

GEW175-14

703.9.1.1 (New)

Proponent: John Williams, CBO, Chair, representing ICC Adhoc Health Care Committee (AHC@iccsafe.org); Brenda Thompson representing ICC Sustainability Energy and High Performance Code Action Committee (SEHPCAC@iccsafe.org)

Add new text as follows:

703.9.1.1 Group I-2, Condition 2, occupancies overflow alarm supervision. Group I-2, Condition 2, occupancies shall have overflow alarms connected to a direct digital control system or other approved supervisory and monitoring system.

Reason: Overflow alarms are a very wise idea, and hospitals can accommodate this requirement. However, this chapter is written considering a local audible alarm. This proposal seeks to include such an alarm in a hospital's direct digital control system, which exists in the hospital to monitor other considerations such as airflow, fire alarms, and other required aspects of the patient care environment which they are required to monitor. These systems are monitored by hospital staff 24/7/365, either by on-site staff or remote alters (pager, text) which can mobilize personnel quickly in the event of an active alarm. A local audible alarm would likely go unheard if in the mechanical rooms, especially on second or third shift when staff is more minimal, and rounding the areas do not occur as frequently. Including in the direct digital control system would ensure the alarm receives more prompt attention.

This proposal is cosponsored by the ICC Ad Hoc Committee for Healthcare (AHC) and the ICC Sustainability Energy and High Performance Code Action Committee (SEHPCAC).

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>.

The SEHPCAC was established by the ICC Board of Directors to pursue opportunities to improve and enhance International Codes with regard to sustainability, energy and high performance as it relates to the built environment included, but not limited to, how these criteria relate to the International Green Construction Code (IgCC) and the International Energy Conservation Code (IECC). This includes both the technical aspects of the codes as well as the code content in terms of scope and application of referenced standards. In 2012 and 2013, the SEHPCAC has held six two-day open meetings and 50 workgroup calls, which included members of the SEHPCAC as well as any interested parties, to discuss and debate proposed changes and public comments. Related documentation and reports are posted on the SEHPCAC website at: <http://www.iccsafe.org/cs/SEHPCAC/Pages/default.aspx>.

Cost Impact: Will not increase the cost of construction.

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