

BC BUILDING CODE 2018

GROUP B, DIVISION 3 (CARE) OCCUPANCIES

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The 2012 edition of the BC Building Code introduced a new occupancy classification to specifically address residential care facilities. The previous Group B, Division 2 *Care and Treatment* occupancy was separated into Group B, Division 2 (B-2), *Treatment* and Group B, Division 3 (B-3), *Care*. The use of these classifications is based on the following definitions:

Treatment (Group B-2) means the 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. This describes hospitals.

Care (Group B-3) means the provision of services other than treatment by or through care facility management to residents who require these services because of cognitive, physical or behavioural limitations. This describes care facilities.

Under the new Group B-3 category, a *care* facility may contain:

- sleeping rooms in a single suite,
- dwelling units, or
- a combination of both.

A *care* (Group B-3) occupancy differs from a *residential* (Group C) occupancy in that residents of Group B-3 occupancies receive services *from management of the care facility because of cognitive, physical or behavioural limitations*. Similar services may be provided in a Group C occupancy including by outside public or private agencies simply because they are desired.



A table comparing the relevant solutions for *treatment* and *care* occupancies in the 2018 edition of the BC Building Code is attached.

ABOUT THE AUTHORS

Frankie Victor (PL Eng, BCQ) has 11 years' experience as a Building Official with the City of Nanaimo and 19 years of Building Code consulting experience with GHL. Frankie is registered with Engineers and Geoscientists BC as a Professional Licensee Engineering with the title PL Eng. She has served 14 years as a member of the Executive Committee of the Building Officials Association of BC and holds the title BCQ (Building Code Qualified), and sits as vice chair of the BC Building Code Appeal Board.

Wendy Morrison (PL Eng, BCQ) is a Building Technologist with 18 years' experience at GHL, is registered with Engineers and Geoscientists BC as a Professional Licensee Engineering with the title PL Eng, and is a member of the Building Officials Association of BC (BOABC) and holds the title BCQ (Building Code Qualified); she is one of the first two BOABC members to achieve this designation while working in the private sector as a Code Consultant. Wendy has a multi-disciplinary background in administration, 10 years in the legal field, and has completed studies in Public Administration and Political Science.



BUILDING CODE SOLUTIONS – CARE VS. TREATMENT

Building Code Solution	Treatment Occupancy (B-2)	Care Occupancy (B-3)	Code Reference
Combustible construction	2 storey/1600m ²	3 storey/1800m ²	3.2.2.38. to 3.2.2.46
Becomes a high building	Treatment above the third storey	Care above the third storey	3.2.6.1
Sprinklered	NFPA 13	NFPA 13; NFPA 13R permitted in buildings with not more than 10 occupants	3.2.5.12
Floor area divided into zones. Min 2 zones; max 1000m²	10 or more patients	10 or more residents	3.3.3.5
Areas of refuge (with 1h fire separation and air supply)	Where impractical to move patients (e.g. operation, recovery, ICU)	Not required	3.3.3.6
Fire separation	Sleeping rooms - unrated	Sleeping rooms – unrated individual suites – same as dwelling units in 3.3.3.4.	3.3.3.5
Sound transmission	Not applicable	Not applicable	5.9.1.2
Number of Waterclosets	Based on needs of occupants	One watercloset per each 10 residents of each sex	3.7.2.2
Doors to sleeping rooms	Permitted roller latches Doors at sleeping room (held open) not required to close on fire alarm	Permitted roller latches Doors at sleeping room (held open) required to close on fire alarm.	3.3.3.5 3.1.8.14
Fire alarm system	2 stage 1000m ² zones annunciated	2 stage Single stage if less than 4 storeys 1000m ² zones annunciated	3.2.4.3
Smoke detection	In corridors and sleeping rooms	In corridors and sleeping rooms	3.2.4.11
Smoke alarms	Not applicable	In individual suites (same as dwelling units)	3.2.4.20
Emergency electrical power	Emergency power conforming to CAN/CSA – Z32 in Class A hospitals	Emergency power – CAN/CSA-C282	3.2.7.3 3.2.7.6
Corridor widths	1650mm 2400mm where it may be necessary to move patients in beds.	1650mm 1100 in buildings with 10 or fewer residents	3.3.3.3
Dead ends	Not permitted	6m permitted in corridors serving individual suites	3.3.3.3
Egress/Exit - Door widths	850mm 1050mm where necessary to move patients in beds 1050mm at exits serving sleeping rooms	850mm	3.3.3.4 3.4.3.2
Ramp width	1100mm 1650mm serving patient sleeping rooms Maximum vertical rise between storeys or landings 2.4m.	1100mm	3.3.3.4 3.4.3.2
Stair width	1650mm - patient sleeping rooms otherwise 900mm or 1100mm	900mm, 1100mm, or 1650mm depending on number of storeys, number of residents, area served	3.4.3.2 Table 3.4.3.2.B
Exit capacity	Based on 18.4mm/person	Based on 18.4mm/person	3.4.3.2
Fire Code	Mattresses conform to CAN/ULC S137 <i>Fire Growth of Mattresses</i> Bed linens, drapes, and cubicle curtains shall conform to CAN/CGSB-4 162-M <i>Hospital Textiles Flammable Performance Requirements</i>	Mattresses conform to CAN/ULC S137 <i>Fire Growth of Mattresses</i> Bed linens and drapes shall conform to CAN/CGSB-4 162-M <i>Hospital Textiles Flammable Performance Requirements</i> where more than 10 residents N/A in individual suites	BC Fire Code 2.3.2.3

The information in this letter is for discussion purposes only. Refer to applicable Building Codes and Fire Codes for actual requirements. The designer should always check with the AHJ for local policies and interpretations regarding the foregoing.

ABOUT GHIL CONSULTANTS LTD

GHIL is a team of fire engineers and building code professionals who have extensive experience and advanced training in fire safety codes and fire engineering. With expert knowledge in fire safety and established working relationships with many authorities having jurisdiction, we are capable of solving a wide variety of fire engineering challenges that arise from the prescriptive codes. Our fire science background provides us with a strong capability in fire modelling and evacuation/egress modelling. With a dedicated team of fire modelling engineers, GHIL can advise clients when fire modelling adds value to a project and when fire modelling analysis is required. For further information, visit our website at www.ghil.ca.