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PLANNING & DEVELOPMENT
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

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MEMORANDUM

TO: **Memo for Record**

FROM: **Heather Graham Lewis, AIA**
Architectural Manager

THROUGH: **Robert C. Harris, PE**
Director, Facilities Planning

DATE: **September 9, 2014**

SUBJECT: **Facilities Requirements for New and Existing Ambulatory Health Care Occupancies**

Purpose

This memo and attached summary chart is intended to bring awareness of the facility building code implications of services rendered to patients. Specifically, this memo addresses facilities where services will render patients incapable of self-preservation, or where the facility accepts the care of individuals incapable of self-preservation. This has arisen in existing facilities for several reasons:

1. The codes have changed to recognize "Ambulatory Health Care" since the building was built.
2. The level of anesthesia or other treatment may change over time from the original clinical plan.
3. The use of the space may change to assume the care of individuals who are incapable of self-preservation.
4. An existing facility space may be renovated to the extent that it must be brought up to current codes.

Questions for the Administration/Clinical staff

1. Are individuals rendered incapable of self preservation, or is the staff accepting the care of individuals incapable of self-preservation?
2. If yes, what date did this level of care begin?

Facilities questions

1. Who owns the building?
2. When was the facility built?
3. The building is subject to what building "Authorities Having Jurisdiction"?
4. Square footage?
5. What fire safety features are present: fire barriers, sprinklers, fire alarm, and smoke compartments?

Discussion

Building codes have evolved over the years and as a result a new type of building occupancy has been created. Where previously there were either “Inpatient /Hospitals” and “Business /Outpatient Clinics”, national codes now include “Ambulatory Health Care (AHC)”.

The general definition of Ambulatory Health Care occupancy concerns whether individuals are “capable of self-preservation”, in other words, can they evacuate the building on their own in the event of an emergency? Unlike Inpatients, these patients stay in the facility for fewer than 24 hours.

Note that "incapable of self-preservation" is not yet clearly defined in any of the codes, and there is no consensus among Authorities Having Jurisdiction (AHJ, aka, building code regulatory officials). “Conscious sedation” vs. “deep sedation” has been a one delineator, or dialysis treatment. In new facilities and major renovations of outpatient facilities involving sedation, it may be best to assume AHC Occupancy, pending the services being provided.

Further complicating the issue is that some “Ambulatory Health Care” facilities are state and federally regulated for compliance with the Life Safety Code (for example, surgery and dialysis) while others are locally regulated (such as outpatient dentistry or minor procedure units.)

Other factors include the codes in effect at the time of building construction, the codes in effect at the time a facility begins to render or accept the care of patients “incapable of self-preservation”, the ownership of the building, and in the event of leased facilities, the location of the facility.

Attachments:

Chart: Summary of Impact to Outpatient Facilities with Patients Incapable of Self-Preservation

Background and Code Information

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Summary of Impact to Outpatient Facilities with Patients Incapable of Self-Preservation

		Subject to State and Federal Regulatory Authority on Life Safety? *(typically Surgery and Dialysis)*	Trigger	Sprinklers	Fire barrier from adjacent occupancies (Note 3)	Fire Alarm	Smoke Compartments?			Codes	Comments
							under 5000 SF	5000 to 9999 SF	10,000 SF and above		
Existing Outpatient Facilities Designed under codes prior to 2009	Existing UM Owned	No	No change of use (have always rendered, or accepted care for, individuals incapable of self-preservation)	No change	No change	No change	No change	No change	No change	Original construction code	No change unless renovation or change of use
			Begin to render, or accept care for, individuals incapable of self-preservation before October 9, 2014	Required to have	Not required	Required	Not required	Not required	Not required	MBC 2009	
			Begin to render, or accept care for, individuals incapable of self-preservation After October 9, 2014	Required to have	Not required	Required	Not required	Not required	Minimum of two per floor required	MBC 2012	
		Yes (Note 4)	Render, or staff accept care of, individuals incapable of self-preservation	Not necessarily, full code study needed.	1 hour	Required	Not required	Required unless smoke detector and sprinkler system provided	Minimum of two per floor required	NFPA 101, 2000 and 2006, Chapter 21	(Note 1)
	Existing Leased Facilities	No	No change of use (have always rendered, or accepted care for, individuals incapable of self-preservation)	No change	No change	No change	No change	No change	No change	Original construction code	No change unless renovation or change of use. Check if local code exceeds MBC
			Begin to render, or accept care for, individuals incapable of self-preservation before municipality adopts MBC 2012	Required to have	Not required (Note 2)	Required	Not required (Note 2)	Not required (Note 2)	Not required (Note 2)	Local Municipal Code	Check if local code is other than MBC 2009
			Begin to render, or accept care for, individuals incapable of self-preservation after municipality adopts MBC 2012	Required to have	Not required (Note 2)	Required	Not required (Note 2)	Not required (Note 2)	Minimum of two per floor required	MBC 2012	Check if local code exceeds MBC
		Yes (Note 4)	Render, or staff accept care of, individuals incapable of self-preservation	Not necessarily, full code study needed.	1 hour	Required	Not required (Note 2)	Required unless smoke detector and sprinkler system provided (Note 2)	Minimum of two per floor required (Note 2)	Municipal Code and NFPA 101, 2000 and 2006, Chapter 21	Check if local code exceeds NFPA (Note 1)
New Outpatient Facilities with Individuals Incapable of Self Preservation	New UM Owned	No	Designed before October 9, 2014	Required	Not required	Required	Not required	Not required	Minimum of two per floor required	MBC 2009	
			Designed after October 9, 2014	Required	1 hour (if 4 or more patients incapable of self preservation) (Note 3 & 5)	Required	Not required	Not required	Minimum of two per floor required	MBC 2012	
		Yes (Note 4)	If designed under current codes (July 2014) before NFPA 101, 2012 is adopted	Not necessarily, full code study needed.	1 hour	Required	Required unless smoke detection provided	Required unless sprinkled	Minimum of two per floor required	NFPA 101, 2000 and 2006, Chapter 20	Note 1
			If designed after NFPA 101, 2012 is adopted (likely late 2014)	Not necessarily, full code study needed.	1 hour	Required	Required unless smoke detection provided	Required unless sprinkled	Minimum of two per floor required	NPFA 101, 2012, Chapter 20	Note 1
	New Leased Facilities	No	If designed under current codes (July 2014) and local municipality uses MBC 2009	Required	Not required (Note 3)	Required	Not required (Note 2)	Not required (Note 2)	Minimum of two per floor required	MBC 2009	Local municipal codes also apply
			If designed after local municipality adopts MBC 2012	Required	1 hour (if 4 or more patients incapable of self preservation) (Note 3 & 5)	Required	Not required (Note 2)	Not required (Note 2)	Minimum of two per floor required	MBC 2012	Local municipal codes also apply
		Yes (Note 4)	If designed under current codes (July 2014) before NFPA 101, 2012 is adopted	Not necessarily, full code study needed.	1 hour	Required	Required unless smoke detection provided	Required unless sprinkled	Minimum of two per floor required	NFPA 101, 2000 and 2006, Chapter 20	Note 1. Local municipal codes also apply
			If designed after NFPA 101, 2012 is adopted (likely late 2014)	Not necessarily, full code study needed.	1 hour	Required	Required unless smoke detection provided	Required unless sprinkled	Minimum of two per floor required	NPFA 101, 2012, Chapter 20	Note 1. Local municipal codes also apply

Note 1: If smoke compartments are required and the facility is less than 22,500 SF, the second smoke compartment can be an adjacent inpatient facility with 2-hour separation.
Note 2: Typical. Check if local municipal codes contradict.
Note 3: Fire separation may be required elsewhere in the code.
Note 4: Currently only Outpatient surgery and outpatient dialysis. (July 2014)
Note 5: UMHHC requires this if one or more patients is incapable of self-preservation.

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Ambulatory Health Care
Background and Code Information

August 19, 2014

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State and Federal Regulatory Authorities

Inpatient Hospital facilities, Ambulatory Surgery facilities, and Outpatient Dialysis areas are subject to State of Michigan regulatory review, which includes compliance with NFPA 101, Life Safety Code (currently to the 2006 version). These facilities are also surveyed by The Joint Commission (TJC) and the Center for Medicare and Medicaid Services (CMS) for compliance with NFPA 101 (currently the 2006 version).

TJC does not survey other occupancies, such as Outpatient Clinics and Ambulatory Health Care, for compliance with NFPA 101, under an Environment of Care survey. Similarly, CMS does not do a Fire Safety Survey of these facilities to the NFPA 101. These UMHHC facilities may be subject to TJC and CMS "tracer" surveys. These are surveys which trace a patient's treatment path through the facilities. These surveyors may cite some Life Safety issues, such as blocked exits, however they do not survey these facilities to comply with NFPA 101.

University Owned Code Compliance

Facilities owned by the University of Michigan which are NOT subject to state regulatory review (such as office buildings, outpatient clinics and some ambulatory health care) ARE required to comply with the Michigan Building Code (MBC), as listed on the UM AEC code page. The University of Michigan currently requires compliance with MBC 2009, but not NFPA 101. On October 9, 2014, the University will adopt the MBC 2012.

Leased Facilities

Facilities leased by the University of Michigan which are NOT subject to state regulatory review (such as office buildings, outpatient clinics and some ambulatory health care) ARE required to comply with local municipal building code. Currently in Michigan, most municipalities are using MBC 2009. No municipalities are using MBC 2012 yet, as it has not yet been printed as a separate book. The basis of MBC 2012 is the International Building Code 2012, with exceptions as cited in the Michigan Part 4 Building Code Rules filed with the Secretary of State June 11, 2014. None of the exceptions impact this discussion on AHC.

Building Code Information

Code History

Prior to the Michigan Building Code 2009, no distinction was made in the Michigan Building Code between Business Occupancy and Ambulatory Health Care Occupancies.

The 2006 MBC defines facilities as either I-2 ("*This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing or custodial care on a 24-hour basis for more than five persons who are not capable of self-preservation*.") or B Business ("*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: . . .Clinic-Outpatient*". No discussion of Ambulatory Health Care or Outpatient Surgery was included.

2009 Michigan Building Code included two different ways Outpatient Facilities can be defined within the Business Occupancy. MBC 2009 defined Ambulatory Health Care Facility as a subsection of Business Occupancy, "*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*".

Outpatient Clinics are also Business Occupancies, defined as "*Buildings or portions thereof used to provide medical care on less than a 24-hour basis to individuals who are not rendered incapable of self-preservation by the services provided"*.

Section 422 requires Ambulatory Heath Care facilities to have a minimum of two smoke compartments per story if the facility is greater than 10,000 SF. There are dimensional and independent egress requirements for the compartments. Sprinkler and Fire Alarm systems are also required.

There is no reference in 2009 to the number of individuals rendered incapable of self-preservation.

There is no requirement in MBC 2009 for fire separation between AHC and Business, as they are considered the same occupancy.

Renovations and new construction are subject to building code regulation, as well as Change of Occupancy without renovation.

MBC 2009 states the following with regard to Change of Occupancy: *"3408.1 Conformance. No change shall be made in the use or occupancy of any building that would place the building in a different division of the same group of occupancies or in a different group of occupancies, unless such building is made to comply with the requirements of this code for such division or group of occupancies. Subject to the approval of the building official, the use or occupancy of existing buildings shall be permitted to be changed and the building is allowed to be occupied for purposes in other groups without conforming to all the requirements of this code for those groups, provided the new or proposed use is less hazardous, based on life and fire risk, than the existing use."*

Michigan Existing Building Code 2009 defines a Change of Occupancy as *"A change in the purpose or level of activity within a building that involves a change in application of the requirements of this code"*. It states: *"[B] 307.1 Conformance. No change shall be made in the use or occupancy of any building that would place the building in a different division of the same group of occupancy or in a different group of occupancies, unless such building is made to comply with the requirements of this code for such division or group of occupancy. Subject to the approval of the building official, the use or occupancy of existing buildings shall be permitted to be changed and the building is allowed to be occupied for purposes in other groups without conforming to all the requirements of this code for those groups, provided the new or proposed use is less hazardous, based on life and fire risk, than the existing use. "*

Per 912.4, there is no change of Hazard Category from B to AHC. Per chapter 9, if there is a partial change of occupancy with no fire separation, Chapter 8 "Alterations Level 3" compliance is required. The only portion of Chapter 8 that appears to require attention for a single-story facility changing from an Outpatient Clinic to an Ambulatory Health Care Occupancy is the requirement that the new occupancy should have sprinklers and fire alarm systems if required for new construction in MBC.

2012 Michigan Building Code defines Ambulatory Health Care as *"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."*

Outpatient clinics were defined as "*Buildings or portions thereof used to provide medical care on less than a 24-hour basis to persons who are not rendered incapable of self-preservation by the services provided*"

AHC facilities are still considered Business Occupancies per section 304, but have additional requirements per section 422,

Section 422 requires that *"Ambulatory care facilities where the potential for four or more care recipients are to be incapable of self-preservation at any time, whether rendered incapable by staff or staff accepted responsibility for a care recipient already incapable shall be separated from adjacent spaces, corridors or tenants with a fire partition installed in accordance with Section 708."*

Section 422 has other requirements, including a minimum of two smoke compartments per story required for facilities greater than 10,000 SF. There are dimensional and egress requirements for these compartments.

All AHC facilities are required to have fire alarm system and sprinkler systems.

MBC 2012 states for Change of Occupancy **"***3408.1 Conformance. No change shall be made in the use or occupancy of any building that would place the building in a different division of the same group of occupancies or in a different group of occupancies, unless such building is made to comply with the requirements of this code for such division or group of occupancies. Subject to the approval of the building official, the use or occupancy of existing buildings shall be permitted to be changed and the building is allowed to be occupied for purposes in other groups*

without conforming to all the requirements of this code for those groups, provided the new or proposed use is less hazardous, based on life and fire risk, than the existing use."

Michigan Existing Building Code 2012, Chapter 10 reads: *"Section 1002. Special Use and Occupancy. Compliance with the building code. Where the character or use of an existing building or part of an existing building is changed to one of the following special use or occupancy categories as defined in the International Building Code, the building shall comply with all of the applicable requirements of the International Building Code: 1. Covered and Open Mall Buildings 2. Atriums. 3. Motor vehicle-related occupancies. 4. Aircraft-related occupancies. 5. Motion picture projection rooms. 6. Stages and platforms. 7. Special amusement buildings. 8. Incidental use areas. 9. Hazardous materials. 10. Ambulatory care facilities."*