DEPARTMENT OF LABOR AND INDUSTRY

Accessibility Code 1341 TAG

Meeting Notes

Date: Wednesday, March 19, 2025
Meeting Location: DLI Isanti Room/WebEx Event

Call to order: Karen Gridley at 9:02 AM

Attendance:

TAG Members attending: Dori Dufresne (U of MN), David Fenley (MCD), Chris Machmer (City of Duluth), Dave Mathews (AMBO & 10K Lakes ICC Chapter), Lee Gladitsch (DLI Co-Chair), Karen Gridley (DLI Co-Chair), Mara Peterson (JQP Inc Accessibility Specialist), Haidee Tan (Architect)
TAG Members not attending:
Guests attending: Scott Anderson (City of Minneapolis), Lisa Hartwig (City of Minneapolis), Dave Leighley (Mayo), Jill Buttenhoff (Mayo), Dan Murphy (Minnesota Dental Association), Wendy Rannenberg (DLI Staff); Kevin Rolfes (BOMA), Joshua Simma (BWBR Architects), Amanda Spuckler (DLI Staff), Sumukha Terakanambi (Code change proponent & Policy Consultant to MN Council on Disability),

Worksheet and Code Change Proposal Review:

The Accessibility Code TAG was authorized to reconvene to review a proposed change regarding Accessible exam rooms and overhead fixed lifts in exam rooms. The proposed code change is number Acc-27. The TAG concluded its discussion and makes the following recommendations.

Proposed Code Change Acc-27 – IBC Section 1109.5 and A117.1 Section 809.

The TAG determined it was necessary to split the proposal into two parts for separate consideration. The first part clarifies the requirements of IBC by adding Sections 1109.5, 1109.5.1 and A117.1 by adding Section 809 for Accessible exam rooms. The second part modifies IBC by adding Section 1109.5.2 to require overhead fixed lifts in exam and treatment rooms.

1. The first part adds language that clarifies the existing code requirement that exam rooms in dental and health care facilities are required to be accessible. This clarification includes existing requirements that an accessible route be provided to the space and that a compliant turning space and a compliant clear floor space are provided within the defined area of each exam space, beyond the door swing, and between fixed furnishings and location of the patient exam, diagnostic or treatment surface or chair. This clarification is necessary because designers have missed this requirement which has been poorly enforced by code officials. As a result, an increasing number of clinics, particularly dental offices, are being constructed without the required clearances. This requirement would not be retroactive. The TAG consensus is to recommend this code clarification be accepted.

2. The TAG considered the second part of the proposal that requires overhead fixed lifts in a certain quantity of exam and treatment spaces. The spaces that would be required to provide overhead lifts depends on the quantity of exam and treatment rooms provided and they would be required in clinics of varying sizes. This requirement is intended to improve access to dental and medical diagnostic and exam equipment.

   The TAG consensus is to not recommend accepting the proposed change for overhead fixed lifts at this time. The proposal needs further study and requires more time and resources than are available through the TAG process. Additionally, this is not a Minnesota specific concern so it would be more appropriate to address this issue through the national ICC code development process where a broader and more diverse pool of nationally recognized experts can develop appropriate code language.

   The TAG recognizes the value in having Accessible lift equipment in dental and healthcare facilities but were concerned about how to effectively implement a requirement for fixed overhead lifts in the building code without creating safety concerns and an unintended financial burden on small businesses. TAG members considered Minnesota Statutes, section 14.127, that requires an agency to determine if the cost of complying with a rule in the first year after the rule takes effect will exceed $25,000 for a small business with less than 50 full-time employees. If it is determined that the cost of the rule will exceed $25,000, then a small business is exempt from its requirements.

   Interested parties, members of the public, and TAG members discussed the following concerns:
   - Not enough notice was provided to gather feedback and input from dentists. They need additional time for further study and comment.
   - The approximate minimum cost is $12,000 per lift, which can be burdensome in clinics with multiple types of exam spaces in different departments, and for small and medium sized clinics in which the proponent wants to provide the lifts. However, the costs of providing lifts in small and medium sized clinics may exceed $25,000. In addition to the costs of equipment and installation, there are training costs for clinic staff.
   - If a small or medium sized facility is only required to provide one overhead fixed lift, then the question is which exam or treatment space should be provided with a lift. For example, if the overhead fixed lift is provided in the exam space but not a treatment space then a person can receive an exam but not the treatment, unless a portable lift is also provided for the second room. The small or medium sized facilities then have the additional cost burden of providing both types of lifts. Currently, a facility may provide a single portable lift that serves all rooms and spaces. A portable lift can effectively transfer patients provided the exam or treatment space is designed and constructed with the clearances required by the code requirements. The TAG recommended that the room clearances be clarified via part 1 of the proposal discussed earlier to help ensure portable lifts can fit in the rooms and spaces, which may minimize or eliminate the need for overhead fixed lifts.
   - Any requirement that an overhead fixed lift be provided in a single “multi-purpose” room may encroach on how the business operates. Furthermore, it may not be possible for the facility to provide a “multi-purpose” space for all exams and treatments available at a facility as well as the necessary equipment for those exams and treatments. Furthermore, the overhead lift may interfere with medical equipment such ceiling mounted x-ray machines.
   - The occupancy classifications where a lift would be required were in question.
   - Lack of definitions as well as no agreement on how to define the following terms: “medical care provider,” “medical facility,” “practice,” “department,” “exam space,” “treatment space,” “diagnostic space,” “procedure space,” and “multi-purpose space.” Also, there were questions

about whether the proposed language requires facilities that provide chiropractor, holistic care, massage, acupuncture, rehab, therapy, etc. to provide lifts. The appropriate definition for terms requires study at a national level with people familiar with how medical and dental facilities function.

- The staff and facility must provide safe patient handling, including the correct size sling for the lift and patient. The sling must fit the patient properly and large hospitals have storage rooms with slings for different sized patients, but this storage space is not available in small and medium sized medical facilities. An improperly sized sling can injure the patient. There were also concerns that a patient may provide a sling of their own, but it may not fit the spreader/carry bar of the overhead lift because not all slings are compatible with all lifts. The use of a sling not intended for the lift can also result in injury to the patient. An overhead lift is only a safe way to transfer patients if the sling fits, the sling is properly attached to the spreader bar, and a trained individual is operating the lift. Medical facility staff need ongoing training and practice to operate lifts, which is beyond the scope of the Minnesota State Building Code.
- The weight capacity of sling and equipment must be addressed. This requires further study and is better addressed at a national level by individuals with expertise in different types of overhead lifts.
- There may be options other than an overhead lift and another agency, such as the Minnesota Department of Health, may better address these concerns.
- In the Fall of 2024, the U.S. Access Board finished a 12-year study and developed guidelines on medical diagnostic equipment (MDE), which includes guidelines for the use of portable lifts and overhead fixed lifts. The U.S. Department of Justice (DOJ) and Health & Human Services recently adopted the guidelines into federal law under the federal ADA and in 36 CFR § 1195. Neither the Access Board guidelines nor the DOJ require overhead fixed lifts, but they are an option along with portable lifts. This allows healthcare facilities the flexibility to determine the most appropriate way to provide services and operate their business. After 12 years of study, the federal rule does not require overhead fixed lifts and permits other options.
- The new federal regulations related to Accessible MDE makes it easier for patients with disabilities to transfer onto equipment, such as exam surfaces, when portable lifts are paired with the new larger clearance for spaces that are required by the 2017 edition of the A117.1. The proposed code change that requires overhead fixed lifts may not be necessary due to other new rulemaking at the federal level and the new clearance requirements that will be adopted as part of the Minnesota State Building Code. Furthermore, large Group I institutions already provide overhead fixed lifts in the locations where it is most appropriate for the care and service being provided.

Overhead fixed lifts do not require as much clear floor space and can sometimes be a better transfer method for some patients than portable lifts. The TAG recognizes the importance of providing an option for an overhead fixed lift but more time is required to address concerns raised by TAG members and interested parties. The proposal may be better addressed by the national code development process with the resources for additional research as well as the expertise to address requirements for medical facilities. Experts that participate in the national code development process include members of the U.S. Access Board that developed the federal MDE requirements.

Meeting Adjourned: 12:02 PM

Prepared by: Karen Gridley