

ICC Code Technology Committee

Care Facilities Study Group

Staff Teleconference Notes

February 15, 2007

Chair Jones initiated the teleconference at approximately 9:00 am Central on February 15, 2007.

Members present: Amiri (Arlington County, VA), Jones (Borough of Millburn NJ, CTC), Mazz (US Access Board)

Interested parties present: Anderson (Overland Park, KS), Jewell (Southfield, MI), Williams (WA state Dept of Health)

Staff present: Pfeiffer

Jones summarized the effort to date, as reflected in Working Draft 4:

- Eliminate Use Groups I-1, I-4, R-4
- Key consideration is whether the occupant can get out of the building
- Depending on whether or not they can get out of the building, additional fire protection features such as automatic sprinklers may be required

Williams offered the following:

- Need definition for “ambulatory care facility”
 - The Feds currently define the term
 - 2006 NFPA 101 currently defines the term.

Staff added the definition to these notes:

Ambulatory health care occupancy: A building or portion thereof used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following:

1. treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others;
 2. anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others;
 3. emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.
- In conjunction with code change G41-06/07, an Orlando modifications was suggested to define such facilities as treating 5 patients. (The code change was disapproved – the modification never formally acted upon by the committee).

This led to a general discussion of such facilities:

Threshold:

- 5? All at the same time?
- If 5, what about 2 under anesthetic and 4 in waiting room?
- Count number of operating rooms? Include recovery rooms?
- Difficult to enforce a criteria that is solely the number of occupants that require evacuation. Number of operating/treatment recovery rooms can be enforced at plan review.
- What about a single room with 20 dialysis patients?

Incapable of action:

- Nitrous at dentist office – incapable?
- Kidney dialysis – not surgery or under anesthetic
- Sleep deprivation testing – assumed they can evacuate

Hours of operation:

- 9 am to 5 pm?
- Any hours as long as not 24 hours?

Location in building based on height:

- No more than 2 stories?
- Not in the basement (below level of exit discharge)?

Proposed matrix. If meet the following, it is NOT an I-2:

- Operation less than 24 hours
- Treatment performed at or one level above level of exit discharge.
- 5 or fewer patients

This led to questions of:

- Why treat a basement different than the second floor.
- How do sprinklers come into play?

John Williams to develop a proposed matrix for consideration at the next meeting.

The teleconference adjourned at approximately 10:45 am.