Save the Date: NEHES Spring Seminar
Friday, March 24 7:30 a.m.—3:30 p.m.
With Topnotch Education Program
For all the details, including registration form, see the insert in this newsletter OR go to www.nehes.org

The day’s program:
‘Pilot’ Green Guidelines for Healthcare and Changes for the AIA
Guidelines For the Design and Construction of Hospitals
AND
Firestopping and U.L. Requirements
AND
Arc Flash and Electrical Safety
AND
Commissioning in the Healthcare Environment
AND
Hurricane Katrina – Lessons Learned
AND
Vendor Partner Exhibits!

All for only $135 (NEHES Members)
or$160 (non-members, with $25 applicable toward cost of NEHES membership for eligible applicants)

ASHE Annual Conference Returns to New England
July 9-12, 2006 for the First Time Since the 1960’s!

If time and/or financial considerations have prevented you from attending an ASHE Annual Conference and Technical Exhibition in other parts of the U.S., don’t miss the opportunity to attend the 43rd Annual Conference July 9-12 at the John B. Hynes Veterans Memorial Convention Center and Marriott Boston Copley Place, Boston, MA.

This is the first time the conference has returned to New England since the 1960s, said Don Garrison, SASHE.

NEHES plans to participate in the conference, and several members are working in a special task force to develop those plans. Members are Bob Loranger, P.E., CHFM, John Crowley, SASHE, Don Garrison, SASHE, Jack Gosselin, FASHE, Ron Vachon, and Kevin Keating.

President’s Message:
The Year Promises Excellent Education Programs at Spring Seminar and Fall Conference

By Ron Vachon
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME,
NEHES President,
ASHE Region 1 Director,
2004 NEHES Engineer of the Year,
Chair, 2005 Engineer-of-the-Year Committee

I feel motivated and invigorated by the energy surrounding our chapter this year as we look forward to excellent educational offerings by the Spring Seminar and Fall Conference planning groups. Programs being assembled will focus on the new AIA standards, case studies, emergency/disaster readiness, Environment of Care, and codes and standards. These conferences also provide us an opportunity to network and to publicly recognize our peers and colleagues for their contribution to the profession. This year we are also privileged to host the ASHE Annual Conference in Boston, which will bring internationally known expert speakers to address today’s issues and give us a more global perspective on healthcare engineering. We are fortunate to be teamed with such a hard working and expert NEHES Board of Directors and look forward to the coming year. Remember, this is your organization and we look for your direction and support. NEHES exists because of you and for you, and your dues make it possible for us to be an active player in the educational and advocacy arenas.

Membership Categories Clarified
To clarify what seems to be a bit of confusion about our membership categories: remember, Active Members are categorized as employed directly by a healthcare facility. Our Bylaws allow only Active Members the opportunity to attend Board meetings. Supporting Members are considered consultants, vendors, and contract facilities folks. We appreciate the Supporting Members. They are truly our partners for all that they bring to our organization.

It is a pleasure to see the formation of a Supporting Member Committee and, from the level of interest and genuine collaboration, we anticipate that this will be another great resource for NEHES. John Crowley, SASHF is the Chair of this Supporting Member Committee. Contact John at main2.jc@stmmc.org.

Central Massachusetts Chapter
Interest in developing a Central Massachusetts Chapter is at the point where we now can say the chapter has formed. In fact, the teleconference Board meeting that was scheduled for February got usurped by a formal face-to-face meeting at UMass Memorial Health Care in Worcester. The meeting was sponsored by Gary Valcourt and John Baker, who are working on developing a local chapter for Central Massachusetts. Past NEHES President Joe Mona came up with the suggestion that we combine the Board meeting with a regional meeting so the Board could be available to answer questions during this meeting for the local chapter. A morning Board meeting was followed by a very interesting afternoon presentation by Rick Epps, Regional Vice President, Northeastern Region, of Wellness Environments, on a new modular concept of outfitting hospital “wellness” rooms. The meeting continued with a tour of the new 275,000-square-foot UMass renovation, which is one of the largest in New England. If you are in the region, which is delineated by West of Route 495 to and including the Worcester/Springfield area, please contact Gary Valcourt at valcourt@UMMH.org or Joe Mona at jmona@LawrenceGeneral.org for more information. The group plans to meet quarterly and will adjust as members see fit.

AHJ Advocacy
The January Board meeting was full of energy. New Board members and attendees brought interesting and fresh perspectives. Working through the agenda, we heard from state representatives on some issues they were dealing with. Much discussion concerned life safety in regards to the AHJ (Authority Having Jurisdiction) and how interpretations differ from state to state. It was interesting to learn how some of our members are taking an active role to work with state hospital associations and top state government officials to find positive outcomes to this problem. It was great for me to be a liaison and connect key ASHE advocates to these facility folks for support and information. You will see more detail on these issues in future newsletter articles.

Members’ Dues Renewal
There was also discussion on the new rotation of the membership renewal process. Remember, last year we went from a calendar rotation to a rolling rotation. We are working towards implementing a date code on the address labels for newsletters and mailings that will remind you when your membership is up for renewal. We continue to get several new member applications at every Board meeting, which reinforces the organization.

Ideas and Questions Welcomed
As always, we are interested in hearing from you. If you have a question or are interested in what NEHES is all about, please contact your local chapter representative or any of the Board members (see complete list at www.nehes.org) or send me an e-mail at rvachon@standrewshealthcare.org. You are what NEHES is all about and our website is a great resource with information and links to what is going on in our advocacy efforts, educational programs, and the industry as a whole.

President-Elect’s Message:
Board of Directors Completes Several Action Items and Takes on New Tasks

By Kevin Keating
Director of General Services
Shriners Burns Hospitals
Boston, MA,
NEHES President-Elect

If January’s Board of Directors’ meeting is any indication of how well things will run this year, we should all be prepared to accomplish a lot. The meeting was well attended, many action items have been completed, and several new assignments have been delegated to Board members. One important task that our Membership Chair, Bob Loranger, P.E., CHFM, has asked the Chapter Representatives to accomplish over the course of the next couple of months is to contact former NEHES members that have not renewed their membership. Bob provided the Chapter Representatives with the names and telephone numbers of the non-renewals. Now it is up to the Chapter Representatives to get the job done. Let’s find out why we have so many non-renewals.

I have been working with the 2006 Fall Conference education planning group. We are beginning to formulate a basic outline of the education program and would appreciate any suggestions you may have for topics and speakers.

E-mail Kevin, kkeating@shrinenet.org

Kevin Keating

Page 2
Welcome, New Members!

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From New Hampshire
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(603)355-3031

Don’t Forget to Check Job Postings on the Website

Newsletter Editor/Website Manager Don Garrison, SASHE reminds NEHES members to visit www.nehes.org often to see jobs that have been posted.

Job notices stay on the website for 90 days, then are automatically removed. So check the website often!

Send job notices to:

debbiesull@nc.rr.com or
dgarrison@fchn.org.

To see job listings, go to www.nehes.org, log in, and job postings will appear at the right of the Members Only Content page under the Calendar.
The deadline for nominations is May 1!
Take Part in Selecting the 2005 NEHES Engineer of the Year

By Ron Vachon
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME, NEHES President, ASHE Region 1 Director, 2004 NEHES Engineer of the Year, Chair, 2005 Engineer-of-the-Year Committee

It is time again to begin the process of nominating a deserving individual for the New England Healthcare Engineer-of-the-Year award. This is typically given to an active member in recognition of their contributions beyond the normal duty.

Since the origin of this award dates from 1996, this award will go to the tenth recipient of what is arguably the most significant form of recognition the Society can bestow upon any of its members.

This award is granted for contributions to the Society, but even more, it is a tribute to the profession. It is given to those who have worked on Advocacy and Education issues as well as taken on leadership roles and made a great impact on the industry. Many efforts save money, improve processes, and provide for a safer healthcare industry. We as a local chapter of ASHE are committed to promoting these accomplishments. With so many deserving candidates out there, we find it difficult to choose among them, and your assistance is needed.

The election process for Engineer of the Year begins with the solicitation of nominations from New England facility managers, consulting engineers, architects, and suppliers through this New England Healthcare Engineers' newsletter. All identified candidates will receive a questionnaire to provide more in-depth information about them, which will be published in the 2nd Quarter NEHES Newsletter. A fax-back ballot will also be included in the 2nd Quarter newsletter, for all to vote for the candidate of their choice.

Included in this newsletter is a "fax-back" nomination form as well as a list of suggested criteria to use in nominating candidates.

The Board will confirm the candidate selection at its September meeting. The successful candidate will be announced at the Annual Banquet during Fall Conference October 3-6, 2006 in Westport, MA.

You know there are many, many deserving candidates. Please take a moment to fill out the nomination form and fax it back to me at (207) 633-4209.

Whereas we have many members who have contributed significantly to the profession over the course of their careers, this annual award is based primarily on the highest level of contribution and accomplishment.

This is a great honor and an acknowledgement of efforts!

Fall Conference 2006 in Westport, MA: Don't Miss the Educational Program, Networking, and Huge Vendor Partner Exhibit

The educational seminar offerings are being firmed up, and the Massachusetts chapters of NEHES want to be sure members and prospective vendor partners put October 3-6, 2006 on their calendars now. The NEHES Fall Conference moves to the Westport, MA Hampton Inn, part of White's Regional Conference and Hospitality Center with a golf tournament October 3 at the Fall River Country Club in Fall River. Organizers of the Fall Conference represent several NEHES Massachusetts chapters.

They include:
Chairman:
John Duras, duraesj@southcoast.org

Hotel & Meals:
John Duras

Education Program:
Don Baptiste
dbaptiste@sturdymemorial.org
Kevin Keating, kkeating@shrinenet.org
Joe Mona, jmona@lawrencegeneral.org

Golf Tournament
Paul Pezone, ppezone@cchcs.org
John Duras

Spouse/Guest Program
John Duras
Coral Garrison

Vendor Partner Solicitation
John Crowley, SASHE-maint.jc@stmcc.org
Joe Mona, jmona@lawrencegeneral.org
Bob Loranger, P.E., CHFM
rloranger@tufts-nmc.org

Registration Program & Gifts
Bob Crepeau, crepeaua@southcoast.org
Mark English, CCE, SASHE, CHFM
menglish@localnet.com

Brochure Development
John Duras

Scholarship
Don Baptiste, John Duras

Mailing Registrations
John Duras, Mark English

The 2006 Fall Conference Committee wishes to thank Mark English for accepting our invitation to be our guide and mentor in this task. With his help, we are very confident that this will be a very successful conference. Mark will be assisting in all categories. The committee would also like to thank Mrs. Coral Garrison for the excellent work that she has performed with the spouse/guest program.

The first set of reminder postcards will be mailed to members March 31. Watch the NEHES website, www.nehes.org, and The NEHES Newsletter, 2nd Quarter Edition, for more information. Registration brochures will also be mailed to members later this year.

2006 DATES
February 26-March 1, 2006
International Conference and Exhibition on Health Facility Planning, Design and Construction
San Diego, CA

March 24, 2006
2006 NEHES Spring Seminar
Organizers: RIHES
Four Points by Sheraton Leominster Hotel
Leominster, MA

July 9-12, 2006
43rd ASHE Annual Conference and Technical Exhibition
John B. Hynes Veterans Memorial Convention Center and Marriott Boston Copley Place
Boston, MA

October 3-6, 2006
2006 NEHES Fall Conference
(Golf tournament October 3)
Organizers: Massachusetts groups
White’s Regional Conference and Hospitality Center
Westport, MA
Education and Career Development
Organizational Communications

By Jack Gosselin, FASHE, CHFM
Principal
Gosselin Associates
North Stonington, CT,
Chair, NEHES Education and Career Development Committee

As unique and varied as the competencies are to function in our role as effective facilities administrators, the ability to communicate effectively nears the top of the list. In the development of the dozens of position profiles I’ve compiled, the ability to communicate within the given culture of an organization maintains a prominent place in the set of required skills.

Conversely, I’ve observed the demise of many talented facilities managers predicated on the inability to translate issues into a concise and timely transfer of information. There exists a perception that organizational communications is not one of an “engineer’s” strongest areas of expertise.

Complex Information

Because of the unique nature of the role, the healthcare facilities manager possesses a challenging audience with an equally challenging message. With a vocabulary very distinct from the clinical, fiscal, and governing world, our communications commonly involve a dialect of codes, infrastructure, and engineering terms that are unfamiliar and often not understood. Projects we deal with involve many disciplines and the results are contingent upon a clear understanding of the strategies we develop and communicate.

The best communication strategy is to establish “need to know” expectations at all levels. Many executives require ongoing and continuous updates, while many of our “customers” would prefer only information that directly affects their area of accountability. It is best to set communication expectations case by case and be diligent in fulfilling this anticipation.

Good News, Bad News

Regardless of your audience, keep communications relevant and focused. As the saying goes, “Few care about storms you encountered, but rather the safe arrival in port.” In our unique world of facilities operations, many communications are critical to the success of the organization’s mission. With that criticality comes a tendency to “sensationalize” the communication of the contributing issues. Do not editorialize your message – provide only the information that is relevant and pertinent to the listener.

Offer Solutions

Our colleagues look to us for solutions. Don’t dwell on the problems that contributed to the situation, but rather offer a series of recommendations that prioritize available solutions. Communicate viable options backed by sound justification as well as a clear picture of the pros and cons of individual recommendations.

Effective communication is an art and is crucial to any successful relationship. Work to design effective communication skills based on your organization’s needs and implement a delivery strategy that fulfills the needs of the listening audience.

The Education and Career Development Committee would welcome input from the NEHES membership suggesting future career development topics. Send e-mail to jack@gosselin-associates.com

Professional Achievement Recognition and Competency Through ASHE Programs

By Jack Gosselin, FASHE, CHFM

In any profession, there are many avenues to demonstrate individual achievement. Successful performance in one’s area of responsibility is primary and the acknowledgment by one’s employer substantiates this effort. Our discipline of healthcare facilities management provides many “on the job” opportunities for professional achievement. Additionally, there exist a number of programs through ASHE that can be utilized to provide individual achievement in our field.

Professional achievement programs can be divided into two distinct categories: recognition and competency. The decision to pursue either or both should be evaluated based on an individual’s needs both professionally and personally. In either case, the achievement is noteworthy and has become universally recognized in the industry.

The Certified Healthcare Facility Manager (CHFM) program is a knowledge verification credential that has been issued to almost 500 applicants in the 5-year term of the certification. The required exam does an effective job of validating the body of knowledge required by our discipline.

I have observed that the CHFM credential has become widely recognized by healthcare hiring managers as the accepted benchmark for competency verification. A growing number of position specifications for healthcare facilities administrators now include the CHFM as a required prerequisite.

Recognition can be achieved through ASHE’s Senior (SASHE) and Fellow (FASHE) initiatives. The process involves an application that tracks professional involvement in the areas of continuing education, authorship, demonstrated participation in Society seminars, and regional volunteerism. The Senior and Fellow application was rewritten last year, making the process more focused and user-friendly.

I would strongly urge NEHES members to take full advantage of these programs and realize the benefits derived from participation. Information is available on ASHE’s web site (www.ashe.org) through links to recognition programs and the Certification Center of the American Hospital Association.

Conversation with Two CHFM:
Why Obtaining the Certification Made Sense

Louis Dinneen, the Director of Facility Management at Fletcher Allen Health Care, Burlington VT, and David A. Dagenais, CHFM, CHSP, the Plant Operations Manager/Safety Officer at Wentworth Douglass Hospital, Dover, NH, have earned the designation of Certified Healthcare Facility Manager.

The American Hospital Association Certification Center (AHA-CC) conducts the CHFM program with collaboration from ASHE and others. Nearly 500 U.S. facility managers have the CHFM designation. For more information, see http://www.ashe.org/ashe/members.xip/awards/chfm.html.

Dave and Louis answered the following questions about their backgrounds and their reasons for pursuing the certification.

How and when did you get into health care?

Dave: I worked for a local electrical contractor for approximately 11 years. I also worked a second job for a local police department as a patrolman from 1986 through 1998. I entered health care in 1992 as a...
Why These Facility Managers Earned their CHFM

(From Page 5)

an electrician and moved my way up the ladder to Supervisor, then to Plant Operations Manager/Safety Officer.

Louis: I started working in health care in 1994 in Saudi Arabia at Saudi Aramco Medical Services Organization. This is a private healthcare organization owned and operated by Saudi Aramco, the national Oil Company of Saudi Arabia.

What are your current job responsibilities?

Dave: I currently work for Wentworth-Douglass Hospital as the Manager of Plant Operations, which includes overseeing day-to-day repairs, preventive maintenance, design, and construction. Additionally, I am the hospital Safety Officer that incorporates compliance with local, state, and federal guidelines and standards.

Louis: I am the Director, Facilities Management, at Fletcher Allen Health Care.

In which professional organizations do you participate?

Dave: I am a member of NEHES and ASHE and I am currently Vice President/Secretary/Treasurer for the New Hampshire Society of Healthcare Engineers. I am the New Hampshire state representative to NEHES. I am actively involved in the NFPA process and I serve on the NFPA Healthcare Section Codes and Standards Review Committee. I was recently appointed by the Healthcare section of NFPA to serve on technical committees for NFPA 99 and NFPA 730.

Louis: I am a member of NEHES, VHES, and ASHE.

Why did you pursue CHFM certification?

Dave: I was looking for a way to demonstrate my knowledge and understanding in the field of healthcare facility management. I saw this as an opportunity to assist in fulfilling my desire for personal and professional growth.

Louis: I felt that it gave some credibility to my experience overseas.

What do you think is keeping more facility managers from pursuing this?

Dave: I believe facility managers are fearful of the embarrassment from not passing the test and, honestly, I had that concern as well. I took the exam without telling others in my organization to protect my dignity. I didn’t have any problem telling them once I had the results that I passed. In fact, I Nexted them the minute I left the exam center.

Louis: As far as I’m aware, there are no formal courses that one can take to prepare for the CHFM. This means that preparation has to be completely self-driven, including researching the subjects required.

How did you prepare for the exam?

Dave: I utilized the test-prep guide as a study guide and refreshed my knowledge on codes and standards. I enjoyed the review of codes and standards and it’s something we should all do on a regular basis.

Louis: I motivated a group of people working in Facilities Management in the same organization as myself. We agreed to work as a group and take turns to present selected topics. Some dropped out but the ones who stayed with it learned a lot.

When and where did you take the exam?

Dave: I took the computer exam at an H&R Block office in June 2005 and was informed upon completion that I had passed. I found this very rewarding and the thought of having to wait for the results does not sound enjoyable to me.

Louis: I took it in May of 2005 in a specially set up exam in Saudi Arabia.

What feedback about the exam do you have for other engineers?

Dave: Many times we engineers are extremely critical of ourselves. The reality is simple: we do this stuff on a daily basis, the knowledge is there, and the benefits definitely outweigh the fear of failure. We maintain, design, and build magnificent facilities yet we are intimidated by a test. This should not be the case.

Would you advise other engineers to pursue certification?

Dave: Take the test privately. If you don’t pass, consider it a bad day. Learn from the experience and re-take the test. You will pass.

Louis: Yes. I felt it gave me more confidence in dealing with regulatory issues.

Griffin Hospital Moves up to Number 4 on Fortune’s 2006 List of “100 Best Companies to Work For”

Griffin Hospital of Derby, CT has made Fortune’s list of the “100 Best Companies to Work For” several years in a row, last year breaking the top 10 at number 8.

This year, Griffin achieved a first for hospitals: making the list seven times and earning the highest ranking on the list ever achieved by a hospital. Griffin has also been the smallest company on the list in terms of revenue and number of employees, and the hospital ranked first in the small companies’ list that included 27 companies.

Griffin is a NEHES member institution - Paul Toburen, Assistant Vice President of Facilities, is a NEHES member and seminar volunteer as well as member and secretary of the Connecticut Healthcare Engineers Society.

Griffin is nationally recognized for its Planetree patient-centered approach to care, unique healing environment, service excellence, and patient satisfaction ratings that are among the highest in the country. As part of the WinFit employee wellness program introduced last year, employees and family members have free use of the on-site fitness center and participated in a comprehensive Health Risk Assessment program to improve their personal health.

Carpeting, music, artwork, and aromatherapy were added to a three-floor stairwell to encourage the use of stairs rather than elevators.

Walking trails were established around the hospital campus. Regular WinFit educational offerings on nutrition, exercise, and personal finance are offered monthly.

More than twenty percent of Griffin’s employees have attended a year long “Dare to Care” personal development program.

Editor’s note: Griffin Hospital was profiled in the March 2003 edition of The NEHES Newsletter. Send an e-mail to debbie-sull@nc.rr.com to receive a copy of the article.
Chapter News

Central Massachusetts (Organizing Chapter)
A February 3 meeting of this group at UMass Memorial Health Care in Worcester was sponsored by Gary Valcourt and John Baker, who are developing a local chapter for Central Mass. A morning NEHES Board of Directors meeting was followed by an afternoon presentation by Rick Epps, Regional Vice President, Northeastern Region, of Wellness Environments, on a new modular concept of outfitting hospital “wellness” rooms. The meeting continued with a tour of the new UMass 275,000-square-foot renovation, which is one of the largest in New England. If you are in this region, which is delineated by West of Route 495 to and including the Worcester/Springfield area, please contact Gary Valcourt at valcourg@UMMHC.org or Joe Mona at jmona@LawrenceGeneral.org for more information on this now-forming local chapter.
Submitted by Ron Vachon, NEHES President

Connecticut Healthcare Engineers Society (CHES)
The Connecticut hospital engineers met as part of the Connecticut Hospital Association (CHA) Executive Engineers Meeting Group on November 2. An update was given regarding the status of the Society and bylaw revisions were discussed.
Fred Leffingwell, CHFM reviewed preliminary plans for the 2008 NEHES Fall Conference, including a request for volunteers for the various committees. Preliminary planning for the 2008 Fall Conference is continuing. The CHES Executive Board met December 6 to discuss possible educational seminars.
The Connecticut hospital engineers also met as part of the CHA Executive Engineers Meeting Group on January 11 to discuss the status of the Society and bylaw revisions. Members present were in favor of the new bylaws; unfortunately, the meeting was lightly attended. On January 27, a number of CHES members attended a seminar at the CHA regarding JACHCEoC Standards. Many Connecticut hospitals were represented by either the engineers group or various other professions. Michael Garvin and Chuck Kupka gave the seminar. They both are very knowledgeable and ran an informative and engaging seminar. During lunch, a brief meeting was held with CHES members to discuss and review the bylaws. This group also unanimously approved the revised by-laws.
Based on these two meetings, the revised bylaws have been approved and accepted. Fred Leffingwell, CHFM also reported that the Society’s status as a Connecticut corporation had been approved by the state.

Rhode Island Healthcare Engineers Society (RIHES)
Rhode Island members are busy planning the NEHES Spring Seminar. (See Page 1 article and the insert in this newsletter for more information.)

South Shore Healthcare Engineering Society (SSHES)
The Society met for its annual meeting in November at White’s of Westport, MA and had its installation of new officers. Approximately 68% of the active membership have paid their dues as of January 1, 2006. Plans are currently under way to schedule the February (Quarterly) meeting. Members are very busy planning for the year’s NEHES Fall Conference October 3-6 at White’s.
Submitted by Bob Crepeau, South Shore Representative to NEHES, crepeaub@southcoast.org

Vermont Healthcare Engineering Society (VHES)
Vermont Chapter (VHES) met Friday, January 13 at the Veterans Administration Hospital in White River Junction. While attendance continues to be low, the educational programs are proving to be very worthwhile!
Friday’s presenter was Chad Cliburn, Waste Reduction Specialist from the Vermont Environmental Assistance Office. The primary subject matter dealt with H2E (Hospitals for a Healthy Environment). Discussion was lively, timely, and well received.
Open discussion included expanding and enhancement of a VHES website to be used for a variety of Chapter functions including, but not limited to, membership access, information, and education.
With our annual meeting/educational program having been established, our next meeting will focus on Life Safety and will be held again at the VA in White River Junction on March 10 at 10:30 a.m.
We ask that every chapter member make an effort to attend these important meetings. The shared information made available by every member at these meetings is a very valuable asset.
Through our shared wealth of knowledge/information, everyone walks away better prepared to address the issues that we all face as we confront our daily responsibilities.
Submitted by R. Brian Sallisky, CHFM, VHES Representative to NEHES, rbs@phin.org

Past President Remembers When NEHES Passed the Hat to Pay for Postage and Presented the First Scholarship – for $50

Ralph Henry of Burlington, VT, who retired from his position as Facility Manager at Fletcher Allen Health Care in 1993, attended the NEHES 2005 Fall Conference in Burlington last October. He rejoiced at how much the Society has accomplished since the 1970s.

“I heard what the financial report was,” said Ralph, who served as NEHES President in 1981. “I remember when we sat down to mail out the brochures for the Fall Conference in 1977 or 1978. The secretary at the time said, ‘We only have one minor problem - we can’t afford stamps. The treasury is down to $55. What’s anyone got for money?’”

“We passed the hat around the table to be able to buy the stamps. Subsequently, that particular seminar was a fantastic success and also, financially, I think we turned the survival corner. By the time I became president, we were financially stable. Then the question came up, ‘Why don’t we give a scholarship?’ I think we gave $50 in 1981 to a student studying electrical engineering through the Technical Services Program.”

Ralph also served as the VHES chapter to the NEHES board of Directors. He and his wife volunteer for health-related organizations in the Burlington area.
Members of the Vermont Healthcare Engineers Society (above and below) organized the 2005 Fall Conference in Burlington, Vermont.

Volunteer members of the ASHE 2006 ASHE Annual Conference Planning Committee, including Don Garrison, SASHE, and Kevin Keating from NEHES, met in Chicago to work out details of the event.

It was a perfect day for golf at the 2005 Fall Conference in Vermont.

Abbreviations Often Used in The NEHES Newsletter

AHA: American Hospital Association
AIA: American Institute of Architects
ASHE: American Society for Healthcare Engineering
CCE: Certified Clinical Engineer
CEU: Continuing Education Unit
CHA: Connecticut Hospital Association
CHE: Certified Healthcare Executive/Diplomate
CHES: Connecticut Healthcare Engineers Society
CHFM: Certified Healthcare Facility Manager
CHSP: Certified Healthcare Safety Professional
CMS: Centers for Medicare & Medicaid Services
CPE: Certified Plant Engineer
CPSM: Certified Professional Services Marketer
CSHM: Certified Safety and Health Manager
EC, EOC: Environment of Care
EPA: U.S. Environmental Protection Agency
FASHE: Fellow of ASHE
FPE: Fire Protection Engineer
H2E: Hospitals for a Healthy Environment
JCAHO: Joint Commission on Accreditation of Healthcare Facilities
MHES: Maine Healthcare Engineers Society
NHSHE: New Hampshire Society of Healthcare Engineers
NFPA: National Fire Protection Association
OSHA: Occupational Safety & Health Administration
P.E.: Professional Engineer
RIHES: Rhode Island Healthcare Engineers Society
SASHE: Senior of ASHE
SOC: Statement of Conditions
VHES: Vermont Healthcare Engineering Society
WMTS: Wireless Telemetry

Fall Conference attendees included (above) Jeff and Jeri Mylen, and Bob Cummings (kilted) and Joe Mona.

Thanks to Fred Leffingwell, CHFM, Don Garrison, SASHE, Ron Vachon, and Dawn LeBaron, CHFM for taking photos.

Did You Nominate a Candidate for Engineer of the Year?
By Eugene A. Cable, P.E.,
FPE
Regional Safety & Fire Protection Engineer
Dept. of Veterans Affairs
Albany, NY,
NEHES Liaison to NFPA

The NEHES Board of Directors asked that we publish the latest information from HITF (Health Care Interpretations Task Force).

NFPA is slow in posting decisions and minutes from the HITF meetings; therefore, VA, ASHE, and now NEHES will be making the effort to keep you up to date. These interpretations are often very helpful for those preparing the Statement of Conditions and especially those of us experiencing a survey or inspection where differences of opinion become technical and strategically sensitive. Providing a copy of the HITF interpretation should settle the issue.

The following websites list information, updated at varying times:
• NFPA.org, click “Codes and Standards”, then type HITF into search window (otherwise difficult to find)
• ASHE.org, click “Ask ASHE”, then click “Life Safety Code”, then “Formal Interpretations” Note that HITF interpretations are NOT formal NFPA interpretations, the ASHE site title is misnamed at this point. NFPA issues few formal interpretations, hence the need for HITF.
• NEHES.org, click “News and Events”

We are all familiar with the scenario where inspectors from different agencies or even the same agency impose differing requirements based on their own interpretation. The Health Care Interpretations Task Force (HITF), in place since 1998, was created to help reconcile organizational and individual differences of opinion. This is a reconciliation effort, not an issuance of formal interpretation. The NFPA Technical Committee still has ultimate responsibility for rendering formal interpretations to their respective documents. In fact, the HITF sometimes forwards unresolved issues to the appropriate NFPA Committee when agreement cannot be reached and recommends changing Code language. When the HITF issues an interpretation, it means at least five of six AHJs with direct involvement in health care have agreed on the interpretation. They are the International Fire Marshal’s Association, the Department of Veterans Affairs, the Centers for Medicare/Medicaid Services, the Joint Commission on Accreditation of Healthcare Organizations, the Department of Defense, and Indian Health Services. Additionally, there are three non-voting members, the National Fire Protection Association, the American Health Care Association, and ASHE.

The HITF is focused on healthcare issues. Questions for the Task Force must come from HITF members. You may submit questions through Eugene Cable (VA), George Mills (JCAHO), Tom Jaeger (AHCA), or Dale Wooden (ASHE).

Good engineering strives to solve a problem in the most efficient, cost-effective manner possible. Consistent and accurate codes interpretation is important to that process. We do not have the time and resources to fix something that may in fact not be broken or to re-engineer a solution due to misinterpreted Code requirements.

Here is a listing of issued HITF interpretations, in alphabetical order rather than chronological, updated June 2004:
• 18” clearance below sprinkler heads
• Charting areas open to the corridor
• Fire damper testing exemption
• Fire Drills – are 50% required to be unannounced?
• Fire Watch – use of normal clinical staff
• Fire watch in unoccupied areas under construction
• Floor plans showing evacuation routes
• Inspection of Inaccessible Fire Dampers
• Linen chutes – four foot extension
• Locking doors in the means of egress of healthcare facilities
• Locking doors in a healthcare facility
• Marking the location of portable fire extinguishers
• Non-required dampers – abandon in place
• Patient provided upholstered furniture or mattresses
• Positive latching requirements for corridor doors to hazardous areas
• Sprinkler/Wardrobe Issue
• Two exit signs visible in an exit corridor
• Undercutoff of non-rated corridor doors

Giving one example, during a recent JCAHO survey, the team stated that fire extinguishers had to be marked with a "sign perpendicular to the wall". Code does not say that. Requiring signs, which may affect an entire campus, would be an AHJ judgment call, particularly for existing healthcare facilities. The question was presented to HITF in 1999:

99-3; NFPA 10, 1998 Edition; Section 1-6-2 Question 1: Is it the intent of NFPA10 to require signs marking the location of wall mounted portable fire extinguishers when not in cabinets or recesses?
Answer 1: NO

Question 2: Where signs are installed to meet the marking requirements of the referenced code, must they be mounted perpendicular to the wall in which the extinguisher cabinet is mounted?
Answer 2: NO

Question 3: If the answer to question 2 is no, does a conspicuous sign, including those mounted parallel to the wall, meet the intent of this section?
Answer 3: YES.

(The correct reference now, for NFPA 10, 2002 Edition, is section 1.5.6 and A1.5.6, no change)

The HITF AHJ’s thinking went something like this: true fire extinguishers must be readily available and quickly located should a fire be discovered in its incipient stage. If staff know where the extinguishers are located, signs are less necessary. For industrial and manufacturing applications where one can’t find an extinguisher among all the machinery, large signs perpendicular to the wall might be appropriate. But for the relatively pristine environment of a nursing home or hospital corridor and with staff specifically trained as to extinguisher locations, the healthcare AHJs have agreed that sign type and orientation is not to be dictated.
JCAHO Establishes Guidance on Alcohol-Based Hand Rubs

In the January 2006 edition of Environment of Care (EC) News, the JCAHO provides their official stand on the use of alcohol-based hand rubs (ABHR). The EC News article is intended to provide clarification on JCAHO’s interpretation and enforcement of the amendment to the 2000 and 2003 editions of the Life Safety Code that specifically defines the requirements for safe use of ABHR in healthcare facilities.

The EC News article explicitly discusses dispenser placement and permissible volume separately for gel ABHR and for foam ABHR. Since the article was released, questions have been raised by ASHE members on two key items within the article: the definition of adjacent and the prohibition of installing dispensers of foam ABHR in egress corridors.

Because JCAHO’s stance has just been issued and may be further refined or modified based on the outcome of current industry efforts to perform fire modeling of foam products (similar to ASHE’s fire modeling study of gel products), it is unreasonable for JCAHO surveyors to expect immediate compliance with these expectations or to apply these expectations retrospectively.

Therefore, ASHE and APIC (Association for Professionals in Infection Control and Epidemiology, Inc.) have worked together to offer the following plan of action:

- Hospitals should comply with these new expectations for new installations of dispensers only.
- If a hospital cannot meet these expectations for new installations because of space constraints, they should perform a product-specific risk assessment to determine if manufacturer labeling indicates any product-specific hazards to be addressed in the usage or dispensing of the product. ASHE believes that JCAHO’s concerns about foam products center on the use of an aerosol propellant (the liquefied or compressed gas that expels the contents from the aerosol container). If the foam product does not use a flammable propellant, the foam product may be dispensed in the same manner as gel products (i.e., no restriction from placement in egress corridors).
- This risk assessment, and usage according to manufacturer labeling, should be the basis for justifying any deviations from the JCAHO guidance for new installations and document the action taken.
- Hospitals should work with their local fire officials to determine compliance with local regulations.
- Through observance and adherence to the requirements identified in the NFPA amendment, ABHR use can be effectively managed to allow ready access by healthcare workers and family members and minimize the potential risk of fire.

For more information on ABHR, go to http://www.ashe.org/ashe/codes/handrub/index.html.

Information courtesy of ASHE.

ASHE Region 1 Report

By Ron Vachon
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME,
NEHES President,
ASHE Region 1 Director,
2004 NEHES Engineer of the Year,
Chair, 2005 Engineer-of-the-Year Commit-
tee

Greetings once again. Hopefully, we will soon be able to enjoy some spring like weather after this challenging winter. Just a few lines to let you know that 2005 has been another successful year for ASHE and the projections for success look even better for 2006. ASHE is recognized by almost all leaders in the healthcare field for its name and for its reputation for being a leader in the field of education, advocacy, information sharing, and collaborative effort in the healthcare arena. ASHE has had another successful year and it has been my pleasure to serve the first year as your Regional Di-
rector.

New ASHE Leaders

At year-end 2005, President Bill Morgan completed committee assignments. I look forward to this year for many reasons. The first is having Bill Morgan as President. Bill’s gifts are being a terrific listener and a great idea guy. He likes to get people “juiced up” and working together. Bill and I share an interest in trying to give back to membership. He has introduced concepts to get ASHE education seminars and conferences to some of the folks who have been

ASHE Advocacy Committee Addresses Several Areas of Concern

By John Crowley,
SASHE
Director of Facili-
ties Management
Saints Memorial
Medical Center
Lowell, MA,
Member, ASHE Advocacy Manage-
ment Committee,
Co-Chair, NEHES Steering and By-
Law Committee

ASHE held its winter meeting in
Austin, TX January 27-29, 2006.
Part of this meeting was devoted to
having the members of the Advo-
cacy Management Committee meet
to review issues in progress as well
as to brainstorm for potential new
areas needing attention.

Issues still active from 2005 include:

NFPA 90A Fire Damper Testing:
The NFPA 90A technical committee approved a proposal to increase the

required testing of fire and
fire/smoke dampers from every
four years to annually. There was no
technical substantiation or evidence
provided to justify this four-fold
increase in testing requirements. An
ASHE straw poll of more than 70
hospitals indicated an average of
90% pass rate on their first time
testing dampers (JCAHO began
requiring testing in 1997) that in-
creased to a 98% pass rate when
they were tested again four years
later.

One ASHE member estimates that it costs his organization
$350,000 each time the dampers are
tested. Increasing that expense from
once every four years to annually is
a waste of $1.05 million of his
healthcare organizations resources-
providing no anticipated improve-
ment to life safety.

Collaborations – NFPA, IFMA,
JCAHO, VA, IBEW

(To Page 3)

Clarification: Random Unannounced Surveys

The current Random Unannounced Survey (RUS) process will be
discontinued after December 31, 2007. Organizations surveyed, or due
for survey, under the new unannounced full survey process are exempt
from the RUS process. However, random unannounced evidence of
standards compliance (ESC) validation surveys will start in January
2006. The Joint Commission will continue to conduct a 5 percent
sample of supplemental unannounced surveys. As the number of
RUS’s is reduced over time, the number of ESC validation surveys
will be increased to maintain the 5 percent sample size.

Courtesy JCAHO Online

JCAHO ALERT!

We received this alert from Gene Cable: January 17, 2006 "Veterans Administration Medical Center Canandiaigua ...received a five-member JCAHO team -- unannounced -- this morning for the triennial 4-day survey. Canandiaigua's last survey was October 2003. So this is well outside George Mills' statement that surveys would occur within the calendar year and within 2 months on either side of the last trien-
nial survey. We are 9 months prior to the three-year anniversary." Hopefully you won't get this "special" treatment. I've asked Don Gar-
rison to seek a review by ASHE Advocacy Committee. This seems a bit
off base considering the level of support they solicited in good faith to
go to "unannounced surveys" and subsequent assurances about tim-
ing. — Bob Thompson, P.E., CSHM, FPE, NEHES JCAHO Liaison

(To Page 4)
unable to attend them in the past. You will see more on this in the future.

The other great thing I see for the Society is the successful nomination and subsequent election of Leo Gehring as ASHE President-Elect. Leo has been a long-time leader, has chaired many committees, and is a true "ASHE activist." He knows the organization has worked on past and current strategic planning plans, so we are set into the future with strong leadership.

ASHE Meetings Held in Austin

The ASHE Board of Directors and committee meetings were held January 26-29 in Austin, TX. We worked on the coming year’s committee objectives and heard about the development of the new Strategic Plan for 2007 to 2009. Basic to the future plan was the definition of ASHE membership and our customers, continued growth of our Personal Membership Group, and increased educational offerings to provide a core Body of Knowledge that will help all membership. Ideas were shared and recorded for future discussion with the committee in February.

Education Priorities

Education delivery was discussed and continues to be a primary member interface with lengthy conversation on current programs and the success of the newly-implemented e-learning and webinar (web-based education) modules. It was generally felt that regional educational programs were of higher value than the Region-Director Chapter visits. The Healthcare Contractor Certificate Program attracted more contractors than programs were originally planned for in 2005. ASHE responded by doubling the amount of programs last year.

One of President Bill Morgan’s major objectives is to work on getting more education programs out to as many members as possible. With many hospitals seeing shrinking education budgets, ASHE will make every effort to get current information to the membership in an affordable way.

We are also focused on promoting CHFM and will look to assist more of the membership in achieving this designation.

Advocacy

Advocacy remains one of ASHE’s central objectives. ASHE welcomed Tim Adams to the staff to help expand its impact throughout the healthcare industry. Outstanding efforts during 2005 led to the new “annual” damper testing requirement proposed by the NFPA 90A being rejected. ASHE Advocacy is also involved in discussion with the EPA on generator run time, seeking more flexibility. The proposed rule established an exemption for emergency generators from the most stringent emissions standards. ASHE worked with CMS and NFPA. In July, the NFPA standards council approved a Tentative Interim Agreement to NFPA 99 for alcohol based cleaners and is working with members and state regulators to assure the implementation is unimpeded in an effort to reduce the spread of infection. ASHE has been active in defining acceptable measures for the implementation of USP 797. ASHE successfully petitioned ICAHO to not enforce their deadline and will continue to be your advocate on these issues. ASHE has gained the respect of industry regulators to a point where we have a “seat at the table” and we work to bring facts and evidence based logical information to the table. We look forward to pushing the latest information out to you on ASHE®Flash e-mails and targeted communications.

Use Your Membership Benefits

Please remember to take advantage of your ASHE membership. The ASHE website is full of information that can be used to improve your role as a healthcare professional. Advocacy issues, regulation changes, products and resources, education, medical alerts, career flashes, and important links can be found on the site.

NEHES Members Helping ASHE

ASHE 2006 Committees have eight Regional 1 members:
- John Crowley, SASHE – Advocacy and Facilities Management Committees
- Dawn LeBaron, CHFM – Education and Facilities Management Committees
- Jack Gosselin, FASHE, CHFM – Recognition and Facilities Management Committees
- Steve Cutter, CHFM – Education, Emerging Trends, and 2006 ASHE Annual Conference Planning Committee
- Don Garrison, SASHE – 2006 ASHE Annual Planning Committee
- Kevin Keating – 2006 ASHE Annual Conference Planning Committee
- Dana Swenson, P.E. – NFPA 99 Advocacy Task Force Chair

Please contact these folks if you have input or issues with the program work that they do.

Mark Your Calendars

Don’t forget to mark your calendars.
- 2006 ASHE Annual Conference and Technical Exhibit will be in Boston.
- 2006 DPC will be in San Diego. By attendance, this continues to be one of the largest “trade shows” in the country.

Education Objectives

As ASHE assembles educational objectives, there will be expert presentations on disaster planning and energy. There has been much talk on the placement of electrical generators and switchgear. Even though there should be careful consideration of placement of this equipment during new facility construction, the advocacy group is cautiously watching to be sure regulators do not overcompensate in light of the recent natural disasters and unfortunate world events.

ASHE committee members and staff have contributed much in the way of the rewrite of the new NFPA 101 standard.

Membership

ASHE worldwide membership increased to 7,096 persons and our region, Region 1, contributes to over 15% of the total number. If you have a coworker or colleague who could benefit from ASHE membership, please feel free to contact me: rvachon@standrewshealthcare.org or Charmaine Osborne at cosborne@aha.org.

We will be happy to discuss the key advantages of ASHE membership with you and assist in the membership process.

The Maine Hospital Association (MHA) Has Productive Meeting with State Fire Marshal

To Clarify Contradictions between Fire Safety Regulations and Infection Prevention Practices

By Tom Kohlmeier, CHSP

Fire/Safety Officer
Eastern Maine Medical Center
Bangor, ME

Author’s note: This information concerning my recent meeting with the State Fire Marshal is taken from an article printed in The Maine Hospital Association Weekly Newsletter. The article is an excellent summary of what we discussed at the meeting. I felt that everyone at the meeting came away with a better understanding of the issues we all face in trying to protect the public.

In order to clarify some contradictions between fire safety regulations and infection prevention practices, MHA convened a meeting recently with hospital representatives and staff from the State Fire Marshal's office. The meeting attendees included State Fire Marshal John Dean, Nelson Collins, supervisor, Licensing and Inspections; Anne Little, infection
ASHE Advocacy  (From Page 2)

CDC Hand Hygiene – Alcohol-Based Hand Rub (ABHR): The CDC guidelines for hand hygiene in healthcare settings call for the use of ABHR as an effective tool in reducing nosocomial infections (80,000 deaths annually), but many state fire authorities discouraged or prohibited its use based on their strict interpretation of existing fire safety regulations. Alcohol-based handwash is a cheap, easily implemented solution to the problem of caregivers not washing their hands between patients, but the benefit of reduced infections may not be achieved due to the perceived increased risk of fire. This restriction greatly reduces the widespread placement of hand rub dispensers negating the anticipated reduction in hospital-acquired infection (HAI) as the result of improved hand hygiene. Without cooperation and leadership on a national level challenging such decisions to restrict hand rubs, other state and local fire marshals will align with fellow fire marshals that have already restricted hand rubs, effectively creating a national “defacto” policy. Neither NFPA nor JCAHO has taken a strong position in support of the benefits of reduced HAIIs over the perceived additional risk of fire, though they have indicated support in individual cases. This leaves the issue to local authorities, whose sole business is fire prevention.

Collaborations - ASHE worked in conjunction with AHA to research the actual fire hazard and chaired a “blue ribbon” roundtable, including CDC, OSHA, APIC, JCAHO, NFPA, ICC, AMA, IDS, SHEA, VA, NASFM, IFMA, and other state licensure/fire marshals to establish a consensus on the added risks versus benefits in reduced infections and provide guidance on the use, limitations, and recommendations to minimize any identified hazards.

FDA Bed Rail Dimensional Guidance: In September 2004, the FDA released the Dimensional Guidance document developed by the Hospital Bed Safety Workgroup (HBSW) intended to reduce or eliminate the potential for entrapment of patients in hospital bed rails. Although the document does not specifically call for testing of legacy (existing) beds, key introductory and appendix material suggests that hospitals establish bed safety programs including dimensional testing.

Collaborations - ASHE developed comments urging the FDA to exclude legacy beds from retroactive inspection and organized a joint letter from AHA, ASHRM (Risk Managers), and ASHE. Through member alerts and grass roots efforts, ASHE encouraged members to comment in opposition to the testing requirements.

OSHA Respiratory Protection: OSHA has proposed to apply the General Industrial Respiratory Protection Standard (GIRPS) to biological respiratory protection. If enacted, fit testing of hospital employees and the purchase of respirators (not N95) would be required. ASHE’s letter to OSHA Secretary Chao urging OSHA to delay implementation of the standard was not heeded, but a congressional hold on funds to enforce the general industrial respiratory protection for healthcare settings was passed in the U.S. House of Representives.

On December 1, 2004, CDC convened a high level forum to evaluate the multiple issues of healthcare specific respiratory protection. Mike Rawson represented ASHE at this forum.

JCAHO Requirements for Compliance with the Life Safety Code (LSC): In 2005, JCAHO focused greater attention on compliance with the LSC through the introduction of Life Safety Code Specialists to the survey team, requirements for establishing the competence of the person(s) completing the LSC assessment portion of the Statement of Conditions (SOC), and the January 2007 requirement for electronic submission of the SOC. In 2005 19% of surveyed hospitals were cited for non-compliance with the LSC.

ASHRAE SPC-170P: This new manual is intended to be the “how to” complement to the AIA Guidelines “what to.” Its stated purpose is to “provide a comprehensive source for the design, installation, and commissioning of HVAC systems for hospitals and clinics including: Environmental Comfort, Infection Control, Energy Conservation, Operation and Maintenance, Life Safety.” This manual is intended to fill the gap left by references related to healthcare facilities’ HVAC design and could dramatically change the expectations of facilities engineers relative to HVAC systems.

Collaborations – ASHRAE, AIA, NIOSH, VA, HIS, NIH

JCAHO Enforcement of USP 797: With no prior warning, JCAHO issued a mandate for hospital pharmacies to comply with USP 797 standards for compounding of sterile medications. Significant construction and operational dollars will result from potentially major renovation without evidence that this expense will actually reduce incidents of compromised sterility and increase patient safety.

Collaborations – AHA, APIC, CDC, USP

Re-engineering NFPA 99: NFPA 99 is outdated and of diminished relevance to the healthcare community. ASHE will completely review and provide NFPA with proposed new language for a completely new document intended to address today’s emerging diverse care settings and integration of tomorrow’s technological advances.

Lessons Learned from Hurricane Katrina and Other Disasters: Hurricane Katrina exposed dramatic flaws in the public health system and in the response capabilities of federal and state agencies. It is anticipated that this event and the aftermath will result in calls for new codes and standards to “harden” hospitals for disasters. An opportunity exists to temper these calls with real findings of actual events.

Collaborations – AHA, MHA, LHA, JCAHO, CMS, HHS, FEMA, CDC, AIA, OHS, NFPA, HRSA, DOH

Security Needs vs. Life Safety Needs: Various security needs exist in hospitals to prevent the elopement and/or abduction of patients. In addition, hospitals may need to prohibit access or egress during emergency situations. The Life Safety Code does not recognize these special needs, thereby creating an ongoing conflict between security and fire safety.

Collaborations – NFPA, IFMA, NASFM, ICC, VA, CMS, JCAHO, DOH

During this meeting, additional issues were identified and those above updated. An updated list will be distributed after final review by ASHE staff. If you have an issue that you think ASHE should address, please send me an email at jcrowley@stmm.org and I will pass it along to the committee or contact ASHE staff should immediate action be needed.

MHA Meeting with Fire Marshal  
(From Page 3)

contgl nurse at Penobscot Bay Medical Center and president of the Maine Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC), Tom Kohlmeier, the fire and safety officer at Eastern Maine Medical Center and with the Maine Healthcare Engineers Society; and Sandra Parker, MHA vice president and general counsel.

The group discussed three topics:

**Alcohol hand gel:** The State Fire Marshal previously agreed to follow national standards and allow alcohol hand gel in hospital corridors, with certain limitations. However, a hospital was recently told by a state fire inspector to remove the hand gel from the corridors at its facility or face a citation. At the meeting, Dean stated that his position had not changed and that he would speak to his staff.

**Isolation carts in corridors:** Staff in the State Fire Marshal's office recently issued a memo outlining new restrictions on the placement of isolation carts in hospital hall ways. Hospitals objected to the new policy, saying it threatened compliance with infection control standards and that the notification requirements were unduly burdensome. Following extensive negotiations, the group agreed to develop a consensus document.

**Central line infection prevention:** The National Fire Protection Association (NFPA), which issues standards that fire inspectors use for their inspections, recently reversed its longstanding objection to the use of alcohol-based skin cleaners, such as chlorhexidine, in the operating room. MHA explained that chlorhexidine use to prepare the skin for central line insertion is a nationally recommended infection control standard and hospital compliance with that process will be publicly reported by the Maine Quality Forum. The Fire Marshal believes that he does not have the independent authority to follow the recently issued NFPA Temporary Interim Amendment, which permits the practice, using specified procedures. He (Dean) will seek permission to follow the new guidance.

Thanks to Tom Kohlmeier, CHSP and to Bob Thompson, P.E., CHSM, FPE, for bringing this meeting to the attention of NEHES members.
REGISTRATION FORM
NEHES 2006 Spring Seminar

Name: ________________________________
Title: ________________________________
Organization: _________________________
E-mail: ______________________________
Phone: (____) ___________ FAX: (____) ___________

NEHES Member: ___YES / ___NO

Payment: (COST: NEHES Members - $135.00 / Nonmembers - $160.00)
If you are not a NEHES Member but wish to apply the extra $25 fee for non-
membership registration towards a NEHES membership and meet membership
qualifications – please fill out a membership application form and submit at the
registration desk.

___ Check Enclosed – Make payable to NEHES

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Mail this form (with check, if paying by check) to:

Jim Gilmore CHE, SASHE, CHFM, CHSP
Director of Facilities Mgmt. and Patient Support
Newport Hospital
11 Friendship St.
Newport, RI 0284

THE
NEW ENGLAND
HEALTHCARE
ENGINEERS’ SOCIETY

Proudly Presents the
2006 Spring Seminar
March 24, 2006

‘Pilot’ Green Guidelines for
Healthcare and Changes for the
AIA Guidelines for the Design and
Construction of Hospitals

Firestopping and U.L.
Requirements

Arc Flash and Electrical Safety

Commissioning in the Healthcare
Environment

Hurricane Katrina – Lessons
Learned
The New England Healthcare Engineers' Society is a nonprofit organization that is dedicated to the promotion and mutual exchange of ideas, technical assistance, and experiences in the field of Healthcare Engineering.

We cordially invite you to join us at the

**2006 NEHES Spring Seminar**

which will be held on

**Friday, March 24**

at the

**Sheraton Four-Points Hotel and Conference Center**

at the junction of Routes 2 and 12

in

**Leominster, Massachusetts**

ASHE Continuing Education Units

0.55 CEU's/5.5 Contact Hours

**HOST CHAPTER**

Rhode Island – RIHES

**THE SPEAKERS**

Robert Loranger, P.E., CHFM is the Director of Facilities for New England Medical Center Hospital of Boston, MA and is a past president of both the American Society for Healthcare Engineering and the New England Healthcare Engineers' Society. Bob is currently a Steering Committee member of the rewrite committee for the AIA Guidelines for Design and Construction of Healthcare Facilities.

Kurt A. Rockstroh, AIA is President and CEO of Stefan Bradley Architects and has 30 years of experience in the master planning and design of hospitals, medical office buildings, health maintenance organizations, and private institutions for research and teaching. He is a member of the AIA Academy of Architecture and a founding member of the American College of Healthcare Architects. Kurt also serves as a member of the Steering Committee of the Health Guidelines Revision Committee and as a Trustee of the Facilities Guideline Institute.

Sean K. Portley is the New England Regional Manager for 3M's Fire Protection Products Group and has spent more than seven years working with the healthcare industry.

Dan Hollingsworth is a Senior Manager with the Oberon Company and has extensive experience relating to NFPA 70E and OSHA. He also has twenty years' experience working with specialty fabrics relating to Personal Protective Equipment.

Anand Seth, P.E. is President, Northeast Region at Sebesta Blomberg & Associates, Inc. Woburn, MA office. Anand is an engineering professional with more than 30 years of experience in designing, operating, or optimizing building systems in healthcare, high tech research laboratories, and industrial and educational building systems engineering, with the emphasis on health care.


Michael J. Grafe, P.E. is President of C.A. Pretzer Associates, Inc. Michael has been investigating building catastrophes since 1978.

David Grandpre, P.E. is also a veteran investigator of building damage following hurricane catastrophes.

**AGENDA**

7:30 Registration/Continental Breakfast

8:00 'Pilot' Green Guidelines for Healthcare and Changes for the AIA Guidelines for the Design and Construction of Hospitals

- Robert Loranger, P.E., CHFM
- Kurt A. Rockstroh, AIA

9:30 Break/Visit Vendors

10:00 Firestopping and U.L. Requirements

- Sean K. Portley

11:00 Arc Flash and Electrical Safety

- Dan Hollingsworth

12:00 Lunch/Visit Vendors

1:00 Commissioning in the Healthcare Environment

- Anand Seth, P.E.
- Brad Jones, P.E.

2:00 Break/Visit Vendors

2:30 Hurricane Katrina – Lessons Learned

- Michael J. Grafe, P.E.
- David Grandpre, P.E.

3:30 Program Closure/Visit Vendors

**VENDOR PARTICIPATION**

You will have several opportunities during the day to meet many reputable and loyal vendors interested in providing products and services to your facility – please visit their booths. They are vital to the success of our educational efforts.
NEHES Engineer of the Year Award
Nomination Form

Deadline is May 1!

Name and Title of Nominee: ____________________________________________
Facility: ____________________________________________________________
Phone, e-mail _________________________________________________________

Reasons for nomination:

• Contributions, exemplary performance in healthcare engineering on a local, state, or national level
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

• Service to fellow healthcare engineers
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

• Other specific achievement(s) and / or honors, awards relevant to this nomination
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Name of Nominator: __________________________ Phone _______________________
E-mail ________________________________________________________________

Return or Fax to: Ron Vachon
Director of Facilities Management
St. Andrews Hospital and Healthcare
6 St. Andrews Lane
P.O. Box 417
Boothbay Harbor, ME 04538
Phone: (207)633-1908
Fax: (207)633-4209
E-mail: rvachon@standrewshealthcare.org

Thank you for taking the time to nominate a colleague for this important award.
NEHES Engineer-of-the-Year Award

Suggested Selection Criteria

1. Over the nominee's career (and particularly 2005), the candidate has displayed commendable leadership qualities.

2. Over the nominee's career (and particularly 2005), the candidate has ably represented the interests of the New England Healthcare Engineers and the healthcare engineering profession.

3. The candidate has provided technical and/or professional assistance to other healthcare engineers.

4. During the previous year(s), the candidate has published article(s) or technical document(s).

5. Within the preceding 12 months, the candidate has received professional recognition, met the requirements for an academic degree, and/or achieved professional certification within an engineering related discipline.

6. The candidate has made significant contributions within the healthcare engineering field.

7. The candidate has shared programs or other information with fellow engineers which has helped them improve the overall effectiveness of their operations.

8. The candidate displays high levels of integrity and professionalism.

9. During 2005, the candidate has devoted significant amounts of time to a project which has brought positive (outside) recognition to the Society and its members.

10. This candidate has served on a Committee (State/Local Engineering Society, NEHES, ASHE, NFPA, ASHRAE, ASME, AIPE, etc.) and has contributed to the overall improvement of the membership.

11. The candidate has contributed to both the cohesiveness and organization of the Society and has promoted cooperation between members.

12. The candidate has hosted meetings and/or organized educational programs.

*After you read this page, please TURN it OVER and NOMINATE a candidate!
*The Deadline is May 1!*
Do You a Have Proven Model for Your Continuous Preparedness Process?

--- Unannounced Surveys Are Here

Tom Schipper, CCE, FASHE is the National Environment of Care (EC) Consultant for the Kaiser Permanente Medical Care Program and Past ASHE President. He presented the Kaiser Foundation Hospitals’ (KFH) model for providing a truly continuous preparedness process (CPP) for the KFH EC Program to the 2005 NEHES Fall Conference attendees last year. Bob Thompson, P.E., CHSM, FPE, The Thompson Group and NEHES JCAHO Liaison, has edited Tom’s notes for your understanding.

Purpose/Goal
The purpose of this article is to present a model package of materials that will portray timely compliance with the JCAHO Environment of Care Standards, especially needed during the unannounced survey process. This means always, “continuous.” Tom also mentioned that it might be useful to think of this as a “contingency plan for unannounced surveys” and work it into the hospital’s other contingency planning efforts. He also mentioned that this is a work in progress that isn’t fully formed and that he would appreciate any feedback that would enhance this concept for all hospitals. Tom has invited feedback in the form of comments or questions via his e-mail address: tom.schipper@kp.org

The model package consists of the following binders:

Surveyor Preparation Binders
These are the same documents JCAHO has listed in the past, the same materials to have ready for the survey process. In the unannounced survey these also must be available to the Administrative surveyor as soon as his presence is known. At the risk of being repetitive, this means always, “continuous.”

Binder 1. Statement of Conditions, updated annually, with Plans for Improvement (PFIs) for newly discovered items, unless there are no changes.
Binder 2. EC Annual Program Evaluation (s) for all seven management plans.
Binder 3. Safety Committee Minutes for the last 12 months, rotating out the oldest monthly report when the latest report is completed and inserted.

Summary Documentation
These are what Kaiser Foundation Hospitals refer to as Environment of Care Desk References (DR). A DR is a tool to allow key program managers to have a ready record of the completion of critical activities and documentation to demonstrate performance in accordance with JCAHO requirements. A DR contains summary information about critical activities that are backed up by full documentation available behind the scenes. DR entries include the last piece of documentation internally required to complete a critical activity.

Binder 4. Chief Engineer’s Desk Reference, (including Life Safety Specialist’s Desk Reference list, if hospital is licensed for less than 200 Beds—in lieu of binder 6)
Binder 5. Safety Officer’s Desk Reference, including:
  • Environmental round summaries
  • Disaster drill summaries
  • Material Safety Data Sheets annual reviews
  • Safety Policy and Procedures Review
Binder 6. Life Safety Specialist’s Desk Reference, including:
  • A second copy of the current Statement of Conditions from Binder 1 (be careful to keep this current with the master copy)
  • Fire warning and safety system testing log
  • Interim life safety measures with current Interim Life Safety Measures (ILSMs) in front section and expired ILSMs following
  • Emergency power systems testing log
• Fire Drills
• Medical gas and vacuum systems testing log
• Building Maintenance Program (BMP); Rapid Action Team ("RAT") Patrol log

The "RAT" Patrol can be characterized as BMP on steroids (See Table 1)

C. Reference Materials
  o Binder 7. Environment of Care Management Plans
  o Binder 8. EC Standards Abstracts
     • JCAHO EC Chapter
     • Centers for Medicare & Medicaid Services Condition of Participation
     • Cross References
  o Binder 9. Other Pertinent Materials
     • Statement of Conditions (SOC) Part 4 Plan for Improvement (PFI)
       Documentation
     • Other???

D. Non-summary Documentation. This would include all other physical and electronic backup documentation and, depending on detail, volume, or subject of material, might be in an additional binder(s). An example might be a planned project to improve EC.

E. Archives. This would include "sacred shelf" documentation and, depending on detail, volume, or subject of material, might be in an additional binder(s). An example might be documentation for completed projects related to EC of which you are particularly proud.

Some caveats from Bob:
  □ Be careful with items D and E. Remember the old military adage, "Don't volunteer nothin'," when you handle these items.
  □ Some features of this model may not pertain to your organization or you may wish to handle a feature in a different way, but you may want to be careful "not to mess with success."

Bob Thompson, P.E., CHSM, FPE
NEHES/JCAHO Liaison
The Thompson Group
Bobattdg@comcast.net
<table>
<thead>
<tr>
<th>Frequency</th>
<th>Item</th>
<th>Standard</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Buildings serving patients comply with LSC 101 2000</td>
<td>EC.5.20 EP 1</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>* Current Statement of Conditions (SOC) has been prepared</td>
<td>EC.5.20 EP 2</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>* Review Joint Commission equivalencies (if any)</td>
<td>EC.5.20 EP 1</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>* Review Plans for Improvement (PFI) check for timeliness</td>
<td>EC.5.20 EP 1</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>* Sufficient progress toward PFI's in previous SOC</td>
<td>EC.5.20 EP 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>note: failure of significant progress will result in Cond. Accreditation</strong></td>
<td>CON04</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>* Review Building Maintenance Program (if used by facility)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Fire Alarm Testing and Inspection

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Item</th>
<th>Standard</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly</td>
<td>* Supervisory Signals (except tamper switches)</td>
<td>EC.5.40 EP 1</td>
<td></td>
</tr>
<tr>
<td>Semiannually</td>
<td>* Tamper switches &amp; water flow devices</td>
<td>EC.5.40 EP 1</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Duct, heat, smoke detectors, pull boxes, elect. releasing devices</td>
<td>EC.5.40 EP 1</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Notification devices (audible &amp; visual)</td>
<td>EC.5.40 EP 2</td>
<td></td>
</tr>
<tr>
<td>Quarterly</td>
<td>* Emergency services notification transmission equipment</td>
<td>EC.5.40 EP 3</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td>* Fire pump(s) tested</td>
<td>EC.5.40 EP 4</td>
<td></td>
</tr>
<tr>
<td>Semiannually</td>
<td>* Water storage tank high &amp; low level alarms</td>
<td>EC.5.40 EP 5</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>* Water storage tank low water temp alarms (cold weather only)</td>
<td>EC.5.40 EP 6</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Sprinkler systems main drain tests on all risers</td>
<td>EC.5.40 EP 7</td>
<td></td>
</tr>
<tr>
<td>Quarterly</td>
<td>* Fire department connections inspected</td>
<td>EC.5.40 EP 8</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Fire pump(s) tested annually underflow</td>
<td>EC.5.40 EP 9</td>
<td></td>
</tr>
<tr>
<td>Semiannually</td>
<td>* Kitchen auto extinguishing systems inspected (no discharge req)</td>
<td>EC.5.40 EP 10</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Gaseous extinguishing systems inspected (no discharge req)</td>
<td>EC.5.40 EP 11</td>
<td></td>
</tr>
<tr>
<td>Month/Annual</td>
<td>* Portable fire extinguishers inspected monthly/maintained annually</td>
<td>EC.5.40 EP 12</td>
<td></td>
</tr>
<tr>
<td>5 yrs / 3yrs</td>
<td>* Fire hoses hydro tested 5 yrs after install, every 3 yrs after that</td>
<td>EC.5.40 EP 13</td>
<td></td>
</tr>
<tr>
<td>Five years</td>
<td>* Standpipe systems tested with water flow</td>
<td>EC.5.40 EP 13</td>
<td></td>
</tr>
<tr>
<td>Four years</td>
<td>* Smoke &amp; fire dampers tested (fus. Links removed where applicable)</td>
<td>EC.5.40 EP 14</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Smoke detection shutdown devices for HVAC tested</td>
<td>EC.5.40 EP 15</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* All horizontal &amp; vertical roller &amp; slider doors tested</td>
<td>EC.5.40 EP 16</td>
<td></td>
</tr>
</tbody>
</table>

### Interim Life Safety Measures (ILSM)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Item</th>
<th>Standard</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>* ILSM policy in developed and in place</td>
<td>EC.5.50 EP 1</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>* Criteria for evaluating deficiencies &amp; hazards to determine when and to what extent ILSM measures apply</td>
<td>EC.5.50 EP 2</td>
<td></td>
</tr>
<tr>
<td>As applicable</td>
<td>* The organizations implements ILSMs as defined in its policy</td>
<td>EC.5.50 EP 3</td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Power Systems are Maintained and Tested

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Item</th>
<th>Standard</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>* Generators tested 12 X Yr not &lt;20 days or &gt;40 days apart</td>
<td>EC.7.40 EP 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cont. min. under load that is at least 30% of the nameplate rating</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Alternate of load bank test allowed (must meet criteria) or maint. & inspection activities to monitor exhaust gas temp

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Item</th>
<th>Standard</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>* Transfer switches 12 X Yr not &lt;20 days or &gt;40 days apart</td>
<td>EC.7.40 EP 2</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>* Battery powered lights tested @ 30 days for 30 sec. and</td>
<td>EC.7.40 EP 3(a)</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Annually for 1.5 hrs</td>
<td>EC.7.40 EP 3(b)</td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>* Annually @ full load for 60% of its class or rating for recharge</td>
<td>EC.7.40 EP 4(b)</td>
<td></td>
</tr>
</tbody>
</table>

### Medical Gas and Vacuum Systems are Inspected and Tested

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Item</th>
<th>Standard</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set by policy</td>
<td>* Review maint. program and testing documentaion</td>
<td>EC.7.50 EP 1</td>
<td></td>
</tr>
<tr>
<td>As applicable</td>
<td>* Review installation and modification of med gas test results for:</td>
<td>EC.7.50 EP 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cross-connection, purity &amp; pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Med gas supply and zone valves are accessible and clearly labeled</td>
<td>EC.7.50 EP 3</td>
<td></td>
</tr>
</tbody>
</table>
| Team 1 | Penetrations  
|       | Smoke partitions and smoke partition doors 
|       | Floors  
|       | Trash/linen chutes  
|       | Electrical panels – security and clearances  
| Team 2 | O$_2$ cylinders  
|       | Secured  
|       | Storage with combustibles  
|       | Fire extinguishers  
|       | Over/undercharged  
|       | Not mounted  
|       | Not currently tested  
| Team 3 | 18” clearance of sprinkler heads  
|       | Signage  
|       | Exit sign illumination  
|       | Extension cord  
|       | Plug strips  
| Team 4 | Pull stations  
|       | Fire equipment (other than extinguishers)  
|       | Obstructions  
|       | Doors and doorways  
|       | Closers, roller latches, (wedges etc.)  
|       | Ceiling tiles  
|       | Paper signage  
|       | Waste containers  
|       | Type and placement  
| Team 5 | Fire warning and safety system testing  
|       | Smoke detector tests  
|       | Hold opens not releasing  
|       | 5-year sprinkler testing of older sprinklers  
|       | Dust and lint buildups on sprinkler system  
|       | Fire pump testing  
|       | Kitchen hoods  
|       | Fire drills  
|       | Personnel knowledge of procedure  
|       | Participation of all personnel  
|       | Broken or missing electrical outlet cover plates  
| Team 6? | Other ? |
Table 2
Previous JCAHO/Department of Health Services Recommendations

T22 references below refer to California codes.

Management Plans
- Safety Management
- Security
- Hazardous Materials and Wastes
- Emergency Management
- Fire Prevention/Life Safety
- Equipment
- Utilities

Performance Measurements
- Safety Management
- Security
- Hazardous Materials and Wastes
- Emergency Management
- Fire Prevention/Life Safety
- Equipment
- Utilities

Annual Assessments – objectives, scope, performance, effectiveness and measurement activity
- Safety Management
- Security
- Hazardous Materials and Wastes
- Emergency Management
- Fire Prevention/Life Safety
- Equipment
- Utilities

Surveyor Prep Time Documents
- EC Annual Evaluation
- 1 Year of Safety Committee Minutes
- SOC

Department Training Records
- General orientation
- Departmental orientation
- On-going Education

EC.1 Safety Management
- Hazard surveillance rounds
- Committee – Minutes follow up
- Hazardous Survey Rounds
- Workplace Illness & Injury Program–Lift Team

Smoking
- Policy
- Exceptions – patches

EC.2 Security
- Program Assessment
- Infant security
- Sensitive area control
- Threat Management
- ID badges
- Emergency Procedures
- Grounds control

EC.3 Hazardous Materials Waste Management
- Identification
- Storage – labeling
- Manifests – separation
- Monitoring – physical, instrumented
- Training – handling, EM emergency management?

EC.4 Emergency Management
- Hazard vulnerability analysis
- Community Coordination
- Evacuation - Decontamination
- 2 Drills & follow up

EC.5 Statement of Conditions
- Review of Part 2
  - Smoke detector locations
  - Equivalencies
  - Floor plans
- 3A or D
  - Life Safety Code emphasis
- Plan for Improvement (Part 4)
  - Previous (signed)
  - Current

Fire Prevention & Life Safety
- Fire Drills
- ILSM Program
- Infection Control Risk Assessment
- Fire warning & safety system testing
- Fire Marshall clearance (T22)
- Building Maintenance Program
- 4-hour notifications
- Damper testing

EC.6 Medical Equipment Management
- Qualifications of in-house personnel
- Qualifications of external service providers
- Unable to locate procedure
- Hazard alert procedure
- Safe Medical Devices Act procedures
- Equipment histories
- Management of rentals
- Defibrillators
- Dialysis

EC.7 Utilities Failure Planning
- Policies
- Single line drawings
- Valve charts

Electrical
- Generator testing
  - 30% / Stack temp/ Load bank
- Fuel analysis (opt.)
- Infrared testing (opt.)

Medical Gas
- System testing
- Annual Alarms (T22)
- Valve shut off responsibilities
- System breeches

HVAC
- Filter logs (T22)
- Differential pressure management