Ron Vachon Wins Election as ASHE Region 1 Director; Don Garrison is Honored for Serving Two Terms as ASHE Director

ASHE Region 1 members have elected Ron Vachon, the Director of Facilities Management at St. Andrews Hospital and Healthcare, Boothbay Harbor, ME, to take over for Don Garrison after Don's second, two-year term as Director ends this year. Ron has volunteered for ASHE and NEHES in several capacities, and has received many professional awards, including his selection as the ASHE Region 1 Emerging Leader in 2002.

Ron was nominated by members of the ASHE Region 1 Director Committee: Don Garrison, Franklin Community Health Network, Farmington, ME; Steve Cutter, CHFM, Director, Biomedical and Facilities Engineering, Dartmouth-Hitchcock Medical Center, Lebanon, NH; and Dave Hill, Chief Engineer, Facilities, Veterans Affairs Medical Center, Canandaigua, NY.

Ron thanked Region 1 ASHE members, and especially NEHES members, for their support. "I was very flattered to be nominated and then elected. ASHE is growing and making a difference. I have been a part of that growth and will continue to advance the profession, and work toward getting information to the members."

"I am pleased and honored to have the opportunity to be your regional representative to the ASHE Board of Directors. I pledge to make a difference for the positive benefit to members of Region 1 and the organization as a whole. (To Page 2)

Fire Protection "Consumes" Engineer of the Year’s Life On, Off the Job

The eighth recipient of the Engineer-of-the-Year award -- the most significant form of recognition that NEHES members can give to a fellow facility manager -- has been a firefighter in one way or another ever since he was 16 years old. Although Gene Cable eventually put aside fire fighting for the positions of fire inspector, plans examiner, then arson investigator, and finally, fire protection engineering for the past 18 years, fire fighting is "still in his blood."

"I determined that fighting fires wasn’t the best way to protect human life, so I went into the engineering side of fire protection," said Gene, who holds the certifications of Professional Engineer and Fire Protection Engineer. He has also been inducted into the national Salamander Honorary Fire

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Gene Cable, Engineer of the Year, Effects Code Changes Through Advocacy Efforts

(From Page 1)

Protection Engineering Society,
As the Regional Safety and Fire Protection Engineer for the Department of Veterans Affairs, Albany, NY, Gene oversees five medical centers. He regularly conducts Code equivalency analysis, JCAHO mock surveys, Statement of Conditions Life Safety Assessments, construction project design review, and construction project "pre-occupancy" inspections. He also helps the VA Medical Center Engineering/Safety staff in preparations for and during JCAHO surveys.

NEHES has benefited from Gene's numerous advocacy efforts on behalf of his healthcare colleagues ever since he joined the Society eight years ago. One such effort led to his discovery of and follow-through on the Central OMEGA sprinkler failure in 1998. His diligence resulted in a widespread recall of all OMEGA sprinklers.

Gene sent his latest advocacy opportunity to NEHES members in September, alerting them to several proposed Code changes and giving them the chance to register their opinions via a fax-back form. He has used this method often to effect changes in Code.

In 1995, the NEHES Board of Directors accepted Gene's application to become the Society's liaison to NFPA, a volunteer position he still holds. Gene's additional contributions to NEHES include:

- writing articles on NFPA topics of interest to NEHES members for several years for The NEHES Newsletter's Codes and Standards section;
- regularly updating the NEHES Board on Code development and interpretation issues;
- specifically coaching NEHES members with Code change efforts including preparation of sample Code change documents;
- publishing an article in JCAHO Environment of Care News, "Electronic Door Locks: Life Safety vs. Security;"
- special efforts included advocacy issues developing the 2000 Life Safety Code.

Gene's NEHES colleagues always knew he is providing them with up-to-date Codes information because, in addition to his VA position, he represents the VA on three technical committees: NFPA 101 - Fundamentals, NFPA 101 - Furnishings and Contents, and NFPA 25 - Water-based Systems Testing and Maintenance. He serves on the Health Care Safety Committee, reporting to the Health Care Life Safety Code Committee, re-writing Life Safety Code requirements for healthcare suites. He is also the VA alternate representative to the Health Care Safety Committee, an active member of the Society of Fire Protection Engineers, and a member of several key SFPE task forces.

Beyond Gene's "normal" VA work, he continues his education in all aspects of healthcare safety, Environment of Care Standards, OSHA law, and fire protection. He is a sought-after speaker by many groups, and he also has an active consulting business in JCAHO compliance, Statement of Conditions, Life Safety Code equivalencies, and forensic fire safety investigations related to healthcare fires and litigation. "I am always willing to answer technical questions concerning Codes interpretation and advise towards good engineering solutions," Gene said. He thanked his NEHES colleagues for selecting him their Engineer of the Year.

"Frankly, I feel flattered just to have been nominated for Engineer of the Year. I am also honored as the NEHES Board continues to renew and invite my participation as NFPA Liaison. Selection as Engineer of the Year by NEHES, truly an organization of engineers, is especially gratifying and rewarding. Recognition by one's peers is always special."

Engineer-of-the-Year Committee Chair Don Garrison, the Engineer of the Year for 2002, reported that many NEHES members submitted fax-back ballots this year.

"Each year, the engineer receiving the most votes as determined by the members is selected by the Board as Engineer of the Year. This year we had four excellent candidates," Don said. "Eugene (Gene) is a very capable and knowledgeable fire protection engineer with a pleasant personality. He is very helpful and is always available for Code consultations. He contributes regular Codes update articles to our NEHES newsletter and does many training presentations. Gene is a very deserving honoree and will represent the Society and its membership with honor."

New Region 1 Director is an Active Member of MHES, NEHES, and ASHE

(From Page 1)

"My election brings to the ASHE Board of Directors over 20 years of managerial experience, including strategic planning, construction projects ranging up to $30 million, and operations management over multiple departments in small rural and larger regional healthcare facilities. I am also fortunate to be able to bring the information and understanding from the several ASHE committees I've served on.

"With challenging responsibilities and seemingly continual change, our need to stay on top of the industry has never been more important. We must continue to be innovative and energetic, to find new ways of providing cost-effective and customer-oriented service.

"ASHE, too, must provide the quality services you need in an innovative and cost effective manner. I look forward to serving and pledge to commit the time and effort necessary to provide the information needed to help manage your areas of responsibility. Thank you very much for your support."

Ron's career began in 1977, working for a mechanical contractor. His next position was supervising mechanical technicians at Bath Iron Works. Four years later, he moved into healthcare facilities management with the Veterans Administration Medical Center in Togus, ME. He spent almost 14 years there as project manager, introducing innovations to the VA System such as CAD, fiber optics, and a variety of energy conservation initiatives. In 1998 he joined St. Andrews Hospital and Healthcare.

Writing on behalf of NEHES to support Ron's candidacy, NEHES President Dawn LeBaron, CHFM, said, "Ron has been a significant contributor during his membership in ASHE. He served on the charter panel that developed the Certification for Healthcare Facility Managers. He has served on ASHE's Healthcare Technology, Leadership, Advocacy, and Facilities Management Committees. He is also very active at the local level. Ron has been an active member of NEHES, serving as State Representative, Public Relations Chair, and most recently, as Secretary. Ron's employment history and his commitment and dedication to professional development in the field of healthcare facilities management are substantial. He approaches all tasks with energy, commitment, and excellence."

Ron's awards, contributions to his profession, and offices held include: 1) Past President, MHES; 2) MHES Engineer of the Year 2000 and 2001; 3) Presidents Advisory Group, Maine Hospital Association; 4) ASHE Membership Committee; 5) Author articles in InsideASHE and other professional publications; 6) Chair IC/Spring Seminar Committee; 7) Mentored Trade Apprentices and Engineering Trainees.
President’s Message: Advocacy Ranks High on the List of Priorities for the NEHES Board of Directors

By Dawn A. LeBaron, CHFM
Vice President of Hospital Services
Fletcher Allen Health Care
Burlington, VT,
2004 NEHES President
Greetings, folks:

By the time you read this, the summer will be over and, with that, the Board actively in full gear. Although we had a brief hiatus in the Board Meeting schedule in July this year, we got back to business with a meeting at the end of August instead of our usual restart in September.

Even though many of us managed to fit in some time away from the workplace, members of the NEHES Board remained active in moving NEHES business forward. The New Hampshire Society for Healthcare Engineers was busy planning the Annual Fall Conference in Bretton Woods, NH. (See the next issue of the newsletter for Fall Conference follow-up.) In addition, progress was made on our action items list which was generated at the planning retreat.

Lastly, we have been busy responding to several advocacy issues, not the least of which is the proposed change to NFPA 90A pertaining to changes in the frequency of damper testing. There is a great opportunity to have our voices heard on this one, folks.

Best wishes to you, thank you for your support.

Dawn LeBaron Earns Promotion

Dawn LeBaron, CHFM, current NEHES President, has been appointed Vice President of Hospital Services at FAHC.

In this new role, Dawn will provide leadership to 460 employees in Nutrition Services, Environmental Services, Call Center, Parking and Security Services, and Facilities (integrated with some of the services formerly housed in Real Estate, Construction, and Facilities Development). She will continue to provide oversight to the Fanny Allen campus and to Disaster Preparedness and Bioterrorism.

In announcing the promotion, Angeline M. Marano, FAHC Chief Operating Officer, said, "Many of you have had the opportunity to work with Dawn and know the management and leadership skills she will bring to this new position."

Dawn joined FAHC four years ago as the Director of Facilities Management. She was previously the Director of Facilities Services at Newton-Wellesley Hospital, Newton, MA.

President-Elect Urges all NEHES Members to Attend ASHE Annual Conferences

By John Crowley,
SASHE
Director of Facilities Management
Saints Memorial Medical Center
Lowell, MA,
2004 NEHES President-Elect

I was fortunate to be able to attend the 41st Annual ASHE Conference and Technical Exhibition in Orlando. Held July 26-28, the Conference was well attended by both members and vendors. The Conference offered a wide variety of topics and updates, providing an opportunity for the individual attendee to pick and choose what they needed or wanted to learn more about. Advocacy was a hot topic and, in addition to encouraging comments to the NFPA opposing increased fire damper testing, the group solicited ideas for future areas of Advocacy activity.

I encourage NEHES members to try and attend one of these Conferences in the future. In 2005 ASHE will meet in Anaheim. The 2006 Conference is in Boston. NEHES has a task force that will be working with ASHE in facilitating the 2006 Conference and you will be hearing from this group and the Board as the planning progresses.

ASHE announced "significant" changes in the APEX Recognition Program. These changes should facilitate members applying for Senior and Fellow status. The information I received indicated that the requirement for a paper was being dropped. The changes will be posted on the ASHE website soon.

This year's Conference was held in conjunction with the 18th Congress of the International Federation of Hospital Engineering (IFHE). This brought hospital engineers from all over the world to Orlando. If you have not heard or looked into IFHE I urge you to do so. They are a very professional and dedicated group.

NEHES Earns the ASHE Gold Levels of Affiliation Award for the 7th Year in a Row

NEHES President Dawn LeBaron, CHFM was pleased to accept an ASHE Gold Levels of Affiliation award from ASHE President Robert Guerry, PE, CHFM during ASHE’s Annual Conference and Technical Exhibition recently in Orlando.

Dawn prepared the application package in the spring.

Established in 1997, the Levels of Affiliation program acknowledges chapter accomplishments and rewards them for being full-fledged partners with ASHE in achieving chapter mission and goals.

The level of an award (bronze, silver, or gold) is determined by a point-scoring system using several criteria, including:

- educational opportunities provided by the chapter
- leadership development activities
- forms of member recognition (such as the NEHES Engineer-of-the-Year Award)
- promotion of membership in ASHE
- advocacy efforts
- promotion of ASHE educational programs
- maintaining a liaison relationship with the ASHE Region Director, and
- implementing key processes such as by-laws development and updating, chapter officer job descriptions, member communications (e.g. newsletters), budgeting and fiduciary responsibility, and strategic planning.

As a Gold chapter, NEHES receives two free registrations for the 42nd ASHE Annual Conference and Technical Exhibition July 10-13, 2005 in Anaheim, CA, two free one-year ASHE memberships; a plaque, and recognition in InsideASHE and during the ASHE Annual Conference.

Above, Dawn accepts the Levels of Affiliation award from ASHE President Robert Guerry, PE, CHFM during the ASHE Conference.
NEHES Promotional Items will be Available for Purchase Soon

When longtime NEHES volunteer Joe Mona (near right) saw his colleagues wearing apparel sporting the logos of ASHE or other professional societies, he thought NEHES members ought to have the same opportunities to promote their organization. His idea did lead to the purchase of a NEHES pin for each new member to wear, but Joe wanted more visibility for NEHES.

Meanwhile, George Hawley (far right), another longtime Society volunteer, had started a weekend business called ESP Sales/House of Hats. The ESP stands for Embroidery Screenprinting and Promotional Items. Encouraged by Joe, George donated denim shirts, briefcases, and windbreakers with the NEHES logo to the organizers of several NEHES conferences and seminars.

Now George, the Regional Director of Engineering for Hebrew Rehabilitation Center for Aged, Boston, and Joe, the Director of Facility Systems, Lawrence General Hospital, Lawrence, are ready to carry their idea a big step further.

The December issue of The NEHES Newsletter will offer NEHES members what Joe calls the "Hawley Wear" collection of items with the NEHES logo -- sports shirts, jackets, wind shirts, shorts, tees, sweat shirts, sweat pants, towels, hats, brief bags, duffel bags, fanny packs, back packs, tote bags, and aprons. The next newsletter will also highlight a career milestone for George: his 41st year in health care and recent promotion.

New Master's Degree in Facilities Management Targets Working Professionals

Forty-one students are now working toward a Master of Science degree in Facilities Management (MSFM), thanks to a new program begun last year by the Massachusetts Maritime Academy in Buzzards Bay. MMA has offered an undergraduate degree in Facilities and Environmental Engineering for several years, but those graduates had to leave New England if they wanted to pursue a graduate degree in Facilities Management. MMA also discovered there were only 13 such degree programs in the U.S.

Encouraged by consultations with industrial employers, MMA faculty and alumni, the International Facility Managers Association, the Association for Facilities Engineering, and especially the MMA Facilities and Environmental Engineering Advisory Council, MMA developed the MSFM degree to prepare students for Facilities Management, Facilities Engineering, Plant Operation, and Manufacturing positions.

NEHES member Don Baptiste, Director of Facilities Operations at Sturdy Memorial Hospital, Attleboro, is one of two healthcare facility managers serving on the college's Advisory Council, which continues to stay involved with the new program to provide feedback on changes in the healthcare industry. "The Master of Science in Facilities Management program is a tremendous opportunity for the many highly qualified healthcare facilities professionals to demonstrate and credential their expertise in the facilities management profession," said Don, who has been an Advisory Council member since 1990.

The MSFM students meet alternate Friday evenings and Saturdays for 15 months. Each class enrolls up to 24 students, who must have been working in their field at least one or two years, depending on the type of undergraduate degree they have earned.

For further information, see the program's website: http://www.maritime.edu/L3.cfm?pageId=150&parent=4 or contact Eileen Milanette, Associate Vice President, Graduate & Continuing Education, emilanette@maritime.edu, (508) 830-5096.

NEHES Board Members Join 1800 Other Attendees at ASHE's Excellent Annual Conference

By Dawn LeBaron, CHFM
Vice President of Hospital Services
Fletcher Allen Health Care
Burlington, VT.
NEHES President

NEHES board members John Crowley, SASHE, Steve Cutler, CHFM, Don Garrison, and I were fortunate enough to attend ASHE's 41st Annual Conference and Technical Exhibition. This year's conference was held in conjunction with the 18th Congress of the International Federation of Hospital Engineers. There were over 1800 attendees from 31 countries. Forty-eight of these were from New England -- 17 facility managers and 31 vendors/other.

For the third consecutive year, I attended the Chapter Leadership Forum. This was very well attended with probably what was record attendance. This year an "Idea Book," which contains materials and information from other chapters, was generated. This was gleaned from the Levels of Affiliation Chapter Awards Applications. I will make this book available to anyone who is interested, and will be sure to being it to the planning retreat in November.

At the awards luncheon held during the Chapter Leadership Forum, NEHES was honored with the Gold Chapter award. More details about this are contained in another area of this newsletter.

ASHE President Robert Guerry, PE, CHFM, kicked off the conference early Monday morning with the Regional Leader Awards as well as two SASHE designations and the Crystal Eagle Award. Keynote speaker Dennis Snow captivated the audience with his passionate speech on delivering world class customer service. Dennis' 20-year experience with Disney made for an inspiring and entertaining presentation.

Over the next three days more than 75 educational sessions were offered in content areas ranging from compliance to construction. Attendees were awarded 1.5 CEUs or 15 contract hours, which are important in keeping current with CHFM requirements.

Once again, attendees were "wowed" by 257 vendors in 350 booths. The program provided ample opportunity to spend time networking and visiting with vendors and colleagues.

Our own Don Garrison officiated at the Region 1 Breakfast. Many facility managers from all over the world joined those of us from NEHES and the New York Chapters. It was a pleasure to speak on behalf of Ron Vachon on his bid for Region 1 Director (See Ron's story on Page 1.)

As a slight departure from previous years, the Annual Business Breakfast was held Wednesday morning where the candidates for ASHE president — Troy Martin, Leo Gehring, and Bill Morgan — addressed the audience. They each gave a brief overview of their priorities for ASHE. These gentlemen are very deserving and worthy candidates. This will be a tough choice.

The 42nd Annual Conference and Technical Exhibition will be held July 10-13, 2005 in Anaheim, CA. The 2006 Conference will be held in Boston, so folks, stay tuned, NEHES will have a role as the hosting chapter.
NEHES Members Approve Proposed Bylaws Changes at Annual Business Meeting

By Mark C. English, CCE, SASHE, CHFM
Senior Engineer
Hartford Hospital
Hartford, CT.
Co-Chair, NEHES Steering & Bylaws Committee

Being the dynamic organization that it is, NEHES is constantly striving to adapt to the changing environment of the healthcare engineering profession and the needs of its membership. To that end, a number of mechanisms are available to the Society, including the amendment of its bylaws.

As an illustration of the times, the NEHES bylaws have been amended six times in the last nine years. To be sure, some of the amendments have been substantial in nature (such as the implementation of a new supporting membership category in 2001) while others have been more a matter of housekeeping or clarification. The amendments for 2004 fell into the latter category.

On June 7, 2004 two signed petitions were submitted to NEHES President Dawn LeBaron, CHFM requesting that the bylaws be amended. The first petition states that “the objective of the proposed amendments are to convert the payment and collection of dues from a fixed annual deadline date to a cycle which encompasses all twelve months of a calendar year with payments due on anniversary dates.” This process is already taking place to a certain extent vis-à-vis the joint NEHES/ASHE dues renewal program.

For purposes of illustration, the former relevant sections of the bylaws and the proposed amendments are shown below. Postscript: the amendments below were approved unanimously by NEHES members voting at the Annual Business Meeting October 5 during Fall Conference.

**Existing Article V Section 5-16**
“Following the Annual Meeting, but not later than February 1st, the Secretary shall send out invoices to the membership for dues for the appropriate calendar year.”

**Proposed Article V Section 5-16**
“The Executive Secretary shall during the course of the year send out renewal notices and dues invoices to the membership for dues. The Executive Secretary shall also maintain up-to-date records for all renewals and payments made if members become delinquent in their renewals. Membership will be for a period of twelve months from approval, and cycle 12 months for renewal of the member.”

**Existing Article XI Section 11-3**
“Annual dues not paid by April 1st will necessitate members be dropped from the rolls as members of this Society. Delinquent members may be reinstated subject to the following conditions:
- a. Payment of delinquent dues
- b. Reapplication for membership with payment
- c. Approval by the Board of Directors”

**Proposed Article XI Section 11-3**
“Annual dues not paid within three months of the due date will necessitate members be dropped from the rolls of the Society. Delinquent members may be reinstated subject to the following conditions:
- a. Reapplication for membership with payment
- b. Approval by the Board of Directors”

The second petition requests clarification of the “eligibility, voting and Board membership rights of honorary members and to specify the authority of the Board to approve and rescind honorary membership status” of individuals:

**Existing Article IV Section 4-6**
“Honorary Membership: Any member with a minimum of five years active membership in the Society who has retired from active work in the healthcare engineering field will be eligible to be carried on the rolls as an ‘Honorary Member’ without assessment of dues. Application must be made by the retiring member, in writing to the Secretary, requesting transfer from Active Membership to Honorary Membership.”

**Proposed Article IV Section 4-6**
“Honorary Membership: Any member with a minimum of five years active membership in the Society who has retired from active work in the healthcare engineering field will be eligible to be carried on the rolls as an ‘Honorary Member’ without assessment of dues. Application must be made by the retiring member, in writing to the Secretary, requesting transfer from Active Membership to Honorary Membership. Such transfer must be approved by the Board of Directors, and can be rescinded by the Board at any time should the status of honorary member change in any way which might interfere (e.g. conflict of interest) with the mission of the Society. Honorary members may vote and be members of the Board of Directors.”

In addition to the signed (by at least ten active members) petition submitted to the President, Article XV of the bylaws also requires that the proposed amendments be in the hands of the general membership no less than 30 days prior to the Annual Business Meeting. Amendments to the bylaws can only be enacted by a two-thirds affirmative vote of the quorum in attendance at the Annual Meeting. A quorum is defined as 15% of the dues-paid membership. Bylaws amendments may also be enacted if they are submitted during that portion of the Annual Meeting agenda and receive an affirmative vote.
Several NEHES Chapters Schedule Educational Seminars for Members
And Plan NEHES Annual Fall Conference and Spring Seminar

The NEHES Newsletter will provide periodic updates on chapter activities based on reports that chapter representatives have made to the NEHES Board of Directors.

To become involved in the NEHES chapter in your state, please refer to the Board of Directors listing at www.nehes.org for the appropriate state or chapter representative's name and contact information.

Boston Plant Engineers Club
The club meets monthly, alternating between hospitals. The last meeting was held October 13 at the Mount Auburn Hospital. Meetings consist of lunch followed by a formal business meeting. There are currently 12 active members and approximately 15 honorary members. Submitted by Kevin Keating, Representative to NEHES, Kkeating@ahmenet.org

Connecticut Healthcare Engineers Society (CHES)
Education: Meeting September 1, CHES engineers started with a presentation and discussion by John Mitchler, Director of Energy Conservation and Load Management for Connecticut Light and Power, on the current incentive programs for customers of Northeast Utilities. A discussion on the new annual state training requirements for licensed trades people and security officers followed. For licensed trades people, there will be an annual one-day educational requirement. For security personnel, there will be both educational requirements and background checks. The ASHE regulatory advisory alert on proposed changes to the Code on testing of fire dampers was brought up to make sure everyone was aware of the proposed change. Jim Rush of the CHA provided an update on federal funds for emergency preparedness pertaining to negative pressure rooms. CHA held an NFPA Life Safety Code/JCAHO Statement of Conditions seminar September 21-22 at CHA. As a recap of what happened in Connecticut during 2004, CHES engineers had several meetings at CHA. Topics discussed included the JCAHO surveys taking place in the state, decontamination showers for hospitals, trade licensing for medgas installers, training programs for Connecticut, NEHES membership and functions, and a meeting with the new Public Health Service Manager.

2005 NEHES Spring Seminar: Planning Committee members for Spring Seminar March 25, 2005 in Leominster, MA, are Paul Toburen of Griffin Hospital, Ron Hussey, CHFM of Bristol Hospital, Steve Jalowiec, PE of Waterbury Hospital, Mark English, CCE, SASHE, CHFM of Hartford Hospital, Chris Burney of Hartford Hospital and Fred Leffingwell, CHFM (Lawrence and Memorial).

Submitted by Fred Leffingwell, CHFM, CHES representative to NEHES, fleffingwell@lmhosp.chime.org

Maine Healthcare Engineers Society (MHES)
Education: Educational programs sponsored by MHES for its members have included a presentation by Grainger, a presentation on products and services and a tour of Cianbro Corporation's Fabrication and Coatings plant in Pittsfield, ME, and a presentation by Nelson Collins of the State Fire Marshal's Office on fire code issues and hand sanitizers in egress corridors. On September 24, MHES members met at Inland Hospital in Waterville; program presenter was Stan Quinn, State of Maine elevator inspector.

Other Activities: On June 25, 25 engineers and 25 guests attended the MHES Annual Lobster Bake at Orrs and Bailey Island Yacht Club.

Submitted by Bob Lord, MHES representative to NEHES, (207)373-2212

Middlemac Hospital Facility Managers Group
Middlemac healthcare facility managers have been involved in an initiative to expand chapter participation to hospitals in Central Massachusetts or assist in the development of an official Central Massachusetts Chapter. Although many Central Massachusetts contacts were made, resulting in a significant increase in NEHES memberships, little progress in the initiative resulted. We will continue efforts in 2005. The Middlemac Group assembled during various educational events. John Crowley, NEHES President-Elect, hosted a number of these events including a Department of Environmental Protection informational session. Middlemac has facilitated an arrangement with Past President George Hawley to make custom NEHES apparel also known as "Hawley Wear" -- available through the NEHES Newsletter (and soon to be on the NEHES website).

Submitted by Joe Mona, Middlemac Representative to NEHES, jmona@LawrenceGeneral.org

New Hampshire Society of Healthcare Engineers (NHSHAE)
Education: NHSHE met with the Deputy Fire Marshal for New Hampshire, who provided a brief overview of the role of State Fire Marshal.

2004 NEHES Fall Conference Planning:
The majority of NSHES meetings this past year have concentrated on the NEHES 2004 Fall Conference held October 3-6 at the Mount Washington Hotel.

Submitted by Bruce S. Brown, NHSHE Representative to NEHES, bbrown@littletonhospital.org

South Shore Healthcare Engineering Society (SSHES)
Members and Programs: SSHES currently has 19 members and is working to increase that number. Members report that they have a lot of construction activity going on at their various facilities. Most report that small training sessions, usually trade specific, are taking place at their facilities. SSHES has had some difficulty in getting its members together this year. We have met once with N-Star as the meeting sponsor. The N-Star representatives provided information on new energy saving technology, devices, and programs. We have had to reschedule other meetings due to schedule conflicts. The good news is that membership has stayed constant. We have scheduled two meetings before year's end.

Russell W. Garland:
Russell Garland of Mansfield, MA, a long time member of both NEHES and SSHES, died unexpectedly September 3. He had worked at Caritas Norwood Hospital in Norwood, MA for 32 years as the Assistant Director of Engineering. As most of you know, Russ worked with and for Paul Pezone. Russ was a former President of SSHES and a member of NEHES for many years. He was one of the most active supporters of the South Shore Group and he rarely missed a meeting. He was always ready to help the current administration in any matter possible. Needless to say, he will be truly missed. We send our sympathies, thoughts, and prayers to his family, friends, Paul Pezone, and the rest of Caritas Norwood employees who not only lost an excellent coworker, but also a great friend.

"Russ was a very dedicated employee," said Paul, Caritas Norwood's Director of Facilities. "He only called in sick six times in 32 years. His death was very unexpected and devastating." In 1999, SSHES selected Russ as the Member in the

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Welcome, New Members

(Join NEHES as of 9/29/04)

From Connecticut
David Bouchard
Facilities Manager
Johnson Memorial Hospital
201 Chestnut Hill Rd.
Stafford Springs, CT 06076
Areas of responsibility: Engineering, Facilities Management, Safety, Maintenance, Project Management, Security, Construction
Phone: (860)684-8583
Dbouchard@jmhosp.org
Active Member: NEHES
Member: IAHSS

Steve R. Collins
Principal
Consulting Engineering Services, Inc.
811 Middle St.
Middletown, CT 06457
Area of responsibility: Engineering
Phone: (860)632-1682
Scollins@cesct.com
Supporting Member: NEHES
Member: ASHE, NFPA

From Massachusetts
Douglas D. Curl
President
Smithcurl Communications
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Newton, MA 02464
Areas of responsibility: Maintenance, Construction, Consultation, Nurse Call Installation and Repair
Phone: (617)244-8989
Dcurl@smithcurl.com
Supporting Member: NEHES

Ronald A. Freeman
Senior Director of Facilities
Youville Hospital
1875 Cambridge St.
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Phone: (617)349-5713
Freeman@youville.org
Active Member: NEHES
Member: ASHE

From New Hampshire
R. Todd French
Director of Facilities
New London Hospital
273 County Rd.
New London, NH 03257
Areas of responsibility: Engineering, Facilities Management, Safety, Maintenance, Project Management, Security, Construction
Phone: (603)526-2911
Todd.french@newlondonhospital.org
Active Member: NEHES
Member: NFPA

Anne Hill
Director, Facilities & Clinical Engineering
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Areas of responsibility: Facilities Management, Maintenance, Project Management, Construction, Bio-Medical
Phone: (603)663-2706
Ahill@elliot-hs.org
Active Member: NEHES
Member: NFPA

William C. Johnson
Vice President
Haley & Aldrich, Inc.
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Manchester, NH 03102
Area of responsibility: Consultation
Phone: (603)391-3328
Wjohnson@haleyaldrich.com
Supporting Member: NEHES
Member: IFMA, APPA

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Chapter News
(From Page 6)

Spotlight because of his dedication to the chapter. He joined NEHES and SSHES in 1982, serving as SSHES secretary-treasurer and two terms as its president. Submitted by John P. Duras, SSHES Representative to NEHES, durasj@southcoast.org

Vermont Healthcare Engineering Society (VHES)
Officers: New officers elected at the September 10 annual meeting are President-Doug Stringfield, CHFM, Southwestern Vermont Medical Center; Vice President-Mark Blanchard, CHFM, Springfield Hospital; Secretary-Treasurer-Mark Roberts, Copley Hospital.
Education: November's meeting was held as part of the University of Vermont Technology Services Program seminar on Picture Archiving and Communications Systems (PACS). Editor's note: See the March and June issues of The NEHES Newsletter for other VHES education programs.

VHES Listserv: The VHES listserv continues to be useful. It certainly is the most efficient and economical way for VHES to post minutes and meeting notices, and to pass along information. Since its creation, the cost of running the Society has decreased considerably.

NEHES Listserv: Ray Forsell, the creator of a listserv for active NEHES members (healthcare facility managers), encourages members to sign up for the free service. In just a short time, several facility managers have used the service to seek solutions to common problems from their colleagues.

"It is our goal to get all active NEHES members on the list because of the ease in which important Society and professional information can be disseminated," Ray said. "One of the other benefits is that it allows members to ask a question of everyone on the list at once, and get information from peers on a variety of subjects." Any active NEHES member who wishes to join the NEHES listserv should email Ray at Raymond.Forsell@its.uvm.edu and indicate name, facility, e-mail address, hospital affiliation, and job title. "Make sure you indicate 'NEHES Listserv' in the subject line so that I don't think your e-mail is spam. Once you are signed up, the system will send messages to help you use the system correctly. If you don't like it, it's easy to be removed from the list later," Ray said.

CHFM Program: The CHFM program continues to progress. CHFM members are Dawn LeBaron, Brian Sallisly, Ed Lydon, Mark Blanchard, and Doug Stringfield. Submitted by Raymond Forsell, VHES Representative to NEHES, raymond.forsell@its.uvm.edu
Welcome, New Members
(From Page 7)

Michael Robinson
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GDS, Inc.
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Bedford, NH 03110
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Supporting Member: NEHES

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Active Member: NEHES

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Dtash@ehr.org
Active Member: NEHES
Member: NHSHE

From Vermont
Jason Brooks
Project Engineer
Clark Health Care

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Phone: (802)847-1263
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Supporting Member: NEHES
Member: ASHE

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Member: ASHE

NEHES President Walks 60 Miles for Breast Cancer Foundation

Editor's note: Many facility managers, in addition to their job responsibilities and volunteering for NEHES, also make time for all kinds of community service projects in the U.S. and internationally. This is one of several newsletter articles that will highlight these volunteer efforts.

Thousands of volunteers hit the streets across the U.S. every year to walk in Breast Cancer 3-Days, raising money for the Susan G. Komen Breast Cancer Foundation. This year Dawn LeBaron, CHFM, Vice President of Hospital Services at Fletcher Allen Health Care (Burlington, VT), found some NEHES members to sponsor her and joined 1,000 other walkers in Massachusetts for the 60-mile walk July 30-August 1.

She earned more than $2,000 for the foundation; her fellow walkers, in Massachusetts alone, raised more than $3 million; nationwide, more than $20 million came in. Dawn completed the 60 miles, spread over three days, "despite some pretty significant blisters" on one foot.

Dawn decided to sign up for the walk because "this disease has touched several people close to me and a friend who has walked it before convinced me to do it."

She trained for several months before the walk, jogging and walking as much as she could. "I finished in decent time in the first 100 walkers every day," she said. Walkers spent the nights in tents, finishing their walk September 1.

Abbreviations Used in this Issue

AHA: American Hospital Association
APPA: Association of Higher Education Facility Officers
ASHE: American Society for Healthcare Engineering
CCE: Certified Clinical Engineer
CEM: Certified Energy Manager
CEU: Continuing Education Unit
CHA: Connecticut Hospital Association
CHES: Connecticut Healthcare Engineers Society
CHFM: Certified Healthcare Facility Manager
CMS: Centers for Medicare & Medicaid Services
DART: Days away from work, restricted work activity, or job transfer for every 100 full-time workers
DAFWII: Days Away from Work Injury and Illness
EOC, EC: Environment of Care
EPA: U.S. Environmental Protection Agency
FASHE: Fellow of ASHE
FCC: Federal Communications Commission
FPE: Fire Protection Engineer
H2E: Hospitals for a Healthy Environment
IAHSS: International Association for Healthcare Security and Safety
IFMA: International Facility Managers Association
JCAHO: Joint Commission on Accreditation of Healthcare Facilities
MHEES: Maine Healthcare Engineers Society
NHSEHE: NH Society of Healthcare Engineers
NFPA: National Fire Protection Association
OSHA: Occupational Safety & Health Administration
PE: Professional Engineer
SASHE: Senior of ASHE
SSHES: South Shore Healthcare Engineering Society
SST: Site-Specific Targeting inspection program based on injury and illness data
VHES: Vermont Healthcare Engineering Society

Important Dates

2004 DATES------------------------
October 24-29, 2004
National Healthcare Facilities & Engineering Week
November 5-6, 2004
NEHES Board of Directors Planning Retreat
Sheraton Hotel, Burlington, VT
March 25, 2005
2005 NEHES Spring Seminar
Leominster, MA

2005 DATES------------------------
March 6-9, 2005
International Conference and Exhibition on Health Facility Planning, Design and Construction
Nashville, TN
October 3-5, 2005
2005 NEHES Fall Conference
(Golf tournament October 2)
Sheraton Hotel Burlington, VT

March 2005
July 10-13, 2005
42nd ASHE Annual Conference and Technical Exhibition
Anaheim, CA
Flushing Facilities and Practical Applications: Part 2

By Jean Manoli
Health and Safety Consultant
Division of Occupational Safety
Commonwealth of Massachusetts

Jean Manoli is the Training Specialist and Consultant for the Commonwealth of Massachusetts, Division of Occupational Safety (DOS). This agency, as well as similar agencies in other states, offers free consultation services designed to help employers recognize and control potential safety and health hazards at their worksites, improve their safety and health program, assist in training employees, and possibly qualify for a one-year exemption from routine OSHA inspections. This service, which is jointly funded by the DOS and OSHA, is primarily targeted for smaller businesses (less than 250 employees per establishment or 500 employees nationwide) in high hazard industries such as manufacturing, health care, and construction. It is a confidential service in which your firm’s name and any other information you provide and any unsafe or unhealthy working conditions found will not be reported routinely to the OSHA. Highly-trained safety and health consultants with many years of experience review site conditions, including where flushing facilities may be warranted, and issue no citations or penalties. The DOS website is www.state.ma.us/dos; call (617)969-7177 for further information.

Flushing facilities can be plumbed or self-contained units. The water must be potable (safe for drinking); nonpotable can introduce contaminants. Water does not neutralize contaminants – it only dilutes and washes them away. This is why large amounts of water are needed. Eyewash bottles are not compliant with the OSHA standards and cannot be used to replace required eyewash or shower stations. These bottles can leave contaminant in the bottle and/or cannot provide the necessary volume or water pressure. Many cases exist where empty or expired bottles are found in the workplace. This can lead to a false sense of security for the employees who resort to using these insufficient first aid devices.

Eyewash Equipment
Specifications:
1. Valve activation shall be simple and go from "off" to "on" in less than one second. Operational (lever, handle, etc.) with the valve being located in an easily located place.
2. The valve shall be designed so that the water flow remains on without requiring the use of the operator’s hands and shall remain activated until intentionally shut off.
3. Eyewash facilities are to be located to require no more than 10 seconds to reach, but where a strong acid or caustic is used, the unit should be immediately adjacent to the hazard. Stairs, doors, and any other obstructions which could prevent immediate use are not allowed.
4. A highly visible sign shall identify the eyewash area and the area around the unit shall be well lit.
5. Maintenance requirements: test units on a weekly basis; annual inspection.
6. Training on location and use
7. Tepid water
8. Velocity of water shall be capable of flushing both eyes simultaneously without causing injury to the user.
9. Since the nozzles to eyewash stations typically need to be protected from airborne contaminants, the units are to be designed such that the removal of these covers should not require a separate motion by the user when the unit is activated.
10. The equipment shall be capable of delivering 0.4 gallons per minute gpm, (1.5 liters per minute) for 15 minutes.
11. The unit shall be positioned with the water nozzles 33 inches (83.8 cm) to 45 inches (114.3 cm) from the floor and 6 inches (15.3 cm) minimum from the wall or nearest obstruction.

Emergency showers, also known as deluge or drench showers, are designed to flush the user's head and body. If there is a risk of employees getting doused with a corrosive or there is a risk of the clothing of employees becoming wet through to the skin, then emergency deluge showers are required. They should not be used to flush the user's eyes because the high water pressure could damage the eyes in some instances. Eyewash stations are designed to flush the eye and face area only. There are combination units available that contain both features -- a shower and eyewash with separate flow rate controls. Emergency showers should meet the following requirements:
1. Entire body, not just the top of the head
2. 82-96 inches from the floor
3. 20 gallons per minute, 75.7 liters per minute (versus 0.4 gpm for eyewash)
4. Similar specifications as the eyewash steps 1-7

Drench hoses are considered to be secondary to proper emergency showers and eyewash stations (e.g., having a drench hose does not replace the need for showers/stations). Drench hoses may be used to "spot" rinse an area when a full shower is not required, to assist a victim when the victim is unable to stand or is unconscious, or to wash under a piece of clothing before the clothing is removed.

It is recommended that all pieces of emergency equipment become part of an effective Preventive Maintenance Program to ensure that hazard controls are always working properly. The program would include identifying all equipment that requires maintenance, set a maintenance schedule, keep records of repairs, keep a maintenance log, and train employees to tag out equipment and request repairs. Following the manufacturer's instructions on maintenance and use is paramount.

Certain hazards can develop from poor maintenance, including contamination. Acanthamoebae are small amoebae capable of causing serious eye infections. These amoebae have been found in numerous portable and stationary eyewash stations. Flushing the units for an extended period of time (for at least three minutes) can drastically reduce the contamination. Chlorination of the water can be effective in destroying Acanthamoebae. However, the chlorination can corrode some of the stainless steel eyewash stations and/or components. In general, water may contain contaminants such as rust, scale, and chemicals, even in plumbed eyewash stations.
Systems should be flushed and cleaned weekly. For non-plumbed units, changing the water supply in accordance with manufacturer's directions is required. Growth checks/monitoring system can be instituted to ensure proper maintenance schedule.

Actual use of the equipment can introduce further concerns, including partitions that may limit access. Privacy partitions cannot limit access to the shower. Poor drainage can introduce slipping hazards, and a proper drainage system needs to be considered. There should not be any nearby electrical equipment to introduce electrocution hazards.

One of the most significant changes in the recently revised ANSI (American National Standards Institute) standard is that it directs the delivery of tepid water—moderately warm or lukewarm—for at least 15 minutes. Without specific numerical references in the standard, the tepid range is generally considered to be 78°F to 92°F (some references say 80-95 °F), based somewhat on the normal surface temperature of the human eye. The use of tepid water encourages proper use of drench showers and eyewashes in emergency situations and helps prevent bodily heat loss. If employees will not or cannot use a flushing unit due to cold or hot extremes, then it is not considered an effective or suitable unit. Where showers are provided, having available blankets, extra overalls, and foot covers for employees to use encourages the full use of the device where disrobing may be necessary and are appropriate comfort and warmth considerations.

There are many additional devices that make the flushing facility usable in most environs. There are temperature control valves which function as anti-scaling devices. For cold or outdoor locations, emergency showers with heated plumbing are available. Portable heating devices are available on the market for more remote locations. Mixing valves provide a number of functions: They allow water heaters to be warmed up to an adequate temperature to prevent Legionella from growing in the water heaters; and mixing valves mix cooler water with the hot water to provide a safe water temperature to the rest of the building. Legionnaires' disease is a common name for one of the several illnesses caused by Legionnaires' disease bacteria (LDB). Legionnaires' disease is an infection of the lungs and is a form of pneumonia. More than 43 species of Legionella have been identified.

Constant flow meters are available to ensure that fluctuations in general facility operations do not compromise the units; other devices will help maintain a constant temperature and flow rate. Dual flow rates allow for single units to incorporate two different flow rates, a unique design feature. The fixture has a high flow rate for the shower and a low flow rate for the eyewash.

ANSI

- Ten-second travel time.
- Greater sign visibility.
- Clear and level path of travel. Unobstructed path.
- Annual inspections; weekly tests.
- Controls - flushing flow within one second. One hand activation. Stays on.
- Tepid Water Temperature (other references: 78-92 °F.)
- Provides, at least, 15 minutes clean water.
- On/off within ONE second.
- Both eyes at one time - for eyewash units; entire body - for shower units.
- Third-party certification for manufacturer's performance requirements (due to various elements which can alter effectiveness).
- Freeze-protected units.
- Nozzles protected from contaminates.
- Training: location and use.
- Protection from corrosion.

Accidental chemical exposures can still occur even with good engineering controls and safety precautions. As a result, it is essential to look beyond the use of goggles, face shields, and procedures for using personal protective equipment.

If an eye injury occurs, quick action can prevent a permanent disability. For this reason, emergency eyewashes should be placed in all hazardous areas (and in necessary numbers); first-aid instructions should be posted close to potential danger spots, employees must know where the closest eyewash station is and how to get there with restricted vision. This is further discussed below under training.

Another consideration is to install an audible or visual alarm for workers who might work in remote locations or who work alone in separate departments. These alarms can alert other workers when the emergency shower or eyewash station has been triggered.

Training is paramount on any safety and health topic and emergency flushing facilities are no different. All workers require instruction in the proper use and location of emergency showers or eyewash stations before any emergencies occur. It should never be assumed that workers are already aware of the proper procedures. Written instructions should also be made available to all workers and posted beside the emergency shower and eyewash station. Part of the instructional process should include a "hands-on" drill on how to find and use equipment. Remember: Employees are going to be in emergency mode when needing the device – likely with restricted vision. Provide the necessary training so they can use it under those circumstances!

The wearing of contact lenses can be dangerous because chemicals can become trapped under a contact lens. Any delays caused by removing contact lenses in order to rinse eyes could result in injury. A policy should be established regarding contact lenses and, where applicable, training should include instruction in contact lens removal.

Editor's note: Flushing Facilities and Practical Applications: Part 1 appeared in the 2nd Quarter issue of The NEHES Newsletter. Please send an e-mail to debbiesull@nc.rr.com if you wish to receive an electronic version of Part 1.
Updates on Code Change Issues and Sliding Glass Doors

By Gene Cable, PE, FPE
Regional Safety & Fire Protection Engineer
Department of Veterans Affairs
Albany, NY,
NEHES Liaison to NFPA,
NEHES Engineer of the Year

Well, these are exciting times for those involved in the NFPA Code change process, welcome aboard.

ASHE is informing members and allowing opportunities to respond or get involved. They have sent out an e-mail blast and special mailing to all members and associates asking for your fax-back vote concerning six proposed changes.

By this time the October 1 NFPA comment deadline has passed but there is still an opportunity to forward information to Dale Woodin and Doug Erickson in order to either strengthen their stance on an issue or (as in a couple of prior cases) change their position in accordance with NEHES information.

NFPA Technical Committee Membership, the individuals who write and approve Code language, includes special experts/consultants, manufacturers, installer/maintainers, "users" such as property owners, organization representatives such as ASHE, insurance companies, governmental agencies, the fire service, and enforcers such as state fire marshals. "True Consensus" means those that are regulated or affected by an NFPA Standard are fully represented on the committees that write/approve the standard.

Truly, more “user” involvement is good for the NFPA consensus code making process. Users such as NEHES members need to speak loudly; otherwise, the manufacturers, special experts (consultants), and installer/maintainers would win the day for their cause -- which, by the way, is for a safer-built environment. But how safe is safe enough?

If you missed the NEHES Advocacy fax back, you can still contact your chapter president/representative or a Board member to receive one and fax it as instructed. Additional information will still be valuable to ASHE representatives in preparation for committee meetings.

Here is a quick bulleted list of some Code change issues where ASHE or NEHES has asked for input from you, the "user":

- NFPA 90A, Fire/smoke damper testing/maintenance, 4 year frequency to 1 year
- NFPA 90A, Fire damper installation in all new smoke partition walls (some corridor walls – not talking about smoke barrier walls)
- NFPA 90A, Combination fire/smoke dampers for all locations where new ducts penetrate vertical shafts
- NFPA 101, Patient sleeping room suites – existing facilities – retroactive; requires direct and constant supervision from within the suite OR complete smoke detection
- NFPA 101, Requires sprinkler protection throughout for ALL health care facilities – existing buildings – retroactive
- NFPA 101, Requires sprinkler protection throughout for buildings containing nursing homes – existing buildings – retroactive
- NFPA 101, Requires quick response sprinklers be used throughout new or renovated health care occupancies, rather than only in patient sleeping zones – for new installations
- NFPA 101, Requires vision panels in all smoke barrier doors – existing doors – retroactive.

Patient room sliding glass doors

ASHE listed this proposal in their recent “Regulatory Advisory.” The NFPA Committee at this point is in agreement in favor, no debate necessary, so we did not include this within the fax-back effort. You should be aware this is coming, within the 2006 Life Safety Code, since it will no doubt be a benefit in terms of avoiding installation costs and maintenance headaches. We often use such doors within ICU, CCU, Neonatal ICU, and Emergency Departments.

A new section 7.2.1.4.1.6, 18.2.2.2.9.2 and 19.2.2.2.9.2 will allow sliding glass doors without the breakaway feature for patient rooms in healthcare occupancies with an occupant load of fewer than 10. Note: this will apply to existing facilities as well as to new installations. Essentially this will eliminate the need for the floor track, groove, or rail. Those features were needed to provide structural support for the door breakaway hinge feature. These floor tracks/grooves/rails, as installed to meet current Code, are often a maintenance problem to keep clean and clear. The track presents an infection control concern and doors operate poorly when dirt/grit contaminate the track/rail.

There are details involved as listed here for your reference (the underlined is proposed new language).

For Reference, 2003 NFPA 101:
7.2.1.4.1* Any door in a means of egress shall be of the side-hinged or pivoted-swinging type, and shall be installed to be capable of swinging from any position to the full required width of the opening in which it is installed, unless otherwise specified in 7.2.1.4.1.1 through 7.2.1.4.1.8.

Proposal 101-96 Log #CP1216 SAF-HEA page 101-39 of ROP on NFPA 5000 & NFPA 101
7.2.1.4.1* Any door in a means of egress shall be of the side-hinged or pivoted-swinging type, and shall be installed to be capable of swinging from any position to the full required width of the opening in which it is installed, unless otherwise specified in 7.2.1.4.1.1 through 7.2.1.4.1.9
7.2.1.4.1.5 Horizontal-sliding doors complying with 7.2.1.14 shall be permitted.

(To Codes Page 2)
NEHES Board Thanks Members for Advocacy Participation

(From Codes Page 1)

7.2.1.4.1.6 Horizontal-sliding doors serving a room or area with an occupant load of fewer than 10 in health care occupancies shall be exempt from the requirements of 7.2.1.4.1 as provided in Chapter 18 or Chapter 19.

Proposal 101-400 Log #CP1215 SAF-HEA page 101-143 of ROP on NFPA 5000 & NFPA 101

18/19.2.2.9.2 Eliminates the Breakaway Feature of the Door
18.2.2.9 Horizontal sliding doors shall be permitted in accordance with 18.2.2.9.1 or 18.2.2.9.2.
18.2.2.9.1 Horizontal sliding doors, as permitted by 7.2.1.14, that are not automatic-closing shall be limited to a single leaf and shall have a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed in an emergency.
18.2.2.9.2 Horizontal sliding doors serving an occupant load of fewer than 10 shall be permitted provided all of the following are met:
(a) The area served by the door has no high hazard contents.
(b) The door is readily operable from either side without special knowledge or effort.
(c) The force required to operate the door in the direction of door travel is not more than 133 N (30 lbf) to set the door in motion and is not more than 67 N (15 lbf) to close the door or open it to the minimum required width.
(d) The door assembly complies with the fire protection rating, if required, and, where rated, is self-closing or automatic-closing by means of smoke detection in accordance with 7.2.1.8 and is installed in accordance with NFPA 80, Standard for Fire Doors and Fire Windows.
(e) Corridor doors shall have a latch or other mechanism that ensures that the doors will not rebound into a partially open position if forcefully closed.

The next issue of The NEHES Newsletter will list results of the fax-back effort. The NEHES Board of Directors thanks you for your participation.

The NEHES Gotcha File:
Hospital has "Hosted" OSHA Investigators for 33 Days Since June

A New England healthcare manager is eagerly looking forward to a closing conference with the OSHA investigators who have spent 33 days at his hospital since June, conducting Life Safety and Health Safety surveys under OSHA's Site-Specific Targeting (SST) plan for 2004. OSHA regulations allow surveyors to be at a facility for as long as six months.

Over the past six years, OSHA has used an SST inspection program based on injury and illness data. This year's program (SST-04) stems from the agency's Data Initiative for 2003, which surveyed approximately 80,000 employers to attain their injury and illness numbers for 2002. Effective April 19, the program is initially covering about 4,000 individual worksites on the primary list that reported 15 or more injuries or illnesses resulting in days away from work, restricted work activity, or job transfer for every 100 full-time workers (known as the DART rate).

The primary list also includes sites based on a "Days Away from Work Injury and Illness" (DAFWII) rate of ten or higher (ten or more cases that involve days away from work per 200 full-time employees). Employers not on the primary list who reported DART rates of between 8.0 and 15.0, or DAFWII rates of between 4.0 and 10.0, will be placed on a secondary list for possible inspection. The average national DART rate in 2002 for private industry was 2.8, while the national average DAFWII rate was 1.6.

OSHA's survey of his hospital, the manager said, probably resulted from an OSHA-related complaint against a sister facility and his own facility's 2001 DAFWII rate of 4.1.

Just as the investigation of his sister facility was wrapping up in June, an OSHA employee called the facility manager a day before investigators planned to arrive at his site (investigators do not have to give any advance notice). The employee told him, "By the way, we're opening up your SST records and we're coming to start a site-specific inspection."

"They are pulling OSHA logs for 2001 and other years," the manager said. "They looked at reportable injuries in 2001 of anyone on the payroll. They also said more hospitals in New England will be surveyed."

The manager summarized key points of the OSHA investigation for NEHES members:

Opening and closing conferences:
The survey started with an opening conference and will end with a closing conference. Twelve people, including the manager, union representatives, OSHA personnel, and several hospital employees, attended his opening conference.

Union rights: Each union may have a local representative accompany OSHA personnel on all rounds of the hospital and participate in any interviews with unionized employees. All unions represented at the hospital may send a representative to the opening and closing conferences.

The investigators: They told the facility manager what OSHA violations they were looking for, and used worksheets at all times to guide them. "The investigators were excellent," the manager said. "They looked at everything -- every single department and every single building. There wasn't a single door or electrical panel that wasn't opened, from the roof to the basement."

The investigators also:
1. Looked at all the facility's training manuals and all Environment of Care Committee meeting minutes for the last 12 months;
2. Inquired about any site inspections from any other regulatory agencies;
3. Conducted interviews with many employees; one such interview lasted five hours.
4. Took notes and photographs everywhere they went.
5. Paid particular attention to the weight of soiled linens and how they are transferred from hospital rooms to hampers to a laundry room or trailer. "They paid very close attention to the ergonomics, how people, especially those of small stature, were pushing, pulling, or lifting bags of laundry," the manager said. "In my opinion, OSHA's goal is a zero unassisted lifting policy because of the number of injuries occurring in health care."
6. Looked at "every sharps (needles)" containers in the hospital, every electrical cord, every fault protection harness.

(To Codes Page 3)
“Gotcha” Manager’s JCAHO Survey Came During OSHA Investigation

(From Codes Page 2)

1. Examined the facility’s electrical safety program, fire safety program, emergency training program, and the hazardous communication program, looked at what fire extinguisher training is done, and asked about any chemicals used in the hospital.

2. Spent two days in a 60-square foot room looking at how employees do lead mold fabrication for radiation units, using a mixture of lead, tin, and cadmium. "They were all over me on this," the manager said.

Manager's Comments:

1. "I wrote down everything they did; I took the same photos they did. I had people from the Engineering Department walking right behind us to fix the things they found. I was not going to wait for them to issue a list of violations. At the end of the day, I gave my management a list of everything they said and did."

2. "Our self-reporting from 2001 triggered the visit but, in addition, the investigators asked for OSHA logs from the years 2000, 2002, 2003, and year-to-date 2004."

3. "It's been a nightmare. Every day they're here, there's a minimum of five people with them -- 40 man-hours per day lost. In the middle of this, our JCAHO survey happened. We did very, very well. We did petition OSHA not to show up on the same days JCAHO was here. Now we need to prepare for an EPA audit in case we get one. We've heard that EPA has earmarked this region for audits."

4. "I keep on very good terms with the OSHA investigators. I'm on a first name basis with many of them. I call them from time to time to alert them about various things. It's like that saying, 'keep your friends close and your enemies closer.'"

5. "They have found some violations. For example, some of our grinding wheels in our maintenance shops weren't the proper distances from the pads. They did find some extension cords that were linked in daisy chains."

About the Gotcha File:
The NEHES Newsletter welcomes ideas for "The Gotcha File" — true stories of regulatory oversights. AHJ (authority having jurisdiction) conflicts, completely unexpected deficiencies that surveyors found at your facility, and any information about audits and surveys conducted by JCAHO, CMS, OSHA, EPA, and other agencies that your colleagues would find useful. For obvious reasons, all facility managers' submissions will be confidential! By contributing these "gotchas," you will alert other facility managers to possible deficiencies, and perhaps you will also read something that will help your facility. Send ideas only (we'll write the story) to the newsletter publisher, debbiesull@nc.rr.com or call (919) 933-1145.

H2E Awards Recognize Healthcare Facilities for Keeping Environment and Communities Healthy

By Janet Brown
Partner Coordinator
Hospitals for a Healthy Environment (H2E)

Hospitals for a Healthy Environment is gearing up for the 2005 H2E Awards. These awards honor the hard work hospitals do each year to keep our environment — as well as our communities — healthy. This article will explain the various awards available and help you determine which is the right fit for your facility. Whether you're just getting started or have a comprehensive environmental program, you can get some recognition for your hard work by getting an H2E Award!

Recognition is one of the most important components of an environmental program's sustainability. In health care's climate of competing initiatives, it's tough to keep environmental commitment on the front burner. While programs such as battery recycling or chemical distillation may reduce costs or help with regulatory compliance, the work is ongoing. Getting an award might just be the added boost a program needs to be successful. Also, the process of applying for an award may be the impetus to pulling all of your data and success stories together. Most important, though, is the fact that waste handlers and other staff working on environmental issues don't often get the recognition they deserve. An H2E award provides the opportunity to say thanks to staff for their ongoing commitment to quality improvement.

H2E's awards program is available to all Partners and Champions of the Hospitals for a Healthy Environment Program. Not a Partner yet? Check out the website and register online at http://www.h2e-online.org/programs/partner_p_regform.cfm. Any healthcare facility can become a Partner of H2E — it's free and easy — you can enroll online. Not sure if your facility is a Partner? Check the list of current Partners at www.h2e-online.org/programs/partner/p_mbr.cfm. Click on your state map and a list of all Partner facilities in your state will appear. As of September 13, there were 861 Partner Facilities in the United States.

Award Categories

H2E has a variety of awards depending on the depth and maturity of your facility's program. If you are unsure if your facility meets the criteria for receipt of a particular award, please contact H2E staff at Awards@H2E-online.org or call (800)727-4179.

1. H2E Partner Recognition: given annually to Partner facilities that have met their self-identified H2E goals for the previous year.

2. Making Medicine Mercury-Free Award: a one-time award given to facilities that have met the challenge of becoming virtually "mercury free."

3. H2E Partners for Change Award: given annually to facilities that have made significant progress toward reducing waste, preventing pollution, and eliminating mercury.

4. H2E Environmental Leadership Award: the premier award presented annually by H2E. Recipients of this award are distinguished by their pioneering efforts to reduce the environmental impact of the healthcare industry; they implement innovative programs that set industry standards for waste reduction and pollution prevention.

5. H2E Champion for Change Award: given to Champion organizations that are leading the way in improving environmental performance in the healthcare sector, and that are providing support to hospitals working toward the goals of H2E.

Every other 4th Friday of the month, H2E holds a Making Medicine Mercury Free Teleconference to help hospitals meet the H2E challenge. Register online at www.h2e-online.org/events/teleconf/index.cfm.

Why apply? Benefits of winning an H2E Award

All H2E award recipients will receive the following:

• National commendation from the EPA, AHA, American Nurses Association, and Health Care Without Harm for your pollution prevention efforts.

• Recognition at the annual H2E Awards Ceremony and Workshop as well as at several other award events around the world.

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FCC Extends Freeze on Licensing of Telemetry Equipment until December 31, 2005

Editor's note: The following Regulatory Advisory was written by Rick Pollack, Executive Vice President of AHA, and Robert Guerry, PE, CHFM, President of ASHE.

A Message to AHA and ASHE Members:

Heeding concerns raised by the AHA and ASHE, the FCC extended the freeze on the licensing of high-powered private land mobile radio service users in the 460-470 MHz band until December 31, 2005. We pushed for the extension to help hospitals having trouble transitioning into the dedicated spectrum — the Wireless Medical Telemetry Service (WMTS) — due to limited resources and a lack of equipment on the market. In 2000, the FCC designated a portion of the radio spectrum for hospitals to operate wireless medical telemetry equipment. The July 8 Public Notice (from the FCC) also clarified the requirements for hospitals operating medical telemetry equipment.

The FCC requirements are specific rules on the allocation of bandwidth and operation of transmitting equipment. Routine operation of transmitting equipment as diverse as TV transmitters, mobile radios, walkie-talkies, paging systems, and utility metering transmitters can produce electromagnetic interference (EMI) with medical devices such as wireless heart, blood pressure, and respiratory monitors. EMI can lead to lapses in patient monitoring and missed alarm events that can affect patient safety.

To protect your patients from the harmful effects of interference, hospitals must register their telemetry equipment with ASHE, the FCC's medical telemetry frequency coordinator. The attached advisory provides instructions for hospitals operating in the 460-470 MHz and WMTS bands. (See http://www.ashe.org/aha/currentevent/advisories/TELEMETRY_FCC_7-23-04.pdf for a full text of the advisory.)

Besides being a legal requirement, registration will allow the FCC to track hospitals' progress and the AHA and ASHE to help members with any problems they are experiencing.

After reviewing this advisory, check off the following items from your to-do list:
1. Share this advisory with your clinical and biomedical engineering professionals, critical care physicians, nursing staff, and risk managers.
2. Register your telemetry equipment. The AHA and ASHE will continue to work closely with the FCC to ensure interference does not compromise patient care and safety.

FCC heads AHA's concerns, extends bandwidth freeze to the end of 2005
Editor's Note: These comments appeared in AHANewsNow July 12, 2004.

The AHA and its American Society of Healthcare Engineering (ASHE) lauded the FCC's decision to extend the freeze on the licensing of high-powered private land mobile radio service users in the 460-470 MHz band until December 31, 2005.

The July 8 announcement capped a major hospital advocacy push. The AHA and ASHE have been working with the FCC since last fall to ensure hospitals using wireless medical telemetry equipment have sufficient time to migrate to the WMTS bands set aside for them in 2000. An extended freeze would protect patients using the equipment from the risk of harmful interference from high-powered users, they said.

"We appreciate the FCC working with us on this important patient safety issue," said Mary Beth Savary Taylor, AHA's vice president for executive branch relations. "This additional time will give hospitals the time they need to transition into the dedicated spectrum or to become licensed in the 460-470 MHz band. And it will give vendors sufficient time to get products to market so that hospitals can buy the necessary equipment."

The FCC had extended an earlier freeze several times, in response to AHA reports that hospitals had trouble transitioning into the WMTS due to limited resources and a lack of equipment on the market.

In conjunction with the freeze announcement July 8, the FCC also is urging hospitals operating in the 460-470 MHz band to register their equipment information with ASHE, so that the agency can track hospitals' progress, and so that the AHA and ASHE can help hospitals with any problems they are experiencing.

"We encourage hospitals to register their equipment so that they establish a direct, two-way line of communication with the FCC," said ASHE Deputy Executive Director Dale Woodin. He said hospitals should refer to www.ashe.org for registration instructions.

In its announcement, the FCC also reminded hospitals with wireless medical telemetry equipment in the WMTS band that they must register their equipment with ASHE prior to operation. The extension through 2005 is the last, according to the FCC.

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H2E Awards
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country, including AHA's annual conference, ASHE's annual conference, and special regional award ceremonies.

• Listing in appropriate journals and newsletters of relevant professional organizations, and on the H2E website.

• Potential for selection as a case study to be written by H2E highlighting your achievements as an example for other facilities.

• A certificate or plaque suitable for hanging at a prominent spot in your facility.

• An "Award Packet" which includes a sample press release, tips for getting media attention, and a letter of congratulations.

• Inclusion on the list of facilities across the country that are setting the industry standard for making health care environmentally responsible.

2005 Award Schedule

• December 1, 2004 – January 31, 2005: Accepting all awards applications. Applications must be received by January 31, 2005 to be reviewed. The Making Medicine Mercury Free Award application is accepted and reviewed on a rolling basis.

• March 15, 2005: Media announcements - Award decision announced publicly.

• Spring 2005: Environmental Leadership Award and H2E Champion Award ceremony at the AHA Annual Meeting, Washington, DC.

• During 2005: Making Medicine Mercury Free Awards ceremonies and other regional recognition ceremonies at locations across the United States.


• September 2005: Awards ceremony at the American Society for Healthcare Environmental Services Annual Meeting.

Press Coverage

The H2E award is the platform from which to work with your Public Affairs department to issue a press release, and to get attention in local press and within communities to raise awareness regarding this important work. Kelly Heekin, H2E's Media Coordinator, can coordinate press materials with your facility's Public Affairs Department. Photographs of award winners appear on www.H2E.org.

2004 Award Winners

In 2004, 57 Partner Facilities and 13 Champions received an H2E Award. For a full list of Partner Facility and Champion Awards, go to www.h2e-online.org/ programs/award/winners/win_all.cfm#MMHF. Award applications will be available on the H2E website soon. Until then, feel free to contact us for more information. And keep up the good work!