



January 28, 2016



Mr. Darrell Saby  
Senior Building Official  
MuniCode Services Ltd.

UE-14,775

**Re: Sentence 3.3.3.5.(15) of the NBC and the definition of "Treatment"**

Dear Mr. Saby:

Thank you for your enquiry.

**Your question:**

With regard to Sentence 3.3.3.5.(15), this sentence uses the phrase "individual suites" within care homes and states that walls between them and the remainder of the floor area must be constructed as fire separations with fire resistance ratings.

The NBC provides no definition of "individual suites" therefore Building Officials must make their own interpretation of how to apply this to a care home.

Question 1:

Is it correct that all B3 occupancies which provide numerous individual rooms or spaces which also have sleeping quarters and their own private bathrooms must be considered as "individual suites" for the purposes of Sentence 3.3.3.5.(15)?

Question 2:

If the numerous rooms or spaces with sleeping quarters in a carer home do not have their own bathrooms are the spaces/rooms in this building considered to be an "individual suite" as used in Sentence 3.3.3.5.(15)?

With regard to the definition of "treatment",

This definition clearly states that "the provisions of medical or other health related intervention where the administration or lack of administration of these interventions may render them incapable of evacuating to a safe location without the assistance of another person." During recent research I have performed into persons with dementia and/or Alzheimer disease it has become apparent that almost all of these persons are administered mood altering medication in an effort to keep them calm and/or manageable. The reasons given for administering these various medications is that without them, the persons often act in violent or unexpected manners which places themselves and those around them in danger of harm. When the caregivers in question were asked by me if they felt persons with dementia and/or Alzheimer disease are capable of evacuating a building in an emergency without the help of another person their answer was absolutely not.

Question 3:

Given this information of lack of medication or the providing of medication, should buildings that provide sleeping accommodations for persons with dementia and/or Alzheimer disease always be classified as B2 instead of B3?

**Codes Canada response:**

Thank you for your inquiry and for the following phone discussions.

**Background Information**

During the code development process on the new Care Occupancy (B3), two types of suites were considered:

- residents' sleeping rooms and
- dwelling units, which imply sleeping, bathing and cooking accommodations within the unit.

Following the public consultations on the proposed changes, concerns were raised regarding the terminology used in Sentence 3.3.3.5.(15). As a result, it was agreed to replace the term "dwelling units" by "individual suites".

**Question 1, Care Occupancy and Suites**

Individual suite stated in Sentence 3.3.3.5.(15) must be seen as a group of rooms occupied by a single tenant (see the definition of suite in Division A of the NBC), whereas residents' sleeping rooms stated in Sentence 3.3.3.5.(9) must also be seen as a suite, but similar to hotel rooms.

In both cases, these suites shall be served by public corridors with a fire separation and with proper closures. Furthermore, even though Sentence 3.1.8.11.(2) exempts self-closing devices on doors serving patients' sleeping rooms in a treatment occupancy, there is no such an exemption for doors between the suites and the public corridors in care occupancies.

**Question 2, Group of rooms in care homes**

Nevertheless, Sentence 3.3.3.5.(10) provides a relaxation for fire separations in care occupancies. A group of rooms such as residents' sleeping rooms, storage, bathing or toilet facilities, shared by no more than 5 residents are permitted to be built without being separated by fire separations. Doors in such a configuration do not need be self-closing.

**Question 3, Treatment, Care and Self-preservation**

The notion of evacuating with/without assistance is often the top concern regarding these occupancies. The opinion provided by CCC staff on these issues is based solely on the definitions and requirements stated in the NBC and NFC.

The NBC defines treatment provided by treatment occupancies as "provision of medical or other health-related intervention to persons, where the administration or lack of administration of these interventions may render them incapable of evacuating to a safe location without the assistance of another person."

However, there is no assumption in the NBC or in the NFC that residents in a care occupancy (B3) must evacuate unassisted. On the contrary, the NBC and NFC requirements imply that residents in B3 and patients in treatment occupancies (B2) will both require assistance during an evacuation. The following measures were implemented to address this concern:

- larger egress capacity of 18.4 mm per person,
- wider exit stairs,

- fire compartments on floor areas in zones, and
- a sufficient number of supervisory staff on duty to perform the fire safety plan.

In addition, as stated in the Appendix Note for the definition of "care occupancy", care includes services that "may include a daily assessment of the resident's functioning, awareness of their whereabouts, the making of appointments for residents and reminding them of those appointments, the ability and readiness to intervene if a crisis arises for a resident, supervision in areas of nutrition or medication, and provision of transient medical services."

Therefore, on the capacity of the occupants to evacuate without assistance. The classification of buildings should be triggered by the type of services provided: care or treatment.

*The views expressed in this response are those of the staff of Codes Canada of the National Research Council Canada who assist the committees that are responsible for the preparation of the Codes Canada publications. These views should not be considered as official interpretations of legislated requirements based on the National Building Code, National Fire Code, National Plumbing Code, or National Energy Code for Buildings. The final responsibility for an official interpretation rests with the authority having jurisdiction.*

Regards,

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