



Ruling No. 05-02
DIALYSIS FACILITIES
RESCINDED

Statewide Alternate Method Ruling No. 05-02 is rescinded in consideration of model code changes regulating “Ambulatory Health Care Clinics” as “B occupancies.”

Contact:

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Analysis:

Dialysis facilities are now regulated as Ambulatory Health Care Clinics and are included within the B-occupancy category under the 2009 edition of the *International Building Code* (IBC). The IBC serves as the base-code for the *2010 Oregon Structural Specialty Code*. The model code changes as noted below provide a comprehensive approach for the regulation of dialysis facilities and similar uses. In addition, the following excerpt from the 2009 IBC Commentary as published by the International Codes Council is provided for the reader’s reference:

Ambulatory health care facilities are those used to provide medical, or similar care, on less than a 24-hour basis to patients who are rendered incapable of self-preservation (see Section 202). Frequently called “day surgery centers” or “ambulatory surgical centers,” ambulatory health care facilities perform procedures that render patients temporarily incapable of self-preservation due to the use of nerve blocks, sedation or anesthesia. Due to the condition of the patients, the need for medical staff to stabilize the patients before evacuation and the use of medical gases such as oxygen and nitrous oxide, these types of facilities pose greater fire and life safety hazards than other business occupancies. Accordingly, additional fire protection and means of egress requirements specific to ambulatory health care are provided in Section 422.

Facilities that provide medical services for inpatient care where the patients stay for more than 24 hours would be classified as Group I-2. Buildings used as sleep clinics would be classified as Group B since these spaces are not typical dwelling or sleeping units where people live, the occupants are assumed to be capable of self-preservation and the occupants are not living in a supervised environment. Although the patients in a sleep clinic may be sleeping, they can be easily awakened and alerted to an emergency as compared to the patients at an ambulatory health care facility.

Applicable Code Sections:

OSSC Section 202 Definitions:

AMBULATORY HEALTH CARE FACILITY. Buildings or portions thereof used to provide medical, surgical, psychiatric, nursing or similar care on a less than 24-hour basis to individuals who are rendered incapable of self-preservation.

OSSC Section 304 Business Group B:

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

Ambulatory health care facilities (et al)

OSSC Section 422:

AMBULATORY HEALTH CARE FACILITIES

422.1 General. Occupancies classified as Group B ambulatory health care facilities shall comply with the provisions of Sections 422.1 through 422.6 and other applicable provisions of this code.

422.2 Smoke barriers. *Smoke barriers* shall be provided to subdivide every ambulatory care facility greater than 10,000 square feet (929 m²) into a minimum of two smoke compartments per *story*. The travel distance from any point in a smoke compartment to a *smoke barrier* door shall not exceed 200 feet (60 960 mm). The *smoke barrier* shall be installed in accordance with Section 710.

422.3 Refuge area. At least 30 net square feet (2.8 m²) per non ambulatory patient shall be provided within the aggregate area of *corridors*, patient rooms, treatment rooms, lounge or dining areas and other low-hazard areas on each side of each *smoke barrier*.

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

422.5 Automatic sprinkler systems. *Automatic sprinkler systems* shall be provided for ambulatory care facilities in accordance with Section 903.2.2.

422.6 Fire alarm systems. A fire alarm system shall be provided in accordance with Section 907.2.2.1.

OSSC Section 903.2.2:

Automatic Sprinkler Protection

Group B ambulatory health care facilities.

An *automatic sprinkler system* shall be installed throughout all fire areas containing a Group B ambulatory health care facility occupancy when either of the following conditions exists at any time:

1. Four or more care recipients are incapable of self-preservation.
2. One or more care recipients who are incapable of self-preservation are located at other than the *level of exit discharge* serving such an occupancy.

The following excerpt from the 2009 IBC Commentary for section 903.2.2 as published by the International Codes Council is provided for the reader's reference:

Group B ambulatory health care facilities are Group B occupancies, with an enhanced set of requirements to account for the fact that patients may be incapable of self-preservation and require rescue by other occupants or fire personnel. There are several aspects to the enhanced features, including smoke compartments, sprinklers and fire alarms. More specifically, the requirements for sprinklers are based on four or more patients at any given time being incapable of self-preservation or any number of patients who are incapable of self-preservation located on a floor other than the level of exit discharge that serves the Group B Ambulatory health care facility. The sprinkler requirement is limited to the fire area that contains the Group B ambulatory health care facility.

OSSC Section 907.2.2.1:

Smoke Detection

Group B ambulatory health care facilities.

Fire areas containing Group B ambulatory health care facilities shall be provided with an electronically supervised automatic smoke detection system installed within the ambulatory

health care facility and in public use areas outside of tenant spaces, including public *corridors* and elevator lobbies.

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

The following excerpt from the 2009 IBC Commentary for section 907.2.2.1 as published by the International Codes Council is provided for the reader's reference:

Years ago, few surgical procedures were performed outside of a hospital. Today, complex outpatient surgeries conducted outside of a hospital are commonplace. They are performed in facilities often called "day surgery centers" or "ambulatory surgical centers" because patients are able to walk in and walk out the same day. Procedures render patients temporarily incapable of self-preservation by application of nerve blocks, sedation or anesthesia; however, they do typically recover quickly.

The IBC identifies health care Group I occupancies as including a 24-hour stay. Without a 24-hour stay, these surgery centers have been classified as Group B which allowed the staff to render an unlimited number of people incapable of self-preservation with no more protection than a business office. Since these types of facilities contain distinctly different hazards to life safety than other Group B occupancies, they are now required to have a higher level of life safety and fire protection as evidenced by the requirements of this section as well as Section 903.2.2 and the construction provisions of the code.

The exception does not eliminate the fire alarm system, but rather permits it to be initiated automatically by the sprinkler waterflow switch(es) instead of by the smoke detection system.

For reference, Alternate Method 05-02 is provided as originally issued:

Alternate Method Ruling No. 05-02

(Ref.: ORS 455.060)

DIALYSIS FACILITIES

REQUESTED BY: Roger Severson, Oregon Department of Human Services

Background:

The Oregon Department of Human Services proposed an alternate method that would allow dialysis facilities to be housed in "B" occupancies with certain additional fire, life-safety features in lieu of an "I-2" classification. They believe the alternate method is warranted given the unique nature of their procedures and to assist in the demographic placement of these facilities.

Upon due deliberation, the BCSB approved the following;

APPLICABLE CODES

OREGON STRUCTURAL SPECIALTY CODE

BOARD RULING:

New Dialysis Facility Requirements:

