FCIA CODE UPDATE

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EXIT BUILDING
BEFORE TWEETING
ABOUT IT
Objectives

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

- Group A changes are complete
  - Most of the IBC, IMC, IPC, and others

- Group B changes are complete
  - Mostly the IFC, IEBC, IRC, and IECC

- Group C changes – Proposals due in January, 2014
  - International Green Construction Code
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
  - *Categorical Waivers in S&C Letter dated August 30, 2013*
- Complete adoption – 18-24 months???
  - CMS announced the intent to publish the NPRM in August????
  - Process to be expedited?
- TJC will follow along with adoption by CMS
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”
- Annex notes that address on-site inspection of through penetration fire stop systems and joints
  - Refers to ASTM E2174 and ASTM E2393
- 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
    - 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 during Dallas hearings
  - Submitted Public Comment to further revise
    - Submitters of other Public Comments agreed to support the FCIA Comment
      - Compliance is not limited to Chapter 9
      - Applicable requirements based upon “report”
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
- **Final Action:** As Modified by Public Comment
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 by Committee
  - AMPC by ICC Membership
- 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 Alterations: 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
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

Multiple Public Comments submitted including FCIA

Final Action: Approval as Modified by Public Comment

Approved text refers user of the IFC to IEBC (EB26)
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

Final Action: As Modified by Public Comment

- Public Comment did not include wetted glass assembly language
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.
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 for air transfer openings
F 239

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

- Committee Recommendation: As Submitted

- Final Action: As Modified by two Public Comments
  - Added language about smoke resistant ceilings
  - Clarified openings in corridor walls
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 was submitted

Committee Recommendation: As Modified

Final Action: AMPC (the FCIA Public Comment)
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
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
ICC Summary (Group A and Group B)

- Larger suites permitted but distance to door still restricted
- Larger smoke compartments permitted but travel distance to smoke barrier door still restricted to 200 ft.
- Increased, detailed requirements in IFC for health care occupancies
NFPA 101/5000

- Special inspections and ASTM Standards already address

- Public Comments:
  - Wetted glass – again passed during Committee meeting but failed ballot
  - L-rating for smoke barriers – passed during Committee meeting but failed ballot
Where Do **WE** Go From Here?

- 2015 Editions of IBC, IEBC, and IFC are done
- 2015 Editions of NFPA 1, NFPA 101, and NFPA 5000 are almost done
- Future issues:
  - Contractor qualifications
  - Use of EJ’s
  - Additional special inspections
  - Submittal documentation for fire stop systems and joints
  - Ad Hoc Healthcare and CTC have identified weaknesses in current IFC for existing buildings
- Recent code development activity and Barrier Management Symposium have resulted in a good working relationship with ASHE
Future Questions....

- **Join our LinkedIn Discussion Groups**
  - Life Safety Code
    - People can join the group and submit their questions or
    - People can email [linkedin@koffel.com](mailto:linkedin@koffel.com) and submit anonymously
  - Smoke Management
  - Proposed Changes to the IBC

- **Ask the Expert**
  - FAQ.Koffel.com

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QUESTIONS AND DISCUSSION

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