


51st ASHE
Annual Conference & Technical Exhibition
2014
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Update on ASHE/ICC Ad-Hoc Committee for Healthcare: So Far & Moving Forward

ASHE  

Presented by
Brad Pollitt
John Williams
Jonathan Flannery
August 2014 **SURVIVAL OF THE FITTEST**

The Big Issue - COST



The Affordable Care Act is fundamentally changing the way hospitals get reimbursed

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The Big Issue - COST

Billions of dollars per year are spent on hospital construction, with a large percentage wasted on conflicts of the building code.



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How Does ACA Effect Construction?

The Building Codes (ICC, NFPA, FGI, ANSI 117.1) all have an effect on the costs required to construct a healthcare project.

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The Code Development Process



To help control construction costs, the healthcare industry needs to get more involved in the Code Development Process

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History of the Various Codes

101 Life Safety Code (NFPA)		2000 Ed	2012 Ed?
1913		2003	2014?
National Building code (BOCA)		International Code (ICC)	
Uniform Building code (ICBO)			
Standard Building code (SBCCI)			
1915		1997	
PHS Guidelines		AIA Guidelines	FGI Guidelines
1947		1984	2001
ASHRAE Std 62		Std 170	Included in FGI
1973		2008	2010

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ICC/ASHE
Ad Hoc Committee on Healthcare

The ASHE/ICC Ad Hoc Committee on Healthcare
What Has Been Done So Far

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The Code Changes

Group A Cycle
35 Proposals Submitted 25 Approved

Group B Cycle
40 Proposals Submitted 39 Approved

Group C Cycle
22 Proposals Submitted
16 Approved – 5 Disapproved – 1 Withdrawn
Public Comment Hearings
October 1 - 7

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The Code Changes

**IBC – Definition:
 Defend In Place**

- > *Commonly accepted practice often misunderstood*
- > *Lays groundwork for other changes*

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The Code Changes

Occupancy
Split Group I-2

- **Condition 1 - Nursing homes, Foster Care, etc.**
 - ◆ *Non emergency care, surgery, obstetrics or in-patient stabilization units for psychiatric or detoxification*
- **Condition 2 – Hospitals**
 - ◆ *Emergency care, surgery, obstetrics or in-patient stabilization units for psychiatric or detoxification*


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The Code Changes

IBC 407.5 – Smoke Compartment Size

- *Proposed increase to 40,000 sf*
- *200 foot travel distance unchanged*

Program data requirements make for larger spaces, but zone size has not followed suit




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The Code Changes

IBC 717.5 – Smoke Dampers

- *No longer required at smoke zone barrier walls in 2015*
- *Does not effect requirement at shafts and AHU*





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The Code Changes

IBC 202, 407 – Care Suites

- *10,000 maximum sleeping suite*
- *Trade-off with smoke detection*
- *Simplify by eliminating “intervening spaces”*





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The Code Changes

IBC 5705.5 – Alcohol Based Hand Rubs

- *Proposed not to count against MAQ's, with conditions*
- *Clarifying placement of dispensers*






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The Code Changes

IBC Table 509 – Incidental Uses

- *Consistent with other codes on hazardous material locations*
- *Adding storage, maintenance shops, laboratories*
- *NFPA 45*




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The Code Changes

**IBC 1008.1.9.6 to 1008.1.9.9
Door Hardware**

- *Special locking arrangements revised for I-2*
- *Access controlled and delayed egress locks simplified and clarified*


BHMA involved as an "interested party"



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The Code Changes


- *IBC 1018.2 – require aisles to keep the same width as corridors*
- *IBC 1104.3, 1107.3, 1107.5.3.1 – ADA coordination for door size*
- *IBC 1109.2 – Exception for bariatric facilities*



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The Code Changes


- *IBC 907.2.6 – Fire Alarms, Audible and Visible (private mode)*
- *IMC Table 403.3, Ventilation rates (stronger ASHRAE 170 reference)*



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The Code Changes

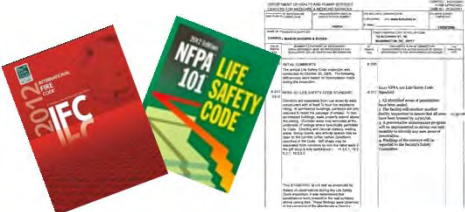
- *IBC Table 508.4 – Mixed Use Occupancies*
- *IBC 3304.8 – Use of facilities during renovations*
- *IBC 407.5 –replace “gurney” and “litter” with “stretcher”*



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The Code Changes

Correlated with CMS “K-tags”



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The Code Changes

- *IFC 907.2.6.2 – add smoke detection to suites*
- *IFC 1030.3.1 (new) – wheeled equipment in 8’ corridors*
- *IFC 1030.2.1 - Security devices and egress locks – coordination*
- *IFC Chapter 11 – retroactive requirements (new concept in I-Codes)*

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What Still Needs To Be Done

The ASHE/ICC Ad Hoc Committee on Healthcare

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International Green Construction Code

- > **Public Comments Submitted**
- > **Public Comment Hearings Oct 1 – 7, Fort Lauderdale, FL**
- > **Need to Establish Voting Privileges**



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What Still Needs To Be Done

Maintaining Our Progress

Many of the successful changes will be challenged in the next code cycle by those that opposed them.



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What Still Needs To Be Done

Minimum Standard

" A standard that adequately protects public health safety and welfare; provisions that do not unnecessarily increase construction costs; provisions that do not restrict the use of new materials, products or methods of construction; and provisions that do not give preferential treatment to particular types of classes of materials, products or methods of construction"

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What Still Needs To Be Done

Communicating Hospital Fire Deaths *Positive Effect of Sprinklers and Smoking Ban*

2006 – 2010 Hospital & Hospice Fire Facts Annual Averages	
1,430	Structure Fires
Less Than 1	Civilian Deaths
32	Civilian Injuries
\$7.5 Mil	Property Damages
3% Occurred in Hospice Setting	

Structure Fires in Health Care Facilities, by Occupancy Type: 2006-2010



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What Still Needs To Be Done

Unsuccessful Changes

Lay-In Ceiling Tiles



Elevator Lobbies



Occupancy Sensors




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What Still Needs To Be Done

Ambulatory Healthcare

*Added as Appendix Material
Not fully worked through*



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How to Get Involved


Advocacy is for Everyone

Talk to your local AHJ's and get involved!



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How to Get Involved



ASHE
American Society for Healthcare Engineering
A Division of the American Hospital Association

DEDICATED TO OPTIMIZING THE HEALTH CARE PHYSICAL ENVIRONMENT



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Submit your PDC Summit abstract by July 31

Thursday is the deadline to submit presentation abstracts at the 2015 PDC Summit, which will be held March 15-18, 2015, in San Antonio, Texas.

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