

304.1

Ambulatory Health Care Facilities

CHANGE TYPE: Addition

CHANGE SUMMARY: Definitions have been added to differentiate those outpatient medical care facilities in which individuals are temporarily incapable of self-preservation from those facilities in which such self-preservation capabilities do exist.

2009 CODE: 304.1 Business Group B. 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:

Ambulatory health care facilities

(No changes to other listed items.)

202 Definitions. AMBULATORY HEALTH CARE FACILITY. 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.

304.1.1 Definitions. CLINIC—OUTPATIENT. 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.

CHANGE SIGNIFICANCE: Facilities in which individuals are provided with medical care on a less than 24-hour basis continue to be classified as Group B occupancies. However, two new definitions highlight the fact that there are two unique types of persons that occupy such facilities. The important difference involves the self-preservation



Outpatient surgery center



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capabilities of the individuals. When the occupants are capable of self-preservation (the ability to respond to emergency situations without physical assistance from others), the building is considered an “outpatient clinic.” If such self-preservation cannot be accomplished as a result of the application of sedation or similar procedures, then the facility is by definition an “ambulatory health care facility.”

The need for separate definitions is due to new provisions in Section 422 that specifically regulate facilities in which individuals are temporarily incapable of self-preservation. The previous lack of any defining language for outpatient clinics has caused some inconsistency in how such facilities were classified and regulated. The new definitions and corresponding provisions will allow for more appropriate application of the requirements.

CHANGE TYPE: Modification

CHANGE SUMMARY: Within dwelling units and sleeping units of Group R-2 and R-3 occupancies, a handrail is now required only for stairs having four or more risers.

2009 CODE: ~~1009.10~~ **1009.12 Handrails.** Stairways shall have handrails on each side and shall comply with Section 1012. Where glass is used to provide the handrail, the handrail shall also comply with Section 2407.

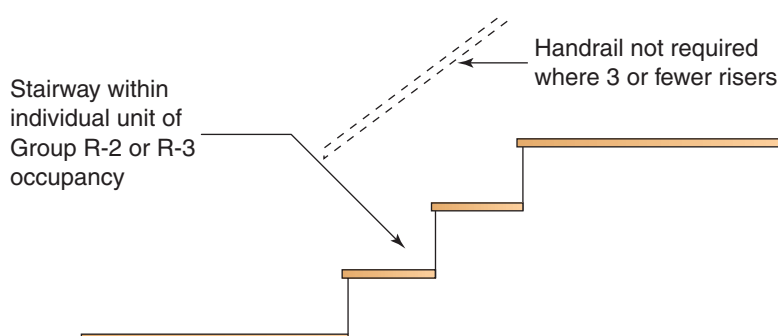
Exceptions:

1. ~~Aisle stairs complying with Section 1025 provided with a center handrail need not have additional handrails.~~
Handrails for aisle stairs are not required where permitted by Section 1028.13.
2. through 4. (No change to text.)
5. Changes in room elevations of ~~only one~~ three or fewer risers within dwelling units and sleeping units in Group R-2 and R-3 do not require handrails.

CHANGE SIGNIFICANCE: The requirement for handrails at elevation changes within dwelling units and sleeping units classified as Group R-2 or R-3 has been modified to provide for consistency with the *International Residential Code* (IRC). These residential occupancies are considered to be nontransient and the occupants are expected to be very familiar with their surroundings. Therefore, only those stairs having four or more risers are required to be provided with a handrail. Previously, elevation changes could be accomplished without a handrail only where they were limited to a single riser.

1009.12

Stair Handrails in Group R-2 and R-3



Residential stair without handrail