

CTC Area of study – Care Facilities

2007/2008 Code Changes

Proponent: State of Washington Department of Health, Construction Review Services

SECTION 202

Add Definition:

AMBULATORY CARE FACILITY.

This occupancy shall include 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.

SECTION 304

Add text:

304.1 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:

Airport traffic control towers
Ambulatory Care Facility
Animal hospitals, kennels and pounds
Banks
Barber and beauty shops
Car wash
Civic administration
Clinic—outpatient
Dry cleaning and laundries: pick-up and delivery stations and self-service
Educational occupancies for students above the 12th grade
Electronic data processing
Laboratories: testing and research
Motor vehicle showrooms
Post offices
Print shops
Professional services (architects, attorneys, dentists, physicians, engineers, etc.)
Radio and television stations
Telephone exchanges
Training and skill development not within a school or academic program

Chapter 4

Add new section and text:

Section 407

Ambulatory Care Facilities

Smoke barriers. Smoke barriers shall be provided to subdivide every ambulatory care facility larger than 10,000 square feet (929 m²) into two smoke compartments. 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 709.

407.4.1 Refuge area. At least 30 net square feet (2.8m²) per nonambulatory patient shall be provided within the aggregate area of corridors, patient rooms, treatment rooms, lounge or dining areas and other low-hazard areas on each side of each smoke barrier.

407.4.2 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.

SECTION 903

Add text:

903.2.1.6

Group B Ambulatory Care Facilities. An automatic sprinkler system shall be provided for Group B Ambulatory Care Facility occupancies when either of the following conditions are met:

1. Four or more care recipients are incapable of self preservation at any given time
2. One or more care recipients that are incapable of self preservation are located at other than the level of exit discharge.

SECTION 907

Add text:

[F] 907.2.2 Group B. A manual fire alarm system shall be installed in Group B occupancies having an occupant load of 500 or more persons or more than 100 persons above or below the lowest level of exit discharge.

Exception: Manual fire alarm boxes are not required where the building is equipped throughout with an automatic sprinkler system and the alarm notification appliances will activate upon sprinkler water flow.

Reason: This code change is intended to address the issue of ambulatory surgery centers. Thirty years ago, few surgical procedures were performed outside of the hospital. Today, complex outpatient surgeries outside of the hospital are commonplace. They are performed in facilities often called “day surgery centers” or “Ambulatory surgical centers (ASC’s)” because patients are able to walk in and walk out the same day. Procedures render patients temporarily incapable of self-preservation by application of nerve blocks, sedation, or anesthesia. Patients in these facilities typically recover quickly.

The IBC identifies the healthcare Group I occupancies as having 24 hour stay. Without 24 stay these surgery centers are being classified as Group B. Essentially this allows you to render an unlimited number of people incapable of self preservation with no more protection than a business office. Since there is no distinct classification for ASC’s in the I codes, the total number of these facilities cannot be quantified. These types of facilities contain distinctly different hazards to life and safety than other Business Occupancies, such as:

- Patients incapable of self-preservation require rescue by other occupants or fire personnel.
- Medical staff must stabilize the patient prior to evacuation; therefore, staff may require evacuation as well.
- Use of oxidizing medical gases such oxygen and nitrous oxide
- Prevalence of surgical fires.

Past changes have tried to force these occupancies into the Group I-2 category. This is a poor fit, because these are not hospitals. Other Federal and State jurisdictions have recognized that there is a middle ground somewhere in between Group B and I-2. This proposal provides a scaled approach to protection. Occupancy classification stays as group B. A fire alarm is required in all facilities for increased staff awareness. A sprinkler is required when several people are incapable of self preservation. In larger facilities, a smoke compartment is provided to allow more of a protect in place environment. These allow staff a safer environment to stabilize the patients before evacuation, and protection for fire personnel who may have to evacuate both patients and staff.

An ICC CTC study group was formed last year to examine these facilities and determine what if any changes to the code are necessary. Unfortunately, scheduling did not allow enough time for the study group to complete a proposal for a code change. Hundreds of these facilities are being built every year, and those are the ones that we know about. Please do not wait until 2012 to provide a safer environment for this very sensitive population of patients.