

GEW178-14

705.1.1

Proponent: John Williams, CBO, Chair, representing ICC Adhoc Health Care Committee (AHC@iccsafe.org)

Revise as follows:

705.1.1 Metering. All potable and nonpotable water supplied to the applications listed in Table 705.1.1 shall be individually metered in accordance with the requirements indicated in Table 705.1.1. Similar appliances and equipment shall be permitted to be grouped and supplied from piping connected to a single meter.

Exception: In Group I-2, Condition 2 occupancies and ambulatory care facilities, water used for patient treatment or to support patient care shall not be required to be individually metered.

Reason: Water systems are directly tied to the environment of care. The complexity of healthcare systems is such that individual metering of the listed systems is impractical. Although there is a focus to replace equipment with more efficient components and controls, existing healthcare facilities have older systems that would be impractical to install meters on the individual components. The cost to install separate meters will have minimal effect on the required environmental aspects, especially regarding temperature and humidity, which are required by ASHRAE 170 and drive the majority of the hospital's water consumption. Other systems, such as water features and therapy pools that are used for patient treatment, make only a small fraction of the overall water consumption. For this reason, the metering that leads to water savings solutions is minimized making the metering impractical.

This proposal is submitted by the ICC Ad Hoc Committee for Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 11 open meetings and over 162 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>

Cost Impact: Will not increase the cost of construction. This change has significant first-cost impact, with minimal life cycle costs benefits.

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