

FCIA ICC/NFPA 2015 CODE DEVELOPMENT CYCLE



William E. Koffel, P.E., FSFPE
President

Koffel Associates, Inc.

www.koffel.com

wkoffel@koffel.com

IN CASE OF FIRE



EXIT BUILDING
BEFORE TWEETING
ABOUT IT

OBJECTIVES

- Highlight issues being addressed by the FCIA Code Committee
- Summarize the status of proposals to the IBC of significant interest to the FCIA with primary focus on health care

WHERE ARE WE IN THE ICC CYCLE?

- Group A changes are complete
 - Most of the IBC, IMC, IPC, and others
- Group B changes – Committee hearings just completed
 - Mostly the IFC, IEBC, IRC, and IECC

HEALTH CARE ISSUES

- Adoption of NFPA 101-2012 by CMS and TJC
- ASHE's Code Advocacy Program
- Continued compliance issues

NFPA 101-2012

- Notice of preliminary proposed rule making by CMS last fall with a comment deadline in December
- CMS has adopted some aspects of NFPA 101-2012
 - Culture change
 - Corridor width
- Complete adoption – 18-24 months???
 - CMS just announced the intent to publish the NPRM in August
 - Process to be expedited?
- TJC will follow along with adoption by CMS

NFPA 101-2012

- What does it mean to FCIA contractors?
 - Minimal changes to requirements for fire-rated or smoke-rated compartmentation
 - Suites may be larger which may impact corridor wall construction
 - Use of more current reference standards
 - NFPA 80 requirement for annual inspection of fire doors
 - Current provision in edition used is “frequently”
 - More information at www.koffel.com/compliance

ASHE'S CODE ADVOCACY PROGRAM

- “one Code” has been revised to “unified Code”
 - ICC/ASHE Ad Hoc Committee on Health Care
 - Package of proposals to I-Codes to address new and existing health care occupancies
 - ASHE’s goal – Reduce costs associated with multiple codes
 - ❖ Maryland – IBC 2012, NFPA 101-2009, and NFPA 101-2000
 - ICC’s goal – CMS recognition of I-Codes in lieu of or in addition to NFPA 101

WELCOME TO DALLAS

- International Existing Building Code (IEBC)
 - EB 26
 - Allows reduction of existing features during alterations to that which is required for new construction if the building complies with Chapter 9 requirements for new construction
 - Requires documents to be submitted, reviewed, and approved by code official
 - Circumstances may prevent approval
 - FCIA position – monitor

EB 26

- Proponent: David Collins (AIA) and Bob Davidson
- Support including Ad Hoc Healthcare Committee and ASHE
 - Ad Hoc Healthcare indicated that their change should be Disapproved in favor of EB 26
- Opposition – fire-rated glazing and others
- Committee Recommendation: As Modified

EB 25

- Proponent: Ad Hoc Healthcare
- Requires smoke barriers to be provided during Level 2 Alteration projects
 - Provides threshold
 - Revises existing text from 30 minutes to IBC criteria (1 hour)
- Committee Recommendation: As Submitted

OTHER IEBC CHANGES

- EB 33 – Ad Hoc Healthcare proposed to change fire alarm requirements for Level 2 Alterations from existing to new: D due to conflict with IFC
- EB 36 – Ad Hoc Healthcare proposed to restrict use of fire escapes for Level 2 Alterations: AM
- EB 37 – Ad Hoc Healthcare requiring protection of transoms during Level 2 Alternations: AS
- EB 39 – Ad Hoc Healthcare requires refuge areas for smoke barriers and horizontal exits to comply with IBC – AS

INTERNATIONAL FIRE CODE

- F 212
 - Ad Hoc Healthcare proposal similar to EB 26 allowing reduction of construction features in EXISTING buildings if building is sprinklered AND code official approval
 - FCIA Position: Oppose unless more requirements apply such as EB 26
 - Part 2 Disapproved by IEBC Committee
 - Part 1 – Fire Code
 - Ad Hoc Healthcare did not propose to modify to be consistent with EB 26

F 212

- Committee Recommendation: Disapproval
 - Committee discussion included proposing language similar to EB 26
 - Some opponents were specifically asked if they would support if EB 26 language was included
 - At least one said no reason to oppose

F 218

- Ad Hoc Healthcare proposal adding vertical opening requirements for existing hospitals
- FCIA Position: Oppose language that recognizes wetted glass assemblies as one hour fire barriers
- Committee Recommendation: Disapproval

F 225

- Ad Hoc Healthcare and CTC proposal to mandate total building sprinkler protection for existing Group I-2 as of a date determined upon adoption
- Committee Recommendation: As Modified

F 239

- Ad Hoc Healthcare and CTC - Provides requirements for existing corridors in Group I-2
- Current requirement:
 - **1104.17 Corridors.** Corridors serving an occupant load greater than 30 and the openings therein shall provide an effective barrier to resist the movement of smoke. Transoms, louvers, doors and other openings shall be kept closed or self closing.

F 239

- Proposed language
 - Resist passage of smoke
 - Materials consistent with building construction
 - Fire resistance rated if required elsewhere
 - Continuous to deck, smoke resistant ceiling, lay-in ceiling system (1 lb/sq ft)
 - ❖ Lost last year in IBC hearings
 - Windows to resist passage of smoke
 - “20 minute door” unless building sprinklered
 - “Protected” penetrations
 - “Protected” joints
 - Smoke dampers

F 239

- Opposing testimony – lot of testimony from industry
 - “No rated walls”
 - Reduce existing construction
 - No continuity requirements
 - Reducing safety
- Committee Recommendation: As Submitted

F 241

- Ad Hoc Healthcare proposal to introduce new requirements for smoke barriers in existing hospitals. Does permit 30 minute fire resistance rating.
 - No existing language
- Opposing testimony
 - 30 minute rating
 - Ad Hoc Committee proposed modification to clarify
 - Permits no smoke damper if none present
 - **No language on penetrations or joints**
 - Public Comment should be submitted
- Committee Recommendation: As Modified

F 242

- Ad Hoc Healthcare proposal to insert requirements for common path of travel, dead-end corridors, and travel distance for existing hospitals
- CTC Modification to including nursing homes
- Committee Recommendation: As Modified

MOVING FORWARD

- Clarify some of the proposals that were accepted
- Ad Hoc Healthcare and CTC have identified weaknesses in current IFC for existing buildings

ADM 45

- FCIA proposal to require proper documentation to be submitted prior to installation of firestop systems and joint systems.
 - Opposed by AIA – already on Construction Documents
 - Committee concerns
 - List is getting too long and where will it stop
 - Should be in Chapter 7 ???
- Committee Recommendation: Disapproval

NFPA 101/5000

- Public Comments due tomorrow
 - Contractor qualifications due to CC action
- Special inspections and ASTM Standards already address

QUESTIONS AND DISCUSSION

