

CASI Central | Winter 2016 | Volume 4
Reading Between the Lines | ADA Edition

READING BETWEEN THE LINES

ADA EDITION:

Centered Toilet Flush Controls...Privacy Curtains vs. Door Clearances...Showers that Aren't Showers...

Interpretations:

All of the answers are not in the codes and standards. I'm sure that you all have encountered those situations where the CBC and ADAS don't actually address your situation, and you ultimately need to render an opinion. In my professional life at Sutter Health I am blessed to have a group of 10-15 CASps that are actively involved in our Sutter projects, including some of the very best and brightest. I'd like to share with you a small sampling of our discussions as an example of what we have found to be useful.

Please understand that the following discussions are not an attempt to be the final word on specific code questions, but rather, they are an example of the necessary interpretations that one must make in our field. As always, one must consult with the building officials in your jurisdiction and possibly the US Access Board and other resources for specific project guidance.

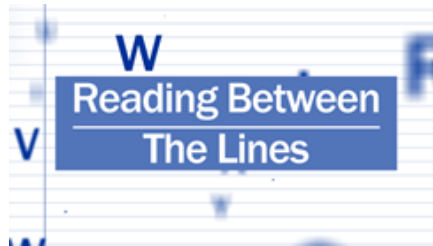
Centered Flush Controls.

11B-604.6 Flush controls. Flush controls shall be hand operated or automatic. Hand operated flush controls shall comply with Section 11B-309 except they shall be located 44 inches (1118 mm) maximum above the floor. Flush controls shall be located on the open side of the water closet except in ambulatory accessible compartments complying with Section 11B-604.8.2.



Question: Does a 'centered' flush control satisfy the requirement to be located on the 'open side' of a toilet?

In our access specialist discussion group, we wrestled with this question, noting that the codes and standards appear to have been written with the assumption that a flush control will always be



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a conventional side-mount, and never really contemplated the possibility of a center-mount location.

Practical Issues:

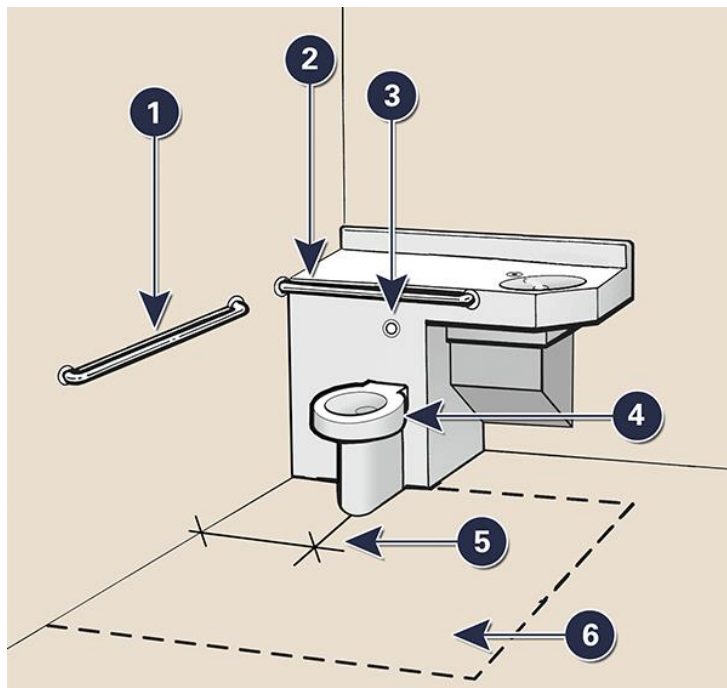
From a practical standpoint, we wondered if there was a significant difficulty in reaching the center mount, and concluded that when one has transferred back to a wheelchair, it seems to be within a reasonable side-reach.

The letter of the code:

In a somewhat coy approach, we reasoned that if one could push on the half of the button that is on the 'open' side, and operate it without exceeding 5 pounds of force, then we could honestly maintain that the center-flush device does indeed comply with accessibility requirements.

US Access Board Renderings:

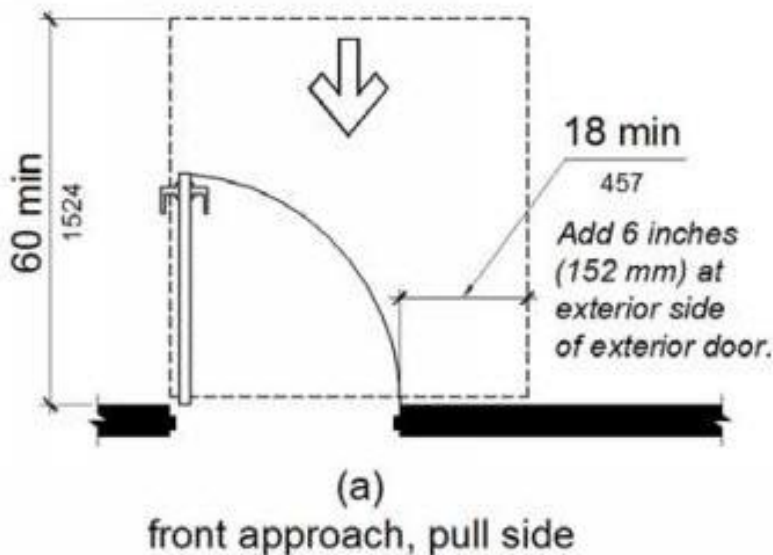
It was further noted that the US Access Board figures for correctional facilities shows a center-flush device. While this may not be an iron-clad argument, it does provide some degree of comfort.



(Rendering from US Access Board ADA.gov)

Privacy Curtains vs. Door Clearances:

11B-404.2.4 Maneuvering clearances. Minimum maneuvering clearances at doors and gates shall comply with Section 11B-404.2.4. Maneuvering clearances shall extend the full width of the doorway and the required latch side or hinge side clearance.



In the case of privacy curtains, medical or otherwise, there is a legitimate question about compliance to door maneuvering clearance requirements. Is it ok to have a privacy curtain cut across a required clear area? Does it matter how heavy / thick the curtain is? Does the code address this anywhere?

My experience has been that it is simply a matter of interpretation because the code doesn't really address this issue in a direct way.



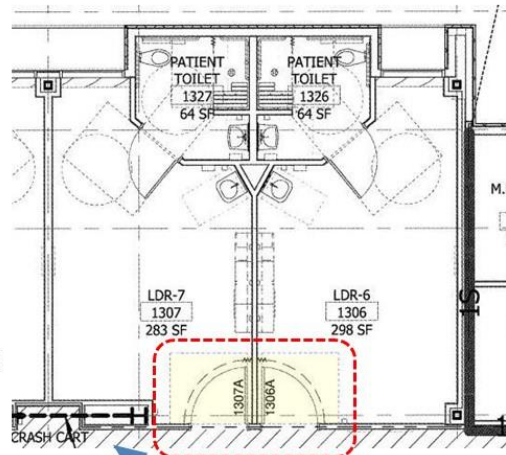
As our brain-trust of access specialists discussed the issue, we eventually came to a consensus on two points:

1. We reasoned that it is ok for the curtain to cut across the door maneuvering clearance area, as long as it can be moved out of the door maneuvering area, and leave us with a full, compliant maneuvering area.
2. We reasoned that it is not ok to have the curtains stack in an area that is in the required door maneuvering clearance. This is certainly a matter of interpretation, and no guarantee that a building official will agree with us. Nonetheless, we felt that it is prudent and reasonable.

Privacy Curtains

1. The 'stacking' area is not allowed to occur in any required clearances.

Note: Curtains are allowed to cross into, and be 'open' in, and through, any required clearances.

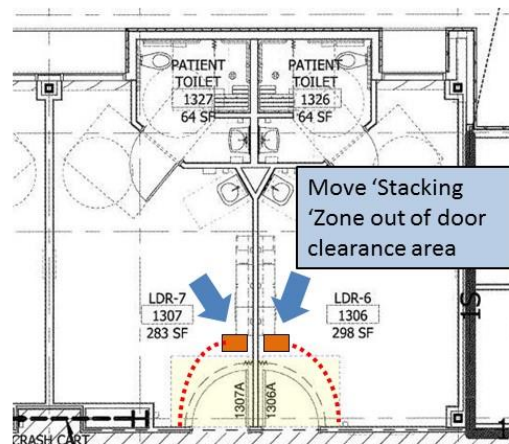


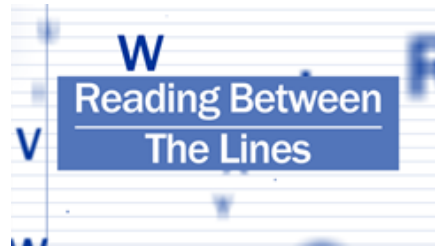
No 'Stacking' Zone

Privacy Curtains

2. Move the 'stacking' area outside of the door clearance area.

Note: Also, keep stacking area out of other required clearances such as access aisles and required 'clear floor spaces' at sinks, etc.

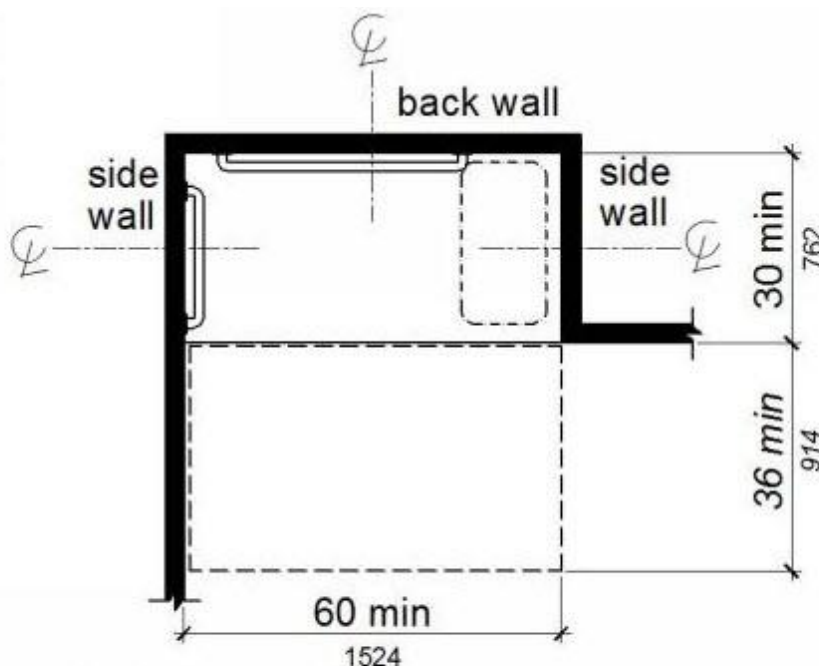




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Showers that Aren't Really Showers:

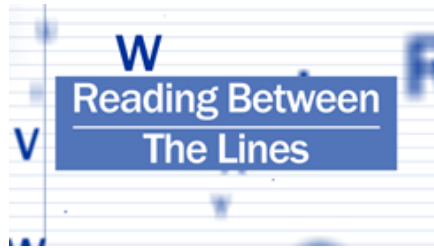
11B-213.3.6 Bathing facilities. Where bathtubs or showers are provided, at least one bathtub complying with Section 11B-607 or at least one shower complying with Section 11B-608 shall be provided. Where two or more accessible showers are provided within the same functional area, at least one shower shall be opposite hand from the other or others (that is, one left-hand controls versus right-hand controls).



Note: inside finished dimensions measured at the center points of opposing sides

**Figure 11B-608.2.2
Standard Roll-In Type Shower Compartment Size and Clearance**

How does one resolve code compliance for showers that are designed for assisted showering such as at medical care and / or decontamination showers? The logical starting point of Code Section 11B-213.3.6 may not make a lot of sense. A medical-assistance shower actually requires space around the patient to physically clean and bathe the patient. Trying to apply the requirements of 11B-608 would result in a shower room that is un-usable for medical assistance.



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Our group of access specialists considered this topic recently and concluded that while the sign outside of the room calls it a 'shower', it is really not a shower in our context of access compliance. We concluded that it might be better to apply the standards of a medical procedure room, which requires a 36" aisle along the full-length of both sides of the procedure table (11B-805.4.1). It admittedly requires a little nudge to make it fit, but in the opinion of our access specialist group, it makes far greater sense than applying the 11B-608 requirements.

Fortunately, in consultations with OSHPD, this is the way they would look at the same situation.

Again, the biggest take away from these examples is this; interpretations are inevitable in our field, and there will always be disagreements on the 'best' interpretation for a given situation.

What makes me most uncomfortable is when I run into a building official that wants to apply the code in a 'black and white' manner, on the assumption that no interpretations are necessary because 'all of the answers are in the code'. Personally, I think it is more like 95% of the answers are in the code, and the other 5% is up to interpretation.