

GG11-14

101.3, Chapter 12

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

Revise as follows:

101.3 Scope. The provisions of this code shall apply to the design, construction, addition, alteration, change of occupancy, relocation, replacement, repair, equipment, building site, maintenance, removal and demolition of every building or structure or any appurtenances connected or attached to such buildings or structures and to the site on which the building is located. Occupancy classifications shall be determined in accordance with the *International Building Code*® (IBC®).

Exceptions:

1. The code shall not apply to items 1.1, 1.2 and 1.3 except where the jurisdiction adopts the jurisdictional requirements of Section 302.1, Item 1, for residential buildings.
 - 1.1 Detached one- and two-family dwellings and multiple single-family dwellings (townhouses) not more than three stories in height above grade plane with a separate means of egress, their accessory structures, and the site or lot upon which these buildings are located.
 - 1.2 Group R-3 residential buildings, their accessory structures, and the site or lot upon which these buildings are located.
 - 1.3 Group R-2 and R-4 residential buildings four stories or less in height above grade plane, their accessory structures, and the site or lot upon which these buildings are located.
2. The code shall not apply to equipment or systems that are used primarily for industrial or manufacturing.
3. The code shall not apply to temporary structures *approved* under Section 3103 of the *International Building Code*.
4. Where ASHRAE 189.1 is selected in accordance with Section 301.1.1, ASHRAE 189.1 shall not apply to buildings identified in Exceptions 1 through 3.
5. This code shall not apply to Group I-2 facilities that comply with ASHRAE 189.3.

Add new standard as follows:

ASHRAE

189.3-2014 Design, Construction and Operation of Sustainable High-Performance Healthcare Facilities (formerly SPC 189.2)

Reason: ASHRAE 189.3 should be considered alternative means for Group I-2. ASHRAE 189.3 does address efficiency for all systems in a hospital. There needs to be an exception to accommodate financial hardships caused by the application of this code or the alteration of intrinsically historic and landmarked structures when the alterations will impact on the historic or landmark designation of the structure.

Healthcare facilities have a keen interest and, in many cases, the desire to develop in a sustainable manner. These facilities are often the largest and most energy intensive buildings in a community, and their leadership recognizes that saving energy and operating costs are an opportunity to reflect smart decision-making, care and stewardship of the environment and fiscal practicality. In a competitive and regulated market, there are however, limitations in the ability of healthcare facilities to provide the necessary capital for the increasing complex new facilities needed to meet sustainability objectives, especially as they presently experience eroding financial compensation for life-sustaining services. Likewise, the special requirements of the facility's use often dictate needs that are divergent from other facility types, and functions that may compel energy consumption for the sake of patient and worker safety. With the development of ASHRAE 189.3, Standard for the Design, Construction and Operation of Sustainable High-Performance Health Care Facilities, ASHRAE has sought to address not only the sustainability of healthcare facilities but also the specific ventilation requirements of a healthcare facility but also the separately from the general ventilation requirements as outlined in ASHRAE/ASHE Standard 170.

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

Analysis: This code change proposal addresses the scope and application of the International Green Construction Code. Therefore, the final action taken on this code change proposal will be limited to an advisory recommendation to the ICC Board of Directors who will determine the final disposition of this code change proposal in accordance with Section 1.3 of CP28, which stipulates that the ICC Board of Directors determines the scope of the I-Codes.

A review of the standard proposed for inclusion in the code, ASHRAE 189.3 with regard to the ICC criteria for referenced standards (Section 3.6 of CP#28) will be posted on the ICC website on or before April 1, 2014.

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