

Accessibility is No Accident



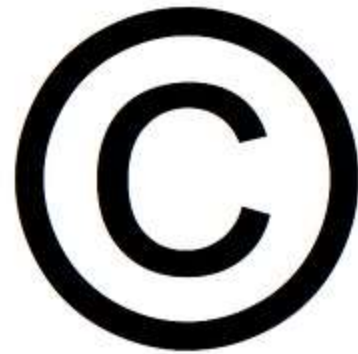
A WHEA LUNCH & LEARN SERIES WEBINAR

Thursday, January 11, 2024

The Necessary Stuff

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The Necessary Stuff

Speaker:

Gene Boecker, AIA, Architect Emeritus, RAS, APAC-BE

A licensed architect and nationally recognized accessibility expert. Currently, Treasurer and President Elect of the Accessibility Professionals Association. A voting member on the ICC/ANSI A117.1 committee and author of a number of code changes to the IBC and IEBC. With over 50 years of construction experience and more than 20 years specializing in accessibility related design.

Gene has overseen projects from New York City to Hawaii, from Minneapolis to Mexico and points in between; including most of the buildings in the new World Trade Center complex in New York and the new Googleplex in Silicon Valley.



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- Fire Protection & Life Safety Consultation
- Fire & Egress Modeling
- ADA / FHA / Accessibility Consultation
- Fire Sprinkler Design & Consultation
- Fire Alarm Design & Consultation
- Low Voltage / ICT Design & Consultation
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Celebrating 50 Years!

The Necessary Stuff

CCI provides technical assistance on accessibility related matters in the built environment. All information provided in this presentation is intended strictly for educational purposes and is based on CCI's interpretations, experiences, and research. The information provided should be considered as general in nature and should never be applied to specific projects because requirements, laws and codes can vary greatly. This information should not be used to replace independent professional judgement. Further, the information provided is not intended to be used as legal advice.



Course Description

Accessibility in a healthcare setting is different than many other types of facilities. In this program we'll look into the accessibility related requirements from the federal ADA and IBC/ANSI A117.1 standpoints, beginning outside the building and working our way in. We'll be discussing both unassisted and assisted bathing and toileting as well as upcoming trends in accessibility.

**Course
Descriptions**





Learning Objectives

Learning Objectives

1. Understand the various accessibility laws, rules, codes, and standards which apply to healthcare facilities for accessibility.
2. Review the overarching principles with accessibility (what, where, how, etc.)
3. Know when the rules can't apply (rules are meant to be broken, right?)
4. Consider upcoming provisions that may address specific needs (i.e., assisted toileting and bathing)

The Good Stuff

Order of Operation

1. What Laws apply?



2. What code is referenced by the Law?



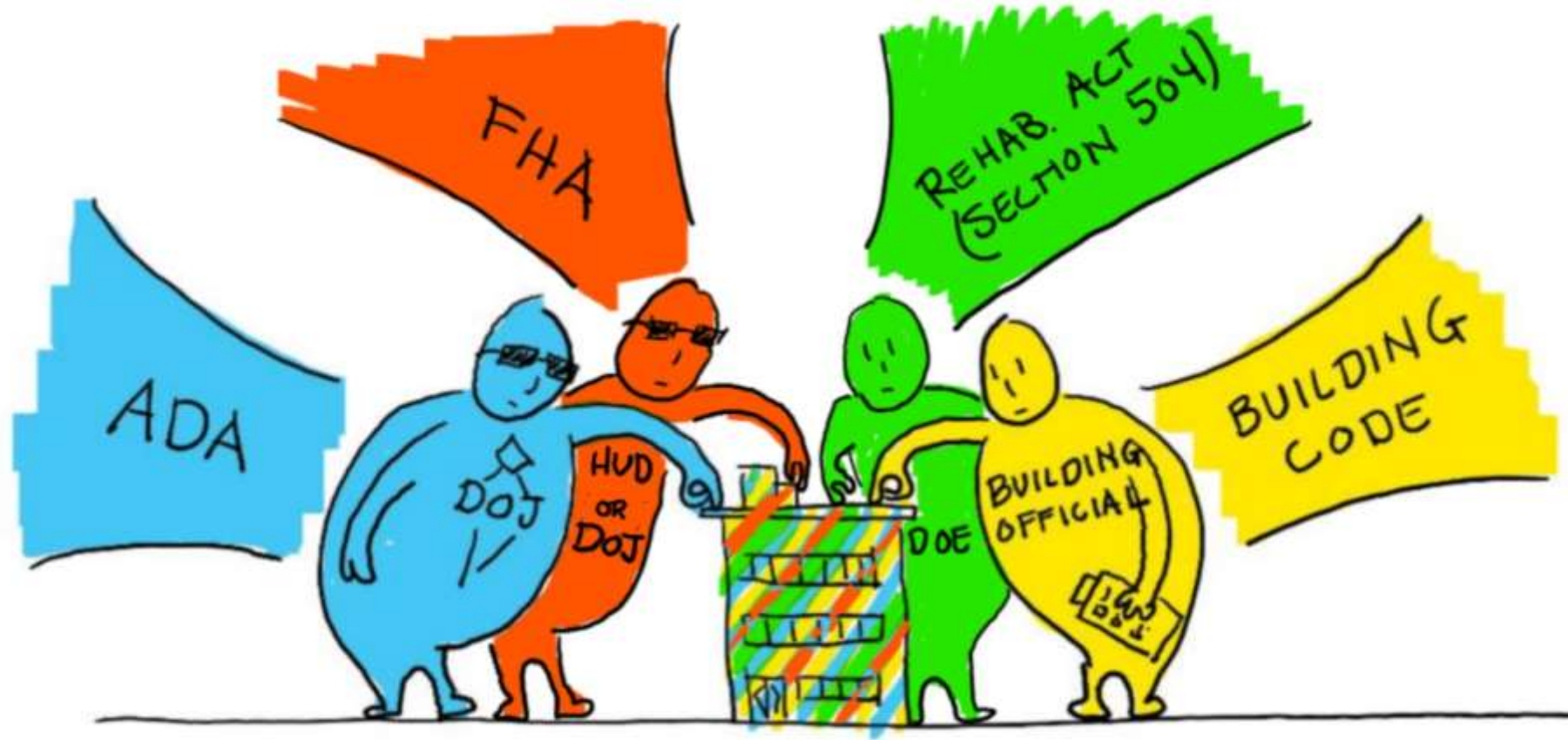
3. What are the code's scoping requirements?



4. What are the code's technical requirements?



Accessibility Laws



Accessibility Laws

Law	Applicable To
Architectural Barriers Act (1968)	Federal facilities
Americans with Disabilities Act (1990)	Title II – State and local government facilities Title III - Places of public accommodation
Fair Housing Amendments Act (1988)	Multifamily housing
Rehabilitation Act of 1973 – Section 504	Federally funded programs
State and Local Building Laws	Buildings and structures within the authority's jurisdiction

Code Referenced



Americans with Disabilities Act
(Uniform Federal Accessibility
Standards)
2010 ADA Standards for Accessible
Design



International Building Code
(NFPA 101 Life Safety Code)
ICC/ANSI A117.1 Standard

Occupancy Classification & Use

IBC Chapter 3 includes criteria that serves as basis for construction features:

- Occupant safety
- Building limitations
- Means of egress
- Fire protection systems
- Interior finishes
- **Accessibility**



IBC Accessibility



Chapter 3

To find out Occupancy
Use classification
(I-1 or I-2)



Chapter 11

To find out Scoping
(# of accessible
rooms and spaces)



ICC/A11.7 ANSI

Technical Criteria
(What makes
it compliant)

A Few Questions to Ask:

- How long is the typical stay?
- Will the facility require a license? If so, what is it for?
- Is the facility getting federal financial assistance?
- Is medical care given on a 24-hour basis?
- How much medical care is given on site before they need to go somewhere else?



IBC Healthcare: Group I-1

308.2 Institutional Group I-1

Institutional Group I-1 occupancy shall include buildings, structures or portions thereof for **more than 16 persons**, excluding staff, who reside on a **24-hour basis** in a supervised environment and receive custodial care. Buildings of Group I-1 shall be classified as one of the occupancy conditions specified in Section 308.2.1 or 308.2.2. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Residential board and care facilities
- Social rehabilitation facilities

**X>16 people &
24 hr. supervised care**

Definitions: Group I-1

Custodial Care

Defined term in the IBC.

CUSTODIAL CARE. Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications.

Healthcare: Group I-1

308.2.1 Condition 1. This occupancy condition shall include buildings in which all persons receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation.

308.2.2 Condition 2. This occupancy condition shall include buildings in which there are any persons receiving custodial care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation.

Condition 1

Condition 2

Egress in an emergency can be accomplished:

Without any assistance

With limited verbal or physical assistance

Healthcare: Group I-1 (fyi)

308.2.3 Six to 16 persons receiving custodial care. A facility housing not fewer than six and not more than 16 persons receiving custodial care shall be classified as **Group R-4**.

308.2.4 Five or fewer persons receiving custodial care. A facility with five or fewer persons receiving custodial care shall be classified as **Group R-3** or shall comply with the International Residential Code provided an automatic sprinkler system is installed in accordance with Section 903.3.1.3 or Section P2904 of the International Residential Code.

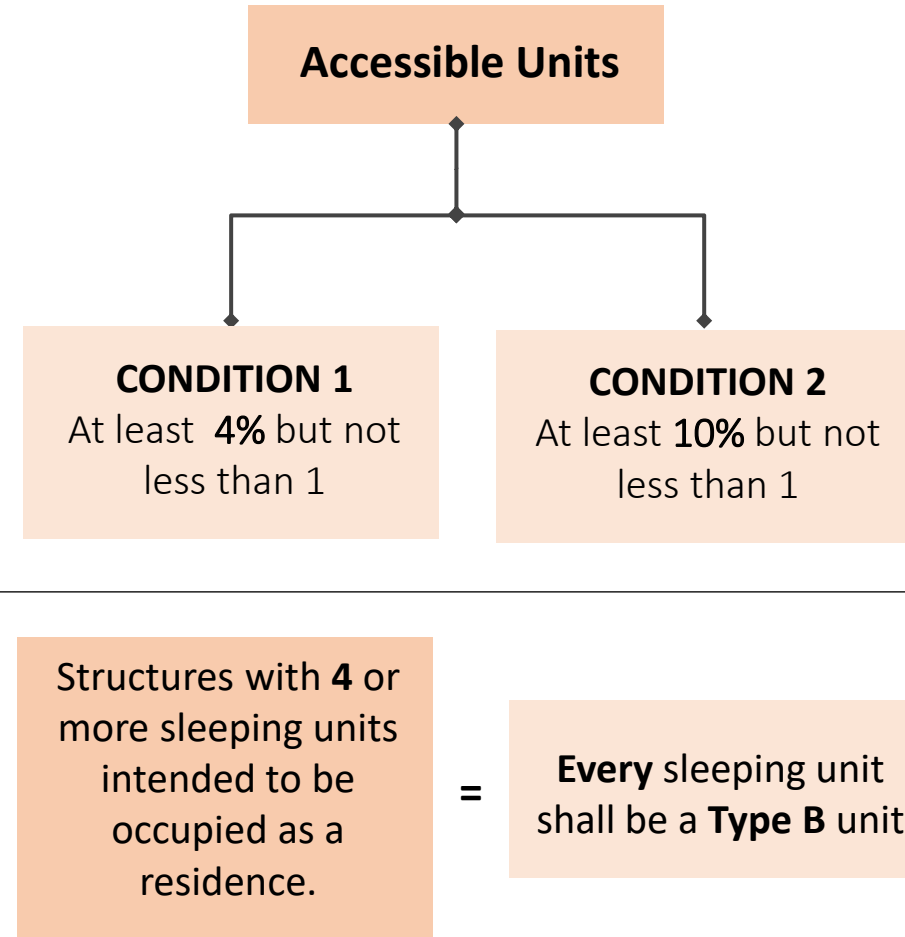
6 to 16 = R-4

5 or Fewer = R-3

Healthcare: Group I-1 - Scoping

1107.5.1.1 Accessible units. In Group I-1, Condition 1, at least 4 percent, but not less than one, of the dwelling units and sleeping units shall be Accessible units. In Group I-1, Condition 2, at least 10 percent, but not less than one, of the dwelling units and sleeping units shall be Accessible units.

1107.5.1.2 Type B units. In structures with four or more dwelling units or sleeping units intended to be occupied as a residence, every dwelling unit and sleeping unit intended to be occupied as a residence shall be a Type B unit.



Healthcare: Group I-2

308.3 Institutional Group I-2

Institutional Group I-2 occupancy shall include buildings and structures used for medical care on a **24-hour basis** for **more than five persons** who are incapable of self-preservation. This group shall include, but not be limited to, the following:

- Detoxification facilities
- Hospitals
- Nursing homes
- Psychiatric hospitals

Healthcare: Group I-2

308.3.1.1 Condition 1. This occupancy condition shall include facilities that provide nursing and medical care but **do not provide emergency care**, surgery, obstetrics or in-patient stabilization units for psychiatric or detoxification, including but not limited to nursing homes and foster care facilities.

308.3.1.2 Condition 2. This occupancy condition shall include facilities that provide nursing and medical care and **could provide emergency care**, surgery, obstetrics or in-patient stabilization units for psychiatric or detoxification, including but not limited to hospitals.

Healthcare: Group I-2

Nursing Homes, Hospitals, Psychiatric Care

308.3.1.1 Condition 1. Do not provide emergency care, surgery, obstetrics or in-patient stabilization units for psychiatric or detoxification.

308.3.1.2 Condition 2. Do provide emergency care, surgery, obstetrics or in-patient stabilization units for psychiatric or detoxification.

Condition 1

Do NOT provide emergency care

Condition 2

COULD provide emergency care

Healthcare: Group I-2 - Scoping

1107.5.2 Group I-2 nursing homes. Accessible units and Type B units shall be provided in nursing homes of Group I-2 occupancies in accordance with Sections 1107.5.2.1 and 1107.5.2.2.

1107.5.2.1 Accessible units. At least 50 percent but not less than one of each type of the dwelling units and sleeping units shall be Accessible units.

1107.5.2.2 Type B units. In structures with four or more dwelling units or sleeping units intended to be occupied as a residence, every dwelling unit and sleeping unit intended to be occupied as a residence shall be a Type B unit.

50% Accessible
Remainder Type B

Healthcare: Group I-2 - Scoping

1107.5.4 Group I-2 rehabilitation facilities. In hospitals and rehabilitation facilities of Group I-2 occupancies that specialize in treating conditions that affect mobility, or units within either that specialize in treating conditions that affect mobility, 100 percent of the dwelling units and sleeping units shall be Accessible units.

100% Accessible

Healthcare: Group I-2 – Scoping (fyi)

308.3.2 Five or fewer persons receiving medical care. A facility with five or fewer persons receiving medical care shall be classified as Group R-3 or shall comply with the International Residential Code provided an automatic sprinkler system is installed in accordance with Section 903.3.1.3 or Section P2904 of the International Residential Code.

X > 5 = R-3

I Occupancy - Recap

I-1 = Supervised, Custodial Care on a 24-hour basis

Condition 1 = egress without assistance

Condition 2 = egress with limited assistance

I-2 = Medical care on a 24-hour basis for people incapable of self-preservation

Condition 1 = No emergency care

Condition 2 = Could have emergency care

Congratulations!

You Made It Through IBC requirements!
Now, on to the 2010 Standards!



IMPORTANT!

We're starting the conversation at § 36.102 (Title III)

NOT

2010 Standards Chapter 2 (Healthcare)

Order of Operation

1. What Laws apply?



2. What code is referenced by the Law?



3. What are the code's scoping requirements?



4. What are the code's technical requirements?



Section 36.102

§ 36.102 Application.

General. This part applies to any –

- (1) Public accommodation;
- (2) Commercial facility; or
- (3) Private entity that offers examinations or courses related to applications, licensing, certification, or credentialing for secondary or postsecondary education, professional, or trade purposes.

What does that mean for healthcare?

Public Accommodation - Section 12181(7)

The following private entities are considered **public accommodations** for purposes of this subchapter, if the operations of such entities affect commerce

(A) an inn, hotel, motel, or other place of lodging, except for an establishment located within a building that contains not more than five rooms for rent or hire and that is actually occupied by the proprietor of such establishment as the residence of such proprietor;

(B) a restaurant, bar, or other establishment serving food or drink;

(C) a motion picture house, theater, concert hall, stadium, or other place of exhibition entertainment;

(D) an auditorium, convention center, lecture hall, or other place of public gathering;

(E) a bakery, grocery store, clothing store, hardware store, shopping center, or other sales or rental establishment;

(F) a laundromat, dry-cleaner, bank, barber shop, beauty shop, travel service, shoe repair service, funeral parlor, gas station, office of an accountant or lawyer, pharmacy, insurance office, **professional office of a health care provider, hospital, or other service establishment;**

(G) a terminal, depot, or other station used for specified public transportation;

(H) a museum, library, gallery, or other place of public display or collection;

(I) a park, zoo, amusement park, or other place of recreation;

(J) a nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education;

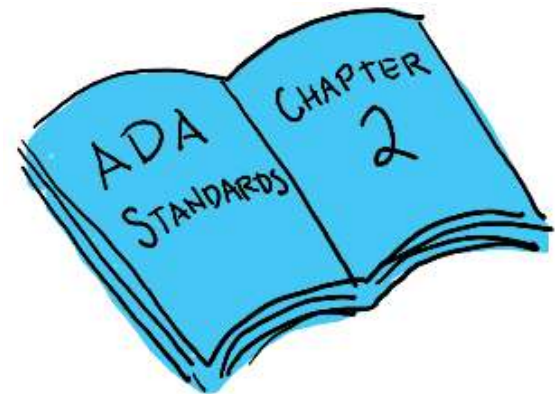
(K) a day care center, senior citizen center, homeless shelter, food bank, adoption agency, or other social service center establishment; and

(L) a gymnasium, health spa, bowling alley, golf course, or other place of exercise or recreation.

2010 ADA Standards - Scoping

223 Medical Care and Long-Term Care Facilities.

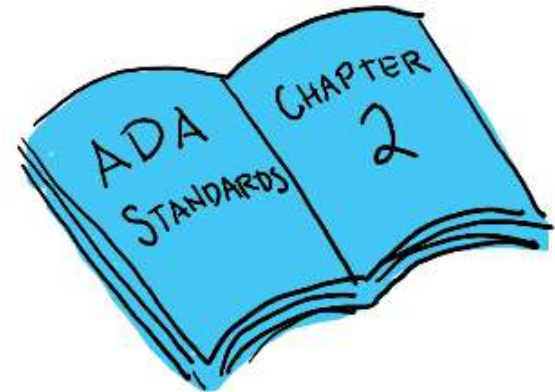
223.1 General. In licensed medical care facilities and licensed long-term care facilities where the period of stay exceeds twenty-four hours, patient or resident sleeping rooms shall be provided in accordance with 223. [See additional requirements at 28 CFR 35.151(h) and 28 CFR 36.406(g).]



2010 ADA Standards - Scoping

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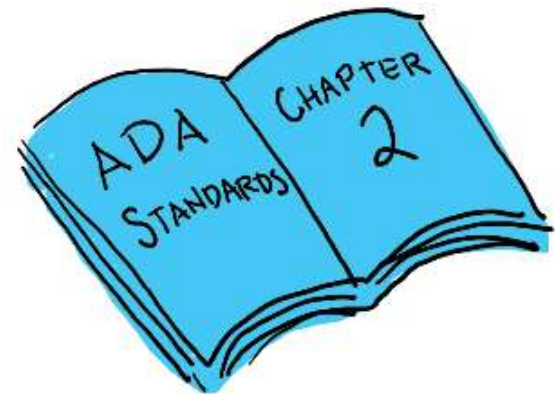


2010 ADA Standards - Scoping

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From the ADA's standpoint, if it's not licensed, it's not medical care, regardless of what type of care is provided. **Note:** This is NOT the case for the IBC. The Building Code doesn't care about licenses – only about the services provided.



2010 ADA Standards - Scoping

223.2.1 Facilities Not Specializing in Treating Conditions That Affect Mobility. In facilities not specializing in treating conditions that affect mobility, at least 10 percent, but no fewer than one, of the patient sleeping rooms shall provide mobility features complying with 805.

10% Accessible

2010 ADA Standards - Scoping

223.2.2 Facilities Specializing in Treating Conditions That Affect Mobility.

In facilities specializing in treating conditions that affect mobility, 100 percent of the patient sleeping rooms shall provide mobility features complying with 805.

100% Accessible

2010 ADA Standards - Scoping

223.3 Long-Term Care Facilities. In licensed long-term care facilities, at least 50 percent, but no fewer than one, of each type of resident sleeping room shall provide mobility features complying with 805.

50% Accessible

2010 ADA Standards - Scoping

Facilities Not Specializing in Treating Conditions That Affect Mobility

Facilities Specializing in Treating Conditions That Affect Mobility.

Long-Term Care Facilities.

2010 ADA Standards - Scoping

Facilities Not Specializing in Treating Conditions That Affect Mobility

Hospitals

Facilities Specializing in Treating Conditions That Affect Mobility.

Rehab Facilities

Long-Term Care Facilities.

Nursing Homes

Section 504

The Rehabilitation Act of 1973 includes a number of sections within the Codified Federal register (29 U.S.C. § 701) was one of the first federal laws addressing disabilities as civil rights. It states in part:

“No otherwise qualified individual with a disability in the United States, as defined in section 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service.”

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HHS and Section 504

“The proposed rule incorporates changes needed to reflect amendments to Section 504, enactment of the Americans with Disabilities Act (ADA), and significant case law. Most HHS recipients have been covered by the ADA since 1991. New sections added to ensure consistency are:

- Service animals: Recipients must permit the use of trained service dogs except under certain circumstances.
- Maintenance of accessible features: Facilities and equipment required to be accessible to individuals with disabilities must be maintained in operable working order.
- Personal services and devices: Personal services and devices are not required unless they are customarily provided to individuals without disabilities.
- Mobility devices: Recipients must permit individuals to use manually-powered mobility devices such as wheelchairs in areas open to pedestrian use and power-driven mobility devices under certain circumstances.
- Communications: Recipients must ensure effective communications with individuals with hearing, vision, and speech impairments through the provision, when necessary, of auxiliary aids and services such as qualified interpreters, text telephones, and information in Braille, large print, or electronically for use with a computer screen-reading program.
- Direct threat: Recipients are not required to permit individuals in programs or activities when they pose a direct threat as described in the proposed rule.
- Illegal use of drugs: Nondiscrimination requirements generally do not apply to individuals based on their current illegal use of drugs.
- Retaliation and coercion: Recipients may not retaliate against an individual for having made a complaint or objected to any act or practice made unlawful by Section 504
- Standards: Recipients building new facilities or altering existing facilities must comply with the 2010 Standards for Accessible Design, the standard issued by the Department of Justice.
- Limitations: Recipients need not take actions if those actions would result in a fundamental alteration in the nature of their program or in undue financial and administrative burdens.”

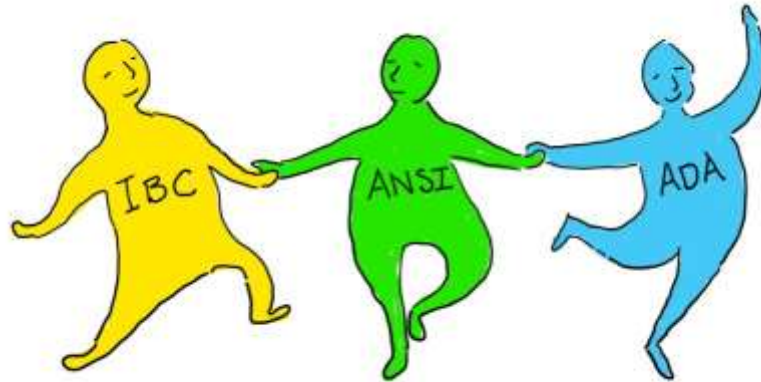
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The Good Stuff

Generally, the codes and standards try to harmonize as much as possible. However, since 1990 there have been 2 editions of the ADA Standards and 5 editions of the ANSI A117.1. The Federal government moves slowly.



Order of Operation

1. What Laws apply?



2. What code is referenced by the Law?



3. What are the code's scoping requirements?



4. What are the code's technical requirements?



Order of Operation

What is the required color for an arctic fox in Louisiana?

Order of Operation

What is the required color for an arctic fox in Louisiana?

Technical question...

But there's no scoping for an arctic fox in Louisiana

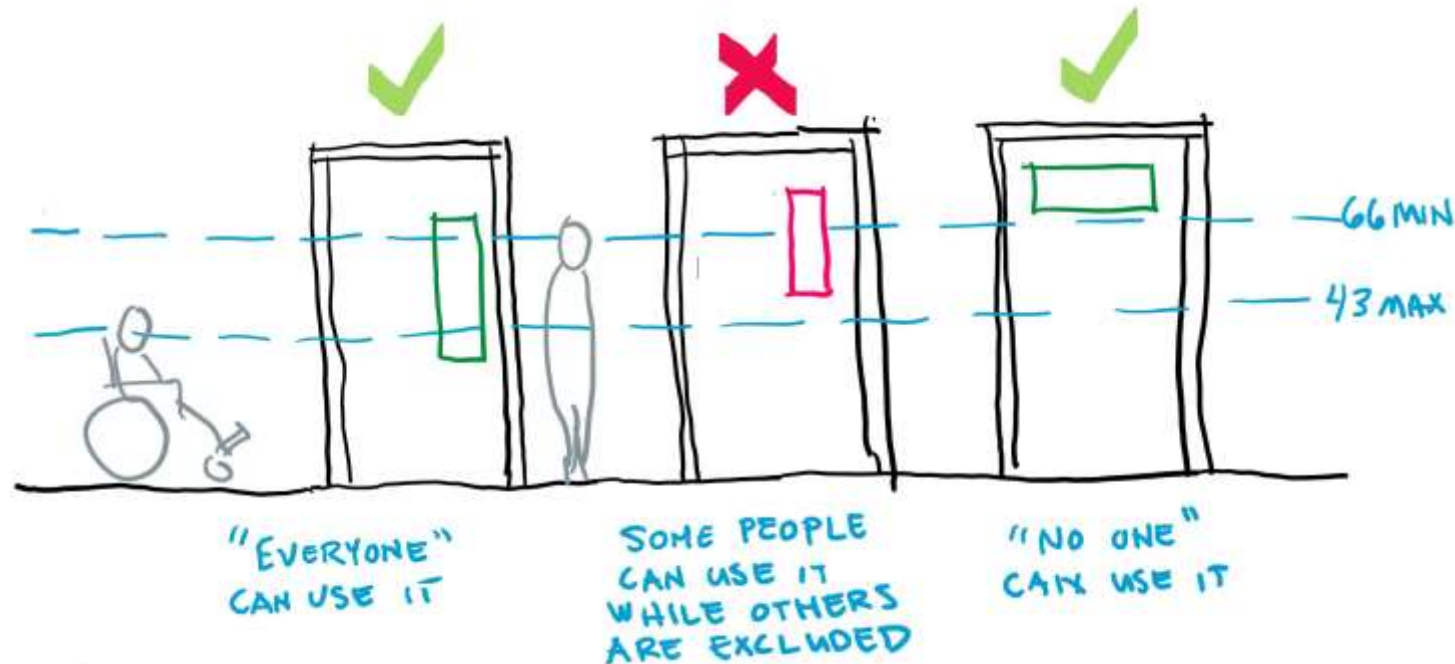
Some Specific Stuff

Technical provisions that often come out wrong



Vision Lites in Doors

Where vision lites are provided in doors, the bottom of the glazed portion through which people can see must be not more than 43 inches AFF (exception allows it if the bottom is 66 inches AFF or more)

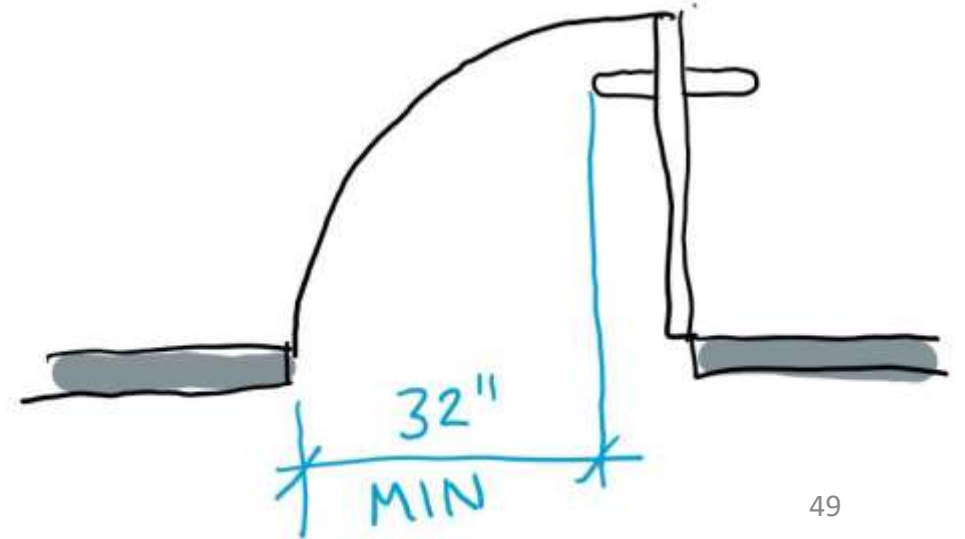
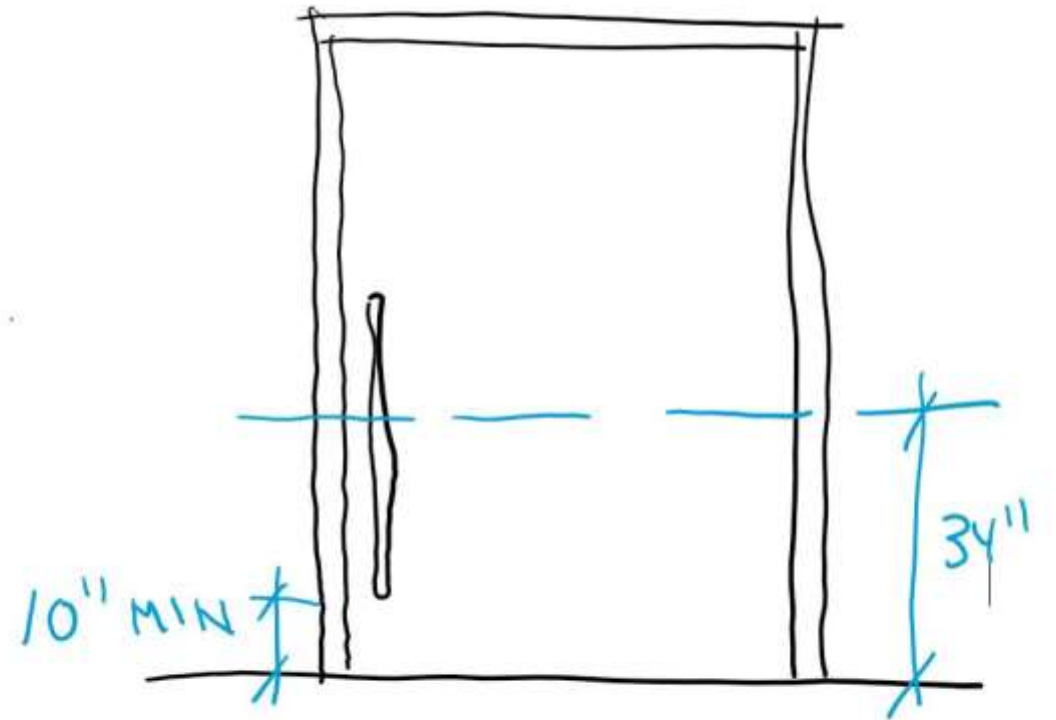


Door Surfaces

The 10" closest to the floor must be smooth for the full width of the door on the push side.

The door opening must provide at least 32" clear width, measured from the face of the door to the door stop.

Hardware above 34" AFF is ignored for measuring the clear width.

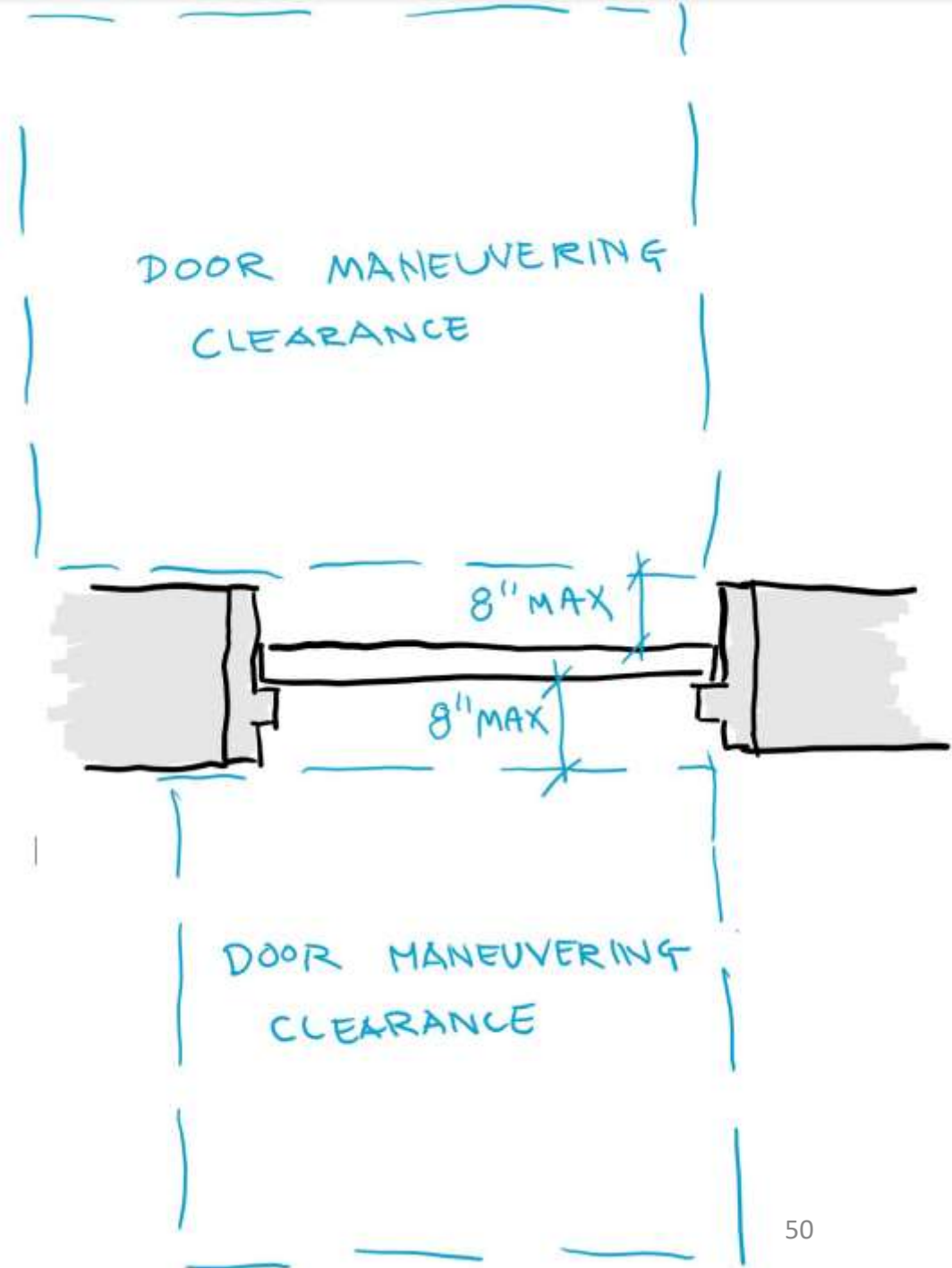


Door Maneuvering Space

Door maneuvering clear floor space must not slope $>1:48$ in any direction.

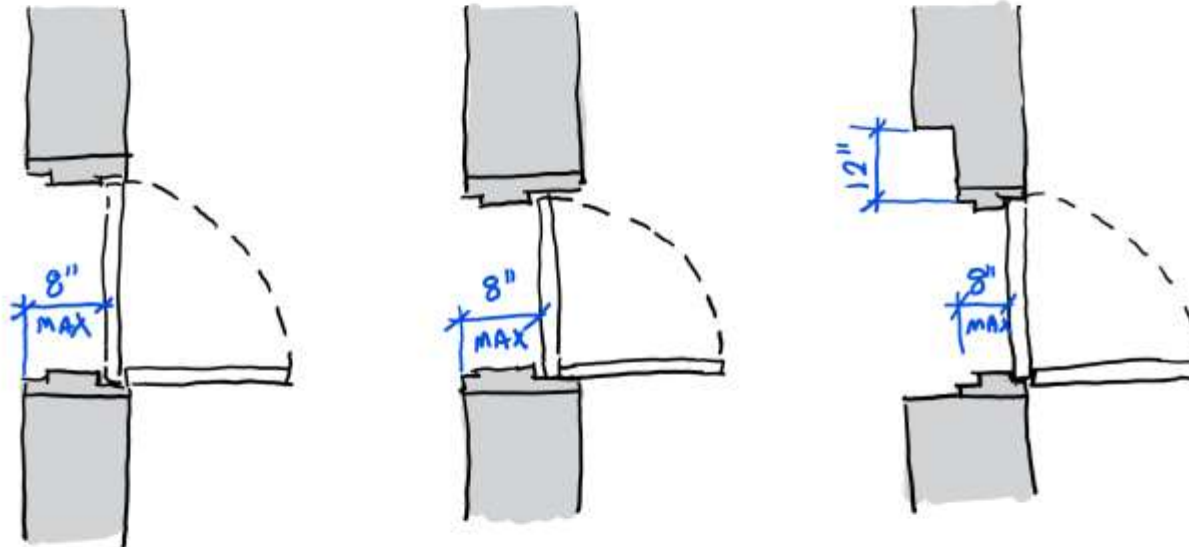
The maximum recess from the clear floor space is 8".

Top image is pull side (always need the 18" next to the door). Bottom image is push side with both a closer and a latch.



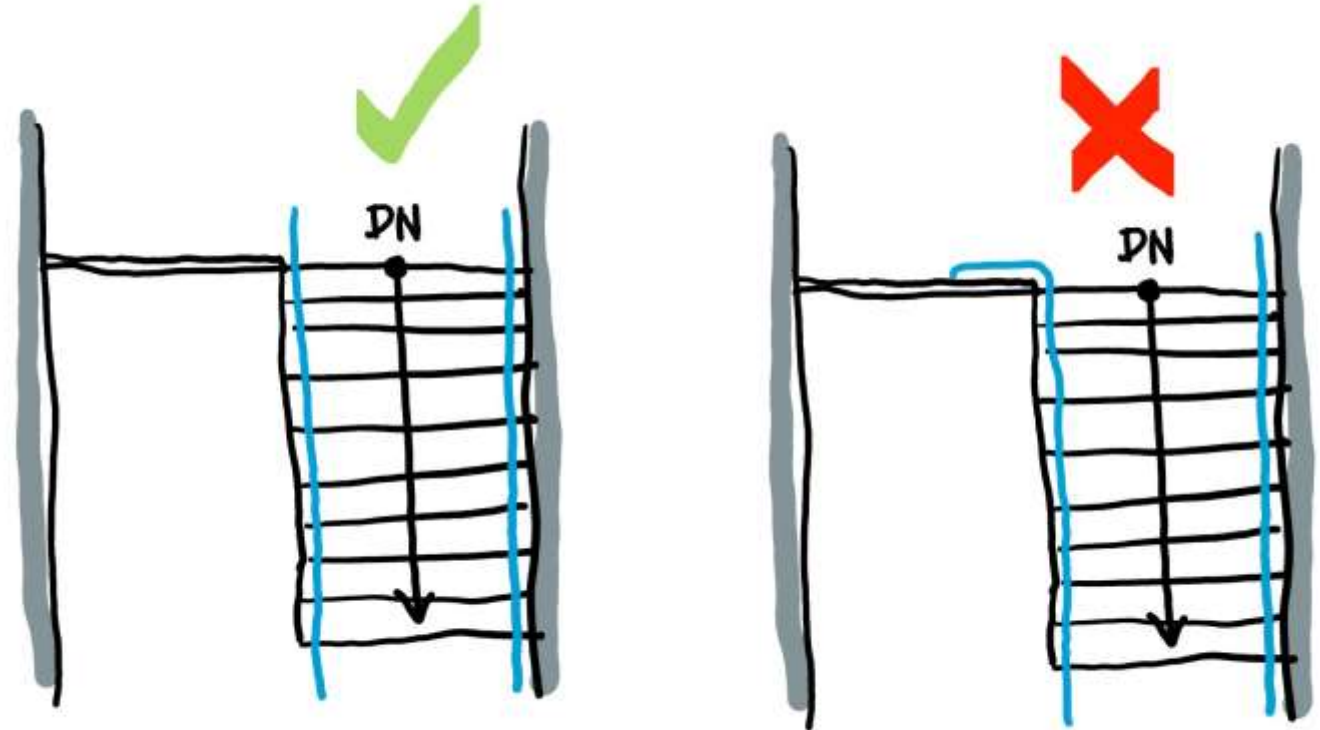
Door Maneuvering Space

For doors in thick wall, it is often necessary to “thin-up” the wall next to the door so that the recess isn’t too great.



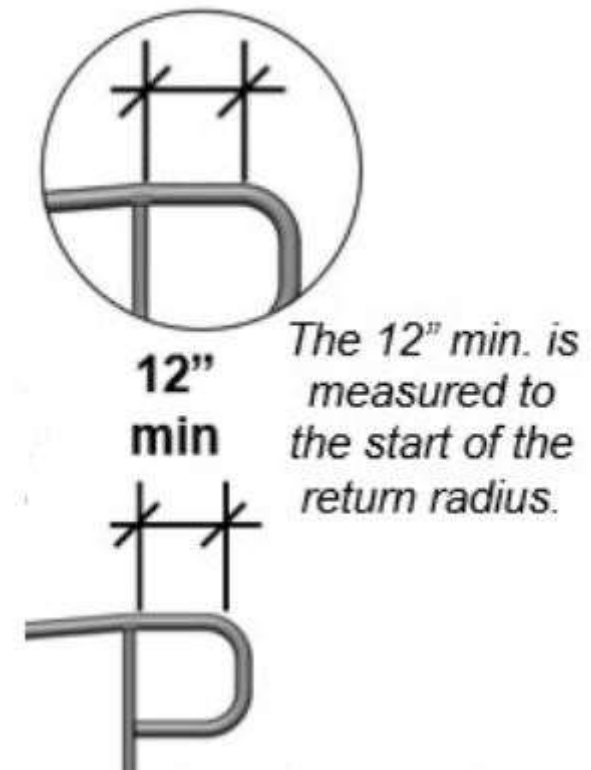
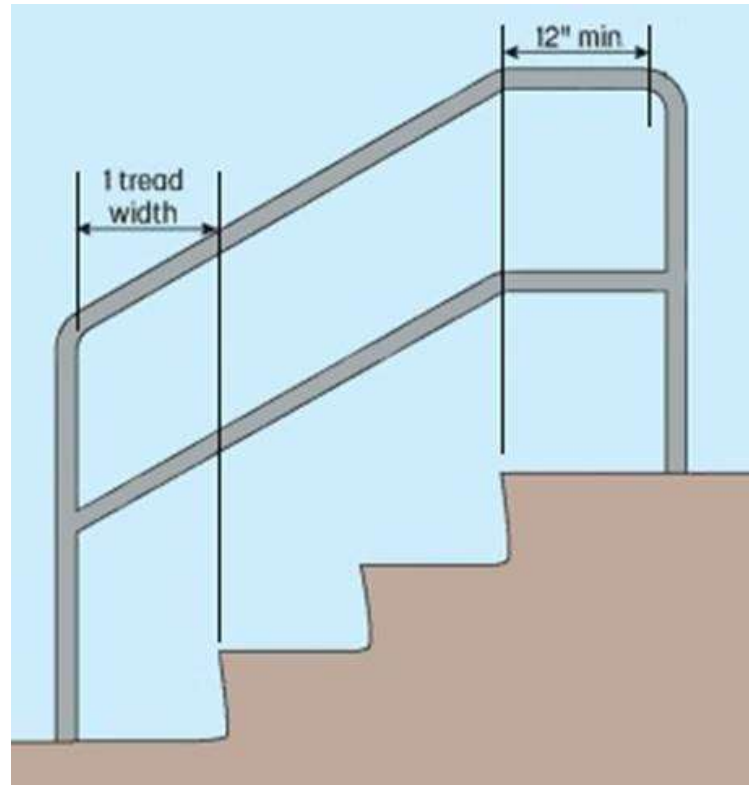
Handrails

Handrails must extend at least one tread at the bottom of stairs and at least 12 inches at the top of stairs, before they return to a landing, guard or the wall.



Handrails

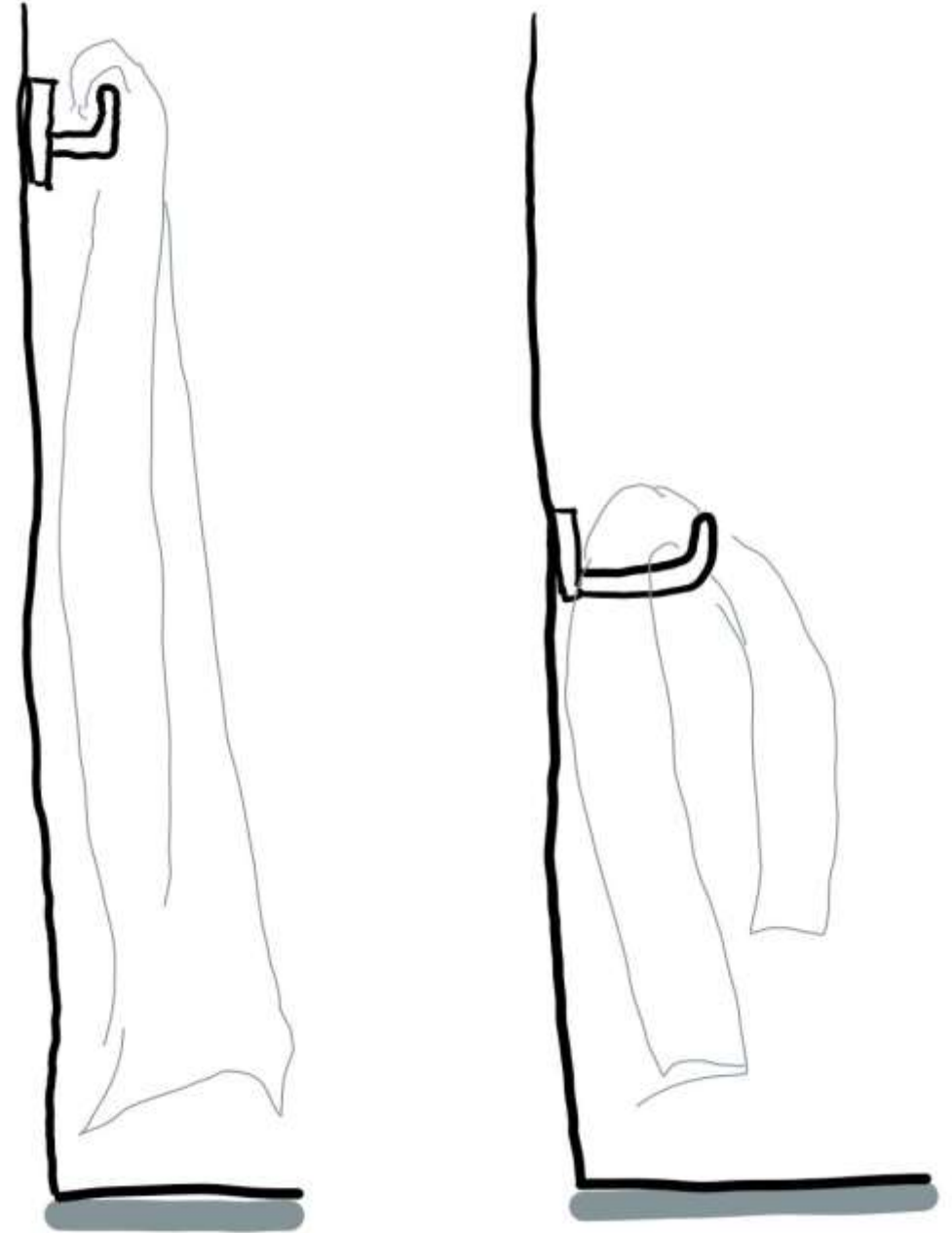
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Storage

For general storage, at least 5% of each type of storage must be accessible.

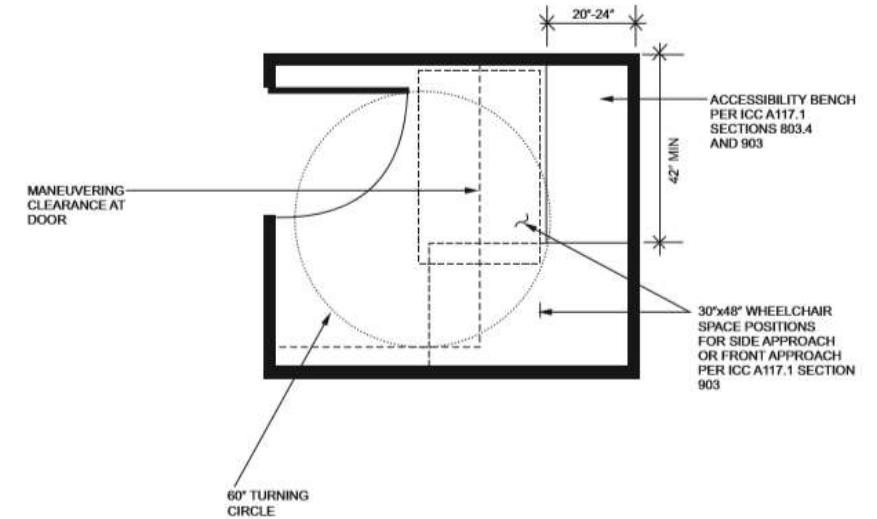
The maximum high reach is 48% AFF.



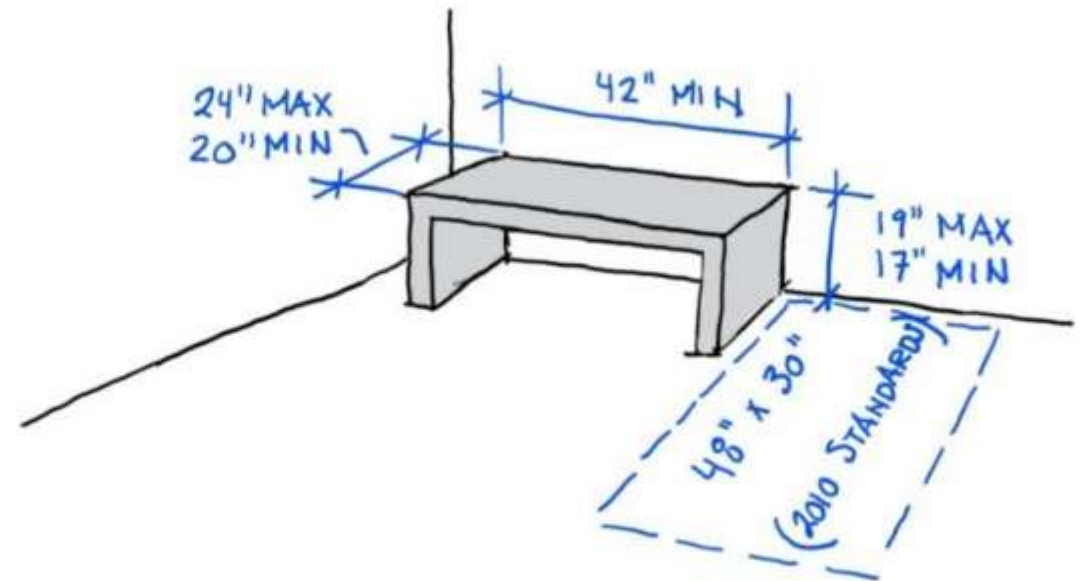
Dressing/Changing Rooms

At least 5% of each type of changing room must be accessible.

A 42" min x 20"-24" bench with back support is required with a 30" x 48" wheelchair space next to it.



Example of an Accessible dressing room.

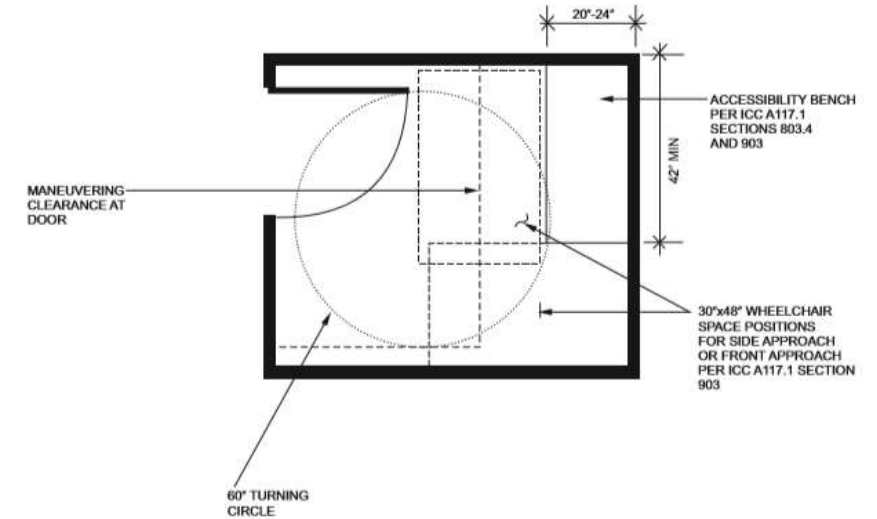


Dressing/Changing Rooms

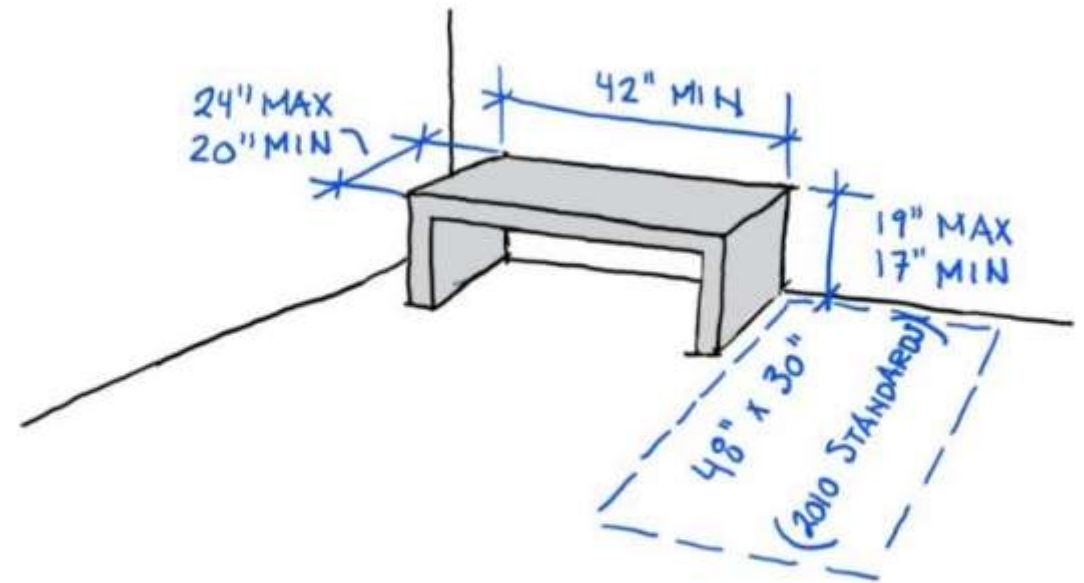
At least 5% of each type if changing room must be accessible.

A 42" min x 20"-24" bench with back support is required with a 30" x 48" wheelchair space next to it.

2017 A117.1 will require it to be a 30" x 52" wheelchair space



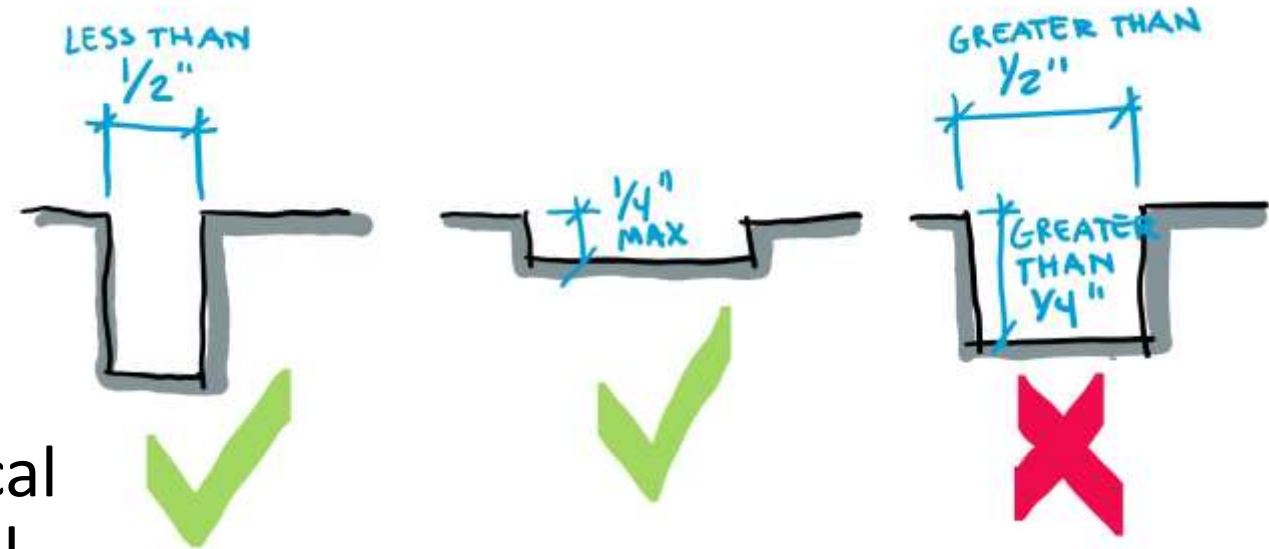
Example of an Accessible dressing room.



Floor Openings

It is important to design and MAINTAIN floors and sidewalks so that any gaps can be treated properly.

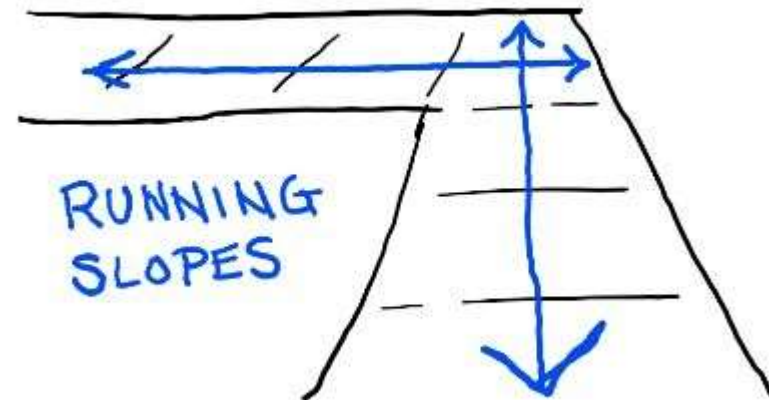
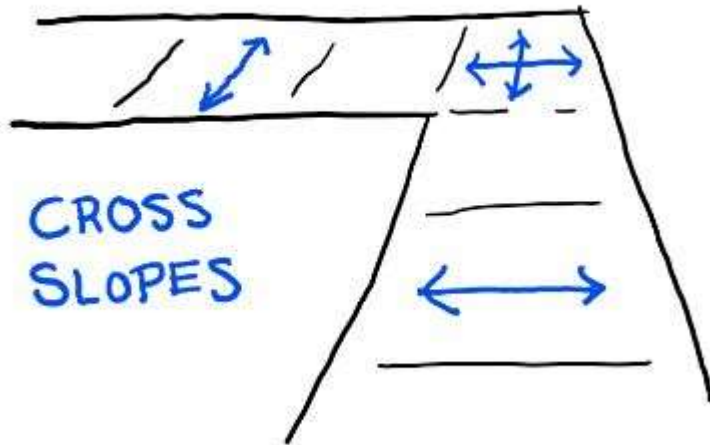
The maximum width for a floor opening is $\frac{1}{2}$ ". The maximum vertical rise is $\frac{1}{4}$ ". Maximum change in level is $\frac{1}{2}$ " if the part higher than $\frac{1}{4}$ " is beveled not steeper than 1:2.



Running Slope and Cross slope

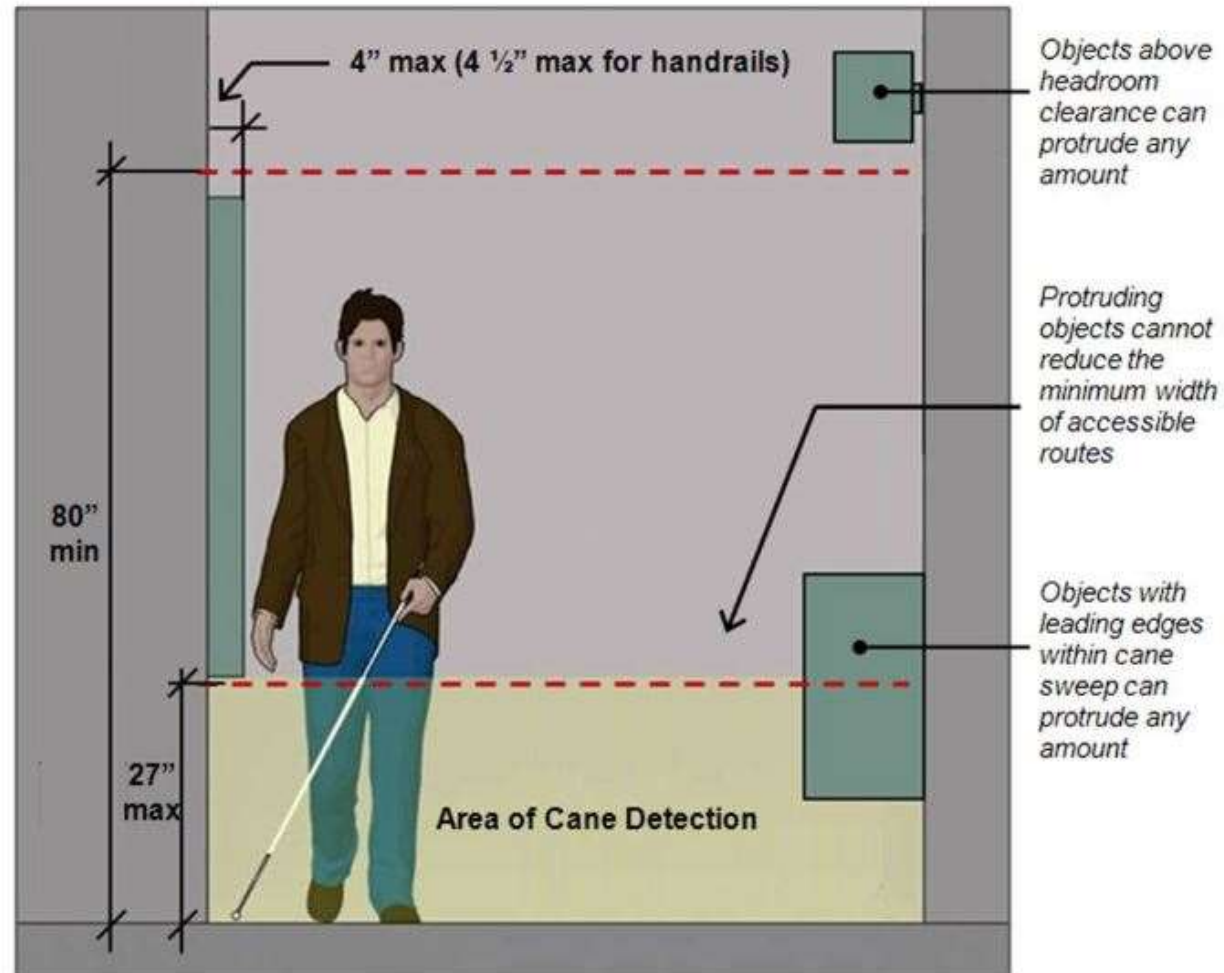
The maximum running slope is 1:20 for sidewalks, 1:12 for ramps.

The maximum cross slope is always 1:48.



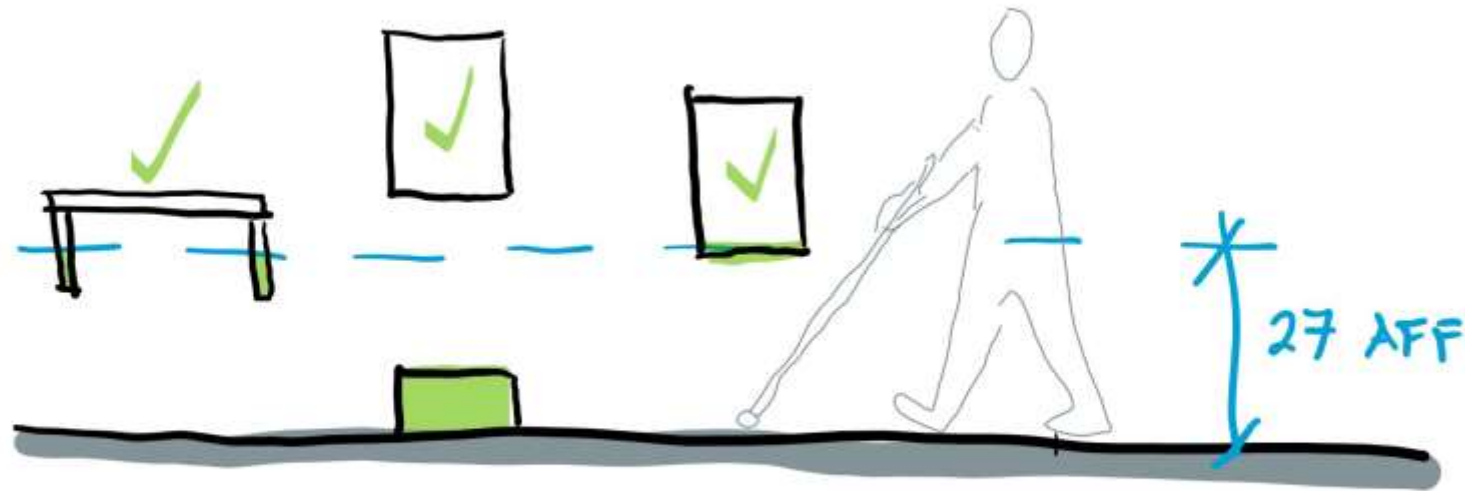
Cane Detectable Barriers

Limits of Protruding Objects



Cane Detectable Barriers

Typical concerns are “things” – not the building.



CANE DETECTABLE BARRIERS

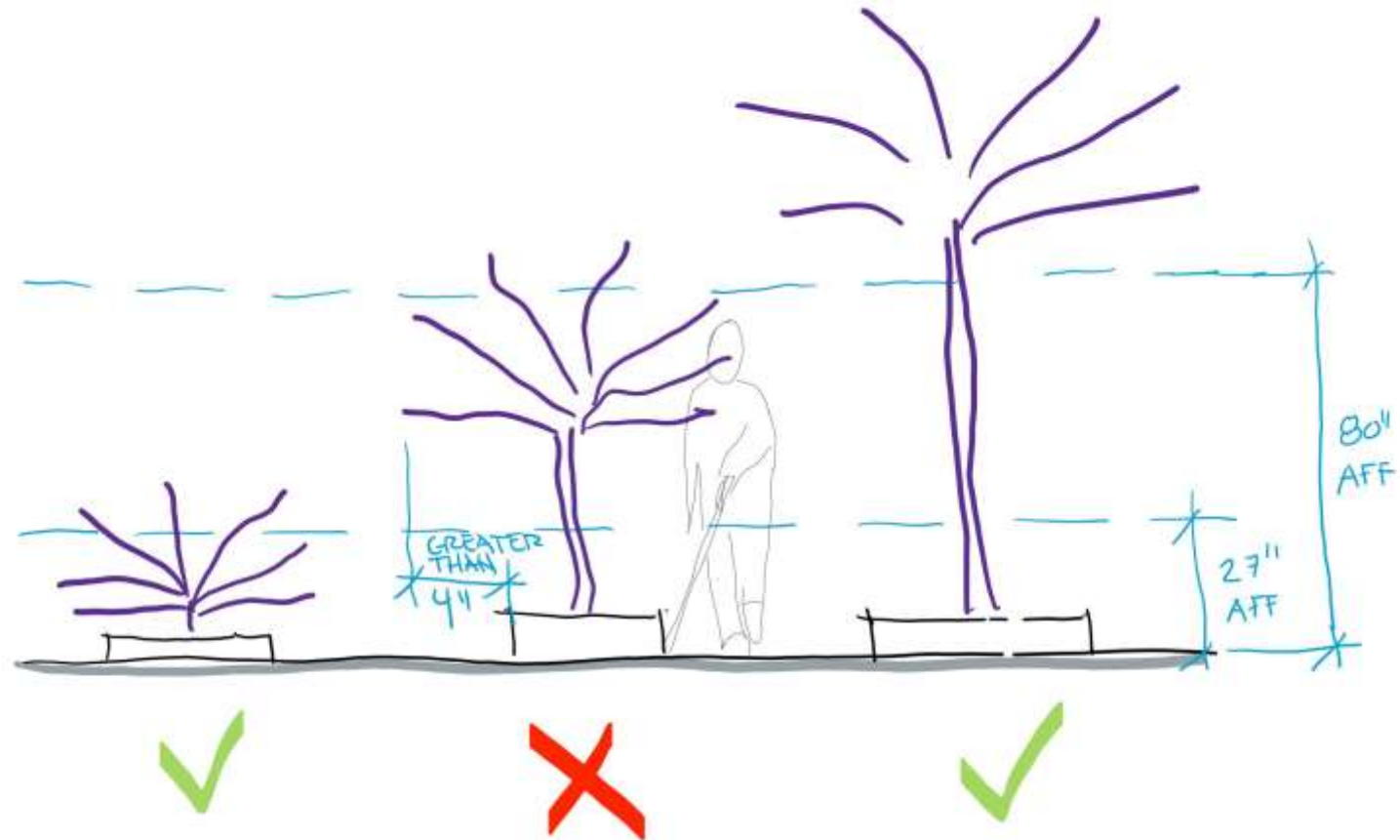
Cane Detectable Barriers

Wall mounted Fire Extinguishers are common problems, but also....



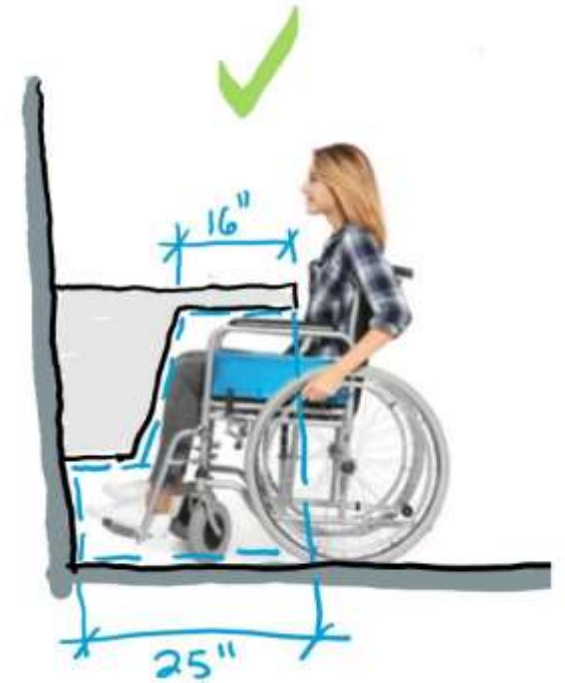
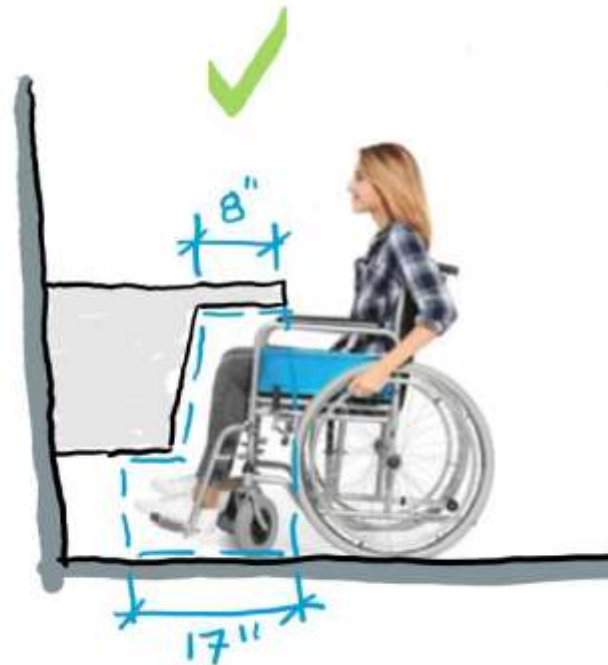
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Wall mounted Fire Extinguishers are common problems, but also....



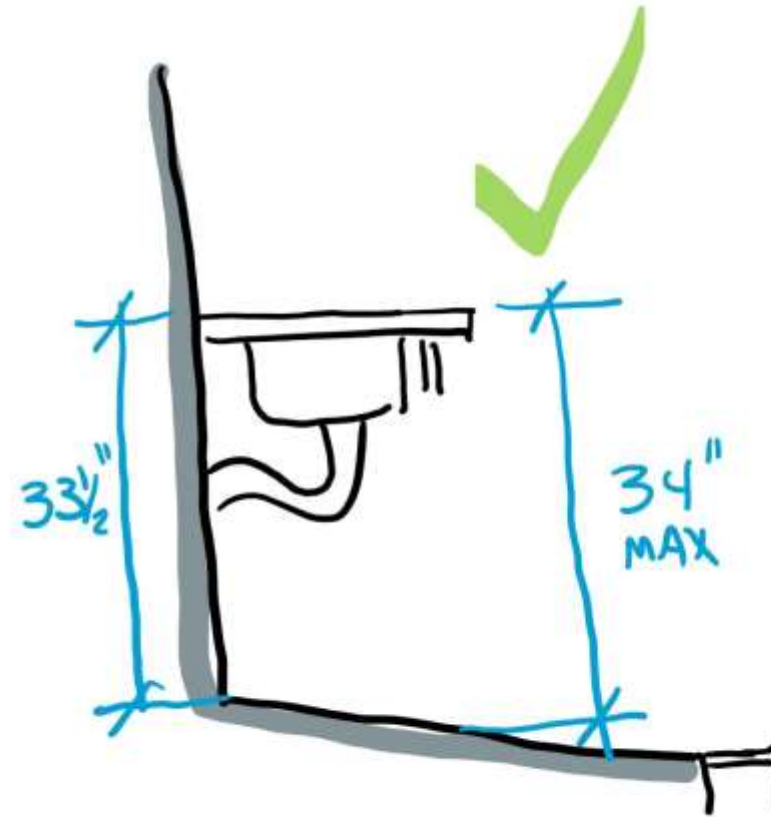
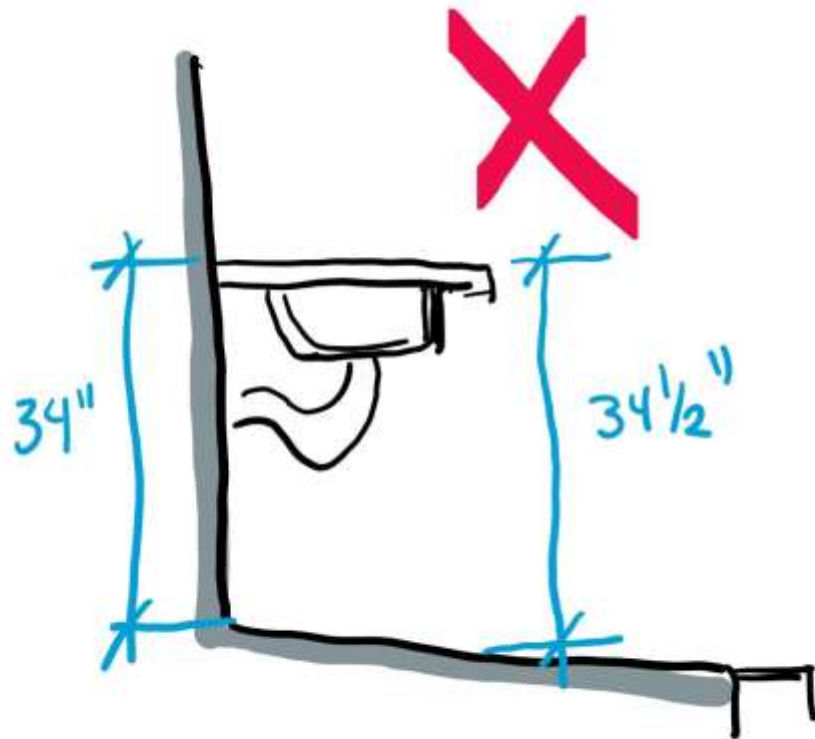
Lavatories and Sinks

The toe of the wheelchair space must extend under the lavatory far enough to reach the faucet controls.



Lavatories and Sinks

The higher of the rim or counter must be not more than 34" AFF.

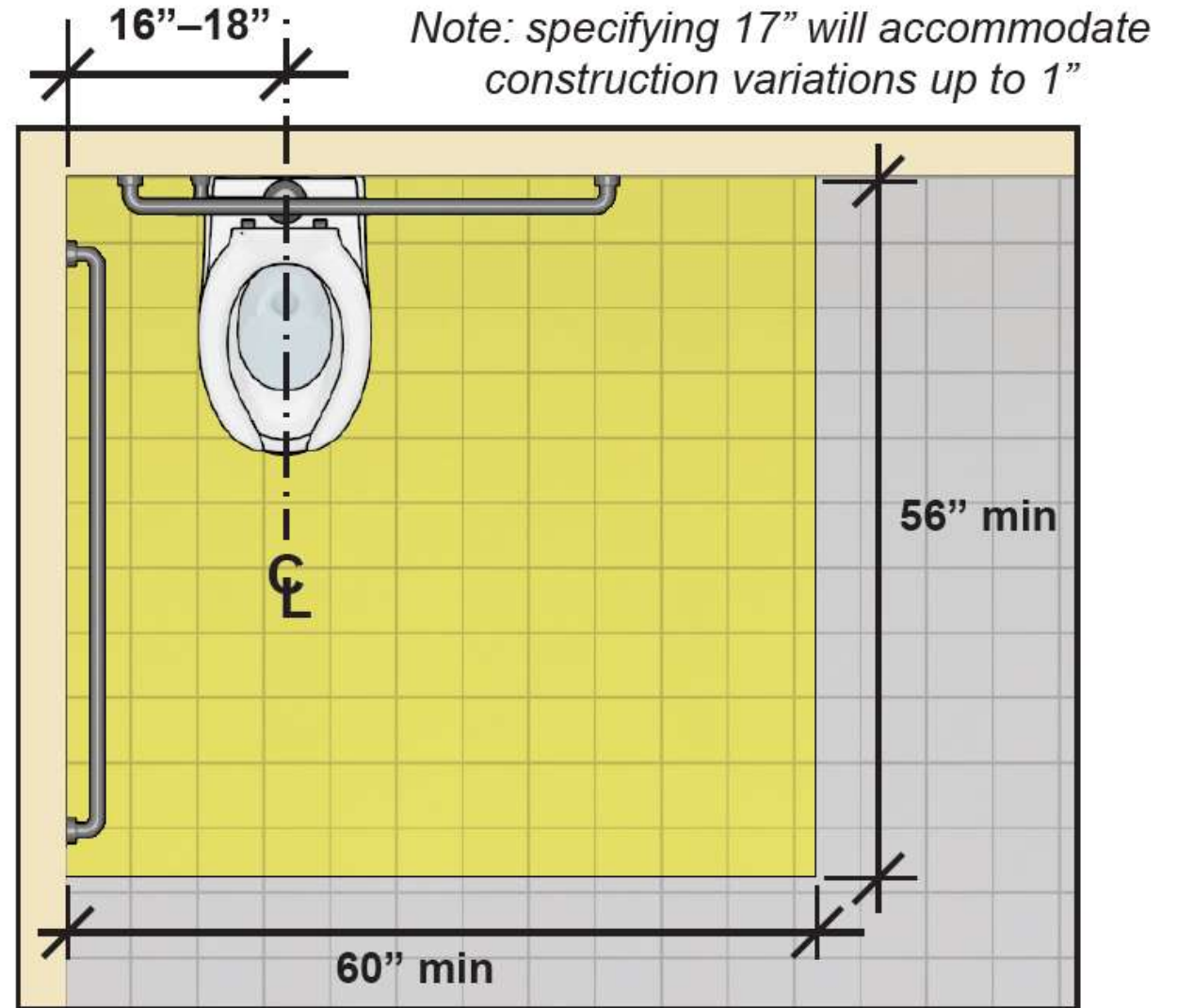


Toilet Rooms

And bathing rooms...

The water closet (WC) has a mandatory clear floor space. For wall mounted WC, the minimum clear depth is 56".

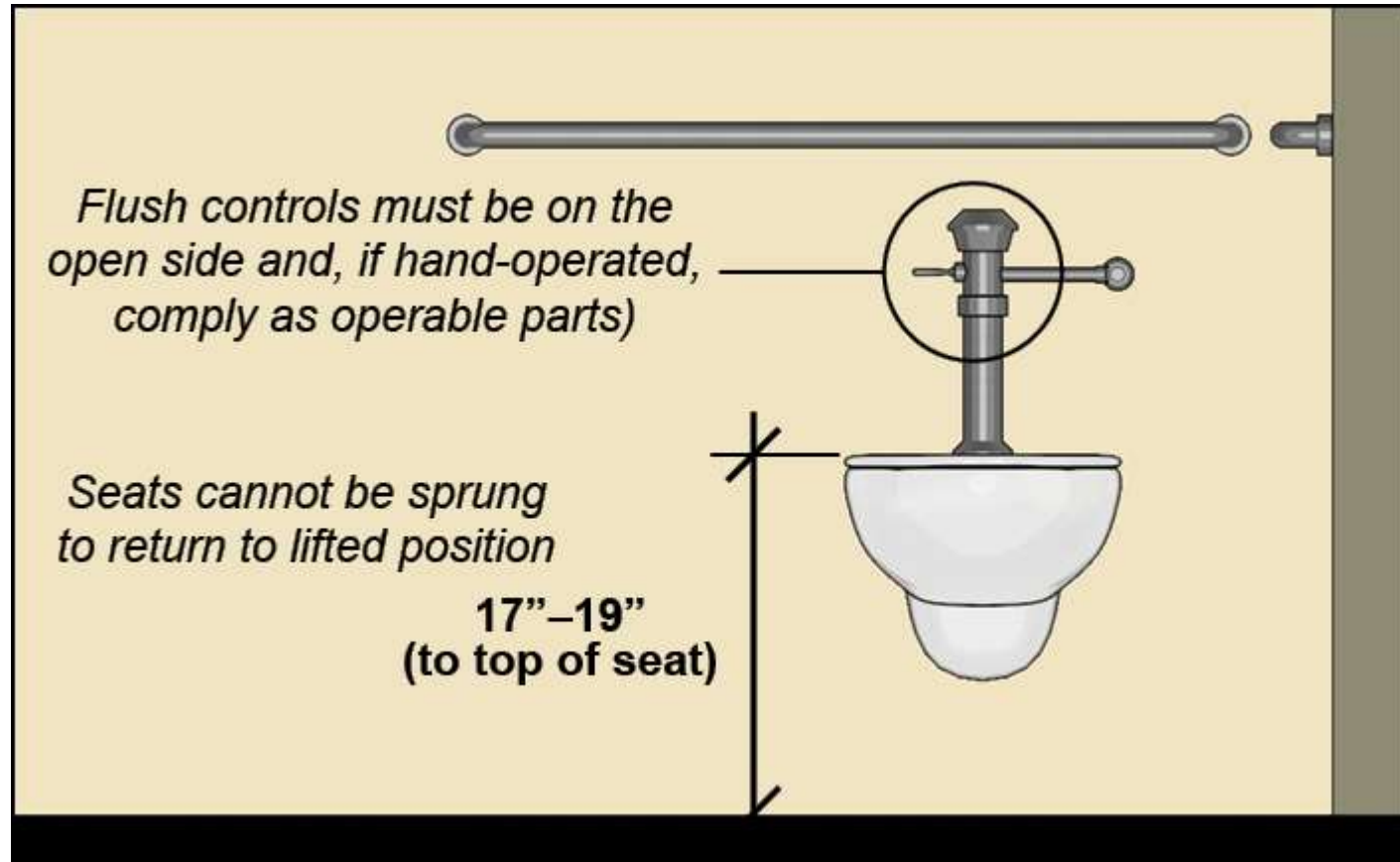
The WC centerline must be 16" – 18" from the side wall.



Toilet Rooms

And bathing rooms...

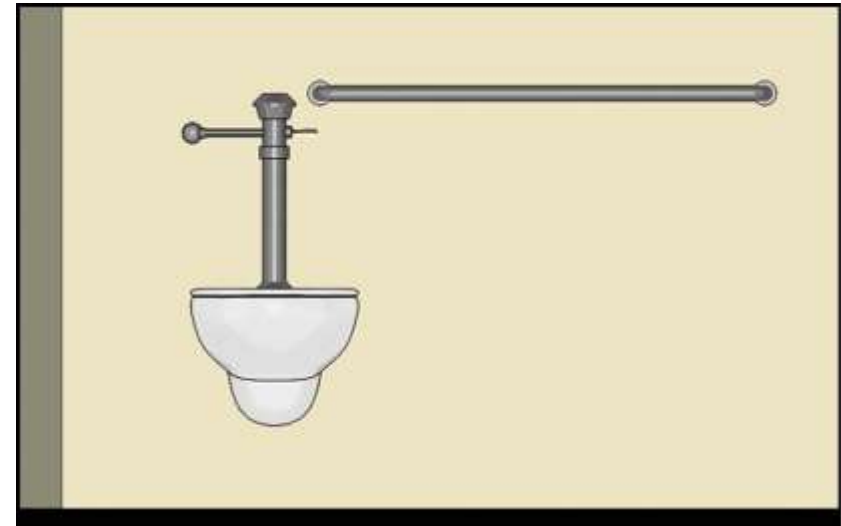
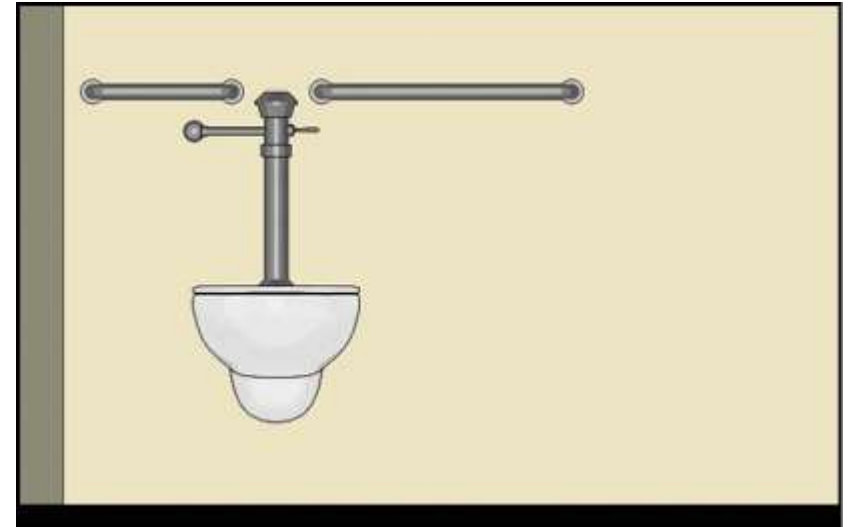
Flush controls on the open side, NOT beyond the centerline of the WC.



Toilet Rooms

And bathing rooms...

The rear grab bar can be split or shifted where it would conflict with the location of flush controls required by applicable codes.

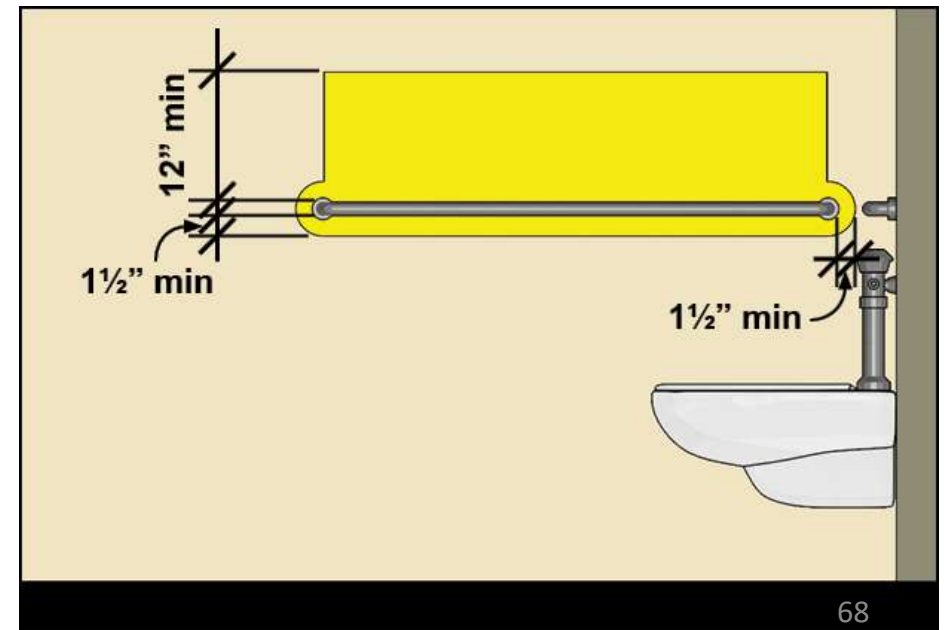


Toilet Rooms

And bathing rooms...

The area above the horizontal grab bar must be clear for 12" above it and 1-1/2" below and at the ends.

NO toilet paper or seat cover dispensers in this area!

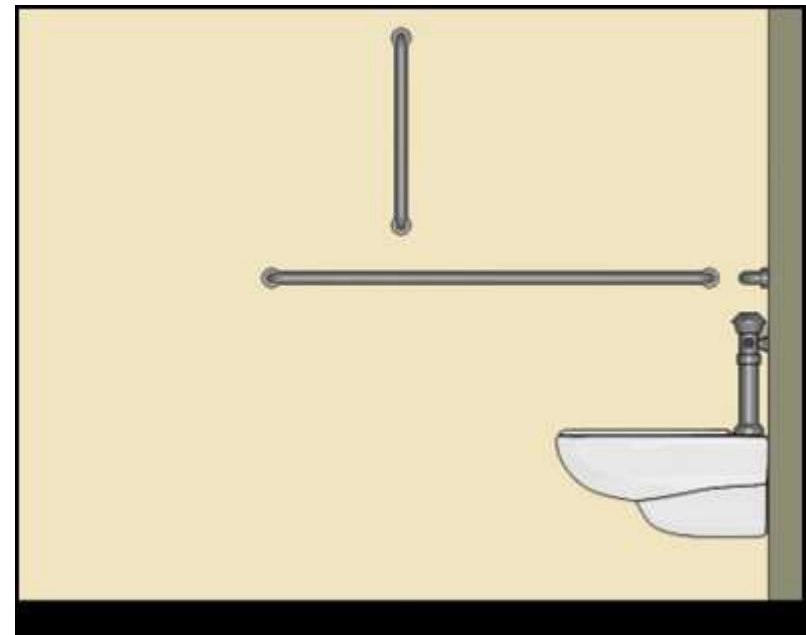


Toilet Rooms

And bathing rooms...

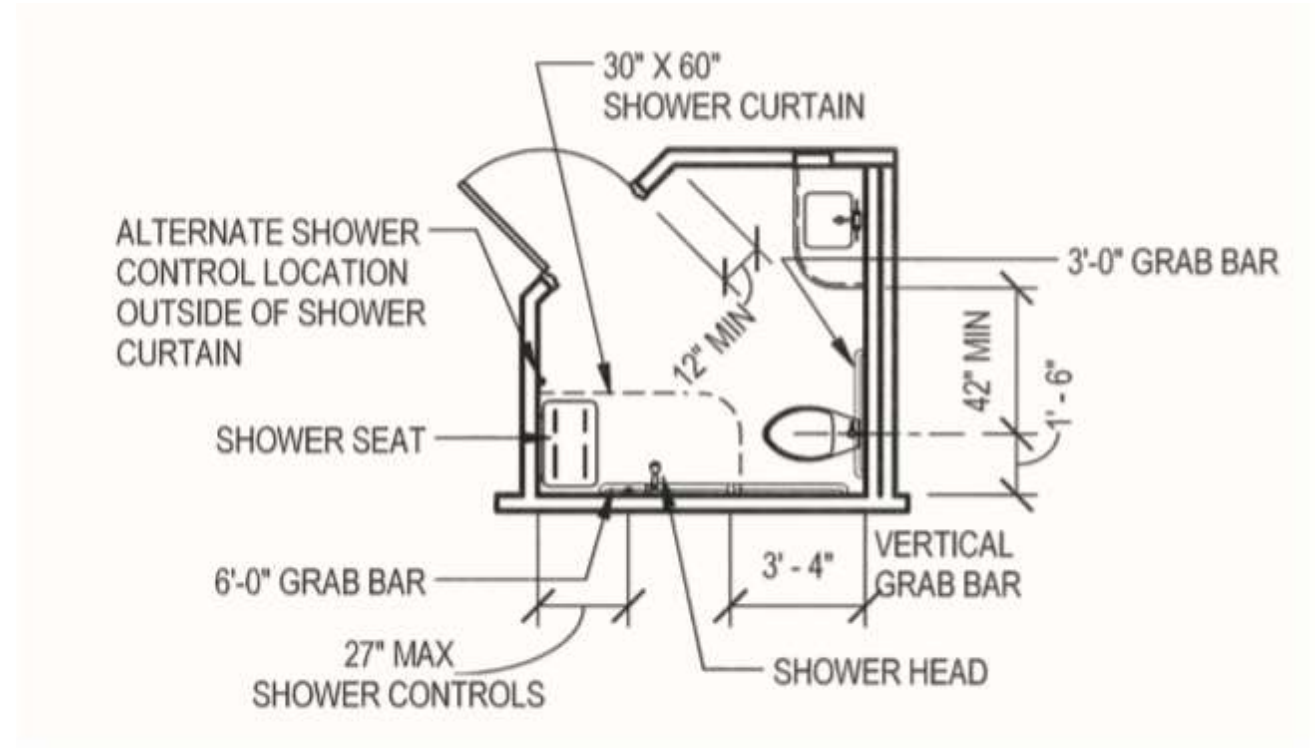
The area above the horizontal grab bar must be clear for 12" above it and 1-1/2" below and at the ends.

Except, the vertical grab bar, required by A117.1, is OK.



Single Occupant Toilet/Bathing Room

- The clear floor spaces for each fixture can overlap.



Example of an Accessible bathroom concept commonly called "open plan" or "wet room."

Breaking the Rules

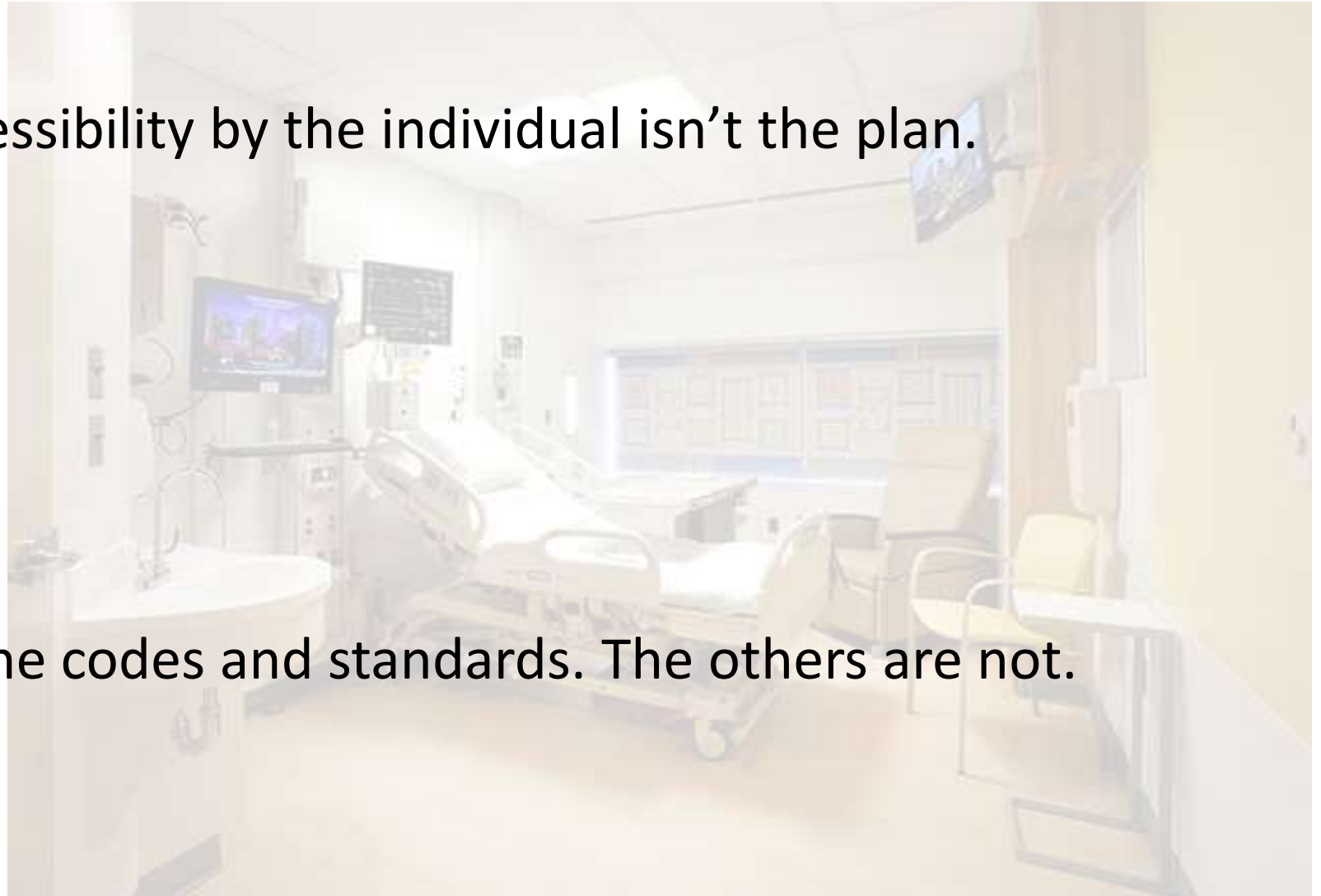
But, sometimes, accessibility by the individual isn't the plan.

ICU

Bariatric

Rehab Facilities

ICU is addressed in the codes and standards. The others are not.



Breaking the Rules

But, sometimes, accessibility by the individual isn't the plan.

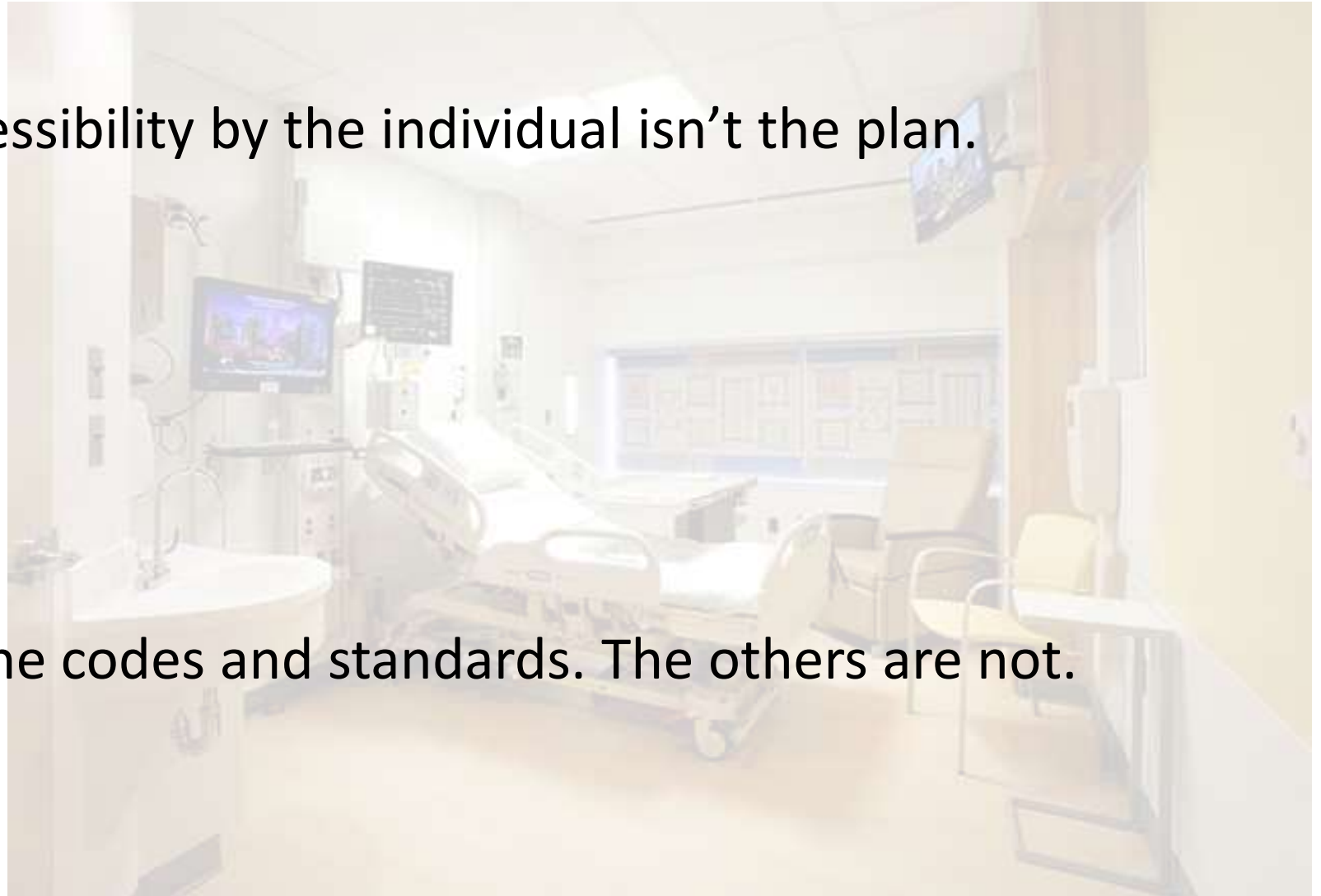
ICU

Bariatric

Rehab Facilities

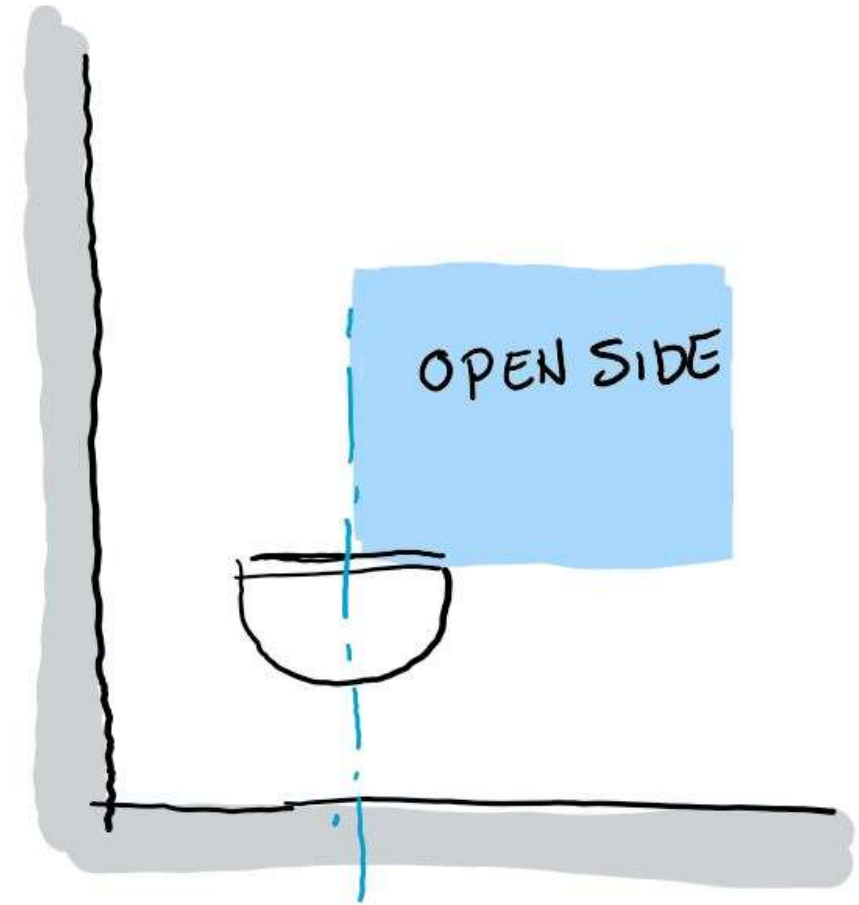
ICU is addressed in the codes and standards. The others are not.

Until now.



Changes in 2021 IBC

The Wisconsin Legislature is considering updating the code from the 2015 IBC to the 2021 edition. In it...

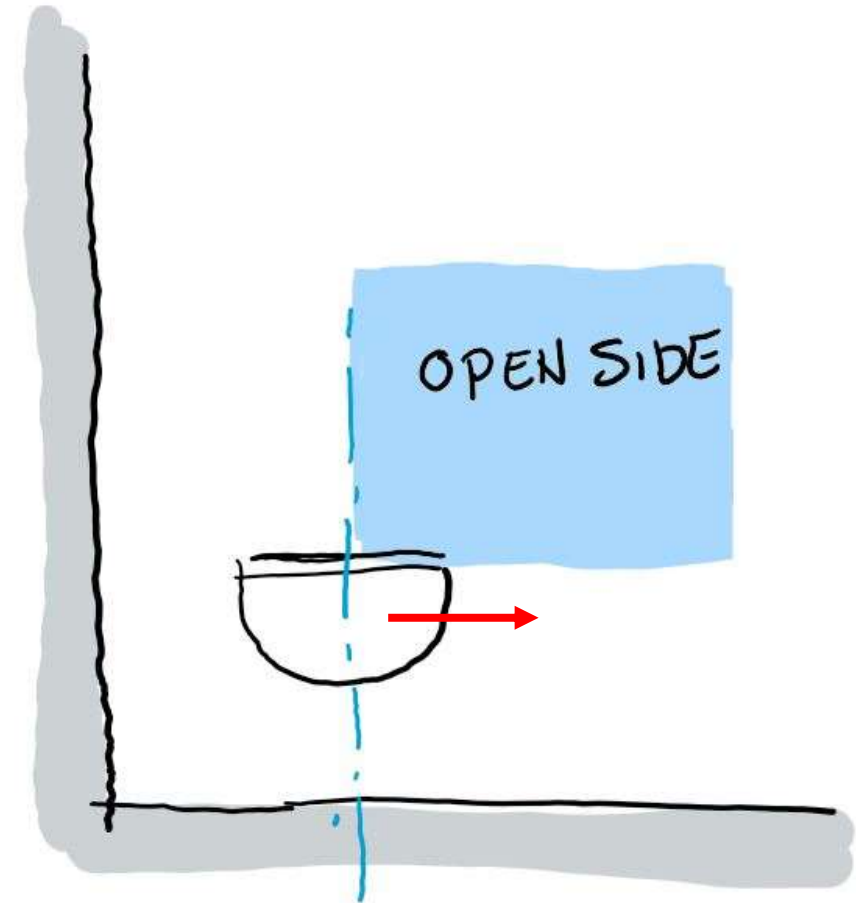


Changes in 2021 IBC

The Wisconsin Legislature is considering updating the code from the 2015 IBC to the 2021 edition. In it...

Assisted Toileting Options:

To allow for staff to be on either or both sides of the resident for assistance in standing, sitting or transferring, **the toilet must be farther from the wall** than what is required in the ICC A117.1.

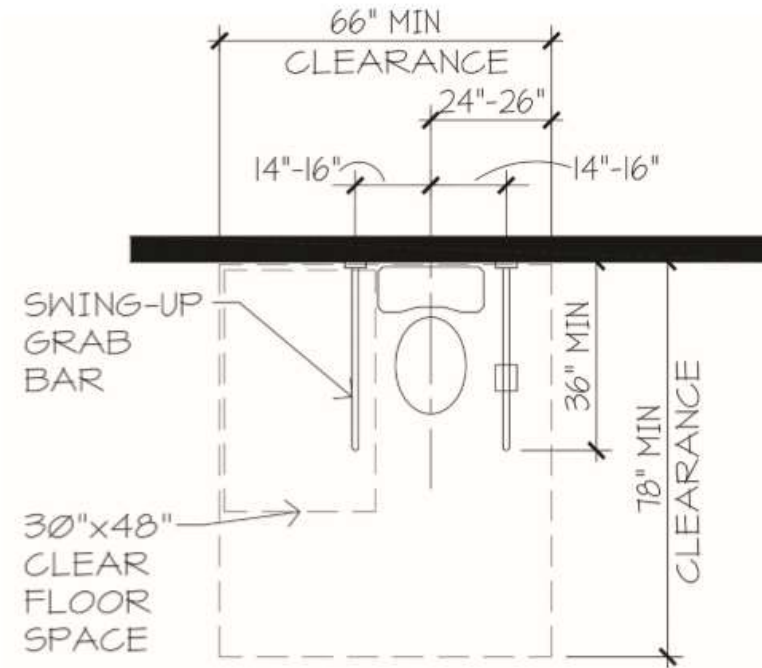


Assisted Toileting

Since a wall mounted grab bar would now be out of reach, two fold-down grab bars are required.

Benefits:

- Fold-down grab bars on both sides of the toilet is safer and easier for older adults who transfer independently.
- Easier for staff to transfer patients on/off the toilet with the extra space between the toilet and wall.
- Extra space between the toilet and wall allows better access for many types of lifting devices.



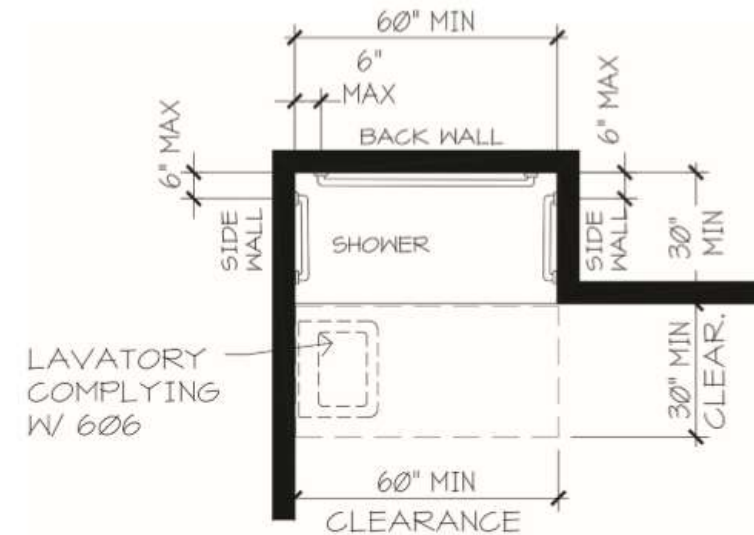
ALTERNATE WATER CLOSET

Figure 1: Alternate water closet.

Assisted Bathing Rooms

Assisted Toileting Options:

To allow for staff to be on either or both sides of the resident for assistance in standing, sitting or transferring, **the toilet must be farther from the wall** than what is required in the ICC A117.1.



ASSISTED BATHING
ROLL-IN SHOWER -
MINIMUM SIZE

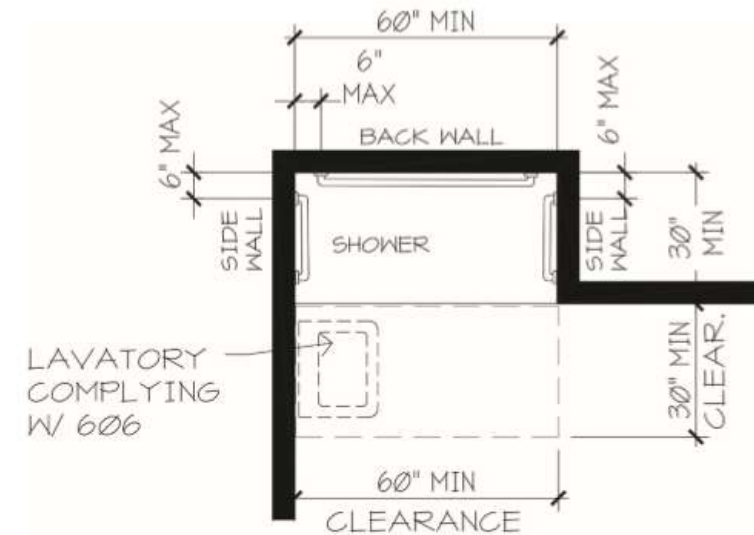
Figure 2:
Assisted bathing roll-in shower minimum size.

Assisted Bathing Rooms

Assisted Toileting Options:

To allow for staff to be on either or both sides of the resident for assistance in standing, sitting or transferring, **the toilet must be farther from the wall** than what is required in the ICC A117.1.

No fixed in place or folding seat!



ASSISTED BATHING
ROLL-IN SHOWER -
MINIMUM SIZE

Figure 2:
Assisted bathing roll-in shower minimum size.

Assisted Bathing Rooms

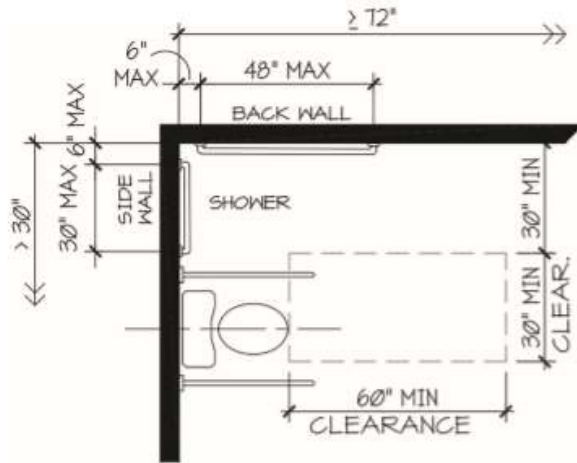
Two different ways to accommodate having assistance.

Benefits:

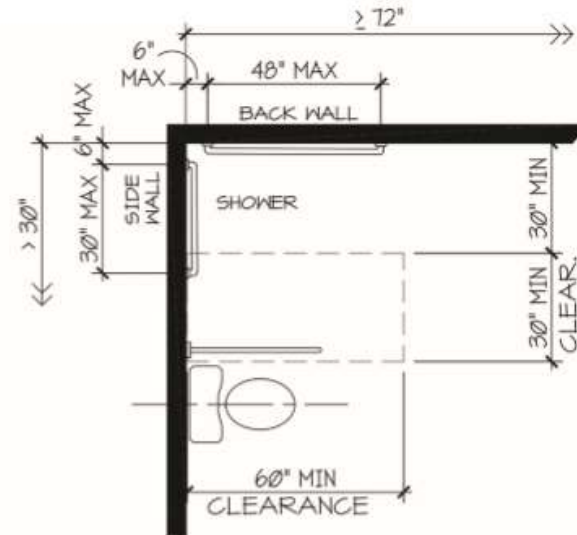
- Allows more space for the rolling chair.
- Rolling chairs are commonly used if patient cannot stand for bathing and are often easier to transfer to for older adults than a mounted seats.
- Allows more options for locations of the water controls.
- Allows the care-giver greater access to all sides of the resident for bathing.

Assisted Bathing Rooms

Two different ways to accommodate having assistance.



ASSISTED BATHING
ROLL-IN SHOWER -
USING EXCEPTIONS
EXAMPLE 1

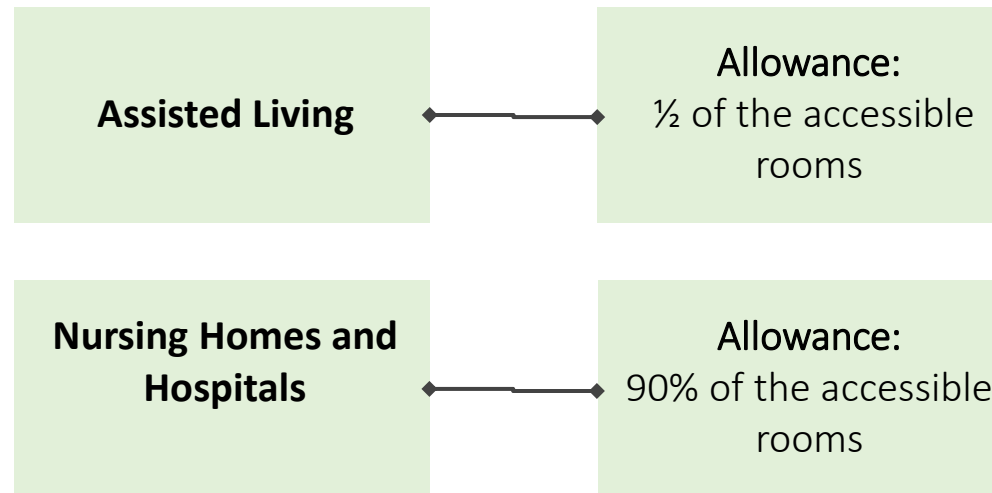


ASSISTED BATHING
ROLL-IN SHOWER -
USING EXCEPTIONS
EXAMPLE 2

*Figures 3 and 4:
Assisted bathing roll-in shower using exceptions, examples 1 and 2.*

Assisted Toileting and Bathing Rooms

The code includes allowances to replace standard accessible toilet and bathing rooms with these new alternatives.



Adult Changing Stations

If you are considering adding in such facilities, the 2024 IBC contains scoping (which does not include healthcare) and the 2017 A117.1 Supplement includes technical provisions on how to make one compliant.



Summary

- Know which codes and standards apply
- Pay attention to the specific text and don't "assume" the installation
- Work with the known and future technical and scoping provisions where possible.
- When in doubt, ask someone who may know the answer.

Contact Information



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