24-2.1 INTRODUCTION

The purpose of this chapter is to define applicability and implementation of codes, standards, and/or guidelines for design, construction, renovation, and replacement of real property at Indian Health Service (IHS) installations.

24-2.2 APPLICABILITY OF CODES

A. Background

Whenever the term code is used in this chapter it shall mean a rule, standard, and/or guideline.

B. Definitions

Regressive Code: When changes or modifications to a code occur, the requirements may apply to new and existing structures and/or equipment. A regressive code is specifically arranged in a manner that details the requirements for compliance for new and existing facilities separately. The National Fire Protection Association Life Safety Code (NFPA 101) is an example of a regressive code.

Non-Regressive Code: When changes or modifications to a code occur, the requirements apply only to new construction. The Standard for Health Care Facilities as described in the NFPA 99 is an example of a non-regressive code.

C. Design Criteria

When determining the code requirements for new construction, major renovation, and/or replacement of real property, the IHS shall use the latest published code at the design contract execution date. Should a newer edition of the Code be published prior to commencement of construction, the Authority Having Jurisdiction shall determine whether or not the newer edition should be implemented and the design modified accordingly. In all cases when the period of time between design completion and construction commencement exceeds 24 months, the newer edition of the Code shall govern and necessary design modifications shall be implemented. Code requirements for minor renovations are noted below.
Although efforts should be made to satisfy the criteria for the last published code during minor renovations of existing structures or equipment, it is recognized that such modifications may be technically infeasible, or might impose undue hardship because of structural, construction, or dimensional difficulties. The AHJ shall determine the applicability of codes in these instances.

Generally, AHJ responsibilities are assigned to the office that is managing the project (see Technical Handbook Chapter 24-2.5 “Authority Having Jurisdiction”). When the construction is managed by the Area Office, the Area Office shall be the AHJ and is responsible for evaluating, implementing, and enforcing the code relative to the application(s). Similarly if the Division of Engineering Services (DES) is managing a construction project, the DES is responsible. However, in the event that a conflict arises on implementation of a code the project manager shall request, in writing to the Director, DES, that a formal and final written interpretation of the code be provided in writing. This interpretation shall be the agency position on the issue.

24-2.3 APPLICABILITY OF LIFE SAFETY CODES AND MODEL BUILDING CODES

A. Purpose

The purpose of this section is to clarify the application and precedence of life safety codes and model building codes in new and existing Indian Health Service (IHS) health care facilities.

B. Background

In the past, IHS applied the Life Safety Code (LSC) NFPA 101 and model building codes requirements for life safety inconsistently on new and existing facilities.

C. Design Criteria

(1) The National Fire Codes (NFC), as published by the National Fire Protection Association (NFPA) shall be used exclusively for determining and maintaining life safety requirements for all occupancies in new and existing facilities, unless noted otherwise below.

(2) The International Building Code (IBC) as published by the International Code Council (ICC) shall be used as the model building code to determine other aspects of design and construction. Other model building codes may be considered on a project by project basis.

(3) If a conflict should arise between the NFC and any other model building code on an issue of life safety, the NFC shall take precedence.

(4) The LSC shall apply to both new construction and existing buildings and structures.
New Construction

i. New buildings shall be designed and constructed to meet the new occupancy requirements of NFPA 101 in accordance with paragraph 24-2.2.C of this chapter.

ii. Buildings are required to remain in compliance with the edition of NFPA 101 they were designed and constructed to meet throughout their life except as noted below.

Existing Buildings

i. Existing buildings must be periodically reassessed against the existing occupancy chapters of the current edition of NFPA 101.

ii. If more restrictive life safety features are identified during a reassessment, buildings must be modified to be brought into compliance.

iii. If existing life safety features are identified during a reassessment that are no longer required, they must either be maintained or removed.

24-2.4 REFERENCE CODES AND STANDARDS

The following are nationally recognized organizations and/or government agencies that publish codes, standards, regulations, and/or guidelines that IHS considers as the minimum requirements to be implemented with the new construction and renovation, and the operation and maintenance management programs of its real property programs.

A. National Fire Protection Association (NFPA)
   NFPA 99 - Health Care Facilities

B. American National Standards Institute (ANSI)

C. National Board Inspection Code for Boiler and Pressure Vessels

D. American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities

E. Code of Federal Regulations (CFR)
   41 CFR 101 - Property Management
   29 CFR 1910 - Plant Safety
   28 CFR 36 - Handicapped Accessibility Guidelines

F. American Society of Mechanical Engineers
   Safety Code for Elevators and Escalators
   Inspectors Manual for Elevators and Escalators
   Guide for Emergency Evacuation from Elevators
   Standard for the Qualifications of Elevator Inspectors
G. Accreditation Organizations
   The Joint Commission (TJC)
   Accreditation Association for Ambulatory Healthcare (AAAHC)
   Centers for Medicare and Medicaid (CMS) Accreditation for Hospitals

H. National Institute for Occupational Safety and Health (NIOSH)
   Guidelines for Protecting the Safety/Health of Healthcare Workers
   Waste Anesthetic Gases and Vapors

I. United States Department of Energy
   Architect Engineer Guide to Energy Conservation in Buildings

J. Centers for Disease Control and Prevention (CDC)
   Indoor Air Quality
   Infection Control in the Hospital

K. National Sanitation Foundation
   Class II Laminar Flow Biohazard Cabinetry

L. American Hospital Association
   Waste Management for Health Care Facilities
   Developing an Emergency Preparedness Program
   Medical Gas and Vacuum Systems
   Fire Warning and Safety Systems
   Safety Management for Health Care Facilities
   Hazard Communication for Health Care Facilities
   Electrical Systems for Health Care Facilities
   Mechanical Systems for Health Care Facilities


N. American Society for Heating/Refrigeration/Air Conditioning Engineers (ASHRAE)
   Fundamentals
   Equipment
   Refrigeration
   Applications
   Energy

O. Sheet Metal/Air Conditioning Contractors National Association (SMACNA)
   Energy Conservation Guidelines
   Energy Equipment Recovery and Systems
   Fire/Smoke/Radiation Damper Installation Guide for HVAC Systems
   HVAC Duct Leakage Test Manual
   HVAC Systems Testing, Adjusting and Balancing
   Indoor Air Quality Manual
   Installation Standards for Residential HVAC Systems
   Kitchen Equipment Fabrication Guidelines
   Retrofit of Building Energy Systems and Processes
This chapter contains major construction codes, standards, and/or guidelines. However, problems arising from specific construction project conditions not covered herein shall be resolved through the exercise of sound construction practices and referenced to recognized standards compatible with those delineated in this chapter.