

Code Technology Committee

Area of Study – Care Facilities

2009/2012 Cycle

Code changes related to the CTC area of study noted above

The following are code changes related to the CTC Care Facilities Area of Study that will be considered at the 2009/2012 Code Development Hearings in Baltimore.

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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)

Proponent: Paul K. Heilstedt, PE, 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 m²). 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 m²) per nonambulatory ~~patient care recipient~~ patient care recipient shall be provided within the aggregate area of corridors, ~~patient care recipient~~ 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 973.2.2) 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: 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: The code change proposal will increase the cost of construction.

Public Hearing: Committee:	AS	AM	D
Assembly:	ASF	AMF	DF

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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)

Proponent: Paul K. Heilstedt, PE, 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.

(Relocate 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 ^a , 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 ^d , E ^e , F ^d , M, U, S ^d	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 ^a	29 occupants and 100 feet travel distance
Second story	B ^b , F, M, S ^a	29 occupants and 75 feet travel distance
	R-2	4 dwelling units and 50 feet travel distance
Third story	R-2 ^c	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.~~

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^a
(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 ^{e, f} (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 remain 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:

- 1. Water closet compartments shall not be required in a single-occupant toilet room with a lockable door.
- 2. 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.
- 3. 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:

1. Urinal partitions shall not be required in a single occupant or unisex toilet room with a lockable door.
2. 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.

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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.

Public Hearing:	Committee:	AS	AM	D
	Assembly:	ASF	AMF	DF

ICCFILENAME: HEILSTEDT-G3-305.1.doc

G17-09/10
305.3 (New) [IFC [B] 202 (New)]

Proponent: James R. Mason, III, Home School Legal Defense Association (HSLDA)

Add new text as follows:

305.3 (IFC [B] 202) Home education. The use of a portion of a dwelling unit for a home school or private school for children who normally reside in the dwelling unit shall be classified the same occupancy as the dwelling unit.

Reason: Home School Legal Defense Association is a national organization that exists to protect the right of parents to teach their children at home. With over 85,000 member families across the United States, we are the largest homeschooling association in the world. Recently we have run into some difficulty with officials who believe that residences where children both reside and are home educated should be classified as school buildings. For families with six or more children, this would mean that their home must comply with all school fire and safety codes—an extremely burdensome requirement, and not at all in line with the intent of building and fire codes. This is no small problem; the Department of Education recently estimated that over 1.5 million children are taught by their parents in their own home.¹

Most recently, this issue arose in Ohio, a state where families have the option of teaching their own children by filing either as a homeschool or as a religious private school. The Ohio Department of Education has taken the position that families with more than six children who file as a private school must also ensure that their homes comply with the building and safety requirements of Educational Group E; even though these are “private schools” only on paper and actually consist of parents educating only their own children in their own residences. On April 20, 2009, a Hearing Officer agreed with the Department, stating that Educational Group E “applies, *inter alia*, if a structure or part thereof is used for educational purposes by six or more persons. This provision does not provide an exception for structures which also serve other purposes (such as homes), nor does it distinguish between ‘persons’ who are family members and those who are not.” (Report and Recommendation of Hearing Officer, April 17, 2009, Attachment A) On June 12, 2009, the Ohio Department of Education adopted the Hearing Officer’s decision.

To prevent this problem, we are proposing a clarification, not an alteration. Teaching one’s own children in one’s own home does not transform the residence into a school building, as is clear from a detailed reading of the building and residential codes. However, such a conclusion is never explicitly stated within the ICC codes, leading some education officials to erroneously conclude that parents who teach six or more of their own children in their residence automatically convert the residence to a school building, subject to all school building requirements.

Other organizations associated with safety codes have already recognized the need for a clarification. The NFPA codes read: “In cases where instruction is incidental to some other occupancy, the section of this Code governing such other occupancy shall apply.” (101 Life Safety Code, 6.1.3.3; 14.1.4.3; & 15.1.4.3, Attachment B). The North Dakota Supreme Court has applied the NFPA clarification to homeschoolers. (*Birst v. Stansted*, 493 N. W. 2d 690 (1992), Attachment C) In California, where the same issue came up tangentially in 2008, the Fire Marshall had already clarified the ICC codes with the following caveat to Educational Group E: “Exception: A residence used as a home school for the children who normally reside at the residence. Such residences shall remain classified as Group R-2, or Group R-3.” (California Fire Code, Attachment D)

Since the way homeschooling is defined varies by state, with some states labeling them “homeschools” while other states require parents to file as home-based private schools, the clarification for homeschooling needs to be broad enough to account for variation between state statutes. This proposed wording accounts for the variety between states. Such a clarification in the IBC would pre-empt the confusion brought on by erroneous readings of the codes and avoid the costly litigation that can result from such readings.

¹ National Center for Education Statistics Issue Brief, “1.5 Million Homeschooled Students in the United States in 2007,” December 23, 2008, NCES 2009030, <http://nces.ed.gov/pubs2009/2009030.pdf>.

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

Public Hearing: Committee:	AS	AM	D
Assembly:	ASF	AMF	DF

ICCFILENAME: MASON-G1-305.3 (NEW)

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)

Proponent: Paul K. Heilstedt, PE, 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 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, 2¹/₂ 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 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 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 *dwellings*, 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 ^d , E ^e , F ^d , M, U, S ^d	49 occupants and 75 feet travel distance
	H-2, H-3	3 occupants and 25 feet travel distance
	H-4, H-5, I, R, R-1, R-2, R-4	10 occupants and 75 feet travel distance
	S ^a	29 occupants and 100 feet travel distance
Second story	B ^b , F, M, S ^a	29 occupants and 75 feet travel distance
	R-2	4 dwelling units and 50 feet travel distance
Third story	R-2 ^c	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^a
(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 ^{e, f} (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 Congregate living facilities with 16 or fewer persons	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: The code change proposal will not increase the cost of construction.

Public Hearing: Committee: AS AM D
Assembly: ASF AMF DF

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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

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)
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 remain unchanged)

SECTION 420 **GROUPS I-1, ~~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 m²), 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 m²) 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
		UL	160	65	55	65	55	65	50	40
I-1 ^e	S	UL	96	42	31	41	31	41	31	2 NP
	A	UL	55,000	19,000	10,000	16,500	10,000	18,000	10,500	4,500 NP
R-4	S	UL	449	4	43	4	43	4	3	2
	A	UL	55,000	19,000	10,000	16,500	10,000	18,000	10,500	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:

1. 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.
- ~~4.~~ 2. Buildings or portions of buildings, classified as a Group I-2 occupancy of Type IIB, II, IV or V construction.
- ~~2.~~ 3. Buildings or portions of buildings, classified as a Group H-1, H-2, H-3 or H-5 occupancy.
- ~~3.~~ 4. 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:

1. Group H-2, H-3, H-4 and H-5 occupancies shall be separated from all other occupancies in accordance with Section 508.4.
2. Incidental accessory occupancies required to be separated or protected by Section 508.2.5.
3. Group ~~I-4,~~ 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.
4. 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:

1. Group H-2, H-3, H-4 and H-5 occupancies shall be separated from all other occupancies in accordance with Section 508.4.
2. Group ~~I-4,~~ 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.
3. 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 ^a
F-1, H-3 ^b , H-5, M, S-1	3
H-1, H-2	4 ^b
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 (IBC [F] 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 (IBC 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 903.3.1.1.~~
1. Smoke detection is not required for exterior balconies.

[F] 907.5.2.3.3 (IBC 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 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.
 - (+) Adds 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.

Public Hearing:	Committee:	AS	AM	D
	Assembly:	ASF	AMF	DF

ICCFILENAME: PURGIEL-G1-308.1.DOC

ALL STATE SUMMARY TABLE
Personal Care "Assisted Living" Regulations and NFPA/ IBC References

State ALF ^{1,2}	Evacuation Criteria	Type of Facility	No of Residents	Alzheimer Residents Allowed	Admission / Discharge Criteria					Referenced NFPA Codes ^{2,6}			Referenced IBC ⁶ Occupancy	
					Evacuation Capability ³	Ongoing Nursing Care Allowed	Bedridden Allowed	Beyond Facil. Capabilities	Other	NFPA Referenced	NFPA Occupancy Type	Other ^{4,6}	IBC Adoption & Stated Occupancy	Assumed 16+ Res. IBC ^{5,7,8}
Alabama		Family Assisted Living Facility:	2-3 adults	Yes in special units	Must at admin, AEA later	Intermittent 90 day max	No	Discharge	Severe cognitive impairment	NFPA 101, 20003 edition	1-2 Family Dwelling		J	
	AEA X	Group Assisted Living Facility:	4-16 adults	Yes in special units	Must at admin, AEA later	Intermittent 90 day max	No	Discharge	Severe cognitive impairment	NFPA 101, 20003 edition	Residential Board & Care - Impractical	1st flr only if NCSP		I-2
	AEA X	Congregate Assisted Living facility:	17+ adults	Yes in special units	Must at admin, AEA later	Intermittent 90 day max	No	Discharge	Severe cognitive impairment	NFPA 101, 20003 edition	Residential Board & Care - Impractical			
Alaska (M)		Assisted Living Home - Small	1-5 adults	Yes, not mentally ill	AEA - transfer allowed	Skilled 45 day max	45 days max	Discharge	Skilled nursing over 45 days		Facilities based on Prompt,	NFPA 13D, 13R, 13	2000 IBC and IFC	I-2
	AEA Y	Assisted Living Home - Medium	6-11 adults	Yes, not mentally ill	AEA - transfer allowed	Skilled 45 day max	45 days max	Discharge	Skilled nursing over 45 days		Slow and Impractical	NFPA 13D, 13R, 13		
Arizona (M)	AEA X	Assisted Living Home:	2-10 adults	Yes in special units		Intermittent only	Short term	Discharge	Unable to self direct care			1st flr only if NCSP	J	I-2
	AEA Y	Assisted Living Center:	11+ adults	Yes in special units		Intermittent only	Short term	Discharge	Unable to self direct care			1st flr only if NCSP		
Arkansas (M)	X	Assisted Living Facility Level I:	3+ adults	No	Self-evacuate required	3rd party 60 day max	No	Discharge	Unable to self-admin meds	NFPA 101, 1985 edition			J	I-1, I-2
	AEA Y	Assisted Living Facility Level II:	3+ adults	Yes w/special license	AEA - Limited assist	Intermittent 14 Day max	No	Discharge	Transfers assist beyond staffing	NFPA 101, 1985 edition			I-1, 2000 IBC	
California (RCFE)	AEA Y	Residential Care Facility for Elderly		Yes w/special license		more than Intermittent care	14 days max	Discharge	Continuing nursing care	NFPA 101, 2003 edition		size & evacuation	S	I-1, I-2
Colorado (M)	AEA Y	Assisted Living Residence:	3+ adults	Yes in special units	Per NFPA	3rd party only	Allowed w/limits	Discharge	Continuing skilled nursing	NFPA 101, 2003 edition	Residential Board & Care		J	I-1, I-2
Connecticut (M)	X	Managed Residential Communities :Indepent apt.		No	Self-evacuate required	Intermittent only	No	Discharge	Continuous skilled nursing			Facility not licensed	J	I-1
	X	Assisted Living Services Agencies: Provides svcs.		No	Self-evacuate required	Intermittent only	No	Discharge	Continuous skilled nursing	NFPA 101, 2003 edition		Care is licensed	R-2, 2000 IBC	
Delaware (M)	AEA Y	Assisted Living facility:		Yes in special units	Cannot req. transfer	No skilled care	14 days max	Discharge	Needs transfer assistance	NFPA 101, 2000 edition	Residential Board & Care		J	I-1, I-2
Florida (M)	AEA Y	Assisted Living Facility:	1+ adults	Yes w/special license	Per NFPA	Intermittent only	7 days max	Discharge	Needs 24-hr skilled care	NFPA 101, 2000 edition	Residential Board & Care		S	I-1, I-2
Georgia (M) (PCH)	AEA X	Personal Care Homes	2+ adults		Self-evac or 1st floor	3rd party only	need waver	Discharge	Continuous nursing care	NFPA 101, 2003 edition		Self evac or I-2	S	I-1, I-2
Hawaii (M)	AEA X	Assisted Living Facility		Yes		Nursing allowed	Yes	Discharge	Danger to self & others	NFPA 101, 2006 edition			S, IBC	I-2
Idaho (M)	AEA X	Assisted Living Facility Small:	3-16 adults	Yes w/special license	Self-evac or I-2 Facility	Intermittent, Short term	No	Discharge	Beyond fire safety capacity of facility	NFPA 101 or 101A, 2000 ed	Residential Board & Care - Impractical	1st flr only if NCSP	J	I-1, I-2
	AEA X	Assisted Living Facility Large:	17+ adults	Yes w/special license	Self-evac or I-2 Facility	Intermittent, Short term	No	Discharge	Beyond fire safety capacity of facility	NFPA 101, 2000 edition	Limited Care			
Illinois	AEA Y	Assisted Living Establishment:	2+ adults	Yes in special units	Min. assist or I-2	Intermittent only	No	Discharge	Ongoing skilled nursing	NFPA 101, 2000 edition	Residential Board & Care		J	I-1, I-2
	X	Shared Housing Establishment:	1-11 adults	Yes in special units	Self-evacuation required	Intermittent only	No	Discharge	Unable to communicate needs	NFPA 101, 2000 edition	Residential Board & Care			
Indiana (M) (RCF)	AEA X	Residential Care Facility		Yes in special units	Up to total transfer	Nursing allowed w/license	Yes	Discharge	24-hr ongoing skilled care	State Fire Code			S	I-2
Iowa (M)	AEA Y	Assisted Living Facility Small:	3-16 adults	No	Up to 2 person assist	>intermittent	No	Discharge	Needs 2 person transfer	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow		J	
	AEA Y	Assisted Living Facility Large:	17+ adults	No	Up to 2 person assist	>intermittent	No	Discharge	Needs 2 person transfer	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow			I-1, I-2
	AEA Y	Dementia-Specific Assisted Living:	5+ adults	Yes		>intermittent	No	Discharge	Aggressive behavior	NFPA 101, 2003 edition	Residential Board & Care - Impractical			
Kansas	AEA Y	Assisted Living Facility	6+ adults	Yes in special units	1 person transfer allowed	Intermitt or limited in scope	Determined by license	Discharge	Needs 2 person transfer				J	I-2
Kentucky	X	Assisted Living Facility	5+ adults	Yes in special units	Self-evacuation required	3rd party only	Allowed w/limits	Discharge	Unable to evacuate by self	NFPA 101	Must evac. in 13 min unassisted inc Alz		S	I-1
Louisiana (RCF)	AEA Y	Assisted Living Facility - Small (Residential Care)	under 16	Yes in special units		90 day max	Temporary only	Discharge	Continuous nursing care	NFPA 101, 2006 edition			S	I-1, I-2
	AEA Y	Assisted Living Facility - Large (Residential Care)	16 & over	Yes in special units		90 day max	Temporary only	Discharge	Continuous nursing care				I-1, 2000 IBC	
Maine (M)	AEA Y	Assisted Living Type I:	4+ adults	No		3rd party only	No	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Residential Board & Care		J	I-1, I-2
	AEA Y	Assisted Living Type II:	4+ adults	Yes in special units		Nursing allowed	No	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Residential Board & Care			
Maryland (M)	X	Assisted Living Program Level 1:	1+ adults	No	Self-evacuate required	Intermittent only	Short term	Discharge	Continuous nursing care	NFPA 101, 2006 edition	1-2 Family Dwelling		J	
	AEA Y	Assisted Living Program Level 2:	1+ adults	No	AEA - Slow	Intermittent only	Short term	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Residential Board & Care - Slow			I-1, I-2
	AEA Y	Assisted Living Program Level 3:	1+ adults	Yes in special units	Impractical to evacuate	Skilled allowed	Short term	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Limited Care			
Massachusetts (M)	AEA Y	Assisted Living Residences:	3+ adults	Yes w/special license	Evac. not a requirement	Intermittent by 3rd party	No	Discharge	Ongoing nursing care	State regulations			S	I-2
Michigan (M)		Adult Foster Care Family Homes:	1-6 adults	No		Intermittent only	No	Discharge	Continuous nursing care		1-2 Family Dwelling		S	

	AEA Y	Adult Foster Care Small Group Homes:	1-12 adults	No		Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, 1991 edition	1-2 Family Dwelling	NFPA 13D		
	AEA Y	Adult Foster Care Large Group Homes:	13-20 adults	No		Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, 1991 edition	1-2 Family Dwelling	NFPA 13R		I-1, I-2
	AEA Y	Adult Foster Care Home w/ Specialized Programs		Yes w/special license	Impractical to evacuate	Intermittent only	No	Discharge	Need skilled nursing	NFPA 101, 1991 edition	Limited Care			
Minnesota (M) (None)	AEA X	Housing w/Services Establishment: Class A	not licensed	Yes in special units	Min assist or I-2	Allowed	Allowed	Discharge	Need skilled nursing	NFPA 101	Limited Care	Care is licensed	S	I-1, I-2
	X	Housing w/Services Establishment: Class F	not licensed	No	Self-evacuate required	Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, Residential Occup	Residential Board & Care	Care is licensed		
Mississippi (PC)	AEA Y	Personal Care Home - Assisted Living:	4-16 adults	Yes in special units	Up to 10% NCSP	Intermittent only	No	Discharge	Need skilled nursing	NFPA 101, Residential Occup	1-2 Family Dwelling	NFPA 13D	J	I-1, I-2
	AEA Y	Personal Care Home - Assisted Living:	16+ adults	Yes in special units	Up to 10% NCSP	Intermittent only	No	Discharge	Need skilled nursing	NFPA 101, Residential Occup	Residential Board & Care	NFPA 13		
Missouri (M)	AEA Y	Assisted Living Facility:	3+ adults	Yes w/special license	1 person transfer allowed	Intermittent 45 day max	No	Discharge	2 person transfer	NFPA 101, 2000 edition	sprinklers, area of refuge, 4 story limit	1st flr only if NCSP	J	I-1, I-2

Personal Care "Assisted Living" Regulations and NFPA/ IBC References

State	ALF ^{1,2}	Evacuation Criteria	Type of Facility	No of Residents	Alzheimer Residents Allowed	Admission / Discharge Criteria				Referenced NFPA Codes ^{2,6}			Referenced IBC ⁶ Occupancy		
						Evacuation Capability ³	Ongoing Nursing Care Allowed	Bedridden Allowed	Beyond Facil. Capabilities	Other	NFPA Referenced	NFPA Occupancy Type	Other ^{4,6}	IBC Adoption & Stated IBC Occupancy	Assumed 16+ Res. IBC ^{5,7,8}
Montana (M)	X		Assisted Living Facility - Category A:	1+ adults	No	Self-evacuate required	Intermittent 30 day x4	No	Discharge	Treatment not appropriate	NFPA 101, 2000 edition	Residential Board & Care - Prompt	sprinklers not req	S	
	AEA X		Assisted Living Facility - Category B:	1+ adults	No		Nursing care 30 day x 4	5 bed max	Discharge	Treatment not appropriate	NFPA 101, 2000 edition	Resid. Board & Care - Slow or Impractical	sprinklers required		I-1, I-2
	AEA X		Assisted Living Facility - Category C:	1+ adults	Yes	Impractical to evacuate	Intermittent only	5 bed max	Discharge	Treatment not appropriate	NFPA 101, 2000 edition	Residential Board & Care - Impractical			
Nebraska (M)	AEA Y		Assisted Living Facility Level 1	4+ adults			Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, 2000 edition	Resid. Board & Care - Prompt or Slow		J	I-1, I-2
	AEA X		Assisted Living Facility Level 2	16+ adults		Impractical to evacuate	No skilled care	No	Discharge	Complex or unstable condition	NFPA 101, 2000 edition	Limited Care			
Nevada (M) (RFG)	AEA Y		Residential Facility for Groups Category 1	3+ adults	No	AEA allowed	Intermittent only	No	Discharge	Skilled nursing care	NFPA 101, 20003 edition	Residential Board & Care - Prompt		J	
	AEA Y		Residential Facility for Groups Category 2	3+ adults	No	Impractical to evacuate	Intermittent only	No	Discharge	Ongoing nursing care	NFPA 101, 20003 edition	Residential Board & Care - Slow			I-1, I-2
	AEA Y		Residential Facility w/ Endorsement:	3+ adults	Yes	AEA allowed	Intermittent only	No	Discharge	Ongoing nursing care	NFPA 101, 20003 edition	Residential Board & Care - Impractical			
New Hampshire (M) (RCF)	AEA Y		Residential Care Facility Basic 804:	2+ adults	No	AEA - Slow	Intermittent only	No	Discharge	Continuous nursing care	State Fire Code, Ref NFPA 101	Residential Board & Care		J	
	AEA Y		Residential Care Facility Supported 805:	2+ adults	Yes	Impractical to evacuate	Allow skilled care	Yes	Discharge	Will allow acute nursing care	State Fire Code, Ref NFPA 101	Limited Care			I-2
			Residential Care - Assisted Living Facility 813:	1-3 adults	No	Self-evacuate required	Intermittent only	No	Discharge	Ongoing nursing care	State Fire Code, Ref NFPA 101	1-2 family residence			
New Jersey (M)	AEA X		Assisted Living Residences	4+ adults	Yes in special units		Intermittent 45 day max	Short term	Discharge	Bedridden +14 days	State Fire Code			S, I-2	I-2
New Mexico (M)	AEA Y		Residential Care Facilities: <Not regulated	2+ adults		AEA - Prompt & Slow	Intermittent only	No	Discharge	Continuous Nursing Care	NFPA 101	Occupancy based on bldg type & evac		J	I-1, I-2
New York (M)	AEA X		Assisted Living Residence:	5+ adults	No		Intermittent only	No	Discharge	Ongoing nursing care		Residential Board & Care	1st flr only if NCSP	S	I-1, I-2
	AEA X		Special Needs Assisted Living Residence:	5+ adults	For Alzheimer/Dem.	Impractical to evacuate	Intermittent only	No	Discharge	Aggressive, non-coop. behavior		Limited Care	16+ smoke barriers		
	AEA X		Enhanced Assisted Living Resident:	5+ adults	No	AEA - transfer, walking	Not cont skilled care	Not chronic	Discharge	24-hr skilled care		Residential Board & Care - Impractical	16+ smoke barriers		
North Carolina (M)	X		Adult Care Home:	2+ adults	No	Self-evacuate required	Intermittent 3rd party only	No	Discharge	Ongoing nursing care	N.C.Fire Code & N.C.Build Code			S	
	AEA X		Adult Care Home w/ Special Units :	2-12 adults	Yes	Impractical to evacuate	Intermittent only	No	Discharge	Ongoing nursing care	N.C.Fire Code & N.C.Build Code				I-1, I-2
	X		Assisted Housing w/Services:	2+ adults	No	Self-evacuate required	Intermittent 3rd party only	No	Discharge	Ongoing nursing care	N.C.Fire Code & N.C.Build Code				
North Dakota (M)	X		Assisted Living Facility:	5+ adults	No	Self-evacuate required	Limited intermittent	No	Discharge	Most are part of a health facility	Modeled on NFPA 101	Residential Board & Care - Prompt	very independent	S, I-1, most part of an I-2	I-1
Ohio (RCF)	AEA Y		Residential Care Facility Small:	3+ adults	Yes w/special license	AEA - no requirements	Skilled nursing 120 days	No	Discharge	Complex medical condition				S	I-2
	AEA Y		Residential Care Facility Large:	17+ adults	Yes w/special license	AEA - no requirements	Skilled nursing 120 days	No	Discharge	Skilled nursing over 120 days					
Oklahoma	AEA Y		Assisted Living Center:	2+ adults	Yes w/special license	AEA - transfer allowed	Intermittent only	No	Discharge	Requires med/phy restraints	NFPA 101, 2006 edition	Sprinklers, area of refuge, alarms		J	I-2
Oregon (M)	AEA Y		Assisted Living Facilities - SR-1:	6+ adults	Yes w/special license	AEA - Slow	Limited intermittent	No	Discharge	Skilled care, memory loss	NFPA 101, 2003 edition	Residential Board & Care - Slow	NFPA 13	S, I-1 (w/ amendments)	I-2
	AEA Y		Assisted Living Facilities - SR-2:	6+ adults	Yes w/special license	Impractical to evacuate	Limited intermittent	No	Discharge	Needs skilled care	NFPA 101, 2003 edition	Limited Care	NFPA 13	I-2 (w/ amendments)	
			Assisted Living Facilities - SR-3:	1-5 adults		AEA	Limited intermittent	No	Discharge	Skilled care, memory loss	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow	NFPA 13D	R-3 (w/ amendments)	
	AEA Y		Assisted Living Facilities - SR-4:	6-16 adults		AEA	Limited intermittent	No	Discharge	Skilled care, memory loss	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow	NFPA 13R	R-4 (w/ amendments)	
Pennsylvania (PCH)	AEA Y		Personal Care Home - Small:	4-9 adults	Yes w/special license	AEA	Limited intermittent	Short term	Discharge	Requiring nursing care	Modeled on IFC		based on mobility	S	I-2
	AEA Y		Personal Care Home - Large:	9+ adults	Yes w/special license	AEA	Limited intermittent	Short term	Discharge	Requiring nursing care	Modeled on IFC		based on mobility		
Rhode Island (M)	AEA X		Assisted Living Residence Level F1	2+ adults	Yes w/special license	Impractical to evacuate	21 days by 3rd party	No	Discharge	Ongoing skilled care		Limited Care	NCSP	S	I-1, I-2
	AEA X		Assisted Living Residence Level F2	2+ adults	No	Self-evacuate required	21 days by 3rd party	No	Discharge	Ongoing skilled care		Based on residential type	CSP		

South Carolina (M)	X	Community Residential Care Facilities:	2+ adults	Yes w/special license	Self-evacuate required	Intermittent, Short term	No	Discharge	Ongoing nursing care	NFPA 101, 2003 edition	Based on facility size & evacuation		S	I-1
South Dakota (M)	AEA Y	Assisted Living Center:	1+ adults	Yes in special units	AEA	Intermittent 28hr/week	No	Discharge	Ongoing nursing care	NFPA 101, 2000 edition	Resid. Board & Care and Limited Care	based on mobility	J	I-2
Tennessee (M)	AEA Y	Assisted-Care Living Facility:	1+ adults	Early stage only		21 days by 3rd party	No	Discharge	Nursing care, alzheimers	NFPA 101, 2003 edition	Resid. Board & Care & evac. time	Impract.at 1st flr only	J	I-1, I-2
Texas (M)	AEA Y	Assisted Living Facility Type A:	4+ adults	No	AEA - Slow	Intermittent limited	No	Discharge	Unable to self-evacuate	NFPA 101, 1988 edition	Resid. Board & Care, Slow		J	I-1, I-2
	AEA X	Assisted Living Facility Type B:	4+ adults	Yes	Allows transfer assistance	Intermittent only	No	Discharge	Ongoing nursing care	NFPA 101, 1988 edition	Resid B&C - slow (small), Limited care	based on size		
	X	Assisted Living Facility Type E:	1-16 adults	No	Self-evacuate required	Intermittent only	No	Discharge	Nursing care, alzheimers	NFPA 101, 1988 edition	Resid. Board & Care, Prompt			
Utah	AEA X	Assisted Living Facility Type I:	2+ adults	No	Self-evacuate required	Intermittent 60 day max	No	Discharge	Unable to self-evacuate			size	S	I-1, I-2
	AEA Y	Assisted Living Facility Type II:	2+ adults	Yes	Allows transfer assistance	General nursing OK	No	Discharge	Ongoing skilled care		Evac w/ limited assist inc. alzheimers			
Vermont (M) (RCH)	AEA Y	Residential Care Home Level III/ Assisted Living Res.:	3+ adults	Yes in special units		Skilled 3x/wk or 60 days	Short term	Discharge	Ongoing nursing care	Vermont Fire Code incorporates		size & evacuation	S	I-1, I-2
	AEA X	Residential Care Home Level IV:	3+ adults	No	Self-evacuate required	Limited intermittent	No	Discharge	Ongoing nursing care	NFPA 101, 2003 edition		size & evacuation		
Virginia	AEA Y	Assisted Living Facility	4+ adults	Yes w/special license	Non-ambulatory ok	Limited to 14 days	Y if licensed	Discharge	Continuous skilled nursing	NFPA 101, 2000 edition			S	I-1, I-2
		Assisted Living Facility (Small Group Home)	1-6 adults	No	Self-evacuation required	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition				

Personal Care "Assisted Living" Regulations and NFPA/ IBC References														
State ALF ^{1,2}	Evacuation Criteria	Type of Facility	No of Residents	Alzheimer Residents Allowed	Admission / Discharge Criteria					Referenced NFPA Codes ^{2,6}			Referenced IBC ⁶ Occupancy	
					Evacuation Capability ³	Ongoing Nursing Care Allowed	Bedridden Allowed	Beyond Facil. Capabilities	Other	NFPA Referenced	NFPA Occupancy Type	Other ^{4,6}	IBC Adoption & Stated IBC Occupancy	Assumed 16+ Res. IBC ^{6,7,8}
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		NCSP		
	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	Short term Bedridden up to			NFPA 101	NFPA and it's		IBC used in 50 States	I-1 in +/- 4 States
Medicaid Waiver allowed in 36 States						Intermittent for 45-90 days max. allowed in +/- 50 States	7 - 45 days max. allowed in +/- 21 States			referenced in 37 States	Board & Care, and Limited Care Occupancies referenced in +/- 28 States		26 states adopt (S)Statewide 24 states adopt by each (J) Jurisdiction IBC Referenced in 10 state assisted regulations	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.
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ATTACHMENT B (From the State of Hawaii Analysis)

ELDER CARE RESIDENT PROFILE GUIDE TABLE ¹				
Retirement/ Apartments	Assisted Living			Skilled Nursing
Independent	Minimum Assistance	Standby Assistance	Hands-on Assistance	Total Assistance
IBC: R-2 ²	IBC: I-1 ²	IBC: I-2 ²	IBC: I-2 ²	IBC: I-2 ²
NFPA: Apartments²	NFPA: Board & Care²	NFPA: Board & Care²	NFPA: Board & Care²	NFPA: Health Care²
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.

ATTACHMENT C

The following Table summarizes the proposed IBC revisions (**Underlined & Bold**) and shows the correlation to CMS regulations which enforce NFPA 101 that is referenced or enforced in approximately 37 state assisted living regulations. The current 2003 and 2006 NFPA 101 requirements are referenced here, which are believed to be enforced in a growing number of states, currently estimated to be about half of the states.

Personal Care/ Assisted Living IBC REVISION SUMMARY TABLE & CMS: 2003/ 2006 NFPA 101 Comparison			
Code & Resident Type	Personal Care		
	Housing ≤ 5	Housing 6-16	Housing ≥ 17
<u>PROPOSED IBC</u>			
NO Assistance with Evacuation (Capable) Residents	International Residential Code	<u>R-4 (R-3)</u> NFPA 13R or 13D Sprinklers Wood Frame Limited to 4 Stories	<u>R-4</u> NFPA 13R Sprinklers Wood Frame Limited to 4 Stories
<u>Assistance with Evacuation (Not Capable) Residents</u>		<u>I-1(R-3)</u> NFPA 13R or 13D Sprinklers Wood Frame Limited to 4 Stories	<u>I-1 NFPA 13 Sprinklers</u> <u>Wood Frame Limited to 2 Stories</u> <u>Smoke Barriers</u>
CMS NFPA 101 (2003, 2006)			
Includes all: Prompt: (Capable) & Slow/Impractical: (Not Capable) Residents	1 & 2 Family Dwelling Code	Residential Board & Care (Small) NFPA 13R or 13D Sprinklers Wood Frame Limited to 4 Stories	Residential Board & Care (Large) NFPA 13 Sprinklers Wood Frame Limited to 2 Stories Smoke Barriers

ATTACHMENT D (From the State of Hawaii Analysis)

NFPA/ IBC Comparison
ALLOWABLE HEIGHT AND BUILDING AREAS TABLE
 For
 Personal Care -Residential Board & Care/ Assisted Living Occupancies

Story Limitations Above Grade
 Area Limitations Per Story

Construction Type		Non-combustible								Combustible			
		Type I and II								Type V			
Fire Resistive Hours ¹		3-3-2		2-2-2		1-1-1		0-0-0		1-1-1		0-0-0	
S ² - P ³		S	NS	S	NS	S	NS	S	NS	S	NS	S	NS
NFPA	RB&C (>16)	UL	UL	12	NP	3	NP	2	NP	2	NP	1	NP
		UL	UL	55,000		19,000		10,000		10,500		4,500	
IBC	I-1 (>16)	UL	UL	10	NP	5	NP	4	NP	3	NP	2	NP
		UL	UL	55,000		19,000		10,000		10,500		4,500	
NFPA	RB&C (6-16)	UL	UL	12	11	5	4	5	4	4	3	3	2
		UL	UL	UL		24,000		16,000		12,000		7,000	7,000
IBC	R-4 (6-16)	UL	UL	11	NP	5	NP	5	NP	4	NP	3	2
		UL	UL	UL		24,000		16,000		12,000		12,000	7,000
NFPA	Health Care (>5)	UL	UL	12	NP	3	NP	1	NP	1	NP	NP	NP
		UL	UL	UL		15,000		11,000		9,500		NP	NP
IBC	I-2 (>5)	UL	UL	5	NP	3	NP	1	NP	1	NP	NP	NP
		UL	UL	UL		15,000		11,000		9,500		NP	NP

Footnotes:

1. Fire resistive protection of Bearing Walls – Columns – Floors are listed.
2. S – Sprinklered buildings maximum stories and allowable area.
3. NS – Non-sprinklered buildings maximum stories and allowable area.

ATTACHMENT E

**CURRENT
IBC OCCUPANCY REQUIREMENTS COMPARISON TABLE**

IBC Chapter	(2006 IBC) I-2 Nursing / Health Care	(2006 IBC) I-1 Assisted Living / Personal Care	(2006 IBC) R-4 Assisted Living / Personal Care	(2006 IBC) R-2 Apartments/ Permanent Sleeping
3	Chapter 3. IBC requires <u>health care</u> occupancies be a Group I-2, such as Nursing Facilities with over 5 persons not capable of self preservation.	Chapter 3. IBC requires <u>personal care</u> occupancies be Group I-1, such as Assisted Living with over 16 persons capable of self preservation. (Same capabilities for over 16 residents)	Chapter 3. IBC requires <u>personal care</u> occupancies be Group R-4, such as Assisted Living with 6-16 persons capable of self preservation. (Same capabilities for under 16 residents)	Chapter 3. IBC requires <u>residential</u> apartments and permanent sleeping occupancies be in Group R-2. (Same capabilities in I-1, R-4, and R-2)
4	(407.2.) Other spaces allowed to be open to non-rated corridors. (407.3.) Corridor reduced protection allowed. Non-rated corridors with no door closures allowed. 407.4. Smoke barriers provide compartmentalization.	No exceptions for open spaces in corridors in Group I-1. (Same requirements for I-1, R-4, and R-2) No exceptions for non rated corridors or omitting door closures are allowed in Group I-1. (Same requirements for I-1, R-4, R-2) Smoke barriers are not required. (Same requirements for I-1, R-4, and R-2)	No exceptions for open spaces in corridors in Group R-4 (Same requirements for I-1, R-4, and R-2) No exceptions for non rated corridors or omitting door closures are allowed in Group R-4. (Same requirements for I-1, R-4, R-2) Smoke barriers are not required. (Same requirements for I-1, R-4, and R-2)	No exceptions for open spaces in corridors in Group R-2 (Same requirements for I-1, R-4, and R-2) No exceptions for non rated corridors or omitting door closures are allowed in Group R-2. (Same requirements for I-1, R-4, R-2) Smoke barriers are not required. (Same requirements for I-1, R-4, and R-2)
5	Chapter 5. Allowable areas, height and stories are more restrictive than I-1 requirements, especially in Type V construction. Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same as I-1 requirements.	Chapter 5. Allowable areas, height and stories are less restrictive than I-2 requirements, especially in Type V construction. (Slightly less area, sometimes less stories than R-4, and R-2) Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same in I-2 and I-1 requirements. (Less area and less stories than R-4, and R-2)	Chapter 5. Allowable areas, height and stories are less restrictive than I-1 requirements, especially in Type V construction. (Same for R-4, and R-2) Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same in I-2 and I-1 requirements. (Less area and less stories than R-4, and R-2)	Chapter 5. Allowable areas, height and stories are less restrictive than I-1 requirements, especially in Types II and V construction. (Same for R-4, and R-2) Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same in I-2 and I-1 requirements. (Less area and less stories than R-4, and R-2)
7	(Chapter 7.) No separation required in I-2 occupancies between sleeping rooms with fire partitions, per Section 708.1.	Chapter 7. Separation required in I-1 occupancies between sleeping rooms with fire partitions, per Section 708.1. (Same requirements for I-1 and R-2)	Chapter 7. Separation not required in R-4 occupancies between sleeping rooms with fire partitions, per Section 708.1. (No requirements for R-4 due to 16 or less occupants.)	Chapter 7. Separation required in R-2 occupancies between sleeping rooms with fire partitions, per Section 708.1. (Same requirements for I-1 and R-2)
8	Chapter 8. Interior wall and ceiling finish Class B requirements for I-2 occupancies.	Chapter 8. Interior wall and ceiling finish Class B and C requirements for I-1 occupancies. (Sim. for I-1, R-4, and R-2)	Chapter 8. Interior wall and ceiling finish Class B and C requirements for R-4 occupancies. (Sim. for I-1, R-4, and R-2)	Chapter 8. Interior wall and ceiling finish Class B and C requirements for R-2 occupancies. (Sim. for I-1, R-4, R-2)
9	Section 903 A NFPA 13 automatic sprinkler system is required in I-2 occupancies. Section 907.2.6. A manual fire alarm system is required in I-2 occupancies. Section 907.2.6.2. An automatic fire detection system is required in I-2 occupancies <u>when implementing open non-rated corridors.</u> Section 907.9. Visual alarms are required in I-2 occupancies.	Section 903. A NFPA 13R automatic sprinkler system is required in I-1 occupancies. (Same requirements for I-1, R-4, and R-2) Section 907.2.6. A manual fire alarm system is required in I-1 occupancies. (Similar requirements for I-1, R-4, and R-2) Section 907.2.6. An automatic smoke detection system is required in I-1 occupancies spaces open to corridors. (More requirements for I-1 than R-4, and R-2) Section 907.9. Visual alarms and limited audible alarms are required in I-1 occupancies. (More requirements for I-1 than R-4, and R-2)	Section 903. A NFPA 13R automatic sprinkler system is required in R-4 occupancies. (Same requirements for I-1, R-4, and R-2) Section 907.2.6. A manual fire alarm system is not required in R-4 occupancies. (No requirements for R-4 due to 16 or less occ.) Section 907.2.6. An automatic smoke detection system is not required in R-4 occupancies in spaces open to corridors. (No requirements for R-4 due to 16 or less occ.) Section 907.9. No visual alarms and limited audible alarms are required in R-4 occupancies. (No requirements for R-4. due to 16 or less occ.)	Section 903. A NFPA 13R automatic sprinkler system is required in R-2 occupancies. (Same for I-1, R-4, and R-2) Section 907.2.9. A manual fire alarm system is required in R-2 occupancies with exceptions. (Sim. req. but slightly less than I-1.) Section 907.2.6. An automatic smoke detection system is not required in R-2 occupancies in spaces open to corridors. (No requirements for R-4, and R-2. Less req. than I-1.) Section 907.9. No visual alarms and limited audible alarms are required in R-2 occupancies except when fire alarms are req'd. (No requirements for R-2 with R-2 exceptions. Less req. than I-1.)
10	Chapter 10. Group I-2 requires egress width be multiplied by a .3 factor, doors for bed movement be 41.5", allows non rated "suites", 8' wide corridors for bed movement are required, and non rated corridors are allowed. <u>All due to bed ridden occupants.</u> Table 1016.1. Group I-2 requires a maximum of 200' of travel distance in sprinklered buildings.	Chapter 10. Group I-1 requires egress width be multiplied by a .2 factor, 44" wide corridors are required (no bedridden allowed), and 1-hour fire resistive corridors are required. (Same for I-1, R-4, and R-2 except for minor 1 exit options.) Table 1016.1. Group I-1 requires a maximum of 250' of travel distance in sprinklered buildings. (Same for I-1, R-4, and R-2)	Chapter 10. Group R-4 requires egress width be multiplied by a .2 factor, 44" wide corridors are required (no bedridden allowed), and 1-hour fire resistive corridors are required. (Same for I-1, R-4, and R-2 except for minor 1 exit options.) Table 1016.1. Group R-4 requires a maximum of 250' of travel distance in sprinklered buildings. (Same for I-1, R-4, and R-2)	Chapter 10. Group R-2 requires egress width be multiplied by a .2 factor, 44" wide corridors are required (no bedridden allowed), and 1-hour fire resistive corridors are required. (Same for I-1, R-4, and R-2 except for minor 1 exit option.) Table 1016.1. Group R-2 requires a max. of 250' of travel distance in sprinklered buildings. (Same for I-1, R-4, R-2)
11	Chapter 11. 50% accessible units and a covered entry are required in I-2 occupancies.	Chapter 11. Adaptable units are required in I-1 occupancies. (Same requirements for I-1, R-4, and R-2)	Chapter 11. Adaptable units are required in R-4 occupancies. (Same requirements for I-1, R-4, and R-2)	Chapter 11. Adaptable units are required in R-2 occupancies. (Same requirements for I-1, R-4, and R-2)
16	Table 1604.5. Health care facilities with 50 or more residents are Occupancy Category III, which implements more stringent structural design load reqmts. in Chapter 16 than Category II.	Table 1604.5. Personal care facilities are Occupancy Category II. (Same requirements for I-1, R-4, and R-2)	Table 1604.5. Personal care facilities are Occupancy Category II. (Same requirements for I-1, R-4, and R-2)	Table 1604.5. Residential Occupancy Category II. (Same requirements for I-1, R-4, and R-2)
NEC	National Electric Code. Metal conduit and hard wired nurse call systems are required.	National Electric Code. Multifamily plastic conduit and any wired or wireless approved nurse call systems are allowed.	National Electric Code. Multifamily plastic conduit and any wired or wireless approved nurse call systems are allowed.	National Electric Code. Multifamily plastic conduit and any wired or wireless approved nurse call systems are allowed.
IFC	International Fire Code. Residents do not have to participate in fire drills.	International Fire Code. Residents are encouraged to participate in fire drills.	International Fire Code. Residents are encouraged to participate in fire drills.	International Fire Code. No fire drills.

ATTACHMENT F

**PROPOSED
IBC OCCUPANCY REQUIREMENTS COMPARISON TABLE**

IBC Chapter	(20012) I-2 Nursing / Health Care	(2012) I-1 more than 5 residents Not Capable Personal Care	(2012) R-4 more than 5 residents Capable Personal Care	(2006 IBC) R-2 Apartments/ Permanent Sleeping
3	Chapter 3. IBC requires health care occupancies be a Group I-2, such as Nursing Facilities with over 5 persons not capable of self preservation.	Chapter 3. IBC requires personal care occupancies be Group I-1, such as Assisted Living with over 46 5 persons NOT capable of self preservation. (Propose allowing residents needing assistance with evacuation.)	Chapter 3. IBC requires personal care occupancies be Group R-4, such as Assisted Living with 6-46 persons over 5 persons capable of self preservation.	Chapter 3. IBC requires residential apartments and permanent sleeping occupancies be in Group R-2. (Same capabilities in I-1, R-4, and R-2)
4	(407.2.) Other spaces allowed to be open to non-rated corridors. (407.3.) Corridor reduced protection allowed. Non-rated corridors with no door closures allowed. 407.4. Smoke barriers provide compartmentalization.	No exceptions for open spaces in corridors in Group I-1. Allow limited open space for Alzheimer's rated corridors following all I-2 criteria. (Propose more stringent requirements for I-1 than I-2) No exceptions for non rated corridors or omitting door closures are allowed in Group I-1. (Same requirements for I-1, R-4, R-2) Smoke barriers are not required. Add smoke barrier reqmts. (Propose more stringent requirements for I-1 as I-2)	No exceptions for open spaces in corridors in Group R-4. No exceptions for non rated corridors or omitting door closures are allowed in Group R-4. (Same requirements for R-4, R-2) Smoke barriers are not required. (Same requirements for R-4, and R-2)	No exceptions for open spaces in corridors in Group R-2 (Same requirements for I-1, R-4, and R-2) No exceptions for non rated corridors or omitting door closures are allowed in Group R-2. (Same requirements for I-1, R-4,R-2) Smoke barriers are not required. (Same requirements for I-1, R-4, and R-2)
5	Chapter 5. Allowable areas, height and stories are more restrictive than I-1 requirements, especially in Type V construction. Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same as I-1 requirements.	Chapter 5. Allowable areas, height and stories are less restrictive than I-2 requirements, especially in Type V construction. (Propose to limit wood frame and others up to type IIB to 2 stories and limit Type IIA to 3 stories with sprinklers similar to CMS.) Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same in I-2 and I-1 requirements. (Less area and less stories than R-4, and R-2)	Chapter 5. Allowable areas, height and stories are the same as 2006 less restrictive than I-1 requirements, especially in Type V construction. (Revise to match current I-1 requirements.) Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same in I-2 and I-1 requirements. (Revise to match current I-1 requirements.)	Chapter 5. Allowable areas, height and stories are less restrictive than I-1 requirements, especially in Types II and V construction. (Same for R-4, and R-2) Chapter 5, Section 509 Special Provisions with Parking Garages. Additional areas, height and stories are the same in I-2 and I-1 requirements. (Less area and less stories than R-4, and R-2)
7	(Chapter 7.) No separation required in I-2 occupancies between sleeping rooms with fire partitions, per Section 708.1.	Chapter 7. Separation required in I-1 occupancies between sleeping rooms with fire partitions, per Section 708.1. (Same requirements for I-1 and R-2)	Chapter 7. Separation not now is required in R-4 occupancies between sleeping rooms with fire partitions, per Section 708.1 with over 16 residents. (Same requirements for I-1, R-2, and R-4)	Chapter 7. Separation required in R-2 occupancies between sleeping rooms with fire partitions, per Section 708.1. (Same requirements for I-1 and R-2)
8	Chapter 8. Interior wall and ceiling finish Class B requirements for I-2 occupancies.	Chapter 8. Interior wall and ceiling finish Class B and C requirements for I-1 occupancies. (Sim. for I-1, R-4, and R-2)	Chapter 8. Interior wall and ceiling finish Class B and C requirements for R-4 occupancies. (Sim. for I-1, R-4, and R-2)	Chapter 8. Interior wall and ceiling finish Class B and C requirements for R-2 occupancies. (Sim. for I-1, R-4, R-2)
9	Section 903. A NFPA 13 automatic sprinkler system is required in I-2 occupancies. Section 907.2.6. A manual fire alarm system is required in I-2 occupancies. Section 907.2.6.2. An automatic fire detection system is required in I-2 occupancies when implementing open non-rated corridors. Section 907.9. Visual alarms are required in I-2 occupancies.	Section 903. A NFPA 13R automatic sprinkler system is required in I-1 occupancies. Require NFPA 13. (Propose same requirements for I-1 as I-2). Section 907.2.6. A manual fire alarm system is required in I-1 occupancies. (Similar requirements for I-1, R-4, and R-2) Section 907.2.6 and .10.1.3. An automatic smoke detection system is and smoke alarms are required in I-1 occupancies. (Remove exception for sprinklers exempting smoke detection and detectors in I-1.) Section 907.9. Visual alarms and limited audible alarms are required in I-1 occupancies.	Section 903. A NFPA 13R automatic sprinkler system is required in R-4 occupancies. (Same for I-1, R-4, and R-2) (Revise to match current I-1 requirements.) Section 907.2.6. A manual fire alarm system is not required in R-4 occupancies. (Revise to match current I-1 and R-4 requirements.) Section 907.2.6. An automatic smoke detection system is not required in R-4 occupancies in spaces open to corridors. (Revise to match current I-1 and R-4 requirements.) Section 907.9. No visual alarms and limited audible alarms are required in R-4 occupancies. (Revise to match current I-1 and R-4 requirements.)	Section 903. A NFPA 13R automatic sprinkler system is required in R-2 occupancies. (Same for I-1, R-4, and R-2) Section 907.2.9. A manual fire alarm system is required in R-2 occupancies with exceptions. (Sim. req. but slightly less than I-1.) Section 907.2.6. An automatic smoke detection system is not required in R-2 occupancies in spaces open to corridors. (No requirements for R-4, and R-2. Less req. than I-1.) Section 907.9. No visual alarms and limited audible alarms are required in R-2 occupancies except when fire alarms are req'd. (No requirements for R-2 with R-2 exceptions. Less req. than I-1.)
10	Chapter 10. Group I-2 requires egress width be multiplied by a .3 factor, doors for bed movement be 41.5", allows non rated "suites", 8' wide corridors for bed movement are required, and non rated corridors are allowed. All due to bed ridden occupants. Table 1016.1. Group I-2 requires a maximum of 200' of travel distance in sprinklered buildings.	Chapter 10. Group I-1 requires egress width be multiplied by a .2 factor, 44" wide corridors are required (no bedridden allowed), and 1-hour fire resistive corridors are required. (Same for I-1, R-4, and R-2 except for minor 1 exit options.) Table 1016.1. Group I-1 requires a maximum of 250' of travel distance in sprinklered buildings. (Same for I-1, R-4, and R-2)	Chapter 10. Group R-4 requires egress width be multiplied by a .2 factor, 44" wide corridors are required (no bedridden allowed), and 1-hour fire resistive corridors are required. (Same for I-1, R-4, and R-2 except for minor 1 exit options.) Table 1016.1. Group R-4 requires a maximum of 250' of travel distance in sprinklered buildings. (Same for I-1, R-4, and R-2)	Chapter 10. Group R-2 requires egress width be multiplied by a .2 factor, 44" wide corridors are required (no bedridden allowed), and 1-hour fire resistive corridors are required. (Same for I-1, R-4, and R-2 except for minor 1 exit option.) Table 1016.1. Group R-2 requires a max. of 250' of travel distance in sprinklered buildings. (Same for I-1, R-4, R-2)
11	Chapter 11. 50% accessible units and a covered entry are required in I-2 occupancies.	Chapter 11. Adaptable units are required in I-1 occupancies. (Same requirements for I-1, R-4, and R-2)	Chapter 11. Adaptable units are required in R-4 occupancies. (Same requirements for I-1, R-4, and R-2)	Chapter 11. Adaptable units are required in R-2 occupancies. (Same requirements for I-1, R-4, and R-2)
16	Table 1604.5. Health care facilities with 50 or more residents are Occupancy Category III, which implements more stringent structural design load reqmts. in Chapter 16 than Category II.	Table 1604.5. Personal care facilities are Occupancy Category II. (Same requirements for I-1, R-4, and R-2)	Table 1604.5. Personal care facilities are Occupancy Category II. (Same requirements for I-1, R-4, and R-2)	Table 1604.5. Residential Occupancy Category II. (Same requirements for I-1, R-4, and R-2)
NEC	National Electric Code. Metal conduit and hard wired nurse call systems are required.	National Electric Code. Multifamily plastic conduit and any wired or wireless approved nurse call systems are allowed.	National Electric Code. Multifamily plastic conduit and any wired or wireless approved nurse call systems are allowed.	National Electric Code. Multifamily plastic conduit and any wired or wireless approved nurse call systems are allowed.
IFC	International Fire Code. Residents do not have to participate in fire drills.	International Fire Code. Residents are encouraged to participate in fire drills.	International Fire Code. Residents are encouraged to participate in fire drills.	International Fire Code. No fire drills.

ATTACHMENT G

ADDITIONAL DETAILED SUBSTANTIATION

SUMMARIZATION OF THE 2007 HAWAII ASSISTED LIVING ANALYSIS

The following information is a summarization based on the information found in the "Assisted Living Analysis of All State Regulations Relative to Building Codes and Life Safety Codes," conducted for the State of Hawaii in 2007, from here on referenced as the "Assisted Living Analysis."

The I-1 occupancy is appropriately categorized as a "personal care" occupancy in the IBC. It is different than Group I-2 "health care," which includes nursing and hospitals for health and medical treatment. The largest population base of the personal care uses is assisted living, matching the current nursing population nationwide. Assisted living is the category of concern for the current I-1 occupancy. Nationwide assisted living is regulated by each state differently. Generally speaking assisted living residents:

- Are given assistance with activities of daily living (ADL's) by being given "personal care" services of meals, social and physical assistance, housekeeping, bathing, medication and similar assistance.
- Are generally slower to ambulate than the general population.
- May require staff assistance to evacuate.
- May have different levels of dementia, including Alzheimer's.
- May be incapable of following directions under emergency conditions.
- May require assistance in transferring to and from a wheelchair.
- Are never allowed to be permanently bedridden.
- Are never allowed to have continuous nursing care beyond temporary illness

The Assisted Living Analysis was commissioned by the State of Hawaii to review their assisted living resident types relative to building code regulations. It accomplished the following:

- Researched all 50 States regulations relative to the subject of capabilities of residents and associated regulations.
- Created a 2 page Summary Table of all 50 States regulations, evacuation capability requirements, and IBC assumptions or requirements (Attached).
- Noted that CMS or state regulations required NFPA 101 conformance or was referenced in 37 states, so analyzed NFPA requirements and cross referenced them with IBC requirements.
- Compared nearby State IBC amendments.
- Created Findings and Conclusions.
- Gave national recommendations.
- Made recommendations specific to the State of Hawaii based on the findings and preferences of the State of Hawaii Department of Health.

The findings are summarized as follows:

- "Assisted living or similar State licensed designation is allowed in all 50 States.
- Assistance with evacuation for residents is allowed in assisted living in approximately 46 States.
- Assistance with evacuation is allowed in 51 of the total 89 assisted living categories serving more than five residents in the 50 states.
- NFPA 101 Life Safety Code compliance is referenced in approximately 37 State assisted living licensing requirements.
- Alzheimer residents are allowed in assisted living facilities or in specially designated assisted living facilities in approximately 47 States.
- Temporary limited intermittent nursing care for up to 45 to 90 days is allowed in all 50 States, if care can be properly provided by the facility.
- Residents in assisted living are allowed to be short-term bedridden for up to 7 – 45 days due to temporary illness in approximately 21 States, if care can be properly provided by the facility.
- The IBC is used in all 50 States by local jurisdiction or State-wide adoption.
- The IBC occupancy designation of I-1 and its criteria for residents is exclusively applicable in approximately 4 States for assisted living."

OTHER REFERENCED STANDARDS

The Assisted Living Analysis shows that approximately 37 states require or reference NFPA 101 Life Safety Code conformance in their licensed assisted living facility regulations. The NFPA 101 code is often enforced by the Centers for Medicare and Medicaid Services (CMS) which is related to Medicaid reimbursement.

All of the states that utilize the NFPA 101 Life Safety Code for their assisted living regulations, classify them as the NFPA personal care Residential Board and Care occupancy. This occupancy classification allows residents that may not be fully capable of self preservation, requiring physical assistance to evacuate. The NFPA 101 from the 1980's and up to the 2000 edition, allows residents categorized as "prompt" and "slow" to reside in this occupancy. Residents up to and including the slow category are able to reach a point of safety within 13 minutes. Assisted living facilities with over five residents and with residents categorized as "impractical (over 13 minutes) are then required to conform to NFPA 101 "Limited Care" requirements found in its Health Care Chapter 18.

Essentially the NFPA Limited Care has slightly less stringent requirements than the rest of their Chapter 18 Health Care requirements. Those regulations essentially match the IBC I-2 requirements. Conformance requires the following:

- Wood frame is limited to one story. Three stories require 1 hour non combustible construction.
- Allows nonrated and open corridors.
- Requires smoke barriers.
- Requires NFPA 13 automatic sprinklers.
- Limited Care allows exceptions to the requirements for 44" door and 8' corridors.

It also be noted that due to federal regulation of the nursing industry, conformance to NFPA 101 is required nationally. The IBC I-2 and NFPA New Health Care Occupancy requirements are generally and specifically the same.

The 2003 and the most current 2006 NFPA 101 Life Safety Code revised its approach to the large (over 16) personal care Residential Board and Care (assisted living) occupancy. This occupancy classification is NFPA's equivalent IBC I-1 occupancy classification. Approximately 25 of the 37 states reference compliance with these two most recent editions of NFPA 101:

- **The timing of residents is removed as a requirement for classification and is now just referenced in its Guide on Alternative Approaches to Life Safety. The occupancy now allows prompt, slow and impractical residents.**

- **Facilities with impractical residents are now allowed in this Residential Board and Care occupancy and are not required to be in the Limited Care occupancy anymore.**
- It reduces wood frame construction from 4 stories to 2 stories.
- It adds the requirements for smoke barriers.
- It adds the requirements for NFPA 13 automatic sprinklers.
- It does not require corridor door rating.
- It requires evacuation drills meet its health care chapter requirements.
- It keeps most other Residential Board and Care requirements the same, which are generally consistent with the other current IBC I-1 requirements.

Revisions to the IBC should better generally match the current NFPA 101 Residential Board and Care occupancy criteria and requirements. There should be more consistency in assisted living regulations similar to the consistency between The IBC I-2 and NFPA 101 Health Care requirements.

OTHER STATES IBC AMENDMENTS

There are also at least three states that amend the IBC at a statewide level to incorporate similar aspects of allowing residents that may require assistance with evacuation. Hawaii is also currently in the process of approving similar amendments.

- California, Oregon, and Washington all allow residents that may require assistance in evacuation in their amended IBC I-1 (assisted living) occupancies.
- Oregon and California further limit wood frame stories. Oregon limits wood frame to three stories and requires a horizontal exit in multi story wood frame structures. California limits wood frame to two stories.
- All Add smoke barrier requirements.
- Oregon and California add NFPA 13 automatic sprinklers.

PROTECTION FEATURE SAMPLING OF RECENT PROJECTS

The proponent of this proposal works in an architectural firm that has designed over 200 senior housing projects in 19 states during the past 20 years. The firm has seen inconsistent application of the I-1 occupancy classification since numerous states started enforcing the IBC after 2003. The below information gives a sampling of what is occurring nationally, and offers insight into the inconsistent application of the code due to the issue presented in this proposal. The conclusion that this firm has is that every individual jurisdiction has to be negotiated as to what occupancy requirements are to be applied to assisted living facilities. This is due to the occupant type limitations the IBC places in the I-1 and R-4 requirements when compared to what most states licensing agencies allow. Negotiating each individual project's occupancy requirements is a time consuming, costly, and increased risk issue for developers. The only exceptions for this firm are for projects in the three states that have already amended their building code at a state-wide level (California, Oregon, and Washington.)

Many States are more similar to the Idaho, Nevada, Oklahoma, and Texas examples below. They have no actual IBC amendments to the I-1 or R-4 occupancy. They are like the 37 states that also require compliance with NFPA Residential Board and Care criteria referenced in their State assisted living regulations.

The examples below show different life safety design solutions on a sampling of ten of the firm's last similar assisted living projects since 2004. The two Idaho examples show two different occupancy classifications and construction type requirements for very similar projects. This exemplifies one of the key issues when designing these facilities. It is the construction cost difference between wood frame and steel frame construction. The limited jurisdictions that require assisted living construct to I-2 standards are not necessarily adding appropriate protection to the occupants of these facilities. They may add up to 25 percent in construction cost by requiring I-2 steel frame construction type in a two story building. That subject will be reviewed in more detail later in this substantiation.

A review of the IBC, NFPA 101 and its referenced building code NFPA 5000, along with the State licensing criteria is required when designing facilities in most States like Idaho and Nevada. The most stringent requirements of each code must be found and implemented. Complying with up to three different sets of regulations is complicated when all three may have differing criteria and requirements. The main issue is that most State regulations and NFPA allow evacuation assistance but the IBC does not. That compounds the complexities of dealing with overlapping requirements. That is the main reason why the IBC should be revised. The examples below show how this variation of requirements can cause undo increases in construction cost. It also shows inconsistent application of the IBC causing inconsistent building design.

The summarization of these 10 similar assisted living projects shows:

- 10 required IBC conformance.
- 10 allowed assistance with evacuation mostly through IBC alternate means.
- 9 different states.
- 9 implemented smoke barriers, mostly as alternate means.
- 8 implemented NFPA 13 sprinklers, mostly as alternate means.
- 7 allowed the Group I-1 occupancy classification, implementing some I-2 requirements.
- 7 required NFPA 101 compliance due to state licensing criteria.
- 7 were allowed to be built with wood frame of either two or three stories.
- 3 were required to be built with steel frame of either two or three stories.
- 2 required conformance to I-2 requirements because no equivalency was allowed.
- Construction cost varied from \$110 to \$170 per square foot, mostly due to requirements for different construction types even though the use was the same.

2005 Alaska Assisted Living Project

- The building cost was \$130 per square foot.
- The IBC with no amendments was enforced by the local jurisdiction.
- The local fire marshal enforced the NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was accepted to allow the resident type for the **Group I-1** occupancy:
 - Residents requiring assistance with evacuation were limited to the first floor.
 - Smoke barriers were required.
 - NFPA 13 sprinklers were required.
 - The two story building was allowed to be Type VA (wood frame).

2007 California Assisted Living Project

- The building cost was \$120 per square foot.
- The IBC was enforced with California statewide amendments.
- There were no NFPA 101 requirements.
- State assisted living licensing allows residents that may need assistance with evacuation.
- No Alternate means were required due to the California IBC amendments allowing the resident type in its **Group I-1** occupancy, and being consistent with NFPA 101 current Board and Care requirements:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - NFPA 13 sprinklers were required.
 - The two story building was allowed to be Type VA (wood frame), the maximum allowed under California's amendments.

2007 Colorado Assisted Living Project

- The building cost was \$130 per square foot.
- The IBC with no amendments was enforced by the local jurisdiction.
- State assisted living licensing required conformance to the 2006 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was accepted to allow the resident type for the **Group I-1** occupancy, allowing for the implementation of NFPA 101 requirements as an equivalency:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - NFPA 13 sprinklers were required.
 - The two story building was allowed to be Type VA (wood frame).

2005 Idaho Assisted Living Project

- The building cost was \$110 per square foot.
- The IBC with no amendments was enforced by the local jurisdiction.
- State assisted living licensing required conformance to 2000 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was accepted to allow the resident type for the **Group I-1** occupancy, allowing for the implementation of NFPA 101 and Oregon's SR IBC amendments as an equivalency:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - Horizontal exits were required.
 - NFPA 13 sprinklers were required.
 - The two story building was allowed to be Type VA (wood frame).

2006 Idaho Assisted Living Project

- The building cost was \$160 per square foot.
- The IBC with no amendments was enforced by the local jurisdiction.
- State assisted living licensing required conformance to 2003 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was not accepted to allow the resident type, then requiring the building comply with IBC **Group I-2** requirements:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - NFPA 13 sprinklers were required.
 - The two story building was required to be Type IIA (steel frame).

2008 Nevada Assisted Living Project

- The building cost was \$170 per square foot.
- The IBC with no amendments was enforced by the local jurisdiction.
- State assisted living licensing required conformance to 2006 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was accepted to allow the resident type for the **Group I-1** occupancy, allowing for the implementation of some I-2 requirements, and NFPA 101 Limited Care requirements as an equivalency:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - NFPA 13 sprinklers were required.
 - The negotiations exempted other I-2 requirements for metal conduit, I-2 fire detection, 44" doors, 8' corridors, and structural redundancy to save cost, since it was not considered a nursing or health care facility.
 - The three story building was required to be Type IIA (steel frame).

2008 Oklahoma Assisted Living Project

- The building cost is \$110 per square foot.
- The IBC with no amendments was enforced by the local jurisdiction.
- State assisted living licensing required conformance to 2003 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was **not** accepted to allow the resident type. The building is currently being designed to meet **IBC current Group I-2** requirements to allow residents not capable of self preservation. This increased the cost of the project by approximately \$25 per square foot required for I-2 and steel frame construction cost. The State is also considering legislation in a statute to require "I-II" (meaning I-2) design in a hastily written statute for assisted living with residents needing assistance, based mostly on the IBC current limitations.
 - Residents requiring assistance with evacuation are allowed.
 - IBC Group I-2 NFPA 13 sprinklers were required.

- The two story building was allowed to be Type IIA (steel frame).

2006 Oregon Assisted Living Project

- The building cost was \$110 per square foot.
- The IBC was enforced with Oregon statewide amendments.
- State assisted living licensing required conformance to 2000 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- No Alternate means were required due to the Oregon IBC amendments allowing the resident type in its **Group I-1** (Oregon SR-1) occupancy, and being consistent with NFPA 101 current Board and Care requirements:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - NFPA 13 sprinklers were required.
 - Horizontal exits are required in multi story wood frame buildings.
 - The three story building was allowed to be Type VA (wood frame), the maximum allowed under Oregon's amendments.

2008 Texas Assisted Living Project

- The building cost is \$170 per square foot.
- The IBC with no amendments is enforced by the local jurisdiction.
- State assisted living licensing require conformance to 2000 NFPA 101.
- State assisted living licensing allows residents that may need assistance with evacuation.
- A building code alternate means was accepted to allow the resident type for the **Group I-1** occupancy, allowing for the implementation of some I-2 requirements, and NFPA 101 Limited Care requirements as an equivalency:
 - Residents requiring assistance with evacuation are allowed.
 - Smoke barriers are proposed.
 - NFPA 13 sprinklers are proposed.
 - The request exempts other I-2 requirements for metal conduit, I-2 fire detection, 44" doors, 8' corridors, and structural redundancy to save cost, since it was not considered a nursing or health care facility.
 - The three story building is proposed to be Type IIA (steel frame).

2006 Washington Assisted Living Project

- The building cost was \$110 per square foot.
- The IBC was enforced with Washington statewide amendments.
- There were no NFPA 101 requirements.
- State assisted living licensing allows residents that may need assistance with evacuation.
- No Alternate means were required due to the Washington IBC amendments allowing the resident type in its **Group I-1** (Washington LC) occupancy, and being consistent with NFPA 101 current Board and Care requirements:
 - Residents requiring assistance with evacuation were allowed.
 - Smoke barriers were required.
 - NFPA 13R sprinklers were required.
 - The three story building was allowed to be Type VA (wood frame), the maximum allowed in Washington is four stories.

This review shows that there is inconsistent implementation of evacuation criteria, construction type, sprinkler type, and smoke barriers. This inconsistency can be corrected by incorporating the proposed IBC amendments.

IBC I-1 VERSUS I-2 OCCUPANCY CLASSIFICATION

Some jurisdictions believe that these assisted living facilities should be categorized in the Group I-2 occupancy. This proponent believes that personal care assisted living requiring physical evacuation assistance, should remain in the Group I-1 occupancy.

The Group I-1 and R-4 occupancies provide personal care services as currently defined in the IBC. They do not allow bedridden residents, or provide nursing or health care services, except for short term illness. The current IBC definitions for personal care and assisted living are consistent with the general assisted living regulations across the country except for the requiring of residents to have full capability to egress. There are enough differences between actual I-1 personal care residents and staff and the I-2 health care residents and staff to warrant different occupancy classifications. There are also I-2 nursing exceptions that reduce protection that may not be appropriate for I-1 occupancies. The three key differences between I-1 assisted living and I-2 nursing occupancies are as follows:

- Capabilities of the residents are different. Assisted living residents may require more limited physical assistance in evacuation than nursing residents. Assisted living residents are not bedridden except for temporary illness. Nursing facility residents can be require more physical assistance in evacuation and may be permanently bedridden.
- Assisted living residents participate in fire drills and are trained to egress to a point of safety and then to exit the building in an emergency, with or without assistance. Nursing I-2 occupancies are considered "protect in place," meaning that residents do not generally participate in fire drills, and may wait for rescue in their rooms.
- Assisted living uses generally may have less required staffing levels, notably during the evening and overnight shifts than required nursing facility staff levels. There may not be the same amount of staff in assisted living to allow for the "protect in place" concept that I-2 nursing affords (including allowing I-2 unprotected corridors).

The attached "Current IBC Occupancy Requirements Comparison Table" for I-2, I-1, R-4, and R-2, shows all the detailed differences between the I-1 and I-2 requirements. That table is summarized as follows:

- I-2 exclusively has exceptions for rating corridors and open spaces to corridors.
- I-2 exclusively requires smoke barriers.
- I-2 has more restrictive area and story limitations than I-1.
- I-2 has Class B interior ratings versus B and C for I-1.
- I-2 requires NFPA 13 sprinklers versus NFPA 13R for I-1.
- I-2 means of egress has a more restrictive .3 egress width load factor, corridor and door width bed movement provisions, and a 200' travel distance limitation.
- I-2 has a .3 structural redundancy load factor requirement that is not required in I-1.

- The National Electric Code requires health and nursing care in I-2 use metal conduit and hard wired nurse call that is not generally required in I-1.

The proposed code revisions utilize an appropriate mix of I-1 and I-2 requirements for the Group I-1 that best fits personal care and assisted living occupancies. Refer to the "Proposed IBC Occupancy Requirements Comparison Table" (Attached) for a detailed list of the proposed revisions concepts for all the occupancies discussed. The proposed revisions are consistent with what NFPA and other states require in similar occupancies that are noted in detail prior in this justification. The Group I-1 occupancy is proposed to:

- Allow assistance with evacuation.
- Uses the terms "personal care" for I-1 and R-4.
- Uses the term "health care" for I-2 differentiating I-2 from I-1 and to correlate I-2 with the term "health care" used in the following regulations: IBC Chapter 16, State licensing, State and jurisdictional enforcement of NFPA 101, and The National Electrical Code (NEC).
- Keep the occupancy as personal care, not health care.
- Limit wood frame and non combustible construction to between current I-1 and I-2 requirements.
- Add smoke barrier requirements due to the new resident type allowed.
- Requires additional smoke detection requirements.
- Add NFPA 13 automatic sprinkler requirements.
- Keep the 6-16 resident facilities in place by adding exceptions for areas, construction, and sprinklers.

The proposed revisions utilizes only key provisions from I-2 into the I-1 for allowing persons who may need physical evacuation assistance, including story limitations, smoke barriers, and NFPA 13 sprinklers. This is consistent with other states amendments and current NFPA101 requirements.

The revisions do not utilize the current IBC I-2 Chapter 4 corridor exceptions reducing protection, Chapter 8 interior finish requirements, Chapter 10 bed movement egress limitations, or Chapter 16 additional structural redundancy requirements. The corridor, finish, and bed movement egress limitations are specifically for nursing or health care occupancies so it is not appropriate to include these in personal care occupancies. The non protected corridor allowance in nursing makes the correct assumption of higher staff levels than in assisted living. It also takes into account that nursing is protect in place. The structural redundancy requirements are for non essential health care facilities with over 50 occupants. This is appropriate for those protect in place occupancies that may keep the occupants in the building during emergencies. Personal care occupancies have occupants that leave the building during emergencies. This difference eliminates the need for additional structural redundancy. These I-2 requirements are not included in the new I-1 because they are only appropriate for health care and not for personal care uses.

IBC I-1 VERSUS R OCCUPANCY CLASSIFICATION

The proposed amendments essentially move the current resident type in Groups I-1 and R-4 to Group R-4. This keeps an occupancy group for personal care uses that do not allow assistance with evacuation, such as some categories of assisted living in some states. It also moves other personal care uses capable of evacuation without assistance from the current I-1 to the proposed R-4, including halfway houses, congregate care, social rehabilitation and other types of residential facilities. The proposed amendments keep the current 6-16 resident facilities with residents who may need assistance with self evacuation in the Group R-4 occupancy by adding exceptions. The proposed revisions are also consistent with current I-1, R-4, and R-2 requirements. The Current IBC Occupancy Requirements Comparison Table (Attached) shows that the current I-1 and R-2 have essentially the same requirements. Both occupancies assume that occupants are generally capable of responding to emergencies.

The Current IBC Occupancy Requirements Comparison Table shows basically no substantial life safety differences between Groups I-1, R-4 and R-2 occupancy requirements. The only real measurable difference is allowable story and area differences in Chapter 5. A summary of the only differences shown in the table between the current I-1 and R-2 substantiates why the current I-1 best fits in the current general "Group R" occupancy:

- I-1 is for personal care versus R-2 is general "residential."
- I-1 is for over 16 persons and R-2 is one or two family dwellings and for non transient sleeping residents.
- I-1 has less area and sometimes less story limitations with no extra stories allowed in Section 508. There are two construction types in the I-1 that require one less story. The allowable area is less in the I-1 from 1,500 to 6,000 square feet when compared to the R-2.
- There are some minor differences in smoke and visual alarm requirements.

The proposed code revisions for the R-4 are consistent with current I-1 and R-4 requirements. Refer to the "Proposed IBC Occupancy Requirements Comparison Table" (Attached) for a detailed list of the proposed revisions concepts for all the occupancies discussed. The Group R-2 occupancy is proposed to:

- Not allow assistance with evacuation.
- Adds personal care uses to the occupancy.
- Keeps the I-1 area and story limitations converted to the new R-4.
- Keep current I-1 requirements for NFPA 13R automatic sprinkler requirements.
- Keep current I-1 requirements for manual fire alarms, smoke alarms, and visual alarms.
- Keep the capable of self evacuation 6-16 resident facilities in the R-4 occupancy allowing for exceptions in various sections.

OTHER OPTIONS

The proposed solution for the I-1 and R-4 occupancies is not the only option for correcting the issue with these classifications in the IBC. The proponent believes the proposed amendments are the best overall most practical solution when all things are considered. The proposed revisions are not a "perfect solution. Advocates in the "personal" care industry prefer not being classified with the "I-Institutional" occupancies. They prefer being considered "residential." Note that even the existing I-1 classification description in Section 308.2 states that "residents live in a supervised residential environment that provides personal care services." This seems a contradiction to many in the industry, including the proponent of these amendments. There is a preference stated by some that all personal care be moved out of the "I" occupancy to the "R-Residential" occupancy. The proponent is not an advocate of this option because it would most likely create too many other issues as noted below.

The proponent does not advocate this "R" option because of the following:

- The main reason is that it would probably require creating a new occupancy classification (R-5?) versus the proposed keeping the existing occupancies in tact.
- It would require serious questions about what to do with the current I-1 designation. It could be used for Alzheimer's, but there is not enough difference to create an occupancy classification for Alzheimer's. Otherwise, if all personal care moved to the R classification, then the I-1 may end up not being used at all.
- Finally, another main issue is that moving all personal care to the R occupancy would most likely cause a major amount of code section changes. This "complete move" option would probably require two to three times the amount of code section changes than in this proposal.
- There were already major occupancy revisions in most states between 2003 and 2005 when the old regional codes were deleted for the adoption of the new IBC. Moving all personal care to the R classification would cause another major occupancy revision to the relatively

newly established IBC personal care occupancies. This could cause confusion with occupancy permits, classifications, and requirements with three major occupancy classification revisions in 10 years for personal care uses.

- Due to the above, the argument for moving all personal care to the Group R is more philosophical than practical.

Finally, this proponent has a second option that encompasses similar concepts found in the submitted proposal but maintains the resident counts as currently in the I-1 and R-4 occupancies. This option keeps the R-4 as the 6-16 person occupancy but allowing non capable residents. It allows non capable resident in I-1 with over 16 residents. It moves all capable personal care to the R-2. It was not submitted for two main reasons: The proponent did not think it was as appropriate to continue to split personal care between the Group I and R based solely on the number of occupants. It was also perceived that advocates of keeping occupancies similar would not have approved moving capable personal care to the R-2 even though it has similarities. This other option has its merit only requiring 13 code section changes and no occupant number changes. Overall the proposal submitted was chosen due to the fact that it conceptualizes a long term solution to continuity of occupancy classification between to different letter groups. It makes the Group I for persons not capable of self preservation and for persons under detention. It makes the R for overnight occupancies for persons generally capable of self preservation. This proposal is the most appropriate and practical solution for the revision of the personal care occupancies.

Public Hearing: Committee: AS AM D
Assembly: ASF AMF DF

ICCFILENAME: PURGIEL-G1-308.1.DOC

G22-09/10

308.2 (IFC [B] 202), 308.3, 308.3.1, 310.2, 1107.5.2

Proponent: Jay Hall, Virginia Fire Safe Construction Advisory Committee

Revise as follows:

SECTION 308 INSTITUTIONAL GROUP I

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. Institutional occupancies shall be classified as Group I-1, I-2, I-3 or I-4.

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 slow evacuation in 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
- Residential care
- 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 (IFC [B] 202) Group I-2. This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing, assisted living or custodial care for persons who are not capable of self-preservation or where complete evacuation is impractical. This group shall include, but not be limited to, the following:

- Assisted living facilities
- Child care facilities
- Convalescent facilities
- Detoxification facilities
- Hospice care
- Hospitals

Mental hospitals
Nursing homes

308.3.1 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.

ASSISTED LIVING FACILITIES. Buildings, or portions thereof housing persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provide personal care services and in addition could provide convalescent, medical, nursing or hospice care. The occupants are not capable of responding to an emergency situation without physical assistance from staff. This classification shall include, but not be limited to the following: Mental care facilities, nursing homes, assisted living facilities, convalescent facilities, and hospice care facilities.

CHILD CARE FACILITIES. Facilities that provide care on a 24-hour basis to more than five for children, 2½ years of age or less.

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

EVACUATION LEVELS

Impractical evacuation. The movement of all occupants, residents and staff to an exit in more than 13 minutes.

Slow evacuation. The movement of all occupants, residents, and staff to an exit in more than three minutes, but not more than thirteen minutes.

HOSPITALS AND MENTAL HOSPITALS. Buildings or portions thereof used on a 24-hour basis for the medical, psychiatric, obstetrical or surgical treatment of inpatients who are incapable of self-preservation.

INDEPENDENT LIVING STATUS. A resident that is assessed as capable of performing all activities of daily living and instrumental activities of daily living for himself without requiring the assistance of another person and is assessed as capable of taking medications without the assistance of another person. Where the policy of a facility dictates that medications are administered or distributed centrally without regard for the residents' capacity, this policy shall not be considered in determining independent status.

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

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

~~RESIDENTIAL CARE/ASSISTED LIVING~~ 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~~ residential care facilities where all residents have independent living status.

1107.5.2 Group I-2 nursing homes and assisted living facilities. Accessible units and Type B units shall be provided in nursing homes and assisted living facilities of Group I-2 occupancies in accordance with Sections 1107.5.2.1 and 1107.5.2.2.

Reason: This proposal addresses a disconnect between assisted living facilities (ALF) and the current building code.

Based on the current definition for Group I-1, which include ALF, residents are expected to be able to respond to an emergency without any assistance from staff. Today's ALF simply do not operate that way and even the Dept. of Social Services regulations in many states allow for or demand a percentage of non-ambulatory patients.

The census shows a continued increase in the population of older adults, age 65 and older. Given that fact, it is not surprising that we have already seen large increases in senior marketed housing and Assisted Living Facilities (ALF). Construction starts for Assisted living facilities are expected to grow even more to accommodate the rising number of adults who will need assistance for daily activities. Bathing, dressing, toileting, and transferring are a few examples of assistance.

In placing the Assisted Living Facilities use under the Group I-1 there is a tacit acknowledgement that residents in these facilities will eventually need protection levels beyond that provided by the Group I-1, however, no guidance is given to the code official to determine when the level of assistance needed has reached a maximum and the resident needs to be moved to an Group I-2 facility.

Based on the statistics from the U.S. fire Administration, and the National fire data center, older adults are at the highest risk of dying in a fire. The concept behind the existing placement of the ALF use within the Group I-1 is that though the residents may be slower to evacuate, they are still capable of self evacuation without physical assistance. Facilities that house residents not capable of responding to an emergency without physical assistance are classified as Nursing homes or hospitals. Higher degrees of fire safety and life safety are required in these facilities because the code recognizes a higher need for defend in place protection and that evacuation would be difficult or impractical, depending on the condition of the resident and involvement of fire and smoke. In practice most ALF would find themselves in a similar predicament if faced with a fire emergency.

The reality is that many of the residents in ALF are not capable of self preservation. As a result, many facilities go out of compliance with the building code soon after opening, and enforcement is difficult due to a lack of measurable performance standard in the code to be applied by code enforcers. Code enforcers cannot be expected to perform medical/physical/psychiatric assessments of the facility residents, nor should they. Most times the facility operators itself is also not aware of building code limitations based upon their group designation and they are also wrestling with the desires of the resident and family members who may not wish to be moved to a different facility, or even a different wing in the same facility.

In an emergency it obvious that many residents will need assistance to evacuate. Staffing levels nor building construction have been enhanced to balance the added time needed to evacuate. Some patients may not even be able to physically endure evacuating depending on their condition and the amount of smoke and heat present. This may be compounded by the responding fire department having limited resources during the initial response phase.

The lack of definitive guidance for code officials on when a resident goes from needing the protection levels of an R Group, to a Group I-1 to an Group I-2 is incomprehensible when the International Fire Code requires emergency action plans to be developed, submitted and approved by the fire code official for the Group I and specifies that drills be conducted, including evacuation of all residents in an ALF occupancy. What criteria is used to determine if the evacuation was timely?

The criteria has been available and progressive jurisdictions, such as the State of New Jersey, have used that criteria to provide for improved levels of safety for residents of these facilities, and clear guidance to designers and code officials. Virginia is also currently considering a similar proposal and many other states recognize the same problem and are seeking a solution.

The guidance is found in the NFPA 101 Life Safety Code.

From the 2008 edition (and is in previous editions):

3.3.70* Evacuation Capability. *The ability of occupants, residents, and staff as a group either to evacuate a building or to relocate from the point of occupancy to a point of safety.*

3.3.70.1 Impractical Evacuation Capability. *The inability of a group to reliably move to a point of safety in a timely manner.*

3.3.70.2 Prompt Evacuation Capability. *The ability of a group to move reliably to a point of safety in a timely manner that is equivalent to the capacity of a household in the general population.*

3.3.70.3 Slow Evacuation Capability. *The ability of a group to move reliably to a point of safety in a timely manner, but not as rapidly as members of a household in the general population.*

A.3.3.70 Evacuation Capability. *The evacuation capability of the residents and staff is a function of both the ability of the residents to evacuate and the assistance provided by the staff. It is intended that the evacuation capability be determined by the procedure acceptable to the authority having jurisdiction. It is also intended that the timing of drills, the rating of residents, and similar actions related to determining the evacuation capability be performed by persons approved by or acceptable to the authority having jurisdiction. The evacuation capability can be determined by the use of the definitions in 3.3.70, the application of NFPA 101A, Guide on Alternative Approaches to Life Safety, Chapter 6, or a program of drills (timed).*

Where drills are used in determining evacuation capability, it is suggested that the facility conduct and record fire drills six times per year on a bimonthly basis, with a minimum of two drills conducted during the night when residents are sleeping, and that the facility conduct the drills in consultation with the authority having jurisdiction. Records should indicate the time taken to reach a point of safety, date and time of day, location of simulated fire origin, escape paths used, and comments relating to residents who resisted or failed to participate in the drills.

Translation of drill times to evacuation capability is determined as follows

- (1) **3 minutes or less — prompt**
- (2) **Over 3 minutes, but not in excess of 13 minutes — slow**
- (3) **More than 13 minutes — impractical**

Evacuation capability, in all cases, is based on the time of day or night when evacuation of the facility would be most difficult, such as when residents are sleeping or fewer staff are present.

Evacuation capability determination is considered slow if the following conditions are met:

- (1) *All residents are able to travel to centralized dining facilities without continuous staff assistance.*
- (2) *There is continuous staffing whenever there are residents in the facility.*

This proposal addresses the problem by building the evacuation criteria into the group designation language. When an applicant submits a set of plans for review the plans must include the Group and the requirements of that group become a condition of occupancy when the facility is constructed and occupied. This is no different than when an applicant provides information on how much hazardous materials will be present in an effort to show that the proposed use is not an H Group. The MAQ for hazardous materials becomes a measurable condition of occupancy.

Once occupied, the evacuation parameters in the group designations become the standard the fire code official can measure against when fire drills are conducted or a violation of the certificate of occupancy is suspected. This will help ensure that residents are in the facilities that can provide the proper level of safety.

This proposal also includes moving Assisted Living Facilities from the Group I-1 to the Group I-2 as the most appropriate designation based upon the limitations of many residents of assisted living facilities and the fact that most, if not all of the residents transition to needing increased levels of care once admitted to a facility.

There is no getting around the fact that today's ALF does not fit into an Group I-1. Read Virginia's Assisted Living regulations at http://www.dss.virginia.gov/files/division/licensing/alf/regulations_code/applicable_regulations/032-05-010-17.pdf

Other States have similar regulations.

You will see that ALF facilities are allowed by their regulations to provide care for those cannot sense or even recognize danger, much less respond to it, as well as a multitude of other health conditions where the resident cannot respond to an emergency. Interestingly enough it also says that the facility shall comply with all fire safety regulations by the USBC. So, there is the first disconnect. They are out of compliance with both their regulations and the building code. It is hard to blame the assisted living people, the building code has been evolving too. It now clearly recognizes,

that those that cannot reasonably respond be provided with added fire safety, Group I-2 construction and safety features. Those who can respond and under the care of a facility are provided with the systems to give more time for evacuation such as early detection, NFPA 13R, and some light compartmentation in corridors and dwelling units.

Realizing that people who move in and are perfectly capable of responding, will all age in place at the same rate but with different affects. Some will remain healthy and some will not. Some slow down and some will require wheel chairs, walkers etc. and this can change from day to day. Who will ever know, except the resident and maybe the facility, if the resident can or cannot respond to emergency without assistance on a day to day basis? How can this ever be regulated and monitored closely for each resident? Nightmare for all concerned, especially the resident.

The 13 minute evacuation time is an objective time limit that is a combination of the facilities ability and the resident's ability to manage getting the residents out and to safety in a reasonable time. If by combination of both, the facility can achieve total evacuation of the premises in 13 min. then we have a reasonably safe condition no matter how many times the resident/s needed a little more assistance in getting themselves in the right direction. If the residents are the type of residents that the code expects, then 13 minutes should be very achievable with no increase in staffing.

When the resident is no longer able to respond, yes they will need to be relocated, to a facility where they can age in place, and have the systems in place that acknowledge the resident will not be evacuating. From that point on, the building code cares not whether the resident went to a nursing home or an assisted living facility, either way and based on any changes that the DSS may have, assisted living facilities will be in compliance with the building code without the fire official or the facility being concerned with how many might be non-ambulatory at one time on any given day, week or month.

If applied at the time of construction the cost impact is minimal.

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

Public Hearing: Committee:	AS	AM	D
Assembly:	ASF	AMF	DF

ICCFILENAME: HALL-G1-308.2

G23-09/10

308.2, 308.3, 308.3.1, 308.5, 308.5.1, 308.5.2, 310.1 (IFC [B] 202), 1107.5.2

Proponent: Robert J Davidson, Code Consultant, Alan Shuman, President, The National Association of State Fire Marshals (NASFM)

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 are capable of ~~responding to slow~~ evacuation in 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
- Social rehabilitation 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 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.~~

308.3 (IFC [B] 202) Group I-2. This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing or custodial care for persons ~~who are not capable of self-preservation~~ where evacuation is impractical. This group shall include, but not be limited to, the following:

- Assisted living facilities
- Child care facilities
- Detoxification facilities
- Hospitals
- Mental hospitals
- Nursing homes

308.3.1 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.

CHILD CARE FACILITIES. Facilities that provide care on a 24-hour basis ~~to more than five~~ for children, 2½ years of age or less.

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

EVACUATION LEVELS

Impractical evacuation. The movement of all occupants, residents and staff to an exit in more than 13 minutes.

Slow evacuation. The movement of all occupants, residents, and staff to an exit in more than three minutes, but not more than thirteen minutes.

Prompt evacuation. The movement of all occupants, residents, and staff to an exit in three minutes or less.

HOSPITALS AND MENTAL HOSPITALS. Buildings or portions thereof used on a 24-hour basis for the medical, psychiatric, obstetrical or surgical treatment of inpatients who are incapable of self-preservation.

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

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 ~~with~~ accessory to 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 provided the building is protected by an automatic sprinkler system installed in accordance with Section 903.2.8. Places of worship during religious functions are not included.

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 personal care services~~ on less than a 24-hour basis where evacuation is slow or impractical, shall be classified as Group I-4.

Exception: A facility where occupants are capable of ~~responding to an emergency situation~~ prompt evacuation without physical assistance from the staff, is accessory to a dwelling unit and having five or fewer persons shall be classified as Group R-3.

308.5.2 (IFC [B] 202) Child care facility. A facility that provides supervision and personal 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: A child day care facility that provides 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 a level of exit discharge serving such rooms and each of these child care rooms has an exit door directly to the exterior, shall be classified as Group E.~~

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 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 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 Group R-1, R-2, R-4 or I, including:

- Buildings that 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 ~~46~~ five or fewer persons.

Adult and child care facilities that are within a single-family home are permitted to comply with the International Residential Code provided the building is protected by an automatic sprinkler system installed in accordance with Section 903.2.8.

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.

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](#).

1107.5.2 Group I-2 nursing homes and assisted living facilities. Accessible units and Type B units shall be provided in nursing homes and assisted living facilities of Group I-2 occupancies in accordance with Sections 1107.5.2.1 and 1107.5.2.2.

Reason: The purpose of this proposal is to correct a serious disconnect in life safety between what is contained within the IBC and what occurs in the field and to provide a sound solution that is both fair and effective.

The census shows a continued increase in the population of older adults, age 65 and older. Given that fact, it is not surprising that we have already seen large increases in senior marketed housing and Assisted Living Facilities (ALF). New construction for assisted living facilities are expected to grow even more to accommodate the rising number of adults who will need assistance for daily activities. Bathing, dressing, toileting, and transferring are a few examples of assistance.

In placing the Assisted Living Facilities use under the I-1 Group there is a tacit acknowledgement that residents in these facilities will eventually need protection levels beyond that provided by the I-1, however, no guidance is given to the code official to determine when the level of assistance needed has reached a maximum and the resident needs to be moved to an I-2 Group facility.

Based on the statistics from the U.S. fire Administration, and the National fire data center, older adults are at the highest risk of dying in a fire. The concept behind the existing placement of the ALF use within the I-1 Group is that though the residents may be slower to evacuate, they are still capable of self evacuation without physical assistance. Facilities that house residents not capable of responding to an emergency without physical assistance are classified as I-2 such as Nursing homes or hospitals. Higher degrees of fire safety and life safety are required in these facilities because the code recognizes a higher need for defend in place protection and that evacuation would be difficult or impractical, depending on the condition of the resident and involvement of fire and smoke. In practice most ALF would find themselves in a similar predicament if faced with a fire emergency.

The reality is that many of the residents in ALF are not capable of self preservation. As a result, many facilities go out of compliance with the building code soon after opening, and enforcement is difficult due to a lack of measurable performance standard in the code to be applied by code enforcers. Code enforcers cannot be expected to perform medical/physical/psychiatric assessments of the facility residents, nor should they. Most times the facility operators themselves are not aware of building code limitations based upon their group designation and they are also wrestling with the desires of the resident and family members who may not wish to be moved to a different facility, or even a different wing in the same facility.

In an emergency it obvious that many residents will need assistance to evacuate. Neither staffing levels nor building construction have been enhanced to balance the added time needed to evacuate. Some patients may not even be able to physically endure evacuating depending on their

condition and the amount of smoke and heat present. This may be compounded by the responding fire department having limited resources during the initial response phase.

The lack of definitive guidance for code officials on when a resident goes from needing the protection levels of an R Group, to a I-1 Group to an I-2 Group is incomprehensible when the International Fire Code requires emergency action plans to be developed, submitted and approved by the fire code official for the I Group and specifies that drills be conducted, including evacuation of all residents in an ALF occupancy. What criteria is used to determine if the evacuation was timely?

The criteria has been available and progressive jurisdictions, such as the State of New Jersey and the State of Georgia, have used that criteria to provide for improved levels of safety for residents of these facilities, and clear guidance to designers and code officials.

The guidance is found in the NFPA 101 Life Safety Code.

From the 2008 edition (and is in previous editions):

3.3.70* Evacuation Capability. *The ability of occupants, residents, and staff as a group either to evacuate a building or to relocate from the point of occupancy to a point of safety.*

3.3.70.1 Impractical Evacuation Capability. *The inability of a group to reliably move to a point of safety in a timely manner.*

3.3.70.2 Prompt Evacuation Capability. *The ability of a group to move reliably to a point of safety in a timely manner that is equivalent to the capacity of a household in the general population.*

3.3.70.3 Slow Evacuation Capability. *The ability of a group to move reliably to a point of safety in a timely manner, but not as rapidly as members of a household in the general population.*

A.3.3.70 Evacuation Capability. *The evacuation capability of the residents and staff is a function of both the ability of the residents to evacuate and the assistance provided by the staff. It is intended that the evacuation capability be determined by the procedure acceptable to the authority having jurisdiction. It is also intended that the timing of drills, the rating of residents, and similar actions related to determining the evacuation capability be performed by persons approved by or acceptable to the authority having jurisdiction. The evacuation capability can be determined by the use of the definitions in 3.3.70, the application of NFPA 101A, Guide on Alternative Approaches to Life Safety, Chapter 6, or a program of drills (timed).*

Where drills are used in determining evacuation capability, it is suggested that the facility conduct and record fire drills six times per year on a bimonthly basis, with a minimum of two drills conducted during the night when residents are sleeping, and that the facility conduct the drills in consultation with the authority having jurisdiction. Records should indicate the time taken to reach a point of safety, date and time of day, location of simulated fire origin, escape paths used, and comments relating to residents who resisted or failed to participate in the drills.

Translation of drill times to evacuation capability is determined as follows:

- (1) **3 minutes or less — prompt**
- (2) **Over 3 minutes, but not in excess of 13 minutes— slow**
- (3) **More than 13 minutes — impractical**

Evacuation capability, in all cases, is based on the time of day or night when evacuation of the facility would be most difficult, such as when residents are sleeping or fewer staff are present.

Evacuation capability determination is considered slow if the following conditions are met:

- (1) *All residents are able to travel to centralized dining facilities without continuous staff assistance.*
- (2) *There is continuous staffing whenever there are residents in the facility.*

This proposal addresses the problem by building the evacuation criteria into the group designation language. When an applicant submits a set of plans for review the plans must include the Group and the requirements of that group become a condition of occupancy when the facility is constructed and occupied. This is no different than when an applicant provides information on how much hazardous materials will be present in an effort to show that the proposed use is not an H Group. The MAQ for hazardous materials becomes a measurable condition of occupancy.

Once occupied, the evacuation parameters in the group designations become the standard the fire code official can measure against when fire drills are conducted or a violation of the certificate of occupancy is suspected. This will help ensure that residents are in the facilities that can provide the proper level of safety.

This proposal also includes moving Assisted Living Facilities from the Group I-1 to the Group I-2 as the most appropriate designation based upon the limitations of many residents of assisted living facilities and the fact that most, if not all of the residents transition to needing increased levels of care once admitted to a facility. If applied at the time of construction the impact is minimal.

Wherever there is an allowance to construct a facility under the International Residential Code language has been added, *“provided the building is protected by an automatic sprinkler system installed in accordance with Section 903.2.8.”* to make sure this important level of protection is provided. Though the IRC was amended to require the installation of automatic sprinkler systems, various builder groups have been waging a state by state campaign to prevent that change from taking effect. They have been successful in some states making this modification imperative to provide the necessary level of safety.

The proposal also reduces from 16 to 5 the number of residents considered appropriate for applying the I-1 Group. While even 5 individuals in home with limited abilities to self evacuate can present a challenge to responding fire service personnel, That number is the traditional number associated with one and two family occupancies and even under legacy code would not have been prohibited. But to allow greater than that number of individuals lacking the ability to self evacuate in a building without the proper levels of protection places the residents at risk and risks the lives of the fire service that arrive and have to attempt rescue of the residents lacking the proper level of protection.

The adult care and child care uses have been modified. The adult care has been modified in a manner similar to the I-1 and I-2 to provide for a qualifier on resident self evacuation capabilities. Many of these occupants have the same personal care needs as those in an assisted living facility, but because of family only need part-time care. The designation of the R-3 group in this case was modified to specify that the option is only available if the adult day care is “accessory” to the dwelling use which is the appropriate allowance. R-3 with its lower safety requirements should not be permitted for someone simply establishing an adult care business not associated with their dwelling.

Child care has been modified that the activity is an I-4 regardless of the number of children below the age of 2.5 years of age. Children that young are for the most part required to be physically removed from harms way during an evacuation, many times on a one ton one basis and as a result the higher level of protection features is needed.

The change to Section 1107.5.2 is a companion change to a proposal to move assisted living facilities to Group I-2 as the appropriate classification for assisted living facilities due to the limitations in mobility and cognitive awareness on the part of many of those living in an assisted living facility. These individuals are also entitled to accessible units to address their limitations just as occupants of a nursing home. In many cases it is a fine line between whether someone lives within an assisted living facility or needs the care provided by a nursing home with occupants having disabilities prevalent in both types of occupancies.

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

Public Hearing:	Committee:	AS	AM	D
	Assembly:	ASF	AMF	DF

ICCFILENAME: DAVIDSON-SHUMAN-G2-308.2.doc

G24-09/10

308.2 (IFC [B] 202)

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.

Public Hearing:	Committee:	AS	AM	D
	Assembly:	ASF	AMF	DF

ICCFILENAME: LARIVIERE-G1-308.2

G65–09/10

407, 1008.1.9.6 (IFC [B] 1008.1.8.6), 1106.3, 1106.4, Table 1604.5, Table [P] 2902.1 (IPC Table 403.1)

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

Revise as follows:

SECTION 407 GROUP I-2

407.1 General. Occupancies in Group I-2 shall comply with the provisions of Sections 407.1 through 407.9 and other applicable provisions of this code.

407.2 Corridors. Corridors in occupancies in Group I-2 shall be continuous to the exits and separated from other areas in accordance with Section 407.3 except spaces conforming to Sections 407.2.1 through 407.2.4.

407.2.1 Waiting and similar areas. Waiting areas and similar spaces constructed as required for corridors shall be permitted to be open to a corridor, only where all of the following criteria are met:

1. The spaces are not occupied for ~~patient care recipient's~~ sleeping units, treatment rooms, hazardous or incidental accessory occupancies in accordance with Section 508.2.
2. The open space is protected by an automatic fire detection system installed in accordance with Section 907.
3. The corridors onto which the spaces open, in the same smoke compartment, are protected by an automatic fire detection system installed in accordance with Section 907, or the smoke compartment in which the spaces are located is equipped throughout with quick-response sprinklers in accordance with Section 903.3.2.
4. The space is arranged so as not to obstruct access to the required exits.

407.2.2 Nurses' ~~Care providers'~~ stations. Spaces for ~~care providers', supervisory staff,~~ doctors' and nurses' charting, communications and related clerical areas shall be permitted to be open to the corridor, when such spaces are constructed as required for corridors.

407.2.3 ~~Mental health Psychiatric treatment areas.~~ Areas wherein ~~mental health psychiatric patient care recipient's~~ who are not capable of self-preservation are housed, or group meeting or multipurpose therapeutic spaces other than incidental accessory occupancies in accordance with Section 508.2.5, under continuous supervision by facility staff, shall be permitted to be open to the corridor, where the following criteria are met:

1. Each area does not exceed 1,500 square feet (140 m²),
2. The area is located to permit supervision by the facility staff.
3. The area is arranged so as not to obstruct any access to the required exits.
4. The area is equipped with an automatic fire detection system installed in accordance with Section 907.2.
5. Not more than one such space is permitted in any one smoke compartment.
6. The walls and ceilings of the space are constructed as required for corridors.

407.2.4 Gift shops. Gift shops and associated storage that are less than 500 square feet (455 m²) in area shall be permitted to be open to the corridor provided the gift shop and storage areas are fully sprinklered and storage areas are protected in accordance with Section 508.2.5 when such spaces are constructed as required for corridors.

407.3 Corridor walls. Corridor walls shall be constructed as smoke partitions in accordance with Section 711.

407.3.1 Corridor doors. Corridor doors, other than those in a wall required to be rated by Section 508.2.5 or for the enclosure of a vertical opening or an exit, shall not have a required fire 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. Other doors shall conform to Section 715.4.

407.3.2 Locking devices. Locking devices that restrict access to the ~~patient care recipient's~~ room from the corridor, and that are operable only by staff from the corridor side, shall not restrict the means of egress from the ~~patient care recipient's~~ room.

Exceptions:

1. This section shall not apply to rooms in psychiatric treatment and similar care areas.
2. Locking arrangements in accordance with Section 1008.1.9.6.

407.4 Smoke barriers. Smoke barriers shall be provided to subdivide every story used by ~~patients for persons receiving care, sleeping or treatment or sleeping~~ and to divide other stories with an occupant load of 50 or more persons, into at least two smoke compartments. Such stories shall be divided into smoke compartments with an area of not more than 22,500 square feet (2092 m²) 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.

407.4.1 Refuge area. At least 30 net square feet (2.8m²) per patient shall be provided 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. On floors not housing patients confined to a bed or litter, at least 6 net square feet (0.56 m²) per occupant shall be provided on each side of each smoke barrier for the total number of occupants in adjoining smoke compartments. Refuge areas shall be provided within each smoke compartment. 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 size of the refuge area shall provide the following:

1. A minimum of 30 net square feet (2.8m²) per care recipient confined to bed or litter.
2. A minimum of 6 square feet (0.56m²) per ambulatory care recipient not confined to bed or litter and for occupants.

Areas or spaces permitted to be included in the calculation of refuge area are corridors, sleeping areas, treatment rooms, lounge or dining areas and other low hazard areas.

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.

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

[F] 407.5 Automatic sprinkler system. Smoke compartments containing ~~patient~~ sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Sections 903.3.1.1 and 903.3.2. ~~The smoke compartments shall be equipped with approved quick-response or residential sprinklers in accordance with Section 903.3.2.~~

[F] 407.6 Fire alarm system. A fire alarm system shall be provided in accordance with Section 907.2.6.

[F] 407.7 Automatic fire detection. Corridors in nursing homes (~~both intermediate care and skilled nursing facilities~~), long-term care facilities, detoxification facilities and spaces permitted to be open to the corridors by Section 407.2 shall be equipped with an automatic fire detection system. Hospitals shall be equipped with smoke detection as required in Section 407.2.

Exceptions:

- Corridor smoke detection is not required where ~~patient~~ sleeping 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 an audible and visual alarm at the nursing care provider's station attending each unit.
- Corridor smoke detection is not required 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.

407.8 Secured yards. Grounds are permitted to be fenced and gates therein are permitted to be equipped with locks, provided that safe dispersal areas having 30 net square feet (2.8 m²) for bed and litter patients care recipients and 6 net square feet (0.56 m²) for ambulatory patients care recipients and other occupants are located between the building and the fence. Such provided safe dispersal area shall not be located less than 50 feet (15 240 mm) from the building they serve.

407.9 Hyperbaric facilities. Hyperbaric facilities in Group I-2 occupancies shall meet the requirements contained in Chapter 20 of NFPA 99.

1008.1.9.6 (IFC [B] 1008.1.9.6) Special locking arrangements in Group I-2. Approved special ~~delayed~~ egress locks shall be permitted in a Group I-2 occupancy where the clinical needs of persons receiving care require such locking. Special ~~Delayed~~ 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 an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed ~~unlock~~ 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.
5. 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. 5. All clinical staff shall have the keys, codes or other means necessary to operate the locking devices.
7. 6. 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 treatment facility~~ psychiatric treatment areas.

1106.3 Hospital outpatient facilities. At least 10 percent, but not less than one, of patient care recipient and visitor parking spaces provided to serve hospital outpatient facilities shall be *accessible*.

1106.4 Rehabilitation facilities and outpatient physical therapy facilities. At least 20 percent, but not less than one, of the portion of patient care recipient and visitor parking spaces serving rehabilitation facilities specializing in treating conditions that affect mobility and outpatient physical therapy facilities shall be *accessible*.

**TABLE 1604.5
OCCUPANCY CATEGORY OF BUILDINGS AND OTHER STRUCTURES
NATURE OF OCCUPANCY**

OCCUPANCY CATEGORY	NATURE OF OCCUPANCY
III	Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to: <ul style="list-style-type: none"> • Buildings and other structures whose primary occupancy is public assembly with an occupant load greater than 300. • Buildings and other structures containing elementary school, secondary school or day care facilities with an occupant load greater than 250. • Buildings and other structures containing adult education facilities, such as colleges and universities with an occupant load greater than 500. • Group I-2 occupancies with an occupant load of 50 or more resident <u>patients care recipients</u> but not having surgery or emergency treatment facilities. • Group I-3 occupancies. • Any other occupancy with an occupant load greater than 5,000a. • Power-generating stations, water treatment facilities for potable water, waste water treatment facilities and other public utility facilities not included in Occupancy Category IV. • Buildings and other structures not included in Occupancy Category IV containing sufficient quantities of toxic or explosive substances to be dangerous to the public if released.

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(Portions of table not shown remain unchanged)

**[P] TABLE 2902.1 (IPC TABLE 403.1)
MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES^a
(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 ^{e,f} (SEE SECTION 410.1 OF THE INTERNATIONAL PLUMBING CODE)	OTHER
				MALE	FEMALE	MALE	FEMALE			
5	Institutional	I-2	Hospitals, ambulatory nursing home patients care recipient	1 per room		1 per room		1 per 15	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.

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.

Public Hearing: Committee: AS AM D

G113-09/10

Table 508.2.5

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

Revise table as follows:

**TABLE 508.2.5
INCIDENTAL ACCESSORY OCCUPANCIES**

ROOM OR AREA	SEPARATION AND/OR PROTECTION
Group I-2 waste and linen collection rooms	1 hour
Waste and linen collection rooms over 100 square feet	1 hour or provide automatic fire extinguishing system
<u>Ambulatory Care Facility Waste and linen collection rooms</u>	<u>1 hour</u>

(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.

Ambulatory Care Facility - Waste and Linen Collection Room

The code currently requires waste and linen collection rooms in Group I-2 facilities to have a 1 hour separation. The Care Facilities committee proposals for Ambulatory Care Facilities are intended to make this type of facility consistent with a higher level of protection required when some occupants rely on staff for assisted evacuation, similar to nursing homes and hospitals; therefore, it is consistent to protect these types of rooms in a similar manner.

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

Public Hearing: Committee: AS AM D
 Assembly: ASF AMF DF

E104-09/10

1002.1, 1014.2.2 - 1014.2.7, 1015.1, Table 1015.1; (IFC [B] 1002.1, 1014.2.2 - 1014.2.7, 1015.1, Table 1015.1)

Proponent: Paul K. Heilstedt, PE, FAIA, Chair, representing ICC Code Technology Committee (CTC)

Revise as follows:

1002.1 (IFC [B] 1002.1) Definitions. The following words and terms shall, for the purposes of this chapter and as used elsewhere in this code, have the meanings shown herein.

CARE SUITE. A group of ~~patient~~ treatment rooms, ~~patient~~ care recipient sleeping rooms and their associated support rooms or spaces and circulation space within Group I-2 occupancies where staff are in attendance for supervision of all ~~patients~~ care recipients within the suite, and the suite is in conformance with the requirements of Section 1014.2.2 through 1014.2.6.

1014.2.2 (IFC [B] 1014.2.2) Group I-2. Habitable rooms ~~or suites~~ in Group I-2 occupancies shall have an *exit access* door leading directly to a *corridor*.

Exceptions:

1. Rooms with *exit* doors opening directly to the outside at ground level.
2. Rooms arranged as care suites complying with Section 1014.2.4

~~1014.2.6~~ 1014.2.3 (IFC [B] ~~1014.2.6~~ 1014.2.3) Travel distance. The travel distance between any point in a Group I-2 occupancy ~~patient~~ sleeping room and an *exit access* door in that room shall not exceed 50 feet (15 240 mm).

1014.2.4 (IFC [B] 1014.2.4) Group I-2 care suites. Care suites in Group I-2 shall comply with Section 1014.2.4.1 through 1014.2.4.4 and either Section 1014.2.4.5 or 1014.2.4.6.

~~1014.2.5~~ 1014.2.4.1 (IFC [B] ~~1014.2.5~~ 1014.2.4.1) Exit access through care suites. *Exit access* from all other portions of a building not classified as a *care suite* in a Group I-2 occupancy shall not pass through a *care suite*. In a care suite required to have more than one exit, one exit access may pass through an adjacent care suite provided all of the other requirements of Section 1014.2 are satisfied.

~~1014.2.7~~ 1014.2.4.2 (IFC [B] ~~1014.2.7~~ 1014.2.4.2) Separation. Care suites in Group I-2 occupancies shall be separated from other portions of the building by a *smoke partition* complying with Section 711.

1014.2.4.3 (IFC [B] 1014.2.4.3) One intervening room. For rooms other than ~~patient~~ sleeping rooms located within a care suite, ~~suites of rooms are~~ exit access travel from the care suite shall be permitted to have through one intervening room where if the travel distance within the suite to the exit access door from the care suite is not greater than 100 feet (30 480 mm).

1014.2.4.4 (IFC [B] 1014.2.4.4) Two intervening rooms. For rooms other than ~~patient~~ sleeping rooms located within a *care suite*, *exit access* travel ~~from~~ within the *care suite* shall be permitted through two intervening rooms where the travel distance to the *exit access* door from the care suite is not greater than 50 feet (15 240 mm).

~~1014.2.3~~ 1014.2.4.5 (IFC [B] ~~1014.2.3~~ 1014.2.4.5) Care suites containing in-patient sleeping rooms areas. Patient Sleeping rooms areas in Group I-2 occupancies shall be permitted to be grouped ~~divided~~ 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 ~~patient~~ care recipient beds.
2. The arrangement of the *care suite* allows for direct and constant visual supervision by ~~nursing personnel~~ care providers.

~~1014.2.4.5.1~~ 1014.2.3.1 (IFC [B] ~~1014.2.4.5.1~~ 1014.2.3.1) Area. Care suites containing ~~of~~ sleeping rooms shall not exceed 5,000 square feet (465 m²).

~~1014.2.4.5.2~~ 1014.2.3.2 (IFC [B] ~~1014.2.4.5.2~~ 1014.2.3.2) Exit access. Any ~~patient~~ sleeping room, or any *care suite* that contains ~~patient~~ sleeping rooms, of more than 1,000 square feet (93 m²) shall have at least two *exit access* doors from the care suite ~~remotely~~ located in accordance with Section 1015.2. ~~from each other.~~

~~1014.2.4.5.3~~ 1014.2.3.3 (IFC [B] ~~1014.2.4.5.3~~ 1014.2.3.3) Travel distance. The travel distance between any point in a *care suite* containing sleeping rooms and an *exit access* door ~~of~~ from that *care suite* shall not exceed 100 feet (30 480 mm).

1014.2.4.6 ~~1014.2.4~~ (IFC [B] 1014.2.4.6 ~~1014.2.4~~) Care Suites not containing sleeping rooms, in areas other than patient sleeping areas. Areas not containing sleeping rooms, but only treatment areas and the associated rooms, spaces or circulation space ~~other than patient sleeping areas in Group I-2 occupancies~~ shall be permitted to be

~~grouped into care suites and shall conform to the limitations in Section 1014.2.4.6.1 and 1014.4.6.2. be permitted to be divided into suites.~~

1014.2.4.6.1 ~~1014.2.4.4~~ (IFC [B] **1014.2.4.6.1** ~~1014.2.4.1~~) **Area.** Care suites of rooms, other than patient sleeping rooms, shall not exceed 10,000 square feet (929 m²).

1014.2.4.6.2 ~~1014.2.4.2~~ (IFC [B] **1014.2.4.6.2** ~~1014.2.4.2~~) **Exit access.** Care suites Any room or group of rooms, other than patient sleeping rooms, of more than 2,500 square feet (232 m²) shall have at least two exit access doors from the care suite located in accordance with Section 1015.2. ~~remotely located from each other.~~

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.

Exceptions:

1. 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. Care suites in Group I-2 occupancies complying with Section 1014.2.2 through 1014.2.4.6.2.
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.

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 ^a , F, M, U	49
H-1, H-2, H-3	3
H-4, H-5, I-1, I-2, I-3, I-4, R	10
S	29

a. Day care maximum occupant load is 10.

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.

Care Suites –

This proposal includes changes identified by the ICC CTC care facilities study group in their efforts to coordinate the sections of this Code dealing with the provision of "care". During the course of this study, several items were identified within this section dealing with suites within Group I-2 occupancies. Changes to this section include:

- Clarification that the definition applies only to "care suites" used as related to patient sleeping or treatment. This addresses the confusion caused by tenant spaces in other occupancy types that are referred to or addressed as "suite."
- The definition of care suite has been modified to correct an unintended consequence of the 2009 code. The proposal clarifies that support spaces, such as clean and soiled utility room and nurses stations are allowed within the suite.
- Sections have been re-ordered so that general requirements that apply to all suites are located near the charging section.
- The reference to the term "patient" has been replaced with "care recipient" as consistent with other proposals by the CTC. Since the definition of care suite includes the reference to care recipient, wherever possible the term is not repeated in each section.
- The requirement for remoteness of exits has been clarified with a reference to the established calculation of remoteness as defined by Section 1015.2
- Lastly, a modification is proposed that would allow the second required exit to pass through another suite. This concept is allowed by several jurisdictions and provides a similar safeguard by allowing suite occupants to pass through a smoke partition to a separate atmosphere. This allowance is limited to the second required exit. Single exit suites would not qualify for this allowance.

Section 1015.1

The change made to this section attempts to clarify the existing language. Group I-2 was added to Table 1015.1 to address areas that are not care suites. Spaces that were not suites were not previously addressed in this table. The existing exception to the charging language is more appropriately an exception to condition #1.

Cost Impact: None given.

Public Hearing: Committee:	AS	AM	D
Assembly:	ASF	AMF	DF

ICCFILENAME:Heilstedt-E1-1002.1

E148–09/10

1028.14.2 (IFC [B] 1028.14.2)

Proponent: Bill Conner, representing American Society of Theatre Consultants

Revise as follows:

1028.14.2 (IFC [B] 1028.14.2) Sightline-constrained guard heights. Unless subject to the requirements of Section 1028.14.3, a fascia or railing system in accordance with the guard requirements of Section 1013 and having a minimum height of 26 inches (660 mm) shall be provided where the floor or footboard elevation is more than 30 inches (762 mm) above the floor or grade below and the fascia or railing would otherwise interfere with the sightlines of immediately adjacent seating. At bleachers, a guard must be provided where required by ICC 300. Sightline-constrained guard heights shall be measured vertically above the adjacent walking surfaces.

Reason: Section 1013.2 requires all guards to be "...measured vertically above the adjacent walking surfaces, adjacent fixed seating or the line connecting the leading edges of the treads." This is not appropriate for sightline constrained rails, as the fixed seating is the reason for the exception, and measuring the 26" from the seat will obstruct sightline.

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

Public Hearing: Committee:	AS	AM	D
Assembly:	ASF	AMF	DF

ICCFILENAME:Conner-E2-1028.14.2

F68–09/10

903.2.2 (IBC [F] 903.2.2)

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

Revise 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 serving such a facility, including the level of exit discharge serving such a facility 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 facility occupancy~~.

Reason: The current language would allow Ambulatory Surgical Centers to be placed in a high-rise structure, but would only require that the surgical center is to be sprinklered. In a fire, occupants would have to exit through spaces that lack sprinkler protection. If sprinklers are required to protect occupants in ambulatory surgical centers, it is illogical to expect them to evacuate through unprotected spaces.

Automatic sprinkler systems are required in Ambulatory Health Care Facilities because the patients could be incapable of self-preservation. When assistance is necessary for evacuation, the evacuation time increases. The current code will require sprinklers within the Ambulatory Health Care Facility, so when the employees start to evacuate the patients they are in a protected, sprinklered, environment. But as they leave the Ambulatory Health Care Facility and continue to the exit, they would be leaving the sprinklered area. This is contrary to the reasoning to provide fire sprinklers in the first place. The patients in these facilities will take longer to evacuate, and will need assistance to evacuate.

Therefore, this proposal will require that when an Ambulatory Health Care Facility is located in a multi-story building, that the entire floor is protected with fire sprinklers and every floor between that level and the level of exit discharge will also be protected with fire sprinklers. This will provide a safe route for evacuation of patients to the exterior of the building.

The term "occupancy" is deleted after "ambulatory health care facility" because it is not needed and becomes redundant when it is referred to as a "facility occupancy."

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

Public Hearing: Committee:	AS	AM	D
Assembly:	ASF	AMF	DF

ICCFILENAME: LARIVIERE-F8-903.2.2.DOC

F106–09/10

907.2.2.1 (IBC [F] 907.2.2.1)

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.

Public Hearing:	Committee:	AS	AM	D
	Assembly:	ASF	AMF	DF

ICCFILENAME: SHEETS-F1-907.2.2.1.DOC
