



*Optimizing health care facilities*

**Q1 ASHE Advocacy Liaison Webinar  
13 March 2019**



# Agenda

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- NFPA Update
  - Current Drafts
  - Clarification of Backup Power Requirements
  - Research Efforts
- ICC Cycle B Update
- ASHRAE Update
  - Public Review Opportunities
- UL 1363a and 2930
- Local Advocacy Reports



# NFPA Update

# NFPA 99 & 101

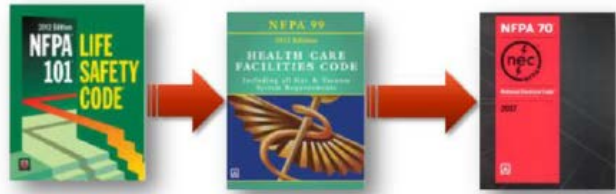
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- First Draft Reports Issued
  - Need to be reviewed
  - Public Comments to proposed changes due 8 May 2019
- Changes NFPA 99
  - Changes to Chapter 6 Electrical Systems
    - Portion of patient room receptacles required on normal/critical branch
    - Clarification for emergency lighting at EPS equipment
    - No other equipment in EPS room
    - Site Acceptance Testing requirements added
    - Electrical preventative maintenance program requirements added
- Changes NFPA 101
  - Allowance of unenclosed vertical openings per 8.6.9.2
  - Clarification of usage of private mode fire alarm
  - Clarification of corridor wall termination above the ceiling

# Clarifications of Backup Power Requirements

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- Due to referencing requirements confusion existed
  - Backup power system required in addition to EES?
- Proposal to change referencing schema to:



- Hierarchy will make it easy for design teams and facility managers to understand the requirements of their EES

# Research Efforts

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- Door Gap Project
  - Report completed – available at:
    - <https://www.nfpa.org/News-and-Research/Data-research-and-tools/Building-and-Life-Safety/Influence-of-Gap-Sizes-Around-Swinging-Doors-with-Builders-Hardware-on-Fire-and-Smoke-Development>
- Door Latching
  - Working with CHD to determine root cause of failure
- Sprinkler System Support
  - Document review to determine requirement history
  - Research to determine typical items
  - Research to determine costs of compliance

# ICC Code Development 2021 Cycle Group A Update

# ICC Code Development Cycle Status

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- 2021 ICC Cycle “underway”
- 2018 – Group A
  - **IBC- E, IBC - FS, IBC -G, IFC, IFGC, IMC, IPC, IPMC, IPSDC, IRC – M, IRC- P, ISPSC, IWUIC, IZC**
- 2019 – Group B
  - Admin, IBC-S, **IEBC**, IECC-C, IECC-R/IRC-E, IgCC (Ch. 1), IRC – B
- 60 Proposals submitted in Group A
  - 55 approved
- 18 Proposals submitted in Group B – all in IEBC
  - Code Hearings in Albuquerque, NM 28 April – 8 May



<b>Code &amp; Sections</b>	<b>Idea</b>
<b>IEBC 702.6, 706, 807.2, 807.3, 809.2, 501.3</b>	Alterations NFPA 99
<b>IEBC 406.1.4, 408.39</b>	Repairs NFPA99
<b>IEBC 1007.1,</b>	NFPA 99
<b>IEBC 1002.1, 1011.1.3 1011.1.4</b>	Change of use
<b>IEBC 805.4.1.2</b>	Exits from suites
<b>IEBC 1002.2</b>	COO to storage
<b>IEBC 306</b>	Reference to Chapter 11 and furniture in corridor in nursing homes
<b>IEBC 803.2.2, 803.2.3, 803.2.4</b>	Sprinklers in I-2 and ambulatory care
<b>IEBC 704.1.1, 805.2.1</b>	Corridor width
<b>IEBC 302.3.1</b>	General reference to NFPA 99
<b>IEBC 805.6</b>	Dead end corridors
<b>IEBC 1009.5</b>	Add medical gases
<b>IEBC multiple</b>	Change patients to care recipients
<b>IEBC 503.16</b>	Smoke compartments
<b>IEBC 503.14, 805.10</b>	Refuge areas
<b>IEBC 802.2</b>	Vertical openings
<b>IEBC 803.2.2</b>	sprinklers
<b>IEBC 803.4</b>	Fire alarm systems

# ASHRAE Public Review Opportunities

# ASHRAE Public Review Opportunities

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- Several Addenda to ASHRAE 170 to be coming before end of March
  - 30-day Public Review from 22 March – 21 April
- Addendum c - provides guidance to users of Standard 170 on how to incorporate air classifications into their design of spaces if they are required to utilize them in conjunction with ASHRAE Standard 62.1
- Addendum d - adds requirements and language similar to those required in Section 5 (Systems and Equipment) of ASHRAE Standard 62.1. Requirements include: (1) Air intake separation distance table adapted for 170 requirements (2) Outdoor air verification requirements while operating (3) Measures to prevent vehicle combustion in parking garages from entering the building (4) Air balancing requirements

# ASHRAE Public Review Opportunities

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- Several Addenda to ASHRAE 170 to be coming before end of March
  - 30-day Public Review from 22 March – 21 April
    - Addendum p - (1) Creates a column indicating spaces where unoccupied turndown is acceptable (2) Incorporate Table 6.4 into Table 7.1 to remove confusion so that filter requirements will be uniformly applied (3) Revise space names to align with FGI
    - Based on commenter feedback the following additional changes are proposed: (1) In Section 7.1(a)(3) the term “humidity” is changed to “design relative humidity” (2) Some spaces previously marked as not permitting unoccupied turndown are being changed to permit it (3) Some of the proposed new spaces would not be added to the standard (4) Addendum a are proposed changes to the filter column created in this addendum and represents an updated approach to filtration in healthcare facilities

# ASHRAE Public Review Opportunities

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- Several Addenda to ASHRAE 170 to be coming before end of March
  - 45-day Public Review from 22 March – 6 May
- Addendum b - addendum removes several spaces from Tables 7.1, 8.1, and 9.1 based on those spaces being adequately addressed in other standards. The addendum also proposes to modify minimum total air change requirements for several spaces based on the results of CO-RP 3.

# ASHRAE Public Review Opportunities

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- Addendum to ASHRAE 189.3 to be coming before end of March
  - 45-day Public Review from 25 March – 13 May
- Addendum a - addendum requires
  - Additional water use efficiency requirements
  - Peak load reduction requirements
  - On-site renewable energy systems
  - Clarifies indoor environmental quality for acoustical control
  - Adds normative references

# UL 1363a and 2930

# UL 2930

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- AHJ issued citations for failure to use UL 2930 listed moveable power supplies within the patient care vicinity
- This was not based on any requirement just surveyor “knowledge”
- UL was recently commissioned to create an outline for indoor-use cord-and-plug-connected Health Care Facility receptacle outlet assemblies (HCOA)
- HCOA’s intended to comply with:
  - UL 60601-1 General Requirements
  - UL 60601-1 Essential Performance
  - UL 60601-1 Electromagnetic Disturbances
- Does not cover SPRPT, RPT nor FPDU (Furniture Units) requirements



# UL 1363a versus 2930

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- 1363a (SPRPT)
  - Plug-connected components of a movable equipment assemblies that is rack-, table-, or pedestal-mounted
  - Integral part of the equipment assembly, permanently attached.
- 2930 (HCOA)
  - Movable power supply
  - Cord-and-plug-connected
- UL 2930 not required and is still only an outline not a UL Standard

# Local Advocacy Updates

# Oklahoma – Ron Thetford

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- Oklahoma State Health Department; construction self-certification, this is just getting started and want to discuss success and not so successful experiences



# Michigan – Pier-George Zanoni

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- State of Michigan proposed health facility rules, public comment this month (March 2019) with expected effective date mid-2019. These revised rules adopt 2018 FGI Guidelines with some Michigan amendments.
- MISHE Advocacy committee conference call meeting held January 29, 2019.
- Discussed collecting input from members on recommended changes to the FGI Guidelines. Start with email blast with instructions and ask commenters to also send copy to MISHE to compile. Ask all chapters to discuss this at their next chapter meeting. MISHE to offer FGI training this year including webinar and sessions at local chapter meetings.



# Michigan

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- Recommended appointment of advocacy contact for each MISHE “local” chapter (UP, SE, EC, WM, NC). MISHE Board approved this recommendation on March 1, 2019.
- We identified other important advocacy contacts such as Brian Williams in Bureau of Fire Safety, Amy Barkholtz at the Michigan Health & Hospital Association, and main nursing home group contacts. (Dave Holsworth advocacy committee member to get contacts for nursing home groups).



# Michigan

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- Other HOT topics:
- Legionella continued emphasis, water safety management plans
- Spotlight on proper managing on-site water treatment programs (monochloramine systems, etc.)
- Removing fire dampers and updating life safety drawings (requires State fire safety plan review & local plan review). State will not let facilities just disable non-required fire dampers with a screw.



## Philadelphia Area Local Advocacy Report

Presented By  
Daniel J. Campbell CHFM, FASHE  
On March 13<sup>th</sup> 2019

# Philadelphia Area

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- A local area hospital was cited by a Joint Commission Surveyor; i.e. Finding: Observed in Building Tour at Local Hospital, Philadelphia, PA site. “Observed during building tour, the...clean utility room had O2 storage and did not have the required signage ‘Medical Gases: NO Smoking or Open Flame.’”
- NOTE: The clean utility room contained two (2) O2 cylinders.



# Philadelphia Area

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- This Citation was under a TJC Standard that did not reference any specific code, only a code inference.
- The two (2) O2 “E” cylinders were found in patient care smoke compartment not in a central supply cylinder storage room.
- NFPA 99 references for O2 “E” cylinder inpatient care areas are found in; Section 11.3.3 and specifically 11.3.3.1.
- If the TJC denial of a clarification narrative is not overturned, hospitals nationwide will be cited similarly.

# Philadelphia Area

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- Cited Under Standard
- Standard: EC 02.05.09
- EP-4: Locations containing only oxygen or medical air have doors labeled “Medical Gases: NO Smoking or Open Flame.” Locations containing other gases have doors labeled “Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening.”
- NOTE: There is no NFPA reference in this EP!

# Philadelphia Area

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- The standard as worded in the book “Environment of Care Essentials for Health Care” contained most of the wording that can be found in NFPA 99 section 5.1.3.1 except words in white were omitted.
  - “Locations containing central supply systems or cylinders containing only oxygen or medical air shall have their door(s) labeled as follows:”
  - In other words, TJC has used only some of the wording from NFPA 99: 5.1.3.1.9 to come up with their own, slightly different requirement
- Central Supply Identification and Labeling, i. e. sections 5.1.3.1.8 and 5.1.3.1.9.
- Important Note: The O2 cylinders in this citation were not in a central supply storage room. The O2 cylinder was in a clean utility room within a patient care smoke compartment area.

# Philadelphia Area

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- The NFPA 99 reference for this situation can be found in section 11.3.3 “Storage for nonflammable gases with a volume equal to or less than 8.5 m<sup>3</sup> (300 ft<sup>3</sup>) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.
- 11.3.3.1 “Individual cylinders associated with patient care areas, not to exceed 2100 m<sup>2</sup> (22,500 ft<sup>2</sup>) of floor area, shall not be required to be stored in enclosures.”
- 11.3.3.2 “Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2”

# Philadelphia Area

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## Request for Advocacy assistance

- I am requesting help from the advocacy chairman as the advocacy liaison for the HealthCare Facilities Managers Association of Delaware Valley.
- The Hospital submitted a “Clarification Narrative” which was rejected by TJC.
- I believe this issue to be a national advocacy initiative that needs the power of ASHE to help make it right.
- Leaving the TJC denial decision stand as cited, will eventually impact hospitals across the country and cause scarce resources, i.e. many dollars to be needlessly spent.

# Wisconsin – Wade Rudolph

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- 2022 Edition of the FGI Guidelines
- Proposal Period is open for all three documents
- To access the proposal web site:  
<https://www.fgiguideines.net/login>
- Proposal period open until June 30, 2019
- Anyone can make proposals, review proposals, and comment on proposals.
- Tutorials are provided on proposal page of the website to assist in writing proposals. Would encourage viewing prior to proposal submission.

# Wisconsin

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ASHE has representation on the FGI HGRC:

Dave Dagenais

Steve Cutter

Thomas Gormley

Jeff Harms

Walter Jones

John Kouletsis

Charles Maggio

Bart Miller

Dan Scher

Charles Schlegel

David Soens

Walt Vernon

Pamela Ward

Wade Rudolph (Hospital Document  
Group Co-Chair)

# Wisconsin

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- FGI Structure
- Board of Directors
  - 2022 Executive Committee
    - HGRC voting
      - 3 Document Groups (HGRC & SME's)
        - Topic Groups
- Anyone can make proposals, review proposals, and comment on proposals.
- Tutorials are provided on proposal page of the website to assist in writing proposals. Would encourage viewing prior to proposal submission.



# Wisconsin

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## Topic Groups Being Developed:

Behavioral Health

Resiliency & Business Continuity

Facility Management

Geriatrics

Lighting

Infection Prevention & Control

Palliative Care

Rural Health Care

Technology

# Wisconsin

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- If interested in being part of a Topic Group
- Express interest to FGI or
- Send email to [rudolph.wade@mayo.edu](mailto:rudolph.wade@mayo.edu)
  - Include brief bio and why interested in the particular topic group
- Participation in topic groups as a SME could lead to future HGRC appointment if interested

# Reminder - AL Recordings and Future 2019 Dates

# AL Recordings/pptx Posting

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- Developed an AL Webinar Page
  - <http://www.ashe.org/advocacy/member/liaison-webinars.shtml>
  - Will maintain last 4 webinars
  - Page requires member login
- 2019 Dates:
  - 2<sup>nd</sup> Quarter - 6/12 (12 Noon CT)
  - 3<sup>rd</sup> Quarter – Advocacy Liaison Day 9/19-21 – Denver
  - 4<sup>th</sup> Quarter - 12/11 (12:00 Noon CT)

# Advocacy Day

# ASHE Advocacy Day

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- Advocacy Liaison Training
- Representative from every affiliated chapter
- Strategic planning for ASHE advocacy efforts
- Agenda still pending
- Date/Location
  - 17 – 19 October (arrive Thursday evening – depart Saturday afternoon)
  - Hilton Denver City Center
  - Logistics to be available during 2<sup>nd</sup> Quarter AL Call

Thank you for all you do to  
help optimize the health care  
physical environment!

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