

## GEW59-14

### 604.3

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

#### Revise as follows:

**604.3 Heating, ventilating and air-conditioning (HVAC) systems.** The Auto-DR strategy for HVAC systems shall be capable of reducing the building peak cooling or heating HVAC demand by not less than 10 percent when signaled from the electric utility, regional independent system operator (ISO) or regional transmission operator (RTO), through any combination of the strategies and systemic adjustments, including, but not limited to the following:

1. Space temperature setpoint reset.
2. Increasing chilled water supply temperatures or decreasing hot water supply temperatures.
3. Increasing or decreasing supply air temperatures for variable air volume (VAV) systems.
4. Limiting capacity of HVAC equipment that has variable or multiple-stage capacity control.
5. Cycling of HVAC equipment or turning off noncritical equipment.
6. Disabling HVAC in unoccupied areas.
7. Limiting the capacity of chilled water, hot water, and refrigerant control valves.
8. Limiting the capacity of supply and exhaust fans, without reducing the outdoor air supply below the minimum required by Chapter 4 of the *International Mechanical Code*, or the minimum required by ASHRAE 62.1.
9. Limiting the capacity of chilled water or hot water supply pumps.
10. Anticipatory control strategies to precool or preheat in anticipation of a peak event.

**Exception:** The Auto-DR strategy is not required to include the following buildings and systems:

1. ~~Hospitals and Group I-2 Condition 2~~
2. Critical emergency response facilities.
3. Life safety ventilation for hazardous materials storage.
4. Building smoke exhaust systems.
5. Manufacturing process systems.

**Reason:** The exception should pertain to all healthcare facilities that provide emergency and life sustaining services. The previous language does not use the standard ICC language to address hospitals and other emergency and life sustaining facilities. Using Group I-2, Condition 2 will provide the appropriate language for this exception.

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>.

**NOTE:** *This version of the code change proposal has been updated to include all reported errata.*

**Cost Impact:** Will not increase the cost of construction.

GEW59-14: 604.3-PAARLBERG642

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