New NEHES Engineer of the Year Accepts his Award
"On Behalf of the Entire Board of Directors"

It’s Joe Mona’s year for well-deserved accolades from his peers: first, he won the ASHE Regional Leader award, now he’s been voted the NEHES 2006 Engineer of the Year.

Joe, the Director of Facility Systems at Lawrence General Hospital, Lawrence, MA, is modest about his achievements, but his list of accomplishments on behalf of his fellow facility managers and NEHES is a lengthy one and continues to accrue. Whether Joe’s helping someone who needs a healthcare job or talking to a vendor about exhibiting at Fall Conference or Spring Seminar, the welfare of NEHES is always on his mind.

He credits the dedication and energy of the NEHES volunteer Board of Directors, as well as the support from his wife and hospital administration, as the impetus for his own volunteerism.

“I’m just so gratified and appreciative,” Joe said. “I feel like everyone on the Board should be getting the award. Most of them are on beepers and phones 24/7. These are phenomenally energetic and dedicated people. Many of them give up their personal time and vacation time to attend business meetings, participate on special committees, and attend the annual Board Planning.”

Making History In Southeastern Massachusetts
The NEHES 2006 Fall Conference—Register Early
And be Part of This Historical Event!

By John Durae
Facilities Manager
St. Luke's Hospital
New Bedford, MA,
NEHES Treasurer,
Chair, 2005 Fall Conference

Dear Fellow Members,
We of the 2006 Fall Conference Planning Committee have worked very hard to bring you a true history-making conference. From the historical locations where the conference is going to be held to the planning of the vendor exposition and to the education program, every effort has been made so that this conference will make history.

On the education portion of the program, we have as our keynote speaker internationally known Mr. Barry Elias of Strategic Negotiations International. Noted for his speaking skills on the topic of negotiations but also a noted author of numerous books, his inspiring and entertaining message will help us all in the art of negotiating, both professionally and personally.

A dual track education program with a varied subject matter is chosen to provide a greater educational opportunity for the attendees.

Some of the speakers and their subjects are:
• Mr. David Stymiest, P.E., CHFM, SASHE: Mr. Stymiest will speak on Managing Hospital Emergency power Systems.
• CDR Steve Kelleher, Massachusetts Maritime Academy (MMA), Assistant Commandant of Cadets and LCOL, USMCR (Ret): CDR Kelleher will speak on what healthcare facilities managers should know to prepare for and mitigate a disaster. CDR Kelleher has significant experience dealing with FEMA and MEMA (Massachusetts Emergency Management Agency).
• Mr. Jack Gosselin, FASHE, CHFM, will provide an overview of the changing role of healthcare facilities administrators and how to meet senior
management’s expectations.

- Mr. Paul O’Keeffe, MMA Director of Facilities, will provide an overview of wind power, with insight into the Permitting Process, Financing, and the Installation process. Mr. O’Keeffe was the Project Manager of a recently installed 660 Kw wind turbine.

- Mr. Terrence R. Reynolds, P.E., CEM, CDMS, will discuss the history of Fletcher Allen Health Care, Burlington, VT, and its proprietary control system, the Renaissance Project, the opportunity for a transition plan into Open Systems, what is installed, and how FAHC benefits.

- Mr. Philip R. Jose, P.E., CSP, will review the latest requirements for maintaining your SOC at a constant level of readiness and the new on-line reporting process.

- Robert Solomon, P.E., will provide an overview of NFPA’s plans and efforts to integrate new design hazards and hazard thresholds into the codes and standards process.

- Ms. Susan L. Pisano, P.E., and Mr. David Horowitz, P.E., will cover Environmental Compliance at Hospitals and the Violations Facilities Engineers can Avoid, and Storage Tank Management at Healthcare Facilities.

- Mr. Richard Koba and Mr. Sal Intingar will discuss Electronic Document Management for Healthcare Facilities Departments.

- Mr. Eugene A. Cable, P.E., FPE, will provide updates on 2006 Life Safety Code, Healthcare Occupancies. Gene will provide an explanation of the “fire versus people” performance-based foundation for understanding code. He will cover other specifics such as the new suite rules, bulletin board limitations, and fire alarm notification.

- Mr. Alfred Towe, Massachusetts Maritime Academy’s Director of Graduate Education, will discuss the Changing Role of the Healthcare Facilities Manager and what additional education should be considered for the next generation of facilities managers.

- Mr. George Mills, FASHE, CHFM, CEM, will provide a JCAHO update followed by a question and answer session.

As all can see, this is an exceptional group of talented individuals with a tremendous amount of knowledge.

Then There is the Vendor Show!

These are the companies that help our organization continue to grow and help us with such efforts as the Scholarship Fund. This year NEHES will give out $8,000 in scholarships to students who are currently enrolled in the Facilities Management program at the Massachusetts Maritime Academy.

With our Vendor Partners’ support, NEHES can continue to bring to the membership such programs as the Spring Seminars, the Fall Conferences, the quarterly newsletter, a constantly updated NEHES website, and other benefits essential to ongoing education.

Because of the continued support by the vendors, other exciting programs that will directly benefit the membership are in the works.

What do the vendors ask in return?
That as many members as possible attend the Vendor show so that they may have the opportunity to demonstrate their various products and services.

Fun and Relaxation: Golf or Fishing

This conference is not all work. For your fun and relaxation, we offer, for the first time, a DEEP SEA FISHING excursion. You will be provided with all the TOOLS, so that when you come back you will be able to say, “You should have seen the one that got away.” Food, beer, soft drinks, water, etc. will be provided to these adventurers, so that they will have the strength to bring in the big ones. The individual who brings in the “biggest fishing” required, pictures, or three eyewitnesses will receive a prize.

For those who like to chase the little ball around, they will be playing golf at Fall River Country Club, a beautiful course with beautiful views and challenging holes. Lunch, beverages, etc. will be provided with the usual prizes for those who are blessed by the Golf Gods.

Stay on For Same Rates

After the conference, those who wish to stay for another day or two and take in the many historical attractions in the area will pay the same hotel nightly rate as was charged for the conference.

On behalf of the 2006 NEHES Fall Conference Committee, thank you all in advance for your support. Attend this conference and you won’t be disappointed.

CEUs for Attending Fall Conference

Conference attendees will receive Continuing Education Credits from ASHE following the event. Kevin Keating has applied to ASHE for the CEUs.

Conference Questions?

Contact the Organizers

Conference Chairman, Hotel & Meals, Mailing Registrations, Brochure
John Durnes, durnesj@southcoast.org

Education Program:
Don Baptiste, dbaptiste@sturdyememorial.org
Kevin Keating, kkeating@shrinenet.org

Joe Mona, jmona@LawrenceGeneral.org

Golf Tournament
Paul Peccone, ppeccone@chchcs.org
John Durnes

Spouse/Guest Program
John Durnes
Coral Garrison

Vendor Partner Solicitation
John Crowley, SASHE, maint.jc@stmmc.org
Joe Mona, jmona@LawrenceGeneral.org
Bob Loranger, P.E., CHFM, rloranger@tufts-nemc.org

Registration Program & Gifts
Bob Crepeau, crepeaub@southcoast.org

Scholarship
Don Baptiste & John Durnes

Golf or Fishing?

Arrive on Tuesday, October 3 for the Fall Conference and play golf or go deep sea fishing. See the enclosed Fall Conference brochure for pre-registration details.

The Spouse/Guest Program

Bring your spouse or guest to Fall Conference: activities are planned for Tuesday—Thursday with free time on Friday.

Tuesday: deep sea fishing or golf followed by a welcome reception

Wednesday: breakfast, beach stroll, shopping in Westport, lunch at Bittersweet Farm, shopping in Padanaram Village, cocktail hour, and Annual Banquet

Thursday: breakfast, all day trip to Martha’s Vineyard

Friday: free time, with suggestions for activities
Engineer of the Year Praises Fellow Board Members and Committee Chairmen for Helping NEHES

(From Page 1)

Retreat. They’re not out playing golf at these retreats. They go purely to plan the NEHES educational programs, strategies, and goals for the future. What more inspiration can you have than these people?”

In his more than 25 years with NEHES, Joe sometimes questions whether or not he will continue to volunteer.

But, “I get rejuvenated at each retreat. I think well, I’ll retire from the Board, then you go to the retreat and there are new goals, new objectives, new energy for the new year, and you say, I want to be part of this again, I’ll give it another year.”

He is proud to be a part of what he calls the “NEHES network.” “Sometimes the phone rings, it’s someone less fortunate than you, all of a sudden, they’re out of a facilities job. I say, I want to work with these people, I want to help them, they’re part of the network. The Engineer of the Year award is not about me and getting the recognition, it’s the way these people relate to me and the way they’ve treated me over the years.”

NEHES President Ron Vachon, SASHE, last year’s Engineer of the Year and chair of the EOY Committee, paid tribute to Joe.

“Since the start of this award back in 1996, Joe is the 10th recipient of what is the most significant form of recognition NEHES can bestow upon any of its members. Joe has worked for 30 years in healthcare facilities management and has contributed much in the way of many accomplished projects and successful management of multi-departments and great advice to colleagues.

“Joe is gifted with much energy, charisma, and leadership talent. He is very committed and is a great engine for the progress of the Massachusetts Engineers Groups as well as a long time passionate and selfless contributor to NEHES. Many accomplishments happened when he held NEHES chapter offices leading to his Chapter Presidency in 2003. NEHES noticed significant chapter growth due to his efforts. We continue to see him bring new members to the organization. His campaign to introduce a new supporting member category yielded many new members, new and interesting perspectives, and a great new dynamic to one of the oldest ASHE chapters in the nation.

“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. Congratulations, Joe, a rousing leader in the Healthcare Engineering field!”

Joe will receive his award on Wednesday, October 4 during Fall Conference in Westport, MA at the Annual Banquet.

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Important Steering and Bylaws Proposal
To be Voted on During Fall Conference

Editor’s note: NEHES members attending the 2006 Fall Conference October 3-6, 2006 are invited to attend the NEHES Annual Meeting during the Conference. The bylaws change below will be discussed and voted on at the Annual Meeting.

Dear Fellow NEHES Members,

Even though our membership continues to grow, on occasion there has been a challenge at some Annual Meetings to reach the 15% voting quorum as required by current bylaws. A quorum is needed to approve the incoming officers as well as any bylaw change or official action of a vote.

This letter serves as notification to the membership that the NEHES Board has been petitioned and recommends approval for the following change to the bylaws. This change will be voted on at the Annual Meeting

Proposed Change Section 10-8:
Currently: Fifteen percent (15%) of dues-paid members shall constitute a quorum.

The Proposal is to reduce the percentage to ten (10%) percent of dues-paid and voting eligible members.

Respectfully submitted,
John Crowley
Co-Chair, Steering & Bylaws Committee

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NEHES Board to Gather for Planning Retreat November 16-18, 2006 in Maine

The NEHES Board of Directors will hold its Annual Planning Retreat November 16-18, 2006 in Portland, ME, according to Milt Dudley, CHFM, CPE, Director of Engineering at Inland Hospital, Waterville, ME. The Maine Healthcare Engineers Society (MHIES) is organizing Fall Conference 2007. It will be held in Portland September 30-October 3, 2007 at the Holiday Inn by the Bay, a beautiful facility in the heart of the Old Port section with many rooms overlooking Casco Bay.

The Board Retreat will be opened by out-going President Ron Vachon, SASHE, Director of Facilities Management at St. Andrews Hospital in Boothbay Harbor, ME. President-elect Kevin Keating, Director of General Services at Shriners Burn Hospital in Boston, will take the helm and chart our course for the coming year. If the venerable Mark English, facilitator extraordinaire, is unavailable, Milt Dudley will facilitate.

Early response rate indicates this will be a very well-attended event. Once all Board members have RSVP’d, the location in Portland will be selected and an announcement will follow.

The NEHES Board of Directors performs some of its most important business at annual retreats:
- The previous year’s budget is reviewed
- The following year’s budget is generated and voted on
- The following year’s Committee Chairs are appointed
- The Action Items List (a list of tasks and issues that the Board will work on throughout the year) is generated
- The Organizational Liaisons to such organizations as ASHE, NFPA, and JCAHO are appointed
- The Board also inspects the facility where the following year’s Fall Conference will be held.

If any NEHES member has any questions, issues, or recommendations that they would like brought up to the Board during the retreat, they should contact their State Representative or any of the Board members.

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Spring Seminar 2007 Date is Set

The NEHES Spring Seminar will be held Friday, March 23, 2007 in Leominster, MA, at the Four Points by Sheraton.

The one-day education program will be announced on www.nehes.org and in The NEHES Newsletter, and registration brochures will be mailed in the future.

The program always features presenters on education topics requested by facility managers and typically attracts well over 110 attendees.

The generosity and support of several exhibitors/sponsors, who set up displays at the seminar, make the yearly event possible.

This year, members of the New Hampshire Society of Healthcare Engineers (NHSHSE) are organizing Spring Seminar. Chairing the organizers will be Dave Dagenais, CHFM, CHSP, the Plant Operations Manager/Safety Officer at Wentworth-Douglass Hospital, Dover, NH (603)740-2474, e-mail: mtad@wdhospital.com

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Two New England Facilities Choose Cogeneration for Electricity, Heat, and Steam

As concerns about the costs and availability of energy mount worldwide, two New England healthcare facilities have already faced these issues head-on by installing cogeneration plants that they hope will protect their institutions from soaring costs and supply issues far into the future.

North Country Hospital, Newport, VT, and Eastern Maine Medical Center, Bangor, both have cogeneration plants either completed and online (NCH) or close to completion (Eastern Maine). North Country is probably the first hospital in the U.S. to use wood chips to produce both heat and electricity. When fully operational, Eastern Maine’s plant will use a dual fuel combustion turbine to produce electricity and steam.

The move to cogeneration began years ago at both facilities after enlightened employees saw the benefits of the process (production of electricity and useful thermal energy simultaneously from a common fuel source), studied the technology, and “sold” hospital administrators and trustees on the concept. See story below and on Page 5.

North Country Hospital

NCH Pharmacist Larry Labor, an employee for over 30 years, began to study cogeneration in 1998. Oil prices, however, were lower then and hospital trustees weren’t interested until prices did rise and the higher fuel costs would have to be passed on to patients. Labor and other employees, including Terry Robbins, CHFM, the Director of Facilities, spent years conducting research to find the best system for the hospital. Terry, who joined the hospital in 1998, even took a trip to New Zealand to see an installation there.

As oil prices rose, interest in Labor’s idea grew. With a $40,000 feasibility grant from the State of Vermont and a $250,000 grant from the Department of Energy, the $1.8 million project became a reality and construction began December 22, 2004. On June 29, 2005, Larry Labor lit the first load of wood chips in the new wood chip burning furnace.

North Country’s system uses a gasifier (a heating system similar to a furnace) fueled with wood chips to generate heat and electricity. The cogeneration process heats water into steam; the steam is a supplemental source of electricity and also operates other essential equipment within the hospital, including the equipment used to sterilize surgical instruments, the kitchen’s dishwashers, and the laundry room’s clothes dryers. It also produces the hospital’s hot water.

The wood chips come from the hospital’s neighbor, Columbia Forest Products, and are a byproduct of Columbia’s wood veneer process. Columbia is North America’s largest manufacturer of hardwood plywood and hardwood veneer. One ton of wood chips, roughly equal to about 117 gallons of oil, costs between $30-$40.

This technology is not only environmentally friendly (unlike wood stove technology), but will also save the hospital as much as $250,000 per year in fuel costs. By using approximately 6,500 tons of wood chips per year, North Country will be able to drastically reduce its consumption of fossil fuels and its fuel and electrical bills by about 45 percent.

Annual bills for electricity and fuel oil have been about $500,000 per year.

A 728-square-foot addition to the hospital houses the cogeneration equipment and serves as a storage area for about 65 tons of wood chips at a time.

North Country is keeping its current fuel oil boiler in operation to use when the wood chip boiler is being repaired or shuts down.

Read more about North Country’s installation at http://www1.eere.energy.gov/biomass/fy04/north_country_hospital.pdf
Eastern Maine Medical Center

Eastern Maine Medical and its parent, Eastern Maine Healthcare Systems, have taken on an extensive list of environmental initiatives and partnerships over the last several years: the Governor’s Carbon Challenge, enhanced recycling programs, reduction of bio-medical and solid waste and packing materials for supplies, and installation of new windows, heating and ventilation systems, and low flow water appliances, to list a few. The hospital’s most recent accomplishment is the construction of an $8.5 million Combined Heat and Power plant, expected to be operational this fall, that will use energy more efficiently and pay for itself in the near future.

Don Fletcher, a retired Director of Facilities, began to explore cogeneration technology in the early 1990s. After the disastrous January 1998 ice storm left parts of eastern U.S. and Canada without power for days and, in some places, for weeks, Eastern Maine officials started thinking seriously about securing additional sources of power for the hospital. Although the facility wasn’t seriously affected by the storm, Eastern Maine did have to switch to diesel generators for 15 hours.

Administrators moved quickly to submit (successfully) a competitive bid for a $3 million, three-year contract from the Oak Ridge National Laboratory to create a combined heating and power plant (cogeneration facility). ORNL is managing the contract for the U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy, Distributed Energy Program.

Eastern Maine is the first Maine hospital to adopt the new technology. Oil and natural gas will fuel a Solar Centaur 50 single shaft, dual fuel combustion turbine that will generate steam and offset the steam generated by existing boilers, thereby decreasing the runtime of the existing boilers. Eastern Maine also installed a new 500-ton steam absorption chiller for the project to use the excess steam in the summer for the hospital’s cooling load, according to Jeff Mylen, P.E., the Facilities/Special Projects Director. Jeff has been at Eastern Maine almost 15 years and has responsibility for the new installation. He has been involved with all aspects of the project, including early planning, permitting, and engineering.

Construction began in July 2005, start-up and testing is going on now, and the system is expected to be fully online in the middle of September, Jeff said. The project includes construction of a new facility measuring 95’ by 35’ to house the new equipment.

Eastern Maine expects to save more than $900,000 during the first full year that the cogeneration system is operational. The cost of building and equipping the plant could be realized in less than five years.

The photo above shows the outside of the new facility built to house the cogeneration equipment; below, Jeff Mylen (at far right) is shown inside the new building with Eastern Maine’s new equipment.

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Success Story at Don Garrison’s Facility Makes Front Page News

Like many healthcare facility managers, Don Garrison, SASHE, faced a critical, daily challenge at Franklin Memorial Hospital in Farmington, ME: how to keep humidity low and temperatures comfortable for physicians in his four operating rooms (ORs) without causing excess moisture to accumulate on the walls and elsewhere.

Don found the solution to the problem when he attended an ASHE educational seminar during the ASHE Annual Conference in 2004.

“I went to a presentation on controlling the environment in the ORs,” Don said. “The engineer doing the presentation had had similar problems that were solved by installing a desiccant air handling system that controls humidity and temperature by removing more water from the air than traditional methods. FMH had to replace the air handler anyway, so it was time to incorporate the new technology.”

Don’s success story is now national news – it was a front-cover feature in the July 2006 issue of Engineered Systems magazine. To read the story, go to http://www.esmagazine.com/copyright/e4bf8429f062c010VgnVCM100000f932a8c0__?view=print

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Congratulations to ASHE Life Members

Two NEHES members were recognized in the last issue of InsideASHE as Life Members with 30+ years of continuous membership in ASHE.

They are:

- John J. Crowley, SASHE, Director of Facilities at Saints Memorial Medical Center, Lowell, MA

  [Photo of John Crowley]

- Dennis R. Desmarais, Director of Engineering at Baystate Medical Center, Springfield, MA

They join 34 other ASHE members who received this honor.
President’s Message

I am sure you feel the same as I do in amazement at how rapidly the warm months of 2006 have passed. I am sad to see us getting closer to winter here in Maine, but I must admit I am looking forward to the reconvening and seeing many of you friends and colleagues during the upcoming Fall Conference in just a few short weeks. (See Page 1 article and brochure insert.)

This year has been a great one for NEHES — all your committees have been working diligently to meet and exceed your expectations. The Spring Seminar was a huge success and the Fall Conference Planning Committee has done great work to prepare for what is to be another stellar program. Much thanks to Chairman - John Duraes, Hotel & Meals - John Duraes, Education Program - Don Baptiste, Kevin Keating, Joe Monas; Golf Tournament - Paul Pezone, John Duraes; Spouse/Guest Program - John Duraes, Coral Garrison; Vendor Partner Solicitation - John Crowley, SASHE, Joe Monas, Bob Loranger, P.E., CHFM; Registration Program & Gifts - Bob Crepeau, Brochure Development - John Duraes, Scholarship - Don Baptiste & John Duraes, Mailing Registrations - John Duraes. I am excited that so many vendors and supporting members have already given acknowledgement that they will be supporting us, and I am pleased that the committee is enlisting the expert planning services of the White’s facility to help with the registrations. Things are going well!

The ASHE Annual Conference in Boston was a great hit with many in attendance. This conference was special to me for four reasons: 1) I attended the program in our region as ASHE Region 1 Representative and was the NEHES Board of Directors’ liaison for the planning committee; consequently, it was great to see the success of the conference, 2) I was awarded SASHE recognition, 3) the NEHES chapter was awarded the Gold Level of Affiliations Award, and 4) I had the pleasure of participating in Joe Monas’ Regional Leader Award presentation. Joe and I attended the chapter leadership forum with open eyes and ears. Once again, it was very stimulating to circulate with other chapter leaders from around the country.

I continue to find that we are able to share the tremendous work of the NEHES group and that we are upheld as a model chapter time and time again.

In the last newsletter I shared what the ASHE Advocacy Committee had listed for their Top Advocacy Issues for 2006. I’d like in this issue to let you know about one of the Facility Management Committee’s initiatives. On July 10, 2006, ASHE joined with the U.S. Environmental Protection Agency to launch a two-year campaign to educate hospitals about the environmental and financial benefits of pursuing energy efficiency improvements. The ASHE Energy Efficiency Commitment (E2C) supports the goals of the EPA’s Energy Star Challenge, which encourages U.S. building owners to reduce their consumption of energy by 10% or more. The ASHE Facilities Management E2C Task Force will identify hospitals with successful programs and develop case studies of their energy management methods, produce an “Energy Efficiency” section at www.ASHE.org, develop a chapter-focused Energy Program, and recognize members for energy efficiency improvements using the EPA energy performance rating system.

As a growing organization, we NEHES members are discovering the need to better support our committee members in the completion of their work. Everything they do is greatly appreciated. We have always relied on the volunteerism of our Active, Honorary, and Supporting members, and we are at the point in size where we are beginning to more and more enlist the help of professional conference planners and other hired hands to maintain the ability to provide high quality service to our members as our numbers continue to grow.

Keep in mind that what has made NEHES the great organization that it is today is the countless numbers of volunteers willing to give their time to serve the various boards, committees, and programs. Thank you! If you do volunteer, think about the mission of the program or committee and how to best handle the work and stay focused. Someone other than a board or committee member can handle much of the work that needs to get done on the committees. Hopefully, as our Society delegates more work, we will be able to continue to focus on the future in order to continue delivering high quality programs.

Please take a moment to visit the NEHES.org website. Don Garrison, your website coordinator, has made our website a lot more user friendly with lots of information, pictures, contact: information, and job postings. I’d also like to acknowledge Gene Cable and Bob Thompson for their codes and standards contributions, and all others who work to share in the writing of articles for the newsletter.

Thank you all, it is a pleasure to serve you.

Ron Vachon, SASHE is the Director of Facilities Management at St. Andrew’s Hospital and Healthcare, Boothbay Harbor, ME. Contact Ron via e-mail, rvachon@standrewshealthcare.org

2006 DATES

October 3-6, 2006
2006 NEHES Fall Conference (Golf or Fishing October 3)
Organizers:
Massachusetts groups
White’s Regional Conference and Hospitality Center
Westport, MA

October 22-28, 2006
National Healthcare & Facilities Engineering Week

November 16-18, 2006
NEHES Board of Directors Annual Retreat
Portland, ME; Hotel TBA

2007 CONFERENCES and SEMINARS
International Conference & Exhibition on Health Facility Planning, Design & Construction, San Antonio, TX
March 23, 2007
2007 NEHES Spring Seminar Four Points by Sheraton Leominster, MA
Chair: Dave Dagenais, CHFM, CHSP

New Hampshire Society of Healthcare Engineers

July 8-11, 2007
ASHE 44th Annual Conference & Technical Exhibition, New Orleans

September 30-October 3, 2007
2007 NEHES Fall Conference
Holiday Inn by the Bay, Portland, ME
Chair: Milt Dudley, CHFM, CPE
Maine Healthcare Engineers Society

For additional ASHE educational opportunities, see http://www.ashe.org/ashe/education/calendar.html
Dear Fellow Board Members,

I hope everyone enjoyed their summer and got a chance to relax and spend some valuable time with your friends and family. I had the opportunity to work on a few NEHES-related projects during the past couple of months that I would like to report on.

2006 ASHE Conference, Boston

Congratulations to Ron Vachon for being awarded SASHE recognition and to Joe Mona for receiving the Regional Leader award. It was a pleasure watching them receive their awards. The conference was well attended by NEHES members, several of whom helped out as room monitors and introducing speakers. Joe Mona was very active at the Vendor show drumming up business for our Fall Conference. Good work, Joe. The brochure that we put together for the conference was distributed to approximately 2,000 members. We received a lot of compliments on the brochure.

2006 Fall Conference Education Program

A great educational program has been developed for the Fall Conference. Some of the program speakers are David Stymiest, Jack Gosselin, Phil Jose, Robert Solomon, Gene Cable, and George Mills. The conference brochures will be mailed out this month and will include speaker bios and topic outlines.

President-Elect’s Message

ASHE Region 1 Director

Our President, Ron Vachon, is running for re-election for ASHE Region 1 Director. Please make sure you cast your important vote for Ron. Ron’s experience and leadership skills make him the best candidate for this position.

Lastly, I really want to encourage good attendance at the remainder of this year’s Board of Director’s meetings, the Fall Conference, and the Fall Planning Retreat. We still have a lot to accomplish as a Society and will only be successful with your full participation.

Kevin Keating is the Director of General Services at Shriners Burns Hospital, Boston. His e-mail is kkeating@shrinenetc.org

Chapter Reports

Connecticut Healthcare Engineers Society (CHES)

Preliminary planning for the 2008 Fall Seminar is continuing. Work is focused on preliminary educational program ideas and high-level sponsorship. Ten hospitals in Connecticut have signed a letter of intent with a partner that will be putting an application to the Connecticut State Clean Energy Fund to put cogeneration fuel cells at those 10 hospitals. Basically, the hospital would benefit by getting all thermal energy free from the fuel cells. Submitted by Steve Jaiñowiec, P.E., CHES Representative to NEHES, sjaiñowiec@wthosp.org

Boston Plant Engineers Club

Still alive and well, a meeting was held at Mass General. Submitted by Kevin Keating, kkeating@shrinenetc.org

South Shore Healthcare Engineering Society (SSHES)

The South Shore quarterly group meeting and educational session on NFPA 70E scheduled for May 19, 2006 was cancelled due to lack of membership participation. Rescheduling of the quarterly meeting is being planned. Submitted by Bob Crepeau, South Shore Representative to NEHES, crepeau@southcoast.org

Vermont Healthcare Engineering Society (VHES)

VHES Chapter held their scheduled meeting on May 12 at Brattleboro Memorial Hospital in Brattleboro. The educational component involved a conference call with Robert Howe from Vermont’s Fire Safety Division. In Mr. Howe’s capacity as Assistant State Fire Marshal, we discussed issues related to the recent mandate of CO detectors in sleeping areas and its impact in the healthcare environment, as well as new silver and gold certificate programs for boiler technicians. Discussion continued on a wide variety of subjects ranging from generator run testing to fuel costs and efforts to reduce these related expenses. Our business meeting followed and the new/updated VHES website, www.vhes.org, was introduced to those in attendance by Vice President Mark Blanchard, CHFM. With this improved website, our chapter hopes to attract sponsoring members that will allow for better/faster/easier access to our members, our expertise, and our information resources. It is our hope that, by accepting these sponsoring members, we can improve on the services and educational opportunities we provide for our membership.

Our chapter President, Doug Stringfield, CHFM, announced his resignation from both his office at VHES and at Southwestern Vermont Health Care. Effective June 2, Doug will be leaving the area to assume the role of Facilities Manager at the new Arnold Palmer Children’s Hospital and its sister hospital, Winnie Palmer Women’s and Children’s Hospital, in Orlando, FL. Doug’s leadership and friendship will be missed by our chapter and region in general, and his guidance and direction at SVMC will be hard to replace. We send Doug and Jeanne our very best wishes in their new venture and hopes that all their dreams are realized. . . . God’s speed.

The passing of VHES member Ron Gauvin was announced. Ron had served for many years as Director of Plant Services at Brattleboro Memorial Hospital and prior to that at Franklin County Public Hospital, Greenfield, MA. Our very best wishes go out to Ron’s family.

Our next meeting is scheduled for Friday, July 14 at North Country Hospital, Newport. The educational component will be a review of their new Wood Chip Burning Plant. Our annual chapter meeting will be held Friday, September 8 in Springfield.

Submitted by R. Brian Sallisky, CHFM.

Welcome, New Members

From Massachusetts

Deborah L. Harlow
Facilities Supervisor
Southcoast Hospitals Group-Toby Hospital
Wareham, MA
(508)273-4337
harlowd@southcoast.org

From New Hampshire

Henry P. Lesburt
Vice President, Marketing & Business Development
Gemini Electric, Inc.
Auburn, NH
(603)644-7170
hlesburt@geminilectricinc.com

Newsletter Deadlines

The deadlines for stories for the Q4 issue have been established:
—By November 15, 2006: stories and story ideas to be sent to Debbie Sullivan
—By November 30, 2006: newsletter to be mailed

Any ideas for stories should be submitted to debbiesull@ncrr.com or dgarrison@fchn.org. Thank you very much for your support of The NEHES Newsletter.

VHES Representative to NEHES, RBS@phin.org

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I will start out this article by saying in no way do I claim to be an expert on this topic. Recently, when I attended a refresher class for my electrical license, part of the training covered NFPA 70E, Article 130/Working on or near live parts. Basically, this covers live parts over 50 volts that constitute an exposure hazard to employees.

What it entails is an Energized Electrical Work Permit Program that will require you to do an analysis of the hazards, identify safe work practices, determine shock protection boundaries, PPE’s to be worn, a documented job briefing, and, what will be the most important, justification for why the work must be performed live.

The key sentence I picked up in this was "unless the employer can demonstrate the de-energizing introduces additional or increased hazards or is infeasible due to equipment design or operational limitations". That if work is to be performed live it "shall be performed by written permit only". Now there are some exceptions to the permitting requirement, but that still leaves you with the appropriate safe work practices and PPE’s.

What I found was the emphasis on justifying doing work live and that, in most cases, this may be difficult to justify given the reason for this standard is "worker safety".

Now when most of us think of arc flash protection we think of our motor control centers and panel boards, but this standard can also include light switches and receptacles. We also think of this standard as having the greatest impact on electricians, but what about the HVAC and Bio-medical techs when they go into a control panel to trouble-shoot a system?

I was also concerned when we discussed the protective clothing and the topic of shirts and pants that shall be provided, that once this clothing leaves the facility with the employee there is no way of knowing if the "rating" has been compromised. If the wrong laundry detergent is used, if fabric softener is used, how do you now track and document the number of washes? This will require obtaining washing criteria from the garment manufacture and developing a policy and tracking method to identify when each garment should be replaced.

In further research, I contacted Connecticut OSHA to see what their take was on the topic. What they did confirm was that they did include all live parts and all trades. They expected to find documentation that all personnel that will be working on live parts will be qualified. My contact also directed me to OSHA 1910.333 as the standard that they would be primarily working from and that working on live parts would be covered by more than just the general duty clause. The initial focus in Connecticut would be on the permit system, protective clothes, and insulated tools.

Again, this was from Connecticut OSHA and I would recommend that you contact your own state for their position.

In closing, I am writing this article not only to just pass on information, but also to invite others to write and respond with what they know and have been doing.

Fred’s e-mail is fleffingwell@lmhospi.org

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**EPA Issues Standards of Performance For Stationary Compression Ignition Engines**

- BMP..........................................2, 3
- Fire Extinguishers..............6
- Important Items From ASHE..............4
- New Testing Requirement..........2

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On June 28, 2006 the Environmental Protection Agency (EPA) published its final rule that sets performance standards for stationary compression ignition internal combustion engines. Although this proposed rule affects many industries, it specifically affects healthcare providers with emergency generators, engine powered fire pumps, and generators used for peak shaving or load curtailment.

On July 29, 2005 ASHE issued a regulatory advisory to ASHE members urging members to provide comments to the EPA on the proposed rule (issued by EPA on July 11, 2005).

The issue of most concern was a proposed 30-hour limit on non-emergency operation. In surveys conducted by ASHE and the MGI Systems-Healthcare Engineering Network, the majority of respondents indicated that 30 hours were insufficient for annual inspection, testing, and maintenance of emergency generators. EPA received many comments from ASHE members and considered them in formation of the final rule.

- The final rule may be downloaded from EPA at www.epa.gov/tnn/oarpg/t3/fr_notices/ci_nsp5_fnl.pdf
- EPA provides additional information in its Fact Sheet at www.epa.gov/tnn/oarpg/t3/fact_sheets/ci_nsp5_fnl_fs.html/background
- For ASHE’s July 2005 Regulatory Advisory on the Proposed Rule and ASHE’s comments to the EPA, go to www.ashe.org/asia/codes/epa/index.html

Contact Dale Woodin at dwoodin@aha.org or (312)422-3812 with questions or comments.
Simplify Your Life with BMP?

-- You Bet! (Part 1)

--- Edited by Bob Thompson, P.E., CSHM
NEHES JCAHO Liaison

Larry Barlow, Senior Consultant with SSR, gave a convincing, yet truly informative presentation on the effectiveness and efficiency of instituting a Building Management Program. His talk is titled "A to Z of BMP" and was given at the 2006 Annual ASHE Conference in Boston in July. The following is written from Mr. Barlow's notes.

Introduction

If you continue to struggle with dozens, even hundreds, of PFI (Plan for Improvement) deficiencies -- wall penetrations, dark EXIT signs, broken doors, etc.-- you really need to explore and consider implementing a BMP (Building Management Program). Some myths about BMP need to be dispensed with, suggests Mr. Barlow:

- BMP is not a way to cheat the system.
- BMP is not a free pass for non-compliance.
- There are efficient goal-oriented steps to developing and implementing a BMP.
- While its objective is compliance, JCAHO does recognize that absolute performance is not feasible.
- 95% compliance is a matter of reasonable determination of the factors.
- BMP will save you precious time.

BMP is optional, but only for Healthcare occupancies. While the goal of your Life Safety Management Plan is nothing short of compliance, a BMP makes seeking that goal manageable.

What is BMP?

A BMP selects from 10 specific allowed physical features of the building for which compliance is to be measured -- a method to quantify the level of performance. The 10 features are typically subject to failure at any time, thus subjecting them to non-compliance with the Life Safety Code pending repair.

The 10 items from which you can select for inclusion in the program are:

- Fire Doors
- Linen Chutes
- Smoke Doors
- Corridor Doors
- Smoke Barrier Walls
- Corridor Walls
- Egress Lighting
- Exit Signs
- Exit Discharges (free of ice and snow)
- Grease Producing Devices

With a BMP in place, you record each physical deficiency and the correction process in your work order system records, demonstrating timely correction in each case. With no BMP, for each of these features, you must either comply or cite the physical deficiency in your Plan for Improvement for every instance of non-compliance. Otherwise, you risk a “RFI” (Requirement for Improvement) citation on your JCAHO accreditation survey. (See future article on calculating performance.)

As an example of compliance for fire doors, the following door features must be met:

- Evidence of proper rating/listing of fire door
- Proper functioning latches
- Properly functioning closing devices
- Acceptable undercuts
- Compliant gaps around doors

(More on details of the 10 BMP physical features in a future article)

What is the Intent of Using BMP?

Before exploring parameters for setting up the BMP, let's explore the intent of the Program.

Obviously, having 100% compliance all the time on the BMP features is not very likely. Each of these features is subject to normal wear and tear, abuse, vandalism, and contractor disregard.

In the JCAHO's creation of the BMP lies the intent for a less burdensome and more efficient alternative to documenting each individual activity associated with maintaining certain life safety features covered by the SOC (Statement of Conditions).

The BMP is a system that recognizes legitimate ongoing inspection, testing, and maintenance activity as a valid means for program management. A BMP allows for recognizing an effective contin-


2
uous process rather than extensive documenting of minor recurring deficiencies.

BMP is consistent with these concepts:

- Continuous readiness
- Program management rather than “brushfire” treatment of life safety
- Self-policing based on quality management principles
- Meeting executive management responsibility of assuring a safe Environment of Care
- Giving due credit for recognition of responsible and effective efforts to manage life safety risks
- Crediting reasonable use of resources in life safety management
- Accrediting quantified self-measurement of performance
- Using the SOC process for current, accurate validation of success

JCAHO’s George Mills wrote, “If you have a BMP, the surveyor will be more inclined to accept that you are managing these (features).” (EC News)

**Comparison with SOC/PFI Approach**

Why not just use the PFI approach? Let’s compare it with the BMP approach.

In the SOC/PFI Approach, an identified deficiency is corrected immediately or documented, either

- In the traditional work order system to be corrected in 30-60 days, or
- Identified in Part 3 LSA (Life Safety Assessment) and in Part 4, PFI

Either method will be acceptable at the time of survey as long as the organization has included all the PFI elements in their planning.

On the other hand, under the SOC/PFI, if a deficiency is not properly documented and correction planned, and the item is discovered by the JCAHO surveyor, the deficiency will be cited as a “finding” in the JCAHO accreditation report.

The key is: Every deficient item must be compliant or explicitly identified and documented.

In the BMP approach, noncompliance is not recorded in the SOC or the PFI. Repairs are performed on the spot or transferred from the inspection forms to the work order system or other workable paper trail.

The only requirements for a BMP are:

- A Management Plan
- A list of which of the 10 life safety features are included in the program

- The number and inspection frequency of each feature included
- The number compliant (or noncompliant)
- A history of this documentation

Without a BMP, to avoid a “finding” during a survey, every item for every feature in the facility must be

100% compliant or PFI-documented

With a BMP, individual maintenance items included in the BMP do not have to be compliant or documented, but you must have a history of

≥95% compliance for each BMP feature

Further, an effective BMP:

- Eliminates the need to identify specific deficiencies covered in LSA Item 6J of Part 3A and Item 61 of Part 3B
- Eliminates the need to prepare PFI items for these deficient items
- Reduces the time and expense of compliance to complete SOC documents
- Allows the SOC to be accurate and current

It is important to realize that:

- You may include any of the features listed in 6J Part 3A or 61 of Part 3B
- If a feature is included in the BMP, only 95% compliance (all the time) is required
- If not included in the BMP, 100% compliance is required all the time

So, aren’t you ready for an efficient, realistic, manageable approach to your life safety building maintenance effort?

_In the next edition of the NEHES “Codes and Standards Section,” we will discuss selecting the features to include in the BMP and the factors in determining the performance value (i.e., achievement of 95%), which might affect factor selection. In a future article we will explore technical details of the ten BMP features._

_In the meantime, if you have questions or need to begin implementation of the BMP soon, feel free to contact Bob Thompson at bobatrgb@comcast.net or at (978)887-6701._
Important Items of Interest to Facility Managers

(All items courtesy ASHE *E* Flash, a weekly e-newsletter published by ASHE and distributed free to ASHE members. Items compiled by Robert Thompson, P.E., CSHM, The Thompson Group, Fire, Life Safety, and Safety Consulting, and NEHES Liaison for JCAHO; BobTTG@comcast.net)

USP Proposes Increased Air Purity Requirements for Pharmacy Cleanrooms (USP797)
The United States Pharmacopeia (USP) is accepting comments on proposed revisions to General Chapter <797> Pharmaceutical Compounding - Sterile Preparations - commonly referred to as "USP 797". The proposed requirements dramatically increase the ventilation requirements which may require new construction or extensive renovation, even for cleanrooms which currently meet USP 797 requirements. For more information go to http://www.ashe.org/ashe/codes/advisories/pdfs/usp797/proposed_requirements.pdf

Computing and Conditioned Space
Laptop or desktop computers generate significant heat loads in data centers. On average, an Intel Pentium 4 desktop machine will dissipate heat at a rate of around 150 watts per hour, or 500 BTU. Monitors can add between 50-100 watts per hour (170-340 BTU) of dissipated heat. A computer in a sleep mode can significantly lower the amount of heat dissipation and therefore reduce your cooling load. For more information on ENERGY STAR computing products, go to www.energystar.gov/products and select computers from the list of products.

2006 Guidelines for Design and Construction of Hospital and Health Care Facilities
The Guidelines are updated on a four-year cycle by the 124-member, multidisciplinary Health Guidelines Revision Committee (HGRC). Individuals knowledgeable about health care practices and health facility design (doctors, nurses, facility managers, architects, and engineers) and those who apply the document in the field (state and federal authorities having jurisdiction, or AHJs) serve on the committee. (AHJs reviewing and approving plans and construction for health facilities are often architects or engineers.) Adopted as regulatory baseline in more than 40 states, the 2006 changes in the guidelines will require adoption by regulators and legislators in individual states.

Highlights that you need to be aware of include:
• Private rooms for acute medical/surgical and postpartum patients in new hospital construction
• New sections on intermediate care units,
observation units in emergency departments, and skilled nursing units in general hospitals
• Strengthened information on the Infection Control Risk Assessment process
• New chapters on urgent care facilities, gastrointestinal endoscopy facilities, psychiatric outpatient centers, renal dialysis centers, office surgical facilities, and small primary care hospitals
• New language on assisted living facilities, hospice facilities, and adult day health care facilities
• New appendix language on green architecture and surge capacity in emergency departments

ASHE member price: $98.00 Catalog number: 055370. To order call 1-800-242-2626 or go to http://www.ashe.org/ashe/products/pubs/importantresources.html

Ask ASHE
Robert Thompson Clarification Note: The following "Response" must be taken with caution. In spite of the response given, it is only where the sprinkler option is taken that a one-hour wall is no longer needed, and it is when it is not required to be a one-hour wall that it need not extend to the slab above.

Title: Ceiling in reference to 1-hour fire walls
Question - According to NFPA 101 19.3.2.1, in health care a storage room or other hazardous contents room has to have one-hour walls or be protected with an automatic extinguishing system. If the room has the extinguishing system can the walls end at the ceiling if the ceiling is a suspended ceiling or a sheet rocked ceiling?

Response- As you have discovered, if the sprinkler option is used, the space is to be "separated from other spaces by smoke-resisting partitions and doors." The following references are from the 2000 edition of the Life Safety Code. 19.3.6.2.1 Exception 1 indicates that corridor walls in a sprinklered facility can terminate at a ceiling that resists the passage of smoke. There is an appendix item that helps clarify a ceiling that resists the passage of smoke. Appendix A.19.3.6.2.1 states that:
"An architectural suspended grid acoustical tile with penetrating items such as sprinkler piping and sprinklers, ducted HVAC supply and return diffusers, speakers and recessed lighting fixtures is capable of limiting the transfer of smoke." My interpretation would be that in existing facilities, the lay in ceiling would be acceptable.

ASHE Partners with EPA on Energy Efficiency Commitment Campaign
On July 10, 2006, ASHE joined with EPA to launch a two-year campaign to educate hospitals about the environmental and financial benefits of pursuing energy efficiency improvements. The ASHE Energy Efficiency Commitment (E2C) supports the goals of the EPA's ENERGY STAR Challenge, which encourages U.S. building owners to reduce their energy consumption by 10% or more. As a participant in the challenge, ASHE will identify hospitals with successful energy programs and develop case studies of their energy management methods; produce an "Energy Efficiency" section at www.ashe.org; develop a chapter-focused Energy Program, and recognize members for energy efficiency improvements using the EPA's national energy performance rating system.

OSHA Posters and Publications:
Free for the Asking
Advertisements and threatening phone calls suggesting and demanding that OSHA workplace posters must be purchased from private companies are misleading employers. OSHA reminds employers that official posters - such as the OSHA Workplace Poster - are available free for the asking. Posters, and most publications, are available at no cost to anyone who asks simply by visiting the publications page on the agency's website, http://www.osha.gov/pls/publications/pubindex.list or by calling the publications office at (202) 693-1888.

JCAHO Announces 2007 National Patient Safety Goals
The Joint Commission announced the 2007 National Patient Safety Goals (NPSGs) and related Requirements for each of its (To Page 5)

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JCAHO Announces New Emergency Electrical Power Testing
Requirement Effective January 1, 2007
The revised Standard EC.7.40 now requires organizations to test their emergency generators at least once every 36 months for a minimum of four continuous hours.
This test is in addition to the current requirement to test emergency generators 12 times each year for 30 continuous minutes. This additional requirement is based on a new NFPA requirement designed to help assure healthcare organizations that their emergency generators will operate during extended power outages.
The new requirement is effective January 1, 2007. Read the full text of the new requirement at http://www.ashe.org/ashe/codes/advisories/pdfs/generatortesting05-06.pdf
accreditation programs and its Disease-Specific Care certification program. The Goals and Requirements, recently approved by the Joint Commission's Board of Commissioners, apply to the nearly 15,000 Joint Commission-accredited and certified healthcare organizations and programs. Major changes in this fifth annual issuance of NPSGs include extension of a Requirement that accredited organizations define and communicate the means for patients and their families to report concerns about safety, across all Joint Commission accreditation and certification programs. The Requirement—first applied to the Home Care, Laboratory, Assisted Living, and Disease-Specific Care programs in 2006—is the central expectation of the Goal: "Encourage patients' active involvement in their own care as a patient safety strategy." See the full text of the 2007 Goals and Requirements, http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/default.htm or see the full news release, http://www.jointcommission.org/NewsRoom/NewsReleases/hr_npsg_07.htm

Ask ASHE

Title: Fireproofing Installation Question:

At a recent ASHE conference I attended in Memphis, TN, one of the speakers told us that the fireproofing used in buildings must be installed by a qualified person. I am in the situation right now where some of my men have to take out some of the fireproofing attached to beams above the ceiling so they can install their conduit runs. I am certain that the General Contractor is going to expect us to patch the fireproofing. Where do I find the standard that says a qualified person (not my electricians) must reinstall the fireproofing? Is there another option for patching the fireproofing, like using fire caulking or putty pads and, if so, can my electricians do that work or again will it have to be a qualified fireproofing employee?

Response:

There is a distinct difference in the purpose and function of fireproofing and fire stopping materials. Fire stopping material, such as intumescent caulk, is used to seal a space in the event of fire. Fireproofing material, such as what is used to protect steel support beams, keeps heat from the beam allowing it to maintain structural integrity. Both fire stop and fire proofing materials need to be installed to UL specifications to be effective. This includes using the right product for the right job and installing it properly.

There is a distinct difference in how fireproofing and fire stopping materials are sold. Fire stopping materials are sold through dealers. Fireproofing materials are sold directly to the contractor.

There are a multitude of companies that manufacture fire stop materials and an even larger group of distributors. Anyone can purchase fire stop materials. It is good practice, and important, for the successful installation of the product, for a person who installs the material to be trained in its application. However, it is possible to just buy and install it with no training.

Fire proofing materials such as that used to protect steel beams are manufactured and sold directly by a very small number of manufacturers with just a couple of manufacturers having the majority of the market. These companies sell the product directly, allowing a greater degree of control. It is my understanding that to buy the product you have to have training or be "certified" by the company to be allowed to purchase the product. This requirement does not come from a code, but is a practice of the companies selling the product.

The best way to find out what is required would be to contact a company that sells fire proofing material for your application and inquire what is required to buy the material.

It is extremely important not to confuse fire stopping and fireproofing materials. They perform different functions and using the wrong product for a given application could have catastrophic results in the event of a fire.

Ask ASHE Question:

While attending the ASHE Healthcare Construction Certification (HCC) program in February, I noted that the Joint Commission will be looking for labels on ISO room exhaust ducts. Where would I find the code if there is one that states this? We are nearing completion on a 125,000-square-foot addition and I want to make sure we are compliant. The main information I need is where and how often are the labels to be placed.

Response:

I am not aware of the Joint Commission specifically looking for labeling of isolation room exhaust ductwork. What could be part of a survey is the overall evaluation of how you protect patients and how your utilities management plan addresses assuring that the negative pressure rooms remain negative when used for patients with infectious disease.

An analogy might be labeling of smoke barriers and fire walls. It is not required by JCAHO that fire walls and smoke barriers be stenciled or have labeling on them. However, it is required that you have a means for assuring that those walls are maintained properly. Labeling might be one of the elements of a plan that a facility chooses to use.

I highly recommend that labeling be placed on the isolation room exhaust fans and discharge points so that workers on the roof are aware of these. You want to be sure that someone doesn't inadvertently shut off one of these fans for service while the room it serves is being used for a patient with an infectious illness. It would not be a good idea for a worker to get his head directly into the discharge air stream while the room houses a patient with an infectious illness. However, the danger to someone on the roof close to the exhaust becoming infected by something in the exhaust is greatly minimized due to dilution and quick dissipation. That is why filtering of the exhaust is not required.

As to whether or not you should label the exhaust ductwork, you should have a plan or practice that provides a reasonable level of certainty that the ductwork won't accidentally be disconnected while the room is being used for a patient with an infectious disease or illness. Labeling could be one element of your plan.

Ask ASHE Question of the Week

Steel in Health Care Facilities

Question:

What does code say for all steel doors considered as Fire Doors in Health Care Facilities whether labeled or unlabelled? Please provide reference code and its statement.


8.3.1 states that Openings required to have a fire protection rating by Table 8.4.3.2 shall be protected by approved, listed, labeled Fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorages and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Fire Windows except as otherwise specified in this code.

So, a door in a fire barrier must have the appropriate rating and associated label. Doors in smoke barriers can be either 1 3/4 solid bonded wood core door or shall be of construction to resist fire for not less than 20 minutes. This is outlined in 18.3.7.7 for New Healthcare Occupancies and in 19.3.7.7 for Existing Healthcare Occupancies.
Criteria for Fire Extinguisher Selection and Placement, Healthcare Occupancies

By Gene Cable, P.E., FPE
Regional Safety & Fire Protection Engineer
Department of Veterans Affairs
Albany, NY,
NEHES Liaison to NFPA

Background:

NFPA 101 references NFPA 10 as the mandatory standard for selection and placement of fire extinguishers. Fire extinguishers are an important element in the "total package" of fire protection outlined for healthcare facilities. Similar to a ship at sea, there will be patient care areas where evacuation is impractical and not the preferred action. Therefore, extinguishing a fire in its incipient stages becomes much more important than it would be for an office facility. The U.S. Navy requires extensive fire fighting training for every member: fire extinguishers to larger hose lines. An informal study conducted by the VA revealed a "surprisingly high" number of small fires that were stopped with the use of fire extinguishers and several successfully controlled with occupant hose lines. Chances are good that your medical center has experienced a fire or two in the last few years; for example, in lab areas, construction site, patient area microwave oven, or smoking area trashcan, where extinguishers were used.

NFPA 10, 2002 Edition, Section 1.1 scope, reminds us these fire extinguisher size and placement rules are minimum standards. So, placing additional extinguishers and at closer spacing is always O.K. towards improved fire protection. The stated purpose is to provide the proper extinguisher size, location, and type, and to make it readily findable so that when a fire is discovered by someone ready and willing to use the extinguisher(s), they can save the day.

Although intuitively simple, the staff fire extinguisher training element is important, particularly for those staff who are most likely to respond to or encounter a fire. It is worth noting that OSHA Law requires fire extinguisher education and training. In their vocabulary "training" is interpreted to mean hands-on. Computer-based education alone might be unacceptable, again particularly for those with a responsibility to respond to fire alarms. OSHA advised, "computer-based training by itself would not be sufficient to meet the intent of most of OSHA's training requirements". They advise that both hands-on training and site-specific training is needed. (29CFR 1910.157(g))

NFPA 10 Rules of Size and Placement:

For Class A Fires, ordinary combustibles such as paper,
Rated 2A or greater, maximum travel distance to an extinguisher: 75 feet, all locations
Maximum light hazard (normal) coverage for 2A: 6,000 sq ft
Maximum moderate hazard (storage) coverage for 2A: 3,000 sq ft

For Class B Fires, flammable and combustible liquids,
Rated 10B, maximum travel distance to an extinguisher for light hazard (blood lab): 50 feet
Rated 10B, maximum travel distance to an extinguisher for moderate hazard (Research Lab): 30 feet
Rated 20B or larger, maximum travel distance to an extinguisher for light or moderate: 50 feet

For Class C Fires, ordinary combustibles or flammable liquids involving energized electrical equipment, such as in or very near electrical panels or automobiles. Since the fire itself is a class A or B, the extinguisher must be sized and rated to handle the anticipated Class A or B Hazard. Where no oil-cooled equipment, maximum travel distance: 75 feet
Where oil-cooled or other combustible liquids might be involved, maximum travel distance: 50 feet
Rated 5BC is minimally acceptable for a small electrical panel,
Rated 10BC acceptable for electrical hazards involving motors or larger electrical panels and at least a 2A rated extinguisher must be with 75 feet as well.

Location:

Fire extinguishers must be conspicuously located, readily visible, and accessible. Preferably, they should be located along the normal path of travel near the exit from the space. An extinguisher should not be placed where it is necessary to travel away from the room's exit, deeper into the room, to retrieve the extinguisher.

A sign, perpendicular to the wall, is usually required where the fire extinguisher is not readily visible from about 50 feet away; for example, when located within a flush wall cabinet. AHJ's have ruled that for healthcare occupancies, including ambulatory healthcare, the perpendicular sign is not required (HIPA November, 1999), since staff are trained and can readily locate the nearest fire extinguisher.

Lastly, consistency is good. For example, a pattern of placing an extinguisher near the exit stair for all patient care floors, and also placing a small ABC near the room exit door for each research lab room, is good practice.
MAKING HISTORY
in Southeastern Massachusetts

2006
NEHES
FALL CONFERENCE

October 3 - October 6, 2006 • Westport, Massachusetts
Wednesday, OCTOBER 4
9:30 a.m. - 9:30 a.m.
Opening Keynote - Barry Elms
Barry Elms, president of Strategic Negotiations International, acclaimed by many as America's business coach on negotiation skills. During a speaking career that spans 20 years, Barry has given over 2000 presentations worldwide. His energetic style and dynamic message will keep you on the edge of your seat. Barry's entertaining and inspiring material is appreciated by a portfolio of clients that includes, General Motors, Ford Motor Company, American Express, Verizon, Dell Computers, Shell Oil, The Federal Reserve, and many other leading companies. Barry was born and educated in England and has worked in Sales, Customer Service, and Credit Management, as well as being CEO of companies in both Europe and America. In addition to being a world class public speaker, Barry is also the author of numerous videos and audio programs including: 'Negotiate Your Way to Success', 'Advanced Negotiation Skills', 'Dueling for Dollars' and 'The Art of Getting Paid'.

9:45 a.m. - 11:15 a.m.
Managing Hospital Emergency Power Systems
David L. Smyntek, P.E., CHFM, SASHE, CEM, GBE
Electrical Power is the lifeline of your hospital's operations. Without it your hospital is no longer a hospital. Natural disasters ranging from Houston Floods to the Eastern US blackout to Hurricane Katrina have all stressed emergency power supply systems (EPS) to the limit and shown that maximum code compliance is not equivalent to normal hospital operations. JCAHO is taking a strong look at EPS through its recent Sentinel Event Alert and proposed revisions to EC 7.40 - and so should you.

4:00 p.m. - 5:30 p.m.
Emergency Preparedness
What a Healthcare Facility Manager should know regarding preparing for and mitigating a disaster.

Thursday, OCTOBER 5
8:00 a.m. - 9:30 a.m.
Session A
The Expectations of Today's Industry and How to Get There
Jack Gesselein, SASHE, CHFM
As the role of the Healthcare Facilities Administrator evolves with the industry it serves, a number of critical competencies and enhancements must be developed or modified for leaders in this position. The session will provide an overview of the changing role in the current environment and insight into the development of skills and competencies to meet senior management's expectations.

Session B
Wind Power
Paul O'Keeffe, MMA Director of Facilities
This presentation will provide a close perspective of the Mass Maritime Academy 660kw wind turbine and the process of permitting, financing and installing this unit, which was commissioned in June 2006. Mr. O'Keeffe was the project manager for this initiative.

10:00 a.m. - 11:30 a.m.
Session A
Interoperability 101 - How Open System technology can be used to create a durable Competitive Environment for System adds, alts and service.
Terrence B. Reynolds, PE, CEM, CDMS
A case study of the Fletcher Allen Health will be presented. The following topics will be discussed: The History of the facility and its proprietary control system. The Renaissance Project and the opportunity for a transition plan into Open Systems. Logistics-Creation of the FAHC Standards and how they are used. System Architecture - What is installed. Results - How FAHC benefits.

2:30 p.m. - 3:45 p.m.
Session A
Electronic Document Management for Healthcare Facilities Departments
Richard Kohu and Sat Intintare
A/E/C drawings and documents have transitioned from paper to CAD during the last 20 years. Most New England hospitals have a plan room that is a mixture of numerous paper and electronic drawings. We present a method to organize all A/E/C drawings and documents into a web-based database/archive that can provide a number of benefits, plus save facilities personnel time and money.

Friday, OCTOBER 6
9:00 a.m. - 10:00 a.m.
Changing Role of the Healthcare Facility Managers
Alfred Towle, MMA Director of Graduate Education
A look into what skills the health care Facility Manager need in the future. The Bachelor's degree may not be enough to make you competitive for a facility management position. Find out what additional education should be considered for the next generation of facility manager.

10:15 a.m. - 12:00 p.m.
JCAHO Update
George Mills, FACHE, CHFM, CEM
This session will provide an update of current JCAHO standards and elements of performance. Following Mr. Mills' presentation, there will be a Q&A session which will include Robert Solomon from the NFPA.
DAVID L. STYMIEST, PE, CHFM, SASHE, CEM, GBE
Smith Steckman Reid, Inc.

David is the present chairman of the NFPA Technical Committee on Emergency, a Group 8 Committee which has responsibility for NFPA 70 and NFPA 111. He wrote the 2006 ASHE Management Monograph ‘Managing Hospital Emergency Power Systems – Testing, Operation and Maintenance’. He is a Senior Consultant at Smith Steckman Reid, Inc., specializing in Compliance, Facilities Engineering and Management consulting for hospital clients. He is an AHA Certified Healthcare Facility Manager, an AEE Certified Energy Manager and Green Building Engineer, and a Registered Professional Engineer in four states. Before joining SSR in 2000, David was Senior Electrical Engineer for more than 10 years for Massachusetts General Hospital and the other hospitals of the Boston-based Partners Healthcare System, Inc. David has 33 years of experience in all facets of facilities electrical engineering, writes several articles per year for HFM Magazine, publishing by AHAs Health Forum, and speaks regularly before national, regional, and state audiences.

GEORGE MILLS
Standard Interpretation Group, Associate Director, Accreditation Operations

George Mills is an Associate Director for the Standards Interpretation Group at the Joint Commission. He is the ASHE (FASHE), a Certified Healthcare Facility Manager (CHFM), a Certified Energy Manager (CEM), and President of an ASHE local state chapter. He left ARAMARK Facility Services as the National Director of Regulatory Compliance to accept his current position with the Joint Commission. Mr. Mills consulted for two years with the AHA Personal Membership group ASHE as Director of Codes & Compliance and was with the Joint Commission from 1995-1997.

ROBERT SOLOMON, PE
NFPA

Robert is the Assistant Vice President for Building and Life Safety Codes at NFPA. He oversees the operations of the department whose projects include NFPA 101, Life Safety Code and the NFPA Building Construction and Safety Code. After graduating for the University of Maryland in 1982, he worked for two years with the Naval Facilities Engineering Command in Charleston, SC. Since 1986, he has held several positions at NFPA, including staff liaison for the water extinguishing systems projects. He is a member of the JCAHO Committee on Healthcare Safety, Chairman of the Healthcare Interpretations Task Force; the Council on Tall Buildings and Urban Habitat; the AISC Fire Engineering Steering Committee; the UL Fire Council; the Infrastructure Security Partnership; and he serves as Secretary-Treasurer of the World Organization of Building Officials.

EUGENE A. CABLE, PE, FPE
Department of Veterans Affairs, NEHES NFPA Liaison

Gene is a production of the fire service turned fire protection engineer. After 18 years experience (firefighter, inspector, plans examiner, and arson investigator) he rounded out a diverse engineering and fire protection education with a Masters Degree in Fire Protection Engineering from Worcester Polytechnic Institute. He has worked for the US Department of Veterans Affairs for twenty years as a Regional Safety and Fire Protection Engineer out of Albany, NY. In that capacity he regularly conducts Code equivalency analysis, JCAHO MOCC surveys. Statement of Conditions Assessments, construction project design review, construction project ‘pre-occupancy’ inspection, and assists VA Medical Center Engineering/Safety staff in preparations for and during JCAHO surveys. Gene is a Registered Professional Engineer, member of NFPA and the Society of Fire Protection Engineers. He serves on three NFPA Technical Committees. One Society of Fire Protection Engineers Task Group and most recently named the principle VA representative on the NFPA-JCAHO Health Care Interpretations Task Group. [Committees: Life Safety Code Fundamentals, Life Safety Code Furnishings and Contents, NFPA 25 Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, SFPE Task Group on Human Behavior in Fire]. Beyond his “normal” VA work, and for about 12 years now, Gene is operating an active consulting business in JCAHO compliance, Statement of Conditions, Life Safety Code equivalences, and forensic fire safety investigations related to healthcare fires and litigation.

RICHARD KOBA
Richard is VP of Sales and Marketing for InfoSort Systems, Inc. He coordinates the field sales team of InfoSort nationwide. He has worked in sales and marketing for 15 years, most recently with MVA-COM of Lowell, MA.

2006 PRESENTERS

SAL INTINARO
SAL INC and Vice President of InfoSort Systems, Inc. For over 20 years Sal has provided CAD consulting and drafting services, including the creation of Autocad drawings for a variety of clients in a variety of industries. As an independent computer-aided design consultant, he developed drawing databases to meet the needs of large area hospitals, such as Saints Memorial, Mass General, and Mass Eye and Ear and large corporations, such as Cabot Corp.

JACK GOSSELIN, FASHE, CHFM
Principal, Gosselin Associates, North Stonington, CT

Jack is currently the Chair of the NEHES Education and Career Development Committee.

PAUL O’KEEFE
Massachusetts Maritime Academy

Mr. O’Keefe is currently the Director of Facilities as the Mass Maritime Academy. He was project manager on the MWA 660KW wind turbine installation project which was commissioned in June 2006.

CDR STEVE KELLEHER
Massachusetts Maritime Academy

CDR Kelleher is the Assistant Commandant of cadets and LCDR USMCR (Ret.). He has significant experience in dealing with FEMA and MEMA. CDR Kelleher coordinated all the logistics at the Massachusetts Military reservation associated with receiving the Hurricane Katrina Evacuees last fall.

ALFRED TOWLE
Massachusetts Maritime Academy

Mr. Towle is the Director of Graduate Education and is one of the professors in the MS in Facilities Management program and has over 30 years of experience in the facility management field.

TERRENCE R. REYNOLDS, PE, CEM, COSM

After a six year tour of duty with the US Navy, where he served as a Sonar Technician, Terry attended and graduated from the University of Connecticut in 1977 with a Bachelor’s degree in Electrical Engineering, and graduate level courses in Electrical Power Distribution. Honors included Deans List and Engineering Honor Society. He was employed by Johnson Controls as a sales engineer and branch manager in the commercial and industrial controls divisions of the company in Burlington VT, Albany NY, Newark NJ, and Philadelphia PA. In 1988, Terry joined Control Technologies as a partner, and is responsible for business development. Control Technologies has grown from a company of 5 employees and sales of less than a million dollars, to over 160 employees, sales of over $17 million and four offices - locations in Burlington VT, Manchester NH, New York City, and Boston. Terry’s areas of technical expertise include process and environmental control system applications, data communications, system integrations, and open communications protocols. Terry holds a Professional Engineers License, is a Certified Energy Engineer, and a Certified Demand-Side Management Professional. Terry has presented technical papers, and topics at the local, regional, and national level. He currently serves on the Board of Directors for Lornmark Americas, and the Independent Representative Council (IRC), a national organization of independent systems integrators.

PHILIP R. JOSE, PE, CSP
Safety, Fire Protection & JCAHO Consulting

Phil heads up his own fire protection consulting firm specializing in Life Safety Code compliance, JCAHO Standards and development of Statements of Conditions. He is an NFPA Life Safety Code instructor and teaches the SOC process for the Joint Commission. His clients include such prestigious facilities as Massachusetts General Hospital, Beth Israel Deaconess of Boston and Stanford University. Medical Technology University and his Master in Engineering from Texas A&M. He has worked in industry for Dow Chemical and Trane Company. Phil chairs the Life Safety Code Technical Committee on Board & Care Facilities and has served on the Life Safety Code HealthCare committee, 90A - HVAC systems and 101A, the committee that writes the FSES. He also served six years as a member of the Joint Commission’s Committee on Healthcare Facilities. He is a Registered Professional Engineer and is a Certified Safety Professional.
2006 PRESENTERS continued

SUZANNE L. PISANO, PE
Tighe & Bond, Inc.
Suzanne L. Pisano, PE, TUP, a Senior Project Manager with Tighe & Bond, Inc., has over 17 years of consulting experience conducting and managing environmental engineering projects for industrial, institutional, federal, and municipal clients. These projects have included all aspects of environmental, health and safety (EHS) compliance, as well as site assessment and remediation. Suzanne has extensive experience working with healthcare facilities by providing compliance auditing, environmental management system development, permitting, annual reporting remediation, enforcement negotiation, spill planning, training, safety monitoring, and on-site waste management support services.

DAVID P. HOROWITZ, PE
Tighe & Bond, Inc.
Dave Horowitz is Project Engineer for Tighe & Bond Consulting Engineers of Westfield, MA. Tighe & Bond provides environmental engineering services to municipal, industrial and institutional clients throughout New England. Dave provides design and inspection services for underground and aboveground storage tank systems. He also provides design and permitting services for clients in need of industrial wastewater treatment. Dave is certified by the Steel Tank Institute to perform inspection of aboveground storage tanks. As a member of the National Fire Protection Association, Dave is knowledgeable about the storage of flammable and combustible liquids.

NEHES REGISTRATION FORMS

RESERVE YOUR ROOM NOW!
NEHES Special Rate: $99 per night • Reserve on-line at www.HamptonInn.com (use Convention/Group Code NES to receive your special rate) or call 508.675.8500 / Fax 508.675.0075
Hampton Inn - Fall River/Westport, 53 Old Bedford Road, Westport, MA 02790

GOLF TOURNAMENT • 11:00 a.m. Tuesday, OCTOBER 3, 2006
Fall River Country Club, Fall River, MA: $105 per player
Prizes will be awarded for the longest drive, straightest drive, and closest to the pin.

Please return the forms below to: Cathy Charbonneau, 53 Old Bedford Road, Westport, MA 02790
Please make all checks payable to: NEHES

GOLF TOURNAMENT or DEEP SEA FISHING

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REGISTRATION FORM

Technology Exhibits • Wednesday, OCT 4

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GUEST PROGRAM

Tuesday, OCT 3 & Wednesday, OCT 4

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**2006 NEHES GUEST PROGRAM**

**Tuesday, October 3**
- 9:00 a.m. - Deep Sea Fishing
- 11:00 a.m. - Golf Tournament
- 6:00 p.m. - Welcome Reception (casual dress) (on your own for dinner)

**Wednesday, October 4**
- 8:00 a.m. - Breakfast in the Lobby
- 9:00 a.m. - Horsemack Beach Stroll
- 10:00 a.m. - Shopping on Main Road in Westport
- 12:15 p.m. - Enjoy Lunch at Bittersweet Farm
- 2:15 p.m. - Shopping in Padanaram Village
- 3:30 p.m. - Return to Hotel
- 6:00 p.m. - Cocktail Hour & Annual Banquet

**Thursday, October 5**
- 7:30 a.m. - Breakfast in the Lobby
- 8:45 a.m. - Depart by bus to New Bedford, MA
- 9:45 a.m. - Fast Ferry to Oak Bluffs Martha's Vineyard
- 3:00 p.m. - Depart Martha's Vineyard
- 4:15 p.m. - Return Bus Ride to the Hampton Inn (on your own for dinner)

**Friday, October 6**
- On your own
- Suggestions include: Visit Whaling Museum in New Bedford, MA
- Christmas Tree Shops & Vanity Fair Outlet Shopping
- Mall Shopping

*Price includes all bus transportation, ferry to Martha's Vineyard, and lunch at Bittersweet Farm*

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**2006 NEHES FALL CONFERENCE SCHEDULE**

<table>
<thead>
<tr>
<th>Tuesday, Oct 3</th>
<th>Wednesday, Oct 4</th>
<th>Thursday, Oct 5</th>
<th>Friday, Oct 6</th>
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<tbody>
<tr>
<td>9:00 a.m.</td>
<td>7:00 a.m.</td>
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<td>8:00 a.m.</td>
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<tr>
<td>Deep Sea Fishing</td>
<td>Registration</td>
<td>Past Presidents' Breakfast</td>
<td>General Breakfast</td>
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<tr>
<td>Capt. John Boats - Plymouth</td>
<td>7:00 a.m.</td>
<td>General Breakfast</td>
<td>9:00 a.m. - 9:00 a.m.</td>
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<td>11:00 a.m.</td>
<td>7:00 a.m.</td>
<td>8:00 a.m. - 9:30 a.m.</td>
<td>Changing Role of the Healthcare Facility Managers</td>
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<tr>
<td>Golf Tournament</td>
<td>NEHES Board Meeting</td>
<td>Session A: The Expectations of Today's Industry and How to Get There</td>
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<tr>
<td>Fall River Country Club - Fall River</td>
<td>7:30 a.m. - 8:30 a.m.</td>
<td>8:00 a.m.</td>
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<td>3:00 p.m. - 6:00 p.m.</td>
<td>8:30 a.m. - 9:30 a.m.</td>
<td>General Breakfast</td>
<td>10:00 a.m. - 10:15 a.m. - Break</td>
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<td>Registration</td>
<td>Opening Keynote - Barry Ehns</td>
<td>Session B - Wind Power</td>
<td>10:15 a.m. - 12:00 p.m.</td>
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<td>6:00 p.m. - 7:00 p.m.</td>
<td>9:30 a.m. - 9:45 a.m. - Break</td>
<td>9:30 a.m. - 9:45 a.m. - Break</td>
<td>JCAHO Update</td>
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<td>Welcome Reception</td>
<td>9:45 a.m. - 11:15 a.m. - Break</td>
<td>10:00 a.m. - 11:30 a.m.</td>
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<td>Open - on own for dinner</td>
<td>Managing Hospital Emergency Power Systems</td>
<td>Session A - Interoperability 101</td>
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<td>11:30 a.m. - 5:00 p.m.</td>
<td>Session B - The Statement of Conditions (SOC)</td>
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<td>Technology Exhibits (Lunch)</td>
<td>11:30 a.m. - 12:45 p.m. - Lunch</td>
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<td>4:00 p.m. - 5:30 p.m.</td>
<td>12:45 p.m. - 2:15 p.m.</td>
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<td>Emergency Preparedness</td>
<td>Session A - Transitioning Critical Infrastructure Protection into Building Regulations</td>
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<td>6:00 p.m. - 7:00 p.m.</td>
<td>Session B - Environmental Compliance: An Update at Hospitals and the Challenges Facility Engineers Can Avoid, and Storage Tank Management at Healthcare Facilities</td>
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<td>Hospitality Reception</td>
<td>2:15 p.m. - 2:30 p.m. - Break</td>
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<td>7:00 p.m.</td>
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<td>Awards Dinner &amp; Dance</td>
<td>Session A - Electronic Document Management for Healthcare Facilities Departments</td>
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<td>2:30 p.m.</td>
<td>Session B - Updates of the 2006 NFPA Life Safety Code, Healthcare Occupancies</td>
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*Open - on own for dinner*
Our Mission

The New England Healthcare Engineers’ Society is a professional organization whose traditions and continued success are based upon the following goals:

- To promote better patient care by taking advantage of the latest developments in healthcare facility management, design, operation and maintenance techniques.
- To promote the mutual exchange of technical assistance, ideas and experiences among members and other healthcare engineering professionals.
- To promote the professional development of healthcare engineers through continuous education.

The New England Healthcare Engineers’ Society planning committee invites you to attend the 2006 NEHES Fall Conference “Making History in Southeastern Massachusetts” at the Hampton Inn Fall River/Westport & White’s of Westport, Westport, Massachusetts.

DIRECTIONS:

I-195 East, take Exit 9, I-195 West, take Exit 10 and take 1st exit onto Route 6 West. Proceed approximately 2 miles, next door to White’s of Westport.

From Boston: Route 24 South to I-195 East to Exit 9.

From Newport, Rhode island: Route 24 North to I-195 East to Exit 9.

From Logan Airport-Boston, MA: from the Airport, take I- 93 South to 128 Dedham to Route 24 South/Fall River. Keep bearing left at any fork you encounter, (stay away from Route 79). Stay on Route 24 South to the junction of I-195. Take Route 195 East (New Bedford/Cape Cod) immediately after getting off the exit and merging, get into the right lane. Hotel will be next exit, (Exit 9 Sanford Rd.). Bear right off exit, and take your first right. Hotel is 1/10th of a mile ahead on your left.

From T.F. Green Airport-Warwick/Providence, RI: from the Airport, take I-95 North to I-195 East in Providence. Follow I-195 East approximately 20 minutes to Exit 9 (Sanford Rd.) in Massachusetts. Bear right off the exit and take your first right. Hotel is 1/10th of a mile ahead on your left.

Register Early!