AD HOC HEALTHCARE COMMITTEE
MEANS OF EGRESS WORK GROUP
APPROVED CODE CHANGE DRAFTS

CODE GROUP B – MOE COMMITTEE

This report includes 6 code change proposals from the Adhoc Health Care, Means of Egress committee developed for Group B changes.

Other proposals are currently wrapped into the proposal for new Section 1105 that appears in the General Committee report.

Code	Section	Comments
IFC	605.12	Electrical system maintenance
IFC/IBC	IFC 907.2.6.2 (IBC [F] 407.8, 907.2.6.2)	Coordinate language for automatic fire detection
IFC	1030.2.1	Security devices and egress locks – coordination with lock changes to Group A
IFC	1030.3.1	Maintain clear width of aisle, corridors and ramps
IFC	1104.7	Door size – will be incorporated into new Section 1105 proposal
IEBC	805.10	Level II or Level III alteration requires check for refuge area

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.

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Cost Impact: None

Contact: Adhoc Health MOE Committee – Kim Paarlberg Secretariat

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 *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. 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.

907.2.6.2 (IBC [F] 907.2.6.2) Group I-2. An automatic smoke detection system shall be installed in *corridors* in 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. 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.

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Cost Impact: None

Contact: Adhoc Health MOE Committee – Kim Paarlberg Secretariat

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.

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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Insert standard CTC paragraph

Cost Impact: None

Contact: Adhoc Health MOE Committee – Kim Paarlberg Secretariat

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, 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.

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Insert standard CTC paragraph

Cost Impact: None

Contact: Adhoc Health MOE Committee – Kim Paarlberg Secretariat

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 m^2) in area shall not be limited by the minimum width.
3. Width of door leafs 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 m^2) 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.

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Cost Impact: None

Contact: Adhoc Health MOE Committee – Kim Paarlberg Secretariat

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.

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Insert standard CTC paragraph

Cost Impact: None

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