Kick Off the NEHES 50th Anniversary Year at the 2008 Spring Seminar

The Vermont Healthcare Engineers are looking forward to your attendance at the 2008 NEHES Spring Seminar. If you don’t already know, NEHES is turning 50 this year so that will make this gathering that much more memorable.

We are developing a great educational program that will address the topics of green buildings, NFPA 99, and pharmaceutical waste.

The vendors have already been committing to this annual event and booths are filling up fast. We will be sending out attendee registration forms in the spring and the form will also be on the NEHES website, www.nehes.org, early in 2008. Hope to see you there on Friday, March 21!

Seminar Location
Sheraton Four Points Hotel and Conference Center
Leominster, Massachusetts

Bob Lord is the New Engineer of the Year

Bob Lord, who retired in July as the Director of Plant Operations at Parkview Adventist Medical Center (Brunswick, Maine), was elected the 2007 NEHES Engineer of the Year. During the Awards Banquet at the Fall Conference in Portland, Maine, Bob (at left), makes his way through well wishes to receive his award from Joe Mona, Chair of the Engineer of the Year Committee. “It was a wonderful way to end my career and I look forward to being an honorary NEHES member,” said Bob, a 34-year healthcare veteran and longtime Maine chapter and NEHES volunteer. “I was particularly touched by each member personally congratulating me. It made me aware of what an honor it was and how much it has meant to me to be a member of NEHES. I never expected to get the nomination or to win the award. My thanks to everyone.” Bob and his wife, Sandy, are volunteering at an orphanage in Zimbabwe, where Bob is using his construction and maintenance skills and Nancy is teaching English as a second language.

Meet Your New Officers!

The 2008 executive officers are (L-R) President, Fred Leffingwell, CHFM, Director, Facilities Planning and Management, Lawrence & Memorial Hospital, New London, CT; President-Elect, John Duraes, Facilities Manager, St. Luke’s Hospital, New Bedford, MA; Secretary, Steve Jakowiec, P.E., Director of Engineering, Waterbury Hospital, Waterbury, CT; and Treasurer, Dave Dagenais, CHFM, CHSP, Plant Operations Manager/Safety Officer, Wentworth-Douglass Hospital, Dover, NH.
President’s Message

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

As the end of my term as your President quickly approaches, I would like to reflect back on our accomplishments as a Society in the past 12 months.

Spring Seminar
Thanks again to the Seminar Chair, Dave Dagenais, and the New Hampshire Society of Healthcare Engineers for organizing an terrific seminar and vendor show. The education program and attendance were great. The registration table was extremely organized and staffed by a very professional staff. Special thanks go out to Dave’s wife, Lisa, for all her hard work at the registration table.

Fall Conference
Kudos to Conference Chair Milt Dudley and the Maine Healthcare Engineers Society for organizing a top notch conference. This year’s conference has to rank very close to the top of the list of best NEHES Fall Conferences. We had record high attendance by our members and sold out the Technical Exhibit. The education program was excellent. The speakers were well prepared and delivered very relevant and timely information.

We were honored to have the Executive Director of ASHE, Dale Woodin, and the President of ASHE, Leo Gehring, in attendance. They provided excellent education programs as well as updates on ASHE activities and programs.

The Annual Meeting was held on Tuesday afternoon and was well attended. We were able to complete our official business, including the election of officers for 2008. We have a tremendous group of people leading our organization next year: Fred Leffingwell, President; John Duran, President-Elect; Steve Jalowiec, Secretary; and Dave Dagenais, Treasurer. Probably the most enjoyable event during the Fall Conference was the Annual Banquet. As President, I was responsible for conducting the awards and recognition ceremonies, which I enjoyed immensely. I awarded four Maine Community College Engineering students with $2,500 scholarships for their excellent academic achievements. Many of the students’ family members were in attendance and expressed their appreciation. I recognized all of the members of the 2007 Board of Directors, the 2007 Regional Leader, the Past Presidents, and the Spring Seminar and Fall Conference Planning Committee members for their support and contributions to NEHES. I thanked my wife, Susan, and all of the Board members’ spouses.

The Maine, Vermont, New Hampshire, and Connecticut Chapters received the Chapter Excellence Award for their work at the state chapter level. Last year’s Engineer-of-the-Year Joe Mona presented the 2006 EOY award to Bob Lord from the Maine Chapter. Bob gave an eloquent acceptance speech. Our Newsletter Publisher Debbie Sullivan received an award and a gift from the Board for her contributions to NEHES and her work on the Newsletter. Coral Garrison received a special gift and thanks from the Board for her efforts in organizing the spouse program. Margaret Yip, our Executive Secretary, was honored for her outstanding service to NEHES. Eugene Cable received an award for the Best Newsletter Article in 2007. Congratulations again to all the award recipients.

My final task was to symbolically pass the gavel to the incoming President, Fred Leffingwell. Fred has been very supportive during my term as President and I plan on supporting him during his term as President in 2008. The banquet concluded with the showing of a Fire Safety Training film starring our own Don Garrison who gave an Academy Award winning performance. I’m not sure if it has been released to Blockbuster video stores yet.

Free CHFM Exam Tickets
Dale Woodin, Executive Director of ASHE, has awarded NEHES with a total of 13 free CHFM exam tickets. NEHES earned five of the tickets for attaining the Platinum Level of Affiliation. ASHE President Leo Gehring gave an additional five tickets to NEHES during the Fall Conference. Dale Woodin awarded one to Region 1 Director Ron Vachon for his contributions to ASHE and two additional tickets so that all NEHES/ASHE members that applied for a free ticket received one. I want to thank Ron Vachon for working with Dale Woodin to make this happen. Being President of this world class Society has been a real pleasure. Thanks for letting me serve as your 2007 President. I wish you all the best in 2008.

President-Elect’s Message

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

The 2008 Fall Conference and Technical Exhibit, in conjunction with our 50th Anniversary Celebration, promises to be a memorable event.

2008 will be our 50th anniversary and we are looking forward to a very special year. Not only are we planning some educational events at this Fall Conference that are a little different, but we are also planning to use the city of New Haven as the backdrop for our celebration. Downtown New Haven has some of the best restaurants, theaters, and cultural centers in Connecticut against the background of Yale University, the New Haven Green, and the largest collection of British art outside the Unitec Kingdom. A vast array of boutiques, national retailers, and traditional “Main Street” stores are within walking distance of the Omni Hotel.

In New Haven, dining is an event in and of itself. New Haven has restaurants to suit every taste and budget with some of the best pizza

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Education Roundup

Engineering Your Resume

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

There are aspects of what we as Healthcare Facility Administrators do that are peculiar to our industry. When we represent ourselves on paper through our resumes, it is very important that special consideration is taken to highlight these elements. As a placement consultant, I have seen many resumes, both good and bad. I’d like to share some of what I feel are important things to focus on.

At this stage in your career, you must have written at least one resume and are familiar with what a resume should contain, although the format of a modern resume at the director level may be slightly different than what you are familiar with.

The basic elements that should be included are, in order, your contact information, a career summary or objective, selected accomplishments, professional work history, education, certifications, and additional relevant skills.

Your contact information should include your name, mailing address, phone number, and e-mail. If you do not have a personal e-mail address, get one and use it. So much of job placement is done online that you will be at a disadvantage without one; however, people often don’t realize how much they may be telling people through an e-mail address. Even a home e-mail such as bobsuesmith@hotmail.com tells us "Bob" has "Sue" with possible family restrictions. As sad as it sounds, passive discrimination can exist. Bsmith07@hotmail.com is much more appropriate.

The summary is your platform to explain your career path, past and present, and describe your goals within the field. This should be a short paragraph with punchy language, not a long-winded diatribe on your philosophy of facilities management.

Follow your summary with selected accomplishments that illustrate highlights of your career, in broad terms. If you have held three or fewer jobs, you can blend your accomplishments within the professional work history. If you have more than three it is better to promote the accomplishments as a section followed by the professional work history. Professional work history should include the position title, organization name and description, and location. Details such as square footage of physical plant, multiple institutions, and number of beds are all appropriate.

Accomplishments should be notable outcomes at the highest level within your job description. Stating you have successfully completed four Joint Commission surveys goes without saying, whereas highlighting a redesign of staff and trade mix to implement a zone maintenance strategy definitely is worth noting. Keep in mind the vast majority of your audience knows what your role entails by title alone. There is no need to overstress the obvious.

Education should include the degree awarded and the concentration. Do not include dates as this leaves you open to age discrimination. Additional Skills can include licenses, certifications, and registrations. Be careful not to misrepresent yourself with degrees that are unfinished. Military Rank and Experience can also be noted as an additional section.

One thing that we recommend omitting is the Personal Interests section. There are so many diverse activities that represent vastly different lifestyles, it is probably best to not risk offending the hiring manager by exposing your religion, sexual orientation, or position on a citizen’s right to bear arms. Not only are these controversial items irrelevant to facilities management, but they also serve no real purpose related to your role.

Regarding space, a facilities management resume should only be two pages maximum, not including references, and perhaps a "special projects" section that may speak to a higher level of project management. Don’t underestimate the power of “white space.” A symmetrical and concise resume is easy to read; pages and pages of condensed text are not.

A final note regarding a resume: bear in mind, the organization is hiring the person, not the paper. The final document should be designed to solicit interest in you as a person and your successes produced by solid competencies and experiences.

President-Elect
(From Page 2)

places in the country. After dining, stroll around Yale’s gothic campus or head over to the club district for a night of live music and dancing.

The sights to see include the churches on the Green built between 1812 and 1815, Yale University Art Gallery, Center for British Art, Harkness Tower, Grove Street Cemetery, and the Knights of Columbus Museum. And for theaters you have both the Long Wharf and Schubert. Overall, there is something for everyone. Our biggest concern is that with everything to do, it may be hard to keep people at the conference.

So please mark down these dates, Tuesday, October 7, 2008 - Friday, October 10, 2008, and get your reservations in early. Supporting Members have already shown a special interest in this event, which we hope all will attend. Given there is so much to do, you may even want to plan on staying for the weekend in New Haven or heading for one of the area casinos.

NEHES Fall Conference Hotel
Omni New Haven Hotel at Yale
155 Temple Street
New Haven, CT 06510
(203) 772-6664
www.omnihotels.com

Be sure to mention that you are with NEHES when making your room reservation!

Fall Conference Vendor Package available now at www.nehes.org
The 2007 NEHES Fall Conference: Educational, Informative, Inspiring, and Fun

The Conference: More than 125 facility managers, a record number, along with their guests and 89 vendor partners, headed to Portland, Maine September 30-October 3 for the NEHES Fall Conference. The organizers are members of the Maine Healthcare Engineers Society.

The Education Program, with many nationally-known speakers:
* Eugene Cable, P.E., CPE
* Don Garrison, SASHE
* Leo Gehring, CHFM, SASHE, FASHE
* Jack Gosselin, SASHE, CHFM
* Michael Gurevich
* Donald Leonard
* George Mills, FASHE, CEM, CHFM
* Jeffrey Mylen, P.E., CPE
* Dean Samet, CHSP
* Gary Valcourt, Bryan Soltyshik, Matt Teeter
* Dale Woodin, CHFM, SASHE

Did You Miss Fall Conference?
Link to the speakers’ presentations at www.nehes.org

NEHES Scholarship Winners received $2,500 each. Winners, relatives, friends, and representatives of students who couldn’t attend, received the awards at the banquet. Winners are Bess A. Brunton, Central Maine Community College, Electromechanical Technology; Eric C. Lovejoy, Kennebec Valley Community College, Applied Electronic & Computer; Dean J. LaRoche, Southern Maine Community College, Electrical Technology; and Darren K. Feeney, Southern Maine Community College, Electrical Engineering Technology. Below are golf winners.

President Kevin Keating presented awards. See his President’s Message on Page 2 for a complete list of awards presented at the Awards Banquet.

The Organizers:
Milt Dudley, Chairman; Bob Lord, Roger Boyington, Mike Connolly, Joey Bard, Randy Hussey, Ron Vachon, Don and Coral Garrison, Jeff and Amy Thomas, Mike Bradstreet, Brian DeLong, Sheila Morris, Tom Kohlmeyer

Thanks to Coral Garrison, Fred Lefingwell, Mike Connolly, Jack Gosselin, Max Paine, and Mary Sallisky for photos. More photos are at www.nehes.org, click on Photos tab at the top.

Coral Garrison received an award for her help in planning the Spouse/Guest program (below).
The Golf Tournament  A total of 88 players signed up Sunday, September 30 at Sable Oaks Golf Club, South Portland, ME, at the start of the 2007 Fall Conference. Golfers of all abilities were encouraged to enter. Mike Connolly and Roger Boyington were the tournament chairs, and Mike presented the awards at the Sunday night reception September 30 after the tournament. Winners were: First place: Don Garrison, SASHE and Cliff Greim; Closest to pin #8: Scott D'Entremont; Long drive: Rodney Bryant; Closest to pin #11: Jerry Drummond; Straightest drive: Thomas Genard; Door prizes: Mike Shea, Bob Handscheig, Bob Parris.

The Mainah Dinner  NEHES members, their guests, and vendor partners arrived wearing some of the craziest getups anyone could imagine. It was held the evening before the Awards Banquet and instructions were simple: “Dress like a Maineah, dust off your best ‘Ayuh,’ and join everyone for tons of fun.”
Special Thanks to the 2007 Fall Conference Vendor Partners for the Sold-out Show!

Booth Levels Fall Conference
B (Bronze)
S (Silver)
G (Gold)
P (Platinum)

Advance Technology B
AFS Chemical Filtration Group B
American Plant Maintenance B
Balon Process Management G
Barclay Water Management, Inc. B
Barr & Barr Builders G
Bay State Anesthesia B
BCM Controls Corp. S
BEACONMEDIAEs B
Canfield Systems, Inc. S
Cochrane Ventilation, Inc. G
Conservation Solutions Corp. S
Consigli B
Crothall Clinical Equipment Sales B
Dacon Corporation G
Dec-Tam Corporation B
DiGiorgio Associates, Inc. P
DIMA Litvak Corporation B
Door Control, Inc./Door Concepts, Inc. B
DRAKA USA B
DuBois S
Dwyer Kitchens B
ECOSYSTEM G
ENE Systems, Inc. S
Envirotech Clean Air, Inc. B
Erlond Construction, Inc. S
E.S. Boulos Co. B
Gale Associates, Inc. B
Garland Company (The) S
George T. Wilkinson, Inc. G
Graybar Electric B
H.P. Cummings Construction Company B
HBE Corporation B
Healthcare Television of New England, Inc. S
HVAC CAD SYSTEMS, LLC B
Industrial Steel & Boiler Service, Inc. B
INFO SORT SYSTEMS, Inc. G
Ingersoll Rand Security B
J.S. Fleming Associates, Inc. B
Jacques Whitford Company, Inc. B
Johnson Controls York B
Lavallee/Brensinger Architects G
Life Safety Services B
Medical Construction & Management B
Mechanical Services, Inc./Maine Controls B
MILTON CAT B
MorrisSwitzer-Environments for Health G
NALCO COMPANY B
Norris, Inc. B
Northeast Coil B
Northeast Door Corp. B
Northeast Mechanical G
Otis Elevator Company S
Parris & Associates G
Pizzagalli Construction Co. S
R.W. Sullivan Engineering B
RPF Associates, Inc. B
RT Cotter and Associates, Inc. B
Russelectric, Inc. B
Russell Phillips & Associates, LLC B
Schindler Elevator B
Secure Aire B
Self-Gen, Inc. S
Siemens Building Technologies, Inc. G
Sign System Solutions, LLC B
Signet Electric Systems S
SimplexGrinnell G
Smith Seckman Reid, Inc. B
Smitheurl Communications, Inc. B
SMRT, Inc. G
SWISSLOG TRANSLOGIC B
Technology in Medicine, Inc. G
TeleHealth Services B
ThyssenKrupp Elevators P
Tighe & Bond, Inc. B
Triumvirate Environmental, Inc. G
TSIG Constructing, Inc. S
VFA, Inc. B
VICTAULIC S
Whiting-Turner Contracting Company S
William A. Berry & Sons, Inc. S
Williams Scotsman, Inc. B

NEHES Members Pages

From Connecticut
Joe Bartels
Principal
Edwards & Zuck, P.C.
30 Oak St.
Stamford, CT 06905
Spittoocco@edzuck.com
(203)352-1717

Christopher Burney
Director of Engineering
Hartford Hospital
80 Seymour St.
Hartford, CT 06102
(860)545-2661

Robert Mitchell
President
Mitchell Architectural Group
800 Main Street South
Southbury, CT 06488
rmitchell@mitchellag.com
(203)264-2206

From Massachusetts
Jim Berry
Business Development
Consigli Construction Co., Inc.
72 Sumner St.
Milford, MA 01757
Jberry@consigli.com
(508)458-0433

Marc Bronstein
Vice President, Healthcare Communications
Signet Group
106 Longwater Drive
Norwell, MA 02061
Mbronstein@signetgroup.net
(781)871-5888

James P. Grunwald
Vice President, Business Development
A/Z Corporation
124 Grove St., Suite 201
Franklin, MA 02038
Jgrunwald@a-zcorp.com
(617)833-1972

Vito LaFrance
M.E.P. Engineer
 Dana-Farber Cancer Institute
44 Binney St.
Boston, MA 02115
Vito_lafra@dfci.harvard.edu
(617)582-8255

Michael Lombardi
President

American Water Systems
9 Pequot Way
Canton, MA 02021
(781)830-9722

J. Michael Menadue
Project Executive
Diversified Project Management
One Gateway Center
Newton, MA 02458
Menadue@dpm-inc.com
(617)243-3888

Brian Mulkerrin, P.E.
AKF Engineers, LLP
41 Farnsworth St.
Boston, MA 02210
Bmulkerrin@akf-eng.com
(617)737-1111

Kara Waldron
Facilities Coordinator
Tufts-New England Medical Center Box 834
350 Washington St.
Boston, MA 02171
Kwaldron@tufts-nemc.org
(617)36-5253

From New Hampshire
Bradley E. Balon
President
Balon Process Management
7 Acorn Drive
Goffstown, NH 03045
Brad@balonprocess.com
(603)289-8410

NEHES Website Records 18,160 Home Page Hits from January 1, 2007 to November 30, 2007

If you haven’t visited the NEHES website lately, you’d better hurry up and join the crowd that has been visiting it. Traffic on the website has been busier than ever, with 18,160 home page hits and 53,272 page views from January 1 to November 30.

Web Manager Don Garrison, SASHE, reminded NEHES members of all that the website can do for them. “The website is an excellent place to find answers to code questions. We post regular copies of Dean Samet’s Compliance News, in which Dean addresses a few important code topics.

“Members can look at many past issues to find those topics that are important to them. In addition, we regularly post updates from the Healthcare Interpretations Task Force that we get from Gene Cable. These updates tackle issues that have been interpreted several ways so this group consisting of people that represent groups like NFPA, Joint Commission, VA, and others try and come to a reasonable decision on how the code should be applied. Perhaps the most useful use of the website is for the membership directory that is regularly updated by Margaret Yip.

“If you need to telephone someone or send an e-mail question to someone, this easy-to-use directory is very handy.”

Here’s what’s new on the site:
- 2007 Fall Conference presentations
- Event and Meeting Photos Section
- Tennessee boiler explosion report
- Board of Directors’ 2008 meeting schedule
- 2008 Board of Directors officers, committee chairs, and liaisons
- 2007 Fall Conference Platinum and Gold sponsors

Reminder — Job Postings, News, Minutes, Calendar
Job openings — Anyone can submit a job posting. Listing is for 90 days, $25 admin-
The hard-working volunteer members of the NEHES Board of Directors attend meetings for nine out of 12 months and do NEHES work year-round. They also use personal time for the Annual Planning Retreat, an activity that many consider one of the most important activities of the Board. The retreat’s main objectives are to provide NEHES members with valuable education programs and Codes and Standards advocacy opportunities and information for the coming year. Important budget and planning work is also done.

Board Retreat minutes will be available soon at www.nehes.org. Log in and click on Meeting Minutes.

Milt Dudley, CHFM, CPE, CHSP acted as the Facilitator, keeping everyone on track and on time. Outgoing President Kevin Keating, CHFM, opened the retreat, then President-Elect Fred Leffingwell, CHFM, took over. Fred thanked the Board members for all their hard work at the retreat, and said that he is looking forward to another year of serving on the Board with them.

Agenda items included:
- 2008 Goals and Objectives
- Development of 2008 Board Meeting Schedule, Committee Chair, Liaison and Other Appointments
- 2008 Spring Seminar and Fall Conference Discussions
- Review 2007 Action Items, Parking Lot Issues, Communication Initiatives, Website, Newsletter
- Liaison Activities: NFPA, Joint Commission, and Advocacy Initiatives
- 2008 Budget Development and Approval
- Recognition Initiatives
- Scholarships
- Leadership Development/2008 Board Members
- 2008 Slate of Candidates/Nominating Committee
- State Representation, Board participation
- Open Discussion/2008 Action Items Summary

Some highlights of the retreat were:

Continuing Education Units:
From Jack Gosselin, CHFM, FASHE, the Education Committee Chair:

"As discussed at the Board retreat, we'd like to start the creation of a central repository for CEUs for all NEHES programs both at the state and regional level. As Education Committee Chair, I've volunteered to facilitate this effort. If all conference planners and state reps could connect with me in advance of a meeting or event that can potentially provide attendees with CEUs, we can apply for these through ASHE. I have a form that is utilized and I'll coordinate the process, follow-up, and documentation.

"As we get more CHFMs in our ranks, the accounting of CEUs for individuals is important as well as for the success of the Society's Level of Affiliation. Please spread the word and let me know if you have any questions about the process."

Vendor Partner Liaison—The Board appointed Don Garrison, SASHE, as Vendor Partner Liaison. Fall Conference and Spring Seminar vendor chairs will continue to answer specific questions regarding those events; Don will answer other vendor inquiries.

State Chapter Assistance Liaison—The Board appointed Brian Sallis, CHFM to support state chapters needing assistance.

Important NEHES, ASHE, and ASHRAE Dates

2008 ASHRAE Winter Meeting
January 19-23, 2008
New York, NY
http://www.ashrae.org/events/page/1334#tp

2008 International Conference and Exhibition on Health Facility Planning Design and Construction
March 10-13, 2008
Gaylord Palms Hotel & Convention Center, Orlando, FL

2008 NEHES Spring Seminar
Friday, March 21, 2008
Sheraton Four Points Hotel and Conference Center, Leominster, MA

Vendors interested in participating:
There will be opportunities for 25 vendors to support the Seminar. For more information, contact the Spring Seminar Co-chair below via e-mail. Specify in the e-mail subject line “NEHES Spring Seminar.”

Mark Blanchard, CHFM
mblanchard@springfieldhospital.org

2008 45th ASHE Annual Conference and Technical Exhibition
July 20-23, 2008
Gaylord National Hotel & Convention Center Washington, DC

2008 NEHES Fall Conference and 50th Anniversary
October 7 – October 10, 2008
Omni New Haven Hotel at Yale, New Haven, CT

Vendors interested in participating:
Download the 2008 Vendor Package from www.nehes.org: click on How Vendors Can Reach and Support NEHES Members on the left of the home page, then on 2008 Fall Conference Vendor Information, or contact:

Steve Jalowiec, P.E.
sjalowiec@wthyshosp.org

Ron Hussey, CHFM
rhussey@bristolhospital.org
45 Years in Health Care

It's not often that a facilities manager is able to enjoy a 45-year career in the same facility, but George Hawley, the Regional Director of Engineering at Hebrew Senior Life, Boston, MA, has had that opportunity. He joined the facility in August 1963 as a temporary two-week painter, when the organization had just one building and he was barely out of high school. His painting job stretched into a month, and then the facility hired him as a mechanic. "I've always worked with my hands and I picked up a lot of skills as an automotive mechanic," George said. "That kind of work was not too much different from a hospital mechanic's job."

Since then, Hebrew Senior Life has grown from one to nine buildings, and George, who jokes that the only license he had when he joined Hebrew Senior Life was his driver's license, now has nine State of Massachusetts professional licenses, including HVAC, construction supervisor, and pipefitter, as well as OSHA certifications. He's a big believer in getting as much education as possible and retiring later in life, "If you're enjoying what you're doing, as I do."

George is a long-time NEHES and ASHE member, and has served as NEHES President, Secretary, and Chapter Representative from Middelmac to the NEHES Board of Directors; he has also helped organize several Fall Conferences and Spring Seminars. He attends as many of the annual NEHES education events as possible. He's a familiar sight now at Fall Conferences as an exhibitor for his part-time business, Embroidery Screenprinting and Promotional Items/House of Hats.

New FASHE
David Stymiest, P.E., CHFM, FASHE, CEM, GBE, of Sli-dell, LA, a Compliance and Facilities Management Senior Consultant with Smith Seckman Reid, Inc. and an honorary NEHES member, has been named a Fellow (FASHE) in ASHE, the organization's highest professional recognition. He is the 102nd person to receive the honor.

Before joining SSR, he served as Senior Electrical Engineer at Partners Healthcare System, Inc. in Boston. He chairs the National Fire Protection Association's Technical Committee on Emergency Power Supplies, which is responsible for NFPA 110 & 111.

Member Down
Joe Mona, Director of Engineering at Lawrence General Hospital, Lawrence, MA, seriously injured his Achilles' heel, right foot, playing football after Thanksgiving. He had surgery November 29 and will be out of the office for at least three weeks. "I will be in a non-weight bearing cast for 6-8 weeks," Joe said. "Unfortunately it is my right leg; no driving allowed. I will need a few months of rehab, and I can't resume running or routine workouts for a year. Thanks to everyone for the numerous cards, e-mails, and phone calls. What a great feeling! Your kind-ness and well wishes mean more than you can imagine."

New CHFM
Congratulations to new CHFM Geoff Skowman, Associate Director of Operations at UMass Memorial Health Care in Worcester, for becoming the newest NEHES member to earn the designation of Certified Healthcare Facility Manager.

In Memoriam
Patricia A. Myler, AIA Principal, Fletcher-Thompson, Inc., Hartford, CT

Steve Jalonec, P.E., Director of Engineering at Waterbury Hospital, Waterbury, CT, reported: "I believe that some of you had the pleasure of meeting Patricia Myler, AIA at the NEHES Fall Conference in Maine. It is with deep regret that I inform you that Pat passed away unexpectedly October 18 here at Waterbury Hospital. Pat was a recent new NEHES member and hoped to become as involved in NEHES as she was with the Connecticut chapter of AIA and other organizations. She will be missed as a longtime friend and colleague. She was not yet a Connecticut chapter member as we had not done a lot of Supporting Member recruiting. I have known Pat for many years. We worked on a number of projects at St. Mary's and Waterbury Hospital. She also worked on a large project at St. Vincent's Medical Center in Bridgeport, CT, and at other hospitals in Connecticut and New Jersey."

Ms. Myler joined Fletcher Thompson in 1995 as a Studio Manager, later becoming a Principal of the firm, and then Director of the Hartford office in 2003. She had also worked at C.E. Maguire and the S/LA/M Collaborative. She was an accomplished architect in the healthcare industry and had managed many K-12 education projects. She was an ASHE member and was pursuing LEEDS certification.

Extending Personal Invitations to Vendor Partners Can Encourage Them to Become NEHES Exhibitors and Sponsors

Although vendor partner opportunities at NEHES conferences and seminars are well publicized, a personal invitation from a facility manager to a company that they know well is what often leads to the vendor's decision to attend the event and support the Society. Chuck Gulla, an end user salesman with Ingersoll Rand Security Technologies, vouches for this approach. When a customer, Don Garrison, SASHE, of Franklin Community Health Network in Farmington, ME, personally invited him to exhibit and sponsor at the 2007 NEHES Fall Conference, he didn't hesitate to sign IR up as a bronze sponsor. "Don got us involved. He said, 'Hey, Chuck, we've got a show coming up.' He's a good customer and a good person and I wanted to support him. We first met Don at the NEHES Fall Conference at the Mohoguen Sun in 2002. That was the first time Ingersoll Rand had been at a NEHES conference."

Chuck gave the Fall Conference high marks for venue and vendor space. During the technical show, he had a chance to talk to several attendees whose hospitals are also IR customers. "I like working with NEHES members because they are very professional," he said. As an end user salesman, he sells directly to distributors and wholesalers and visits hospitals and educational institutions in Maine, New Hampshire, Vermont, and parts of Massachusetts. Product lines carried by his division include Schlage security products, LCN door closers, Von Duprin panic devices, and many others. He also meets facility managers at hospitals as part of his responsibilities.

An Ingersoll Rand booth
Asbestos: So Now You Want to Remove It

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

Editor's note: Fred's first story about asbestos, "Asbestos is Still as Common as Wood, Steel, and Bricks," appeared in the Q3 issue of the NEHES Newsletter.

Now that you know you have ACMs (asbestos-containing materials), you will, at some point, need to remove them. I will stress that the following article contains just some of the basic information; to go into full detail would take an entire book and 40 hours of training.

To begin with, bulk samples of the material to be removed should be taken. In addition, air sampling both inside and outside the proposed containment area should be done before any activities begin. The bulk samples will provide the initial information for the removal process while the air samples will provide the initial background levels for future reference. Some of the common ACMs are floor tiles, roofing products, insulation, glue dabs, and window glaze.

Be sure you have a contract for all abatement work. Boilerplate contracts can be found through the American Institute of Architects. Specifications should identify the material to be removed as well as list provisions for site security, proper equipment, insurance, supervision, and training. I would recommend hiring a certified third party asbestos Abatement Planner and Hygienist to develop the specifications, perform air sampling, and oversee the work. From my past experience, even if all goes well, such a qualified person can quickly sort out any employee concerns. Always check local and state requirements and notifications; these may vary not only from state to state but also from city to city.

The abatement contractor should assess the work area for configuration of the surfaces to provide the proper techniques for asbestos removal and control. Check bulk sample reports since the type of ACM that is being removed will have an impact on the abatement method used. Determine whether the asbestos was sprayed or trowelled on surface material, thermal system insulation, or on miscellaneous materials such as floor tile. In fact, any report indicating that special precautions should be taken must be shared with the contractor up front. Finally, determine what effect the project will have on adjacent areas. Prior to the start of the abatement project, a logbook should be established.

When completed, the log should include copies of medical records for the employees working in the removal area, copies of injury or accident reports, information about unusual events or occurrences, air sample results, notes concerning any deviations from standard work procedures, sign-in sheets, employee training/certification documentation, and all other pertinent documents, permits, correspondence, photographs, or records. This will be your permanent record of the abatement project.

The abatement project itself will start with the construction of a containment unit to completely seal off the work area from all adjacent spaces. For the most part, this will be the most labor-intensive part of the removal. Doors, windows, and floors need one layer of 6-mil polyethylene sheet. The floor poly should extend 24" up the walls with seams sealed together using spray adhesive and duct tape. Remember, the floor will need to be able to contain the seepage of water. HVAC systems should be shut down and locked out. All vents and air ducts inside the work zone must be covered and sealed by two layers of 6-mil poly. Stationary items require a layer of 6-mil poly. Walls are then covered with 4-mil poly and duct tape. Be sure to secure all electrical systems since amended water is typically used to saturate asbestos-containing materials for removal in the work area.

The final result will be the establishment of a 0.2" pressure differential on the containment area and the containment of water, which may be pooling on the floor.

Glove bag removal is another process for containment. This process is used for applications of 3 linear feet of pipe or 3 square feet of surface area or less. Bags cannot be shifted along or strung along to do longer lengths of removal and the process should have two certified abatement workers involved. This method is commonly used for small abatement work such as pipe elbows or repairs. The caution here is that if your contractor proposes multiple bags, check first with your local authorities. Glove bags are for small jobs and do not replace the requirement for a full containment, which will require air samples to be taken.

Airflow within the containment should have a recommended minimum rate of one air exchange every 15 minutes. Airflow through the containment area should also be reviewed and established so that there are no areas without flow or exchanges. Also, a good rule of thumb is that you should only use 75% of the HEPA-filtered powered exhaust unit's rating when determining how many units to use. This will give you a safety factor for the flow of the units.

Ventilation is one air change every 15 min

Total ft³/min (load) = (work area in ft³)(air changes/hr) / 60 min/hr

Number of units needed = (total ft³/min) / capacity of units (75%)

I will not spend much time on actual removal other than to say that removal of the asbestos-containing materials must be done using approved methods by trained individuals and will involve water. Material should be removed and bagged when saturated. The initial training for an asbestos worker is 32 hours and 40 hours for a supervisor, with an annual 8-hour refresher training class. These records should be part of the logbook.

The containment unit will require a decontamination unit. The decon unit is an access point for employees to enter and leave the work zone. The unit will consist of a clean change room, a shower, and an equipment room, sometimes referred to as the dirty change room, separated by airlocks. It can be pre-purchased or made using 6-mil poly. On bigger jobs you may also have a waste load-out area for removing the bagged waste to the enclosed truck for shipment. This is separate from the decontamination unit and not used for personnel egress. In all cases, there should be a negative pressure relationship within the enclosures to the outside. The drain on the shower should have a 5-micron filter to filter the water before going to drain. Also, the shower must have both hot and cold water.

The primary safety concern will be the respirator used. The National Institute for Occupational Safety and Health (NIOSH) is the official testing and approval organization for respirators (OSHA standard - 29 CFR 1910.134). Each day several air samples should be taken and evaluated to identify protection factors and type of respirator needed.

Negative and positive fit tests will need to be performed daily as well as the cleaning of the respirator. Two types of additional tests to be done to verify the fit of the respirator to the worker are 1) qualitative fit test done with irritant smoke and 2) quantitative fit test done with equipment that measures test substance inside the respirator. The respirator protection factor with asbestos levels in the work zone (To Page 11)
Facilities Keep Pace as Services Provided by Rural Healthcare Network in Maine Expand

Ever since 1929, when two forward-thinking physicians in Franklin County, Maine converted a house into a small hospital, residents of this rural, low-income area of western Maine have benefited from innovative healthcare programs. That first small hospital, later replaced by the much larger Franklin County Memorial Hospital, was the precursor to the Franklin Community Health Network, a locally controlled, nonprofit, integrated network of rural healthcare providers now serving about 40,000 people.

Over the years, network leaders say, the system has remained true to its original five strategies, which were to:
• Be community centered
• Encourage and participate in collaborations
• Strive continually to improve access to healthcare delivery
• Prepare for managed care, and
• Expand services.

FCHN has won numerous awards for excellence from the State of Maine and the American Hospital Association, and has been recognized for early innovations such as blood pressure screenings in supermarkets and schools and remote ambulatory health centers. The network even began using interactive telemedicine and computerized records before satellite technology or the Internet were in use.

As Franklin’s services to its community have grown, so have its facilities, particularly Franklin Memorial Hospital, a 70-bed acute care facility. Since 2001, Don Garrison, SASHE, has led the program to upgrade every department and building of the network and add new buildings.

Don joined FCHN as its Chief of Facility Management, to supervise several departments and help the hospital get through the approval process for a large construction project. Many, many projects have been completed over the last six years, following the one large major project. “Smaller projects can be just as complicated as the bigger ones,” Don said. See sample project list at the end of this article.

“In 2000, the hospital couldn’t get approved for a Certificate of Need, so I sat down with the contractor and we knocked about $300,000 out of the cost, then it was in range and the project was approved,” Don said. “We added one floor to the ob-gyn facility, renovated all the ORs, built an ambulatory surgery suite, and added an education center. In the process, we relocated all kinds of people. Just before construction started, the mechanical/electrical design firm went belly up, so it was extremely difficult to get mechanical/electrical questions answered. The general contractor and I worked to provide design answers when needed. In addition, on this type of job, you normally have one lead architect for the entire project. In our case, I went through five different lead architects for a variety of reasons (what a nightmare!). I had a lot of problems but we got through it and still had some money left over.”

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These photos show Don’s facility before 2001 (far left); before 2006 (center) and today.

Asbestos Removal
(From Page 10)

will establish the type of respirator to be used.
Exposure levels that have been established are a permissible exposure level (PEL) of 0.1 f/ce, over an 8 hour weighted average and an excursion limit (EL) of 1.0 f/ce for 30 minutes.

Protection Factors for respirators are:

Half mask - 10 0.1 f/ce
Full mask - 50 0.5 f/ce
PAPR 100 0.5 f/ce full face
Supply air cont. flow 100 0.5 f/ce full face
Supply air demand 1000 10 f/ce

If supplied air is to be used, the air must be Grade D breathing air. Close attention should be paid to where the supply air is being taken from.

Grade D breathing air

O2 19.5 - 23.5% (normal 20.9%)
CO 20 parts per million
CO2 1000 parts per million

Secondary safety issues can include electrical shock, fire, CO poisoning, lack of oxygen, full protection, heat related disorders such as heat exhaustion and heat stroke, and PPE requirements such as coveralls and eye protection.

Before turning the area back over for occupancy, final cleaning should be done in an orderly and systematic manner by:
• removing gross contamination,
• removing Polyethylene layers after they are HEPA-vacuumed, wet wiped, encapsulate solution applied, and visually inspected,
• final wipe down and wet mop floors.

Final air clearance sampling is done at the end of the project using aggressive methods (leaf blower). Results from these samples will be at or below the .01 f/ce before the area is considere clean. The samples will be tested using TEM (transmission electron microscopy), which is costly and done in the lab.

And finally, disposal of asbestos-containing material is done at an EPA authorized landfill. All waste shipment records required by the NESHAP regulations, receipts, and manifests will be retained and delivered to the building owner. These waste records should then become part of your logbook to close out the project.

Always remember that asbestos management and abatement requirements will vary somewhat from state to state so you should always check your state and local requirements and notifications.
Rural Healthcare Network
(From Page 11)

In 2001, the hospital had 125,000 square feet. Now it has 302,000 square feet and 16 buildings to support medical care off the main campus. Until recently, Pharmacy was the only major department that hadn’t been renovated, but that, too, is now getting an overhaul. In addition, a new 60,000-square-foot medical arts building is under construction and is 60% complete. This building, to open in June 2008, is attached to the hospital and will relocate many doctors’ offices now scattered around town to a new, efficient building more convenient for doctors and patients.

“In addition to those big jobs, we’ve tried to modernize everything,” Don said. “FMH has added a new CT scanner and MRI unit.” Don now has 20 employees, up from six when he arrived, and he supervises Maintenance, Plant Operations, Security, Bio-Medical Engineering, Grounds, and Transportation, and is a member of the senior management team.

Prior to joining FCHN, Don had a long and distinguished career with the Veterans Administration Hospital in Togus, Maine, retiring from that position in 2001. He is in his 34th year of healthcare facilities management.

Asked if he had any advice for his peers who are supervising renovation and construction projects, Don said, “You have to always be truthful and tell your boss about any problems. Communication is very key. If there is a problem, let people know about it, don’t try to hide costs or problems. Management appreciates it if you’re open about things. Don’t try to work things through on your own without telling them. If something is going to cost $100,000 and they think it should only cost $50,000, tell them, don’t start without the proper funding. They will not remember the original conversation. They’ll think you are in trouble and $50,000 short.”

A sampling of in-house projects that have been completed over the past couple of years to upgrade Don’s facility is listed below:

1. Patient registration remodel for additional workstation
2. ER nurses station cosmetic upgrade
3. ER station facelift (paint, ceiling, floors, and new lighting)
4. ER doctor’s office remodel
5. ER room 1009 remodel
6. ER Trauma room number 5 remodel
7. Triage remodel
8. Managed Educational TV system integration
9. IS server room cooling (currently working on “free cooling” system)
10. Material Management new office design and construction
11. Administration offices for Swan and Dixon design and construction
12. CDC room design and construction
13. Night Pharmacy design and construction
14. 2nd Floor Nurses office remodel
15. Design and construction of oil tank container
16. Oncology Office design and remodel
17. Radiology waiting room upgrade
18. OR monitors — installation design and placement
19. PTFP nurses station design and construction
20. Philips Ambulance station design and remodel
21. Sandy Records office refit
22. Sound attenuation panel installation coordination
23. Mike Spencer Office refit
24. Stanley Accounting office remodel
25. Stanley Sprinkler installation management
26. “In House” cable television system research and upgrade
27. OB brown water issue reversed
28. EBS extension design
29. PTFP doctors office remodel
30. Greenwood accounting office refit
31. Maintenance shop design and remodel
32. Steel mezzanine floor for facility building design and installation
33. Radiology Processing room remodel
34. Upgrade of 2 hour ground floor smoke barrier
35. Design and construction management of Comfort Care room
36. ICU patient monitoring installation management
37. ICU medicine room remodel
38. Livermore Ambulance station upgrade design and management
39. Radiology storage remodel
40. Stanley Occupational Therapy area remodel
41. Stanley Occupational Therapy Office remodel
42. Remodel new exam room in Pediatric Physical therapy
43. Day surgery storage room wall protection upgrade
44. Ground floor women’s locker room remodel
45. Ground floor men’s locker room remodel
46. Med. Surge 3 window replacement
47. Design and installation of OB fin tube heat
48. Kitchen booster pump location design and install
49. North Star ambulance bay new drainage, flooring and walls
50. Elevator room and Greenwood mechanical room upgrades
51. Designed and constructed Dietician offices on second floor

52. Greenwood 1 hour ceiling install
53. Wilton Family Practice Remodel
54. Stanley Flood recovery
55. Replacement of boilers at Stanley
56. Main Hospital oil tank repairs and cleaning project
57. Installed additional parking lot lighting at PTFP
58. Built Storage facility at Rockomeka
59. Replaced roof at Daycare
60. Repave entrance to suite 2 Franklin Orthopedics
61. Greenwood building new paint
62. Nurse call replacement for ICU
63. FMH car fleet paint for conformity
64. Installation of new MRI unit
65. Ground floor linen closet room upgrade
66. Histology Upgrade.

To see Don’s campus, go to www.fchn.org Click on Directions and Maps at the left side of the home page. Scroll down to Campus Map.

The new Medical Arts Building (shown below in all 3 photos) will open in June 2008. Don Garrison (Photos 2 and 3) is FCHN’s Chief of Facility Management.
Many Interpretations, One AHJ, Corridor Doors Without Latches, Items in the Corridor

By Eugene Cable, P.E., FPE
Fire Protection Consultants
Averill Park, NY,
NEHES Liaison to NFPA

You are likely thinking, "I have many AHJs," and you are correct. And it only takes the one AHJ (Authority Having Jurisdiction) at our facility today, or the one publishing their ruling, to affect how we design, construct, and maintain our facilities. The same applies to operational procedures, employee actions, or non-actions. Regardless of published interpretations and an AHJ's ruling, another AHJ can change all that. For most NFPA Codes and Standards, we can accurately state that the Code is only as good as the AHJ. In terms of enforcement, if an AHJ interprets and applies Code too strictly, the Code is rendered unreasonable and overly burdensome.

Here is a real life example: Occupant hose "closets" must be sprinkler protected; they are closets no matter how small. Conversely, if the AHJ is slipshod, untrained, and/or unsure, the Code becomes uselessly weak. Here is a real life example: interior finish expanded foam, exposed, covering the walls and ceiling surrounding the band stand. The inspector apparently didn't recognize the hazard which, when a fire did occur, contributed to a fire disaster.

What is a Facility Manager to do? Seek out the most stringent interpretation of the applicable AHJs and seek expert advice, including from colleagues, and then make the judgment locally until told otherwise.

For seeking out the most stringent interpretation, rely on authoritative publications. For Joint Commission, that would be EC News and Perspectives. For CMS that would be the Federal Register and, if you ask for it, CMS Enforcement Memos. All other publications, including this newsletter and ASHE e-News, are nice to read and helpful but not authoritative. (In our defense, both NEHES and ASHE strive to quote Code and official interpretation such as from HITF). A quote from George Mills, Mayer Zimmerman, or Jerry Gervais must be suspect until published in one of the above "authoritative" publications. Even an e-mail from Joint Commission's Connect site, answering an e-mailed written question, is suspect because very few have seen and reviewed the answer. When EC News is published, thousands see it and if anything is wrong or unclear, it is rapidly made known to the publisher who prints a correction. The Joint Commission, George Mills, and CMS, Mayer Zimmerman, are striving to agree with each other. If anyone discovers an interpretation discrepancy between the two, they let them know and usually they will reach agreement. Since CMS grants "deemed status" to Joint Commission accredited organizations for Medicare/Medicaid funding, then Joint Commission interpretations must be at least as stringent as CMS.

If a more formal interpretation is desired, the Healthcare Interpretations Task Force (HITF) is a great way to accomplish consistency among AHJs. Another approach might be to request a formal interpretation from NFPA particular to a Code section seeking a yes or no answer.

Here is one example of an official interpretation from Joint Commission as published in EC News and one from HITF on the same subject. You can be sure this is the correct application of NFPA 101.

From HITF:
Positive latching requirements for corridor doors to hazardous areas


Background Information:
Some AHJs require that doors to hazardous areas off of a corridor in existing healthcare occupancies be provided with positive latching. Section 13.3.6.3.2 of the Life Safety Code requires doors to be provided with means suitable for keeping the door closed that is acceptable to the AHJ.

It does not state that latching is specifically required. The means used must be capable of keeping the door fully closed if a force of 5 lbs is applied at the latch edge of the door.

The appendix note to 13.3.6.3.2 states that a number of options exist for patient sleeping room doors such as ...."Doors protecting openings to patient sleeping rooms or treatment rooms or spaces having a similar combustible loading might be held closed using a closer exerting a minimum closing force of 5 lbs on the door latch stile."

Although the appendix note does not address doors to hazardous areas off corridors, some AHJs permit a self-closing device to serve as the means for keeping the door closed. For sprinkler protected hazardous areas in existing health care occupancies, Section 13-3.2.1 requires doors to be equipped with self or automatic closers.

(To Page 2)
Many Interpretations
(From Page 1)

Question:
is positive latching required for corridor doors
to hazardous areas that are sprinkler protected
in existing health care occupancies?

Answer:
No, provided that a self-closing or automatic
closing device is installed on the door and that
such device can meet the 5 pounds (force)
criteria of 101: 13-3.6.3.2.
Interpretation from November 17, 1998 HITF
Meeting

From EC News, May 2007 - Existing closers
may be used in place of a positive latch for
corridor doors and doors to sprinklered
hazardous areas.

Question:
In our existing health care occupancy, the
corridor doors (including doors to non-
hazardous areas) and doors to hazardous areas
that are sprinkler protected never had roller
latches. They are all held closed with existing
door closures. Do we need to retrofit these
doors with positive latching devices?

Answer:
In existing situations as you describe (no
change to the door), the Joint Commission
would not require retrofitting the doors with
positive latching devices. This is based on the
fact that the Life Safety Code does not specifica-
ly require positive latching. Rather, the
LSC calls for "a means suitable for keeping the
doors closed that is acceptable to the Au-
thority Having Jurisdiction. The device should
be capable of keeping the door fully
closed if a force of 5 lbs (22 N) is applied at
the latch edge of the door." (See NFPA 101-
2000, 19.3.6.3.2.)

An Annex note goes on to state, "Doors pro-
tecting openings to patient sleeping or treat-
ment rooms, or spaces having a similar combus-
tible loading, might be held closed using a
closer exerting a closing force of not less than
5 lbs (22 N) on the door latch stile." (See
NFPA 101-2000 A.19.3.6.3.2.) The Joint
Commission does not allow roller latches and
does not allow the above application to roller
latch retrofits. This is because the retrofit
would require compliance with new construc-
tion, which is latching. (See NFPA 101-2000,
18.3.6.3.2, "Doors shall be provided with
positive latching hardware. Roller latches are
prohibited.") If at some time your organiza-
tion performs renovation or remodeling, then
you would need to change to a positive latch-
ing device. To restate, this only applies to
existing corridor doors and doors to hazardous
areas that are sprinkler protected and held
closed by a door closure, without any existing
latching device.

Items in the Corridor
There are a couple of issues of interest before
the HITF right now: computers on wheels and
soiled linen carts in corridors. I can tell you
that the Joint Commission is taking a tougher
stand on items in the corridor. And, we will
just have to wait until an official HITF inter-
pretation is issued or at least the meeting min-
utes are published to know for sure the new
rules for the corridor game!

Revised USP 797 Standards – Not Good News for Healthcare Facilities

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

I know many of you have been waiting for
information on the revised USP 797 standards
due to the impact on your facilities and sys-
tems. The new standards have now been re-
leased - they become effective June 1, 2008.
You can download the revised standards from
ASHE's site at http://www.ashe.org/ashe/
codes/usp/index.html

The first bullet point on the site links to the
USP page with the discussion of the revision
and links to the standards (pdf download) and
to the committee's response to comments
(including ASHE comments).

USP did not heed any of ASHE's comments
and has published the standard on Environ-
mental Quality and Control essentially as
proposed - including the requirements for
HEPA filtered air and high ACH and differen-
tial pressure.

Bear in mind that we have not heard of any
change in the Joint Commission's position on
this. We will do the best we can to keep you
posted. Our hospital is holding off on jumping
into expensive projects too quickly because
things may and probably will change.


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

New Education Program for Facility Managers and C Level Executives
ASHE is launching a new education program
similar to the Healthcare Construction Certificate
Program, with the target audiences for the
new initiative being the Facility Manager and
"C" level executives (CEO, COO, etc.). The
program focuses on healthcare construction
project management and takes the attendee
from concept to move-in.

It was piloted in Phoenix in November and
will likely roll into a city near us next year.

The Education Committee is living true to
its commitment to deliver high level pro-
grams dedicated to giving ASHE members
the tools they need.

New President-Elect
Congratulations to
Troy Martin, CHFM, SASHE, our 2008
ASHE President-Elect. Troy brings to the
position many years of healthcare experience
and a strong leadership connection to ASHE
as a past Board and committee person. He has
a strong vision of ASHE's future role and a
great passion for the work that chapters and
national members do. Troy is the Director of
Engineering at Poudre Valley Healthcare in
Fort Collins, Colorado.

ASHE Website
If you have not been on the ASHE website for
a while, I recommend that you visit it soon
(www.ashe.org). There are a number of great
topics on the site, including a weekly checklist
for emergency generators, a call for comments
for NFPA 99 Revision, information about cell
phones in hospitals, and a new ASHE listserve
that has a whole bunch of activity. I encourage
all ASHE members to sign up and click on.

Younger Talent Needed
At the ASHE Leadership Institute October 25-
28 in Litchfield Park, Arizona, we learned that
as a Society we need to work to engage some
younger talent. Several years ago, I remember
that Don Garrison was one of the first to point
out the gray-haired demographics of our

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Advocacy Corner

EPA Drug Decision Helps Hospitals Maintain Small Generator Status But Questions Remain

The Memorandum
On October 15, 2007, the EPA’s Office of Solid Waste issued a memorandum, Scope of Hazardous Waste Listing P042 (Epinephrine), to clarify the scope of the hazardous waste listing for the commercial chemical product epinephrine (Hazardous Waste Code P042) under the Resource Conservation and Recovery Act (RCRA) hazardous waste regulations.

The statement continued: “This clarification is in response to recent inquiries from some EPA regions, states, and the regulated community specifically regarding whether this listing includes epinephrine salts. This is of particular significance because it is our understanding that most, if not all, of the chemical that is in use in hospitals (e.g., most medical applications) is one of several epinephrine salts. As described in the memo, we have determined that the scope of the P042 listing does not include epinephrine salts. Please note that the memo also notes that the regulatory clarification presented in this memorandum applies to the federal hazardous waste program. As most state regulatory agencies are authorized to implement the hazardous waste program in lieu of the federal program, some states may regulate epinephrine salts more stringently than the federal regulations. Therefore, we recommend that the regulated community contact their state regulatory agencies to ascertain the scope of the P042 listing in that state. You will find the complete text of the memo at http://www.epa.gov/region1/healthcare/pdfs/EpiMemo_Final.pdf

NEHES posed the questions below to Janet Bowen, EPA’s Regional Healthcare Assistance Coordinator, Region 1: Question: Although this ruling came from the federal EPA, we believe that each state will need to set its own interpretation, meaning that members of each state chapter of NEHES will need to advocate to their respective states. Who should our members contact to do this?
Answer: They should go to this website on the Healthcare Environmental Resource Center - Hazardous Waste State Resources locator to get state hazardous waste contact information: http://www.hercenter.org/hz.cfm

Question: Do you think this will mean a change in generator status for many facilities? Would you be able to give an estimate for the approximate decrease in percentage of P-listed waste per hospital, or would that be impossible to do because hospitals are of different sizes and use different amounts of epinephrine salts?
Answer: EPA understands that this clarification regarding the listing status of epinephrine salts will reduce the amount of hazardous pharmaceutical waste generated by various health care facilities. Whether this clarification will result in changes in generator status for these facilities is unknown at this time as it will depend on whether local or state authorities decide to regulate epinephrine salts as hazardous waste and whether other hazardous wastes are being generated by the facilities. Facilities that generate few hazardous wastes other than epinephrine salts may change generator status as a result of EPA’s clarification.

Question: This ruling actually answers a concern that many facility managers had regarding the way this substance was being classified. It should result in lower disposal costs to hospitals and make it easier to dispose of this certain waste.
Answer: Correct. Under this federal EPA clarification, a facility does not have to manage epinephrine salt waste, as well as any vials, IV bags, bottles, etc. in which an epinephrine salt was contained, as hazardous waste. However, EPA notes that the regulated community should contact their local or state authorities as RCRA-authorized states may decide to regulate epinephrine salts as hazardous wastes.

Question: Is there any particular kind of facility that this ruling will impact the most?
Answer: This clarification will affect any health care facility generating epinephrine salt waste, including hospitals, health clinics, and reverse distributors, among others. However, EPA notes that the regulated community should contact their local or state authorities as RCRA-authorized states may decide to regulate epinephrine salts as hazardous wastes.

Question: We know that Connecticut facility managers spoke with you in the past regarding epinephrine salts. Did hospital professionals from other states also lobby for this change?
Answer: Yes, several EPA Regions and states, the U.S. Army, and various health care facilities have contacted the federal EPA regarding the listing status of epinephrine salts.

Question: Regarding the EPA’s definitions of conditionally exempt small quantity generator, large quantity generator, etc. -- are these definitions different from how states define waste generators or must states use the EPA definitions?
Answer: RCRA regulations of authorized states can be more stringent than the federal RCRA regulations. Therefore, if an authorized state has more stringent regulations than the federal regulations, it is possible for the generator definitions of that RCRA-authorized state to differ from the generator definitions of the federal EPA.

A Pharmacy Director’s Perspective
Kimberly Curry, MS, PharmD, Pharmacy Director at Waterbury Hospital, Waterbury, CT, is working with Stericycle, the hospital’s hazardous waste vendor, to determine: 1) whether or not the EPA memo will mean any changes need to be made to disposal methods of epinephrine salts at her facility, and 2) whether or not the facility’s status as a conditionally exempt small quantity generator will be affected.

"We will begin the discussion at the local level, with the Waterbury Water Pollution Control (sewer). Stericycle, our designated hauler, will make that contact on our behalf. Then we will talk to our state EPA and examine any further clarification with respect to the current federal regulation," she said.

The EPA ruling will mean that Waterbury Hospital will generate less hazardous waste, she said, although an estimate of the exact amount would be difficult to compute.

"The majority of the epi that we use in the hospital is the salt versus the epi base (referred to by the EPA as the P-listed waste). The salt is used everywhere, in many facets of health care, in doctors’ offices, in ambulances, in the ED. The problem has been once you’ve given that epi, whether from a vial or an amp, how to dispose of the container and remaining drug into the appropriate waste stream. It’s more of an operational issue rather than a weight issue."
NEHES Advocacy Liaison Asks EPA for Clarifications Following EPA and DEP Visit

Submitted by Steve Jalewicz, P.E.
Director of Engineering
Waterbury Hospital
Waterbury, CT.
NEHES Advocacy Liaison

I originally sent this out to the Connecticut facility managers, but I expect this will be of interest regionally. On November 28, I had the unannounced pleasure of a visit from both EPA and Connecticut DEP inspectors. The visit, which apparently followed one to St. Mary’s Hospital across town, seemed to go well and focused only on air compliance. I am not 100% sure what the focus was at St. Mary’s.

Both inspectors were helpful and reasonable. They looked at fuel records and fuel burning equipment only, with no real interest in other air emissions unless you have a chiller with obsolete refrigerant. They looked in particular at the equipment permits and asked if we had documents to show that initial notification of installation was made to EPA, not necessarily to DEP.

Of course, for most of us this would be before our time and depends on past record keeping practices. They inquired into whether we were running generators for load shed or for any reason other than for emergency purposes.

There was an issue raised about where we were sending our semi-annual fuel reports. We have been sending them to Connecticut DEP. The EPA inspector informed us they should really have been sent to Boston. We plan to send them to both.

All in all, the visit went well. According to the EPA inspector, there is no expectation of a formal report.

I have asked Janet Bowen (EPA Region 1 Healthcare Sector Coordinator) to clarify the issue of where to send the fuel reports and also to help us understand the focus of these visits, i.e., is this part of a larger initiative? I will publish her answers when I receive them. Her initial feedback is that there are plans for more similar visits and that there will be different focuses at different hospitals. She also reported, “I believe that all the media programs have been looking at doing some healthcare inspections over the last year and into 2008. I am pretty sure most of the media programs (i.e., SPCC, EPCRA, RCRA, and air) are all planning some 2008 inspections. We also have received about 38 self-disclosures at hospitals over the last few years.”

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profession. We are headed for trouble if we don’t do things to attract, train, and promote some younger folks. In his speech at the 2007 NEHES Fall Conference in October, Leo Gehring showed the audience a picture of his 1971 Corvette and asked how many people in the audience of facility managers and associates were born after this car was built. In a room with almost 100 people, only one hand went up. Sad.

Folks, take the time to open your mind to working closer with the newer generations of our potential successors. Learn how to engage them, what excites them, and how they learn. If you “YouTube,” take a look at the short blog called “Did You Know?” I have to tell you, it gave me pause. Give these younger folks opportunities to grow into our world. NEHES scholarships are one example of what we can do…there are more. Host a chapter meeting at a university or trade school and invite students to attend. Bring them to Board meetings and encourage them to learn about our world. We can participate in local job fairs and talk to university and trade school professors. Our jobs are important and respectable, and the issues we deal with are critical, satisfying, and matters of life safety importance…we make a difference. Get involved in your chapters and our professional community.

Advocacy Highway
One of ASHE’s goals this year was to establish an “advocacy highway” connecting the national perspective of ASHE with state chapters. The concept was launched at the Chapter Leadership Forum at the ASHE Annual Conference. To accomplish this we are asking for a representative from each chapter to serve as your chapter’s Advocacy Liaison. This person would pass state and local advocacy issues with broad implications beyond the state and local AHJs to the ASHE Advocacy Committee. Conversely, the Advocacy Committee would use this contact to share advocacy topics with the individual chapters.

An excellent example of how the grass roots effort can affect the national codes and standards was the 2005 defeat of the NFPA’s 90A Committee to change fire and smoke damper testing from every four years to annually. Facility managers from 753 hospitals wrote to ASHE in universal opposition and the outcome was that in the next few months we expect the Joint Commission to recognize a six-year testing cycle for smoke and fire dampers. This “Advocacy Highway” is intended to establish a standing structure that will quickly react to flow relevant information to ASHE and chapters.

2008 PDC and Upcoming Meetings
The 2008 International Conference and Exhibition on Health Facility Planning, Design and Construction (PDC) will be held March 10-13, 2008 at the Gaylord Palms Hotel and Convention Center in Orlando, Florida. Developed by the combined efforts of ASHE and AIA/AAH (American Institute of Architects Academy of Architecture for Health), the PDC provides practical and up-to-date information that can be used to resolve challenges you face during the Planning, Design and Construction process. ASHE and AIA have worked together over the years to provide exceptional education during this program. Last year this event broke into the top tier of Trade Show Week magazine’s list of the top 100 trade shows in the country for its size and educational offerings. Topics and speakers have been carefully chosen to provide timely information and solutions that you can bring back to your job, patients, and clients.

Upcoming meetings:
•Infection Control Program: Managing Risk During Construction: February 5, 2008, Tampa

As I enter my last year as your ASHE Region 1 Director, I am amazed at how far we have gone as a local chapter and how much ASHE has accomplished nationally. NEHES continues to be one of the largest and most well respected chapters in the nation. Because of the contributions of many dedicated individuals, our profession continues to grow and grow and grow. Please volunteer; together, we can make great things better.

Thank you for allowing me to be your representative to ASHE.
Newsworthy Items for Busy Facility Managers

DHS Publishes Chemicals of Interest List for Chemical Facility Anti-Terrorism Standards
The Department of Homeland Security has just published a revised edition of the list of chemicals from the Chemical Facility Anti-Terrorism Standards. If a facility possesses a chemical above the listed screening threshold quantity, it must submit a “Top-Screen” to DHS. This requirement will be in effect as soon as the final Appendix A is published in the Federal Register and will require compliance within 60 calendar days after that publication date. This revised list of chemicals now contains specific weights which was not the case with some of chemicals in the initial list.

Report Examines Gaps in Health System Preparedness
The federal government spends less than $5 per person annually to help health systems and agencies prepare for a disaster, according to a new report from PwC. The report, “An annual funding cycle discourages long-term planning or development of a sustainable response infrastructure, and many hospital executives believe that the administrative costs of applying for funding are overly burdensome for the level of funding received,” the report adds. Based on surveys and interviews with stakeholders, other studies, and data, the authors identify gaps in U.S. health system preparedness and suggest strategies to improve readiness at the organizational, community, and societal levels. Among other actions, the report suggests hospitals identify how they will free up capacity in a disaster, recycle supplies to extend limited quantities, and ration resources to care for those most likely to survive. Access the report at http://www.pwc.com/extweb/pwcpublications.nsf/docid/9CEC1E9BD3BACAC478525737F005C80A9

“QuickTips” on Mold from OSHA Quick-Takes
Molds are found and can grow almost everywhere that moisture and oxygen are present. Molds can damage building materials and eventually cause structural damage, as well as adverse health effects and allergic reactions. That is why OSHA encourages those responsible for buildings to learn how to avoid, control, and remove mold in buildings. Moisture control is the key to mold control. Here are a few tips on prevention:

- Repair plumbing and building leaks as soon as possible.
- Perform scheduled HVAC inspections and maintenance and filter changes.
- Clean and dry wet or damp spots no more than 48 hours after discovery.
- Pinpoint where leaks occurred, identify causes, and take preventive action.

OSHA’s Safety and Health Information Bulletin, A Brief Guide to Mold in the Workplace, offers more recommendations on how to:
- Prevent mold growth
- Use personal protective equipment
- Assess mold or moisture problems, and
- Clean up damage from moisture and mold growth.


Ask ASHE
Question: In the past, there was a lot of emphasis on mercury reduction in hospitals. Are there laws requiring this?
Response: The American Hospital Association (AHA) and the Environmental Protection Agency (EPA) signed a Memorandum of Understanding (MOU) in 1998 with a goal of hospitals eliminating mercury waste by 2005. The MOU was not law or binding, but many hospitals have made an effort to dramatically reduce or eliminate mercury waste. Some of the ways that this has been accomplished are:

- Elimination of on-site incinerators that produced mercury vapor
- Elimination of the use of mercury containing devices such as thermometers and sphygmonanometers
- Recycling fluorescent lamps and other mercury containing devices.

Many states, local hospitals, and ASHE chapters have worked to help facilities reduce mercury from waste streams. We are not aware of statutes requiring the elimination of mercury. Following are a couple of references that might be of value:

www.epa.gov/glmpo/bnsdocs/merchealth/mercury.pdf
www.h2e-online.org/pubs/mercurywaste.pdf

NFPA 99 Revision Update
The National Fire Protection Association (NFPA) Standard for Health Care Facilities—NFPA 99 is currently being updated and revised to address today’s issues. If you are an NFPA subscriber, read “Treating NFPA 99” in the September/October 2007 issue of the NFPA Journal.

Healthcare Interpretations Task Force (HITF) Interpretations
Several interpretations from the Healthcare Interpretations Task Force have been added to the ASHE website. The HITF has representation from major organizations that impact the healthcare community in terms of fire protection related issues. The Task Force brings together the seven key organizations (CMS, Joint Commission, IFMA, VA, NFPA, ASHE, and AHCA) to evaluate, debate, and engage the resources of the talent pool as they seek to establish consistent interpretations of specific questions. The ultimate purpose is to reach a common approach to enforcement of the requirements considered, given a more common understanding of the problem addressed by the requirement. As with any code or standard, one’s perspective, background, and experience may cause a slightly different opinion as to what is intended or meant by a particular requirement. And, it is through thorough, thoughtful debate, including some historical perspective, background, or case history with a particular issue that a cohesive melding of the minds can follow.

The result is an interpretation that makes sense and that can be applied by the various enforcement agencies that look at the fire protection features in a healthcare facility. This process can bring a great deal of consistency to the issues with which a healthcare facility must deal, often times with multiple key Authorities Having Jurisdiction. While the debate and discussions are open to all seven parties, the actual voting by the committee is limited to the four AHJ members: IFMA, CMS, JCAHO and VA. In addition, three of the four voting members must be in agreement about a particular answer to reach a decision.

The interpretations of the HITF are available on the NEHES website under the Resources tab at the top of the home page.

Recent interpretations include:
- Minimum corridor width in suites
- Smoking policies
- Allowable gaps in certain corridor doors
- Fire drills
- Top of wall blocking to protect the cavity in corridor walls.

2008 Accreditation Decision Rules are Approved
The Joint Commission’s Accreditation Committee approved the 2008 accreditation decision rules for all programs. Effective January 1, 2008, two new decision rules were added to the Denial of Accreditation category: 1) the healthcare organization fails to resolve a Conditional Accreditation status prior to withdrawing from the accreditation process; and
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2) the healthcare organization fails to submit payment for survey fees or annual fees. Currently, Denial of Accreditation results when a healthcare organization does not permit the performance of any survey by the Joint Commission, or the organization fails to meet requirements for the timely submission of data and information to the Joint Commission within 91 days of the due date(s).

Joint Commission Clarifies Hospital Accreditation Rule
The Joint Commission has revised a hospital Accreditation Participation Requirement that prohibits disciplinary action against employees who report health care quality and safety concerns. Effective January 1, 2008, the revised requirement (APR 17) clarifies that the rule also pertains to physicians and medical staff, meaning accredited hospitals must educate medical and other staff that any concerns about safety or quality may be reported to the Joint Commission without fear of disciplinary action.
http://www.jointcommission.org/NewsRoom/NewsReleases/nr_090507.htm

FDA Patient Safety News Video Available Online and as Podcast
FDA has posted the latest edition of "FDA Patient Safety News," a free web-based video news program. Aimed primarily at health professionals, the program features information on new drugs, biologics, and medical devices, as well as FDA safety notifications and product recalls. To view the video, go to http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/pmt/index.cfm

NFPA Report Finds More Fires but Fewer Deaths in 2006
NFPA reports that during 2006, fire departments in the U.S. responded to an estimated 1.6 million fires, which caused 3,245 civilian deaths and 16,400 injuries. The number of fires increased by about 3% from 2005, but fire deaths fell 12% and fire injuries were down by 8%. The total number of people who died from fires in 2006 (excluding firefighters) was the lowest since NFPA began collecting this data in 1977 and 4% lower than the previous low of 3,380 in 2002.

PDC March 10-13, 2008 Adds Special Sunrise Sessions on Today's Pressing Issues
Theme of the 2008 International Conference and Exhibition on Health Facility Planning, Design and Construction is "The Business of Sustaining Our Future." In addition to hundreds of educational program choices, three new sunrise sessions will be offered this year.

Speakers and topics are:
March 11, Codes and Standards: Douglas Erickson, FASHE, CHFM, Deputy Executive Director, ASHE; Tim Adams, SASHE, CHFM, Director of Member Professional Development, ASHE; John Collins, SASHE, Director of Engineering & Compliance, ASHE; the latest updates on the revision processes and driving forces behind the efforts of the Joint Commission and NFPA 99 revisions.

March 12, AIA Guidelines Update: Douglas Erickson, an update on the revision of the 2006 edition of the Guidelines that is due for publication in 2010. This session highlights and discusses the major proposals being recommended for consideration by the Health Guidelines Revision Committee.

March 13, Defining Sustainability Priorities for Your Organization and ASHE: Clay Nesler, Vice President of Global Energy and Sustainability, Johnson Controls, Inc., insights to help attendees meet the challenge of developing a plan for sustainability.


Register before February 8, 2008 to receive the Early Bird rate and save on your registration fee!

ASHE Announces the Launch of its First Webinar
The topic is "Are You Ready for a Life Safety Survey?" Date is January 17, 2008; 12:00 pm CST; duration: 90 minutes. Register your facility for this Webinar and get your staff up-to-speed with this important information. Preparing for a Life Safety survey is an ongoing practice. With the recent changes to the Life Safety survey process, it is critical for you and your team to have a detailed understanding of those changes and how they will affect your facility.

Topics to be covered in this Webinar include:
• Understanding the role of the Life Safety Surveyor.
• Changes to the Life Survey process.
• The most common issues cited by Life Safety Surveyors.
• Valuable tips for a successful survey.
• How to properly question a finding that is in dispute.
• Presentation of "best practices" observed in the field.

Registration is available online at www.ashe.org

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