

GG294-14

1003.2.2

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

Revise as follows:

1003.2.2 Heating, ventilating and air-conditioning. Heating, ventilating and air-conditioning systems and equipment shall be in accordance with the following:

1. Time clock and automatic time switch controls that can turn systems off and on according to building occupancy requirements shall be provided and connected to the following HVAC equipment: chillers and other space-cooling equipment, chilled water pumps, boilers and other space-heating devices, hot water pumps, heat exchanger circulation pumps, supply fans, return fans, and exhaust fans. Where occupant override is provided, it shall be designed with a timer to automatically revert to time clock and automatic time switch controls in not longer than 12 hours.

Exception: A time clock or automatic time switch controls shall not be required for spaces where any of the following conditions exist:

1. A time clock is not required by Section C403.2.4.3 of the *International Energy Conservation Code*.
 2. There is 24-hour occupancy materials with special atmospheric requirements dependent on 24-hour space conditioning.
 3. A majority of the areas of the building served by the system are under setback thermostat control.
 4. Manufacturer's specifications stipulate that the system must not be shut off.
 5. Group I-2, Condition 2 occupancies
2. Functional outside air economizers shall be provided on all cooling systems of more than 4¹/₂ tons total cooling capability, 54,000 Btu/h, or more than 1800 cfm (9,144 m³/_s @ m²) air flow, provided manufacturer's guidelines are available for adding the economizer to the existing system.

Exception: An outside air economizer shall not be required for buildings or special uses where 100 percent outside air for ventilation is required or where any of the following conditions exist:

1. Section C403.3.1 of the *International Energy Conservation Code* would not require an economizer.
 2. The existing system has a water-based economizer.
 3. The existing system does not have an outside air intake.
 4. Special economizer operations such as, but not limited to, carefully controlled humidity would require more energy use than is conserved.
 5. There is insufficient space to install necessary equipment.
 6. Installation of an economizer would require major modifications to the building's life safety system.
 7. The existing system is a multi-zone system where the same intake air is used at the same time for either heating or cooling in different parts of the building.
3. HVAC piping and ducts, including those located above suspended ceilings, shall comply with Sections 606.3 and 606.4.

Exception: Additional insulation shall not be required for piping where any of the following conditions exist:

1. Additional insulation shall not be required for piping where any of the following conditions exist:
 1. It is located within HVAC equipment;
 2. It is located within conditioned space that conveys fluids between 60°F (15.6°C) and 105°F (40.6°C);
 3. Piping that is already insulated and the insulation is in good condition; or
2. Where HVAC ducts and piping are installed in a building cavity or interstitial framing space of insufficient width to accommodate the duct or pipe and the insulation required by Section 606.3 and Table 606.4, the insulation thickness shall be permitted to have the maximum thickness that the wall can accommodate, but shall not be less than ½ inch (12.7 mm) thick.
4. Where central heat is intended to be replaced with individual electric space heaters, the application for the electrical permit shall include documentation demonstrating that the new electric heaters will not consume more energy than the existing nonelectric heaters.
5. Boiler systems shall have been cleaned and tuned within one year prior to the alteration. Boilers shall be equipped with an outdoor air lock-out thermostat or a temperature reset control.
6. Chillers shall be equipped with an outdoor air lockout thermostat and chilled water reset control.
7. A maximum 5-year phase out plan shall be provided for buildings with existing systems that use CFC-based refrigerants.
8. Where mechanical and electrical systems and equipment are joined with microprocessors that communicate with each other or to a computer, a properly integrated building automation system shall be installed to optimize energy, operations, and indoor comfort. The building automation system shall:
 - 8.1. Allow the owner to set up schedules of operation for the equipment and provide equipment optimal start with adaptive learning;
 - 8.2. Provide trim and respond capabilities based on zone demand;
 - 8.3. Offer the ability to monitor energy usage, including the ability to meter electric, gas, water, steam, hot water, chilled water, and fuel oil services;
 - 8.4. Offer economizing based on enthalpy calculation and/or CO₂ set point control;
 - 8.5. Offer load shedding when power companies are at peak demand and need; and
 - 8.6. Offer the ability to send alarms to alert building owner, manager, or operator when problems occur due to system failures.

Reason: Hospitals are operational 24 hours a day, 365 day per year and are required to maintain air pressure relationships continuously. Air pressure relationships are essential for maintaining hygienic conditions and preventing the airborne transmission of disease within these facilities. The HVAC system is primary means for maintaining these systems. The air handlers must resupply fresh air, exhaust systems must remove contaminated air 24/7. Putting a time switch or automatic clock control on these systems would create an unacceptable risk of infection. This would also directly conflict with state licensing and certification requirements in most states.

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

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