AHC Meeting #9
March 21-22, 2013
Occupancy Work Group Report

The following 2013 Group B changes have been compiled for the above noted AHC Work Group. Code changes with an (*) indicate AHC sponsored Code changes. These changes are intended to serve as the agenda for the AHC in order to establish AHC positions, if any, for the upcoming 2013 Group B Committee Action Hearings.

ADM15–13
EB25–13*
EB33–13*
EB36–13*
EB37–13*
EB46–13
EB49–13
EB54–13*
F102–13*

ADM15–13
IFC: 102.3.1 (New)

Proponent: Al Godwin, CBO, CPM, representing Aon Fire Protection Engineering Corporation.

Revise the International Fire Code as follows:

IFC [A] 102.3.1 Change of character. A change in occupancy, as defined in Section 202, with no change of occupancy classification, shall not be made to any structure that will subject the structure to any special provisions of the applicable *International Codes*, without approval of the *fire code official*. Compliance shall be only as necessary to meet the specific provisions and is not intended to require the entire building be brought into compliance.

Reason: This is a correlation with code change G231-12 which was approved as submitted last cycle. Currently, IFC Section 102.3 states:

> "No change shall be made in the use or occupancy of any structure that would place the structure in a different division of the same group or occupancy or in a different group of occupancies, unless such structure is made to comply with the requirements of this code and the *International Building Code*….."

But, what about change in occupancy that does not change division or group but does change the "level of activity" as specified in the definition of Change of Occupancy?

In the 2009/2010 code cycle, Code Change EB27-09/10 added "10. Ambulatory health care facilities" to IEBC Section 902.1 (now 1002.1) under the classification of "change of character. This section in the IEBC, along with The IEBC definition of Change of Use, in general verbiage, recognizes that there are changes of use that do not involve changing occupancy groups.

IEBC Section 1001.2 states:

> "**1001.2 Change in occupancy with no change in occupancy classification.** A change in occupancy, as defined in Section 202, with no *change of occupancy* classification shall not be made to any structure that will subject the structure to any special provisions of the applicable *International Codes*, including the provisions of Sections 1002 through 1011, without the approval of the *code official*. A certificate of occupancy shall be issued where it has been determined that the requirements for the change in occupancy have been met."

This proposal is to bring those provisions from IEBC Section 1001.2 over into the IFC.

As noted in the IEBC, it is possible to change a use without changing the occupancy classification. Some examples are as follows:

1. Group A-2 bar with an occupant load of 275 to a Group A-2 bar with an occupant load of 350. Increasing occupant loads is permitted under Section 1004.2.
2. Group B office to Group B Ambulatory Health Care
3. Group B office to Group B café
4. Group F-1 factory to a Group F-1 woodworking shop.
5. Group H-3 Oxidizing gases to Group H-3 Flammable solids

6. Group M retail to Group M retail of upholstered furniture
7. Group S-1 warehouse to Group S-1 tire warehouse over 20,000 cubic feet
8. Group S-1 warehouse to Group S-1 motor vehicle repair garage
9. Group R-2 apartment to Group R-2 Live/Work unit.

Each of these classifications has particular code provisions that would apply if the occupancy had been originally identified. Some items might be fire protection, alarms, fresh air, restroom facilities, accessibility, smoke barriers, etc. The IFC currently does not specifically address these changes since they do not change Groups or change Divisions within Groups.

When making a change of character, it is not necessary to totally re-evaluate the building. Only the new applicable provisions should be addressed.

For example:

Group A-2 bar with an occupant load of 275 to a Group A-2 bar with an occupant load of 350.

Items that might require review:

Means of egress – 1004.2, to the public way
Sprinklers – 903.2.1.2, only in this space
Alarms – 907.2.1, only in this space
Restrooms – Chapter 29
Fresh air – IMC
Accessibility – see Section 3411
If food – upgrade of interceptor provisions of the IPC

Items that might not require a new review:

Height and area
Exterior walls and openings

As this is a confusing issue, the code official will need to define what items of correction are appropriate. While the wording may be new, code officials have performed this service for years. This proposal just puts it in the code.

I thought about placing the provision in Chapter 11 for existing buildings but that would require moving Section 102.3 which is also existing buildings.

Costs: Since this provision is already being enforced in this manner, there should be no increase in costs of construction.

EB25–13*

803.3, 803.3.1, 803.3.2

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Healthcare (John.Williams@DOH.WA.GOV) and Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee (cbaldassarra@rjagroup.com

Revise as follows:

~~**803.3 Smoke barriers.** Smoke barriers in Group I-2 occupancies shall be installed where required by Sections 803.3.1 and 803.3.2~~

~~**803.3.1 Compartmentation.**~~ **803.3 Smoke Compartments.** In Group I-2 occupancies where the *work area* is on a story used for sleeping rooms for more than 30 patients, the story shall be divided into not less than two compartments by smoke barrier walls ~~complying with Section 803.3.2 such that each compartment does not exceed 22,500 square feet (2093 m^2) and the travel distance from any point to reach a door in the required smoke barrier shall not exceed 200 feet (60 960 mm).~~ in accordance with Section 407.5 of the International Building Code as required for new construction.

~~**Exception.** Where neither the length nor the width of the smoke compartment exceeds 150 feet (45 720 mm), the travel distance to reach the smoke barrier door shall not be limited.~~

~~**803.3.2 Fire-resistance rating.** The smoke barriers shall be fire resistance rated for 30 minutes and constructed in accordance with the International Building Code.~~

Reason: This proposed change is a joint proposal from the ICC Ad Hoc Committee on Healthcare (AHC) and the Code Technology

Committee (CTC). The scope of the AHC deals with Group I-2 hospitals (now Group I-2 Condition 2 as a result of approved code change G257-12) and the scope of the CTC's investigation of the area of study entitled "Care Facilities" addresses Group I-1 and Group I-2 Condition 1 (nursing homes).

Group I-2 hospitals and nursing homes are a unique environment which employ the defend in place strategy. When such an occupancy undergoes a substantial alteration, which is the case with a Level 2 Alteration where the space can be entirely configured, such work areas should be provided with a higher degree of fire safety. With a reference to Section 407.5 of the IBC, the current IEBC compartment size provisions (maximum 22,500 square feet in area and maximum 200 of travel) are maintained. In addition, by virtue of a reference to the IBC, a higher level of fire safety will be provided, as follows:

- The travel distance within the compartment will be limited to 200 feet while the current IEBC provides an exception which literally allows unlimited travel as a function of the physical size of the space.
- The smoke barrier rating will not be permitted to be reduced to 30 minutes, but rather will be required to meet the new construction requirements of the IBC which require a one hour rating.

This is a joint proposal submitted by the ICC Ad Hoc Committee for Healthcare and the ICC Code Technology Committee.

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 8 open meetings and over 150 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.

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. This proposal is submitted by the ICC Code Technology Committee. 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/CTC/Pages/default.aspx. Since its inception in April/2005, the CTC has held twenty-five meetings - all open to the public. In 2012, three of the 25 face-to face meetings were held. In addition to the CTC meetings, the CTC established Study Groups (SG) of interested parties for each of the areas of study. These SG's are responsible for reviewing the available information and making recommendations to the CTC. All totaled, the SG's held over 70 conference calls in 2012.

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

EB33–13*

804.4.1.3

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Healthcare (John.Williams@DOH.WA.GOV) and Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee (cbaldassarra@rjagroup.com)

Revise as follows:

804.4.1 Occupancy requirements. A fire alarm system shall be installed in accordance with Sections 804.4.1.1 through 804.4.1.7. Existing alarm-notification appliances shall be automatically activated throughout the building. Where the building is not equipped with a fire alarm system, alarm-notification appliances within the *work area* shall be provided and automatically activated.

Exceptions:

1. Occupancies with an existing, previously approved fire alarm system.
2. Where selective notification is permitted, alarm notification appliances shall be automatically activated in the areas selected.

804.4.1.3 Group I-2. A fire alarm system shall be installed in work areas of Group I-2 occupancies as required by the International Fire Code for ~~existing~~ new Group I-2 occupancies.

Reason: This proposed change is a joint proposal from the ICC Ad Hoc Committee on Healthcare (AHC) and the Code Technology Committee (CTC). The scope of the AHC deals with Group I-2 hospitals (now Group I-2 Condition 2 as a result of approved code change G257-12) and the scope of the CTC's investigation of the area of study entitled "Care Facilities" addresses Group I-1 and Group I-2 Condition 1 (nursing homes).

This section in the IEBC refers you to the IFC for fire alarm requirements in existing buildings undergoing a Level 2 Alteration. Section 1103.7.3 of the IFC refers back to the new construction requirements of Section 907.2.6.2. This proposal removes the circuitous references by stipulating that the fire alarm system needs to be installed as required for new construction.

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

EB36–13*

805.3.1.2

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Healthcare (John.Williams@DOH.WA.GOV)

Revise as follows:

805.3.1.2 Fire escapes required. For other than Group I-2 Condition 2, where ~~When~~ more than one exit is required, an existing or newly constructed fire escape complying with Section 805.3.1.2.1 shall be accepted as providing one of the required means of egress.

Reason: Based on the approval as modified of code change G257-12, Group I-2 hospitals are now classified as Group I-2, Condition 2. Where a Level 2 Alteration occurs, this proposal is intended to limit the use of fire escapes to all occupancies other than hospitals. Hospitals are a unique environment which employ the defend in place strategy which is one for which the use of a fire escape is neither practical nor appropriate. The minimum number of exits from such facilities needs to be held to the highest possible standard – that of new construction as stipulated in Section 805.3.1.

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 8 open meetings and over 150 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.

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

EB37–13*

805.5.2

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Healthcare (John.Williams@DOH.WA.GOV) and Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee (cbaldassarra@rjagroup.com)

Revise as follows:

805.5.2 Transoms. In all buildings of Group I-1, Group I-2, R-1 and R-2 occupancy, all transoms in corridor walls in work areas shall either be glazed with 1/4-inch (6.4 mm) wired glass set in metal frames or other glazing assemblies having a fire protection rating as required for the door and permanently secured in the closed position or sealed with materials consistent with the corridor construction.

Reason: This proposed change is a joint proposal from the ICC Ad Hoc Committee on Healthcare (AHC) and the Code Technology Committee (CTC). The scope of the AHC deals with Group I-2 hospitals (now Group I-2 Condition 2 as a result of approved code change G257-12) and the scope of the CTC's investigation of the area of study entitled "Care Facilities" addresses Group I-1 and Group I-2 Condition 1 (nursing homes).

Hospitals and nursing homes are a unique environment which employ the defend in place strategy which is one for which the means of egress and relocation of individuals from one smoke compartment another is of critical importance. Where a Level 2 Alteration occurs, resulting in a reconfiguration of the work area, the corridors provide a critical passageway which needs to be held to the highest possible standard while at the same time acknowledging practical construction limitations. The current code acknowledges this for Groups I-1,R-1 and R-2 occupancies where the occupants may be sleeping. This code change provides the same level of protection for Group I-2.

This is a joint proposal submitted by the ICC Ad Hoc Committee for Healthcare and the ICC Code Technology Committee.

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

EB46–13
902.2, 902.2.1

Proponent: Carl Baldassarra, P.E., Chair, ICC Code Technology Committee

Revise as follows:

902.2 Boiler and furnace equipment rooms. Boiler and furnace equipment rooms adjacent to or within Groups I-1, I-2, I-4, R-1, R-2 and R-4 occupancies ~~the following facilities~~ shall be enclosed by 1-hour fire-resistance-rated construction: ~~day nurseries, children's shelter facilities, residential childcare facilities, and similar facilities with children below the age of 21/2 years or that are classified as Group I-2 occupancies, shelter facilities, residences for the developmentally disabled, group homes, teaching family homes, transitional living homes, rooming and boarding houses, hotels, and multiple dwellings~~ .

Exceptions:

1. ~~Furnace and~~ Steam boiler equipment ~~of low pressure type,~~ operating at pressures of 15 pounds per square inch gauge (psig) (103.4 KPa) or less ~~for steam equipment or~~ is not required to be enclosed.
2. Hot water boilers operating at pressures of 170 psig (1171 KPa) or less ~~for hot water equipment, when installed in accordance with manufacturer recommendations~~ are not required to be enclosed.

3. ~~2.~~ Furnace and boiler equipment ~~of residential R-3 type~~ with ~~200,000~~ 400,000 British thermal units (Btu) (~~2.11~~ 4.22 × 108 J) per hour input rating or less is not required to be enclosed.
4. ~~3.~~ Furnace rooms protected with automatic ~~sprinkler protection~~ fire-extinguishing system are not required to be enclosed.

~~902.2.1 Emergency controls.~~ ~~Emergency controls for boilers and furnace equipment shall be provided in accordance with the *International Mechanical Code* in all buildings classified as day nurseries, children's shelter facilities, residential childcare facilities, and similar facilities with children below the age of 21/2 years or that are classified as Group I-2 occupancies, and in group homes, teaching family homes, and supervised transitional living homes in accordance with the following:~~

~~1. Emergency shutoff switches for furnaces and boilers in basements shall be located at the top of the stairs leading to the basement; and~~
~~2. Emergency shutoff switches for furnaces and boilers in other enclosed rooms shall be located outside of such room.~~

Reason: The list of occupancies is outdated and unclear in both Section 902.2 and 902.2.1. The exceptions in 902.2 should be consistent with IBC Table 508.2.5 for new construction, not have a much lower threshold for renovations versus new. The remainder of the revisions is a clarification of the existing language. Emergency controls for boilers and furnace equipment is never required in the IMC, so Section 902.2.1 should be deleted.

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/CTC/Pages/default.aspx. Since its inception in April/2005, the CTC has held twenty five meetings - all open to the public.

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

EB49–13
904.2

Proponent: Charles S. Bajnai, Chesterfield County, VA, ICC Building Code Action Committee

Revise as follows:

904.2 Fire alarm and detection systems. Fire alarm and detection systems ~~complying with Sections 804.4.1 and 804.4.3~~ shall be provided ~~throughout the building~~ in accordance with Section 907 of the *International Building Code* as required for new construction.

Reason: This proposal is submitted by the ICC Building Code Action Committee (BCAC) The BCAC was established by the ICC Board of Directors to pursue opportunities to improve and enhance an assigned International Code or portion thereof. This includes both the technical aspects of the codes as well as the code content in terms of scope and application of referenced standards. Since its inception in July, 2011, the BCAC has held 6 open meetings and numerous workgroup calls which included members of the BCAC as well as any interested party to discuss and debate the proposed changes. Related documentation and reports are posted on the BCAC website at: http://www.iccsafe.org/cs/BCAC/Pages/default.aspx.

The reference back to Section 804.4.1 through 804.4.3 misses critical upgrades of alarm systems for other occupancies. The intent of this proposal is to eliminate the reference to Chapter 8 of the IEBC because the reference creates confusion. Section 904.2.1 implies that an alarm system for all occupancies in accordance with the IBC would be required, however the reference to Section 804.4 implies that only those occupancies found in Section 804.4 are required to have them installed. Section 804.4 does not cover the fire alarm requirements for all occupancies in the IBC. An alteration level 3 to an existing A occupancy is a significant change to more than 50% of the area of a building and an alarm system would not be required with the current reference to Section 804.4 left in the code.

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

EB54–13*
1002.1

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Healthcare (John.Williams@DOH.WA.GOV) and Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee (cbaldassarra@rjagroup.com)

Revise as follows:

1002.1 Compliance with the building code. Where the character or use of an existing building or part of an existing building is changed to one of the following special use or occupancy categories as defined in the International Building Code, the building shall comply with all of the applicable requirements of the International Building Code:

1. – 10. *(No change text)*
11. Group I-2 occupancies

Reason: Reason: This proposed change is a joint proposal from the ICC Ad Hoc Committee on Healthcare (AHC) and the Code Technology Committee (CTC). The scope of the AHC deals with Group I-2 hospitals (now Group I-2 Condition 2 as a result of approved code change G257-12) and the scope of the CTC's investigation of the area of study entitled "Care Facilities" addresses Group I-1 and Group I-2 Condition 1 (nursing homes).

Ambulatory care facilities, Item 10, was added via code change EB27-09/10 following the inclusion of ambulatory care provisions in Chapter 4 of the 2009 IBC due to the unique nature of such facilities which require added protection features such as separation into smoke compartments. Similarly, Chapter 4 of the IBC requires enhanced fire protection features for Group I-2 which includes hospitals and nursing homes. Where a change in occupancy occurs, resulting in a Group I-2 classification, the new construction features must be employed to provide the requisite fire protection features.

This is a joint proposal submitted by the ICC Ad Hoc Committee for Healthcare and the ICC Code Technology Committee.

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

F102–13
805.1

Proponent: Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee (cbaldassarra@RJAGroup.com)

Revise as follows:

805.1 Group I-1, ~~board and care facilities~~ Condition 2. The requirements in Sections 805.1.1 through 805.1.2 shall apply to ~~board and care~~ facilities ~~classified~~ in Group I-1 Condition 2.

Reason: The term 'board and care facilities' was deleted from the IBC during the last cycle. These provisions are appropriate for Group I-1 Condition 2, assisted living facilities.

This proposal is submitted by the ICC Code Technology Committee. 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/CTC/Pages/default.aspx. Since its inception in April/2005, the CTC has held twenty-five meetings - all

open to the public. In 2012, three of the 25 face-to face meetings were held. In addition to the CTC meetings, the CTC established Study Groups (SG) of interested parties for each of the areas of study. These SG's are responsible for reviewing the available information and making recommendations to the CTC. All totaled, the SG's held over 70 conference calls in 2012.

Cost Impact: None