

GEW44-14

603.3.1

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

Revise as follows:

603.3.1 Gaseous fuels. Gaseous fuels including, but not limited to, natural gas, LP gas, coal gas, hydrogen, landfill gas, digester gas and biogas shall be capable of being metered at the building site to determine the gross consumption and peak demand of each different gaseous fuel by each building on a building site. The installation of gas meters and related piping shall be in accordance with the *International Fuel Gas Code*.

Exception: Gaseous fuels used for clinical purposes are not required to be metered.

Reason: Hospitals use flammable gaseous fuel in limited quantities due to their fire risk. Examples include ethylene oxide, hydrogen, methane which are used for clinical purposes such as sterilization and laboratory purposes. Since these are delivered in finite quantities, consumption can be monitored by reviewed the supplier's manifest records. Gases used for clinical purposes should not be required to be sub-metered to be able to determine the gross consumption and peak demand.

Other examples of non-flammable gases that could be considered as "fuel" include nitrogen. This could be considered a "fuel" as drives pneumatic patient care equipment such as drills, saws, operating room booms, etc. Gases used for these types of clinical purposes are not fuels, so with no energy component, this should not be a requirement in the Green code.

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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