



# New England HOSPITAL ENGINEERS SOCIETY Newsletter



SUMMER 1990

## PRESIDENT'S MESSAGE

This past Spring, my facility was a scheduled stop on a swing through New England by the Joint Commission on Accreditation of Healthcare Organizations. As we are all aware, the JCAHO survey is perceived as the yardstick by which the effectiveness of our operation is judged.

Traditionally, preparation for the survey was comprised of many long hours of policy development and review to insure compliance. This compliance was measured against a prescriptive set of universal standards developed by the Commission to grade institutions in a generic way. Often I found myself formulating programs to comply merely for the sake of complying with no enduring value in application within my institution.

The industry is changing and so has JCAHO's perception of PTSM. The most recent standards leaves the door open to more creative programming geared to address the issues at individual institutions. The Commission is receptive to systems devised by the institution.

Using experience and historical data as a foundation for policy development, I have often thought at survey time that I know we do an effective job. I just have to convince the surveyors of that - in two days. The new standards lend themselves to accomplishing this.

Throughout the survey process, the surveyor requested protocol for dealing with the general management of utilities, equipment and safety. I was given fair opportunity to provide an overview of our systems and random documentation was provided. The surveyor willingly interfaced his knowledge and experience and, in turn, asked if we may share a few of our programs with other institutions.

In summary, much satisfaction was gained throughout last Spring's JCAHO survey knowing that programs developed with sound and practical rational and sincerely executed are the current basis by which our facilities are now being judged.

*Jack Gosselin, President  
North Country Hospital,  
Newport, Vermont*

## NOTICE

### Amendment to the By-Laws

As noted in Article XV: Section 15-1 of our by-laws, the by-laws may be amended at any annual meeting by a two-thirds vote; the proposed amendment having been submitted to the President in writing and signed by ten members, and the changes distributed to all members at least thirty days prior to the annual meeting. This year, our Annual Meeting will be held on October 18, 1990, in Mystic, Connecticut. This announcement is to serve as notification to all members regarding the following proposed by-law changes.

During the past several years, the Board of Directors has spoken in terms of eliminating the position of President-Elect from the slate of NEHES officers. The reason being that an elected officer must serve a minimum of five (5) years in going through the chairs. A five year commitment, in recent years, has been a very difficult task for our newly elected officers. This is mainly due to job

changes and the closing of healthcare organizations, thereby resulting in lack of the long term commitment one must obtain from his institution in order to serve effectively. This coming year, therefore, is the right time to make the by-law changes needed to eliminate the position of President-Elect.

Bob Campbell, NEHES 1990 elected Secretary, resigned his position on the Board as a result of leaving the hospital engineering field to accept a position with a New England university. Jack Berger, this years Vice President, has agreed to fulfill this years remaining tenure of Secretary in addition to his V.P. duties. Bernard Bolton has agreed to serve one more term as Treasurer in 1991.

This year, if the by-law changes are voted on and approved, you will vote to elect a new Secretary and a slate of officers which will not include the position of President-Elect. The Board of Directors would then consist of President, Vice President, Secretary and Treasurer. If, for any reason the by-law changes should not be accepted, we will then be required to elect a Treasurer to serve a one-year term, a Secretary to serve a two-year term, and the position of President-Elect would remain.

The actual by-law changes are as follows:

#### **Article V - Officers**

**Section 5-1: Delete a President-Elect.**

**Section 5-6: Change President-Elect to Vice President where it appears twice.**

**Section 5-23: Delete President-Elect.**

#### **Article VIII - Vacancies**

**Section 8-2: Change President-Elect to Vice President.**

#### **Article IX - Committees**

**Section 9-1: Change President-Elect to Vice President.**

In addition to the by-law changes, if approved by a quorum at the annual meeting, the Societys Board of Directors guidelines would also change in that all of the responsibilities of the President-Elect would then become those of the Vice President.

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### **New OSHA Standard on Laboratory Safety**

On January 31, 1990, after almost 10 years of arguing the differences between laboratories and other workplaces, OSHA instituted a standard for occupational exposure to hazardous Chemicals in laboratories. The rule, 29CFR 1910.1450,

*Occupational Exposures to Hazardous Chemicals in Laboratories*, makes this distinction and will have some effect on almost all laboratories in the U.S.

Recognizing that laboratory use of chemicals generally involves small quantities of a large variety of chemicals controlled through ventilated hoods and work practices, the regulation focuses on the development and implementation of a plan that formally addresses those controls. With few exceptions, this standard supercedes all other OSHA standards and applies to all employers whose laboratories use hazardous chemicals as defined in the Hazard Communication Standard. It requires laboratories to set up and implement a Chemical Hygiene Plan by January 31, 1991. The plan must include a description of the standard operating procedures, employers criteria for determining and implementing control measures, employee information and training, and provisions for medical consultation and examinations.

Compliance with this standard will require a thorough review of existing work practices to determine potential routes of exposure and the adequacy of corresponding control mechanism. In some cases this may involve industrial hygiene surveys to document current worker

exposure levels or quantitatively evaluate controls. This is especially true for operations in which it is possible to exceed the OSHA Action Level or Permissible Exposure Limit.

The identification of worker exposures and the development of controls should ideally take place before developing the Chemical Hygiene Plan. This will allow implementation of any necessary changes in work practices or engineering controls before the plan is written. Once adequate controls are in place, appropriate training and medical consultation programs can be written.

Employers with a large number of laboratories and those that use highly toxic substances should begin today to review the regulations and prepare to develop a program that will put them in compliance. Careful study is required because there are some limited circumstances in which other OSHA standards apply. For example, hospitals and other institutions with histology, pathology or anatomy laboratories which use formaldehyde must comply with the OSHA formaldehyde standard, 29CFR 1910.148. Employers are encouraged to contact OSHA or speak with a consultant knowledgeable in the regulations and their application.  
- *Mary McConnell-Meachen, Clean Harbors, Inc.*

## JCAHO - INSERVICE RECOMMENDATIONS

JCAHO now requires internal programs which provide in-services to bring nursing staff up-to-date on certain JCAHO Standards pertaining to Plant Technology. The JCAHO has revised their standards and now recommend that There is a Utilities Management Program designed to assure the operational reliability, assess the special risks, and respond to failures of Utility Systems that support the patient care environment.

### OBJECTIVES OF THIS IN-SERVICE:

- 1) definition of utility systems
- 2) procedures for responding to failures
- 3) examples of emergency response situations

Utility Systems are what you normally relate to as mechanical or building systems - such as an electrical system. We all have heating, cooling, electrical and plumbing systems in our homes, however, as you are well aware, the utility systems in a health care organization are much more complex.

From an engineering perspective, the hospital has a number of Utility Systems:

- A. Life support systems - electrical and medical gasses
- B. Infection Control - air pressure, filters, etc.
- C. Environmental Support Systems - HVAC, plumbing, etc.
- D. Equipment Support Systems - thermostats
- E. Communication Systems - PA and Nurse Call

The content of this in-service should:

- explain and give examples of above systems
- stress complexity and impact on patient care
- explain differences in nursing perspective and engineering perspective
- explain interaction of users and systems stress importance of users knowing the appropriate response to failures
- ask for questions

This in-service can be coordinated with the annual fire safety in-service or other required sessions to reduce the scheduling and documentation process.

Attendance and in-service content records should also be readily available.

One last tip - An annual schedule which identifies dates for each departments training session is also most desirable.

Good Luck !

*Joe Mona, Anna Jaques Hospital  
Newburyport, Ma.*

NOTE: For those of us who attended the Fall - 89 Seminar and took home the JCAHO handout booklet - there is one important error which was discovered. On page 69 is the following statement:

*The Safety Committee meets as frequently as required --- but not less than quarterly.*

This information is not correct, according to Mr. Ode Keil. The up-to-date requirement is that the Safety Committee meet at least every other month.

*Jack Berger  
J.B. Thomas Hospital  
Peabody, MA*

# NEHES FALL SEMINAR 1990 MYSTIC HILTON MYSTIC, CT

## *Managing Construction Projects*

### SCHEDULE

Tuesday, October 16, 1990

5:00 - 9:00 PM Pre-registration  
7:00 - 9:00 PM Social Hour  
Hospitality NEHES

Wednesday, October 17, 1990

7:00 - 8:00 AM Board Meeting  
7:30 - 8:30 AM Registration  
Continental Breakfast  
8:30 - 9:00 AM Introduction  
9:00 - 10:00 AM Training Program  
10:00 - 10:15 AM Break  
10:15 - 12:00 AM Training Program  
12:00 - 1:00 PM Lunch with Vendors  
1:00 - 4:30 PM Trade Show with Vendors  
4:30 - 6:00 PM Hospitality Suite  
with Vendors  
7:00 - 8:00 PM Mystic Aquarium  
(Cocktail Hour) and  
Marine Mammal Show  
8:00 - 11:00 PM Mystic Aquarium Buffet

Thursday, October 18 1990

7:30 - 8:30 AM Past Presidents Breakfast  
7:30 - 8:30 AM Continental Breakfast  
8:30 - 9:30 AM Training Program  
9:30 - 10:00 AM Break  
10:00 - 11:30 AM Training Program  
11:45 - 12:45 PM Lunch  
12:45 - 3:15 PM Training Program  
3:30 - 5:00 PM Annual Meeting NEHES  
6:00 - 7:00 PM Cash Bar  
7:00 - 12:00 AM Formal Dinner  
Mystic Hilton

Friday, October 19, 1990

7:00 - 9:00 AM Breakfast on your Own  
9:00 - 10:30 AM Round Table Discussion  
10:30 AM Certificate of Attendance  
11:00 AM Checkout

## NEHES FALL SEMINAR

### SPOUSES PROGRAM

Tuesday, October 16, 1990

5:00 - 9:00 PM Pre-registration

7:00 - 9:00 PM Social Hour Hospitality NEHES

Wednesday, October 17 1990

8:00 - 9:00 AM Continental Breakfast

9:00 - 4:00 PM Board Bus for Tour:

Lyman Allyn Art Museum  
Lunch at Norwich Inn & Spa  
Tour of Nautilus Museum

4:00 - 6:30 PM FreeTime

7:00 - 8:00 PM Mystic Aquarium (Cocktail Hour) and Marine Mammal Show

8:00 - 11:00 PM Mystic Aquarium Buffet

Thursday, October 18, 1990

8:00 - 9:00 AM Continental Breakfast

9:00 - 12:00 Noon

Fashion Show  
Makeup Demonstration  
Shopping - Mystic Factory Outlets

12:00 - 1:00 PM Lunch  
Shopping - Mystic Factory Outlets

3:00 - 6:00 PM Free Time

6:00 - 7:00 PM Cash Bar

7:00 - 12:00 PM  
Formal Dinner - Mystic Hilton

Friday October 19 1990

7:00 - 9:00 AM Breakfast  
On your Own

9:00 - 11:00 AM FreeTime

11:00 AM Checkout

For more information, contact:

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### RHODE ISLAND - STATE REPRESENTATIVE

The Rhode Island Hospital Engineers have selected the Newport Marriott Hotel for the 1991 Fall Seminar. The dates are October 22 to 25, 1991. Additional information will be made available after the first of the year.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has renewed the accreditation of the Westerly Hospital for a three year period and Landmark Medical Center for a three year period.

Women & Infants Hospital has received the official report from OSHA regarding their inspection of the Hospital from December 1989 through April 1990.

I am pleased to note that the findings did not reveal any violation of Federal Regulatory Health Standards with respect to the air quality based upon the survey by OSHA (Occupational Safety and Health Administration) and NIOSH (National Institute of Occupational Safety and Health). They concluded that we have a well designed, well ventilated building, with air quality within acceptable national standards. They did make some minor recommendations as to how we might make some improvements in our system, and those minor changes will be made. But, again, I would note that we are not in violation with any standards that would present health problems.

Although pleased with the report regarding the air quality, this does not diminish any concerns which employees may have raised about their individual respiratory health issues. Therefore, the Hospital will be continuing with its independent consultant to review the air quality and will be looking at this further to determine if there is anything that might be causing some difficulty to employees.

The OSHA report did identify some minor violations of other OSHA standards. Rather than go into detail, I would simply note that for some of those citations, we have already implemented corrective action and will appraise the correction action taken on the other items.

*Ken Boyer  
Womens & Infants  
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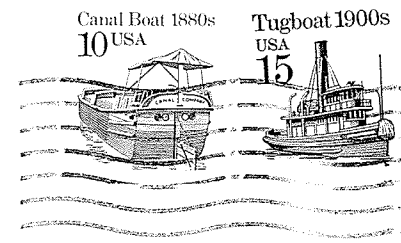
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