

**INTERNATIONAL CODE COUNCIL (ICC)
Code Technology Committee (CTC)**

Area of Study – Care Facilities

**May 21, 2008 (CTC Meeting)
(Updated October 10, 2008 based on 2007/2008 Code changes)**

Interim Draft Report No. 3 of CTC Recommendations

In accordance with ICC Council Policy No. 5, the CTC held meetings to evaluate the ICC Board - approved area of study entitled Care Facilities.

Scope: As noted in the CTC approved Scope & Objectives Statement, the original scope of this activity was:

Study issues associated with Day Care/Adult Care and Assisted Living facilities with an emphasis on the number of occupants in relation to the supervision, and the determination of the resident's capability of responding to an emergency situation without physical assistance from the facility's supervision.

On February/2007, the ICC Board of Directors expanded the scope of this Area of Study to "Care Facilities." This area of study now includes ambulatory health care in addition to day care facilities/adult care/assisted living.

This interim report is based on the posted Interim Draft Report No. 2, as revised based on the May 21, 2008 CTC meeting and further updated to reflect the following code changes based on the 2008 Final Action Hearings:

- G23 – 07/08: Approved As Modified (AM) and CTC's public comment which was not approved (CTC comment)
- E41 – 07/08: Approved As Submitted (AS)
- E51 - 07/08: Approved As Modified by Public Comment
- E95 – 07/08: Approved As Modified (AM)
- E96 – 07/08: Approved As Modified (AM)
- E151 – 07/08: Approved As Modified (AM)
- F154 – 07/08: Approved As Submitted (AS)

The text sections are preceded by the following notes:

- [New]. Section not covered in the IBC
- [Code change number]. See above for code change numbers
- [07 Supp]. Text based on 2007 Supplement
- [Revised]. Text revised from 2006 IBC
- [Deleted]. Text to be deleted from 2006 IBC

All other text is current IBC text. Current code text not shown but included in the IBC remains unchanged except for the deletion of text related to Groups I-1, I-4 and R-4.

DEFINITIONS (Chapter 2)

[G 23: CTC comment] **AMBULATORY HEALTH CARE FACILITY.** Buildings or portions thereof used to provide medical, surgical, psychiatric, nursing or similar care on a less than 24-hour basis to individuals who are rendered incapable of self-preservation by the services provided.

[New] **CARE FACILITY.** A facility in which the individuals are or are not capable of self preservation and where care, supervision or needs of the individuals receiving care are attended to.

[New] **OUT PATIENT CARE FACILITY.** See Ambulatory Health Care Facility

CLASSIFICATION (Chapter 3)

Section 303.1 Assembly Group A

Group A-3: Assembly uses intended for worship, recreation or amusement and other assembly uses not classified elsewhere in Group A including, but not limited to:

No change to IBC list

Section 304 Business Group B

304.1 Business Group B: Business Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office, professional or service-type transactions, including storage of records and accounts. Business occupancies shall include, but not be limited to, the following:

[G23: AM] Ambulatory health care facilities

Delete "Clinic, outpatient" from the IBC

Section 308 Institutional Group I

[Revised] **308.1 Institutional Group I.** Institutional Group I occupancy includes, among others, the use of a building, or a portion thereof, in which care or supervision is provided to individuals who, are not capable of self preservation without physical assistance or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted. Institutional occupancies shall be classified as Group I-2, I-3.

[Deleted] **308.2 Group I-1.** *Delete I-1 occupancy classification in its entirety throughout the IBC*

[Revised] **308.3 Group I-2.** This occupancy shall include buildings or portions thereof in which care is provided to individuals 2 ½ years of age or less or to individuals who are not capable of self preservation without physical assistance.

Exceptions:

1. A facility with five or fewer individuals receiving care as permitted in Section 308.3 shall be classified as Group R-3 provided that a minimum NFPA 13D sprinkler system is installed throughout.
2. A care facility for more than five but not more than 100 individuals age 2 1/2 years or less, when the rooms where care is provided are located on the level of exit discharge and each of these rooms has an exit door directly to the exterior, shall be classified as Group E.
- 3 A care facility for more than five but not more than 16 individuals shall be permitted to be classified as Group R-3 provided that a minimum NFPA 13D sprinkler system is installed throughout the R-3 fire area and each of the rooms where care is provided is on the level of exit discharge and has an exit door directly to the exterior.

[Deleted] 308.5 Group I-4. *Delete I-4 occupancy classification in its entirety throughout the IBC*

Section 310 Residential Group R

310.1 Residential Group R. Residential Group R includes, among others, the use of a building, or a portion thereof, for sleeping purposes when not classified as an Institutional Group I or when not regulated by the International Residential Code in accordance with Section 101.2. Residential occupancies shall include the following:

[07 Supp] 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.

[07 Supp] R-2 Residential occupancies containing sleeping units or more than two dwelling units where the occupants are primarily permanent in nature, including:

- Apartment houses
- Boarding houses (not transient)
- Convents
- Dormitories
- Fraternities and sororities
- Hotels (nontransient)
- Live/work units
- Monasteries
- Motels (nontransient)
- Vacation timeshare properties

Congregate living facilities with 16 or fewer individuals are permitted to comply with the

requirements for Group R-3 provided that a minimum NFPA 13D sprinkler system is installed throughout.

[Revised] R-3 Residential occupancies where the occupants are primarily permanent in nature and not classified as Group R-1, R-2, or I, including:

Buildings that do not contain more than two dwelling units.

Congregate living facilities with 16 or fewer individuals provided that a minimum NFPA 13D sprinkler system is installed throughout.

A facility with five or fewer –individuals receiving care as permitted in Section 308.3 shall be classified as Group R-3 provided that a minimum NFPA 13D sprinkler system is installed throughout.

A facility that provides care for more than five but not more than 16 individuals as permitted in Section 308.3 shall be permitted to be classified as Group R-3 provided that a minimum NFPA 13R sprinkler system is installed throughout and each of the rooms where care is provided is on the level of exit discharge and has an exit door directly to the exterior.

Care facilities for 5 or less individuals receiving care that are within a single-family dwellings are permitted to comply with the International Residential Code.

[Deleted] Group R-4. *Delete R-4 occupancy classification in its entirety throughout the IBC*

SPECIAL USE AND OCCUPANCY (Chapter 4)

Section 407 Group I-2

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

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

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

1. The spaces are not occupied for patient sleeping units, treatment rooms, hazardous or incidental uses in accordance with Section 508.2.
2. The open space is protected by an automatic fire detection system installed in accordance with Section 907.
3. The corridors onto which the spaces open, in the same smoke compartment, are protected by an automatic fire detection system installed in accordance with Section 907, or the smoke compartment in

which the spaces are located is equipped throughout with quick-response sprinklers in accordance with Section 903.3.2.

4. The space is arranged so as not to obstruct access to the required exits.

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

[07 Supp] 407.2.3 Mental health treatment areas. Areas wherein mental health patients who are not capable of self-preservation are housed, or group meeting or multipurpose therapeutic spaces other than incidental uses in accordance with Section 508.2, under continuous supervision by facility staff, shall be permitted to be open to the corridor, where the following criteria are met:

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

407.2.4 Gift shops. Gift shops less than 500 square feet in area shall be permitted to be open to the corridor provided the gift shop and storage areas are fully sprinklered and storage areas are protected in accordance with Section 508.2.

407.3 Corridor walls. Corridor walls shall be constructed as smoke partitions in accordance with Section 710.

407.3.1 Corridor doors. Corridor doors, other than those in a wall required to be rated by Section 508.2 or for the enclosure of a vertical opening or an exit, shall not have a required fire protection rating and shall not be required to be equipped with self-closing or automatic-closing devices, but shall provide an effective barrier to limit the transfer of smoke and shall be equipped with positive latching. Roller latches are not permitted. Other doors shall conform to Section 715.4.

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

Exception. This section shall not apply to patient rooms in mental health and similar care facilities.

[Revised] 407.4 Smoke barriers. Smoke barriers shall be provided to subdivide every story used by persons receiving care, treatment or sleeping and to divide other stories with an occupant load of 50 or more persons, into at least two smoke compartments. Such stories shall be divided into smoke compartments with an area of not more than 22,500 square feet (2092 m²) and the travel distance from any point in a smoke compartment to a smoke barrier door shall not exceed 200 feet (60 960 mm). The smoke barrier shall be in accordance with Section 709.

[Revised] 407.4.1 Refuge area. At least 30 net square feet (2.8m²) per care recipient shall be provided within the aggregate area of corridors, sleeping areas, treatment rooms, lounge or dining areas and other low-hazard areas on each side of each smoke barrier. On floors where all of the care recipients are ambulatory, at least 15 net square feet (1.4 m²) per occupant shall be provided on each side of each smoke barrier for the total number of occupants in adjoining smoke compartments.

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

[Revised] 407.5 Automatic sprinkler system. Smoke compartments containing sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Sections 903.3.1.1 and 903.3.2.

[Revised] 407.6 Automatic fire detection. 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. Hospitals shall be equipped with smoke detection as required in Section 407.2.

Exceptions:

1. Corridor smoke detection is not required where sleeping units are provided with smoke detectors that comply with UL 268. Such detectors shall be connected to the emergency electrical system and shall provide a visual display on the corridor side of each sleeping unit and an audible and visual alarm at the care provider's station attending each unit.
2. Corridor smoke detection is not required 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.

[Revised] 407.7 Secured yards. Grounds are permitted to be fenced and gates therein are permitted to be equipped with locks, provided that safe dispersal areas having 30 net square feet (2.8 m²) for bed and litter patients and 15 net square feet (0.56 m²) for ambulatory care recipients and other occupants are located between the building and the fence. Such provided safe dispersal area shall not be located less than 50 feet (15 240 mm) from the building they serve.

[G 23: AM] Section 421 Ambulatory Health Care Facilities

[G 23: AM] 421.1 General. Occupancies classified as Ambulatory Health Care Facilities shall comply with the provisions of this section and other applicable provisions of this code.

[G 23: CTC comment] 421.2 Separation. Ambulatory Health Care Facilities where four or more care recipients are rendered incapable of self preservation at any given time shall be separated from adjacent spaces, corridors or tenants with a fire partition installed in accordance with Section 708.

[G 23: CTC comment] 421.3 Smoke compartments. Where the aggregate area of one or more Ambulatory Health Care Facility exceeds 10,000 square feet on one story, the story shall be provided with a smoke barrier to subdivide the story into not less than two smoke compartments. The area of any one such smoke compartment shall not exceed 22,500 square feet (2092 m²). The travel distance from any point in a smoke compartment to a smoke barrier door shall not exceed 200 feet (60 960 mm). The smoke barrier shall be installed in accordance with Section 709 with the exception that smoke barriers shall be continuous from outside wall to an outside wall, a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof.

[G 23: CTC comment] 421.4 Refuge area. At least 15 net square feet (2.8 m²) per occupant 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. Each Ambulatory Health Care Facility shall be provided with access to the required refuge areas without passing through or utilizing adjacent tenant spaces.

[G 23: AM] 421.5 Independent egress. A means of egress shall be provided from each smoke compartment created by smoke barriers without having to return through the smoke compartment from which means of egress originated.

[G 23: AM] 421.6 Automatic Sprinkler Systems. Automatic sprinklers systems shall be provided for ambulatory health care facilities in accordance with Section 903.2.2.

[G 23: AM] 421.7 Fire alarm systems. A fire alarm system shall be provided for ambulatory health care facilities in accordance with Section 907.2.2.

GENERAL BUILDING HEIGHTS AND AREAS (Chapter 5)

[REVISED] TABLE 503

ALLOWABLE HEIGHTS AND BUILDING AREAS^a

Height limits shown as stories and feet above grade plane.

Area limits as determined by the definition of “Area, building”, per story.

GROUP	HGT (feet)	Type of Construction								
		TYPE I		TYPE II		TYPE III		TYPE IV	TYPE V	
		A	B	A	B	A	B	HT	A	B
	HGT(s)	UL	160	65	55	65	55	65	50	40
B	S	UL	11	5	4	5	4	5	3	2
	A	UL	UL	37,500	23,000	28,500	19,000	36,000	18,000	9,000
I-1 [DELETED]	S	UL	9	4	3	4	3	4	3	2
	A	UL	55,000	19,000	10,000	16,500	10,000	18,000	10,500	4,500
I-2	S	UL	4	2	1	1	NP	1	1	NP
	A	UL	UL	15,000	11,000	12,000	NP	12,000	9,500	NP
I-4 [DELETED]	S	UL	5	3	2	3	2	3	4	4
	A	UL	60,500	26,500	13,000	23,500	13,000	25,500	18,500	9,000
R-3	S	UL	11	4	4	4	4	4	3	3
	A	UL	UL	UL	UL	UL	UL	UL	UL	UL
R-4 [DELETED]	S	UL	11	4	4	4	4	4	3	2
	A	UL	UL	24,000	16,000	24,000	16,000	20,500	12,000	7,000

Table 508.2 Incidental Use Areas

Room or area	Separation and/or protection
Group B Ambulatory Care Facility Waste and Linen Collection Room	1 hour

FIRE PROTECTION SYSTEMS (Chapter 9)

Section 903 Automatic Sprinkler Systems

903.1 General. Automatic sprinkler systems shall comply with this section.

903.1.1 Alternate protection. Alternative automatic fire-extinguishing systems complying with Section 904 shall be permitted in lieu of automatic sprinkler protection where recognized by the applicable standard and approved by the fire code official.

903.2 Where required. Approved automatic sprinkler systems in new buildings and structures shall be provided in the locations described in this section.

Exception. Spaces or areas in telecommunications buildings....*[No change to IBC]*.

[G 23: CTC comment] 903.2.2 Ambulatory Health Care Facilities. An automatic sprinkler system shall be installed throughout all fire areas containing an Ambulatory Health Care Facility, when either of the following conditions exist at any given time:

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

In buildings where care is provided on level(s) other than the story of exit discharge, an automatic sprinkler system shall be installed on the floor where care is provided as well as all floors below and to the level of exit discharge including basements.

[Revised] 903.3.2 Quick-response and residential sprinklers. Where automatic sprinkler systems are required by this code, quick-response or residential automatic sprinklers shall be installed in the following areas in accordance with Section 903.3.1 and their listings:

1. Throughout all spaces within a smoke compartment containing sleeping units in Group I-2 in accordance with this code.
2. Dwelling units, and sleeping units in Group R occupancies.
3. Light-hazard occupancies as defined in NFPA 13.

Section 907 Fire Alarm and Detection Systems

907.2 Where required. An approved manual, automatic or manual and automatic fire alarm system installed in accordance with the provisions of this code and NFPA 72 shall be provided in new buildings and structures in accordance with Sections 907.2.1 through 907.2.23 and provide occupant notification in accordance with Section 907.9, unless other requirements are provided by another section of this code. Where automatic sprinkler protection installed in accordance with Section

903.3.1.1 or 903.3.1.2 is provided and connected to the building fire alarm system, automatic heat detection required by this section shall not be required.

The automatic fire detectors shall be smoke detectors. Where ambient conditions prohibit installation of automatic smoke detection, other approved automatic fire detection shall be provided.

[G 23: AM] 907.2.2 Group B. A manual fire alarm system shall be installed in Group B occupancies where one of the following conditions exists:

1. The combined Group B occupant load of all floors is 500 or more.
2. The Group B occupant load is more than 100 persons above or below the lowest level of exit discharge.
3. Fire areas containing a Group B occupancy classified as an ambulatory health care facility.

Exception: Manual fire alarm boxes are not required where the building is equipped throughout with an automatic sprinkler system installed in accordance with Section 903.3.1.1 and the occupant notification appliances will activate throughout the notification zones upon sprinkler water flow.

[G 23: AM] 907.2.2.1 Ambulatory health care facilities. Fire areas containing ambulatory health care facilities shall be provided with an electrically supervised automatic smoke detection system installed within the ambulatory health care facility and in public use areas outside of tenant spaces, including public corridors and elevator lobbies.

Exception: Buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 provided the occupant notification appliances will activate throughout the notification zones upon sprinkler water flow.

[Revised] 907.2.6 Group I. A manual fire alarm system and an automatic fire detection system shall be installed in Group I occupancies. An electrically supervised, automatic smoke detection system shall be provided in waiting areas that are open to corridors.

Exception: Manual fire alarm boxes in patient sleeping areas of Group I-2 occupancies shall not be required at exits if located at all nurses' care providers' control stations or other constantly attended staff locations, provided such stations are visible and continuously accessible and that travel distances required in Section 907.3.1 are not exceeded.

[Deleted] 907.2.6.1 Group I-1. *Delete I-1 occupancy classification in its entirety throughout the IBC*

[Revised] 907.2.6.2 Group I-2. Corridors in nursing homes, long term care facility, detoxification facilities and spaces permitted to be open to the corridors by Section 407.2 shall be equipped with an automatic fire detection system. Hospitals shall be equipped with smoke detection as required in Section 407.2.

Exceptions:

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 Section 407.6. Exception 1
2. Corridor smoke detection is not required in smoke compartments that contain sleeping units where such 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.

MEANS OF EGRESS (Chapter 10)

Section 1002 Definitions

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

[E96] SUITE. A group of patient treatment rooms or patient sleeping rooms within Group I-2 occupancies where staff are in attendance within the suite for supervision of all patients within the suite, and the suite is in conformance with the requirements of Section 1014.2.2 through 1014.2.6.

Section 1008 Doors, Gates and Turnstiles

[E41] 1008.1.3.4 Access-controlled egress doors. The entrance doors in a means of egress in buildings with an occupancy in Group A, B, E, I-2, M, R-1 or R-2 and entrance doors to tenant spaces in occupancies in Groups A, B, E, I-2, M, R-1 and R-2 are permitted to be equipped with an approved entrance and egress access control system which shall be installed in accordance with all of the following criteria:

1. A sensor shall be provided on the egress side arranged to detect an occupant approaching the doors. The doors shall be arranged to unlock by a signal from or loss of power to the sensor.
2. Loss of power to that part of the access control system which locks the doors shall automatically unlock the doors.
3. The doors shall be arranged to unlock from a manual unlocking device located 40 inches to 48 inches (1016mm to 1219 mm) vertically above the floor and within 5 feet (1524 mm) of the secured doors. Ready access shall be provided to the manual unlocking device and the device shall be clearly identified by a sign that reads "PUSH TO EXIT." When operated, the manual unlocking device shall result in direct interruption of power to the lock—independent of the access control system electronics—and the doors shall remain unlocked for a minimum of 30 seconds.
4. Activation of the building fire alarm system, if provided, shall automatically unlock the doors, and the doors shall remain unlocked until the fire alarm system has been reset.
5. Activation of the building automatic sprinkler or fire detection system, if provided, shall automatically unlock the doors. The doors shall remain unlocked until the fire alarm system has been reset.

6. Entrance doors in buildings with an occupancy in Group A, B, E or M shall not be secured from the egress side during periods that the building is open to the general public.

[E51] 1008.1.8.6 Special locking arrangements in Group I-2. Approved delayed egress locks shall be permitted in a Group I-2 occupancy where the clinical needs of persons receiving care require such locking. Delayed egress locks shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors unlock in accordance with Items 1 through 6 below. A building occupant shall not be required to pass through more than one door equipped with a delayed egress lock before entering an exit.

1. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.
2. The doors unlock upon loss of power controlling the lock or lock mechanism.
3. The door locks shall have the capability of being unlocked by a signal from the fire command center, a nursing station or other approved location.
4. The procedures for the operation(s) of the unlocking system shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the *International Fire Code*.
5. All clinical staff shall have the keys, codes or other means necessary to operate the locking devices.
6. Emergency lighting shall be provided at the door.

Exception: Items 1 through 3 shall not apply to doors to areas where persons which because of clinical needs require restraint or containment as part of the function of a mental hospital.

Section 1014 Exit Access

[E95] 1014.2.3 Suites in patient sleeping areas. Patient sleeping areas in Group I-2 Occupancies shall be permitted to be divided into suites with one intervening room if one of the following conditions is met:

1. The intervening room within the suite is not used as an exit access for more than eight patient beds.
2. The arrangement of the suite allows for direct and constant visual supervision by nursing personnel.

[E96] 1014.2.2.5 Exit access through suites. Exit access from all other portions of a building not classified as a suite in a Group I-2 occupancy shall not pass through a suite.

ACCESSIBILITY (Chapter 11)

Section 1103 Scoping requirements

1103.2.12 Day care facilities. Where a day care facility (Groups A-3, E and R-3) is part of a dwelling unit, only the portion of the structure utilized for the day care facility is required to be accessible.

Section 1106 Parking and Passenger Loading Facilities

1106.4 Rehabilitation facilities and outpatient physical therapy facilities. Twenty percent, but not less than one, of the portion of patient and visitor parking spaces serving rehabilitation facilities and outpatient

Section 1107 Dwelling Units and Sleeping Units

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

1107.5.2.1 Accessible units. At least 50 percent but not less than one of each type of the dwelling and sleeping units shall be Accessible units.

1107.5.2.2 Type B units. In structures with four or more dwelling or sleeping units intended to be occupied as a residence, every dwelling and sleeping unit intended to be occupied as a residence shall be a Type B unit.

Exception: The number of Type B units is permitted to be reduced in accordance with Section 1107.7.

1107.5.3 Group I-2 hospitals. Accessible units and Type B units shall be provided in General-purpose hospitals, psychiatric facilities, detoxification facilities and residential care/assisted living facilities of Group I-2 occupancies in accordance with Sections 1107.5.3.1 and 1107.5.3.2.

1107.5.3.1 Accessible units. At least 10 percent, but not less than one, of the dwelling units and sleeping units shall be Accessible units.

1107.5.3.2 Type B units. In structures with four or more dwelling or sleeping units intended to be occupied as a residence, every dwelling and sleeping unit intended to be occupied as a residence shall be a Type B unit.

Exception: The number of Type B units is permitted to be reduced in accordance with Section 1107.7.

1107.5.4 Group I-2 rehabilitation facilities. In hospitals and rehabilitation facilities of Group I-2 occupancies which specialize in treating conditions that affect mobility, or units within either which specialize in treating conditions that affect mobility, 100 percent of the dwelling units and sleeping units shall be Accessible units. Physical therapy facilities shall be accessible.

EXISTING BUILDINGS

IFC 903.6 Existing buildings. The provisions of this section are intended to provide a reasonable degree of safety in existing structures not complying with the minimum requirements of the International Building Code by requiring installation of an automatic fire extinguishing system.

[F154] 903.6.2 Group I-2. An automatic sprinkler system shall be provided throughout Group I-2 fire areas. The sprinkler system shall be provided throughout the floor where the Group I-2 occupancy is located, and all floors between the Group I-2 occupancy and the level of exit discharge.