

TAKEN TO ACCESS

Reporting Update:

Architectural Barrier Removal Progress Reports are due July 11, 2012 for ABSMC, CPMC and SMCS. Below are a few reminders:

- If an area was surveyed but it has since become “Staff Only”, please note that when reporting. We will note that no modifications will be made “at this time” and that any future work to this space will address the issues as appropriate.
- If ABRP notes that barriers will be removed and we have now vacated that area, we will note that no modifications will be made “at this time” and that any future work to this space will address the issues as appropriate.
- If any barriers were removed as part of a capital improvement project please note that in the Barrier Removal Notes column. The level and type of monitoring on such items will be different than other barriers.
- As you remove barriers and track the removal progress, please remember that if you change anything you must explain via the “4 Questions”. Please be sure your team is prepared to explain.

If you have any questions, please do not hesitate to call Mary Ellen Medinilla at 916-566-4832 or MedinM@sutterhealth.org.

DE’BUGGING CODE

Last month FPD PAC rolled out the new application for plan review form and process. We have since received numerous projects and 3rd party consultants are busy performing accessibility reviews. As the number of projects up for review increase, we are beginning to see that many of our design professionals are still struggling with accessibility compliance. The accessibility for public building requirements is in Chapter 11B of the California Building Code. Design professionals typically check projects against other chapters of the code to confirm that adequate occupancy and construction type classifications are assigned, that the correct number of plumbing fixtures are included and that the right number of exits are provided to name a few. So why is accessibility considered something else or new? Why has it not become second nature to review and apply the correct code sections and in-

terpretations? For one, in addition to 2010 CBC Chapter 11B, 2010 ADA Standards must be followed. Often there are discrepancies between CBC and ADA and the most stringent requirements must be followed. Also, there are several other codes and standards that will have a direct impact on accessibility. Below is a list of some of the other codes that projects must comply with:

- ANSI/BHMA Standards
- ASME Standards related to Elevators & Lifts
- ASTM Standards
- IBC particularly references to means of egress and areas of refuge
- NFPA 72 Fire Code
- OSHPD CAN2-11B

Furthermore, our design professionals are challenged to incorporate practical design, programming needs and related provisions from various

chapters of the code simultaneously. The 3rd party review process is set up to identify complicated items that get missed due to the high level of coordination between all codes that are required to meet full accessibility. However, it is not designed to determine accessibility requirements or provide basic design solutions as that is the responsibility of the design consultants. When projects are submitted for review, design professionals must be confident that to the best of their abilities all requirements have been met. If while the project is in progress questions about correct interpretation come up, consultants along with their PM’s are encouraged to check in with Terry Salo during open office hours held Tuesdays 9:00am—12:00pm and Thursdays 1:00pm—4:00pm. Send appointment requests to FPDPAC@sutterhealth.org and we’ll work with you to ensure compliance.

ABRP’S CORNER

ABRP Update: Once your ABRP has been approved by PAC and Office of General Counsel, it is sent to Class Counsel for final review and acceptance. Class Counsel will respond and communicate directly with OGC and the Affiliate via legal letters. The final outcome of these negotiations must be uploaded to the ABRP that was submitted to FPD by the Affiliate. The updated spreadsheet must be

resubmitted to PAC as the most up to date ABRP and will become the final document against which all progress will be tracked.

If the original selected solution, responsibility code or estimated removal dates change, be sure to note these changes on the tracking columns. During reporting, if the selected solution or removal date change from the original solution, the spe-

cific four questions are required to explain any modifications. Please do NOT change any of the column names (Building Name, Barrier Number, etc.). You may hide or split columns/rows, but they must NOT be deleted.

Please contact Michelle Austin for assistance at 916-614-2453 or AustinM@sutterhealth.org.