

SUMMARY
DHCD 2012 Code Change Cycle
Workgroup #2 Subgroup: Assisted Living Facilities (ALF)
January 15, 2013
Virginia Housing Center
10:00a.m. – 2:00p.m.

Workgroup #2 Subgroup (ALF): Group I-1, Condition 1 & Condition 2

Attached: List of attendees

Handouts distributed before & during this meeting

Meeting Summary:

Emory Rodgers introduced Dan Purgiel, an architect from Oregon and prime patron for the new 2015 ICC IBC ALF I-1 Condition 1 & Condition 2 code change. Dan gave an overview of his successful code change at the national level. It has been an endeavor, of over 6 years, to bring consensus among operators, design professionals, licensure agencies, and building and fire code officials.

Dan's comprehensive overview and his experiences with states including Oregon, Georgia, and New York moving towards early statewide adoptions of the code change resulted in the attendees at the subgroup meeting agreeing to support the next stage of drafting a proposed code change for Virginia.

Dan acknowledged that each state will most likely have state amendments. Virginia would be no different. We would now define that an R-4, R-5, and I-1 can have up to 5 residents that need assistance in an evacuation or emergency. Those 5 residents would have to be on a floor at grade level.

Staff will proceed with a code change that adds the new I-1 Condition 2 in a new section of 308. The code change will also revise the I-1 Condition 1 so that 5 residents may now reside in these ambulatory facilities. It will also modify I-1 Condition 2 and R-4 Condition 2 that "limited verbal or physical assistance" meaning that the residents, for the purposes of complying with USBC and the DSS UAI are non-ambulatory with custodial care, but not medical care that would be provided in Group I-2, licensed by VDH.

For now, the USBC Virginia Rehabilitation Code/IEBC will not be modified substantially, with the exception of linking back to the USBC VCC. Some replication of the I-1 Condition 2 requirements found in the VCC will need to be added to the VRC where conversions of or additions to existing buildings are being done.

The topic of hospice was brought forward, but there will be no change to the VDH licensed facilities. An R-4, category for hospice, may need to be left as a stand-alone section.

Fire drills were also discussed and some changes are being proposed for the 2015 IFC.

Any additional 2012 code changes for the I-1 occupancies would not be a part of this effort and if any code change is proposed, it would need to be filed by July 1, 2013.

Staff will do a revised code change for distribution. Workgroups #2 & #4 will consider this code change at the February 28th meeting, scheduled to be held at the Virginia Housing Center.

Open Issues:

Coordinate current USBC text for licensed ALFs of 8 or less in R-3 and R-5 occupancies that are Condition 2, where all 8 would need assistance versus the current allowance of 5 residents.

Consider perhaps having Condition 2 as a stand-alone in Chapter 4.

More extensive training will likely be necessary for operators, design professionals, and building and fire code officials to understand the flexibility that this code change offers to operators in the construction of a new facility or for conversions or additions to existing buildings.

<u>NAME</u>	<u>EMAIL</u>	<u>DEPT</u>
DAN PURGIEL	dpurgiel@lrsarchitects.com	LRS ARCHITECTS
GLENN YATES N/A Vermont Dodge	glenn.yates@cox.net DHCD	TYG - ARCHITECTS. DHCD
Ed ALTIZER		STATE FIRE MARSHAL
Glenn Dean		SFMO
Larry Brock	DHCD	DHCD
Jennifer Reeves	DHCD	DHCD
Sandi Morris	DHCD	DHCD
Annette Kelley		VDSS
RON REYNOLDS	ron.reynolds@vflff.virginia.gov ron.reynolds@vflff.virginia.gov	SFMO
Judy Hackler		VALA
Harold Stills		Honover Co. / VBCoA
KENNETH PAYNE		ISAIA
MICHAEL REDIFER	mredifer@duffy.com	Neighborhood News
Tara Davis-Rogland	tara.davis@rwi.net	VHCA / Operator
Emily R	DHCD	
Cindy DAVIS	DHCD	

1-15-13 ALF Sub-grant 2012 USBC

AGENDA
DHCD 2012 Code Change Cycle
Workgroup 2 Subgroup: ALF's I-1 Conditioned 1 and 2
2012 USBC/IBC Code Change

January 15, 2013 - 10:00 a.m. – 2:00 p.m.

**Location: Virginia Housing Center, 4224 Cox Rd.,
Glen Allen, VA 23060**

**Lunch provided by reservation only. Please email
Janice.firestone@dhcd.virginia.gov by January 8th if you would like to have a
lunch ordered for you.**

Agenda

1. Review of G31 2015 ICC/IBC ALF I-1 Conditions 1 and 2 and any related code changes review. Overview to be provided by Dan Purgiel, author of the code changes.
2. 2012 USBC/IBC draft code change for G-31 (**in handout**). Some decisions to be made are:
 - What to have
 - Retention of current I-1 17 and over
 - Sprinklers with 5 residents needing assistance
 - Where R-4 allows 9 to 16 residents 5 assistance with sprinklers and 5 on grade floor
 - Where R-3 or R-5 1-8 residents with up to 5 residents needing assistance with sprinklers.
 - Do we delete our requirements or some parts thereof or just use the I-1 conditioned 1 & 2 and the R-4 Condition 1 and 2? The draft will have to be amended for what the stakeholders/operators want to see as requirements.
3. Next steps:
 - February 28, 2013 Workgroup 2 - review code change for consensus among stakeholders
 - March 25th BHCD's CSC review
 - April 22nd consideration for 2012 USBC VCC IBC proposed regulations
4. New Business
5. Adjournment

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF BUILDING AND FIRE REGULATION

Code Change Form for the 2012 Code Change Cycle

Code Change Number: ___ Draft December 18,
2012 _____

Proponent Information

(Check one): Individual Government Entity Company

Name: DHCD staff, for consideration by the sub-workgroup for Assisted Living Facilities

Proposal Information

Code(s) and Section(s): IBC Sections 202, 308.3, 308.4, 308.6, 310.6,420, 504, 709.5, 903.2.6, 903.2.8,1018

Proposed Change (including all relevant section numbers, if multiple sections):

See attached. Assisted Living Facilities licensed by the Department of Social Services

Supporting Statement (including intent, need, and impact of the proposal):

To be added at a later date.

Submittal Information

Date Submitted: _____

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

Please submit the proposal to:

DHCD DBFR SBCO (State Building Codes Office)

600 East Main Street

Suite 300

Richmond, VA 23219

Email Address: Vernon.hodge@dhcd.virginia.gov

Fax Number: (804) 371-7092

Phone Numbers: (804) 371-7150



Change Section 202 of the VCC (IBC) to read as follows:

24-HOUR CARE BASIS. The actual time that a person is an occupant within a facility for the purpose of receiving care. It shall not include a facility that is open for 24 hours and is capable of providing care to someone visiting the facility during any segment of the 24 hours.

CUSTODIAL CARE. Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care ~~include~~ includes occupants ~~who that have the ability to respond to emergency situations and~~ evacuate at a slower rate and/or who have mental and psychiatric complications.

GROUP HOME. A facility for social rehabilitation, substance abuse or mental health problems that contains a group housing arrangement that provides *custodial care* but does not provide ~~acute~~ medical care.

Change Section 308.3 of the VCC (IBC) to read as follows:

308.3 Institutional Group I-1. This occupancy shall include buildings, structures or portions thereof for more than 16 persons, excluding staff, who reside on a 24 hour basis in a supervised environment and receive *custodial care*. ~~The persons receiving care are capable of self-preservation.~~ Buildings of Group I-1 shall be classified as one of the occupancy conditions indicated in Sections 308.3.1, 308.3.2 or 420. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes*
- Halfway houses
- Residential board and ~~custodial~~ *care* facilities
- Social rehabilitation facilities

Exception: 308.3.1 In Group I-1 occupancies, not more than five of the residents may require physical assistance from the staff to respond to an emergency situation when all the residents that may require the physical assistance reside on a single level of exit discharge. (Should this be an exception to Condition 2 keeping USBC 5 residents and wouldn't then have to do compartments and the other new requirements if only did the 5 residents?)

308.3.2 I-1 Condition 1. This occupancy condition shall include buildings in which all persons receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation.

~~308.3.2~~ **308.3.3 Nine to sixteen persons receiving custodial care.** A facility ~~such as above~~, housing not fewer than **nine** and not more than 16 persons receiving ~~such~~ custodial care, shall be classified as Group R-4.

~~308.3.4~~ **308.3.4 Eight or fewer persons receiving custodial care.** A facility ~~such as the above~~ with five or fewer persons receiving ~~such~~ custodial care shall be classified as Group R-3 or shall comply with the R-5? *International Residential Code* provided an *automatic sprinkler system* is installed in accordance with Section 903.3.1.3 or with Section P2904 of the *International Residential Code*.

Change Section 308.4 of the VCC (IBC) to read as follows:

308.4 Institutional Group 1-2. This occupancy shall include buildings and structures used for *medical care* on a 24-hour basis for more than five persons who are *incapable of self preservation*. This group shall include, but not be limited to, the following:

- Foster care facilities*
- Detoxification facilities*
- Hospitals*
- Nursing homes*
- Psychiatric hospitals*

308.4.1 Five or fewer persons receiving medical care. A facility ~~such as the above~~ with five or fewer persons receiving ~~such~~ medical care shall be classified as Group R-3 or shall comply with the **R-5?** *International Residential Code* provided an *automatic sprinkler system* is installed in accordance with Section 903.3.1.3 or with Section P2904 of the *International Residential Code*.

Change Section 310.6 of the VCC (IBC) to read as follows:

310.6 Residential Group R-4 . This occupancy shall include buildings, structures or portions thereof for more than **nine** but not more than 16 persons, excluding staff, who reside on a 24-hour basis in a supervised residential environment and receive *custodial care*. ~~The person receiving care are capable of self preservation.~~ Buildings of Group R-4 shall be classified as one of the occupancy conditions indicated in Sections 310.1 R-4 (five exceptions keep), 310.6.1 or 420 move? This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes*
- Halfway houses
- Residential board and ~~custodial~~ care facilities
- Social rehabilitation facilities

Group R-4 occupancies shall meet the requirements for construction as defined for Group R-3 **R-5?**, except as otherwise provided for in this code, or shall comply with the IRC provided the building is protected by an automatic sprinkler system installed in accordance with **Section 903.2.8.**

310.6.1 R-4 Condition 1. This occupancy condition shall include buildings in which all persons receiving custodial care, who without any assistance, are capable of responding to an emergency situation to complete building evacuation.

Exceptions: 1 to 5 remain same and this is section with the need for most work to integrate Conditions 1&2

Appears R-4 condition 1 is partly USBC Exceptions #3 all capable of self-evacuation and then #4 can have 5 residents needing assistance on grade floor, with sprinklers. Confusing now?

Options to consider: Keep these exceptions or perhaps delete #3 and 4 replacing with R-4 condition 1 or some combination. Keep exceptions 1, 2, and 5.

310.7 Residential Group R-5. (The following are existing VCC amendments to this section of the IBC with changes to sections numbers). Residential occupancies in detached one- and two-family dwellings, townhouses and accessory structures within the scope of the *International Residential Code*, also referred to as the "IRC".

The construction of R-5 structures shall comply with the IRC. The amendments to the IRC set out in Section ~~310.6~~ **310.10** shall be made to its use as part of this code. In addition, all references to Section 101.2 in the IBC relating to construction of such structures subject to the IRC shall be considered to be references in this section. **R-5 correlation with G31 condition 2**

310.7.1 Additional Requirements. (Keep existing VCC language).

310.8 Family Day Homes. (Keep existing language).

310.9 Radon-resistant construction in Group R-3 and R-4 structures. (Keep existing language).

Change Section 420 of the VCC (IBC) to read as follows:

420.1 General. Occupancies in Groups I-1, R-1, R-2 and ~~1~~ R-3 and R-4 shall comply with the provisions of Sections 420.1 through ~~420.5~~ **420.6** and other applicable provisions of this code. **420. 4/308.3.2 I-1 and R-4 Condition 2.** This occupancy condition shall include buildings in which there are any persons receiving custodial care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation. ~~**310.6.2 Condition 2.** This occupancy condition shall include buildings in which there are any persons receiving custodial care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation.~~

~~**420.4 Automatic sprinkler system**~~ **420.4.1 Smoke barriers in Group I-1 Condition 2.** Smoke barriers shall be provided in Group I-1 Condition 2 to subdivide every story used by persons receiving care, treatment or sleeping and to provide other stories with an occupant load of 50 or more persons, into no fewer than 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.

420.4.2 Refuge area. Refuge areas shall be provided within each smoke compartment. The size of the refuge area shall accommodate the occupants and care recipients from the adjoining smoke compartment. Where a smoke compartment is adjoined by two or more smoke compartments, the minimum area of the refuge area shall accommodate the largest occupant load of the adjoining compartments. The size of the refuge area shall provide the following:

1. Not less than 15 net square feet (1.4 m²) for each care recipient.
2. Not less than 6 net square feet (0.56 m²) for other occupants.

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

~~**420.4**~~ **420.5 Automatic sprinkler system.** *(No change to text) what is this?*

420. 5 option 903.2.8.3 Group R-4 Condition 2. An automatic sprinkler system installed in accordance with 903.3.1.2 shall be permitted in Group R-4 Condition 2. Attics shall be protected in accordance with Sections 903.2.8.3.1 or 903.2.8.3.2.

420.5.1/903.2.8.3.1 Attics used for living purposes, storage or fuel fired equipment Attics used for living purposes, storage or fuel fired equipment shall be protected throughout with automatic sprinkler system installed in accordance with 903.3.1.2.

420.5.2/903.2.8.3.2 Attics not used for living purposes, storage or fuel fired equipment . Attics not used for living purposes, storage or fuel fired equipment shall be protected in accordance with one of the following:

1. Attics protected throughout by a heat detector system arranged to activate the building fire alarm system in accordance with Section 907.2.10.
2. Attics constructed of non-combustible materials.
3. Attics constructed of fire-retardant-treated wood framing complying with Section 2303.2.
4. The automatic fire sprinkler system shall be extended to provide protection throughout the attic space.

420.5 420.6 Smoke detection and fire alarm system. ~~Smoke-detection-and fire alarm systems and smoke alarms.~~ Fire alarm systems and smoke alarms shall be provided in Group I-1, R-1, . and R-2 and Group R-4 occupancies in accordance with Sections 907.2.6, 907.2.8, ~~and 907.2.9~~ and 907.2.10, respectively. Single-or multiple- station smoke alarms shall be provided in Groups I-1, R-2, R-3 and R-4 in accordance with Section 907.2.11.

R-5 how cover?

Change Section 504 of the VCC (IBC) to read as follows:

504.2 Automatic sprinkler system increase. Where a building is equipped throughout with an *approved automatic sprinkler system* in accordance with Section 903.3.1.1, the value specified in Table 503 for maximum *building height* is increased by 20 feet (6096 mm) and the maximum number of *stories* is increased by one. These increases are permitted in addition to the *building area* increase in accordance with Sections 506.2 and 506.3. For Group R buildings equipped throughout with an *approved automatic sprinkler system* in accordance with Section 903.3.1.2, the value specified in Table 503 for maximum *building height* is increased by 20 feet (6096 mm) and the maximum number of *stories* is increased by one, but shall not exceed 60 feet (18 288 mm) or four *stories*, respectively.

Exception: The use of an *automatic sprinkler system* to increase *building heights* shall not be permitted for the following conditions: **R-5 covered?**

1. Buildings, or portions of buildings, classified as a Group I-1 Condition 2, of Type IIB, III, IV or V construction or Group 12 occupancy occupancies of Type IIB, III, IV or V construction.
2. Buildings, or portions of buildings, classified as a Group H-1, H-2, H-3 or H-5 occupancy.
3. Buildings where an *automatic sprinkler system* is substituted for fire-resistance rated construction in accordance with table 601, Note d.

Change Section 709.5 of the VCC (IBC) to read as follows:

709.5 Openings. Openings in a *smoke barrier* shall be protected in accordance with Section 716.

Exceptions:

1. In Group I-1 Condition 2, Group 1-2 and ambulatory care facilities, where doors are installed across *corridors*, a pair of opposite- swinging doors without a center mullion shall be installed having vision panels with fire-protection- rated glazing materials in fire-protection-rated frames, the area of which shall not exceed that tested. The doors shall be close fitting within operational tolerances, and shall not have undercuts in excess of 3/4-inch, louvers or grilles. The doors shall have head and jamb stops, astragals or rabbets at meeting edges and shall be automatic-closing by smoke detection in accordance with Section 716.5.9.3. Where permitted by the door manufacturer's listing, positive-latching devices are not required.
2. In Group I-1 Condition 2, Group 1-2 and ambulatory care facilities, horizontal sliding doors installed in accordance with Section 1008.1.4.3 and protected in accordance with Section 716.

Change Section 903.2.6 of the VCC (IBC) to read as follows:

903.2.6 Group I. An automatic sprinkler system shall be provided throughout buildings with a Group I fire area.

Exceptions:

1. An automatic sprinkler system installed in accordance with Section 903.3.1.2 shall be permitted in Group I-1 Condition 1 facilities.
- ~~2. An automatic sprinkler system installed in accordance with Section 903.3.1.3 shall be allowed in Group I-1 facilities when in compliance with all of the following:~~
 - ~~2.1. A hydraulic design information sign is located on the system riser~~
 - ~~2.2. Exception 1 of Section 903.4 is not applied, and~~
 - ~~2.3. Systems shall be maintained in accordance with the requirements of Section 903.3.1.2.~~
3. An automatic sprinkler system is not required where Group I-4 day care facilities are at the level of exit discharge and where every room where care is provided has at least one exterior exit door.
- 3 4. In buildings where Group I-4 day care is provided on levels other than the level of exit discharge, an automatic sprinkler system in accordance with 903.3.1.1 shall be installed on the entire floor where care is provided and all floors between the level of care and the level of exit discharge, all floors below the level of exit discharge, other than areas classified as an open parking garage.

Change Section 903.2.8 of the VCC (IBC) to read as follows:

903.2.8 Group R. An *automatic sprinkler system* installed in accordance with Section 903.3 shall be provided throughout all buildings with a Group R *fire area*.

903.2.8.1 Group R-3 or R-4 ~~congregate residence~~. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in Group R-3, ~~or R-4 congregate residence with 16 or fewer residents.~~

903.2.8.2 ~~Care facilities~~ Group R-4 Condition 1. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in Group R-4 Condition 1. **What about 2908**

903.2.8.2 903.2.8.4 Care facilities. An automatic sprinkler system installed in accordance with 903.3.1.3 shall be permitted in care facilities with ~~12/10~~ or fewer individuals in a single family dwelling. **What about 2908?**

Change Section 903.3.1.3 of the VCC (IBC) to read as follows:

903.3.1.3 NFPA 13D sprinkler systems. Automatic sprinkler systems installed in one and two-family dwellings, Group R-3, and R-4 ~~congregate residences~~ Condition 1 and townhouses shall be permitted to be installed throughout in accordance with NFPA 13D. **what about 2908?**

Change Section 907.2.6.1 of the VCC (IBC) to read as follows:

907.2.6.1 Group I-1. In Group I-1 occupancies, an automatic smoke detection system shall be installed in corridors, waiting areas open to corridors and habitable spaces other than sleeping units and kitchens. The system shall be activated in accordance with Section 907.5.

Exceptions:

1. For Group I-1 Condition 1 smoke ~~Smoke~~ detection in habitable spaces is not required where the facility is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1.
2. Smoke detection is not required for exterior balconies

Change Section 1018.1 of the VCC (IBC) to read as follows:

1018.1 Construction. *Corridors* shall be fire-resistance rated in accordance with Table 1018.1. The *corridor* walls required to be fire-resistance rated shall comply with Section 708 for *fire partitions*.

Exceptions:

1. A *fire-resistance rating* is not required for *corridors* in an occupancy in Group E where each room that is used for instruction has at least one door opening directly to the exterior and rooms for assembly purposes have at least one-half of the required *means of egress* doors opening directly to the exterior. Exterior doors specified in this exception are required to be at ground level.
2. A *fire-resistance rating* is not required for *corridors* contained within a dwelling or sleeping unit in an occupancy in Group I-1 and Group R.
3. A *fire-resistance rating* is not required for *corridors* in *open parking garages*.
4. A *fire-resistance rating* is not required for *corridors* in an occupancy in Group **B** which is a space requiring only a single *means of egress* complying with Section 1015.1.
5. *Corridors* adjacent to the *exterior walls* of buildings shall be permitted to have unprotected openings on unrated *exterior walls* where unrated walls are permitted by Table 602 and unprotected openings are permitted by Table 705.8.

Supporting Statement:

The current IBC requires all occupants receiving Custodial Care to be able to evacuate on their own without any assistance from others. Most state Custodial Care (assisted living/ residential care/ group homes) licensing agencies allow occupants who require limited assistance with evacuation. The lack of consistency between what the states allow and the IBC Custodial Care provisions causes inconsistent application of the IBC. This proposal resolves that conflict and will result in better consistency. The proposal integrates allowing both residents who require limited assistance with evacuation and those that do not in Custodial Care occupancies.

The proposed Group I-1 and R-4 custodial care revisions accomplish the following:

It provides "condition classifications" for both Groups I-1 and R-4. It makes Condition 1 for the buildings, as currently allowed, with residents capable of responding on their own during emergencies. It adds a Condition 2 for buildings residents who may require some assistance with evacuation. It retains the USBC 5 residents can be in the new I-1, R-4 or R-5 needing assistance. It retains the USBC for up to eight residents being in an unsprinkled R-5 if all the residents are capable of self-preservation.

It adds to the new Group I-1 Condition 2, four more stringent requirements due to the new resident type allowed, in addition to the existing current Group I-1 Condition 1 requirements: story limitations, smoke barriers, increased sprinkler protection, attic protection and additional smoke detection.

It adds to the new Group R-4 Condition 2, due to the new resident type allowed, two more stringent requirements in addition to the capable Group R-4 Condition 1 requirements: story limitations, and additional attic detection or protection, considering the smaller facilities.

It clarifies in the revised Custodial Care definition and In Group I-1 and R-4 Condition 2 occupancies that they are not Group 1-2, which provides Medical Care. Group I-1 Custodial Care has persons with some physical or mental limitations, who may require limited assistance in emergency evacuation, but who are still capable enough to participate in complete building evacuation during emergencies. This limit of the level of care or resident type in Group I-1 and R-4 does not include Group 1-2 higher acuity occupants who require full nursing care or Medical Care as defined. Those receiving Medical Care in Group 1-2 may be bedridden during emergencies, may be on life support systems, or may be semiconscious or unconscious, all in which evacuation concepts allows for defend in place strategies.

The substantiation for both the IBC and correlating IFC changes relating to this Group I-1/R4 proposal are integrated below in IBC section order, to provide a comprehensive correlation of both sets of changes for both codes.

Group I-1 Condition 2 & Group 1-2 similarity & difference: Group I-1 Condition 2 adds smoke barriers like Group 1-2 medical care occupancies. Smoke barriers provide temporary protection for custodial care residents that require assistance from others in an emergency. These Group I-1 facilities still eventually complete building evacuation and residents still participate in fire drills as in the current IFC, versus the "defend in place" and non fire drill participation in Group 1-2 Medical Care facilities. The proponent is also proposing minor Group 1-1 Condition 2 changes in the IFC, still requiring fire drill participation, and full evacuation, while utilizing smoke compartments to allow for staged building evacuation.

Group I-1 Condition 2 & Group 1-2 differences: Group I-1 Condition 2 still has appropriate corridor protections, dwelling and sleeping unit separation, smoke detection, and unit smoke alarms, which Group 1-2 Medical Care does not require. This is due to small apartments generally occurring in Custodial Care that may have some domestic cooking appliances, while Group 1-2 Medical Care has sleeping rooms where cooking is prohibited in the rooms. It is also due to resident to staff ratios that are generally less in Custodial Care than Group 1-2 Medical Care during night time.

Group I-1/R-4 Condition 2 & Group 1-2 difference: Group I-1 and R-4 Condition 2 occupancies through state licensing agencies, do not allow residents that must remain in bed during emergency evacuation, so Group 1-2 increased means of egress width requirements in Chapter 10 for bed movement are not applied.

Group I-1/R-4 Condition 2 & Group 1-2 differences: Other differences between traditional Group 1-2 occupancies and new Group I-1 and R-4 Condition 2 occupancies are maintained due to differences between the types of care provided (Medical Care versus Custodial Care), and other characteristics of the two occupancy groups. One example is that Medical Care may have semiconscious or unconscious persons who are totally dependent on others for their safety during emergencies. Custodial Care has persons who are conscious but may not be as functional or responsive to emergencies as compared to the general population. These persons still have sufficient functional ability to participate in evacuation with or without assistance. This aspect of the revised Group I-1 is also consistent with all state assisted living regulations.

The type of IBC defined care that is provided (Medical or Custodial). The care level limits Group I-1 to provide Custodial Care and does not allow the higher resident acuity levels allowed in nursing facilities or hospitals (Medical Care).

The type of evacuation process and evacuation capability that is allowed in Custodial Care versus Medical Care. It limits Custodial Care to residents that may require limited assistance in evacuation but who are capable of actively participating in complete building evacuation versus the defend in place concept for Medical Care

That they receive care on a 24 hour basis as defined.

Section 202 - Custodial Care. The revision to the custodial care definition clarifies the difference between custodial care and medical care. Medical care allows for defend in place as is proposed by the ICC Ad Hoc Committee on Healthcare. The revised text clarifies that custodial care includes persons that can still respond to emergencies at a slower rate than the general population for complete building evacuation, due to mental, psychiatric or physical complications.

Section 308.3 Group I-1 is revised to allow persons who can respond to an emergency situation with or without assistance from others. Assisted living is the largest use group of the custodial care uses with over 32,000 facilities. Currently nearly all state licensing agencies allow a majority of their assisted living classifications to have residents that may require limited assistance from others during emergency evacuation. There are also numerous other uses in Group I-1 that have all persons that can evacuation on their own with assistance from others. The "Condition" concept is utilized from the Group 1-3 detention occupancy to differentiate Group I-1 occupancies between needing assistance and not needing assistance in evacuation.

Many assisted living, residential care, and some group home facilities have some residents that may fall under the following limited assistance with evacuation condition as paraphrased from the NFPA 101A Guide on Alternative Approaches to Life Safety. This guide has been utilized by many states licensing agencies, starting since the early 1990's, to determine the relative emergency evacuation capability of residents of custodial care types of residents, with or without assistance from others. It is used here to show the relative nuances of evacuation assistance that will be included in custodial care in the IBC. The concepts are similar as proposed herein, that the occupants still actively participate in fire drills and are trained to complete building evacuation during emergencies, with or without assistance from others:

- A person who has mild to more resistance or confusion to respond to an alarm, or needing someone to help them with instructions as found with persons with dementia or persons with Alzheimer's.
- A person needing extra intermediate or continuous help during their emergency evacuation.
- A person who has some physical impairment needing physical assistance to help them evacuate.
- A person who needs some assistance getting out of bed or is considered not self starting, but can continue with or without assistance in building evacuation.
- A person with seconds or even a few minutes of impaired consciousness intermittently a few times over a few months due to medications or illness.
- A person requiring minor or constant supervision or attention to help them receive, comprehend, and follow through instructions during emergencies.
- A person who is on medications, or even exceptionally sound sleepers, making them have some chance of not having a waking response to an alarm.
- All persons still have the capability level to participate in emergency evacuation with or without assistance from others.

Section 420.4 Smoke barriers are added as a requirement in the Group I-1 Condition 2. Smoke barriers are added due to new proposed resident type allowed and to create similar requirements as Group 1-2. Compartmentalization is a key aspect of occupancies with occupants who may need assistance with evacuation. There are also state licensing regulations in a majority of states requiring smoke barriers in their assisted living facilities. The smoke barrier sections utilize and match technical requirements, language and format from the current 1-2 Section 407 for smoke barriers. The smoke compartment area matches the current area limit.

Section 420.4.1 Matches the format and requirements of the smoke barrier requirements from Section 407. The 15 square feet refuge area is smaller than the Group 1-2 refuge area requirements due to no bedridden residents being allowed in custodial care uses by all state regulatory agencies. The 15 square feet matches over the one third of states that have similar state assisted living refuge areas in their licensing life safety regulations compared to this custodial care proposal.

The "sleeping rooms" are also removed as a refuge area space as compared to Group 1-2. This is appropriate because custodial care often includes apartments or sleeping rooms that have domestic cooking facilities with the associated room and corridor smoke and fire separation requirements included in Group I-1 and R. This is also another difference between custodial care and medical care.

(IFC) Section 420.5 and 420.6 The current Section "420.4 Automatic sprinkler system" is moved to Section 420.5 as a clerical change due to the new proposed added sections prior. The current Section "420.5 Smoke detection and fire alarm system" is moved to section 420.6 as a clerical change due to the new proposed added sections prior. There are proposed clerical changes to the new section 420.6 that add all of the actual occupancies cross-referenced in the sections referenced in the section.

Section 504.2 requires that the new Group I-1 and R-4 Condition 2 not be allowed to use sprinklers for story increases in Type IIB, III, IV, or V construction, matching the current exception for Group 1-2. The limitation is proposed due to the new resident type. It is also because about 30 states licensing agencies already limit their custodial care facilities with residents needing assistance with evacuation to less than the four stories that are currently allowed in Group I-1 in the combustible construction types.

Oregon has had no multiple fire death fires in over 100 buildings using these concepts and requirements, and all fires were contained.

(IFC) Section 903.2.6 requires full NFPA 13 sprinkler coverage in the Group I-1 Condition 2 facility fire areas. The NFPA 13 requirement is added due to the new proposed resident type allowed. Full sprinkler coverage provided by a NFPA 13 system is a key aspect of larger occupancies with residents needing some assistance with evacuation. Currently over half the states licensing agencies already require NFPA 13 sprinklers in their large assisted living facilities with residents needing assistance with evacuation. The exception is revised to allow NFPA 13R in other Group I-1 Condition 1 facilities, maintaining the current exception for the current capable Group I-1 uses. The exception number 2 is deleted since a NFPA 13D system for single family residential or other small facilities was never intended to be allowed in and Group I-1 facility serving more than 16 residents, irrelevant of whether they require assistance with evacuation.

(IFC) Section 903.2.8.3 is revised to allow for the new R-4 Condition 2 occupancy. The R-4 Condition 2 occupancy would have both an NFPA13R sprinkler system required as well as added attic protection. In attics not used for living purposes, storage or fuel fired equipment, there are four options offered. Either the smoke detection system will provide early warning of an attic fire, or the chance of a fire in the attic is reduced by construction or sprinklers. Automatic sprinklers in the unheated attic space would have a freezing issue in group homes in northern climates, so additional options are necessary.

(IFC) Section 907.2.6.1 is revised to eliminate the smoke detection exception only in buildings housing Group I-1 Condition 2 occupancies. This proposal still allows the exception to be applied to other buildings with Group I-1 Condition 1 as defined by fire walls or exterior walls.

Section 1018.1 Corridor Construction is revised to allow halls within dwelling units in Group I-1 be non-rated just like R occupancies as a missed oversight from previous editions of the code.

1. Industry representatives confirmed in information provided to the CTC that custodial care and especially assisted living/ residential care IBC occupancy classification varies greatly across the country. Industry substantiated that it is mostly due to the IBC stating that only occupants who can evacuate on their own occur in IBC custodial care occupancies versus what actually occurs nationally. This conflict then causes some custodial care to be classified as a hybrid of Group I-1 and 1-2 in states amending the IBC, some classified as Group 1-2, some classified as general I1 or 1-2 hybrids in states enforcing other varying standards (NFPA 101), some individual projects applying alternative means creating a hybrid occupancy, and some miss-applying the capability standard. The industry representatives were associated with the American Health Care Association, Assisted Living Federation of America, and Leading Age as the three industry trade associations representing almost all assisted living/ residential care in the country.

Cost Impact: The proposed changes will not increase the cost of construction. Reduction

Summary Timeline of Assisted Living Building & Life Safety Code Regulation

By Dan Purgiel

<u>Building Codes</u>	<u>State Building Codes</u> (Created by George Crosier/ Roger Severson & Others)	<u>NFPA 101</u>
<p>1990 UBC/ BOCA/ SBC (Not covered)</p>	<p>1990 Oregon Used concepts of NFPA 101 RB&C Allowed evacuation assistance Allowed NFPA 13 D in slow small Allowed NFPA 13 R in slow large Required NFPA 13 in impractical Required smoke barriers in large</p>	<p>1988 NFPA 101 <u>Residential Board & Care concepts & timing of slow, prompt and impractical allowing evacuation assistance in small(<16) and large (>16) residential settings.</u> <u>Large Impractical required conformance to Health Care/ Limited Care.</u> <u>Slow and Prompt conformed to Residential Board and Care</u> 1991 NFPA 101 1994 NFPA 101</p>
<p>2000 IBC Created assisted living occupancies of I-1/ R-4 but did not allow evacuation assistance which most state licensing agencies allowed. Instead made them 95% just like apartment occupancies.</p>	<p>1990's California, New Jersey, New York, Virginia, Washington started modifying their state codes to allow for non-nursing facility uses with persons needing assistance</p>	<p>1997 NFPA 101 2000 NFPA 101</p>
<p>2003 IBC</p> <p>2006 IBC</p>	<p>2003 Dan Purgiel became committee member that produced Oregon building code to convert IBC format to incorporate NFPA 101 RB&C concepts for assisted living.</p> <p>2007 OSSC</p>	<p>2003 NFPA 101 <u>Eliminated timing in new construction and assumed all large are impractical levels.</u> <u>Allowed evacuation assistance with no timing, required NFPA 13, smoke barriers, and 2 story wood frame limits</u> 2006 NFPA 101</p>

Recent Summary of National Changes For Assisted Living

By Daniel Purgiel

<u>IBC</u>	<u>State and IBC Changes</u>	<u>NFPA 101</u>
<p style="text-align: center;">2009 IBC</p> <p>IBC continues classifying assisted living contrary to what all states allow in terms of resident type.</p>	<p>2007</p> <p>State of Hawaii hired LRS (Dan Purgiel) to review their AL requirements by comparing them to national state of industry. Dan Purgiel provided national analysis showing that the IBC assisted living occupancies worked exclusively in less than 5 states. Concluded in analysis that the IBC assisted living is misclassified by not allowing the resident type that all the states allow.</p>	<p style="text-align: center;">2009 NFPA 101</p>
	<p>2008</p> <p>State of Hawaii accepted Dan Purgiel recommendations of paralleling NFPA and Oregon concepts for assisted living regulation in their building code. (Not enforced until 2011.)</p>	
	<p>2008-2009</p> <p>Dan Purgiel used ICC contacts from Hawaii hearing (Craig Stevenson & Kevin Scott) to propose a national solution for the IBC through the ICC (Code Action Committee) CAC. It was later determined that the proposal could not go through CAC.</p> <p>Dan Purgiel wrote a single proponent proposal (G-21-12) with technical help from ex City of Portland now ICC Kermit Robinson. Dan Purgiel conceived 5 options but used similar NFPA 101 concept in IBC format.</p> <p>Dan Purgiel reached out to industry and met Tom Jaeger (NFPA-AAHSA-HCA) and Maribeth Bersani (ALFA). ALFA hired him to push national change due to national relevance of issue. Both co sponsored public comment version of G-21.</p>	
<p style="text-align: center;">2012 IBC</p>	<p>2009 ICC Hearings</p> <p>The ICC CTC (Code Technical Committee) was supposed to deal with assisted living issues and already had a minor proposal 2 years in the making. Dan Purgiel and Tom Jaeger made them aware of misclassification issue but were too late to gain enough support to include in the CTC proposal for such a major change. Did gain support from FCAC members mostly due to reaching out to various parties. Final action vote in Baltimore needed 67% vote but only got 57%. The CTC was only group that spoke minorly against. Gained key moral support of CTC member Wayne Jewel and Dave Collins (AIA). Afterward they said they would help during next 2012-13 code change cycle.</p>	<p style="text-align: center;">2012 NFPA 101</p>
	<p>2011</p> <p>Tom Jaeger and Dan Purgiel gained CTC member support to form special CTC Care Study Group to propose solutions for assisted living and nursing during the 2012-13 code change cycle. Hospitals were moved to specially formed Ad Hoc committee.</p> <p>CTC members Wayne Jewel (MI BO-Condition concept), Kim Paarlberg (ICC code technical writer), Tom Jaeger, Bob Davidson, Emory Rogers, Ed Altizer and others critiqued and revised Dan Purgiel's original proposal and made it technically better over 4 months of weekly conference calls.</p>	
<p style="text-align: center;">2015 IBC</p> <p><u>Parallels NFPA 101 concepts under IBC format</u></p>	<p>2012</p> <p>The G-31 assisted living won approval in Dallas with no modifications and received no public comment, mostly due to all the specialists on the committee and their national presence of winning support for the proposal.</p> <p><u>G-31 Approved on Final Action Consent Agenda in Portland in October 2012.</u></p>	<p style="text-align: center;">2015 NFPA 101</p>
	<p>2013</p> <p>Evacuation drills changes proposed in IFC based on G-31 A few states GA, NY, OR, VA may implement G-31 in 2013/14.</p> <p>Dan Purgiel continues to help entities due to the misalignment of assisted living in codes.</p>	

2012 NFPA 101
New Construction Large Residential Board & Care (RB&C)
to Health Care (HC)
Comparisons

LEGEND: = Grey Fill = MORE Protection Required

Residential Board & Care - Assisted Living Staged Assistance with Evacuation	Health Care – Nursing – Hospital Defend in Place
RB&C: >16 Large/ Slower / Assist with Evacuation/ Conscious RB&C: 6-16 Small/ Slower / Assist with Evacuation/ Conscious Staged Evacuation with Assistance	HC: >5 Incapable Incapable of Self Preservation/ Semi Conscious to Unconscious Bedridden/ Life Support Defend in Place
+/-35,000 assisted living facilities regulated in 50 states under individual State regulations	+/-17,000 nursing facilities regulated in all 50 states under Federal regulations.
About every state allows assisted living/ residential care facilities with residents requiring evacuation assistance	All Health Care facilities are considered Incapable of Self Preservation
Higher resident acuity levels	Lower resident/ occupant acuity levels
Bedfast not allowed. Residents confined to bed during short term illness, are still able to be transferred out of bed into wheelchair, walker or on their own during emergencies.	Bedfast allowed and common. Some occupants, especially when on life support systems, may not be preferred to be moved out of bed during emergencies.
Night time staff to resident ratio generally: +/- 1:20 to 1:30	Night time staff to resident ratio generally: +/- 1:8 to 1:15
Smoke Barriers required No Open space to corridor exceptions. (Less staff)	Smoke Barriers required Open space to corridor allowed (More staff and Defend In Place)
No exceptions for corridor and door smoke protection. Smoke Partition between units (Less staff/ Dwelling Units)	No corridor and door rating by exception. (More staff) No separation between units (More staff/ Sleeping Room only)
Sprinkler story limitation 2 stories Type VA,	Sprinkler story limitation 1 story Type VA, 3 in Type IIA
NFPA 13 sprinklers For large facilities (>16)/ 13R/ D for small facilities (6-16) Smoke detection required In common spaces. No exception (Less staff/ Dwelling Units) Smoke alarms required (Less staff/ Dwelling Units)	NFPA 13 sprinklers NO Smoke detection by exception allowed in common spaces. (More staff/ Sleeping Room only) No smoke alarms required (More staff/ Sleeping Room only)
NO suite exception to corridor protection allowed. (Less staff/ Dwelling Units) Rated smoke partition corridors (Less staff/ Dwelling Units)	Suites allowed (More staff/ Sleeping Room only) No rated corridor and doors (More staff/ Sleeping Room only)
No bedfast corridor width (No bedfast allowed, resulting in no bed movement during emergencies. No life support allowed)	Bedfast corridor width (Bedfast/ bed movement/ life support allowed)

Elder Care Resident Profile Guide for Proposed 2015 Related Codes^{1, 2, 3}

Retirement/ Apartments	Assisted Living/ Residential Care ³			Nursing
Independent (Most Residents)	Minimum Assistance (Some Residents)	Standby Assistance (Some Residents)	Hands-on Assistance (Some Residents)	Total Assistance (Many Residents)
IBC: R-2 ² No defined IBC care	IBC:I-1 Condition 1 ² IBC: Custodial Care	IBC:I-1 Condition 2 ² IBC: Custodial Care	IBC: I-1 Condition 2 ² IBC: Custodial Care	IBC: I-2 Condition 1 ² IBC: Medical Care
NFPA: Apartments ²	NFPA: Board & Care ²	NFPA: Board & Care ²	NFPA: Board & Care ²	NFPA: Health Care ²
Able to respond independently in an emergency. (Self Evacuation)	Able to respond in an Emergency. (Self Evacuation)	Needs standby assistance in an emergency. (Assisted Staged Evacuation)	Needs assistance in an emergency. (Assisted Staged Evacuation)	Needs complete assistance in an emergency. (Defend in Place)
Able to negotiate stairs in an emergency and exit the building	Walks independently in emergency, infrequent falls	Standby stair assistance during emergency. Some with fall risk	Stair assistance during emergency. Some with fall risk	Stair assistance not preferred approach due to many being bedridden
Transfers from bed independently	Transfers from bed independently	Standby assist from bed may be needed	Assistance from bed to wheelchair or walker may be needed during emergencies	May be completely bedfast. Movement from bed may not be preferred- Hospitals. 2 person assist or mechanical lift may be needed
ADL (Acts of Daily Living) - Resident is able to accomplish all without assistance from staff	ADL - Independent to verbal reminders	ADL - Reminders to giving verbal cues	ADL - Verbal cues and/or hands-on assistance	ADL - Hands-on assistance
Eats and takes medications	Independent with medications & Dr. appointments	Medication reminders and management	Medication management	Medication adjustments and behavior management
Capable of own toileting and personal hygiene	Continent of bowel and bladder	Occasional incontinence assistance	Incontinence management	Incontinence management
Bathes, dresses, grooms	Independent in bathing	Bathing set up and monitoring	Bathing assistance	Bathing assistance
Meals/housekeeping provided, if chosen. No personal care assistance or monitoring	Meals, nutrition and housekeeping assistance is helpful	Meals, nutrition and housekeeping assistance is helpful	Meals, nutrition and housekeeping assistance is needed	Verbal cues and hands-on assistance to eat
Would benefit from socialization and activities with minor encouragement	Able to independently plan and participate in social activities	Reminders and encouragement to participate in activities	Encourage and escort to participate in activities	Encourage and escort to activities
No memory impairment	Little memory impairment	Mild memory impairment - sometimes disoriented	Impaired memory, poor orientation and confusion	Needs 24 hour nursing supervision or skilled services such as physical, occupational and/or speech therapy
Capacity for decision-making and understanding consequences	Some decline in capacity for self care and understanding consequences of actions	Declining capacity for self care and understanding consequences	Limited capacity and some to more inability to understand consequences of actions	Limited or no capacity for self care and understanding of consequences of actions
Family does not "need" to move	Family "slightly concerned"	Family "concerned"	Family "very concerned" - "Have to do something"	Family must do something

1. Edited and enhanced from Nevada Elder Care Assisted Living Guidelines 2006 by Dan Purgiel.
2. This analysis preliminary assumed occupancy designations from the proposed 2015 IBC and 2012 NFPA 101.
3. This guide assumes general conditions of residents in the United States. Individual State regulatory agencies requirements of conditions of residents may vary from the general conditions stated in the table.

Care Facilities Matrix Guide for the Proposed G31-12 and G257-12 for the 2015 IBC

Proposed 2015 IBC Care Occupancies		Group I-1 (R-4) ^{1,3}		Group I-2 ¹		
IBC Condition		Condition 1	Condition 2	Condition 1	Condition 2	
General	# ² Specific Condition					
Groupings	1 Types of Facilities	<u>Group Home</u> <u>Halfway Home</u> <u>Alcohol and Drug Center</u> <u>(Non-Detox)</u>	<u>Most Assisted Living</u> <u>Alzheimer's Care</u> <u>Some Residential Care</u>	<u>Nursing Home</u>	<u>Hospital</u> <u>Surgery</u> <u>Detox</u> <u>Obstetrics</u>	
	2 Type of Care	Supervised Custodial Care	Supervised Custodial Care	Supervised Medical Care	Supervised Medical Care	
	3 Type of Living/ Sleeping Area	Small apartment-like. Some cooking in room	Small apartment-like or sleeping room. Very limited cooking in room	Sleeping room. No cooking in room.	Sleeping room. No cooking in room.	
	Capability	4 Evacuation Capability	All capable of self evacuation	Some requiring assistance with evacuation	Many Incapable of Self Preservation	Many Incapable of Self Preservation
		5 Occupant Functionality	Residents are fully conscious, functional, responsive, with little impairment, and minimal risk to self or others.	Residents are conscious, may be less functional, may not be initially responsive, with impairments, and some with limited risk to self or others.	Residents may not be functional or responsive, with impairments, with risk to self or others.	Patients may be semi conscious or unconscious, not functional or responsive, impairments, risk to self.
		6 Support Device Use	Some wheelchairs, walkers	Some wheelchairs, walkers, some temporarily confined in bed but no bed movement needed. ⁴	Wheelchairs, walkers, some bedridden or bedfast with bed movement ⁵ , very few on life support systems.	Wheelchairs, walkers, bedfast with bed movement ⁵ , life support systems.
7 Ambulatory: Able to walk		Generally Ambulatory	Many Ambulatory/ Some Non-ambulatory	Many Non-ambulatory	Short Term Non-ambulatory	
8 24 Hour Stay		Yes	Yes	Yes	Yes	
Staff/ Residents	9 Length of Stay	Long Term	Long Term	Short and Long Term	Short Term	
	10 Staff to Resident Ratio	Lower	Medium	Higher	Highest	
	11 Evacuation Response	Self Evacuation	Staged Evacuation	Defend in Place	Defend in Place	
	IBC Requirements & Associated Specific Condition (With Reason Per (#) Column Above)	Smoke Compartments	No (#4, 5, 6)	Yes (#4, 5, 6, 11)	Yes (#4, 5, 6)	Yes (#4, 5, 6)
		Sprinkler System	NFPA 13D or 13R (#4, 11)	NFPA 13 (#4, 11)	NFPA 13 (#4, 11)	NFPA 13 (#4, 11)
Added Egress Width		No (#6)	No (#6)	Yes (#6)	Yes (#6)	
Rated Corridor		Yes (#3, 10)	Yes (#3, 10)	No (#3, 10)	No (#10)	
Sleeping Separation		Yes (#3, 10)	Yes (#3, 10)	No (#3, 10)	No (#10)	
Smoke Detection		Most areas (#10)	Most areas (#10)	Less areas (#10)	Less areas (#10)	

Proposed 2015 IBC Care Matrix Guide Footnotes

1. Underline text identifies the main differences between the noted occupancy or occupancies from the adjacent occupancy or occupancies in the matrix.
2. The matrix “#” column correlates with the “IBC Requirement” safeguard rows at the bottom of the matrix. Only some aspects of the correlation are shown.
3. Group R-4 Condition 1 and 2 are the same as Group I-1 except for the number of residents, then allowing for less protection as stated in the IBC.
Group R-4 Condition 2 requirements mandate additional attic protection.
4. Custodial Care occupants do not require bed movement during emergencies. Some occupants in Custodial Care may be temporarily bedridden but can be assisted out of bed into a wheelchair, walker, or then can ambulate after getting out of bed during emergency evacuation.
5. Medical Care occupants may require bed movement during emergencies. Some occupants in Medical Care may be bedfast and should not be removed from bed during emergencies due to being on life support or other means that do not allow for transport to a wheelchair.

Proposed 2015 IBC Care Matrix Guide and Proposed Occupancy Classification

The proposed Care Facilities Matrix Guide shows the various uses in Groups I-1, I-2 and R-4 that are often regulated and licensed by state and/or federal agencies. The matrix identifies various aspects of the categorization of these types of Group I-1, I-2, and R-4 uses and the general related requirements in the IBC. A care facility building permit application and final occupancy permit should state the both the occupancy, use, and the condition. A change of a condition should also be considered a change of occupancy.

A care facility occupancy classification should be based on characterization concepts listed below that differentiate the IBC care occupancy groups and conditions. Building permit application drawings should identify specific licensing agency classification and related regulation correlating to IBC occupancy, condition, use, care type, number of persons receiving care, and evacuation capability.

The proposed IBC care occupancies classifies, characterizes, and provides regulatory safeguards for these occupancies based on the following proposed IBC characterization concepts:

1. The exact type of licensed facility as identified by the licensing agency regulation, then correlating to the stated IBC occupancy, condition, use, and number of persons receiving care.
2. The type of IBC defined care (Medical, Custodial, or Personal) correlating to the licensing agency regulations and limitations. The IBC type of care requirements takes into consideration, differing aspects of supervision, care, occupant types, capability levels, and specific design criteria found in these types of care facilities.
3. The IBC emergency evacuation capability of the occupants correlating to the licensing agency regulations and limitations.
4. Whether they receive care on a 24 hour basis as defined in the IBC and correlating to the licensing agency regulations.

The IBC lists generic specifically named uses under Groups I-1, I-2, and R-4. There is no exact national consistency on how licensing agencies individually name, classify, or regulate many of these uses listed in Group I-1 or R-4, except for the general limitations noted in this Care Matrix Guide. Almost all large assisted living and some large residential care applications should be classified as Group I-1 Condition 2, unless it is shown on the permit application drawings that the licensing agency classification allows for a Condition 1 classification. Possible future changes to Condition 2 occupants would require an occupancy change and compliance to Condition 2 requirements.

2015 IBC Group I-1 Custodial Care Requirements Compared to Group I-2 Medical Care Table

Approved G31-12 Code Change for the 2015 IBC by the
ICC Code Technology Committee- Care Study Group

The G-31-12 for Groups I-1 and R-4 adds Condition 1, matching current self evacuation and protection requirements. It also adds a new Condition 2 allowing evacuation assistance with new protection features as noted in the table below.

TABLE LEGEND:

(+ +) & Underline = Proposed IBC Change or Requirement

Grey Fill = MORE Protection Required: (New I-1 Condition 2 is more stringent than I-2 in the 7 grey sections)
(Parenthesis notes state comparison between I-1 and I-2 and / or reason, or as specifically noted for R-4)

<u>I-1 Condition 2 - Evacuation Assistance</u> Custodial Care - Assisted Living I-1 Condition 2: >16 Slower / <u>limited evacuation assistance/</u> conscious R-4 Condition 2: 6-16 Slower / <u>limited evacuation assistance/</u> conscious <u>Staged Evacuation-Trained and participate in regular fire drills</u>	I-2 Medical Care - Nursing & Hospitals Incapable of self preservation / some on life support or semi or unconscious Defend in Place-non participation in regular fire drills
About every state allows assisted living/ residential care facilities with residents requiring evacuation assistance +/-35,000 assisted living facilities regulated in 50 states under individual State regulations Higher resident acuity levels than Medical Care Bed transfers only allowed by some states Residents confined to bed during short term illness, as in the general public, can be helped out of bed into wheelchair, walker or on their own during emergencies: Non self starter only allowed. No bedfast allowed.	All Medical Care facilities are considered Incapable of Self Preservation +/-17,000 nursing facilities regulated in all 50 states under Federal regulations. Lower resident/ occupant acuity levels than Custodial Care Bedridden and Bedfast allowed and common Some occupants are bedfast, especially when on life support systems, and should remain in bed during emergencies or if emergency movement is required.
(+ +) Ch 4: <u>Smoke Barriers</u> for I-1 Condition 2 required <u>For evacuation assistance facilities/ Staged evacuation</u> Ch 4: <u>No Open Space</u> to corridor exceptions in I-1 or R-4 (Lower staff ratios than nursing) CH 4: <u>No Exceptions</u> for omitting corridor and door rating for I-1 or R-4 (Generally apartments with limited cooking/ Lower staff ratios) Ch 4: <u>Fire Partitions</u> between units in I-1 and R-4 (Generally apartments with limited cooking/ Lower staff ratios)	Ch 4: <u>Smoke Barriers</u> required (Acuity of residents / Defend in Place) Ch 4: <u>Open space</u> to corridor allowed (Higher staff ratios than assisted living/ Defend in Place) CH 4: <u>No</u> corridor and door rating by exception. (Higher staff ratios/ Defend in Place) Ch 4: <u>No Fire Partitions</u> between units (Sleeping rooms/ No cooking/ Higher staff ratios/ Defend in Place)
Ch 5: (+ +) <u>No sprinkler story increase</u> allowed for <u>I-1 Condition 2 evacuation assistance facilities</u> 3 stories Type VA, 4 stories for Type IIA	Ch 5: <u>No sprinkler story increase</u> allowed 1 story Type VA, 3 in Type IIA
(+ +) Ch 9: <u>NFPA 13 Sprinklers</u> <u>for I-1 Condition 2 evacuation assistance facilities</u> (13R/ D for others and R-4 with options for added attic protection in <u>R-4 Condition 2 with evacuation assistance</u>) (+ +) CH 9: <u>Smoke Detection</u> In common spaces and corridors in I-1 and R-4 <u>No sprinkler exception for I-1 Condition 2 evacuation assistance facilities.</u> (Allowing evacuation assistance residents/ Lower staff ratios) CH 9: <u>Smoke Alarms</u> required in I-1 and R-4 (Generally apartments with very limited cooking/ Lower staff ratios)	Ch 9: <u>NFPA 13 sprinklers</u> (Higher acuity residents / Defend in Place) CH 9: <u>NO</u> Smoke detection not required in common spaces and corridors, by exception. (Higher staff ratios/ Defend in Place) CH 9: <u>NO</u> smoke alarms required (Sleeping rooms/ No cooking/ Higher staff ratios/ Defend in Place)
CH 10: <u>No Suite Exception</u> to corridor protection allowed for I-1 or R-4 (Lower staff ratios) Ch 10: <u>Rated Corridors and Doors</u> in I-1 and R-4 (Generally apartments with limited cooking/ Lower staff ratios) CH 10: <u>No bed movement corridor width</u> in I-1 or R-4 (Can be assisted out of bed during emergencies/ No life support)	CH 10: <u>Suites</u> allowed (Higher staff ratios) Ch 10: <u>NO</u> rated corridors and doors (Sleeping rooms/ No cooking/ Higher staff ratios/ Defend in Place) CH 10: <u>Bed movement corridor width.</u> (Some must remain in bed during emergencies/ Life support)
Ch 16: <u>No structural redundancy</u> in I-1 or R-4 (Staged evacuation/ No bed movement or life support)	Ch 16: <u>Structural redundancy</u> required with limits (Defend in Place/ Bed movement and some on life support)

CTC SUPPORTING DOCUMENTATION

FOR G31 – 12 (2015 IBC)

Groups I-1/R-4 Custodial Care Compared to Group I-2 Health Care

The Following is a Further Edited Excerpt from the Reason Statement for G31 – 12

The table illustrates the resulting provisions of G31-12 compared to the requirements for Group I-2. It illustrates that the proposed G-31, allowing evacuation assistance with additional protection features, is appropriate for Custodial Care. It shows that some key provisions of the new proposed Group I-1 are more stringent than Group I-2 requirements. They include corridor protection and additional smoke detection and alarms that Group I-2 does not require. These additional protection features plus the added NFPA 13 sprinklers and smoke barriers make the I-1 Condition 2 more appropriate for Custodial Care and assisted living, considering design, resident acuity and staff levels.

The current IBC requires all occupants receiving Custodial Care to be able to evacuate on their own without any assistance from others. Most state Custodial Care (assisted living/ residential care) licensing agencies allow occupants who require assistance with evacuation. The lack of consistency between what the states allow and the existing IBC Custodial Care provisions causes inconsistent application of the IBC. This proposal resolves that conflict and will result in more consistent application of the code. The proposal integrates allowing both residents who require limited assistance with evacuation and those that do not in Custodial Care occupancies. It accomplishes this while maintaining current residential occupancy safeguards along with adding appropriate Group I-2 safeguards, for those requiring assistance with evacuation.

The proposed Group I-1 and R-4 custodial care revisions accomplish the following:

- It provides "condition classifications" for both Groups I-1 and R-4. It makes Condition 1 for the buildings, as currently allowed, with residents capable of responding on their own during emergencies. It adds a Condition 2 for buildings residents who may require assistance with evacuation.
- The added "condition" classification is already utilized in Group I-3 and is also proposed to be included in Group I-2, under a separate proposal by the ICC Ad Hoc Committee on Healthcare.
- It adds to the new Group I-1 Condition 2, four more stringent requirements due to the new resident type allowed, in addition to the existing current Group I-1 Condition 1 requirements: story limitations, smoke barriers, increased sprinkler protection, and additional smoke detection.
- It adds to the new Group R-4 Condition 2, due to the new resident type allowed, two more stringent requirements in addition to the capable Group R-4 Condition 1 requirements: story limitations, and additional attic detection or protection, considering the smaller facilities.
- It leaves the other current IBC base I-1/ R-4 requirements, and the capable Group I-1 and R-4 Condition 1 requirements unchanged from the current code, except for minor clerical revisions.
- It clarifies in the revised Custodial Care definition and in Group I-1 and R-4 Condition 2 occupancies that they are not Group I-2, which provides Medical Care. Group I-1 Custodial Care has persons with some physical or mental limitations, who may require limited assistance in emergency evacuation, but who still participate in evacuation drills for emergencies. This limit of the level of care or resident type in Group I-1 and R-4 does not include Group I-2 higher acuity occupants who require full nursing care or Medical Care as defined, and do not participate in evacuation drills for emergencies.
- Custodial Care assistance with evacuation is limited to include occupants who may not be self starting (needing help out of bed during emergencies) but once out of bed can continue evacuation with or without assistance, in a wheelchair, walker, or ambulating with or without assistance from others to an exit. Custodial Care assistance with evacuation is limited to not include persons who must remain in bed during emergencies, requiring bed movement, as is allowed in Medical Care.
- Custodial Care assistance with evacuation is limited to include occupants who are conscious, who can exit a building with or without assistance from others during an emergency. Custodial Care assistance with evacuation is limited to not include persons who are on life support or are semi or unconscious as is allowed in Medical Care.
- The prior stated limitations for assistance with evacuation for the revised Custodial Care match the limitations as set forth by licensing agencies regulating the uses listed in Custodial Care. It is also consistent with the definitions of care in the IBC for Medical Care and Custodial Care. Custodial Care evacuation will also be proposed to be further defined in the proposed revisions to the 2015 IFC sections, for evacuation plans, and staff and resident training.