

**AD HOC HEALTHCARE COMMITTEE
GENERAL WORK GROUP
APPROVED CODE CHANGE DRAFTS
11/6/2012**

This report includes 8 code change proposals from the Adhoc Health Care, MOE Work Group developed for Group B changes.

New Code Changes not previously reviewed by the AHC

Code	Section	KTAG Number	Comments
IFC	1105 (New)	Multiple	Check for existing hospitals for patient treatment areas including corridors, refuge areas, suites, etc. This new section includes movement of existing Group I-2 requirements currently into the new Section 1105.
IFC	1103.1, 1104.1, 1105.1 (New)	NA	Maintenance of existing fire rated walls after a sprinkler system has been added.

Code changes previously reviewed by the AHC with revisions since the AHC initial review

Code	Section	KTAG Number	Comments
IFC	605.12		Electrical maintenance
IFC/IBC	IFC 907.2.6.2 (IBC [F] 407.8, 907.2.6.2)		Automatic fire detection – language coordination
IFC	1030.2.1		Security devices and egress locks
IFC	1030.3.1		Maintenance of means of egress
IFC	1104.7		Size of doors – delete?
IEBC	805.10		Refuge area check at alterations

New Proposals

Fxx-12/13

1103, 1104, 1105(New)

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

Add a new Section 1105 as follows:

SUGGESTED REVISIONS TO THE IFC

Add Section 1105 to the IFC as follows:

SECTION 1105 – CONSTRUCTION REQUIREMENTS FOR EXISTING GROUP I-2

1105.1 General. Existing Group I-2 shall meet the following requirements:

1. The minimum fire safety requirements in Section 1103, and
2. The minimum egress requirements in Section 1104, and
3. The additional egress and construction requirements in Sections 1105.2 through 1105.7.5.2.

Where the provisions of this chapter conflict with the construction requirements that applied at the time of construction, the most restrictive provision shall apply.

(K 12) 1105.2 Construction. Group I-2 Condition 2 shall not be located on a floor level higher than the floor level limitation in Table 1105.2 based on the type of construction.

**Table 1105.2
FLOOR LEVEL LIMITATIONS FOR GROUP I-2 Condition 2**

<u>Construction Type</u>	<u>Entire Building Equipped with Fire Sprinkler System</u>	<u>Allowable Floor Level^a</u>			
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4 or more</u>
<u>IA</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
	<u>Note b</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
<u>IB</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
	<u>Note b</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
<u>IIA</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>NP</u>
	<u>Note b</u>	<u>P</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>

<u>IIB</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>NP</u>	<u>NP</u>
	<u>Note b</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
<u>IIIA</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>NP</u>	<u>NP</u>
	<u>Note b</u>	<u>P</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
<u>IIIB</u>	<u>Yes</u>	<u>P</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
	<u>Note b</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
<u>IV</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>NP</u>	<u>NP</u>
	<u>Note b</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
<u>VA</u>	<u>Yes</u>	<u>P</u>	<u>P</u>	<u>NP</u>	<u>NP</u>
	<u>Note b</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
<u>VB</u>	<u>Yes</u>	<u>P</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>
	<u>Note b</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>	<u>NP</u>

P = Permitted; NP = Not Permitted

a. Floors level shall be counted based on the number of stories above grade.

b. The entire building is not required to be protected with an automatic fire sprinkler system where a fire sprinkler system is installed in accordance with Section 1103.5.2.

What do you do when corridors are not smoke partitions? Consistent with IBC 710 terminology and format.

1105.3 Corridor construction. In Group I-2, Condition 2 in areas housing patient sleeping or care rooms, corridor walls and the opening protectives therein shall provide a barrier designed to resist the passage of smoke in accordance with Sections 1105.3.1 through 1105.3.4

1105.3.1 Materials. The walls shall be of materials permitted by the building type of construction.

1105.3.2 Fire-resistance rating. Unless required elsewhere in the code, corridor walls are not required to have a fire-resistance rating.

1105.3.3 Corridor Walls Continuity. Corridor walls shall extend from the top of the foundation or floor below to the underside of the floor or roof sheathing, deck or slab above or to a ceiling above where the ceiling membrane is constructed to limit the passage of smoke or corridors walls shall extend to the underside of a lay-in ceiling system where the ceiling tiles weigh at least one pound per square foot of tile.

1105.3.4 Openings in corridor walls. Openings in corridor walls shall provide protection in accordance with 1105.3.4.1 through 1105.3.4.5.

1105.3.4.1 Windows. Windows in corridor walls shall be sealed to resist the free passage of smoke, or the window shall be automatic closing upon detection of smoke, or the window opening shall be protected by an automatic closing device that closes upon detection of smoke.

Exception: In smoke compartments not containing patient sleeping rooms, unprotected pass-through windows or similar openings shall not be required to be protected where the openings are not greater than 80 square inches (51 613 mm²).

1105.3.4.2 Doors. Doors in corridor walls shall comply with Sections 1105.3.4.2.1 through 1105.3.4.2.3.

1105.3.4.2.1 Louvers. Doors in corridor walls shall not include louvers, transfer grills or similar openings.

Exception: Doors shall be permitted to have louvers, transfer grills or similar openings at toilet rooms or bathrooms; storage rooms that do not contain storage of flammable or combustible material; and storage rooms that are not required to be separated as incidental uses.

1105.3.4.2.2 Corridor doors. Doors in corridor walls shall limit the transfer of smoke by complying with the following:

1. Doors shall be constructed of not less than 1-3/4 inch (44 mm) thick solid bonded core wood or capable of resisting fire for a minimum of 1/3 hours.
2. Frames for side hinged swinging doors shall have stops on the sides and top to limit transfer of smoke.
3. Where provided, vision panels in doors shall be wired glass panels with steel frames or fixed glass window assembly installed to limit the passage of smoke.
4. Doors undercuts shall not exceed 1 inch (25 mm).
5. Doors shall be positive latching with devices that resist not less than 5 pounds (22.2 N). Roller latches are prohibited.

1105.3.4.2.3 Dutch doors. Where provided, dutch doors shall comply with Section 1105.3.4.2.2. In addition, dutch doors shall be equipped with latching devices for leaves to latch together and on either the top or bottom leaf. The space between the leaves shall be protected with devices such as astragals to limit the passage of smoke.

Dutch door. A door divided horizontally so that the top can be operated independently from the bottom.

1105.3.4.2.4 Self- or automatic-closing doors. Where self- or automatic-closing doors are required, closers shall be maintained in operational condition.

1105.3.5 Penetrations. The space around penetrating items shall be filled with an *approved* material to limit the free passage of smoke.

1105.3.6 Joints. Joints shall be filled with an *approved* material to limit the free passage of smoke.

1105.3.7 Ducts and air transfer openings. The space around a duct penetrating a smoke partition shall be filled with an *approved* material to limit the free passage of smoke.

Air transfer openings in smoke partitions shall be provided with a *smoke damper* complying with Section 717.3.2.2 of the International Building Code. Where the installation of a *smoke damper* will interfere with the operation of a required smoke control system in accordance with Section 909, *approved* alternative protection shall be utilized.

Means of egress in areas where there are movement of patients in stretchers or beds. Reordered to be consistent with IFC 1104.

1105.4 Means of egress. In addition to the means of egress requirements in Section 1104, Group I-2, Condition 2 facilities shall meet the means of egress requirements in Section 1105.4.1 through 1105.4.7.

1105.4.1 Emergency power for means of egress. The emergency power system for exit signs and emergency illumination for the means of egress shall provide power for not less than 90 minutes and consist of storage batteries, unit equipment or an on-site generator. The installation of the emergency power system shall be in accordance with Section 604.

1105.4.2 Emergency power for operational needs. The essential electrical system shall be capable of supplying services within the time specified for the type and duration required.

1105.4.3 Size of Door. Means of egress doors used for the movement of patients in stretchers or beds shall provide a minimum clear width of 41.5 inches (1054 mm). The height of door opening shall not be less than 80 inches (2032 mm).

Exception: Door closers and door stops shall be permitted to be 78 inches minimum above the floor.

1105.4.4 Ramps. In areas where ramps are used for movement of patients in stretchers or beds, the clear width of the ramp shall not be less than 48 inches (1219 mm)

1105.4.5 Corridor width. In areas where corridors are used for movement of patients in stretchers or beds, the clear width of the corridor shall not be less than 48 inches (1219 mm).

1105.4.6 Dead end corridors. In smoke compartments containing patient sleeping rooms and treatment rooms, dead end corridors shall not exceed 30 feet unless approved by the fire official.

1105.4.7 Aisles. In areas where aisles are used for movement of patients in stretchers or beds, the clear width of the aisle shall not be less than 48 inches (1219 mm).

Smoke compartments

1105.5 Smoke compartments. Smoke compartments shall be provided in existing Group I-2, Condition 2 in accordance with Sections 1105.5.1 through 1105.5.4.

(K 23) 1105.5.1 Design. Smoke barriers shall be provided to subdivide each story used for patients sleeping with an occupant load of more than 30 patients into no fewer than two smoke compartments.

(K 24; K 26) 1105.5.1.1 Refuge areas. 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. Not less than 30 net square feet (2.8 m²) for each care recipient confined to bed or stretcher.
2. Not less than 15 square feet (1.4 m²) for each resident in a Group I-2 using mobility assistance devices.
3. Not less than 6 square feet (0.56 m²) for each occupant not addressed in Items 1 and 2.

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

(K 25) 1105.5.2 Smoke barriers. Smoke barriers shall be constructed in accordance with Section 709 of the *International Building Code*.

Exceptions:

1. A 1/2 –hour fire-resistance rating is required for smoke barriers.
2. Smoke barriers shall be permitted to terminate at an atrium enclosure in accordance with Section 404.6 of the *International Building Code*.

(K 25; K 104) 1105.5.3 Opening protectives. Openings in smoke barriers shall be protected in accordance with Section 716 of the *International Building Code*.
Opening protectives shall have a with a minimum fire-protection-rating of 1/3 hours.

Exception: Wired glass vision panels in doors shall be permitted to remain.

1105.5.4 Duct and air transfer openings. Penetrations in a smoke barrier by duct and air transfer openings shall comply with Section 717 of the *International Building Code*.

Exceptions: Smoke dampers are not required.

Care Suites

1105.6 Group I-2 care suites. Care suites in existing Group I-2 Condition 2 occupancies shall comply with Section 407.4.3 through 407.4.3.6.2 of the *International Building Code*.

1105.7 Group I-2 automatic sprinkler system. An *automatic sprinkler system* shall be provided throughout existing Group I-2 *fire areas*. The sprinkler system shall be provided throughout the floor where the Group I-2 occupancy is located, and in all floors between the Group I-2 occupancy and the *level of exit discharge*.

1105.8 Group I-2 automatic fire alarm system. An automatic fire alarm system shall be installed in existing Group I-2 occupancies in accordance with Section 907.2.6.2.

Exception: Manual fire alarm boxes in patient sleeping areas shall not be required at *exits* if located at all nurses' control stations or other constantly attended staff locations, provided such stations are visible and continuously accessible and that travel distances required in Section 907.5.2.1 are not exceeded.

Revise IFC 1103.1 as follows:

1103.1 Required construction. Existing buildings shall comply with not less than the minimum provisions specified in Table 1103.1 and as further enumerated in Sections 1103.2 through 1103.9.

The provisions of this chapter shall not be construed to allow the elimination of fire protection systems or a reduction in the level of fire safety provided in buildings constructed in accordance with previously adopted codes.

Exception: Group U occupancies.

Revise IFC Table 1103.1 by adding a new row as follows:

TABLE 1103.1 - OCCUPANCY AND USE REQUIREMENTS^a

Section	Use			Occupancy Classification																		
	High rise	Atrium or covered mall	Underground building	A	B	E	F	H-1	H-2	H-3	H-4	H-5	I-1	I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S
1104	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	R	-	-	-	-	-	-	-

R = The building is required to comply.

a. Existing buildings shall comply with the sections identified as “Required” (R) based on occupancy classification or use, or both, whichever is applicable.

1103.4 Vertical openings. Interior vertical shafts, including but not limited to *stairways*, elevator hoistways, service and utility shafts, that connect two or more stories of a building, shall be enclosed or protected as specified in Sections 1103.4.1 through 1103.4.7.

1103.4.1 Group I occupancies. In **Group I** occupancies, interior vertical openings connecting two or more stories shall be protected with 1-hour fire-resistance-rated construction.

1103.4.2 Three to five stories. In other than **Group I** occupancies, interior vertical openings connecting three to five stories shall be protected by either 1-hour fire-resistance-rated construction or an *automatic sprinkler system* shall be installed throughout the building in accordance with Section 903.3.1.1 or 903.3.1.2.

Exceptions:

1. Vertical opening protection is not required for Group R-3 occupancies.
2. Vertical opening protection is not required for open parking garages and ramps.
3. Vertical opening protection for escalators shall be in accordance with Section 1103.4.5, 1103.4.6 or 1103.4.7.

1103.4.3 More than five stories. In other than **Group I** occupancies, interior vertical openings connecting more than five stories shall be protected by 1-hour fire-resistance-rated construction.

Exceptions:

1. Vertical opening protection is not required for Group R-3 occupancies.
2. Vertical opening protection is not required for open parking garages and ramps.
3. Vertical opening protection for escalators shall be in accordance with Section 1103.4.5, 1103.4.6 or 1103.4.7.

1103.4.4 Atriums and covered malls. In other than **Group I** occupancies, interior vertical openings in a covered mall building or a building with an atrium shall be protected by either 1-hour fire-resistance-rated construction or an *automatic sprinkler*

system shall be installed throughout the building in accordance with Section 903.3.1.1 or 903.3.1.2.

Exceptions:

1. Vertical opening protection is not required for Group R-3 occupancies.
2. Vertical opening protection is not required for open parking garages and ramps.

1103.5 Sprinkler systems. An *automatic sprinkler system* shall be provided in existing buildings in accordance with Sections 1103.5.1 and 1103.5.2.

1103.5.1 Pyroxylin plastics. An *automatic sprinkler system* shall be provided throughout existing buildings where cellulose nitrate film or pyroxylin plastics are manufactured, stored or handled in quantities exceeding 100 pounds (45 kg). Vaults located within buildings for the storage of raw pyroxylin shall be protected with an *approved automatic sprinkler system* capable of discharging 1.66 gallons per minute per square foot (68 L/min/m²) over the area of the vault.

1103.5.2 Group I-2. ~~An *automatic sprinkler system* shall be provided throughout existing Group I-2 fire areas. The sprinkler system shall be provided throughout the floor where the Group I-2 occupancy is located, and in all floors between the Group I-2 occupancy and the level of exit discharge.~~ In Group I-2, an automatic sprinkler system shall be provided in accordance with Section 1105.7.

1103.7 Fire alarm systems. An *approved* fire alarm system shall be installed in existing buildings and structures in accordance with Sections 1103.7.1 through 1103.7.7 and provide occupant notification in accordance with Section 907.6 unless other requirements are provided by other sections of this code.

Exception: Occupancies with an existing, previously *approved* fire alarm system.

1103.7.1 Group E. A fire alarm system shall be installed in existing Group E occupancies in accordance with Section 907.2.3.

Exceptions:

1. A manual fire alarm system is not required in a building with a maximum area of 1,000 square feet (93 m²) that contains a single classroom and is located no closer than 50 feet (15 240 mm) from another building.
2. A manual fire alarm system is not required in Group E occupancies with an *occupant load* less than 50.

1103.7.2 Group I-1. An automatic fire alarm system shall be installed in existing Group I-1 residential care/assisted living facilities in accordance with Section 907.2.6.1.

Exceptions:

1. Manual fire alarm boxes in resident or patient sleeping areas shall not be required at *exits* if located at all nurses' control stations or other constantly attended staff locations, provided such stations are visible and continuously accessible and that travel distances required in Section 907.5.2 are not exceeded.

2. Where each sleeping room has a *means of egress* door opening directly to an exterior egress balcony that leads directly to the *exits* in accordance with Section 1019, and the building is not more than three stories in height.

1103.7.3 Group I-2. ~~An automatic fire alarm system shall be installed in existing Group I-2 occupancies in accordance with Section 907.2.6.2. In Group I-2, an automatic fire alarm system shall be installed in accordance with Section 1105.8.~~

~~**Exception:** Manual fire alarm boxes in resident or patient sleeping areas shall not be required at *exits* if located at all nurses' control stations or other constantly attended staff locations, provided such stations are visible and continuously accessible and that travel distances required in Section 907.5.2.1 are not exceeded.~~

1103.7.4 Group I-3. An automatic and manual fire alarm system shall be installed in existing Group I-3 occupancies in accordance with Section 907.2.6.3.

1103.8 Single- and multiple-station smoke alarms. Single and multiple-station smoke alarms shall be installed in existing Group I-1 and R occupancies in accordance with Sections 1103.8.1 through 1103.8.3.

1103.8.1 Where required. Existing Group I-1 and R occupancies shall be provided with single-station smoke alarms in accordance with Section 907.2.11, except as provided in Sections 1103.8.2 and 1103.8.3.

Exceptions:

1. Where the code that was in effect at the time of construction required smoke alarms and smoke alarms complying with those requirements are already provided.
2. Where smoke alarms have been installed in occupancies and dwellings that were not required to have them at the time of construction, additional smoke alarms shall not be required provided that the existing smoke alarms comply with requirements that were in effect at the time of installation.
3. Where smoke detectors connected to a fire alarm system have been installed as a substitute for smoke alarms.

1103.9 Carbon monoxide alarms. Existing Group I or R occupancies located in a building containing a fuel-burning appliance or a building which has an attached garage shall be equipped with single-station carbon monoxide alarms. The carbon monoxide alarms shall be listed as complying with UL 2034, and be installed and maintained in accordance with NFPA 720 and the manufacturer's instructions. An open parking garage, as defined in the *International Building Code*, or an enclosed parking garage ventilated in accordance with Section 404 of the *International Mechanical Code* shall not be deemed to be an attached garage.

Exception: *Sleeping units* or *dwelling units* which do not themselves contain a fuel-burning appliance or have an attached garage, but which are located in a building with a fuel-burning appliance or an attached garage, need not be equipped with single-station carbon monoxide alarms provided that:

1. The *sleeping unit* or *dwelling unit* is located more than one story above or below any story that contains a fuel-burning appliance or an attached garage;
2. The *sleeping unit* or *dwelling unit* is not connected by duct work or ventilation shafts to any room containing a fuel-burning appliance or to an attached garage; and
3. The building is provided with a common area carbon monoxide alarm system.

Revise IFC 1104.1 as follows:

1104.1 General. Means of egress in existing buildings shall comply with the minimum egress requirements in Sections 1104.2 through 1104.24 and the building code that applied at the time of construction. Where the provisions of this chapter conflict with the building code that applied at the time of construction, the most restrictive provision shall apply. Existing buildings that were not required to comply with a building code at the time of construction shall comply with the minimum egress requirements in Sections 1104.2 through 1104.24.

1104.5 Illumination emergency power. The power supply for *means of egress* illumination shall normally be provided by the premises' electrical supply. In the event of power supply failure, illumination shall be automatically provided from an emergency system for the following occupancies where such occupancies require two or more *means of egress*:

1. Group A having 50 or more occupants.
Exception: Assembly occupancies used exclusively as a place of worship and having an *occupant load* of less than 300.
2. Group B buildings three or more stories in height, buildings with 100 or more occupants above or below a *level of exit discharge* serving the occupants or buildings with 1,000 or more total occupants.
3. Group E in interior stairs, *corridors*, windowless areas with student occupancy, shops and laboratories.
4. Group F having more than 100 occupants.
Exception: Buildings used only during daylight hours which are provided with windows for natural light in accordance with the *International Building Code*.
5. **Group I.**
6. Group M.
Exception: Buildings less than 3,000 square feet (279 m²) in gross sales area on one story only, excluding mezzanines.
7. Group R-1.
Exception: Where each *sleeping unit* has direct access to the outside of the building at grade.
8. Group R-2.
Exception: Where each *dwelling unit* or *sleeping unit* has direct access to the outside of the building at grade.
9. Group R-4.
Exception: Where each *sleeping unit* has direct access to the outside of the building at ground level.

1104.5.1 Emergency power duration and installation. In other than Group I-2, ~~systems requiring the emergency power system~~ shall provide power for not less than 60 minutes and consist of storage batteries, unit equipment or an on-site generator. In Group I-2, the emergency power systems shall comply with Sections 1105.4.6 and 1105.4.7 ~~provide power for not less than 90 minutes and consist of storage batteries, unit equipment or an on-site generator.~~ The installation of the emergency power system shall be in accordance with Section 604.

Revise IFC Section 1104.7 as follows:

1104.7 Size of doors. The minimum width of each door opening shall be sufficient for the occupant load thereof and shall provide a clear width of not less than 28 inches (711 mm). Where this section requires a minimum clear width of 28 inches (711 mm) and a door opening includes two door leaves without a mullion, one leaf shall provide a clear opening width of 28 inches (711 mm). ~~The maximum width of a swinging door leaf shall be 48 inches (1219 mm) nominal.~~ In ambulatory care facilities, doors serving as means of egress from patient treatment rooms or patient sleeping rooms shall provide a clear width of not less than 32 inches (813 mm). In Group I-2, doors serving as means of egress doors in an occupancy in Group I-2 and used for the movement of patients in stretchers or beds shall comply with Section 1105.5. ~~provide a clear width not less than 41.5 inches (1054 mm).~~ The maximum width of a swinging door leaf shall be 48 inches (1219 mm) nominal. The height of doors openings shall not be less than 80 inches (2032 mm).

Exceptions:

1. The minimum and maximum width shall not apply to door openings that are not part of the required means of egress in occupancies in Groups R-2 and R-3.
2. Door openings to storage closets less than 10 square feet (0.93 m²) in area shall not be limited by the minimum width.
3. Width of door leaves in revolving doors that comply with Section 1008.1.4.1 shall not be limited.
4. Door openings within a dwelling unit shall not be less than 78 inches (1981 mm) in height.
5. Exterior door openings in dwelling units, other than the required exit door, shall not be less than 76 inches (1930 mm) in height.
6. Exit access doors serving a room not larger than 70 square feet (6.5 m²) shall be not less than 24 inches (610 mm) in door width.
7. Door closers and door stops shall be permitted to be 78 inches (1980 mm) minimum above the door.

Revise IFC Section 1104.15 as follows:

1104.15 Width of ramps. ~~Existing~~ Ramps are permitted to have a minimum width of 30 inches (762 mm) but not less than the width required for the number of occupants

served as determined by Section 1005.1. In Group I-2, ramps serving as a means of egress and used for the movement of patients in stretchers or beds shall comply with Section 1105.8.

Revise IFC Section 1104.17 as follows:

1104.17 Corridors construction. Corridors serving an occupant load greater than 30 and the openings therein shall provide an effective barrier to resist the movement of smoke. Transoms, louvers, doors and other openings shall be kept closed or self closing. In Group I-2, corridors in areas housing patient sleeping or care rooms shall comply with Section 1105.3.

Exceptions:

1. Corridors in occupancies other than in Group H ~~and I-2~~, which are equipped throughout with an approved automatic sprinkler system.
2. ~~Patient room doors in corridors in occupancies in Group I-2 where smoke barriers are provided in accordance with the International Building Code.~~
- 3.2. Corridors in occupancies in Group E where each room utilized for instruction or assembly has at least one-half of the required means of egress doors opening directly to the exterior of the building at ground level.
- 4.3. Corridors that are in accordance with the *International Building Code*.

1104.17.1 Corridor openings. Openings in corridor walls shall comply with the requirements of the *International Building Code*.

Exceptions:

1. Where 20-minute fire door assemblies are required, solid wood doors at least 1.75 inches (44 mm) thick or insulated steel doors are allowed.
2. Openings protected with fixed wire glass set in steel frames.
3. Openings covered with 0.5-inch (12.7 mm) gypsum wallboard or 0.75-inch (19.1 mm) plywood on the room side.
4. Opening protection is not required when the building is equipped throughout with an approved automatic sprinkler system.

1104.17.218 ~~Dead ends corridors.~~ Where more than one exit or exit access doorway is required, the exit access shall be arranged such that dead ends do not exceed the limits specified in Table 1104.17-2 18. In Group I-2, in smoke compartments containing patient sleeping rooms and treatment rooms, dead end corridors shall be comply with Section 1105.7.

Exception: A dead-end passageway or corridor shall not be limited in length where the length of the dead end passageway or corridor is less than 2.5 times the least width of the dead-end passageway or corridor.

TABLE 1104.17-218 - COMMON PATH, DEAD-END AND TRAVEL DISTANCE LIMITS (by occupancy)

OCCUPANCY	COMMON PATH LIMIT		DEAD-END LIMIT		TRAVEL DISTANCE LIMIT	
	Unsprinkled (feet)	Sprinkled (feet)	Unsprinkled (feet)	Sprinkled (feet)	Unsprinkled (feet)	Sprinkled (feet)
Group I-1	75	75	20	50	200	250
Group I-2 (Health care)	NR ^e	NR ^e	NR- <u>Note f</u>	<u>NR-Note f</u>	150	200 ^c
Group I-3 (Detention and correctional— Use Conditions II, III, IV, V)	100	100	NR	NR	150 ^c	200 ^c
Group I-4 (Day Care Centers)	NR	NR	20	20	200	250

(Portions of table not shown remain unchanged...)

NR = No requirements.

For SI: 1 foot = 304.8 mm, 1 square foot = 0.0929 m².

- a. 20 feet for common path serving 50 or more persons; 75 feet for common path serving less than 50 persons.
- b. See Section 1028.9.5 for dead-end aisles in Group A occupancies.
- c. This dimension is for the total travel distance, assuming incremental portions have fully utilized their allowable maximums. For travel distance within the room, and from the room exit access door to the exit, see the appropriate occupancy chapter.
- d. See the *International Building Code* for special requirements on spacing of doors in aircraft hangars.
- e. Any patient sleeping room, or any suite that includes patient sleeping rooms, of more than 1,000 square feet shall have at least two exit access doors placed a distance apart equal to not less than one-third of the length of the maximum overall diagonal dimension of the patient sleeping room or suite to be served, measured in a straight line between exit access doors.
- f. In Group I-2, in smoke compartments containing patient sleeping rooms and treatment rooms, dead end corridors shall comply with Section 1105.7.
- g. f. Where a tenant space in Group B, S and U occupancies has an occupant load of not more than 30, the length of a common path of egress travel shall not be more than 100 feet.

Revise IFC Section 1104.22 as follows:

1104.22 Minimum aisle width. The minimum clear width of aisles shall be:

1. Forty-two inches (1067 mm) for aisle stairs having seating on each side.
Exception: Thirty-six inches (914 mm) where the aisle serves less than 50 seats.
2. Thirty-six inches (914 mm) for stepped aisles having seating on only one side.

- Exception:** Thirty inches (760 mm) for catchment areas serving not more than 60 seats.
3. Twenty inches (508 mm) between a stepped aisle handrail or guard and seating when the aisle is subdivided by the handrail.
 4. Forty-two inches (1067 mm) for level or ramped aisles having seating on both sides.

Exception: Thirty-six inches (914 mm) where the aisle serves less than 50 seats.
 5. Thirty-six inches (914 mm) for level or ramped aisles having seating on only one side.

Exception: Thirty inches (760 mm) for catchment areas serving not more than 60 seats.
 6. Twenty-three inches (584 mm) between a stepped stair handrail and seating where an aisle does not serve more than five rows on one side.
 7. In Group I-2, where aisles are used for movement of patients in stretchers or beds aisles shall comply with 1105.9.

REASON: This proposal is submitted by the ICC Ad Hoc Committee for Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering, a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>

1105.1 General – Areas in the hospital and nursing homes not in patient care areas will use the general provisions in Section 1103 and 1104. Where there are more restrictive provisions for hospitals, they will be listed in Section 1105. The proposal for new language is limited to hospitals. Current provisions that were relocated to this section (1105.7 – automatic sprinkler system; 1105.8 – automatic fire alarm system) will remain applicable to all Group I-2.

1105.2 Construction - The revision to Section 1105.2 is proposed this retroactive limitation requirement for the allowable height based upon construction type because it is a key component of the regulatory approval for a health care facility, and so that surveying and licensing requirements can be documented and provided for in the IFC. Without these limitations provided for in the IFC, to which the healthcare industry is required to comply and support, the implementation and use of the IFC as a compliance document could not be possible. While most if not all existing hospitals were constructed to comply with these minimum construction requirements, many were constructed using methods that pre-dated the current construction type matrix, and were comprised of an “assembly” (i.e. minimum thickness concrete slab with a metal lath and plaster ceiling below) which provided the necessary fire rating. This section will allow all hospitals to be evaluated on an ongoing basis to verify the system/assembly used to obtain the required fire rating will be maintained or replaced with an equivalent system/assembly.

The existing allowance for the occupancies as stipulated in the proposed table, are less than that for new construction and do not increase the cost of construction and operations beyond what is currently mandated for healthcare facilities.

1105.3 Corridor construction– This provision deals with what would be acceptable for corridors in patient care areas where the spaces is so old that it does not meet smoke barrier provisions. The format and items addressed are consistent with IBC Section 710.

1105.3.1 Material– see IBC 710.2

1105.3.2 Fire-resistance rating – see 710.4

1105.3.3 Corridor walls continuity – see 710.4 – coordinated with FS42

1105.3.4.1 Windows – see 710.5; improvement in language to deal with rolling shutters. The 80 sq.in. in the exception is from NFPA 101 19.3.6.5.

1105.3.4.2 Doors – see 710.5.2

1105.3.4.2.1 Louvers – see 710.5.2.1 – improved language

1105.3.4.2.2 Corridor doors – see 710.5.2.2; for Item 5, the ‘positive’ latching matches 407.3 terminology

1105.2.4.2.3 Dutch Doors – Add new definition and requirements for dutch doors.

1105.4.2.4 Self- or automatic-closing doors – 7105.2.3 (is this already covered under IFC maintenance?)

1105.3.5 Penetrations – see 710.6

1105.3.6 Joints – see 710.7

1105.3.7 Ducts and air transfer openings – see IBC 710.8

1105.4 Means of egress - Means of egress in areas where there are movement of patients in stretchers or beds. The order is consistent with IFC 1104.

1105.4.1 Emergency power for means of egress

1105.4.2 Emergency power for operational needs – similar to IFC 604.3

1105.4.3 Size of door – Transferred from IFC 1104.7; follows format of IBC 1008.1.1.

1105.4.4 Ramps – reference from IFC 1104.15

1105.4.5 Corridor width – Coordinated with IBC 1018 and MOE proposal to IFC 1030 for maintenance of corridor width.

1105.4.6 Dead end corridors – referenced from IFC 1104.17.2

1105.4.7 Aisles – referenced from IFC 1104.22

1105.5 Smoke compartments –

1105.5.1 Design - This section addresses existing acceptable configuration of smoke barrier walls and smoke barriers for existing hospitals in areas with sleeping rooms.

1105.5.1 Refuge area – Adequate sizing of refuge areas. IBC 407.5.1 also includes requirements for independent egress and horizontal assemblies.

1105.5.2 Smoke barriers – The intent is to bring noncompliant smoke barriers to at least ½ hour fire resistance rating. Previously approved smoke barriers are not intended to be reduced to ½. Chapter 7 of the IFC would require maintenance of approved construction.

1105.5.5 Opening protectives - Address doors in smoke barriers in existing Group I-2 occupancies. Reference to 716 is so you that don't loose other requirements.

1105.5.4, Exception 2 addresses hospitals that were originally approved without smoke dampers required. This provision would allow such situations to remain but would prohibit the removal of smoke dampers that were required. Reference to 717 is so you do not loose other requirement for duct and air transfer openings.

1105.6 Group I-2 Care Suites – care suites in hospitals can use the provisions revised by Adhoc Health in IBC Section 407.4.3.

1105.7 Group I-2 – automatic sprinkler requirements for all Group I-2 relocated from 1103.5.2.

1105.8 Group I-2 automatic fire alarm system – relocated from 1103.7.3.

Change to 1103 and 1104 for coordination with 1105. Yellow highlights show reference to Group I.

These retroactive requirements are added to assist code officials and surveyors during the ongoing regular inspection of hospital facilities. These inspections are required by federal laws for certification and reimbursement. This requirement considers the minimum previously approved construction methods. This is consistent with the federal requirements that these facilities are currently held too.

Fxx-12/13

1103.1(New), 1104.1(New), 1105.1(New)

SECTION 1103

FIRE SAFETY REQUIREMENTS FOR EXISTING BUILDING

1103.1 Required construction. Existing buildings shall comply with not less than the minimum provisions specified in Table 1103.1 and as further enumerated in Sections 1103.2 through 1103.9.

The provisions of this chapter shall not be construed to allow the elimination of fire protection systems or a reduction in the level of fire safety provided in buildings constructed in accordance with previously adopted codes.

Exceptions:

- 1. In Group I-2 Condition 2 buildings where a sprinkler system installed in accordance with Section 903.3.1.1 (NFPA 13) has been added and the**

building is now sprinklered throughout, the existing fire resistance ratings, opening protectives, penetrations and joints in assemblies are not required to be maintained where such fire resistance ratings, opening protective, penetrations and joints are not required in new construction for sprinklered buildings.

2. Group U occupancies.

SECTION 1104 MEANS OF EGRESS FOR EXISTING BUILDINGS

1104.1 General. Means of egress in existing buildings shall comply with the minimum egress requirements in Sections 1104.2 through 1104.24 and the building code that applied at the time of construction. Where the provisions of this chapter conflict with the building code that applied at the time of construction, the most restrictive provision shall apply. Existing buildings that were not required to comply with a building code at the time of construction shall comply with the minimum egress requirements in Sections 1104.2 through 1104.24.

Exception: In Group I-2 Condition 2 buildings where a sprinkler system installed in accordance with Section 903.3.1.1 (NFPA 13) has been added and the building is now sprinklered throughout, the existing fire resistance ratings, opening protectives, penetrations and joints in assemblies are not required to be maintained where such fire resistance ratings, opening protective, penetrations and joints are not required in new construction for sprinklered buildings.

(Coordinate with proposal to add new Section 1105)

SECTION 1105 – CONSTRUCTION REQUIREMENTS FOR EXISTING GROUP I-2

1105.1 General. Existing Group I-2 shall meet the following requirements:

1. The minimum fire safety requirements in Section 1103, and
2. The minimum egress requirements in Section 1104, and
3. The additional egress and construction requirements in Sections 1105.2 through 1105.7.5.2.

Where the provisions of this chapter conflict with the construction requirements that applied at the time of construction, the most restrictive provision shall apply.

Exception: In Group I-2 Condition 2 buildings where a sprinkler system installed in accordance with Section 903.3.1.1 (NFPA 13) has been added and the building is now sprinklered throughout, the existing fire resistance ratings, opening protectives, penetrations and joints in assemblies are not required to be maintained where such fire

resistance ratings, opening protective, penetrations and joints are not required in new construction for sprinklered buildings.

Reason: Hospitals are now required to be retrofit with a sprinkler system throughout. Once this is accomplished, the hospital should be permitted to allow the same provisions for new construction in a sprinklered buildings when it comes to maintaining rated walls, or altering walls.

While the intent of the new Section 1105 is for hospital specific requirements, there are areas of hospitals that are addressed in the general provisions under Section 1103 and 1104.

For purposes of this draft, **yellow highlight** is current relevant text. **Red text** is new language for discussion.

Previous Proposals

Fxx-12/13

605.12 (new), 605.12.1(new)

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

Add new text as follows:

IFC 605.12 Electrical systems maintenance. Electrical components, equipment and systems shall be maintained in compliance with the provisions of NFPA 70.

IFC 605.12.1 Group I-2 maintenance. Group I-2 electrical components, equipment systems shall also be maintained in accordance with the provisions of NFPA 99.

Reason: Existing electrical systems are required to comply with NFPA 70 by the Center for Medicare/Medicaid Services (CMS) in order for a facility to receive federal reimbursement funds. Providing the code language for Group I-2 occupancies will ensure the required electrical systems are maintained per NFPA 70.

This proposal is submitted by the ICC Ad Hoc Committee on Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx> .

Cost Impact: None

Fxx-12/13

IFC 907.2.6.2 (IBC [F] 407.8, 907.2.6.2)

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

Revise as follows:

IBC [F] 407.8 Automatic fire detection. An automatic smoke detection system shall be installed in corridors in [Group I-2 Condition 1](#) ~~nursing homes, 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. The system shall be activated in accordance with Section 907.5. [Group I-2 Condition 2](#) Hospitals shall be equipped with an automatic smoke detection system as required in Section 407.2 and 407.4.3.

Exceptions:

1. Corridor smoke detection is not required where sleeping rooms in smoke compartments that contain 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 sleeping room and unit and shall provide an audible and visual alarm at the care provider's station attending each unit.
2. Corridor smoke detection is not required where sleeping room in smoke compartments that contain sleeping units where 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.

IFC 907.2.6.2 (IBC [F] 907.2.6.2) Group I-2. An automatic smoke detection system shall be installed in corridors in [Group I-2 Condition 1](#) ~~nursing homes, long-term care 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 907.4. [Group I-2 Condition 2](#) Hospitals shall be equipped with an automatic smoke detection system as required in Section 407.

Exceptions:

1. Corridor smoke detection is not required in smoke compartments that contain 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 sleeping unit and shall provide an audible and visual alarm at the care provider's station attending each unit.
2. Corridor smoke detection is not required in smoke compartments that contain sleeping units where 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.

Reason: The proposed language in IBC 407.8 and IBC/IFC 907.2.6.2 coordinates with the proposed language automatic smoke detection system requirements in IBC 407.4.3 submitted by the Adhoc Health Care committee during Group A hearings. **The intent is also to make the language consistent between the two sections.**

This proposal is submitted by the ICC Ad Hoc Committee on Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate

duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>

Cost Impact: None

Fxx-12/13

IFC 1030.2.1

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care and Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee

Revise as follows:

IFC 1030.2.1 Security devices and egress locks. Security devices and locks affecting *means of egress* shall be subject to approval of the *fire code official*. Special locking arrangements including, but not limited to ~~access-controlled egress doors~~, security grills, mechanical locks and latches and all electronic locks and systems that restrict, control or delay egress shall be installed and maintained as required by this chapter.

From John Woestman –

1030.2.1 Security devices and egress locks. Security devices, locks, and locking systems affecting *means of egress* shall be subject to approval of the *fire code official*. ~~Special Security devices and locking arrangements in the means of egress~~ including, but not limited to ~~access-controlled egress doors~~, security grills, mechanical locks and latches, and ~~delayed egress electronic locks, latches, and locking systems~~ shall be installed and maintained as required by this chapter.

Reason: The Adhoc Health Care committee and ICC Code Technologies Committee co-sponsored code changes to update terminology for several of the different locking systems address in the IBC. This change in terminology would make the maintenance provisions in the IFC consistent with the terminology changes.

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Fxx-12/13

IFC 1030.3.1(new)

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care and Carl Baldassarra, P.E., FSFPE, Chair, ICC Code Technology Committee

Add new text as follows:

IFC 1030.3.1 Group I-2. In Group I-2 **Condition 2**, the required clear width for aisles, corridors and ramps that are part of the required means of egress shall comply with Section 1018.2. The facility shall have a plan to maintain the required clear width during emergency situations.

Exception: In areas required for bed movement, equipment shall be permitted in the required width where all the following provisions are met:

1. The equipment is low hazard and wheeled.
2. The equipment does not reduce the effective clear width for the means of egress to less than 5 feet (1525 mm).
3. The equipment is limited to:
 - 3.1. Equipment and carts in use;
 - 3.2. Medical emergency equipment;
 - 3.3. Infection control carts; and
 - 3.4. Patient lift and transportation equipment.
4. Medical emergency equipment and patient lift and transportation equipment, when not in use, is required to be located on one side of the corridor.
5. The equipment is limited in number to a maximum of one per patient sleeping room or patient care room within each smoke compartment.

Reason: The new language in Section 1030.3.1 is to be placed in the International Fire Code as a procedural requirement. It is recognized that the 8'-0" wide corridor in an institutional occupancy where beds are moved is to remain at 8'-0" in width. The language recognizes and identifies the fact that certain movable pieces of equipment will be present in the corridor during normal operations of the patient care units and seeks to restrict the types and number of such pieces of equipment and the restrictions the equipment may impose on the means of egress.

The language also recognizes that during emergencies facilities must have an emergency management plan that address the steps that must be taken by the facility and responding staff to ensure that the required 8'-0" wide corridor is kept clear of movable obstructions.

The terminology is consistent with NFPA 101.

This proposal is submitted by the ICC Ad Hoc Committee on Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>.

Insert standard CTC paragraph

Fxx-12/13

1104.7

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

Revise as follows:

IFC 1104.7 Size of doors. The minimum width of each door opening shall be sufficient for the *occupant load* thereof and shall provide a clear width of not less than 28 inches (711 mm). Where this section requires a minimum clear width of 28 inches (711 mm) and a door opening includes two door leaves without a mullion, one leaf shall provide a clear opening width of 28 inches (711 mm). ~~The maximum width of a swinging door leaf shall be 48 inches (1219 mm) nominal.~~ In Group I-2 and Ambulatory care facilities, doors serving as means of egress from patient treatment rooms or patient sleeping rooms shall provide a clear width of not less than 32 inches (813 mm). ~~Means of egress doors in an occupancy~~ In Group I-2, doors serving as means

of egress and used for the movement of beds shall provide a clear width not less than 41.5 inches (1054 mm). The maximum width of a swinging door leaf shall be 48 inches (1219 mm) nominal. The height of doors shall not be less than 80 inches (2032 mm).

Exceptions:

1. The minimum and maximum width shall not apply to door openings that are not part of the required *means of egress* in occupancies in Groups R-2 and R-3.
2. Door openings to storage closets less than 10 square feet (0.93 m²) in area shall not be limited by the minimum width.
3. Width of door leaves in revolving doors that comply with Section 1008.1.4.1 shall not be limited.
4. Door openings within a *dwelling unit* shall not be less than 78 inches (1981 mm) in height.
5. Exterior door openings in *dwelling units*, other than the required *exit* door, shall not be less than 76 inches (1930 mm) in height.
6. *Exit access* doors serving a room not larger than 70 square feet (6.5 m²) shall be not less than 24 inches (610 mm) in door width.

Reason: Doors in hospitals, nursing homes, and similar occupancies have historically required doors to be a minimum of 32-inches in clear width due to the nature of the occupants within the buildings. The BOCA Basic Building Code in 1975 and the Uniform Building Code prior to 1979 both started requiring doors providing a clear width of 32-inches. The Americans with Disabilities Act Accessible Guidelines (ADAAG) of 1994 and the 2010 ADA Standards for Accessible Design, along with the Unified Federal Accessibility Standards (UFAS) also require a minimum of 32-inches clear because of the width necessary to maneuver a wheelchair through a door opening. Adding Ambulatory Care Facilities to the rule does not add any additional restrictions further than the IBC for door sizing.

This proposal is submitted by the ICC Ad Hoc Committee on Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>.

Cost Impact: None

Note: This change was absorbed into new proposal for 1105. No longer needed

EBxx-12/13

IEBC 805.10-805.10.3 (new)

Proponent: John Williams, CBO, Chair, ICC Ad Hoc Committee on Health Care

Add new text as follows:

IEBC 805.10 Refuge areas. Where alterations affect the configuration of an area utilized as a refuge areas, the capacity of the refuge area shall not be reduced below that required in Section 805.10.1 through 805.10.3.

IEBC 805.10.1 Smoke compartments. In **Group I-2 and I-3** occupancies, the required capacity of the refuge areas for smoke compartments in accordance with Section 407.5.1 and 408.6 .2 of the International Building Code shall be maintained.

IEBC 805.10.2 Ambulatory care. In ambulatory care facilities required to be separated by Section 422.2 of the International Building Code, the required capacity of the refuge areas for smoke compartments in accordance with Section 422.4 of the International Building Code shall be maintained.

IEBC 805.10.3 Horizontal exits. The required capacity of the refuge area for horizontal exits in accordance with Section 1025.4 of the International Building Code shall be maintained.

Reason: When a space is being altered the designer needs to check that an alteration does not conflict with the area being used as a refuge area from an adjacent compartment. There is a correlative change proposed for IBC Chapter 34/IEBC Chapter 4.

This proposal is submitted by the ICC Ad Hoc Committee on Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 5 open meetings and over 80 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx> .

Cost Impact: None
