604.51	Group I-1 to Risk Category IV; plus issue with added description Hospital in reason	Ask for S74 and S77 to be heard after S78 Support committee for D “where loss of function represents a substantial hazard to occupants” – too open for interpretation for ambulatory care and hospitals currently in category 4. The reason statement says these facilities are all for profit and do not care about their residents. This is kicking up Group I-2, Condition 2 from Category 2 to 4 without justification. The reason talks about loss of water and power, but this does not address that.
S78-22	D	AMPC	Table 1604.5	Group F and M to Risk Category IV; plus issue with added description	Support committee for D “where loss of function represents a substantial hazard to occupants” – too open for interpretation for ambulatory care and hospitals currently in category 4.

S116-22	AM	4 PC - AMPC	Varies	Temporary Uses Hospital in reason	Jonathan to review
G2-22	D	AMPC	202, 1604.5.1	'life safety components'	Support committee for D Still confusing