

FS65-24

IBC: 716.2.6.1

Proponents: Jeff O'Neil, Chair, Committee on Healthcare (ahc@iccsafe.org)

2024 International Building Code

Revise as follows:

716.2.6.1 Door closing.

Fire doors shall be latching and self- or automatic-closing in accordance with this section.

Exceptions:

1. *Fire doors* located in common walls separating *dwelling units* or *sleeping units* in Group R-1 shall be permitted without automatic- or *self-closing* devices.
2. *Fire doors* located in corridors and serving sleeping rooms in Group I-1, Condition 2 shall be permitted without automatic- or self-closing devices.
- ~~3~~2. The elevator car doors and the associated elevator hoistway doors at the floor level designated for recall in accordance with Section 3003.2 shall be permitted to remain open during Phase I emergency recall operation.
- ~~4~~3. Fire doors required solely for compliance with ICC 500 shall not be required to be *self-closing* or automatic-closing.

Reason: Nursing homes (Group I-2, Condition 2) are not required to have self-closing or automatic-closing corridor doors. This is due to the facilities having smoke compartments to subdivide care recipient sleeping areas, the building being fully sprinklered, and staff trained in fire and safety evacuation plans. Assisted living (Group I-1, Condition 2) are also required to have smoke compartments, the building to be fully sprinklered and the staff trained in fire and safety evacuation plans. In Assisted living (Group I-1, Condition 2), residents, while slower, are required to be capable of self preservation. In these facilities, it is beneficial to allow for door to be open to improved supervision and to increase social interaction - both of which shown to improve the environment and comfort of care recipients.

Care recipients in Assisted Living (I-1, Condition 2) facilities quite often use mobility devices and/or have balance and gait issues that take them longer to move through door openings. Additionally, I-1, Condition 2 Assisted Living care recipients are often frail and quite often struggle to have enough strength to open doors with automatic closers. It is a constant challenge to adjust closers to be able to reduce the amount of force needed to open the door, plus keep it open long enough for occupants to move through the opening, and then create enough force for the door to close and latch properly. Often, the last bit of the door swing closes fast to provide the proper latching, but then the door often hits the care recipient causing injury or even knocking them over.

The intent of this proposal is to allow for Group I-2, Condition 2 facilities to not require self-closing or automatic-closing corridor doors. The Healthcare committee feels that this will improve patient safety on a daily basis. There is a good balance of passive and active fire protection that will still be in place, and the fire and safety plans can include closing doors.

This is not intended to allow for the removal of self-closers or automatic-closers on the fire barriers around stairways or on the cross-corridor doors for smoke compartment.

This proposal is submitted by the ICC Committee for Healthcare (CHC).

The Committee on Healthcare (CHC) was established by the ICC Board of Directors in 2011 to pursue opportunities to study and develop effective and efficient provisions for Hospital, Nursing Homes, Assisted Living and Ambulatory Care Facilities. This committee was formed in cooperation with the American Society for Healthcare Engineering (ASHE). In July of 2017, the ICC Board made CHC a standing committee. In 2023 the CHC has held several virtual meetings open to any interested party. In addition, there were numerous virtual Working Group meetings for the current code development cycle, which included members of the committee as well as interested parties. Related documents and reports are posted on the CHC website at CHC webpage.

Cost Impact: Decrease

Estimated Immediate Cost Impact:

The average cost of door closers, not including the cost of labor for installation, ranges from \$150 to \$600 dollars. The total decrease

would depend on the number of sleeping room doors in the facility.

Estimated Immediate Cost Impact Justification (methodology and variables):

If a designer chooses to utilize this exception, closers would not be required on corridor doors.

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