

# ICC Committee on Health Care Hospitals and Nursing Homes Group A Draft Proposals – Revised 10-4-2017

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Work groups are:

- G/MOE - General/Means of egress – Chair: Henry Kosarzycki
- MEP – Mechanical/Electrical/Plumbing – Chair: Tim Peglow
- F/FS – Fire/Fire Safety – Chair: Bill Koffel

Proposal/ Ktag No.	Section Number	Work Group	Assigned	Notes
K163	IBC 603.1	G/MOE	Carpenter	Reason
K211	IFC 1031.3.1	G/MOE	Carpenter	Split/reason
K221	IBC 1010.1.9.6	G/MOE	Carpenter	Split/reason
K222	IBC 1010.1.9.6, 1010.1.9.7, 1010.1.9.8	G/MOE	Carpenter	Split/reason
K224	IBC 1010.1.3.2	G/MOE	Kosarzycki	Co-sponsored with BCAC
K233	IFC 1104.7	G/MOE	Pollitt	Do not process
K241	IFC 1105.6.1	G/MOE	Pollitt	Reason
K255	IBC 407.4.4.3	G/MOE	Sayers	Reason
K256 & K257	IBC 407.4.4.3	G/MOE	Williams	Reason
K322	IFC Chapter 38	F/FS	O'Neill	In process/ Reason
K323	IMC Chapter 15	MEP	Peglow	Reason Show to PMGCAC
K324	IBC 407, 420 and 422	MEP	Peglow	3- proposals – reason, add ambulatory care Show to FCAC and PMGCAC
K331	IBC 806.9	F/FS	Rice	Co-sponsored with FCAC
K346 & K354	IFC 901.7	F/FS	Koffel	Reason/ maybe FCAC added
K362	IBC 407.3.1	F/FS	Jewell	Reason
K363	IFC 1105.5.4.2.2.	F/FS		Reason
K372	IFC 709	F/FS	Jewell	Comments/Reason/ possible with FCAC
K523	IMC 920.4	MEP	Peglow	Reason Show to PMGCAC
K524	IFC 903.3.2, IFGC 303.3.1	MEP	Zannoni	Reason Show to PMGCAC
K711 & K712	IFC 403.8.2	F/FS	O'Neill	In process/Kim working on coordination
K741	IFC 310.9	F/FS	O'Neill	Comment

K791	IBC/IFC 3310.2.1	F/FS	O'Neill	Comment
K909 & K924	IFC 5306.5 & IPC 1202	MEP	Flannery	Reason/ Co-sponsored with FCAC Show to PMGCAC
K913	IFC 1105.11	MEP	Zannoni	Reason
K920	IFC 604.4.2	FS/F	Flannery	Reason
K925	IFC5003.7.4	F/FS	Flannery	Reason
K926	IFC 5306.1	MEP	Flannery	Reason
K933	IFC 403.8.2.4	F/FS	O'Neill	<b>Comment</b>
P1	IBC		Carpenter/Caulkins	Assisted toileting – in process/split and add showers
P2	IPC		Williams	Water supply – in process Show to PMGCAC

## K?

**Subject**

**Work Group:**

**Committee member:**

**Add new/Revise section as follows:**

**New/Revised Text**

**Reason:**

**Cost Impacts:**

## K163

**Subject: Non-bearing wall construction**

**Work Group: G/MOE**

**Committee member: Carpenter**

**Revise section as follows:**

**IBC 603.1 Allowable materials.** Combustible materials shall be permitted in buildings of Type I or II construction in the following applications and in accordance with Sections 603.1.1 through 603.1.3:

1. *Fire-retardant-treated wood* shall be ~~limited to the following applications~~ ~~permitted in:~~

- 1.1. Nonbearing partitions where the required *fireresistance rating* is 2 hours or less, ~~except that in buildings containing Group I-2 occupancies and ambulatory care facilities, fire-retardant treated wood shall not be used for construction of shaft enclosures.~~
- 1.2. Nonbearing *exterior walls* where fire-resistance-rated construction is not required.
- 1.3. Roof construction, including girders, trusses, framing and decking.

**Reason:** Amy to write reason

**Cost Impacts:**

# K211 & K232

Subject: obstructions in corridors

Work Group: G/MOE

Committee member: Carpenter

Revise section as follows:

**IBC 407.4.3 Projections in nursing-home corridors.** In Group I-2, ~~Condition 1~~ occupancies, where the corridor width is not less than 96 inches (2440 mm), projections shall be permitted for furniture where all of the following criteria are met:

1. The furniture is attached to the floor or to the wall.
2. The furniture does not reduce the clear width of the **corridor to less than 72 inches** (1830 mm) except where other encroachments are permitted in accordance with Section 1005.7.
3. The furniture is positioned on only one side of the *corridor*.
4. Each arrangement of furniture is 50 square feet (4.6 m<sup>2</sup>) maximum in area.
5. Furniture arrangements are separated by 10 feet (3048 mm) minimum.
6. Placement of furniture is considered as part of the fire and safety plans in accordance with Section 1002.2.

**IBC [BE] 1020.2 Width and capacity.** The required capacity of *corridors* shall be determined as specified in Section 1005.1, but the minimum width shall be not less than that specified in Table 1020.2.

**Exception:** In Group I-2 occupancies, *corridors* are not required to have a **clear width of 96 inches** (2438 mm) in areas where ~~there the corridors~~ will not ~~be stretcher or bed movement for access to care or as~~ part of the defend-in-place strategy ~~or for access to housing, treatment or for use by residents or care recipients.~~

**IBC [BE] TABLE 1020.2  
MINIMUM CORRIDOR WIDTH**

OCCUPANCY	MINIMUM WIDTH (inches)
Any facility not listed below	44
Access to and utilization of mechanical, plumbing or electrical systems or equipment	24
With an occupant load of less than 50	36
Within a dwelling unit	36
In Group E with a corridor having a occupant load of 100 or more	72
In corridors and areas serving stretcher traffic in ambulatory care facilities	72
<del>Group I-2 Condition 1 in a smoke compartment with 30 or fewer residents and where the corridor serves areas for housing, treatment or use by residents.</del>	<del>72</del>
<del>Group I-2 Condition 1 in a smoke compartment with more than 30 residents and where the corridor serves areas for housing, treatment or use by residents.</del>	<del>96<sup>a</sup></del>
Group I-2 <del>Condition 2 in areas</del> where <del>required for bed movement the corridor serves areas for housing, treatment or use by care recipient</del>	96

For SI: 1 inch = 25.4 mm.

- a. ~~See Section 407.4.3 for minimum corridor width where there is fixed furniture in the corridor.~~

**IFC 1031.3.1 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 Sections 407.4.3 and 1020.2. ~~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 of the following provisions are met:

1. The equipment is low hazard and wheeled.
2. The facility shall have a plan to remove wheeled equipment **so as in order** to maintain the required clear width during emergency situations.

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.
  - 3.4. Patient lift and transportation equipment.
4. Medical emergency equipment and patient lift and transportation equipment, when not in use, are required to be located on one side of the corridor.
5. The equipment is limited in number to not more than one per patient sleeping room or patient care room within each smoke compartment.

10-2-17: This section comprehensively covers two KTAGs (need 3 separate code changes) and includes:

Includes I-2 for fixed furniture allowance – 407.4.3

Clarifies corridor width for nursing homes and hospitals – Table 1020.2, Section 1020.2

Modifies IFC to point to fixed furniture allowances – footnote Table 1020.2, IFC Chapter 11?

Moves specific “plan” for moving fixed furniture to the exception of 1031.3.1

**Reason:**

**Cost Impacts:**

## K221

**Subject:** lock on care recipients room doors

**Work Group:** G/MOE

**Committee member:** Carpenter

**Revise section as follows:**

**IBC 1010.1.9.6 (IFC [B] 1010.1.9.6) Controlled egress doors in Groups I-1 and I-2.** Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors 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 are installed and operate in accordance with all of the following:

1. The door locks shall unlock on actuation of the *automatic sprinkler system* or *automatic ~~fire~~ smoke detection system*.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the *fire command center*, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the *International Fire Code*.
6. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
7. Emergency lighting shall be provided at the door.
8. The door locking system units shall be listed in accordance with UL 294.

**Exceptions:**

1. Items 1 through 4 shall not apply to doors to areas occupied by persons who, because of clinical needs, require restraint or containment as part of the function of a **psychiatric** treatment area.

2. Items 1 through 4 shall not apply to doors to areas where a *listed* egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

10-2-2017: Maybe two changes

CMS is more specific on the release mechanisms.

Remove "psychiatric" to allow for other secure areas based on treatment. The exceptions should also allow for dementia areas to address possible wandering as a safety issue for patients.

**Reason:**

**Cost Impacts:**

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## K222

**Subject: egress doors**

**Work Group: G/MOE**

**Committee member: Carpenter**

**Revise section as follows:**

**1010.1.9.6 Controlled egress doors in Groups I-1 and I-2.** ~~Electric~~ locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors 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 are installed and operate in accordance with all of the following:

1. The electrical door locks shall unlock on actuation of the *automatic sprinkler system* or *automatic fire detection system*.
2. The electrical door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the *fire command center*, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the *International Fire Code*.
6. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
7. Emergency lighting shall be provided at the door.
8. The electrical door locking system units shall be listed in accordance with UL 294.

**Exceptions:**

1. Items 1 through 4 shall not apply to doors to areas occupied by persons who, because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.
2. Items 1 through 4 shall not apply to doors to areas where a *listed* egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

**1010.1.9.7 Delayed egress.** Delayed egress locking systems shall be permitted to be installed on doors serving any occupancy except Group A, E and H in buildings that are 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. The locking system shall be installed and operated in accordance with all of the following:

1. The delay electronics of the delayed egress locking system shall deactivate upon actuation of the *automatic sprinkler system* or *automatic fire detection system*, allowing immediate, free egress.
2. The delay electronics of the delayed egress locking system shall deactivate upon loss of power controlling the lock or lock mechanism, allowing immediate free egress.
3. The delayed egress locking system shall have the capability of being deactivated at the *fire command center* and other *approved* locations.
4. An attempt to egress shall initiate an irreversible process that shall allow such egress in not more than 15 seconds when a physical effort to exit is applied to the egress side door hardware for not more than 3 seconds. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the delay electronics have been deactivated, rearming the delay electronics shall be by manual means only.  
**Exception:** Where approved, a delay of not more than 30 seconds is permitted on a delayed egress door.
5. The egress path from any point shall not pass through more than one delayed egress locking system.  
**Exception:** In [Group I-1, Condition 2](#), I-2 or I-3 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided the combined delay does not exceed 30 seconds.
6. A sign shall be provided on the door and shall be located above and within 12 inches (305 mm) of the door exit hardware:
  - 6.1. For doors that swing in the direction of egress, the sign shall read: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS.
  - 6.2. For doors that swing in the opposite direction of egress, the sign shall read: PULL UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS.
  - 6.3. The sign shall comply with the visual character requirements in ICC A117.1.  
**Exception:** Where approved, in Group I occupancies, the installation of a sign is not required where care recipients who because of clinical needs require restraint or containment as part of the function of the treatment area.
7. Emergency lighting shall be provided on the egress side of the door.
8. The delayed egress locking system units shall be listed in accordance with UL 294.

**1010.1.9.8 Sensor release of electrically locked egress doors.** The electric locks on sensor released doors located in a *means of egress* in buildings with an occupancy in Group A, B, E, I-1, I-2, I-4, M, R-1 or R-2 and entrance doors to tenant spaces in occupancies in Group A, B, E, I-1, I-2, I-4, M, R-1 or R-2 are permitted where installed and operated in accordance with all of the following criteria:

1. The sensor shall be installed 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 the lock or locking system shall automatically unlock the doors.
3. The doors shall be arranged to unlock from a manual unlocking device located 40 inches to 48 inches (1016 mm 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 other electronics*—and the doors shall remain unlocked for not less than 30 seconds.
4. Activation of the building *fire alarm system*, where 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 system* or *fire detection system*, where provided, shall automatically unlock the doors. The doors shall remain unlocked until the *fire alarm system* has been reset.
- [6. Emergency lighting shall be provided on the egress side of the door.](#)
- ~~7.~~ The door locking system units shall be listed in accordance with UL 294.

10-2-2017: Three changes.

1010.1.9.6 – this option should be allowed for manual and electronic locking doors. The exceptions should also allow for dementia areas to address possible wandering as a safety issue for patients. Reasonable for Group I-1, Condition 2.

Emergency lighting may be on a door that is from a suite.

Reason:

Cost Impacts:

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## K224

Subject: sliding doors

Work Group: G/MOE

Committee member: Henry

*Co-sponsored with BCAC*

Add new section as follows:

**IBC 1010.1.3.2 Manual horizontal sliding doors.** Where manual horizontal sliding doors are required to latch, the doors shall be equipped with a latch or other mechanism that ~~prevents ensures that~~ the doors ~~from rebounding~~ ~~will not rebound~~ into a partially open position if forcefully closed.

Notes 10-4-2017: List where required to latch. Is there a force that could be listed? What are specifics of "other mechanism"? BCAC will look at co-sponsoring

Reason:

Cost Impacts:

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## K233

Subject – door width

Work Group: G/MOE

Committee member: Pollitt

Revise section as follows:

**IFC 1104.7.1 Group I-2.** In Group I-2 occupancies, means of egress doors where used for the movement of beds shall provide a minimum clear opening width of 41-1/2 inches (1054 mm). Doors serving as means of egress doors and not used for movement of beds shall provide a minimum clear opening width of 32 inches (813 mm).

**IFC 1104.7.2 Ambulatory care.** In ambulatory care facilities, doors serving as means of egress from patient treatment rooms shall provide a minimum clear opening width of 32 inches (813 mm).

Note: Brad says allowed to be 32" for movement of beds, gurneys and wheelchair, otherwise go all the way back to 28".

10-2-2017: Decision is to not move forward with modification

Reason:

Cost Impacts:

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## K241

Subject – number of exits, story and compartment

Work Group: G/MEO

Committee member: Pollitt

Add new section as follows:

IFC 1105.6.1 Two means of egress. ~~Not less than~~ At least two exits from every story and ~~not less than~~ at least two means of egress from every smoke compartment shall be provided in accordance with IBC Section 407.5.4.

Renumber subsequent sections.

Reason:

Cost Impacts:

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## K255

Subject: exit from suites

Work Group: General/MOE

Committee member: Jim Sayers

Revise section as follows:

**IBC 407.4.4.3 Access to corridor.** Movement from habitable rooms shall not require ~~passage through more than three doors and~~ 100 feet (30 480 mm) distance of travel within the suite.

~~Exception: The distance of travel shall be permitted to be increased to 125 feet (38 100 mm) where an automatic smoke detection system is provided throughout the care suite and installed in accordance with NFPA 72.~~

*10-2-2017: Intervening rooms gone in suites, but no increase in travel distance – revisit exception. Should be in the IFC for existing suites.*

Reason:

Cost Impacts:

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## K256 & K257

Subject: access to corridors

Work Group: G/MOE

Committee member: Williams

Add new/Revise section as follows:

**IBC 407.4.4.3 Access to corridor.** Movement from habitable rooms shall not require ~~passage through more than three doors and~~ 100 feet (30 480 mm) ~~of travel distance of travel~~ within the suite. The exit access doors shall lead directly to an exit access corridor.

Exceptions:

1. The distance of travel shall be ~~permitted to be~~ increased to 125 feet (38 100 mm) where an automatic smoke detection system is provided throughout the care suite and installed in accordance with NFPA 72.
2. Where two exit access doors are required by ~~Sections 407.4.4.5.2 and 407.4.4.6.2, one of the doors need not lead to an exit access corridor where it leads to an exit. be permitted to be a door leading to an exit stair, horizontal exit, exit passageway or the exterior. (could just say exit)~~

(Now that the main section is changed, exception 2 does not appear to make sense.)



**IBC 407.4.4.5.2 Exit access.** Any sleeping room, or any care suite that contains sleeping rooms, of more than 1,000 square feet (93 m2) shall have **not** fewer than two exit access doors from the care suite located in accordance with Section 1007.

**IBC 407.4.4.6.2 Exit access.** Care suites, other than sleeping rooms, with an area of more than 2,500 square feet (232 m2) shall have **not** fewer than two exit access doors from the care suite located in accordance with Section 1007.1.

**Reason:**

**Cost Impacts:**

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## K322

**Subject: Clinical laboratories**

**Work Group: F/FS**

**Committee member: O'Neill**

**Add new/Revise section as follows:**

### IFC CHAPTER 38 ~~HIGHER EDUCATION~~ NON- PRODUCTION LABORATORIES

#### SECTION 3801

##### GENERAL

**3801.1 Scope.** Laboratories in Group B occupancies used for educational purposes above the 12th grade, and Group I-2, Condition 2 clinical laboratories complying with the requirements of this chapter shall be permitted to exceed the maximum allowable quantities of hazardous materials in control areas set forth in Chapter 50 without requiring classification as a Group H occupancy. Except as specified in this chapter, such laboratories shall comply with all applicable provisions of this code and the Building Code.

#### SECTION 3803 GENERAL

##### SAFETY PROVISIONS

**3803.3 Safety showers.** Where more than 5 gallons (19 L) of corrosive liquid or flammable liquid are stored, handled or used, suitable facilities with fixed overhead or flexible hand-held showers shall be installed and maintained in accordance with the *International Plumbing Code*.

**3803.4 Neutralizing or absorbing agents.** Where more than 5 gallons (19 L) of corrosive liquids are stored, handled or used, a **sufficient** quantity of **suitable** neutralizing or absorbing agents shall be provided. **Subjective terms**

**IBC [F] 307.1.1 Uses other than Group H.** An occupancy that stores, uses or handles hazardous materials as described in one or more of the following items shall not be classified as Group H, but shall be classified as the occupancy that it most nearly resembles.

16. Group I-2, Condition 2 Clinical Laboratories complying with Section 407 and Chapter 38 of the IFC.

#### IBC SECTION 407 GROUP I-2

**BC 407.12 Clinical Laboratories** In Group I-2, Condition 2 occupancies, clinical laboratories shall be designed and constructed in accordance with Chapter 38 and NFPA 45.

**Reason:**

**Cost Impacts:**

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# K323

Subject: medical gas system  
Work Group: MEP  
Committee member: Tim Peglow

10-5-2017: Show to PMGCAC

Add new/Revise section as follows:

## IMC SECTION 407 AMBULATORY CARE FACILITIES AND GROUP I-2 OCCUPANCIES

**IMC 407.1 General.** Mechanical ventilation for ambulatory care facilities and Group I-2 occupancies shall be designed and installed in accordance with this code and ASHRAE 170.

ASHRAE 170—~~2008~~ 2013 Ventilation of Health Care Facilities . . . . .  
. . . . . 407

Reason:  
Cost Impacts:

# K324

Subject: Cooking facilities  
Work Group: MEP  
Committee member: Carpenter

10-5-2017: Show to FCAC and PMGCAC

## Proposal #1

Add new/Revise section as follows: **How is this in the scope of the IBC???**

What about occupancies where appliances other than ovens, cooktops, ranges etc are used?? Is it the intent to limit the type of appliances or, just limit the type of cooking operations?? The text below speaks to spaces with certain appliances but is silent on spaces with other appliances.

**IBC 407.2.7 Limited cooking facilities.** In Group I-2 occupancies, where domestic ovens, cooktops, ranges, warmers and microwaves are used, cooking shall be limited to activity cooking, use for physical therapy/occupational therapy, nutrition education, warming, reheating, and baking and food warming or limited cooking, a domestic range hood in accordance with IMC 505.6 shall be provided. In other than occupational and physical therapy areas, The space containing the domestic cooking appliance, shall not be permitted to be open to the corridor except where all of the following apply criteria are met:

1. Not more than one cooking facility area is located shall be permitted in a smoke compartment.
2. A shut-off for the fuel and electrical power supply to the cooking equipment shall be provided in a location that is accessible provided with access only to staff.
3. The space containing the limited cooking facility shall be arranged so as not to obstruct access to the required exit.
4. A portable fire extinguisher shall be provided and installed—Installation shall be in accordance with Section 906, and the extinguisher shall be located within a 30 foot (9144 mm) distance of travel from each domestic cooking appliance.
5. The space is not an occupational or physical therapy area

**IBC 202.1 Definitions**

~~Limited Cooking. Activity cooking, use for physical therapy/occupational therapy, nutrition education, warming, reheating, or baking. Limited cooking does not include daily preparation of meals serving customers, employees, residents or commercial uses.~~ Commercial very bad word. Can't be defined. Don't create a new class of cooking; we have a hard enough time trying to categorize domestic and commercial cooking. This adds a third category that overlaps with domestic and commercial. (e.g. warming, baking and reheating fit in domestic and commercial categories also. Don't need a messy new definition, just add text to main section)

**IMC 505.6 Other than Group R.** In other than Group R occupancies, where domestic cooktops ranges, and open-top broilers are used for domestic purposes, ~~food warming or limited cooking~~, domestic cooking exhaust systems shall be provided. This is confusing at best. Food warming and limited cooking are clearly both subsets of domestic cooking

**Reason:** This is needed to align the I-codes with federal standards and current practices –NFPA 101 Section 18.3.2.5.2.

Food warming and limited cooking is defined as activity cooking, use for physical therapy/occupational therapy, warming soup, reheating leftovers, baking cookies, etc., and occasional meal preparation for a small group of people. When all meals of the day, every day, is prepared using a cooking appliance, installations in Group I-1 and I-2 occupancies shall be in accordance with the *International Building Code* and Section 904.13 of the *International Fire Code* or Section 506 of this code.

The changes to 505.6 are needed because Section 505.2, refers back to UL 507. UL 507 specifically excludes “fans for use in cooking areas when the fan is intended for other than household use. (this will need to be re-numbered if the IMC code change passes)

## Proposal #2

**IBC 420.8 Group I-1 cooking facilities.** In Group I-1 occupancies, rooms or spaces that contain cooking facilities with domestic cooking appliances shall ~~not be permitted to be~~ open to the corridor ~~except where~~ shall be in accordance with all of the following apply: ~~criteria are met:~~

1. In Group I-1, Condition 1 occupancies, the number of care recipients served by one cooking facility is not be greater than 30.
2. In Group I-1, Condition 2 occupancies, the number of care recipients served by one cooking facility and within the same smoke compartment shall not be is not greater than 30.
3. The types of domestic cooking appliances permitted shall be are limited to ovens, cooktops, ranges, warmers and microwaves.
4. The space containing the domestic cooking facilities is shall be arranged so as to not obstruct access to the required exit.
5. Domestic cooking hoods installed and constructed in accordance with Section 505 of the *International Mechanical Code* shall be are provided over cooktops or ranges.
6. Cooktops and ranges shall be are protected in accordance with Section 904.13.
7. A shutoff for the fuel and electrical power supply to the cooking equipment shall be is provided in a location that is provided with access accessible only to staff.
8. A timer shall be is provided that automatically deactivates the cooking appliances within after a period of not more than 120 minutes.
9. A portable fire extinguisher shall be is provided, the installation shall be is in accordance with Section 906 and the extinguisher shall be is located within a 30-foot (9144 mm) distance of travel travel distance from each domestic cooking appliance.

**420.8.1 Cooking facilities open to the corridor.** Cooking facilities located in a room or space open to a corridor, aisle or common space shall comply with Section 420.8.

~~420.8.1 Limited cooking facilities. In Group I-1 occupancies, where domestic ovens, cooktops, ranges, warmers and microwaves are used for food warming or limited cooking, a domestic range hood in~~

~~accordance with IMC 505.6 shall be provided. The space containing the domestic cooking appliance shall be permitted to be open to the corridor where all of the following criteria are met:~~

- ~~1. Not more than one cooking facility area shall be permitted in a smoke compartment.~~
- ~~2. A shut-off for the fuel and electrical power supply to the cooking equipment shall be provided in a location that is accessible only to staff.~~
- ~~3. The space containing the limited cooking facility shall be arranged so as to not obstruct access to the required exit.~~
4. A portable fire extinguisher shall be provided. Installation shall be in accordance with Section 906, and the extinguisher shall be located within a 30 foot (9144 mm) distance of travel from each domestic cooking appliance. **Redundant????**

## IBC 202.1 Definitions

~~Limited Cooking: Activity cooking, use for physical therapy/occupational therapy, nutrition education, warming, reheating, or baking. Limited cooking does not include daily preparation of meals serving customers, employees, residents or commercial uses.~~

**505.6 Other than Group R.** In other than Group R occupancies, where domestic cooktops and ranges, ~~and open top broilers~~ are used for domestic purposes, food warming or limited cooking, domestic cooking exhaust systems shall be provided.

**Reason:** This is needed to align the I-codes with federal standards and current practices.

420.8 is cleaning up the language to eliminate 420.8.1 and be consistent with the language in 407.2.6.

New 420.8.1 is introducing language for limited cooking.

Food warming and limited cooking is defined as activity cooking, use for physical therapy/occupational therapy, warming soup, reheating leftovers, baking cookies, etc., and occasional meal preparation for a small group of people. When all meals of the day, every day, is prepared using a cooking appliance, installations in Group I-1 and I-2 occupancies shall be in accordance with the *International Building Code* and Section 904.13 of the *International Fire Code* or Section 506 of this code.

The changes to 505.6 are needed because Section 505.2, refers back to UL 507. UL 507 specifically excludes "fans for use in cooking areas when the fan is intended for other than household use. (this will need to be renumbered if IMC code change passes)

## Proposal 3

### IMC SECTION 505

#### DOMESTIC COOKING EXHAUST EQUIPMENT

**IMC 505.3 Exhaust ducts.** Domestic cooking exhaust equipment shall discharge to the outdoors through sheet metal ducts constructed of galvanized steel, stainless steel, aluminum or copper. Such ducts shall have smooth inner walls, shall be air tight, shall be equipped with a backdraft damper, and shall be independent of all other exhaust systems. ~~Installations in Group I-1 and I-2 occupancies shall be in accordance with the *International Building Code* and Section 904.13 of the *International Fire Code*.~~

#### Exceptions:

1. ~~In other than Groups I-1 and I-2~~, where installed in accordance with the manufacturer's instructions and where mechanical or natural ventilation is otherwise provided in accordance with Chapter 4, listed and labeled ductless range hoods shall not be required to discharge to the outdoors.
2. Ducts for domestic kitchen cooking appliances equipped with downdraft exhaust systems shall be permitted to be constructed of Schedule 40 PVC pipe and fittings provided that the installation complies with all of the following:
  - 2.1. The duct shall be installed under a concrete slab poured on grade.
  - 2.2. The underfloor trench in which the duct is installed shall be completely backfilled with sand or gravel.
  - 2.3. The PVC duct shall extend not more than 1 inch (25 mm) above the indoor concrete floor surface.
  - 2.4. The PVC duct shall extend not more than 1 inch (25 mm) above grade outside of the building.

2.5. The PVC ducts shall be solvent cemented.

**IMC 505.4 Group I-1 and I-2 minimum airflow.** Installations shall be in accordance with IBC Section 420.8 of the IBC for Group I-1, and in accordance with Section 407.2.6 of the IBC for Group I-2 of the International Building Code and in accordance with Section 904.13 of the *International Fire Code*. **The domestic recirculating or exterior vented cooking hood shall have a minimum airflow of 500 cfm (14,000 L/min).** Nonsense. There is no reason to set minimum airflow for a forehead greaser hood. It doesn't do anything, so who cares about the flow rate?? 500 CFM is quite large. Really? This will require makeup air.

#### Renumber subsequent sections.

r

**Reason:** This is required to align the I-codes with Federal standards and to clean up some conflicting information.

505.2 now states that domestic exhaust systems must comply with UL 507. This standard only applies to domestic exhaust fans used in a residential/"household use" setting. Therefore, the clarification that 505.2 only applies to R Occupancies is warranted. New section 505.6 is being proposed in a separate code change to address non-residential domestic uses.

Exception #1, language was incorrectly added to require that Group I-1 and I-2 occupancies cannot have recirculating hoods. As long as proper mechanical or natural ventilation is provided, the hood is installed per manufacturer's instructions, and it meets the ventilation requirements of new section 505.4, there is no justification on why these hoods cannot be re-circulating. After all, NFPA 96 allows Type 1 hoods to be recirculating.

**Note: 10-4-2107: Do we still need to add this into ambulatory care and outpatient clinics?**

#### To IFC:

I-2 nursing homes –

- Limited cooking – regular domestic hood, recirculating hood permitted, no extinguisher in the hood, agree to staff lock-out/control – nursing homes, assisted living, outpatient clinics, therapy area in hospitals.
- Domestic cooking for < 30 residents – UL300A extinguisher in hood, recirculating hood permitted, staff lock-out
- Commercial cooking >30 residents- go to IMC 506.

Tim working with Amy

**Reason:**

**Cost Impacts:**

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## K331

**Subject:** Interior Wall and Ceiling Finishes

**Work Group:** F/FS

**Committee member:** Sarah Rice

**FCAC:** This will address pre-built locker systems, so it should also be in IBC. Agree. Marcello will help.

**Add new/Revise section as follows:**

**IBC SECTION 806**

**DECORATIVE MATERIALS AND TRIM**

**[F] 806.9 Combustible lockers.** Where lockers constructed of combustible materials are used, the lockers shall be considered to be interior finish and shall comply with Section 803 of the *International Fire Code*.

**Exception:** Lockers constructed entirely of wood and noncombustible materials and shall be permitted to be used wherever interior finish materials are required to meet a Class C classification in accordance with Section 803.1.2 of the *International Fire Code*.

**Reason:** The requirements in this section are contained in the IFC but they should equally be contained in the IBC, because lockers are often included in building plans (such as in schools) and they should be checked at the time of issuing the certificate of occupancy instead of waiting until after the building is in use.

#### IFC SECTION 808

#### FURNISHINGS OTHER THAN UPHOLSTERED FURNITURE AND MATTRESSES OR DECORATIVE MATERIALS IN NEW AND EXISTING BUILDINGS

**IFC 808.4 Combustible lockers.** Where lockers constructed of combustible materials are used, the lockers shall be considered to be interior finish and shall comply with Section 803.

**Exception:** Lockers constructed entirely of wood and noncombustible materials shall be permitted to be used wherever interior finish materials are required to meet a Class C classification in accordance with Section 803.1.2.

#### Cost Impacts:

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## K346 & K354

Subject: Fire alarm

Work Group: F/FS

Committee member: Koffel

#### FCAC

**10-5-2017:** Exception pre-approved impaired management procedure complying with NFPA 25 and 72, and then expand to other occupancies

#### Revise section as follows:

**IFC 901.7 Systems out of service.** Where a required *fire protection system* is out of service, the fire department and the *fire code official* shall be notified immediately and, where required by the *fire code official*, the building shall be either evacuated or an *approved* fire watch shall be provided for all occupants left unprotected by the shutdown until the *fire protection system* has been returned to service.

**Exception:** In Group I-2 buildings, notification and impairment procedures shall be in accordance with NFPA 25 or NFPA 72.

#### **Suggested revised exception:**

**Exception:** Facilities with a pre-approved impaired management procedure that complies with NFPA 25 or NFPA 72.

Where utilized, fire watches shall be provided with not less than one *approved* means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

**Reason:** The primary purpose of the proposed exception is to address the word “immediately.” In addition to periodic maintenance and testing, the extent of construction activity in existing Group I-2 buildings would result in the fire department and fire code official being constantly notified of fire protection systems being placed out of service and then needing to make a determination as to whether a fire watch or building evacuation are required. In many instances, the duration of the system being out of service is relatively short. For example, a dry pipe sprinkler system is impaired at the conclusion of every trip test for the time period necessary to reset the system.

NFPA 25 and NFPA 72 address these situations and allow either 10 hours in a 24 hour period (NFPA 25) or 4 hours in a 24 hour period (NFPA 72) of time before the building is required to be evacuated or a fire watch is implemented. Both documents still require the fire department, code official, and other parties (such as the insurance carrier) to be notified. The NFPA documents also address issues such as:

- Designating an impairment coordinator (NFPA 25)
- Responsibilities of the impairment coordinator (NFPA 25)
- Tagging system (NFPA 25)
- Restoring the system to service and the resultant notifications (Both NFPA 25 and NFPA 72)
- Supervising station notification requirements (NFPA 72)
- Risk mitigation (NFPA 25 and NFPA 72)
- Record keeping (NFPA 25 and NFPA 72)

The list of responsibilities in Sections 901.7.4 and 901.7.6 are essentially the same as the lists in NFPA 25. As such, the primary impact of this change is to establish an acceptable time period prior to establishing the requirement for a fire watch or building evacuation. The established time period also results in uniformity and allows for proper planning when a preplanned impairment is anticipated. It also relieves the code official from being required to establish when a fire watch or building evacuation is required.

**Cost Impacts:**

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## K362

**Subject** Corridors – Construction of Walls

**Work Group:** F/FS

**Committee member:** Jewell

**Add new/Revise section as follows:**

**IBC 407.3.1 Corridor doors.** *Corridor* doors, other than those in a wall required to be rated by Section 509.4 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 716.

**407.3.1.1 Door construction.** Doors in corridors not required to have a *fire protection rating* are permitted to be are limited to:

1. Solid doors with close fitting operational tolerances, head and jamb stops.
2. Dutch style doors having an astragal, rabbet or bevel at the meeting edges of the upper and lower door section and both the upper and lower door sections shall have latching hardware and hardware to cause the door leafs to function as a single leaf.
3. Doors that are permitted to have louvers or are undercut not exceeding 3/4 inch (19.1 mm) to provide make-up air for exhaust systems as permitted in Section 1020.5, Exception 1.

Item 3 doesn't belong in this list

**IBC 710.5 Openings.** Openings in smoke partitions shall comply with Sections 710.5.1 through 710.5.3.

**IBC 710.5.2 Doors.** Doors in smoke partitions shall comply with Sections 710.5.2.1 through 710.5.2.3.

**IBC 710.5.2.1 Louvers.** Doors in smoke partitions shall not include louvers, except where permitted in Section 407.3.1.1.

Add new section as follows:

**IBC 710.5.3 Pass through openings.** Pass through openings, without protection as required by Section 717.5.7, are permitted in walls of Group I-2, Condition 2 occupancies as follows:

1. Smoke compartment in which openings occur do not contain a patient care suite or sleeping room.
2. Pass through openings are installed in a door or vision panel that is not required to have a fire protection rating.
3. Used for the secure or controlled transfer of pharmaceutical supplies, laboratory samples, or financial exchange.
4. Top of the openings are located at or below 48 inches above the floor.
5. Aggregate size of all such openings within a single room shall not exceed 80 in<sup>2</sup> (0.05m<sup>2</sup>).

**10-3-2017:** 407.3.1.1 Item 3 – maybe split louver and undercut into separate requirements. Good start. Look to see if conflict with 407.3.1.1 and 710.5.2.

From 709.5 openings in smoke barriers – portion of exception 1

. . . doors shall not be required to be protected in accordance with Section 716. The doors shall be close fitting within operational tolerances, and shall not have a center mullion or undercuts in excess of 3/4 inch (19.1 mm), louvers or grilles. The doors shall have head and jamb stops, and astragals or rabbets at meeting edges. Where permitted by the door manufacturer's listing, positive-latching devices are not required. Factory-applied or field-applied protective plates are not required to be labeled.

**717.5.7 Smoke partitions.** A *listed smoke damper* designed to resist the passage of smoke shall be provided at each point that an air transfer opening penetrates a smoke partition. *Smoke dampers* and *smoke damper* actuation methods shall comply with Section 717.3.3.2.

Exception: 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.

**Reason:**

**Cost Impacts:**

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# K363

**Subject:** Existing doors

**Work Group:** F/FS

**Committee member:**

**Add new/Revise section as follows:**

**IFC 1105.5.4.2.2 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 1¾ inch-thick (44 mm) solid bonded-core wood or capable of resisting fire not less than 1/3 hour.  
**Exception:** Corridor doors in buildings equipped throughout with an automatic sprinkler system.
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 a fixed glass window assembly installed to limit the passage of smoke. Existing wired glass panels with steel frames shall be permitted to remain in place.
4. The clearance between the bottom of the door and the top of the threshold or finished floor ~~Door undercuts~~ shall not exceed 1 inch (25mm).
5. Doors shall be positive latching with devices that resist not less than 5 pounds (22.2 N). Roller latches are prohibited.
6. Mail slots or similar openings shall be permitted in accordance with Section 1105.5.4.3.

**IFC 1105.5.4.2.3 Dutch doors.** Where provided, dutch doors shall comply with Section 1105.5.4.2.2. In addition, dutch doors shall be equipped with latching devices on either the top or bottom leaf to allow leaves to latch together. The space between the leaves shall be protected with devices such as astragals to limit the passage of smoke.

**IFC 1105.5.4.2.4 Self- or automatic-closing doors.** Where self- or automatic-closing doors are required, closers shall be maintained in operational condition. Hold opens shall release the door when the door is pushed or pulled.

**IFC 1105.5.4.2.5 Protective plates.** Existing protective plates installed on existing corridor doors shall not be limited in size.

**Reason:**

**Cost Impacts:**

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# K372

**Subject** smoke compartment

**Work Group:** F/FS

**Committee member:** Jewell

**FCAC:** Howard Hopper and Rich Walkie are working on Chapter 7. **Make sure to distinguish between roof and floor/ceiling assembly**

**Add new/Revise section as follows:**

**IBC [BG] SMOKE COMPARTMENT.** A space within a building enclosed by *smoke barriers* or exterior walls on all sides, including the top and bottom.

**IBC 709.4.1 Smoke-barrier walls assemblies separating smoke compartments.** *Smoke-barrier walls assemblies* used to separate *smoke compartments* shall form an effective membrane enclosure that is continuous from outside wall or smoke barrier wall to outside wall or another smoke barrier wall and horizontal assemblies constructed as permitted by Section 711 and 715.

**Reason:**

**Cost Impacts:**

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## K523

**Subject** Suspended Unit Heaters

**Work Group:** MEP

**Committee member:** Tim Peglow

**10-5-2017: Show to PMGCAC**

**Add new section as follows:**

**IMC 920.1 General.** Unit heaters shall be installed in accordance with the listing and the manufacturer's instructions. Oil-fired unit heaters shall be tested in accordance with UL 731.

**IMC 920.2 Support.** Suspended-type unit heaters shall be supported by elements that are designed and constructed to accommodate the weight and dynamic loads. Hangers and brackets shall be of noncombustible material. Suspended type oil-fired unit heaters shall be installed in accordance with NFPA 31.

**IMC 920.3 Ductwork.** A unit heater shall not be attached to a warm-air duct system unless *listed* for such installation.

**IMC 920.4 Prohibited Uses.** In Group I-2 and Ambulatory Care Facilities, suspended-type unit heater are prohibited in corridors, exit access stairways and ramps, exit stairways and ramps and patient sleeping areas.

**Reason:**

**Cost Impacts:**

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## K524

**Subject** Gas fireplaces

**Work Group:** MEP

**Committee member:** Pier-George Zanoni

**10-5-2017: Show to PMGCAC**

**Add new/Revise section as follows:**

**IFC 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 all of the following areas in accordance with Section 903.3.1 and their listings:

1. Throughout all spaces within a smoke compartment containing care recipient *sleeping units* in Group I-2 in accordance with the *International Building Code*.
2. Throughout all spaces within a smoke compartment containing treatment rooms in ambulatory care facilities.
3. *Dwelling units* and *sleeping units* in Group I-1 and R occupancies.
4. Light-hazard occupancies as defined in NFPA 13.
5. Throughout all spaces within a smoke compartment containing gas fireplace appliances and decorative gas appliances in Group I-2 in accordance with the *International Building Code*.

**IFGC 303.3.1 Fireplaces and decorative appliances in Group I-2, ~~Condition 2~~ occupancies.** In Group I-2, Condition 2 occupancies, gas fireplace appliances and decorative gas appliances shall be prohibited ~~in Group I-2, Condition 2 occupancies~~ except where such appliances are direct-vent appliances installed in public lobby and waiting areas that are not within smoke compartments containing patient sleeping areas. In Group I-2, Condition 1 occupancies, gas fireplace appliances and decorative gas appliances shall be prohibited in patient sleeping rooms. In Group I-2 occupancies, the appliance controls shall be located where they can be accessed only by facility staff. Such fireplaces shall comply with Sections 501.2 and 604.1 of this code and Section 915 of the *International Fire Code*.

**Reason:** Need quick response sprinkler heads for all Group I-2. Add prohibition for fireplaces in nursing home patient rooms.

**Cost Impacts:**

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## K711 & K712

**Subject – Fire and Safety evacuation plan**

**Work Group: Fire/Fire Safety**

**Committee member: O’Neill**

**10-4-2017: Paarlberg also looking at coordination across groups**

**Revise section as follows:**

**IFC 403.8.2 Group I-2 occupancies.** Group I-2 occupancies shall comply with Sections 403.8.2.1 through 403.8.2.3 as well as 401 and 404 through 406.

**IFC 403.8.2.1 Fire evacuation plans.** The fire safety and evacuation plans required by Section 404 shall include a description of special staff *actions*. Plans shall include all of the following in addition to the requirements of Section 404.

1. Procedures for evacuation for patients with needs for containment or restraint and post-evacuation containment, where present.
2. A written plan for maintenance of the means of egress.
3. Procedure for a defend-in-place strategy.
4. Procedures for a full-floor or building evacuation, where necessary.

**IFC 403.8.2.2 Fire safety plans.** A copy of the plan shall be maintained at the facility at all times and available to all employees and at the hospital main security console. Plans shall include all of the following in addition to the requirements of Section 404:

1. Location and number of patient sleeping rooms and operating rooms.
2. Location of adjacent smoke compartments or refuge areas.
3. Path of travel to adjacent smoke compartments for horizontal movement of patients, and evacuation of immediate smoke compartment.
4. Location of special locking, delayed egress or access control arrangements.

5. Location of elevators utilized for patient movement in accordance with the fire safety plan, where provided.
6. Emergency communication, including transmission of alarms or phone contact to the fire department.

**IFC 403.8.2.3 Emergency evacuation drills.** Emergency evacuation drills shall comply with Section 405.

**Exceptions:**

1. The movement of patients to safe areas or to the exterior of the building is not required.
2. Where emergency evacuation drills are conducted after visiting hours or where patients or residents are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.
3. When drills are conducted overnight, during normal sleeping hours, coded announcement shall be permitted instead of audible fire alarms.

**IFC 403.8.2.4 Employee Training.** Employee training shall include the following:

1. All staff of the care facility shall be instructed in the use and response of fire alarms.
2. Upon discovery of an emergency, staff shall activate the nearest fire alarm pull station, and then act according to their established emergency evacuation plan.
3. All staff of the care facility shall be instructed in the defined code terms to announce an emergency.
4. Staff shall enact the emergency plan either during the fire emergency, or during malfunction of the building fire alarm system.
5. Basic response of staff shall include the following:
  - 5.1. Removal of all occupants immediately in the area of the fire emergency where danger is imminent.
  - 5.2 Activation of the fire alarm system to notify staff.
  - 5.3 Confine the fire area by closing doors surrounding the area.
  - 5.4 Evacuate the immediate area according to the care facility's fire safety plan.

**Reason:** Section 403.8.2.2 Fire safety plans is rough equivalent of 18.7.2.2 Fire Safety Plan. Recommended additions correspond to gaps between the paragraphs.

Section 403.8.2.3 Emergency evacuation drills is equivalent of 18.7.1, and changes correspond to the gaps.

18.7.2.3 is divided between the different existing sections.

The proposed language in the new paragraph 403.8.2.4 (5) is describing the R-A-C-E procedure commonly used in hospitals (Rescue, Alarm, Contain, Evacuate).

The undefined term 'care facility' is used as a general term, and can be a hospital, nursing home, or ambulatory facility.

**Cost Impacts:**

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## K741

**Subject: Smoking**

**Work Group: F/FS**

**Committee member: Jeff O'Neill**

**10-4-2017: See highlighted wording for code language**

Revise section as follows:

## IFC SECTION 310 SMOKING

**IFC 310.1 General.** The smoking or carrying of a lighted pipe, cigar, cigarette or any other type of smoking paraphernalia or material is prohibited in the areas indicated in Sections 310.2 through 310.8.

**IFC 310.2 Prohibited areas.** Smoking shall be prohibited where conditions are such as to make smoking a hazard, and in spaces where flammable or combustible materials are stored or handled.

**IFC 310.3 “No Smoking” signs.** The *fire code official* is authorized to order the posting of “No Smoking” signs in a conspicuous location in each structure or location in which smoking is prohibited. The content, lettering, size, color and location of required “No Smoking” signs shall be *approved*.

**Exception:** In Group I-2 occupancies where smoking is prohibited, “No Smoking” signs ~~are not required in interior locations of the facility where signs are displayed at all major entrances into the facility.~~ shall be installed according to 310.9.

**IFC 310.4 Removal of signs prohibited.** A posted “No Smoking” sign shall not be obscured, removed, defaced, mutilated or destroyed.

**IFC 310.5 Compliance with “No Smoking” signs.** Smoking shall not be permitted nor shall a person smoke, throw or deposit any lighted or smoldering substance in any place where “No Smoking” signs are posted.

**IFC 310.6 Ash trays.** Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations. Non-combustible, metal containers with self-closing covers, into which ashtrays can be emptied shall be readily available to areas where smoking is permitted.

**IFC 310.7 Burning objects.** Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material.

**IFC 310.8 Hazardous environmental conditions.** Where the *firecode official* determines that hazardous environmental conditions.

**IFC**

**310.9 Smoking in I-2 Occupancies.** In Group I-2 occupancies smoking is prohibited in patient care space, or where flammable liquids, combustible gases or oxygen is stored. Signs that read NO SMOKING or with the international symbol for no smoking shall be installed at appropriate locations.

**Exceptions:**

1. “No Smoking” signs are not required in interior locations of the facility where signs are displayed at all major entrances into the facility.
2. Patients classified as not responsible shall be prohibited from smoking, unless under direct supervision by qualified staff.

**REASON:** The signage exception from the 2015 cycle is moved to a dedicated paragraph for I-2 occupancies. Certain allowances for smoking by patients or residents are added to the K-Tag, so breaking out the occupancy into its own paragraph makes sense. Psychiatric allowances are also needed to manage smoking, particularly among behavioral health addiction patients.

The addition to paragraph 310.6 is a general statement from the Business Occupancy section of the LSC to allow for containers to dispose of ashes. This broadens the scope beyond the Health Care committee, so recommend presenting to the Fire CAC.

**Cost Impacts:**

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# K791

**Subject: Safeguard during construction for means of egress**

**Work Group: F/FS**

**Committee member: O'Neill**

**Add new section as follows:**

**IBC 3310.2.1 [IFC 3311.3] Protection of means of egress.** In renovations of portions of Group I-2 existing buildings, required *means of egress* shall be protected by a one-hour enclosure of the construction area.

Notes 8-31-2017: Limit to I-2. Change to reference to NFPA 241?

BCAC Notes 10-4-2017: Should this be alterations/additions vs. renovations? Only trigger this if the rest of the building is occupied. Use "separation" of means of egress instead of "enclosure". Possible exception for repairs or maintenance? Separation is fire barrier, fire partition, smoke partition, smoke barrier? Including opening protectives?

Reason: This change seeks to modify construction considerations to include 1-hour separation from the construction zone to the occupied area, per federal standard.

Cost Impact: This change will not significantly add cost, since it is a current standard that is already followed by I-2 occupancies.

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# K909 & K924

**Subject: medical gas systems**

**Work Group: MEP**

**Committee member: Flannery**

**10-5-2017: Possible co-sponsorship with FCAC. 10-5-2017: Show to PMGCAC**

**Add new/Revise section as follows:**

**IFC 5306.5 Medical gas systems and equipment.** Medical gas systems and equipment ~~including, but not limited to, distribution piping, supply manifolds, connections, pressure regulators and relief devices and valves,~~ shall be installed, tested and labeled in accordance with NFPA 99 and the general provisions of this chapter. Existing medical gas systems and equipment shall be maintained in accordance with the maintenance, inspection and testing provisions of NFPA 99 for medical gas systems and equipment.

## IPC SECTION 1202

### MEDICAL GASES

**IPC [F] 1202.1 Nonflammable medical gases.** Nonflammable medical gas systems, inhalation anesthetic systems and vacuum piping systems shall be ~~designed and~~ installed, tested and labeled in accordance with NFPA 99.

**Exceptions:**

1. This section shall not apply to portable systems or cylinder storage.
2. Vacuum system exhaust terminations shall comply with the *International Mechanical Code*.

10-3-2017: Covering all aspects of the system. Coordinate between the IPC and the IFC. Coordinate with federal requirements for health care facilities.

**Reason:**

**Cost Impacts:** None for certified facilities.

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# K913

**Subject:** Wet Procedure location  
**Work Group:**MEP  
**Committee member:** Zannoni

**Add new/Revise section as follows:**

**IFC 604.3 Health care facilities.** In Group I-2 facilities, ambulatory care facilities and outpatient clinics, the electrical systems shall be inspected, tested and maintained in accordance with NFPA 70 and NFPA99.

**Reason:**

**Cost Impacts:**

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# K920

**Subject:** Power strip  
**Work Group:** F/FS  
**Committee member:** Flannery

**Add new/Revise section as follows:**

**IFC 604.4 Multiplug adapters.** Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited.

**IFC 604.4.1 Power tap design.** Relocatable power taps shall be of the polarized or grounded type, equipped with overcurrent protection, and shall be *listed* in accordance with UL 1363.

**IFC 604.4.2 Power taps in Group I-2, Condition 2.** In Group I-2, Condition 2 facilities, power strips shall comply with one of the following:

1. Power strips providing power to patient care-related electrical equipment must be Special Purpose Relocatable Power Taps (SPRPT) listed in accordance with UL 1363A or UL 60601-1.
2. Power strips providing power to non- patient-care-related electrical equipment must be Relocatable Power Taps (RPT) listed in accordance with UL 1363.

**IFC 604.4.3 Power Taps in Group I-2, Condition 1.** In Group I-2, Condition 1 facilities, in resident rooms using line-operated patientcare-related electrical equipment, power strips in the patient care vicinity must be Special Purpose Relocatable Power Taps (SPRPT) listed in accordance with UL 1363A or UL 60601-1.

Chapter 80:

10-3-2017: UL 1363A and UL 60601-1 are new standards. UL1363 is already in the codes. Ask Ed about getting copies of UL standards.

**Reason:**

**Cost Impacts:**

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## K925

**Subject:** Respiratory Therapy Sources of Ignition

**Work Group:** F/FS

**Committee member:** Flannery

**Add new/Revise section as follows:**

**IFC 5003.7.4 Respiratory therapy.** In Group I-2 and ambulatory care facilities, within areas with respiratory therapy services, sources of ignition shall be regulated in accordance with NFPA 99.

**Reason:**

**Cost Impacts:**

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## K926

**Subject:** Gas Equipment Qualifications and Training of Personnel

**Work Group:** MEP

**Committee member:** Flannery

**FCAC: 10-5-2017:**

**Add new/Revise section as follows:**

### SECTION 5306 MEDICAL GASES

**IFC 5306.1 General.** Medical gases at health care-related facilities intended for patient or veterinary care shall comply with Sections 5306.2 through 5306.5 in addition to other requirements of this chapter and Section 427 of the *International Building Code*.

**IFC 5306.1.1 Training.** Personnel who handle medical gases and associated equipment and cylinders shall be trained on the use, safe handling and hazards associated with.

10-3-2017: Concerned about adding training for use as a code item. Important issue for safety.

**Reason:**

**Cost Impacts:**

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## K933

**FIRE LOSS PREVENTION IN GROUP I - 2-CONDITION 2 OPERATING ROOMS**

**Work Group:** F/FS



**Committee member:** Jeff O'Neill

**Add new section as follows:**

**IFC 403.8.2.4 Fire loss prevention in operating rooms.** Fire protection features and procedures for surgical operating rooms shall comply with NFPA 99, [Section 15.13](#).

**Reason:** Adding a reference to NFPA 99 for fire loss prevention in operating rooms ensure capturing the intent of the concepts to be used in this setting. Operating rooms are subject to potential fires if flammable materials are exposed to accelerants ignited by cautery or surgical procedures. NFPA 99 is the standard for systems and procedures to be used in I-2, Condition 2 hospitals. Chapter 4 of the IFC is the appropriate location to address fire prevention in this setting. This code change is proposed to align with federal standards.

**Cost Impacts:** this code change will not increase costs, because hospitals already are required to comply with this standard as set forth by federal standards.

**BCAC Note 10-4-2017:** What is a 'fire protection features' specifically?

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## P1

**Subject:** Assisted toileting

**Work Group:**

**Committee member:** Carpenter/Caulkins

**10-3-2017: Paarlberg to provide technical criteria for assisted shower. Caulkins has provided reasons for proposal once split into different parts.**

**Add new/Revise section as follows:**

**IBC 1107.3 Accessible spaces.** Rooms and spaces available to the general public or available for use by residents and serving *Accessible units*, *Type A units* or *Type B units* shall be *accessible*. *Accessible* spaces shall include toilet and bathing rooms, kitchen, living and dining areas and any exterior spaces, including patios, terraces and balconies.

**Exceptions:**

1. *Stories* and *mezzanines* exempted by Section 1107.4.
2. Recreational facilities in accordance with Section 1110.2.
3. Exterior decks, patios or balconies that are part of *Type B units* and have impervious surfaces, and that are not more than 4 inches (102 mm) below the finished floor level of the adjacent interior space of the unit.
4. [Within toilet rooms or bathrooms serving patient care areas, water closets shall be permitted to comply with Section 1107.5.6.](#)

**IBC 1107.5 Group I.** *Accessible units* and *Type B units* shall be provided in Group I occupancies in accordance with Sections 1107.5.1 through 1107.5.5.

**IBC 1107.5.1 Group I-1.** *Accessible units* and *Type B units* shall be provided in Group I-1 occupancies in accordance with Sections 1107.5.1.1 and 1107.5.1.2.

**IBC 1107.5.1.1 Accessible units.** In Group I-1, Condition 1, at least 4 percent, but not less than one, of the *dwelling units* and *sleeping units* shall be *Accessible units*. In Group I-1, Condition 2, at least 10 percent, but not less than one, of the *dwelling units* and *sleeping units* shall be *Accessible units*.

**Exception:** [Within toilet rooms or bathrooms serving Accessible patient dwelling units or sleeping units, water closets shall be permitted to comply with Section 1107.5.6.](#)

**IBC 1107.5.1.2 Type B units.** In structures with four or more *dwelling units* or *sleeping units intended to be occupied as a residence*, every *dwelling unit* 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.

**IBC 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 units* and *sleeping units* shall be *Accessible units*.

**Exception:** Within toilet rooms or bathrooms serving Accessible patient dwelling units or sleeping units, water closets shall be permitted to comply with Section 1107.5.6.

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

**IBC 1107.5.3 Group I-2 hospitals.** *Accessible units* and *Type B units* shall be provided in general-purpose hospitals, psychiatric facilities and detoxification facilities of Group I-2 occupancies in accordance with Sections 1107.5.3.1 and 1107.5.3.2.

**IBC 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*.

**Exceptions:**

1. Entry doors to Accessible ~~dwelling units~~ or *sleeping units* shall not be required to provide the maneuvering clearance beyond the latch side of the door where the door provides a clear width of not less than 41-1/2 inches (1054 mm).
2. Within toilet rooms or bathrooms serving Accessible patient *sleeping units*, water closets shall be permitted to comply with Section 1107.5.6.

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

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

**Exception:** Within toilet rooms or bathrooms serving Accessible patient dwelling units or sleeping units, water closets shall be permitted to comply with Section 1107.5.6

**IBC 1107.5.5 Group I-3.** *Accessible units* shall be provided in Group I-3 occupancies in accordance with Sections 1107.5.5.1 through 1107.5.5.3.

**IBC 1107.5.5.3 Medical care facilities.** Patient *sleeping units* or cells required to be *Accessible units* in medical care facilities shall be provided in addition to any medical isolation cells required to comply with Section 1107.5.5.2.

**Exception:** Within toilet rooms or bathrooms serving Accessible patient *sleeping units* or cells, water closets shall be permitted to comply with Section 1107.5.6

**IBC 1107.5.6 Alternative water closet.** Water closets shall comply with ICC Section 604 except where water closets comply with Section 1107.5.6.1 through 1107.5.6.5.

**IBC 1107.5.6.1 Location.** The centerline of the water closet shall be 24 inches (610 mm) minimum and 26 inches maximum (660 mm) from one side of the required clearance.

**IBC 1107.5.6.2 Clearance.** Clearance around the water closet shall comply with Section 1107.5.6.2.1 through 1107.5.6.2.3

**IBC 1107.5.6.2.1 Clearance width.** Clearance around a water closet shall be 66 inches (1675 mm) minimum in width, measured perpendicular from the side of the clearance that is 24 inches (610 mm) minimum and 26 inches (660 mm) maximum from the water closet centerline.

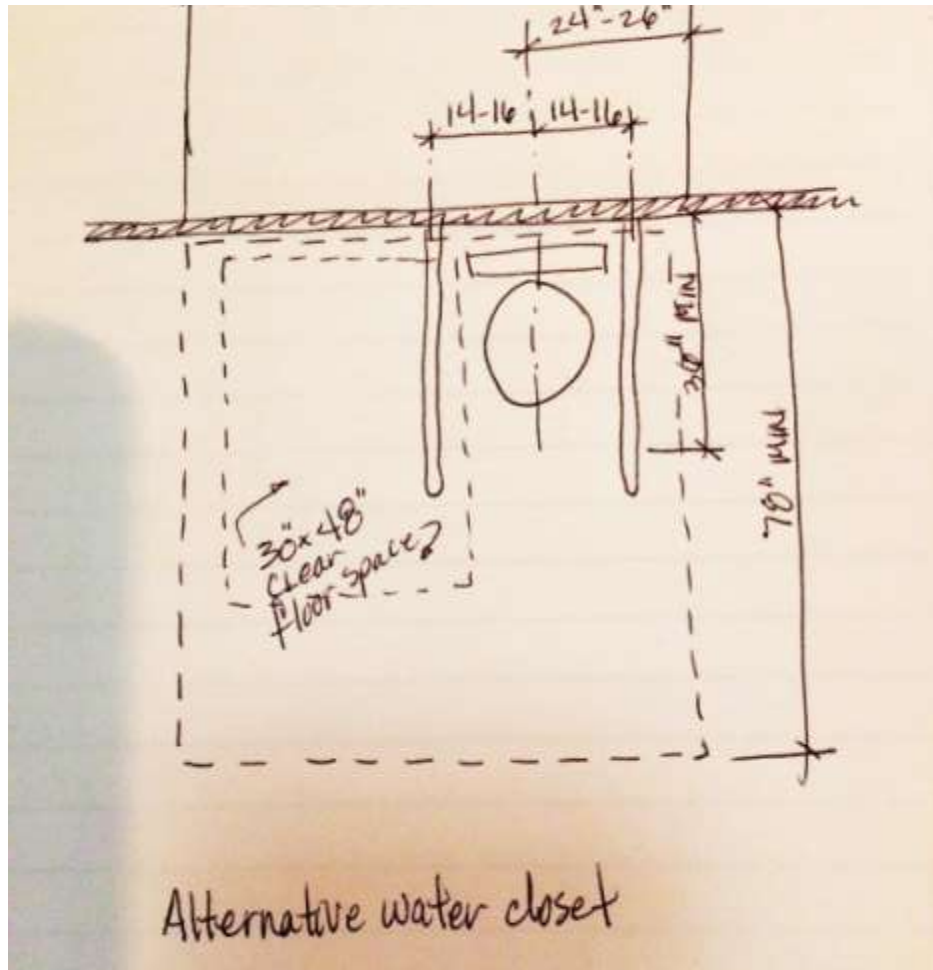
**IBC 1107.5.6.2.2 Clearance Depth.** Clearance around the water closet shall be 78 inches (1980 mm) minimum in depth, measured perpendicular from the rear wall

**IBC 1107.5.6.2.3 Clearance Overlap.** The required clearance around the water closet shall be permitted to overlap the water closet, associated grab bars, paper dispensers, sanitary napkin receptacles, coat hooks, shelves, accessible routes, clear floor space at other fixtures and the turning space. No other fixtures or obstructions shall be within the required water closet clearance.

**IBC 1107.5.6.3 Swing-up Grab Bars.** A swing-up grab bar shall be provided on both sides of the water closet and shall comply with all of the following:

- 1. The center of the grab bar is 14 inches to 16 inches (356 to 405 mm) from the centerline of the water closet**
- 2. The length of the grab bar is 36 inches (915 mm) minimum in length, measured from the wall to the end of the grab bar**
- 3. The top of the grab bar in the down position is 30 inches (760 mm) minimum and 34 inches (865 mm) maximum above the finished floor.**

**IBC 1107.5.6.4 Toilet paper dispensers shall be mounted on at least one of the swing-up grab bars and the outlet of the dispenser shall be located at 24 inches (610 mm) minimum to 36 inches (915 mm) maximum from the rear wall.**



**Reason:** Provided by Maggie for split proposal. See file.

**Cost Impacts:**

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## P2

**Subject – water supply**

**Work Group:**

**Committee member: Williams**

**10-5-2017: Show to PMGCAC**

**Add new/Revise section as follows:**

**IPC 609.2 Water service.** Hospitals shall have two water service pipes installed in such a manner so as to minimize the potential for an interruption of the supply of water in the event of a ~~water main or~~ water service pipe failure. Water service pipes connecting a hospital to a water main shall be installed in such a manner so that a failure of a single water service pipe, valve, or backflow assembly will not result in an interruption of service.

**Reason:**

**Cost Impacts:**

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