

# Accessibility of Sinks within Work Areas

by Jay Woodward, ICC Senior Staff Architect



The following two sections of the *International Building Code* (IBC) serve as the basis for determining the accessibility requirements for sinks within most spaces, and how the two sections are integrated can greatly affect design requirements.

**1109.3 Sinks.** Where sinks are provided at least 5 percent but not less than one sink provided in accessible spaces shall comply with ICC A117.1.

**1103.2.3 Employee work areas.** Spaces and elements within employee work areas shall only be required to comply with Sections 907.9.1.2, 1007 and 1104.3.1 and shall be designed and constructed so that individuals with disabilities can approach, enter and exit the work area.

In order to illustrate how to apply these two code sections to achieve mandatory levels of accessibility in various situations, we will look at three different cases involving sinks within work areas. The first case clearly exempts the sinks from compliance; the second clearly requires compliance; and the third falls somewhere in the middle, requiring more careful consideration.

## **Case 1: Sink(s) located within a laboratory area in a doctor's office or within a nurse's station.**

Based on IBC Section 1103.2.3, the sink or sinks in this situation are clearly exempt from the accessibility requirements whether the space is used as a work area by one person or several. They must simply comply with the three referenced code sections and allow individuals to approach, enter and exit the work area.

This mirrors the intent of the Americans with Disabilities Act (ADA) by requiring access to, but not fully within, work areas: Title 1 of the ADA treats access for employees with disabilities as an "accommodation" that must only be made when the need arises. Therefore, sinks located within a laboratory area in a doctor's office or within a nurse's station are not required to comply with IBC Section 1109.3 or ICC A117.1 Section 606.

## **Case 2: Sink(s) located within employee break rooms or employee restrooms.**

In contrast, employee spaces used for purposes other than job-related tasks (break rooms, restrooms, lounges, shower and locker rooms, etc.) are considered "common use" areas and are required to be fully accessible. Although different from public spaces or areas, these types of employee-used spaces do not meet the intent of the "work area" exemption given in IBC Section 1103.2.3. Therefore, sinks within these types of areas are required to comply with IBC Section 1109.3 and ICC A117.1 Section 606 (which allows sinks in limited spaces such as kitchenettes to have a side approach).

This opinion corresponds with the application and provisions of the *ADA Accessibility Guidelines* (ADAAG). As issued under Titles II and III of the ADA, covering public access, the ADAAG makes a distinction between public or common use areas, which must be fully accessible, and areas used only by employees as work areas.

## **Case 3: Sink(s) within a doctor's examining room or a dental treatment area.**

Full access must be provided to work areas that also function as public use spaces—such as examining rooms—but, in general, the sink or sinks in an examining or treatment room may be considered to be "elements" within an employee work area and therefore exempt from accessibility requirements per IBC Section 1103.2.3. However, if intended to be used by both employees and patients, sinks would need to be accessible per IBC Section 1109.3 and comply with ICC A117.1 Section 606.

This leads to questions like: "Is it more likely that a sink in a medical doctor's examining room will be used by patients than one in a dentist's treatment room?" Although the intuitive answer may be "yes," that is no guarantee that the designer and users will all agree, while taking an "all or nothing" approach—either at least 5 percent but not less than one sink in every examining or treatment room must be accessible, or none are required to be accessible—is no less likely to result in conflicts. In such situations, a compromise solution should be considered. Allowing the designer some

flexibility while assuring that a certain level of accessibility is provided serves everyone's best interests and will help the space function better over the long term.

One option would be to apply the scoping limits of IBC Section 1109.3 to either the total number of rooms or to each type of room rather than to each individual room. This will help assure that in every doctor's or dentist's office, at least one examining or treatment room containing a sink will serve the needs of any employee or patient who might need to use it.

Another option would be to permit the use of a parallel approach to the sinks instead of the forward approach required by ICC A117.1 Section 606.2. A parallel approach makes sink height and controls accessible while allowing the installation of cabinets underneath. If this option is allowed, it seems reasonable to require that all—or at least a higher percentage—of the sinks in examining or treatment rooms be accessible in this manner.

There are other possibilities for providing accessibility while facilitating flexibility. The code official may decide to allow a combination of the two previous options such that the sinks in some examining or treatment rooms provide a fully compliant forward approach and the remainder provide a parallel approach, or allow the use of removable base cabinets per ICC A117.1 Section 1003.11.5.

Disability advocates may not be completely pleased with

some of these options, but at the very least they help illustrate how limiting code officials to an "all or nothing" prescriptive approach can sometimes have the unintended consequence of actually limiting flexibility to adapt to users' needs, whereas compromise solutions may be available which ensure a level of accessibility that might otherwise not exist at all.

## Conclusion

The appropriate application of IBC Sections 1109.3 and 1103.2.3 is not always cut-and-dried. However, by giving careful consideration to the individual situation and the potential long-term effects on both the project and the people who will be using it, it is possible to reach a solution that serves the best interests of everyone.

Whether required by the applicable code provisions and standards or not, making elements in accessible spaces accessible or adaptable facilitates the future accommodation of users. In the event that an employee needs accessible elements—even on a temporary basis—there will ideally be at least one work area available that can be adapted without requiring extensive, and often expensive, alterations. As such, where multiple work stations of the same type are provided, it may be a good idea to offer future flexibility by making a minimum of 5 percent of them accessible per ICC A117.1. ♦



You can learn and earn ICC Continuing Education Units (CEUs) for renewing your ICC certification. Choose from a variety of training opportunities that feature convenient dates, times and locations.

## Renewing Your ICC Certification Is Easier Than Ever!

- **Classroom Seminars:** Interactive, classroom-style forum for learning and networking.
- **ICC Campus Online:** Self-paced learning available anytime, anywhere via your computer.
- **Online Renewal Updates:** 25-question online exams test your knowledge of new code provisions. Each course earns .5 CEUs.
- **Telephone Seminars:** 90-minute discussions on hot topics via speaker phone.
- **Institutes:** Multiple-day events offering networking and problem-solving opportunities focused on current issues.



Don't delay! Discover how easy it is to earn ICC CEUs.

Visit [www.iccsafe.org/certification/renewals](http://www.iccsafe.org/certification/renewals) or call 1-866-422-3926 x 33818

REF 44-05-135

