Registration for the 2007 NEHES Fall Conference Begins Soon!

The 2007 Fall Conference Chair, Milt Dudley, CPE, CHSP, CHFM, invites everyone to the education conference and vendor show September 30-October 3, 2007 in Portland, Maine, at the Holiday Inn by the Bay Hotel and Convention Center.

**How to Register:** Watch for your registration brochure in the mail or get all the details soon at www.nehes.org, including downloadable brochure and registration form. For more information, contact Milt, mdudley@enhm.org, (207) 861-3394

**Golf Tournament:** Sunday, September 30: Mike Connolly, connollym@mercyme.com, (207) 879-3574

**Vendor Information:** Milt Dudley, mdudley@enhm.org, (207) 861-3394

**Hotel Reservations:** Holiday Inn by the Bay, Portland, Maine, 1-888-Holiday, direct hotel number, (207) 773-2311. Be sure to mention the NEHES conference to get the best room rates.

Active Members: Do You Need Financial Assistance to Further Your Education in Facilities Management? Apply for NEHES Scholarship by November 1

If you’re an Active NEHES member who wants to further your college education and enter healthcare facilities management but lack the funds to follow this career path, a new NEHES scholarship program may be able to help. If you’re not yet an Active member, NEHES wants to encourage you to join and apply for the new scholarship if you hope to enter facilities management.

The NEHES Board of Directors recently announced the new program to: 1) supplement the cost of what applicants and their employers’ education programs are paying for tuition, books, and other expenses, and 2) help recruit new talent into the healthcare facilities industry. Persons actively engaged and working within the healthcare engineering field who work directly for a hospital, healthcare provider organization, or medical research facility, who may not yet be at a management level but are interested in pursuing such a career path, are encouraged to become Active Members of NEHES and apply for this program.

President-Elect Fred Leffingwell, CHFM, who worked with Steve Jalowiec, P.E. and Bob Lord

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Congratulations to Bob Lord of Parkview Medical on his Retirement

Bob Lord knew last year that he would retire from Parkview Adventist Medical Center in Brunswick, Maine on July 25, 2007 after 33 years in health care.

But that didn’t stop the 27-year NEHES and Maine chapter volunteer from agreeing to spearhead the vendor chairmanship for the 2007 Fall Conference (his fourth such chairmanship). He’s also chaired two Spring Seminars.

It’s not hard to see why his Maine colleague, Don Garrison, SASHE, calls Bob “the glue that held the Maine group together.”

“Bob was the Maine chapter president for six years and he would call everyone regularly to ask them to come to a meeting,” Don recalled. “He simply would not take no for an answer.”

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President's Message

By Kevin Keating, CHFM
Director of General Services
Shriners Hospitals for Children/Boston Burns Boston, MA,
2007 NEHES President

Greetings from your President! The NEHES Board of Directors held their final meeting before the summer break on June 1, 2007. I hosted the meeting at the Shriners Burns Hospital in Boston. An open invitation was sent out to all NEHES members to attend this meeting and to find out what the Board of Directors is doing to ensure the future health of their Society. It was also an opportunity for the Board to support and share their ideas with all the chapters, particularly those that are struggling to stay viable. We had a great turnout with guests from all six New England Chapters, several of whom expressed their interest in getting more involved with their Chapter activities and with the NEHES Board of Directors.

In July I was able to attend the 44th ASHE Annual Conference & Technical Exhibition held in New Orleans. NEHES was well represented with fellow Board members Ron Vachon, Fred Leffingwell, Brian Salliskin, and Dave Dagenais all attending. Before I get into the details of the conference, I would like to tell you about my observations of the City of New Orleans. The downtown area has made an amazing recovery from the devastation of Hurricane Katrina. I was inspired by the spirit of the people of New Orleans and their efforts to rebuild their city. Unfortunately, most of the surrounding districts are still in the very early stages of recovery. I was able to take a guided bus tour of all the surrounding districts and was able to witness first hand the absolute destruction of more than 200,000 homes, most of which are still vacated. My heart and prayers go out to the citizens of New Orleans.

While I was in New Orleans I got to meet the Facility Directors of the other 21 Shriners Hospitals in North America. We met for two days prior to the start of the conference at one of the local hospitals. One of the guest speakers at our meeting was David L. Stymiest from Smith Seckman Reid, Inc. David has been a guest speaker at several NEHES conferences. Dave gave a presentation on the topic of "Sentinel Event Alert 37 - A New Paradigm in Emergency Power Planning." It was a great presentation that I would highly recommend for a future NEHES education program. I really enjoyed the opportunity to network with my counterparts from the other Shriners hospitals.

I was able to find time to attend the Chapter Leadership Forum held on Sunday morning. Ron Vachon was also able to attend. ASHE Executive Director Dale Woodin provided an update on ASHE activities and ASHE President-elect John R. Wood shared his outlook on the future of ASHE. Most of the Forum consisted of roundtable discussions on topics such as Membership Development, Soliciting Member Involvement, Soliciting Support from Sponsors, Chapter Levels of Affiliation, and Planning Education Programs. I had the opportunity to share some of the many successful things NEHES does in these areas with Chapter Leaders from all over the country. I also heard some great ideas that I will be able to share with the Board of Directors at future meetings. The Forum concluded with the Chapter Affiliation Awards ceremony. Ron Vachon and I were honored to be able to accept the award for Platinum Level of Affiliation for NEHES. NEHES was one of only five ASHE Chapters to receive the highest level of Affiliation.

At the ASHE Award Presentation Ceremony on Monday, I had the opportunity to watch Dave Dagenais proudly accept his ASHE Region I Regional Leader Award. Congratulations to Dave. Ron Vachon was also recognized at the ceremony for being the ASHE Director of Region I. Ron also spoke at the Regional Breakfast meeting for Region I the following day and did a great job of updating all the members in attendance on current and future ASHE activities. Finally, on the last day of the conference I was able to take the exam for CHFM certification. I recently found out that I passed and can now use the CHFM designation.

President-Elect's Message

By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT,
2007 NEHES President-Elect

After seeing Dave Dagenais, CHFM, CHSP take the stage at the ASHE Conference, I would once again like to congratulate him on being recognized as a Regional Leader. For those of you who couldn’t make it, the 44th Annual ASHE Conference in New Orleans was a memorable experience. John Alston, the keynote speaker, gave an energetic two-hour talk that everyone in the room could relate to.

The only thing more difficult than choosing between which conference sessions to attend was choosing from the restaurants and after-hours entertainment available in the French Quarter. From the standpoint of places to go, New Orleans is up and running and I would recommend the city as a place to visit.

Looking to the 2007 NEHES Board of Directors Fall Retreat, which is right around the corner, it will take place from November 8 through November 10 at the Omni Hotel in New Haven, CT. All Active Members who would like to participate on the Board are encouraged to attend.

Attendance will need to be confirmed before October 9 so please mark this date down.

I would like to give a special thanks to Milt Dudley for once again agreeing to be the facilitator at the Fall Retreat. If any member has any ideas for the Retreat agenda that they would like to share, please email them to me at leffingwell@lmbosp.org.
Member Scholarships
(From Page 1)

to draft a proposal voted on by the Board, brought the scholarship idea to his colleagues last year. "Given that compensation from hospitals has been and will continue to be cut back, this program would provide a source of funds to gap the difference between college tuition and tuition reimbursement programs," Fred said. "The focus would be to add candidates who are already in health care and looking to some day be our replacements."

The Board will review all scholarship applications during its Annual Retreat November 8-10 in New Haven, CT and judge each application based on its Member Scholarship Policy:

1. The NEHES Board will establish a standing Membership Scholarship Committee chaired by the President-Elect to review applications and make recommendations for a Member Scholarship.

2. Active Members interested in this program must submit a proposal to the committee.

3. Applicants must be active in their local chapter and/or the NEHES Board.

4. Active Members may apply annually for this scholarship until the degree is awarded. A copy of the previous semester(s) transcript will be included with the re-application.

5. The proposal will include the following:
   - Applicants' basic information.
   - Applicants' resume with focus on healthcare-related experience and education.
   - A short essay outlining the applicants' plan for an educational path leading to a degree related to Healthcare Facilities Management.
   - Outline of applicants' activities supporting their local chapter and/or NEHES.
   - An outline budget for the educational path with such information as total cost, employer and member contributions, and requested scholarship.
   - Copy of employer policy on tuition reimbursement/educational assistance.
   - Letter of recommendation from the President of the applicants' local chapter, including information such as: how long the applicant has been a member of the state chapter, activities they have participated in at the chapter level, and/or special projects they may have been involved in at their healthcare organization.

6. The Board will vote to approve or disapprove each application based on the recommendation of the Member Scholarship Committee.

How to Apply
Go to www.nehes.org and download the application. Mail completed applications to:

Fred Leffingwell, CHFM
Director, Facilities Planning & Management
Lawrence & Memorial Hospital
365 Montauk Avenue
New London, CT 06320

Completed applications can also be given to Fred at the September 14 Board meeting in Andover, MA and during the NEHES Fall Conference September 30 – October 3.

Bob Lord Retires
(From Page 1)

"He would call every month even if you had never attended a meeting until finally, to keep him from calling, you agreed to go to a meeting. He was the same about traveling to Massachusetts to NEHES meetings. Bob is the type of person that every chapter needs. He is Mr. Reliable and he would never let a chapter die. Bob's efforts have many times gone unnoticed but what he has meant to the Maine chapter and NEHES is immeasurable. Bob is a terrific person, a good friend, and a great healthcare engineer."

Ron Vachon, SASHE also worked with Bob for many years. "Bob has to have given tens of thousands of hours of volunteer work for NEHES," he said. "Bob has been a longtime friend and contributor to NEHES and Maine chapters for many, many years. His matter of fact counsel was great in helping me learn the roles of state and NEHES chapter officer positions when I was making my way through the ranks. He deserves great credit for facilitating many, many educational programs as well as forging strategic relationships with our supporting members for partnering in our immensely successful Spring Seminars and Fall Conferences. It is fair to say that NEHES enjoys our current success in large part to Bob's years of contributions. It has been a joy to work with such a dedicated and talented colleague."

Several facility managers thanked Bob for the help he gave them throughout their healthcare careers.

"When I was a young hospital engineer, Bob took me under his wing and offered advice and support. He and Percy Hanscom were an inspiration to me and encouraged me to get involved in NEHES and the Maine Healthcare Engineers," said Mike Pinkham, CHFM. "Over the past 30 plus years, I have had the good fortune to work with Bob on countless disaster drills, Local Emergency Planning Committee meetings, and MHES (Maine Healthcare Engineers' Society) Committees. I admire his knowledge and dedication. Bob is truly one of the last of the 'Old School' hospital engineers who laid the groundwork for the rest of us to follow. Congratulations, Bob, no one did it better than you!"

"Bob was a very hard worker for the Society. When I was in the chairs, I relied on Bob quite a bit and he was always responsive and responsible, " Retiree David Hathaway said.

Percy Hanscom, the first Maine chapter president, took credit for getting Bob involved in the group.

An electrician by training, Bob started his career in health care 33 years ago at New England Memorial Hospital, part of the Parkview organization. Not long after he joined the hospital, he said, "The head electrician at New England Memorial retired and bingo, I was in management!" Later on, he became the Director of Plant Operations at Parkview.

In addition to enjoying a stellar career at Parkview, Bob held several offices in both MHES and NEHES and even found the time to help many organizations in his community.

He urged his younger colleagues to be very active in their state chapters, in NEHES, and in ASHE. "These organizations help you with the changing attitudes and situations you face, and they help you keep up with the changing technology. Don't be afraid to be involved and ask for money to go to seminars and become a member. You'd be more respected. You really need to do more as you progress in your career."

Asked about the biggest changes in healthcare he has seen over the past 33 years, Bob said, "I see the involvement with safety and terrorism and the bird flu business, and we're doing all these exercises. This was non-existent years ago. We have turned into safety officers, keeping a paper trail for OSHA, EPA, the Joint Commission, and keeping up all our licenses. There's very little engineering going on now."

Bob and his wife, Nancy, who retired two years ago, plan to do some time sailing along the Maine coast this summer.

They'll head to Zimbabwe, Africa in November to spend six months at an orphanage, where Bob will use his construction and maintenance skills and Nancy will teach English as a second language.
Chapter Reports

Connecticut Healthcare Engineers Society (CHES)

I. CT Engineers Meetings
The CHES Executive Board meeting was held April 20 at Greenwich Hospital. Discussions about the 2008 Fall Conference here in New Haven continued. We discussed the registration process and the possibility of a vendor doing the bidding. Due to the light attendance of this meeting, no decision was made as to where the next meeting would be held.

II. CHES Membership
We agreed to recruit Supporting Members—this year’s dues for them free, thereafter $100 annually. Idea would be for each hospital to recruit at least one to start. The membership application is in the process of being updated.

*We are looking into OSHA speakers and/or training – possible topic for Fall Annual Meeting and/or educational program with CHA.

*Discussions around the possibility of a Summer Picnic with families and supporting members, everyone felt it was a good idea. We will continue to explore this possibility.

*AI Wasko, Hospital of Saint Raphael, gave an OSHA update from his recent visit.

*Expressed the need to update our membership list, also expanding membership to Safety, Bio-med, etc.

*We need our own ListServ. Steve Carbery, Greenwich Hospital, will look into.

III. NEHES 2008 Fall Conference Planning
No real changes on NEHES Fall Planning. We will have a brief planning meeting after the May 2nd CHA meeting. Tom Russo, who volunteered to handle the NEHES Fall Scholarship, is looking for recommendations for which colleges to target.

IV. Greenwich Hospital
Steve Carbery did a presentation on the Greenwich Hospital “Campus Replacement.” The presentation concentrated on “Patient Satisfaction” during the construction process. It was very interesting, which led to the suggestion by Steve Jolawicz to this possibly being part of our educational program in the 2008 Fall Conference. A tour of the hospital physical plant was also conducted and lunch was provided.

Submitted by Ron Hussey, CHFM, Connecticut Representative to NEHES, rhussey@bristolhospital.org

Maine Healthcare Engineers’ Society (MHES)

These pictures by Don Garrison, SASHE show Maine’s summer picnic/meeting held at the Bailey Island Yacht Club -- lobsters, steak, and everything else.

Vermont Healthcare Engineering Society (VHES)

VHES held its regular scheduled meeting on Friday, July 20, 2007 at Northwestern Medical Center in St. Albans, Vermont.

The educational component of our meeting consisted of a presentation dealing with preparing for the CHFM exam.

The seven members attending listened to a presentation by Jack Gosselin, FASHE, CHFM who has been a leader in Healthcare Facilities Management for more than 25 years. He spent 12 years as Director of Engineering at North Country Hospital in Newport, Vermont.

Jack is a former ASHE Board member and has chaired and served on several ASHE committees. He is a Fellow level member of ASHE and has attained CHFM certification. Jack is also a Past President of NEHES and was Engineer of the Year in 1998.

Jack has been published in "The Journal for Ambulatory Care," "InsideASHE," and various other publications on topics relating to the field of healthcare facilities management. He served as faculty for ASHE's Healthcare Contractor's Certificate Program, participated as an item writer for the CHFM program, and has presented at national conferences for ASHE and ASHRAE.

Following the program/lunch we went on to our business meeting where the business of the chapter was conducted. Reports were given on upcoming events with VHES, NEHES, and ASHE. The state of the chapter website was discussed, membership was reported to be on the increase, and help was asked to continue the growth/strength we are experiencing as a chapter.

The schedule of our next meeting is Friday, September 7, 2007. Since this meeting will be our annual meeting, there will be nothing scheduled as a formal educational component and the session will be devoted to the business of the chapter. The location for this meeting will be in what is reported to be the hometown of the Simpsons, Springfield, Vermont.

Submitted by R. Brian Sallisky, CHFM, VHES Representative to NEHES, RBS@phin.org
Asbestos is Still as Common as Wood, Steel, and Bricks

By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT,
2007 NEHES President-Elect

For those of us maintaining older buildings, asbestos has become something we have learned to deal with on a daily basis. We find asbestos in floor tiles, roofing products, insulation, glue dabs, and window glaze. We have come to know these different materials as ACMs (asbestos-containing materials), which is any material that contains more than 1% asbestos. To some extent we believed asbestos had been banned from all new products, but that is not the case.

The U.S. Court of Appeals for the Fifth Circuit invalidated the EPA rule banning asbestos and held that there was 1) insubstantial evidence presented to support the ban, 2) that the EPA failed to consider and evaluate the cost effectiveness and benefits of other possibly less burdensome regulatory options, and 3) that the EPA failed to acknowledge that no satisfactory substitutes existed to replace certain of the banned products or that possible substitutes may themselves pose significant health risks. The court did, however, hold that the EPA may ban products that once were, but no longer are, being produced in the U.S. and stated that this part of the court's holding applies only to products that were not being manufactured, imported, or processed on July 12, 1989.

Part of this argument was that the EPA failed to link specific products or types of asbestos to the dangers of health threats. What this ruling means is that you can still find asbestos in some 3,000 building products sold in the U.S. today.

So what is asbestos? Well, it is a naturally occurring mineral. It is a group of specific silicate minerals that form long, very thin fibers, which can then form bundles. Asbestos is durable, resistant to heat, chemicals, and electricity. Serpentine and amphibole are the two main categories for asbestos: serpentine minerals have a sheet or layered structure and amphiboles have a chain-like structure. The most common type of asbestos is Chrysotile, also known as "white asbestos." Asbestos, "brown asbestos," is the second most common. Crocidolite, "blue asbestos," is used for high heat applications.

The use of asbestos can be traced back to ancient civilizations in Greece and Italy. Asbestos was spun and woven into cloth in the same way cotton is. One early use was for tablecloths, which could be thrown into the fire for cleaning. The most common use for asbestos in recent years was for fireproofing, which was sprayed onto structural members in multi-storied buildings. It was also used to enhance strength in concrete and concrete-like products. And, until the late 1990's, it was used in over 8,000 building products.

Asbestos becomes dangerous and a concern when airborne. As long as it is maintained in a solid form there is only potential danger. When released into the air, asbestos enters the body through the airways and digestive system. The term used when it is capable of becoming airborne is "friable," which means that it can be crumbled by hand pressure when dry.

The three main diseases associated with asbestos exposure are: Asbestosis, fibrotic scarring of the lungs (10-20 year latency period — smokers who are exposed to asbestos are 50 times more likely to develop this disease than non-smokers), Lung Cancer (a 20-year latency period), and Mesothelioma or cancer of the chest cavity lining (20-40 year latency period). Other diseases can include cancer of the esophagus, stomach, colon, and pancreas.

So what can this mean to you? For in-house workers, AHERA (Asbestos Hazard Emergency Response Act) requires that all maintenance and custodial personnel must receive at least 2 hours of awareness training, with an additional 14 hours of training for personnel whose work activity may disturb asbestos. For the worker who is actually abating asbestos, the AHERA regulations require that the abatement workers complete a 4-day EPA approved training course and the abatement supervisor complete a 5-day EPA approved training course.

You will also need to assess who needs medical surveillance. Employees such as custodial and maintenance workers, who may encounter and/or disturb asbestos-containing materials while performing their normal duties, should be provided with medical surveillance. You will find this surveillance will be needed for anyone wearing a negative-pressure respirator as part of his or her job. To reduce some of the restrictions for employees that do not wear respirators on a routine basis, you may want to look into positive-pressure hoods.

Electrical safety will also be a consideration. Here you may have containment with both water and electricity being used. Workers could be working off of ladders and/ or scaffolds, which presents a fall concern. Heat-related problems such as heat stress and heat stroke should be reviewed. And let's not forget Life Safety since you may have workers in a plastic containment with limited and confusing egress.

Asbestos management and abatement requirements will vary somewhat from state to state so you should always check your state and local requirements and notifications.

Keeping It Cool – Healthy, In Standards, and Efficient – This Summer

By Jack Borgschulte
Boston, MA

As the summer heat puts heating, ventilation, and air conditioning (HVAC) systems to the test, healthcare facility managers are working to maintain comfortable and healthy Indoor Air Quality (IAQ) while controlling energy costs and lowering health-related risks.

Maintaining the IAQ of a healthcare building is particularly vital to ensuring hospital outcomes, including patient health and staff productivity, and is particularly important in areas sensitive to infection control, such as intensive care units, surgical suites, protective environments, and laboratories.

Hot and humid summer weather can increase the challenge for facility managers to maintain a healthy and efficient facility environment. Periods of construction and renovation, which often take place during the summer months, also require special considerations.

Begin with the standards
Assuring IAQ and comfort begins with conformance to industry standards for the design, construction, and maintenance of HVAC systems in the healthcare industry.

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Keeping Cool
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Set by ASHRAE (American Society of Heating, Refrigerating and Air-Conditioning Engineers), the American Institute of Architects (AIA), the Joint Commission, and the U.S. Centers for Disease Control and Prevention (CDC), these standards include:
• Effective air distribution, including requirements for total ventilation and air flow
• Room and building envelope pressure relationships
• Parameters for temperature and humidity design
• Filtration practices
• Strategies for the selection of air handling systems, distribution systems, and associated controls
• Operation and maintenance procedures for HVAC systems

Humidity control is often particularly challenging to maintain during summer. While IAQ requires bringing large quantities of outdoor air into a facility, avoiding microbial growth and occupant discomfort requires that moisture in that air is first removed before it’s introduced into the building. To enable tighter temperature control and lower humidity set points, incorporate desiccant dehumidification technology. Desiccants are substances specially designed to attract water vapor from the air.

Desiccant dehumidification is a single unit solution for controlling humidity, temperature, and ventilation. These controls help to control infection and maintain the integrity of the building structure by reducing the potential for condensation on walls and ceilings.

Strict pressure control is also important to the mitigation of airborne contaminants. Operating rooms and protective environment rooms must be kept at positive pressure relative to other areas to minimize movement of infectious contaminants, while airborne infection isolation rooms must be kept at negative pressure to limit movement of infectious agents from the patient to other areas of the building. Proper HVAC system design and maintenance ensure the right pressure levels.

Summertime maintenance
Getting cooling systems into shape during the winter enables upgrades, retrofits, and repairs to be in place and tested by the time the cooling season kicks in. A preventive maintenance program that optimizes HVAC system performance and building systems lifecycle during the summer.

Some specific maintenance tasks to stay on top of include:
• Checking filters regularly and following proper procedures when it is necessary to shut down fans to avoid allowing spores to enter the ventilation systems. The performance of ventilation systems changes over time. It is important to avoid reverse of airflow direction between zones, which could result in contamination.
• Maintaining moisture control systems and keeping humidification and dehumidification systems clean and dry. Bacteria, mold, and viruses can breed in stagnant water that accumulates in ducts, humidifiers, and drain pans of the ventilation system, or on the moisture that collects on ceiling tiles, carpeting, or insulation.
• Keeping utility bills under control with proper preventive maintenance of building comfort systems – a large consumer of energy. Utility companies report that hospitals use an average of 27.5 kilowatt-hours of electricity and 110 cubic feet of natural gas per square foot annually.

Reducing Infection Risks
Experts estimate that it’s possible to prevent a third of nosocomial infections and 90 percent of the deaths they cause since up to one-third of nosocomial infections are airborne.

Diminishing infection risk requires careful control of air flow and circulation, ventilation, humidity, and pressure. Summertime construction and renovation projects can stir up additional challenges. When walls and ceilings are broken, mold spores and pathogens can be released into the air.

At project start, conduct an Infection Control Risk Assessment (ICRA) to maintain the integrity of the healing environment. ICRA are required by the AIA’s “Guidelines for Design and Construction of Hospital and Health Care Facilities,” Joint Commission’s Environment of Care Standard 8.30, and the CDC’s “Guidelines for Environmental Infection Control in Health-Care Facilities.”

ICRA advise personnel involved in the construction process to consider precautions for infection control and risk management planning. They also identify infection control issues that may affect air quality during renovation or construction. When implementing an ICRA:
• Identify high risk patient groups
• Analyze and identify areas where airborne-infection control is necessary
• Determine standards and parameters for the number of air changes per hour, filtration, and pressurization
• Maintain accurate, up-to-date records on maintenance response, quality management, and risk management

Upon the completion of an ICRA, implement best practices to reduce risk, including dust and moisture control practices, pressurization strategies, and the construction of temporary barriers between construction areas and occupied space.

Despite the hot, humid climate and distractions of summer, with proper planning healthcare facility owners and operators can maintain healthy, high performing, energy efficient buildings throughout the season by taking proactive steps to ensure proper control of air flow and circulation, ventilation, humidity, and pressure.

A Former Facility Manager and His Company are the First to Sponsor the NEHES Website

Editor’s Note: This is the second in a series of conversations with loyal NEHES vendor supporters about their experiences as sponsors of Fall Conferences and Spring Seminars.

MCMUSA, LLC, a full service Medical Design Build and Construction Management firm in Newton, MA, didn’t hesitate when Maine facility managers began to sell exhibit space for the 2007 NEHES Fall Conference in Portland – the company was the first to purchase a spot.

The company has been a sponsor and exhibitor at every Fall Conference and Spring Seminar for the past eight years. MCMUSA was the first vendor partner to purchase a sponsor spot on the NEHES website, www.nehes.org, when that form of Society support became available, and the company is also a loyal NEHES golf tournament sponsor.

MCMUSA’s Medical Sales Director is Ed Cummings, a longtime member of NEHES and the Boston Plant Engineers Club who knows the healthcare industry well. Ed, who was the Director of Facilities at Beth Israel Deaconess Medical Center for 25 years, joined MCMUSA eight years ago after his “semi-retirement” from the hospital.

Scott Sawyer, MCMUSA’s Vice President of Business Development, always looks forward to meeting NEHES members at conferences and seminars. “Our core business is medical.

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Member Education: Looking From the Outside In

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

As a healthcare facilities manager search consultant, I speak with talented facility managers who have been in the business for many years. A facility manager myself for over 20 years, it is interesting to hear about ways the field changes as the nation’s expectations of healthcare continue to change. One interesting trend I’ve heard of is the relatively broad discrepancy between our role within our organizations and our organization’s perception of required accountabilities. In simple terms, the healthcare facility manager’s role has evolved out of traditional necessity and stakeholders have developed expectations from solid business priorities.

This becomes apparent during my pre-search discussions with hiring administrators. Aside from the technical and operational competencies that are expected, institutions seek a strong business sense, real estate acquisition savvy, and a broad-based knowledge of technology integration and asset management. It is not unusual for organizations to rely heavily on the facilities management role to lead facility master planning efforts, emergency preparedness, clinical market strategies, and hospitality initiatives. These responsibilities are in addition to the core plant operations, compliance, and construction accountabilities.

The suggestion to take a look at one’s role from the top down, or the “outside in,” can be a productive one. Look at where you spend your time and look at your involvement in non-traditional tasks. More responsibility and increased scope in management is positive, although make certain you are comfortable with the charge. Extend yourself, learn the processes and outcomes expected from the leadership team.

It is critical to be effective in your work and, more importantly, to know what the organization is seeking of you and your position. If a disconnection exists, disappointment in all leadership can develop, and this can negatively affect the entire organization.

I would like to develop this topic further by soliciting your feedback regarding the evolution of your role within your organization or in the identification of new assignments becoming part of your accountability.

Contact Jack, jack@gosselin-associates.com

The ASHE Annual Conference brought attendees from all over the world to New Orleans and included Jack Gosselin, FASHE, CHFM (at left) and Immediate Past ASHE President Bill Morgan, SASHE, CHFM and his wife, Debbie.

NEHES Partners
(From Page 6)

Having input and feedback from the people who are really responsible for their facilities helps us as a partner. NEHES members are really into continuing education, helping each other out, and peer learning, so the chances for any project we have with them to be a win-win situation is great. They’re very educated and users and they have a whole support system they can reach out to.”

The NEHES Newsletter also asked Ed and Scott:
Do you get to meet the purchasing decision-makers at various facilities?
Ed: Yes, we do and that’s through being introduced by NEHES members. They bring us to the table to introduce us to the purchasing people and other decision-makers.

Have you made connections with other suppliers during NEHES trade shows?
Ed: All the time. We do use some of them after we ask the NEHES facility people for recommendations.

Have the educational offerings at NEHES events been helpful to you?
Ed: In my previous life (as a healthcare facility manager), I used to attend all the education sessions. We do intend to make use of those much more in the future.

Do your exhibits and/or sponsorships lead directly to sales to NEHES member facilities?
Ed: Yes, in some cases they do, absolutely. Scott: Any opportunity that we have to interact with NEHES members is beneficial.

What advice would you give to other companies that are considering displaying and/or sponsoring with NEHES?
Ed: If we find that a company will add value to NEHES, we strongly urge that they get involved.

Scott: We just came across one the other day. If a company already adds value in the medical field, we urge them to get in touch with NEHES. The NEHES folks really do a good job and a company can make a great relationship with the organization.

Ed Cummings of MCMUSA, LLC shows off the company’s booth at a recent NEHES conference.
New Ludlow Health Center is the Successful Product of Concern for the Community and Patients, a Valued Historical Building, and the Highest Possible Level of Energy Efficient Construction

By Mark Blanchard, CHFM
Engineering Director
Springfield Hospital
Springfield VT
Co-chair, 2008 NEHES Spring Seminar

Nestled at the bottom of the Okemo Mountain Resort you will find the bustling town of Ludlow, which continues to be a top winter vacation destination in the Northeast. This popularity has brought population growth, which in turn has resulted in increasing needs for health care.

In their ongoing effort to meet the needs of the community, the Ludlow Health Center, with the support of Springfield Hospital, enlisted the help of Mount Holly-based Wright Construction with the task of updating their facility to a larger, more people-friendly clinic.

The overall project design was by Joseph Architects of Waterbury and needed to address three basic issues: 1) build a modern facility with adequate room for the diverse population of Ludlow and surrounding areas, 2) create a building that would preserve the current character of the town, and 3) design a unit that is as energy efficient as possible to combat high-energy costs.

The Ludlow Health Center formerly occupied an approximately 3,400 square foot building on a 1.1-acre site and has relocated to a 6,200 square foot, 1.7-acre site. This provides ample room for the current staff with an expansion of reception area. The additional space also allowed the clinic to increase the number of examination rooms to 11. One of the most beneficial improvements is the modern and accessible laboratory.

Added equipment and space allow the staff to better serve patients. Other improvements are a staff break-room and isolated check-out area. The new clinic has four offices as before but they are much larger and in better proximity to the exam rooms. Overall, this new facility is a vast improvement over the previous one.

The new building incorporates a beautiful historic brick building with an attractive addition of 4,200 square feet. Keeping the existing building’s character important to the local community. Mark Blanchard, CHFM, below, authored this article and is the Engineering Director at Springfield Hospital, located 16 miles from the center. The Ludlow Health Center is one of five off-site primary care facilities owned and operated by Springfield Hospital, a 35-bed critical access hospital serving communities in southeastern Vermont and southwestern New Hampshire. The center opened May 7.

The new health center building, located at 1 Elm St., Ludlow, incorporates a beautiful historic brick building with an addition of 4,200 square feet. Keeping the existing building’s character was important to the local community. Mark Blanchard, CHFM, below, authored this article and is the Engineering Director at Springfield Hospital, located 16 miles from the center. The Ludlow Health Center is one of five off-site primary care facilities owned and operated by Springfield Hospital, a 35-bed critical access hospital serving communities in southeastern Vermont and southwestern New Hampshire. The center opened May 7.

forms were used to provide R-25 building wall instead of the R-19 traditionally found in wood construction.

The lighting plan was reviewed with Efficiency Vermont who not only approved the project but also provided a $2,500 incentive for using the most energy efficient lights possible.

With heat provided by "ultra" efficient propane boilers and a tight building envelope, the heating cost are anticipated to be lower than at the health center’s previous existing facility. All building systems will be monitored via the Internet to optimize comfort and assure effective use of all energy sources.

The facility is open 365 days a year and provides walk-in and appointment based services.

The Ludlow clinic shows what can be accomplished when a socially conscious entity and individuals work together to build an environment focused on people.
**Important NEHES Dates**

September 30-October 3, 2007

**2007 NEHES Fall Conference**

Holiday Inn by the Bay
Portland, ME

November 8-10, 2007

**NEHES Board of Directors Annual Retreat**

Omni Hotel, New Haven, CT

The NEHES Board of Directors will hold its Annual Planning Retreat November 8-10, 2007 at the Omni Hotel, New Haven, CT. Out-going President Kevin Keating, Director of General Services at Shriners Hospitals for Children/Boston Burns in Boston, will open the Retreat.

President-Elect Fred Leffingwell, CHFM, Director of Facilities Planning and Management at Lawrence & Memorial Hospital, New London, CT, will run the meeting. Milt Dudley, CHFM, CPE, Director of Engineering at Inland Hospital, Waterville, ME, will facilitate.

The NEHES Board of Directors performs some of its most important business at annual retreats:

- The previous year’s budget and accomplishments are reviewed
- The upcoming year’s budget is generated and voted on
- The upcoming 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 formed

October 21-27, 2007

**National Healthcare Facilities and Engineering Week**

Each year the third full week of October is declared National Healthcare Facilities and Engineering Week to celebrate the contributions healthcare engineers make to their profession and their facilities. This year’s theme is “Building and Maintaining the Healthcare Environment.”

ASHE encourages engineers to “recognize yourself, your department, and your staff during Health Care Engineering Week. This special week provides the opportunity for you to give recognition and share with other employees your vital role in keeping a safe, secure and functioning environment.” Jim Coleman, Ltd. is ASHE’s official supplier of National Health Care Engineering Week products; see www.jimcolemanltd.com/ashe.

- The Organizational Liaisons to such organizations as ASHE, NFPA, and the Joint Commission are appointed
- The Board also visits 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 before the Board during the retreat, they should contact Fred Leffingwell, leffingwell@lmbosp.org. **Anyone planning on attending will need to notify Fred Leffingwell before October 9.**

March 21, 2008

**2008 NEHES Spring Seminar**

Sheraton Four Points Hotel and Conference Center, Leominster, MA

Organizers: Vermont Healthcare Engineers Society

Vendors interested in participating:

There will be opportunities for 25 vendors to support the Seminar. For more information, **contact the Spring Seminar Co-chairs below via email and specify in the email subject line “NEHES Spring Seminar.”**

Mark Blanchard, CHFM
Engineering Director
Springfield Hospital
25 Ridgewood Road
Springfield, VT 05156
mblanchard@springfieldhospital.org

Brian Sallisky, CHFM
Project Manager
Southwestern Vermont Health Care
100 Hospital Drive
Bennington, VT 05201
RSB@svh.org

Information about the education program will be published in the Q4 issue of The NEHES Newsletter and posted at www.nehes.org as soon as it is available.

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**Thanks to our newsletter sponsor!**

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**Update:**

**The 2006 NEHES Engineer of the Year**

Thank you for your votes. The winner will be recognized at the Awards Banquet during Fall Conference.

See you there!
You're Invited to the 2007 NEHES Fall Conference in Portland, Maine
"NEHES is Giving Back in Maine"
September 30—October 3, 2007
The Holiday Inn by the Bay
September 30: Golf Tournament, Opening Reception
October 1-October 3: Education Seminars, Vendor Show with 96+ Booths, Awards Banquet, Spouse/Guest Program, “Dress like a Mainer” Theme Dinner, Scholarship Awards, and much more!

Conference Registration opens soon at www.nehes.org
See Page 1 for hotel room reservation information

Portland scenes are (top, left), the Old Port, (top, right), the city skyline; the Holiday Inn by the Bay (bottom, left), and the Portland Headlight (below). Photos courtesy of the Convention and Visitors Bureau of Greater Portland and the Holiday Inn by the Bay.

Websites to help you plan your trip:
www.nehes.org
http://www.innbythebay.com
http://www.visitportland.com
Fire Barriers and Smoke Barriers

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

Confusion is likely when speaking of walls within the healthcare occupancy. The information below is applicable to the 2000 Edition Life Safety Code.

Building codes and the insurance industry often require a “fire wall” when the Life Safety Code only requires fire barriers. Simply stated, the fire wall is designed to absolutely stop fire and even allow for total structural collapse on one side without affecting the other. The fire barrier is also designed to stop fire but with slightly less stringent requirements. So, terminology is important when designing and even labeling walls on drawings depicting an existing floor layout. In terms of avoiding confusion, at least we know the Life Safety Code only speaks of fire barriers.

Smoke walls, smoke partitions, and smoke barriers, on the other hand, can be confused even within Life Safety Code applications. The term smoke wall is never used in the Life Safety Code. Smoke partition, with less stringent requirements than a smoke barrier, is utilized within some occupancies, usually describing a corridor wall in sprinkler protected space, but not within the healthcare occupancy. Corridor walls within healthcare occupancies, new or existing, have specific requirements spelled out in Sections 18.3.6.2 for new and 19.3.6.2 for existing, which differ from smoke partition. Smoke barrier is the correct term and requirement utilized for healthcare occupancy. SOC drawings related to the Joint Commission Part 2 Basic Building Information should show only smoke barriers, no smoke walls and no smoke partitions.

Hopefully the following table will help.

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For Healthcare Occupancies

FIRE BARRIERS AND SMOKE BARRIERS

Note: Fire Walls, Fire Partitions and Smoke Partitions are not used or referenced in the Life Safety Code for Healthcare occupancies. For a Healthcare mixed occupancy there is the possibility that a smoke partition might be called for in another occupancy type. Fire walls and fire partitions are never required for healthcare mixed occupancies.

<table>
<thead>
<tr>
<th>FIRE BARRIERS</th>
<th>SMOKE BARRIERS</th>
<th>SMOKE PARTITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>Occupancy separations, horizontal exit separation, exit passageway, exit stair enclosure, hazardous area enclosure, vertical shaft enclosure, exit corridor when not sprinkler protected</td>
<td>Separates smoke compartments</td>
</tr>
<tr>
<td>Smoke resistant***</td>
<td>NO**</td>
<td>YES</td>
</tr>
<tr>
<td>Fire resistance rating</td>
<td>2-hour 1-hour</td>
<td>1-hour if built since 1967 ¾-hour if built prior to 1967</td>
</tr>
<tr>
<td>Opening Protection</td>
<td>For 2-hour barriers: fire damper For all: Fire rated doors, fire rated glazing, and fire rated penetration stop</td>
<td>Smoke dampers (with exceptions) Non-rated solid core self-closing doors, fire rated glazing, fire rated penetration stop</td>
</tr>
<tr>
<td>Code Reference</td>
<td>Section 8.2.3</td>
<td>Section 18.3.7.1 and 8.3</td>
</tr>
</tbody>
</table>

* Smoke resistant means it restricts the passage or movement of smoke, contains smoke and stops it’s spread.
** Fire barriers limit the passage or transfer of smoke, reducing smoke spread but not stopping it.

So, if a smoke barrier only, then smoke dampers are required (with allowed exception for quick response sprinklers) and doors need not be fire rated and should not be latching. If it is a smoke barrier and a 2-hour fire barrier then a combination smoke/fire damper is required (again with the smoke damper exception for QR sprinklers, fire damper still required) and the door must be 1 ½ -hour rated and latching.
Member Feedback Counted in Setting ASHE’s Advocacy Initiatives for 2007

By Douglas S. Erickson, FASHE, CHFM
Associate Director, Research & Development
ASHE

Editor's note: Doug has listed the issues that ASHE’s Advocacy Committee is concentrating on this year:

Patient Lifts – ASHE is working with the AHA and monitoring the action related to HR 378. To date there has not been much activity within the federal government to mandate zero lift policies for direct caregivers. The Guidelines for Design and Construction of Health Care Facilities and other organizations are looking at this evolving trend in health care to add standards for consistency in installation of lift devices.

Isolated Power/Wet Location – With the rewrite of NFPA 99 underway, this issue will receive significant attention. Members of the American Society for Anesthesiologists are convinced that a high number of procedures in operating rooms should be classified as wet procedures and IPS be installed. Others who have studied this issue for decades are of the opinion that there are very few wet procedures any longer and therefore the need for IPS is minimal at best. Walter Vernon of Mazzetti and Associates, in cooperation with Kaiser, has written a white paper on IPS and has made a recommendation that IPS not be installed in any Kaiser hospital.

Emergency Generators – Testing of emergency generators continues to be discussed at the NFPA and the Joint Commission. The formal interpretation requested by ASHE and the Joint Commission was not issued because the Technical Correlating Committee of the National Electrical Code thought the questions were leading. The Joint Commission has taken the action of the NFPA 110 Technical Committee which was to permit the combination of the load bank and extended tests.

ICC/NFPA Life Safety Code Firewalls & Dampers Coordination – Dampers and smoke/fire walls continue to plague our membership. ASHE is working with the ICC and NFPA to better define where these walls and devices are necessary. ASHE has a work group of the Advocacy Committee writing up a white paper for distribution to the design community, fire marshals, and ASHE membership. We are hoping to get the buy-in of these organizations so this paper becomes the “official” interpretation of what is needed where.

Emergency Circuit Selectivity – A proposal was approved by the NFPA membership to add a new requirement in the National Electrical Code to mandate the instantaneous trip selectivity of overcurrent devices. The proposal submitted to NFPA was as follows:

700.27 Coordination. Emergency system(s) overcurrent devices shall be selectively coordinated with all supply side overcurrent protective devices for faults with a duration of 0.1 seconds and longer.

Substantiation: This proposal recognizes the panel’s desire to improve the reliability of emergency power systems through selective coordination.

The addition of the 0.1 second criterion permits engineers and AHJs to use readily available and published time current curves to determine if a system is selectively coordinated to a substantial degree. It negates the need to rely on unregulated manufacturer testing to determine if devices selectively coordinate in the instantaneous range. Most faults have enough resistance to limit the amount of current that results in overcurrent device operation in the instantaneous range. It’s not that instantaneous faults are less important, but the requirement to design a system to fully coordinate under those circumstances requires burdensome evaluations and cost, with a very small chance of return on the investment.

ASHE staff is of the opinion we need to challenge this as our professional design engineers claim this is a huge undertaking with little to no benefit back to the health care organization.

ASHE’s Strategic Plan: Bring Society and Chapters Closer, Continue Quality Education Programs

By Ron Vachon, SASHE
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME,
ASHE Region 1 Director

Hello friends,

ASHE is growing and membership is up. Our new executive director, Dale Woodin, is bringing new vitality and ideas to the organization. Doug Erickson has joined ASHE in a director's role and, as I attend more meetings and committee work with these folks, I can see all of the ASHE leadership focused on values of the new strategic plan. Leadership is attentive to the fact that healthcare facility managers are ASHE's most important resource and we need to continue to deliver quality programs that benefit the chapter, facility manager, and the patient. Our local chapters are a very important link in sharing information. Committees have been working on a better process for a more interactive relationship between ASHE and its chapters. This process was presented to your chapter leadership at the ASHE Annual Conference Chapter Leadership Forum in New Orleans in July. We will see a closer contact with chapters in the coming months, so get connected and attend local chapter meetings. We all benefit from the ideas that bubble up.

(Continued on Page 3)

ASHE President Leo Gehring presented Ron with a certificate at the ASHE Annual Conference to recognize him for his Region 1 leadership.
ASHE Region 1 Update
(From Codes Page 2)

The Annual Conference was an opportunity for learning and networking, and I feel very privileged to have been able to attend. It was a great pleasure to receive the new Platinum Level of Affiliations Award for Year 2006 with NEHES President Kevin Keating this year. NEHES was one of five chapters nationwide to receive this new level of achievement; I was very proud that NEHES achieved this. I was also very pleased to see Dave Dagenais, our New Hampshire Representative to the NEHES Board of Directors, receive his ASHE Regional Leader Award.

I always bring back nuggets of information from ASHE and NEHES conferences and establish contacts that prove valuable over time. With budgets growing tighter, it is important that our administrators see the value in our ASHE involvement. Just as facility infrastructures need recurring investment, so do our people. Involving and informing the “C” level management of the benefits of the training is something that I am in the habit of doing.

Here is a note I sent my CEO, Mrs. Peggy Pinkham, a few weeks ago:

Dear Peg,

I wanted to take a moment to thank you for your support of my participation at my professional society’s annual conference. Knowing how you have encouraged me to be active in my profession, I wanted to share with you how valuable this experience was for me.

The education programs dedicated to emergency preparedness and recovery were great.

They provided lessons learned from Hurricane Katrina and strategies on how to consider the unthinkable. The New Orleans setting for the conference tied the lessons to a very real and imaginable reality. Technology sessions exposed me to the latest information on diverse infrastructure issues such as OR design, environmental infection control, pharmacy waste, and indoor air quality.

ASHE has always provided me with cutting edge information on regulatory compliance and codes and standards, and this conference was no exception. I attended a session where the Joint Commission unveiled new information on preparing for surveys. Their Senior Engineer provided unique insight and guidance on the completely revamped Emergency Management Codes and Standards and new NFPA requirements for emergency generator testing. And a panel of Life Safety Specialists discussed what they have seen while conducting surveys and what we should prepare for.

In addition, there was a track dedicated to my professional growth. A series of programs were designed to help me improve my leadership skills, continue to look more strategically at how my department supports our organization’s mission, and stimulate me to speak with you about the benefits and challenges of my organization and leadership role.

The technical exhibit was excellent — the technology providers focused on products and applications that will improve efficiencies and safety. The networking allowed me access to over 1,000 healthcare engineers, facility managers, construction managers, and safety officers. We are able to share our challenges and learn creative solutions. The conference left me energized, with renewed motivation, to do my part to assure the facility management department is a partner to creating the best healing environment for our patients and our families right here in Boothbay Harbor.

Thanks so much for your continued support. Ron

She appreciated my acknowledgement of thanks. In communicating in this way, I believe that the education part of my budget will continue and our investment and importance to the facility leadership are strengthened.

Elections are Coming
Please take the time to review InsideASHE to study the candidates for 2008 President-Elect. We have several excellent candidates this term, two of whom I have had the pleasure of serving with on the Board. Take the time to vote! Voting for the 2008 ASHE President-Elect and selected Regional Directors has never been easier. Through September 5, 2007, you will be able to cast your vote electronically. With the click of your mouse, you can have a voice in selecting the next ASHE leader. Only active, dues-paying professional active members, associate members, positional members, lifetime, and retired members can vote in the upcoming election.

See more about the candidates, Troy Martin, Ed McKenzie, and Joe Rawson, on the www.ASHE.org website.

Please call me with any ASHE questions and submit any ideas, problems, or situations that you think we will all benefit from.

Contact Ron with any ASHE-related questions or concerns by phone, (207)633-1908, or by email, RonV@standrewshealthcare.org

Newsworthy Items for Busy Facility Managers

LSC Survey Preparation Checklist Ready
The Life Safety Code Survey preparation checklist that was discussed at the ASHE Annual Conference in New Orleans is now available on www.ashe.org under the center section titled "Society Highlights and Quick Links." The document is titled "Life Safety Self Assessment Tool." The document is protected as a member-only benefit, meaning you must login to the ASHE site to access the document. For login information contact ASHE, (312) 422-3800.

New QuickCard Focuses on Carbon Monoxide Hazards
Carbon Monoxide Poisoning is the subject of a new QuickCard recently posted to OSHA’s website. The card, available in both English and Spanish, contains a list of common sources, symptoms, and effects of carbon monoxide exposure, along with a list of preventive measures employees can take to protect themselves from carbon monoxide hazards. It can be downloaded from OSHA’s website at http://www.osha.gov/OshDoc/quickcards.html or by calling OSHA’s publications office at (202) 693-1888.

Register for ASHE Member Listserv
As an ASHE member you can register for the ASHE members’ only listserv. A listserv is a web-based member-to-member communication tool enabling you to share information and exchange ideas. The listserv will be monitored and cannot be used to promote products or services. To sign up, go to http:// www.ashe.org/ashe/codes/askashe/index.html. The ASHE listserv will not replace the ASK ASHE section on the ASHE website. Post your questions relative to standard and code interpretation and guidance on ASK ASHE — http://www.ashe.org/ashe/ codes/askashe/index.html — for the information you need.

ASK ASHE Question:
NFPA 99 and NFPA 110: Emergency Generator Remote Annunciation Alarms/Indicators
Type 1 (NFPA 99) / Level 1 (NFPA 110)
There are different requirements for remote generator annunciation from NFPA 110 and 99. NFPA 99 calls for 9 separate alarms. NFPA 110 recommends additional, and in some cases, different types of alarms. Which code should we follow?

(To Page 4)
Newsworthy Items
(From Codes Page 3)

Response:

Question:
What types of diffusers are recommended for Surgical and Protective Isolation rooms?

Response:
Any supply diffuser considered Group “E” that are “non-aspirating” and provide for “bathing” the patient and/or the surgical field in a unidirectional ceiling-to-floor fashion.

Question:
Would a facility performing diagnostic probe endoscopy procedures be required to comply with NFPA 99 Section 13 “Other Facilities” and therefore be allowed to have a Type 3 Essential Electrical Distribution System or a Hospital Type 1? If a procedure was performed during this diagnostic procedure (i.e. removing tissue/biopsy), would the facility then be required to have a Type 1 Essential Electrical Distribution (i.e. generator required)?

Response:
This has been an area of contention between CMS and the NFPA standards. NFPA 99 permits the use of a Level 3 EPSS unless life support equipment is necessary or there are spaces classified as critical care areas. The definition of critical care in NFPA 99 is: 3.138.1* Critical Care Areas: those special care units, intensive care units, coronary care units, angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, postanesthesia recovery rooms, emergency departments, and similar areas in which patients are intended to be subjected to invasive procedures and connected to line operated, patient-care-related electrical appliances.

Now the question is whether or not endoscopy is an invasive procedure. The definition of invasive procedure is: 3.8.3 Invasive Procedure. Any procedure that penetrates the protective surfaces of a patient’s body (i.e. skin, mucous membrane, cornea) and that is performed with an aseptic field (procedural site). [Not included in this category are placement of peripheral intravenous needles or catheters used to administer fluids and/or medications, gastrointestional endoscopies (i.e., sigmoidoscopies), insertion of urethral catheters, and other similar procedures.] (ELS)

So the answer is going to be up to the healthcare organization as to whether the endoscopy procedures meet this definition of invasive and whether the Regional CMS office requires a Level 1 system.

Question:
Is the intent of NFPA 99 to apply to existing systems or renovations? Specifically, if a hospital is undergoing a renovation and provides for the separation of branches in the local panels serving the renovated area, is it intended that the separation of branches from these panels back to the main switchgear be required by NFPA 99 for this renovation (i.e. separate transfer switches, separate toughing, separation of normal and emergency within the electrical room, etc.)?

Response:
No, NFPA 99 is very clearly written to avoid having to update systems all the way back to the source, unless the AHI has determined there is a distinct hazard to life as a result of not making the change or if the systems capacity cannot maintain a level of performance necessary to handle the renovated area.

Question:
Are the walls of a bulk medical gas storage room inside of a hospital required to be a fire rated wall?

Response:
The enclosure, including the walls, floor, ceiling, and door, are required to have a 1-hour fire resistance rating. This is referenced in the 1999 Edition of NFPA 99, 4-3.1.1.2 (2). It is also referenced in the 2002 Edition of NFPA 99, 5.1.3.3.2.

All items courtesy ASHE*Flash, a weekly e-newsletter published by ASHE and distributed free to ASHE members.

ASHE Annual Conference
Several NEHES members attended the 44th Annual ASHE Conference & Technical Exhibition in New Orleans July 8-11 -- Ron Vachon, SASHE, the ASHE Region 1 Director and Chair of the 2007 Annual Conference Planning Task Force; NEHES President Kevin Keating, CHFM; NEHES President-Elect Fred Leffingwell, CHFM; Dave Dagenais, CHFM, CHSP, 2007 Regional Leader and NEHES Spring Seminar Chair; Steve Cutter, CHFM, a member of the ASHE Healthcare Contractor Certification Committee; Jack Gosselin, FASHE, CHFM, NEHES Education and Career Development Chair; Brian Sallisky, CHFM, Vermont Healthcare Engineering Society Representative to the NEHES Board, and Paul Roth. Kevin Keating accepted the Platinum Levels of Affiliate award on behalf of NEHES (See photo on Page 2, Regular section of newsletter) from ASHE President Leo M. Gehring, CHFM, FASHE at the Chapter Leadership Program and Awards luncheon on July 8. President Gehring presented Dave Dagenais, CHFM, CHSP with his Regional Leader award during the conference opening session July 9.

NEHES members attending the ASHE Annual Conference in New Orleans included (top, left) Steve Cutter, CHFM; Brian Sallisky, CHFM (bottom, left), and Dave Dagenais, CHFM, CHSP (above, right), shown receiving his Regional Leader Award from ASHE President Leo Gehring CHFM, FASHE.