

# GG233-14

## 804.2

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

**Revise as follows:**

**804.2 Post-construction, pre-occupancy baseline IAQ testing.** Where this section is indicated to be applicable in Table 302.1, and after all interior finishes are installed, the building shall be tested for indoor air quality and the testing results shall indicate that the levels of VOCs meet the levels detailed in Table 804.2 using testing protocols in accordance with ASTM D 6196, ASTM D 5466, ASTM D 5197, ASTM D 6345, and ISO 7708. Test samples shall be taken in not less than one location in each 25,000 square feet (1860 m<sup>2</sup>) of floor area or in each contiguous floor area.

### Exceptions:

1. Group F, H, I-2, S and U occupancies shall not be required to comply with this section.
2. A building shall not be required to be tested where a similarly designed and constructed building as determined by the *code official*, for the same owner or tenant, has been tested for indoor air quality and the testing results indicate that the level of VOCs meet the levels detailed in Table 804.2.
3. Where the building indoor environment does not meet the concentration limits in Table 804.2 and the tenant does not address the air quality issue by mitigation and retesting, the building shall be flushed-out by supplying continuous ventilation with all air-handling units at their maximum outdoor air rate for at least 14 days while maintaining an internal temperature of at least 60°F (15.6°C), and relative humidity not higher than 60 percent. Occupancy shall be permitted to start 7 days after start of the flush-out, provided that the flush-out continues for the full 14 days.

**Reason:** In an acute health care setting, indoor air quality is addressed by a more rigorous clinical standard, typically ASHRAE 170. State licensure rules typically require a much higher ventilation rate in hospital, in some rooms as much as 20 air changes per hour. These systems are required to go through a commissioning process and are fully operational for extended periods as a facility trains staff, stocks the facility and prepares for seeing patients. Healthcare facilities undergo a significant amount of renovation on a regular basis. As written this test could be applied to every small renovation, diagnostic equipment change or minor improvement. This would have significant cost impact on these facilities.

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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