Newly appointed president, David Hathaway (right) receives gavel from outgoing president, Percy Hanscom (left).

**PRESIDENT’S MESSAGE**

"Percy Hanscom has been a first for NEHES—first Maine president; and, if you didn’t know, the first to set up committees on education and scholarship—each extending our third objective of promoting professional development through continuous education.

I am awed by the talent and accomplishments of our past presidents. Each has contributed in his own way to enhance this organization. I will do my best to uphold these traditions. I thank you for the trust you place in me and I promise that I will follow recommendations given me this week by two great past presidents, Gerry Gardner and Jim Lawson. Jim said that your good workers aren’t going to ‘fall out of the woodwork’; you have to go after them and ask for their help. Gerry’s comment was ‘Delegate—you cannot do the job by yourself.’

This is a great organization. You will realize that most when you really need help. Someone had set a fire at my hospital 18 months after I started my job. The news was on the radio so fast that a call from Jim Gleason reached me just as I arrived at the hospital. ‘What can I do to help?’, he asked. With such spirit abounding in NEHES members we will grow with the pride of accomplishing our work in the very best way we can."

**DAVID B. HATHAWAY**

**PRESIDENT**

New England Hospital Engineers’ Society

David has been the Director of Engineering at the Lawrence Memorial Hospital for the past 10 years. Prior to that he spent 21 years with the Navy Civil Engineer Corps. During that time he was the resident officer in charge of construction for the construction of the U. S. Naval Hospital, Long Beach, CA.

He has been active in NEHES for 10 years and enjoyed four of them as Newsletter editor.

He is a Past President of the Middlemac Engineers’ Association and for the last two years President of the Board of Directors of the Dana Home of Lexington—a Level IV home for 14 residents. His hobbies are swimming, sailing, reading and motocycling. He says his daily 15-minute swim makes him some sort of health nut.

**CERTIFICATION COMMITTEE**

A Certification Committee presentation was made by the Connecticut Hospital Engineers’ Society Committee at the Fall Seminar at Newport Rhode Island. The presentation included an update of the Committee’s activities since the presentation made in Mystic at the NEHES Fall Seminar in 1984 and identified the Committee’s future activity plans. As part of the presentation, short sample exams were given to the parties present to establish the suitability of some of the question types, and to acquaint the parties present as to the testing style and methodology. Fifty-three engineers took the test. An equivalent point table (in reduced values to reflect the limited number of questions) was provided to simulate the experience point table that will be part of the actual certification exam grading system for New England Hospital Engineers in the first five years of the program. Forty-seven of the examinees passed the sample exam without aid to the experience point table. That is a 86.7% passing rate. Those that failed the quiz were members who would not have received help from the point table in any event as they did not have any appreciable experience for point credit.

Following the exam, a lively question and answer session ensued, which we believe was beneficial to both the attendees and the Certification Committee.

Subsequent to the presentation, contacts were established with Roger Williams College for possible Educational Programs.

The Certification Committee is now directing their efforts towards Co-ordinating and working with the National Institute for Certification of Engineering Technology (NICET) and the International Correspondence School (ICS) to evolve the exams and the tutorial sessions for exam preparation.

Roderick A. Cameron
CHES
Lawrence & Memorial Hospital, CT

**REMEMBER**

NEW ENGLAND HOSPITAL ASSEMBLY
MARCH 23-28, 1986
N.E.H.E.S. SEMINAR & LUNCHEON TUESDAY, MARCH 25, 1986 8:00 A.M. - 2:00 P.M.
BOSTON MARRIOTT – Copley Place Hotel Details Forthcoming...
The 1985 NFPA Fall Meeting was held at the Omni Hotel in Baltimore. The attendance of Health Care Section members was the worst ever, despite the fact that it was the 10th anniversary of the section. In fact, the section’s membership has dropped from over 4000 to less than 3900. The apparent reason for this drop is that those active members of the section who are involved in the code activities have done such a good job at the committee level that there is not enough controversy and serious problems to draw people to the section and meetings!

The Health Care Section’s anniversary celebration was to have included an appearance and speech by the Honorable Margaret Heckler, former Secretary of the U. S. Department of Health and Human Services, however her new appointment as Ambassador to Ireland prevented her attendance. She was replaced by her former department head, Mr. McClain Heddow, who is now the acting chief of HHS. The celebration included a reception including the best food of the meeting, an excellent catering provided by the NFPA staff.

At the HCS Annual Meeting the following new officers were elected:

**Board Member:**
- Roy Agle, Vice Pres., Bay Medical Center, Bay City, MI
- Paul Coleman, Dir. Inst. Svcs., St. Vincent Hosp./Med. Ctr., Portland, OR
- Elliott Guttman, VP Fac., C. McAuley Health Ctr., Ann Arbor, MI

**Nominating Committee (principal):**
- Thomas Haynes, Chief, Western Vanity Fire District, Green, RI
- Arthur Smith, Dir. Eng./Maint., New England Deaconess Hosp., Boston, MA

**Nominating Committee (Alternate):**
- Robert Agnello, Owner, Devaux Manor Nursing Home, Niagara Falls, NY
- John Brenner, Dir. Safety, Peninsula General Hosp./Med. Center, Salisbury, MD
- John DeNitto, Dir. Safety, St. Mary’s Hospital, Passaic, NJ

The Technical Committee Reports sessions produced the following:

- **Building Construction**
  - Construction & Demolition, NFPA 241 accepted
  - Dry Chemical Ext. System, NFPA 17A accepted
  - Electro Equip. in Chem. Atmospheres, NFPA 497A accepted
  - Fire Tests, NFPA 290A accepted
  - Fixed Guideway Transit Systems, NFPA 130 accepted
  - Foam, NFPA 11G accepted
  - Liquified Petroleum Gases, NFPA 58 accepted
  - Non-Nuclear Phys. Gen. Plants, NFPA 850 accepted
  - Protective Signa. Syst., NFPA 72B accepted
  - Systems Concepts for Fire Protection in Structures, NFPA 550 accepted

- **Water Extinguishing Systems, Standpipes**
  - NFPA 14 accepted

- **Note:** A vote to accept proposal 14.5 was 113 against 111 for, the closest vote in a long time!

- **Atomic Energy**
  - NFPA 801 accepted

- **Criteria for the Accreditation of Fire Protection Educ. Prog.**
  - NFPA 1461 accepted

- **Forest**
  - NFPA 296 accepted

- **Fire Protection**
  - NFPA 297 accepted

- **Chemical Reactions**
  - NFPA 419M accepted

- **Hazardous Chemicals**
  - NFPA 40E accepted

- **Other**
  - NFPA 43B accepted

- **Mineral Facilities**
  - NFPA 121 accepted

- **Storage**
  - NFPA 231C accepted

- **Record Protection**
  - NFPA 232E accepted

- **Storage of Rubber Tires**
  - NFPA 231D accepted

**The 1986 Annual Meeting will be held on May 19-22, 1986 in Atlanta, GA, in Georgia World Convention Center. Attendance at this meeting is a MUST for HCS members as the National Electrical Code is up for adoption, and we MUST make sure that it agrees with NFPA 99, the Standard for Health Care Facilities, that we have worked so hard to get changed to meet our needs. Documents of interest to HCS members to be voted on at the meeting include:**

- **NFPA 70, National Electrical Code**
- **NFPA 90A, Protection of Bldgs. from Ext. Fire Exposure**
- **NFPA 45, Laboratories Using Chemicals**
- **NFPA 75, Electronic Computer Equipment**
- **NFPA 99, Standard for Health Care Facilities**
- **NFPA 13, Sprinkler Systems**
- **NFPA 56F, Nonflammable Medical-Gas Systems**
- **NFPA 703, Electrical Equipment Maintenance**
- **NFPA 80M, Mechanical Smoke Control System**
- **NFPA 96, Removal of Smoke & Grease-Laden Vapors from Commercial Cooking Equipment**

**The 1986 Fall Meeting will be held November 17-20, 1986 in Denver, CO, at Marriott Hotel. Attendance at this meeting is also a MUST for HCS members as the Standard for Health Care Facilities is up for adoption, and we must make sure that it continues to be a reasonable, cost-effective, standard that we can use. Documents of interest to HCS members to be voted on at the meeting include:**

- **NFPA 70A, Electrical Equipment Maintenance**
- **NFPA 59F, Mechanical Smoke Control System**
- **NFPA 96, Removal of Smoke & Grease-Laden Vapors from Commercial Cooking Equipment**

**As can be seen from the above list, 1986 is going to be an important and busy year for members of the Health Care Section! Mark your calendars now, get funding now, and plan to attend all of these critical meetings.
EPA SCHEDULES HAZARDOUS WASTE DEADLINE IN 1986

"Some administrators have gotten away with the perspective that ignorance is bliss when it comes to hazardous wastes—but I'd hate to go to court for that attitude," says Eric LeBrocq, president of the environmental and occupational safety consulting firm Technology Serving People, Inc., Houston.

Last August, the Environmental Protection Agency (EPA) ruled that hospitals generating from 220 to 2,200 lb. of hazardous wastes in a calendar month must fill out a manifest form that will accompany the waste to the receiving facility. (In hospitals, the greatest part of hazardous wastes are spent lab solvents and unused reagents. In most states, infectious/biological wastes are defined separately.)

On March 31, 1986, however, the EPA plans to issue final regulations (effective six months later), which will require such "small-quantity (waste) generators" to dispose of their wastes only at facilities authorized to manage specifically hazardous wastes. (Note that some states already require this.) From then on, it will be illegal to haul these chemicals to conventional dumps or landfills.

Thus, if a hospital lab produces more than about one-half of a 55-gallon drum of hazardous waste in a month, it will have to haul it to designated dumps only and transport it there in a licensed truck, which will be driven—in most cases—by a licensed hazardous waste contractor. Some hospitals are going to be paying a pretty penny to get rid of their wastes.

If you prefer to dispose of wastes onsite, you'll have to be licensed by the EPA as a hazardous waste processing site—a lengthy process involving public hearings. And frankly, many hospitals' incinerators won't make the grade for this purpose, says Ken White, industrial hygienist with the consulting firm Industrial Health, Inc., Salt Lake City.

How many hospitals actually produce 220 lb. of hazardous wastes in a month? Nobody knows for certain, according to Linda Brooks, director of infection control and environmental safety at the American Hospital Association.

In 1980, 700-bed Christ Hospital, Cincinnati, conducted two-month long surveys of their hazardous waste generation. The hospital produced slightly less than 220 lb. each month. But Christ Hospital didn't count the wastes—primarily toluene—that they incinerated. Ed Hoeltke, the hospital's assistant vice-president for facilities and construction, feels that any teaching hospital over 300 beds potentially produces more than 220 lb. a month.

While many think that only big teaching hospitals will come under the ruling, Ken White is recommending to Intermountain Health Care, Salt Lake City, that it institute a hazardous waste management program for all its hospitals—even 25-bed rural communities. "Careful planning for hazardous waste management is important for any size hospital, because the hospital's liability for its wastes can continue even after taking it to a special dump," White says. "If someone gets hurt by the waste, the hospital can be sued even if they followed disposal laws."

White is recommending that the multi take competitive bids from contractors to transport, store and dispose of hazardous wastes for all its member hospitals.

Hospitals, Jan. 5, 1986

Waste disposal tips from the experts...:

Here are some tips from the experts on dealing with hazardous wastes:

• The first step is to reduce the amount of wastes generated by using nonhazardous substitutes or recycling chemicals. Three hospitals in Salt Lake City have cooperated to redistill zylene, for example.

• Go to the dump and watch what happens to your hazardous wastes; you could be liable for what the dump does with them.

• Every hospital should determine if it produces 220 lb. of hazardous wastes a month. A survey of waste generation is necessarily a hospitalwide effort and should involve technicians, receiving clerks, safety managers, and personnel from purchasing, maintenance, laundry, and housekeeping. Getting the CEO behind the effort is crucial to getting everyone else's participation.

• Hire a hospital industrial hygienist. Otherwise, consider hiring a consultant for hazardous waste management, or encourage your multihospital system to deal with the problem systemwide.

CAUTION!

Hazardous Material
NEW ENGLAND HOSPITAL ENGINEERS' SOCIETY, INC.

1985/86

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