



A personal membership group of the
American Hospital Association

Q1 ASHE Advocacy Liaison Webinar

21 March 2018





Agenda

- NFPA Update
- WMTS Update
- ICC Cycle A Update
- ASHRAE Public Review Opportunities
- Local Advocacy Reports



NFPA Update

NFPA 3000

- Standard for Preparedness and Response to Active Shooter and/or Hostile Events
 - Being Expedited
 - Provisional Standard

NFPA 101 & 99

- Next Edition – 2021 in Cycle
- Currently Open for Public Input
 - Closing Date: 27 June 2018
 - First Draft Report to be posted 27 February 2019
- Call for Volunteers to Review Open
 - Apply online at My ASHE
 - Under the Volunteer Tab
 - Volunteer Opportunities
 - ASHE NFPA 101 Life Safety Code Review Group

ASHE NFPA 101 LIFE SAFETY CODE REVIEW GROUP

[< RETURN TO LIST](#)

Starts: 03-06-2018

Location: Online Opportunity

[APPLY TODAY!](#)



DESCRIPTION:

The Life Safety Code is the most widely used source for strategies to protect people based on building construction, protection, and occupancy features that minimize the effects of fire and related hazards. Unique in the field, it is the only document that covers life safety in both new and existing structures. This opportunity will require review of the 2018 edition of NFPA 101 and submission of comments, concerns, corrections or clarifications that are needed for the next edition so that ASHE can advocate for the changes.

CONTACT:

Sharon Autrey
Manager, Administration & Governance
American Society for Healthcare Engineering
✉ sautrey@aha.org

Sign-Up Deadline: **March 16, 2018**

Extended until Friday 23 March

Opportunity Start Date: March 19, 2018

Opportunity End Date: May 1, 2018

To Apply:

In order to participate, you must complete this [conflict of interest and nondisclosure form](#). Please complete this form and then upload it as part of your application when applying for this opportunity at the link above.

VOLUNTEERS NEEDED:

10 (10 open slots)

EXPERIENCE REQUIRED:

All levels of experience are welcome

NFPA 101 & 99

- Survey process (See-it/Cite-it)
 - Causing concerns with interpretation/applicability
 - Example of monthly visual inspection of sprinkler heads documentation
 - Can no longer happen through routine maintenance and operational duties
- NFPA Conference June 11-14 in Las Vegas, NV

WMTS Update

WMTS Update

- Medical telemetry operating in the following bandwidths must be registered:
 - 608 – 614 MHz
 - 1395 – 1400 MHz
 - 1427 – 1432 MHz
- Section 95.1111(a) of the FCC's rules states, "Prior to operation, authorized health care providers who desire to use wireless medical telemetry devices must register all devices with a designated frequency coordinator."

WMTS Update

- ASHE is the FCC's designated frequency coordinator:
- Two step process to register:
 1. Register the Facility
 2. Register the Telemetry Equipment





HEALTH FACILITIES MANAGEMENT
2018 HOSPITAL CONSTRUCTION SURVEY

New issue available

In this issue: 2018 Hospital Construction Survey, 2018 Vista Award winners: PDC Summit preview, access control and security technologies, and much more.

[VIEW ISSUE](#)

TOP RESOURCES

- New! My ASHE
- HFM Magazine
- Career Flash
- Codes and Standards Guidance
- ASHE Pages Buyer's Guide

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PDC Summit Blog

Preventing Inpatient Self-Harm: Making health care environments safer with planning and design

[READ BLOG POST >>](#)

Useful Service Life (USL) Assessment Tool

ASHE's new USL Assessment Tool and FCI calculator will allow you to calculate your infrastructure health

[LEARN MORE >>](#)

Advocacy Alert

ASHE has received a number of reports that hospital compounding pharmacies are increasingly being cited for two easily avoidable conditions

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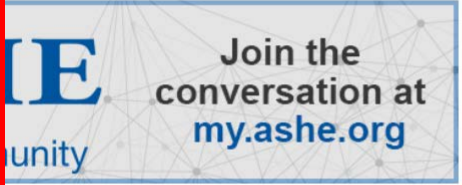
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ICC Code Development 2021 Cycle Group A Update

ICC Code Development Cycle Status

- 2018 – 2019 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
- Group A ICC Committee on Healthcare
 - Alignment with current K-Tags

Group A Code Proposals by CHC

K-tag	Work Group	Proposal #	Section Modified	Proposal Summary
K222	G/MOE	E052	IBC 1010.1.9.4	Manual locking provision - Staff Keys
K221	G/MOE	E055	IBC 1010.1.9.7	Controlled egress doors - smoke detectors
K221	G/MOE	E057	IBC 1010.1.9.7	Controlled egress doors -cognitive
K222	G/MOE	E059	IBC 1010.1.9.8.1	Delayed egress locking system exceptions
	MEP	E092	IBC 1020.5	Transfer air for both positive and negative pressure rooms
	G/MOE	E123	IBC 1107.5, 1107.5.1, 1107.5.1.1, 1107.5.1.2 (New)	Accessible units in Group I-1, Condition 1 & 2 Exceptions - not more than 50% water closets and roll in showers required to comply with ICC A117.1
	G/MOE	E124	IBC 1107.5.2, 1107.5.2.1, 1107.5.2.2	Accessible units in Group I-2 Nursing homes Exceptions - not more than 90% water closets and roll in showers required to comply with ICC A117.1
	G/MOE	E125	IBC 1107.5.4	Accessible units in Group I-2 Rehab Facs Exceptions - not more than 50% water closets and roll in showers required to comply with ICC A117.1
	G/MOE	E128	IBC 1109.2, 1109.2.2 (New), 1109.2.2.1 (New), 1109.2.2.2 (New), 1109.2.2.2.1 (New), 1109.2.2.2.2 (New), 1109.2.2.2.3 (New), 1109.2.2.3 (New), 1109.2.2.4 (New), 1109.2.2.5 (New), 1109.2.2.6 (New)	Assisted toileting and bathing - equivalent facilitation to the accessible toilet requirement in ICC A117.1 and the 2010 ADA Standard
	G/MOE	E129	IBC 1109.2, 1109.2.3 (New), 1109.2.3.1 (New), 1109.2.3.2 (New), 1109.2.3.3 (New), 1109.2.3.3.1 (New), 1109.2.3.3.2 (New), 1109.2.3.4 (New), 1109.2.3.5 (New), 1109.2.3.6 (New), 1109.2.3.7 (New), 1109.2.3.8 (New), 1109.2.3.9 (New)	Assisted toileting and bathing - removal of the requirement for permanently installed folding or fixed seats
K741	F/FS	F012	IFC 310.2, 310.2.1, 310.3, 310.6	Patient smoking based on clinical need
K933	F/FS	F033	IFC 403.8.2.4	Fire loss prevention in Operating Rooms
K913	MEP	F069	IFC 604.1.1	Electrical systems and equipment must be maintained and tested per requirements listed in NFPA 99

Group A Code Proposals by CHC

K-tag	Work Group	Proposal #	Section Modified	Proposal Summary
K524	MEP	F122 - P1	IFC 903.3.2	QR heads in smoke compartment with gas/decorative fireplaces
K524	MEP	F122 - P2	IFGC 303.3.1	Exclusion of gas fireplaces in patient sleeping rooms
K711, K712	F/FS	F147	IFC 907.5.2.1, 907.5.2.3	Exception for both visible and audible alarms in hospitals
K211	G/MOE	F180	IFC 1031.3.1	Removal of wheeled equipment
K363	F/FS	F188	IFC 1105.5.4.2.2, 1105.5.4.2.4, 1105.5.4.2.5	Corridor door clearances, hold opens and protective plates
K241	G/MOE	F189	IFC 1105.6.1	MOE without return to compartment
K918	MEP	F192	IFC 1203.4.1, 1203.5.1	Inspection and testing requirements of emergency and standby power systems per NFPA 99
K322	F/FS	F271	IFC CHAPTER 38	Align hospital labs with academic research labs
	F/FS	F282	IFC TABLE 5003.1.1(1), 5003.8.3, 5003.8.3.1, 5003.8.3.2, 5306.2; IBC: [F]T ABLE 307.1(1), [F] 414.2, [F]414.2.1, [F]414.2.2, [F]427.2	High-rise requirements for storage of gases in high-rise I-2 occupancies
K925	F/FS	F286	IFC 5003.7.4	Restriction of sources of ignition in RT Areas
K926	MEP	F295	IFC 5306.1.1	Training requirements of medical gas systems and associated equipment and cylinders
K364	F/FS	FS039	IBC 710.5, 710.5.3	Pass thru opening requirements
	F/FS	FS067	IBC 717.5.2	More accurately reflect typical installations of fully ducted systems
K324	MEP	G040	IBC 407.2.5, 407.2.6, 407.2.7 (New); IFC: 904.13	separate the requirements for domestic cooking appliances and exhaust from the allowance for that area to be open to the corridor in a nursing home
K324	MEP	G041	IBC 407.2.6	Exceptions for domestic cooking
K362	F/FS	G042	IBC 407.3.1.1, 710.5.2.1	Non-rated doors in corridors requirements
K256, K257	G/MOE	G043	IBC 407.4.4.3	Exit access options from a suite
K255	G/MOE	G044	IBC 407.4.4.3	Removal of distance of travel exception
K223	G/MOE	G046	IBC 407.6.1	Automatic release of hold opens

Group A Code Proposals by CHC

K-tag	Work Group	Proposal #	Section Modified	Proposal Summary
K324	MEP	G055	IBC 420.8, 420.8.1, 420.9 (New); IFC: 904.13	Separate the requirements for domestic cooking appliances and exhaust from the allowance for that area to be open to the corridor in an assisted living facility.
K324	MEP	G056	IBC 420.8	Exceptions applicable to cooktops and ranges.
K324	MEP	G058	IBC 422.1, 422.7	Domestic cooking training facilities Ambulatory Care
	G/MOE	G087	IBC 508.3.1.2	Use of non-separated mixed uses in hospitals
K163	G/MOE	G112	IBC 603.1.1.1.1	Fire retardant-treated wood in shaft enclosures
K162	G/MOE	G113	IBC 603.1.1.1.3.2	Fire retardant-treated wood in roof construction
K521	MEP	M031	IMC 407.1	HVAC for I-2 and Ambulatory Care meet 170 & 99
K324	MEP	M050	IMC 505.3.1	Allow recirculating hoods in I-1 & I-2
K324	MEP	M051	IMC 505.3, 505.7	Address circular reference and coordinate with IBC & IFC changes
K523	MEP	M081	IMC 920.1, 920.2, 920.3, 920.4	Suspended heaters not allowed in MOE
	MEP	P100	IPC 608.2	2 Water service pipes
K711, K712	F/FS	F024	IFC 403.4, 403.4.1, 403.4.1.1, 403.1.1.1, 403.4.1.2, 403.8, 403.8.1, 403.8.2, 403.8.3, 403.10, 403.10.3	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - moves specific ambulatory care facility criteria so that it is a subset of Group B
K711, K712	F/FS	F025	IFC 403.3.1, 403.8.1.1, 403.8.1.1.1, 403.8.2.1, 403.8.3.1, 403.10.3.1	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - consistent use of care recipient instead of patient
K711, K712	F/FS	F026	IFC 403.3.2, 403.8.1.1.2, 403.8.2.2, 403.8.3.1, 403.10.3.3.1	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - "location of special locking arrangements".
K711, K712	F/FS	F027	IFC 403.3.3, 403.8.1.2, 403.8.2.3, 403.8.3.1, 403.8.3.2, 403.8.3.3, 403.10.3.2	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - consistent use of staff vs employee
K711, K712	F/FS	F028	IFC 403.3.4, 403.8.1.6, 403.8.2.3, 403.10.3.6, 405.1, 405.2	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - clarification of drill requirements
K711, K712	F/FS	F030	IFC 403.8.1.3, 403.10.3.3	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - resident training clarification
K711, K712	F/FS	F031	IFC 403.8.1.4, 403.10.3.4, 405.2, Table 405.2	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Ambulatory Care facilities - consistent use of staff vs employee

Group A Code Proposals by CHC

K-tag	Work Group	Proposal #	Section Modified	Proposal Summary
K711, K712	F/FS	F032	IFC 403.8.1.4, 403.8.1.5, 403.8.1.7, 403.8.2.3, 403.10.3.5, 405.2, Table 405.2, 405.4, 405.8	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Amb Care facilities - allow for the timing of fire drills to not be “unexpected time and under varying conditions”
K711, K712	F/FS	F039	IFC 404.2.3, 404.3, 404.4, 404.4.1, 405, 405.1	Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 & Amb Care facilities - coordination of lock down plans
K920	F/FS	F073	IFC 604.4.1.1	RPT requirements
K346, K354	F/FS	F101	IFC 901.7	AASS out of service per NFPA 25/72 Exception
K909, K924, K928	MEP	F297 - P1	IFC 5306.5	Clarifies that the application of NFPA 99 includes the use, testing and labeling of medical gas systems and equipment
K909, K924, K928	MEP	F297 - P2	IPC 1202.1	Clarifies that the application of NFPA 99 includes the use, testing and labeling of medical gas systems and equipment
K372	F/FS	FS038	IBC 709.4.1	Smoke compartment definition and clarification of boundaries
K331	F/FS	FS086	IBC 806.9	Lockers considered interior finish
K224	G/MOE	E045	IBC 1010.1.3.2	Manual horizontal sliding doors
K222	G/MOE	E061	IBC 1010.1.9.9	Emergency lighting egress side of door

- Group A Code Action Committee Hearings

15 April – 23 April

Greater Columbus Convention Center: Columbus, OH



Group A Code Proposals by CHC

- Committee on Healthcare (CHC)
 - Submitted a total of 60 Proposals
 - Reviewing an additional 100+ Proposals
 - Planning to support additional 21 Proposals
 - 120° maximum temperature for handwashing
 - Requirement for tracer on water mains
 - Planning to oppose 26 Proposals
 - Deletion of fire damper exception in fire barriers in fully sprinklered building
 - Requirement for leak detection devices on water mains
 - Requirement for occupied indicator for toilet and bathing room doors
 - Monitoring remaining proposals

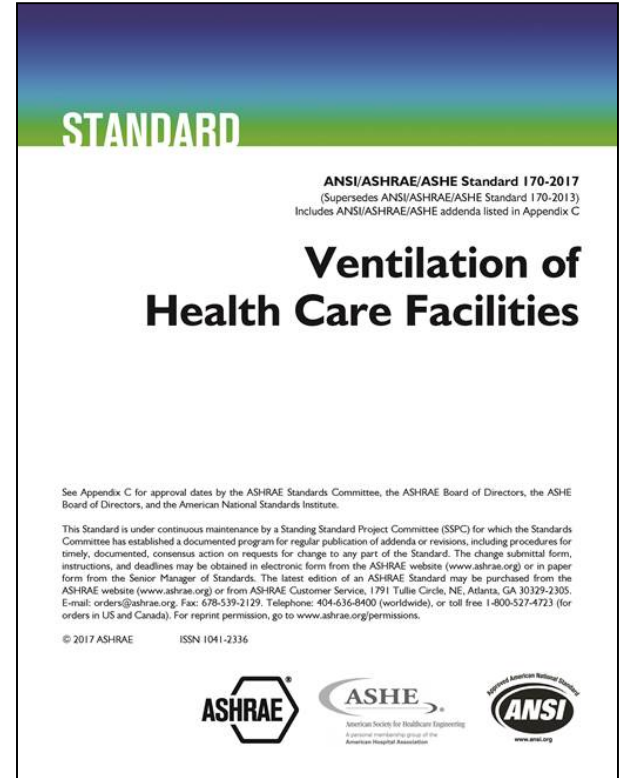
ASHRAE Public Review Opportunities

ASHRAE and Continuous Maintenance Documents

- ASHRAE Standards on Continuous Maintenance
 - ASHRAE 170, ASHRAE 188, ASHRAE 89.3, etc.
- Allows changes on continuous basis
- Issued as Addendum
- Standards published about every 3 years
 - Include published addendum as part of republished standard

ASHRAE 170 - 2017

- Issued 14 Nov 2017
- Includes editorial reorganization
 - Hospital Spaces
 - Outpatient Spaces
 - Nursing Home Spaces
- Incorporates 12 published addenda to the 2013 edition:



ASHRAE 170 - 2017

- RTU Gas Vents
- Adiabatic humidifiers
- New exam room type
 - General and Special
- Prohibits controls to switch pressurization
- Reduces requirements for ECT Rooms
- Reduces requirements for Labs
- Increases requirements for Higher Hazard Exhaust
- Coordinates temperature requirements for SPD
- Clarifies Primary Diffuser Array definition
- Updates references



Public Input Process

- Proposals submitted to Standard Committee
- Reviewed and processed/approved by committee
 - Can be approved, modified, returned, etc.
- Posted for public comment
 - <https://osr.ashrae.org/default.aspx>
 - ASHE announces postings of pertinent proposals
- Need Member INPUT!

Upcoming Addenda

- **Important Upcoming 170 Addenda**
 - **Addendum q (30-day review March 23, 2018 to April 22, 2018)**
 - The following changes are being proposed: Add “resident” to differentiate from “patient” in residential health applications (Section 2.1). Clarify that Standard 170 addresses more than outside air quantities, to better differentiate from Standard 62.1 (Section 2.6). Clarify that 170 does not establish “comprehensive thermal comfort design requirements”. Those requirements are addressed in Standard 55 (Section 2.7). The text of the Standard will be coordinated with this revised scope in a future addendum, once the revised scope is approved
 - **Addendum o (45-day review March 23, 2018 to May 7, 2018)**
 - Alternative option for a voluntary risk-based approach to establish operational ventilation rates for spaces required in 170
 - **Addendum p (45-day review March 23, 2018 to May 7, 2018)**
 - Updates to Table 7.1. as follows: delete the requirements for Residential Health, Care, and Support spaces, which are being relocated to a new Table 9.1 in Addendum n. Relocate and update filtration requirements. Part of that effort revised the Filter Bank No. 1 entries to be “MERV 8” from the prior entry of “MERV 7”. Include requirements for unoccupied turndown of the spaces. Revise the space name terminology, table organization, and subheadings to better correlate with the 2014 FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities.

Local Advocacy Updates



Local Advocacy Updates

- Region 1 – New York
- Genesee Valley Regional Association for Healthcare Engineers (GVRAHE) – Jim Gross
- NYSDOH legionella regulations





Local Advocacy Updates

- Region 3
- North Carolina Healthcare Engineers Association (NCHEA) – Terry Fair
- North Carolina adoption of current version of FGI
 - Hospital but not Ambulatory Health





Local Advocacy Updates

- Region 4
- Florida Healthcare Engineering Association (FHEA)
Fred Kiesel
 - Science Screen Report

Local Advocacy Updates



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STEM FACT: Mechanical engineering is the #1 major chosen by students who want to pursue a career in STEM.





To support STEM education, please contact:

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Local Advocacy Updates

- Region 5 – Michigan
- Michigan Society for Healthcare Engineering (MiSHE)
Pier-George Zaroni
 - MiSHE board members participating in stakeholders meetings to review and comment on State of Michigan proposed revisions to the healthcare licensing rules. Estimated final rule approval in 2019.
 - MiSHE has been reaching out to Michigan Department of Environmental Quality staff re input into the upcoming clarifications of state enforcement of the Federal Clean Drinking Water Act as it pertains to health care facilities with on-site water treatment systems that inject disinfectant chemicals to reduce Legionella bacteria in the water supply. Rules will include requirements for certified operators.



Local Advocacy Updates

- Region 8 – Missouri
- Missouri Society for Healthcare Engineering(MoSHE)
Greg Hrbacek
 - MOSHE Advocacy continues to monitor the adoption of our new State Construction Standard.
 - MDHSS has submitted an emergency rule request for the formal adoption of the 2010/2014 FGI Guidelines and 2012 NFPA 101, Life Safety Code.



Local Advocacy Updates

- Region 9 – Arizona
- Arizona Chapter of the American Society for Healthcare Engineering (AzASHE) – Jacob Linhart
 - NFPA 99, 2012 Edition Risk Assessment (Section 4.2*)
 - ASHRAE 188 (Water Management Program)
 - Ligature risk
 - Delayed Egress (Code interpretation)
 - Hospital Incident Command System understanding and overview

Reminder - AL Recordings and Future 2018 Webinars

AL Recordings/pptx Posting

- Developed an AL Webinar Page
 - <http://www.ashe.org/advocacy/member/liaison-webinars.shtml>
 - Will maintain last 4 webinars
 - Page requires member login

AL 2018 Webinar Dates

- Q2 – Wednesday 20 June
- Q3 – Wednesday 19 September
- Q4 – Wednesday 5 December

- All webinars will begin at 12:00 Noon CT

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

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