

Code Technology Committee

Area of Study – Care Facilities

2007/2008 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 2007/2008 Code Development Hearings in Palm Springs, California.

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G22–07/08

308.6 (New) (IFC [B] 202) (New)

Proponent: Larry Litchfield PE, and Marge McAllister, Schirmer Engineering

Add new text as follows:

308.6 (IFC [B] 202) Group I-5 Independently accredited health care facilities. This group shall include health care facilities intended to be designed and constructed to be accredited by a nationally recognized accreditation organization to meet federal or state requirements and which follow the requirements of NFPA 101. Group I-5 occupancies shall comply with the provisions of this section and that of Group I-2 occupancy as required by this code. Where the code requirements create a conflict, the more restrictive code requirement shall apply.

Accredited health care facilities include:

308.6.1 (IFC [B] 202) Group I-5.1 New health care. A new occupancy used for the purpose of medical or other treatment or care of four or more persons where such occupants are mostly incapable of self-preservation due to age, physical or mental disability or because of security measures not under the occupant's control and following the provisions of NFPA 101, Chapter 18 as required by the accreditation organization.

308.6.2 (IFC [B] 202) Group I-5.2 Existing health care. An existing occupancy or portions thereof occupied as health care occupancies following the provisions of NFPA 101, Chapter 19 as required by the accreditation organization.

308.6.3 (IFC [B] 202) Group I-5.3 New ambulatory health care. A building or portion thereof used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following:

1. Treatment for patients that renders the patients incapable of taking action for the self-preservation under emergency conditions without action from others;
2. Anesthesia that renders a patient incapable of taking action for self-preservation under emergency conditions without action from others;
3. Emergency or urgent care for patients who, due to the nature of their illness or injuries, are incapable of taking action for self-preservation under emergency conditions, and follow the provisions of NFPA 101, Chapter 20 as required by the accreditation organization.

308.6.4 (IFC [B] 202) Group I-5.4 Existing ambulatory health care occupancies. Existing health care buildings or a portion thereof currently occupied as ambulatory health care occupancies following the provisions of NFPA 101, Chapter 21 as required by the accreditation organization.

Reason: The IBC provides no separate recognition for independent health care facilities which are required to meet the NFPA 101 life safety code to receive and maintain accreditation from a nationally recognized accreditation organization to meet federal and state requirements. Most health care facilities opt to be accredited by an independent agency, such as JAHCO, in order to be certified to treat patients covered by Medicare and Medicaid. Congress amended the social security act in 1965 to require that health care facilities be accredited by JAHCO. JAHCO uses the provisions of the life safety code as the basis of their accreditation.

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

Analysis: It is unclear how this new occupancy classification will address code requirements such as heights and areas.

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G23-07/08

304.1, 202 (New) [IFC [B] 202 (New)], 421 (New); IFC 903.2.2 (New) [IBC [F] 903.2.2 (New)], 907.2.2 (IBC [F] 907.2.2)

Proponent: John Williams, State of Washington Department of Health, Construction Review Services, WA

THESE PROPOSALS ARE ON THE AGENDA OF THE IBC GENERAL AND IFC CODE DEVELOPMENT COMMITTEES AS 2 SEPARATE CODE CHANGES. SEE THE TENTATIVE HEARING ORDERS FOR THESE COMMITTEES.

PART I – IBC GENERAL

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:

- Airport traffic control towers
- Ambulatory health care facilities (see section 421)
- Animal hospitals, kennels and pounds
- Banks
- Barber and beauty shops
- Car wash
- Civic administration
- Clinic—outpatient
- Dry cleaning and laundries: pick-up and delivery stations and self-service
- Educational occupancies for students above the 12th grade
- Electronic data processing
- Laboratories: testing and research
- Motor vehicle showrooms
- Post offices
- Print shops
- Professional services (architects, attorneys, dentists, physicians, engineers, etc.)
- Radio and television stations
- Telephone exchanges
- Training and skill development not within a school or academic program

2. Add new definition as follows:

**SECTION 202 (IFC 202)
DEFINITIONS**

AMBULATORY HEALTH CARE FACILITY. Buildings or portions thereof used to provide medical, surgical,

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psychiatric, nursing or similar care on a less than 24-hour basis to individuals who are rendered incapable of self-preservation.

3. Add new text as follows:

SECTION 421
AMBULATORY CARE FACILITIES

421.1 General. Occupancies classified as Group B Ambulatory Health Care Facilities shall comply with the provisions of this section and other applicable provisions of this code.

421.2 Smoke barriers. Smoke barriers shall be provided to subdivide every ambulatory care facility greater than 10,000 square feet (929 m²) into a minimum of two smoke compartments. The travel distance from any point in a smoke compartment to a smoke barrier door shall not exceed 200 feet (60 960 mm). The smoke barrier shall be installed in accordance with Section 709.

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

421.4 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.

421.5 Automatic Sprinkler Systems. Automatic sprinklers systems shall be provided for ambulatory care facilities in accordance with Section 903.2.2.

421.6 Fire alarm systems. A fire alarm system shall be provided in accordance with Section 907.2.2.

PART II – IFC

1. Add new text as follows:

903.2.2 (IBC [F] 903.2.2) Group B ambulatory health care facilities. An automatic sprinkler system shall be provided for Group B Ambulatory Health Care Facility occupancies when either of the following conditions are met:

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

(Renumber subsequent sections)

2. Revise as follows:

907.2.2 (IBC [F] 907.2.2) (Supp) Group B. A manual fire alarm system that activates the occupant notification system in accordance with Section 907.6 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.

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.

A manual and automatic fire alarm system shall be installed in all Group B Ambulatory Health Care Facilities.

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

these facilities typically recover quickly.

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

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

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

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

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

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G24 –07/08 **304.1.1 (IFC [B] 202)**

Proponent: Roger Severson, RSA Consulting, representing the Oregon Department of Health Services

Add new text as follows:

304.1.1 (IFC [B] 202) 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.

CLINIC-OUTPATIENT. A medical office or facility serving patients who are capable of self-preservation, or where not more than three patients are rendered incapable of self-preservation and the facility is on the level of exit discharge. Facilities with four or more patients who are rendered incapable of self-preservation or where one or more patients that are incapable of self preservation are located at other than the level of exit discharge are Ambulatory Health Care Facilities (see Section 421.)

Reason: This code change is intended to be submitted in collaboration with the state of Washington to correlate with their new proposal in Section 421 for Ambulatory Health Care Facilities. Oregon, as well as other states, have made modifications to areas of the code affected by Clinic-outpatient facilities. These modifications and national certification requirements recognize that there are additional levels of protection required where patients are not capable of caring for them self. Finding common ground and putting these modifications into the model code would provide greater consistency across the country.

The amendment in Section 304.1 simply limits the number of patients who are not capable of self-preservation to three or fewer by adding a definition. There is also a reference that sends the reader to Section 421 for facilities that provide service to more than three patients incapable of self preservation.

Cost Impact: For facilities abiding by the requirements for federal funding, or for those areas who are modifying the code in a similar respect, the code change proposal will not increase the cost of construction.

However, for areas where outpatient clinics are allowed to provide services that would render patients incapable of self-preservation and be classified as a B occupancy, there would be an increase to the cost of construction.

Additionally, when a facility is not built to the standards required to receive federal funding, and they would then choose to become certified later, another additional cost could be imposed upon the facility.

Analysis: Note that the Section 421 that is referenced in this definition is a new section proposed in code change proposal Williams G23-07/08.

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G30–07/08 **308.3 (IFC [B] 202), 308.3.1(IFC [B] 202)**

Proponent: Roger Severson, RSA Consulting, representing the Oregon Department of Health Services

1. Revise as follows:

308.3 (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:

- Hospitals
- Nursing homes (~~both intermediate care facilities and skilled nursing facilities~~)
- Mental hospitals
- Detoxification facilities

~~A facility such as the above with five or fewer persons shall be classified as Group R-3 or shall comply with the International Residential Code.~~

2. Revise as follows:

308.3.1 (IFC [B] 202) 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 FACILITY FACILITIES. A Child care facility facilities that provides care on a 24-hour basis to more than five children, 2¹/₂ years of age or less, shall be classified as Group I-2.

DETOXIFICATION FACILITY. Detoxification facilities 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 others.

HOSPITALS AND MENTAL HOSPITALS. A building or portion 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.

Reason: (Note: Sections 308.1 and 308.2 are unchanged. Section 308.3 is amended for greater conformity of specific facility functions by moving the "hourly basis" and the number of persons into definitions specific to each topic.) A new facility title has been added which works in concert with an amendment to Section 304.1, clinic-outpatient. This new facility reference is for Ambulatory Health Care Facilities and completes the package for outpatient care where patients are not capable of self-preservation.

The only existing sub-section in 308.3 is for Child Care Facilities. Because it is written to look like a defined statement, it's section was changed to become a definitions section and the title and content for Child care facilities was added to the new list of definitions. The reference to R-3 is deleted because I-2 health care facilities, such as these, are not legally capable of operating in R-3 occupancies, regardless of the number of patients.

Cost Impact For facilities abiding by the requirements for federal funding, or for those areas who are modifying the code in a similar respect, the code change proposal will not increase the cost of construction.

However, for areas where outpatient clinics are allowed to provide services that would render patients incapable of self-preservation and be classified as a B occupancy, there would be an increase to the cost of construction.

Additionally, when a facility is not built to the standards required to receive federal funding, and they would then choose to become certified, another additional cost could be imposed upon the facility.

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G31-07/08

308.5.1 (IFC [B] 202)

Proponent: Betsy Voss Lease, Christole, Incorporated and Bert Clemons, Brown County Partnership, Accessibility Committee

Revise as follows:

308.5.1 (IFC [B] 202) (Supp) 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 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~~ A-3.

Reason: The purpose of this proposal is to restore the correct group for over 55 gathering centers/adult day care facilities. The correct group for large adult centers where people are capable of self preservation is A-3 (as indicated in previous editions), not a single family home (Group R-3) as approved for the 2007 Supplement. Group R-3 may be appropriate for adult day care with five or fewer, but Section 308.5.1 is addressing only 5 or more – including large facilities.

Our county recently did a needs survey for the residents. The family assessments indicated a need for day time care facilities for the grandparents living in the home. Concerns were proper nutrition, socialization and safety for the grandparents when the children and parents were away at school and work. Planning has begun for adult day care facilities that will provide a supervised environment, activities and some meals. Each facility can handle from 30 to 100 customers. The buildings being investigated for possible locations are the YMCA, a tenant space in a strip mall, the park district facilities, incorporated into a child care facility, etc. There will be no sleeping facilities. When the day care facility will include adults that may have some forms of Alzheimer's or dementia or mobility impairment that limits their reaction to an emergency, a Group I-4 designation is appropriate. However, when all adults are capable of self-preservation, this facility should not be considered a single family home (Group R-3), but a place where people gather for recreation and amusement (Group A-3).

The change to Group R-3 was not been completely thought out. For example, if these adult centers are evaluated as Group R-3 there is a requirements for sprinklers (903.2.7), and smoke detectors (907.2.10.1.2). While this may be considered a plus for safety – the appropriate requirements should be addressed specifically to this use, not through single family homes. The result is that it does eliminate many of the existing facilities we are investigating as possible locations. What is of additional concern is that there are many exceptions for Group R-3 that are not appropriate for these facilities. For example: as a Group R-3 these facilities can have one exit (1019.2, Item 2), doors that swing in (1008.1.2 Exp. 4), steeper stairways (1009.3, Exp 4) and no accessibility requirements (1107.6.3 only addressed dwelling and sleeping units) to name a few.

We respectfully request that you restore the Group A-3 indicated in the 2006 IBC.

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

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G32-07/08

308.5.1 (IFC [B] 202)

Proponent: Sana Touma, City of Mansfield, TX, representing the North Texas Chapter, ICC

Revise as follows:

308.5.1 (IFC [B] 202) (Supp) 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 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 when providing accommodations for five or fewer, Group B when providing accommodations for more than five and less than 50, and Group A-3 when providing accommodations for 50 or more.

Reason: The purpose of this code change is to clarify and to clearly state that adult care facilities shall be considered as a Group R-3 only when the occupant load does not exceed five persons capable of responding to an emergency and where the length of stay is less than 24 hours. The code historically permitted a small daycare operation to be classified as a Group R-3 and have the same code requirements as a single family home; however the code limited Group R-3 to those facilities providing accommodations to five or less. It is also reasonable and most fitting to classify more than five but less than 50 persons capable of responding to an emergency as a Group B. When the occupant load is 50 or more Group A-3 is the most appropriate choice. This clarification is need for the proposed language in the 2007 Supplement and to clarify that a daycare classified as a Group R-3 is not unlimited to how many people it may accommodate.

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

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G33-07/08

302.1, 308.1 (IFC 202), 308.6 (IFC 202), 409 (New), Table 503, 508.3.3, Table 508.4, 708.1, Table 803.9, 804.4.1, 1014.2.3 (IFC [B] 1014.2.3), Table 1016.1 (IFC [B] Table 1016.1), Table 1017.1 (IFC[B] Table 1017.1), 1017.3 (Supp) (IFC [B] 1017.3); IFC 408.6, Table 803.3, 807.1 (IBC [F] 806.1); IPC Table 403.1 (IBC Table [P] 2902.1)

Proponent: Tom Lariviere, Madison Fire Department, MS, representing the Joint Fire Service Review Committee

THESE PROPOSALS ARE ON THE AGENDA OF THE IBC GENERAL, IBC FIRE SAFETY, IBC MEANS OF

EGRESS, IFC AND IPC CODE DEVELOPMENT COMMITTEES AS 5 SEPARATE CODE CHANGES. SEE THE TENTATIVE HEARING ORDERS FOR THESE COMMITTEES.

PART I – IBC GENERAL

1. Add new text as follows:

308.6 (IFC 202) Group I-5. This occupancy includes buildings or structures, or portions thereof, used to provide treatment for more than three persons on an outpatient basis that reduces the patient's ability of taking action for self-preservation without assistance from others due to the actual treatment procedures or due to the use of general anesthesia.

2. Revise as follows:

308.1 (IFC 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 and I-5.

3. Revise as follows:

302.1 General. Structures or portions of structures shall be classified with respect to occupancy in one or more of the groups listed below. A room or space that is intended to be occupied at different times for different purposes shall comply with all of the requirements that are applicable to each of the purposes for which the room or space will be occupied. Structures with multiple occupancies or uses shall comply with Section 508. Where a structure is proposed for a purpose that is not specifically provided for in this code, such structure shall be classified in the group that the occupancy most nearly resembles, according to the fire safety and relative hazard involved.

1. Assembly (see Section 303): Groups A-1, A-2, A-3, A-4 and A-5
2. Business (see Section 304): Group B
3. Educational (see Section 305): Group E
4. Factory and Industrial (see Section 306): Groups F-1 and F-2
5. High Hazard (see Section 307): Groups H-1, H-2, H-3, H-4 and H-5
6. Institutional (see Section 308): Groups I-1, I-2, I-3 and I-4 and I-5
7. Mercantile (see Section 309): Group M
8. Residential (see Section 310): Groups R-1, R-2, R-3 and R-4
9. Storage (see Section 311): Groups S-1 and S-2
10. Utility and Miscellaneous (see Section 312): Group U

4. Add new text as follows:

SECTION 409
GROUP I-5

409.1 General. Occupancies in Group I-5 shall comply with the provisions of this section and other applicable provisions of this code.

409.2 Occupancy and tenant separation. Group I-5 occupancies shall be separated from other tenants and occupancies by fire partitions with at least a one-hour fire-resistance rating. Doors in such partitions shall be solid core wood of 1³/₄ inches or equivalent and shall be equipped with a closing device and positive latch. Vision panels in fire partitions or doors, if provided, shall be fixed fire window assemblies in accordance with Table 715.5.

Exception Mixed-use occupancies classified as separated occupancies which meet the requirements of Section 508.3.3.

409.3 Smoke barriers. Smoke barriers shall be provided to subdivide every story used by patients for sleeping or

treatment and to divide other stories with an occupant load of 50 or more persons, into at least two smoke compartments.

Exceptions:

1. Facilities of less than 5,000 square feet (465 m²) protected by an approved automatic smoke detection system installed in accordance with Section 907.
2. Facilities of less than 10,000 square feet (930 m²) protected throughout by an approved, supervised automatic sprinkler system installed in accordance with Section 903.3.1.1 or 903.3.1.2.

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 (61 m). The smoke barrier shall be in accordance with Section 709.

409.3.1 Refuge area. On floors not housing patients confined to a bed or litter, a minimum of 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. On floors housing patients confined to a bed or litter, a minimum of 15 net square feet (2.8 m²) per patient shall be provided within the aggregate area of corridors, patient rooms, treatment rooms, lounge or dining areas and other similar areas on each side of each smoke barrier.

409.3.2 Independent egress. A means of egress shall be provided from each smoke compartment without having to return through the smoke compartment from which means of egress originated.

409.3.3 Adjoining occupancies. An area in an adjoining occupancy shall be permitted to serve as a smoke compartment for a Group I-5 occupancy where all of the following criteria are met:

1. The separating wall and both compartments meet the requirements of Section 409.3 through 409.3.3.
2. The Group I-5 occupancy is less than 22,500 square feet (2092 m²).
3. Access from the Group I-5 occupancy to the other occupancy is unrestricted.

5. Revise as follows:

**TABLE 503
ALLOWABLE HEIGHT AND AREAS^a**
Height limitations shown as stories and feet above grade plane.
Area limitations as determined by the definition of "Area, building," per story

GROUP	HEIGHT (feet) HGT(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-5	<u>S</u> <u>A</u>	<u>UL</u> <u>UL</u>	<u>11</u> <u>UL</u>	<u>5</u> <u>37,500</u>	<u>4^e</u> <u>23,000</u>	<u>5</u> <u>28,500</u>	<u>4^e</u> <u>19,000</u>	<u>5</u> <u>36,000</u>	<u>3</u> <u>18,000</u>	<u>2^e</u> <u>9,000</u>

e. Type IIB, IIIB and VB shall not be permitted for I-5 occupancies located below the level of exit discharge. No Group I-5 occupancy shall not be located more than one floor below the level of exit discharge in Types IIIA, IV or VA construction.

(Portions of table and footnotes not shown remain unchanged)

6. Revise as follows:

508.3.3 (Supp) Separation. No separation is required between occupancies.

Exceptions:

1. Group H-2, H-3, H-4 or H-5 occupancies shall be separated from all other occupancies in accordance with Section 508.3.3.

2. Group I-5 occupancies shall be separated from all other occupancies in accordance with Section 409.2.

7. Revise as follows:

TABLE 508.4 (Supp)
REQUIRED SEPARATION OF OCCUPANCIES (HOURS)

OCCUPANCY	A ^d , E		I-1, I-2, I-3, I-4		I-5		R ^c		F-2, S-2 ^{b,c} , U ^c		B, F-1, M, S-1		H-1		H-2		H-3, H-4, H-5	
	S	NS	S	NS	S	NS	S	NS	S	NS	S	NS	S	NS	S	NS	S	NS
A ^d , E ^d	N	N	1	2	2	2	1	2	N	1	1	2	NP	NP	3	4	2	3 ^a
I-1, I-2, I-3, I-4	—	—	N	N	2	2	1	NP	1	2	1	2	NP	NP	3	NP	2	NP
I-5	—	—	—	—	N	N	2	NP	2	2	2	2	NP	NP	3	NP	2	NP
R ^c	—	—	—	—	—	—	N	N	1	2	1	2	NP	NP	3	NP	2	NP
F-2, S-2 ^{b,c} , U ^d	—	—	—	—	—	—	—	—	N	N	1	2	NP	NP	3	4	2	3 ^a
B, F-1, M, S-1	—	—	—	—	—	—	—	—	—	—	N	N	NP	NP	2	3	1	2 ^a
H-1	—	—	—	—	—	—	—	—	—	—	—	—	N	NP	NP	NP	NP	NP
H-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	N	NP	1	NP
H-3, H-4, H-5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	N	NP

S = Buildings equipped throughout with an automatic sprinkler system installed in accordance with Section 903.3.1.1.

NS = Buildings not equipped throughout with an automatic sprinkler system installed in accordance with Section 903.3.1.1.

N = No separation requirement.

NP = Not permitted.

a. For Group H-5 occupancies, see Section 903.2.4.2.

b. Areas used only for private or pleasure vehicles shall be allowed to reduce separation by 1 hour.

c. See Section 406.1.4.

d. Commercial kitchens need not be separated from the restaurant seating areas that they serve.

e. See Section 409.2 for Group I-5 occupancies.

708.1 (Supp) General. The following wall assemblies shall comply with this section.

1. Walls separating dwelling units in the same building as required by Section 419.2.
2. Walls separating sleeping units in the same building as required by Section 419.2.
3. Walls separating tenant spaces in covered mall buildings as required by Section 402.7.2.
4. Corridor walls as required by Section 1017.1.
5. Elevator lobby separation as required by Section 707.14.1.
6. Walls separating Group I-5 occupancies from other occupancies and tenants as required by Section 409.2.

PART II – IBC FIRE SAFETY

Revise as follows:

TABLE 803.9 (Supp)
INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANCY

CYC – Care facilities area of study

2007/2008 code changes

GROUP	SPRINKLERED			UNSPRINKLERED		
	Exit enclosures and exit passageways	Corridors	Rooms and enclosed spaces	Exit enclosures and exit passageways ^{a,b}	Corridors	Rooms and enclosed spaces ^c
B, E, M, R-1, R-4, I-5	B	C	C	A	B	C

(Portions of table and footnotes not shown remain unchanged)

804.4.1 Minimum critical radiant flux. Interior floor finish and floor covering materials in exit enclosures, exit passageways and corridors shall not be less than Class I in Groups I-2 and I-3 and not less than Class II in Groups A, B, E, H, I-4, I-5, M, R-1, R-2 and S. In all areas, floor covering materials shall comply with the DOC FF-1 “pill test” (CPSC 16 CFR, Part 1630).

Exception: Where a building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or 903.3.1.2, Class II materials are permitted in any area where Class I materials are required, and materials complying with the DOC FF-1 “pill test” (CPSC 16 CFR, Part 1630) are permitted in any area where Class II materials are required.

PART III – IBC MEANS OF EGRESS

1. Add new text as follows:

1014.2.3 (IFC [B]1014.2.3) Group I-5. In Group I-5 occupancies, any room or suite of rooms of more than 2,500 square feet (232 m²) shall have at least two exit access doors remotely located from each other.

(Renumber subsequent sections)

2. Revise as follows:

**TABLE 1016.1 (IFC [B] TABLE 1016.1)
CORRIDOR FIRE-RESISTANCE RATING**

OCCUPANCY	WITHOUT SPRINKLER SYSTEM (feet)	WITH SPRINKLER SYSTEM ^d (feet)
I-2, I-3, I-4, I-5	150	200

(Portions of table not shown remain unchanged)

For SI: 1 foot = 304.8 mm.

- a. See the following sections for modifications to exit access travel distance requirements:
 - Section 402: For the distance limitation in malls.
 - Section 404: For the distance limitation through an atrium space.
 - Section 1016.2 For increased limitations in Groups F-1 and S-1.
 - Section 1025.7: For increased limitation in assembly seating.
 - Section 1025.7: For increased limitation for assembly open-air seating.
 - Section 1019.2: For buildings with one exit.
 - Chapter 31: For the limitation in temporary structures.
- b. Buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or 903.3.1.2. See Section 903 for occupancies where automatic sprinkler systems in accordance with Section 903.3.1.2 are permitted.
- c. Buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1.
- d. The length of exit access travel between any occupiable room door and the exit shall not exceed 150 feet in Group I-5 occupancies.

**TABLE 1017.1 (IFC [B] TABLE 1017.1)
CORRIDOR FIRE-RESISTANCE RATING**

OCCUPANCY	OCCUPANT LOAD SERVED BY CORRIDOR	REQUIRED FIRE-RESISTANCE RATING	
		Without sprinkler system	With sprinkler system

I-2 ^a , I-4, I-5	All	NP	0
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(Portions of table and footnotes not shown remain unchanged)

1017.3 (Supp) (IFC [B] 1017.3) Dead ends. Where more than one exit or exit access doorway is required, the exit access shall be arranged such that there are no dead ends in corridors more than 20 feet (6096 mm) in length.

Exceptions:

1. In Group I-3 occupancies ~~in Group I-3~~ of Occupancy Condition 2, 3 or 4 (see Section 308.4), the dead end in a corridor shall not exceed 50 feet (15 240 mm).
2. In ~~occupancies in~~ Group B, E, F, I-1, I-5, M, R-1, R-2, R-4, S, and U occupancies, where the building is equipped throughout with an automatic sprinkler system in accordance with 903.3.1.1, the length of the dead-end corridors shall not exceed 50 feet (15 240 mm).
3. A dead-end corridor shall not be limited in length where the length of the dead-end corridor is less than 2.5 times the least width of the dead-end corridor.

PART IV – IFC

Revise as follows:

408.6 Group I-2 and I-5 occupancies. Group I-2 and I-5 occupancies shall comply with the requirements of Sections 408.6.1 and 408.6.2 and Sections 401 through 406. Drills are not required to comply with the time requirements of Section 405.4.

**TABLE 803.3
INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANCY**

GROUP	SPRINKLERED			UNSPRINKLERED		
	Exit enclosures and exit passageways	Corridors	Rooms and enclosed spaces	Exit enclosures and exit passageways ^{a,b}	Corridors	Rooms and enclosed spaces ^c
B, E, M, R-1, R-4, <u>I-5</u>	B	C	C	A	B	C

(Portions of table and footnotes not shown remain unchanged)

807.1 (IBC [F] 806.1) General requirements. In occupancies in Groups A, E, I and R-1 and dormitories in Group R-2, curtains, draperies, hangings and other decorative materials suspended from walls or ceilings shall meet the flame propagation performance criteria of NFPA 701 in accordance with Section 806.2 or be noncombustible.

In Groups I-1, ~~and I-2 and I-5~~, combustible decorative materials shall meet the flame propagation criteria of NFPA 701 unless the decorative materials, including, but not limited to, photographs and paintings, are of such limited quantities that a hazard of fire development or spread is not present. In Group I-3, combustible decorative materials are prohibited.

Fixed or movable walls and partitions, paneling, wall pads and crash pads, applied structurally or for decoration, acoustical correction, surface insulation or other purposes, shall be considered interior finish if they cover 10 percent or more of the wall or of the ceiling area, and shall not be considered decorative materials or furnishings.

In Group B and M occupancies, fabric partitions suspended from the ceiling and not supported by the floor shall meet the flame propagation performance criteria in accordance with Section 807.2 and NFPA 701 or shall be noncombustible.

PART V – IPC

Revise table as follows:

TABLE 403.1 (IBC TABLE [P] 2902.1)

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MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES^a
(See Sections 403.2 and 403.3)

NO.	CLASSIFICATION	OCCUPANCY	DESCRIPTON	WATER CLOSETS (URINALS SEE SECTION 419.2)		LAVATORIES		BATHTUBS/SHOWERS	DRINKING FOUNTAINS (SEE SECTION 410.1)	OTHER
				Male	Female	Male	Female			
5	Institutional	I-2, I-5	Hospitals, ambulatory nursing home patients ^b	1 per room ^c		1 per room ^c		1 per 15	1 per 100	1 service sink per floor

(Portions of table and footnotes not shown remain unchanged)

Reason: This proposal establishes a new Group I-5 occupancy for Ambulatory Surgical Care Facilities. Currently the IBC classifies these facilities as Group B occupancies. These facilities typically include patients who are not capable of self-preservation in an emergency. These new provisions will provide a level of safety by bringing the ambulatory surgical centers to a higher level of protection, however not quite provide as high a level of safety equivalent to a Group I-2 occupancy.

It is not sensible, to allow the patients to be in a position of unconsciousness, sometimes for hours, and not provide a higher level of protection. This includes level of safety for fire suppression, construction, flame spread, etc. This proposal establishes this occupancy as a separate occupancy but does not require 24 hour stay. The concept of currently allowing a patient to be totally subject to someone else to provide evacuation and care for them when they are unconscious should not be occurring in a B occupancy. In a B occupancy, occupants are awake, they are aware, they are capable of fending for themselves.

This proposal includes height and area, construction allowances, egress requirements, fire drill and evacuation plans, plumbing requirements, separation requirements, and smoke barrier construction. Fire sprinklers and fire alarm will be required since this occupancy will be an I occupancy.

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

Analysis: Note that the changes proposed in Parts II through V of this change are dependent upon the outcome in Part I.

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G34-07/08
304.1 (IFC [B] 202)

Proponent: Larry Litchfield PE and Marge McAllister, Schirmer Engineering

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:

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

Reason: The IBC provides no separate recognition for independent health care facilities which are required to meet the NFPA 101 life safety code to receive and maintain accreditation from a nationally recognized accreditation organization to meet federal and state requirements. Most health care facilities opt to be accredited by an independent agency, such as JAHCO, in order to be certified to treat patients covered by Medicare and Medicaid. Congress amended the social security act in 1965 to require that health care facilities be accredited by JAHCO. JAHCO uses the provisions of the life safety code as the basis of their accreditation.

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

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G35-07/08
308.2 (IFC [B] 202), 310.1 (IFC [B] 202)

Proponent: Tom Lariviere, Fire Department, Madison, MS, representing the 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:

- Residential board and care facilities
- Assisted living facilities
- Halfway houses
- Group homes
- Congregate care facilities
- Social rehabilitation facilities
- Alcohol and drug centers
- Convalescent facilities

A facility such as the above with housing 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.

310.1 (IFC [B] 202) (Supp) 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 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.

Congregate living facilities with 16 or fewer persons.
~~Adult care and child care facilities that are within a single-family home are permitted to comply with the *International Residential Code*.~~

Exception: Occupancies complying with the *International Residential Code* shall not be required to be classified as Group R-3 provided that the building is protected by an automatic extinguishing system installed in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

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*.

Reason: The proposal will require that the design of these facilities will stay within the IBC. The IRC does not require sprinklers and many of the occupants of a small facility for the mentally retarded are not capable of self preservation in an emergency.
This proposal will allow these facilities to 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 provided a fire sprinkler system is installed.

Cost Impact: The code change proposal will increase the cost of construction.
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G36–07/08

310.1 (IFC [B] 202)

Proponent: Tom Lariviere, Fire Department, Madison, MS, representing the Joint Fire Service Review Committee

Revise as follows:

310.1 (IFC [B] 202) (Supp) 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 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.
- Congregate living facilities with 16 or fewer persons.

Adult care 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.

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*.~~

Exception: Facilities complying with the *International Residential Code* need not meet the construction requirements of a Group R-3 provided that the building is protected by an automatic extinguishing system installed in accordance with Section 903.3.1.1 or 903.3.1.2.

Reason: R-4 occupancies can house residents who cannot evacuate within a reasonable amount of time. This change would restrict builders from using the less restrictive IRC unless the home is equipped with a fire sprinkler system. This proposal will require a fire sprinkler system in all R-4 occupancies. A fire sprinkler system is required by federal regulations for any of these facilities that may also be licensed.

Cost Impact: This proposal will increase the cost of construction, unless the facility is also desiring compliance with federal regulations.

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G225-07/08

Appendix M (New)

Proponent: Roger Severson, RSA Consulting, representing the Oregon Department of Health Services

Add a new appendix as follows:

APPENDIX M
MEDICAL FACILITIES: CLINIC-OUTPATIENT AND
AMBULATORY HEALTH CARE FACILITIES

The provisions contained in this appendix are not mandatory unless specifically referenced in the adopting

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SECTION M101
SCOPE

M101.1 Scope. The provisions of this appendix, and other applicable provisions of this code, are intended to assist in the determination of classification, certification and other applicable requirements for medical facilities.

The provisions of this appendix apply to buildings, or portions thereof including, but not limited to, the following:

1. Clinic-Outpatient Facilities
2. Ambulatory Health Care Facilities

SECTION M102
DEFINITIONS

M102.1 Definitions. The following words and terms shall, for the purposes of this appendix and as used elsewhere in this code, have the meanings shown herein.

AMBULATORY HEALTH CARE FACILITY. Ambulatory Health Care Facilities shall be as defined in Section 202, of this code.

CAPABILITY FOR SELF-PRESERVATION. For the purposes of determining the classification of health care facilities the capability for self-preservation is the ability of a patient to both mentally and physically recognize and react positively to an emergency and evacuate to a safe location without physical assistance.

CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS). Federal authority having jurisdiction for certification under Medicare and Medicaid health care programs.

CLINIC-OUTPATIENT. Clinic-Outpatient facilities shall be as defined in Section 304.1.1, of this code.

MEDICAL FACILITY. Outpatient offices, clinics or ambulatory health care facilities that provide medical treatment or procedures for patients who are either capable of self-preservation or incapable of self-preservation.

OUTPATIENT. Medical facilities where individual patient care is provided for less than 24 hours, that does not require an overnight occupancy, and where patient care services are performed in a medical facility.

SECTION M103
DETERMINATION OF NUMBER OF PATIENTS

M103.1 General. The number of patients shall be determined as follows using whichever method that generates the greater number of patients served.

1. Two patients for each procedure or treatment room, or;
2. The actual number of procedure/treatment and preparation/recovery spaces within the facility.

SECTION M104
CERTIFICATION FOR FEDERAL FUNDING

M104.1 General. Ambulatory health care facilities that are intended to be certified for federal funding shall, in addition to this code, meet the standards adopted by the Certification of Medicare and Medicaid Services (CMS) and shall include but not be limited to compliance with NFPA 101.

SECTION M105
DETERMINATION OF PATIENTS CAPABILITIES

M105.1 Treatments and procedures rendering patients incapable of self presentation. For the purposes of determining the capability of self-preservation, procedures or treatments that will render patients incapable of self-preservation are those occurring in Ambulatory Health Care Facilities or in Group I-2 occupancies.

M105.2 Treatments and procedures not rendering patients incapable. For the purposes of determining the capability of self-preservation, procedures or treatments not expected to render patients incapable of self-preservation are those occurring in Group B Outpatient clinics.

M105.3 Portion of patients incapable. When it is not possible to determine the capability of self-preservation for every patient, if a large portion of patients using the facility become incapable of self-preservation, the facility should be classified according to the requirements needed to protect such patients.

Reason: A new Appendix M would provide information that will help determine classifications for clinics and health care facilities and provide a process for determining the number of patients that would affect this determination. Additionally, the appendix will assist in conditions relative to health care facilities becoming certified by the Center for Medicare and Medicaid Services (CMS) for federal funding. The provisions within the appendix would help eliminate conflicts between ICC requirements and those for certification which could actually reduce the cost, in some cases.

Cost Impact: The provisions within this appendix would not increase the cost of construction.