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 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

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.

STARTS: 03-06-2018
LOCATION: Online Opportunity

APPLY TODAY!

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

SIGN-UP DEADLINE: March 16, 2018
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

Extended until Friday 23 March
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
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
ICC Code Development
2021 Cycle Group A Update
ICC Code Development Cycle Status

- 2018 – 2019 Cycle “underway”
- 2018 – Group A
- 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

<table>
<thead>
<tr>
<th>K-tag</th>
<th>Work Group</th>
<th>Proposal #</th>
<th>Section Modified</th>
<th>Proposal Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K222</strong></td>
<td>G/MOE</td>
<td>E052</td>
<td>IBC 1010.1.9.4</td>
<td>Manual locking provision - Staff Keys</td>
</tr>
<tr>
<td><strong>K221</strong></td>
<td>G/MOE</td>
<td>E055</td>
<td>IBC 1010.1.9.7</td>
<td>Controlled egress doors - smoke detectors</td>
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<tr>
<td><strong>K221</strong></td>
<td>G/MOE</td>
<td>E057</td>
<td>IBC 1010.1.9.7</td>
<td>Controlled egress doors - cognitive</td>
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<tr>
<td><strong>K222</strong></td>
<td>G/MOE</td>
<td>E059</td>
<td>IBC 1010.1.9.8.1</td>
<td>Delayed egress locking system exceptions</td>
</tr>
<tr>
<td>MEP</td>
<td></td>
<td>E092</td>
<td>IBC 1020.5</td>
<td>Transfer air for both positive and negative pressure rooms</td>
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<tr>
<td><strong>K741</strong></td>
<td>G/MOE</td>
<td>E123</td>
<td>IBC 1107.5, 1107.5.1, 1107.5.1.1, 1107.5.1.2 (New)</td>
<td>Accessible units in Group I-1, Condition 1 &amp; 2 Exceptions - not more than 50% water closets and roll in showers required to comply with ICC A117.1</td>
</tr>
<tr>
<td><strong>K933</strong></td>
<td>G/MOE</td>
<td>E124</td>
<td>IBC 1107.5.2, 1107.5.2.1, 1107.5.2.2</td>
<td>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</td>
</tr>
<tr>
<td><strong>K913</strong></td>
<td>G/MOE</td>
<td>E125</td>
<td>IBC 1107.5.4</td>
<td>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</td>
</tr>
<tr>
<td><strong>K222</strong></td>
<td>G/MOE</td>
<td>E128</td>
<td>IBC 1109.2, 1109.3.1 (New), 1109.2.3.2 (New), 1109.2.3.3 (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)</td>
<td>Assisted toileting and bathing - equivalent facilitation to the accessible toilet requirement in ICC A117.1 and the 2010 ADA Standard</td>
</tr>
<tr>
<td><strong>K741</strong></td>
<td>G/MOE</td>
<td>E129</td>
<td>IBC 1109.2, 1109.2.3 (New), 1109.2.3.1 (New), 1109.2.3.2 (New), 1109.2.3.3 (New), 1109.2.3.4 (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)</td>
<td>Assisted toileting and bathing - removal of the requirement for permanently installed folding or fixed seats</td>
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<tr>
<td><strong>K741</strong></td>
<td>F/FS</td>
<td>F012</td>
<td>IFC 310.2, 310.2.1, 310.3, 310.6</td>
<td>Patient smoking based on clinical need</td>
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<tr>
<td><strong>K933</strong></td>
<td>F/FS</td>
<td>F033</td>
<td>IFC 403.8.2.4</td>
<td>Fire loss prevention in Operating Rooms</td>
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<tr>
<td><strong>K913</strong></td>
<td>MEP</td>
<td>F069</td>
<td>IFC 604.1.1</td>
<td>Electrical systems and equipment must be maintained and tested per requirements listed in NFPA 99</td>
</tr>
<tr>
<td>K-tag</td>
<td>Work Group</td>
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<tr>
<td>K524</td>
<td>MEP</td>
<td>F122 - P1</td>
<td>IFC 903.3.2</td>
<td>QR heads in smoke compartment with gas/decorative fireplaces</td>
</tr>
<tr>
<td>K524</td>
<td>MEP</td>
<td>F122 - P2</td>
<td>IFGC 303.3.1</td>
<td>Exclusion of gas fireplaces in patient sleeping rooms</td>
</tr>
<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F147</td>
<td>IFC 907.5.2.1, 907.5.2.3</td>
<td>Exception for both visible and audible alarms in hospitals</td>
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<tr>
<td>K211</td>
<td>G/MEO</td>
<td>F180</td>
<td>IFC 1031.3.1</td>
<td>Removal of wheeled equipment</td>
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<tr>
<td>K363</td>
<td>F/FS</td>
<td>F188</td>
<td>IFC 1105.5.4.2.2, 1105.5.4.2.4, 1105.5.4.2.5</td>
<td>Corridor door clearances, hold opens and protective plates</td>
</tr>
<tr>
<td>K241</td>
<td>G/MEO</td>
<td>F189</td>
<td>IFC 1105.6.1</td>
<td>MOE without return to compartment</td>
</tr>
<tr>
<td>K918</td>
<td>MEP</td>
<td>F192</td>
<td>IFC 1203.4.1, 1203.5.1</td>
<td>Inspection and testing requirements of emergency and standby power systems per NFPA 99</td>
</tr>
<tr>
<td>K322</td>
<td>F/FS</td>
<td>F271</td>
<td>IFC CHAPTER 38</td>
<td>Align hospital labs with academic research labs</td>
</tr>
<tr>
<td>K925</td>
<td>F/FS</td>
<td>F286</td>
<td>IFC 5003.7.4</td>
<td>Restriction of sources of ignition in RT Areas</td>
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<tr>
<td>K926</td>
<td>MEP</td>
<td>F295</td>
<td>IFC 5306.1.1</td>
<td>Training requirements of medical gas systems and associated equipment and cylinders</td>
</tr>
<tr>
<td>K364</td>
<td>F/FS</td>
<td>FS039</td>
<td>IBC 710.5, 710.5.3</td>
<td>Pass thru opening requirements</td>
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<tr>
<td>F/FS</td>
<td>FS067</td>
<td>IBC 717.5.2</td>
<td>More accurately reflect typical installations of fully ducted systems</td>
<td></td>
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<tr>
<td>K324</td>
<td>MEP</td>
<td>G040</td>
<td>IBC 407.2.5, 407.2.6, 407.2.7 (New): IFC: 904.13</td>
<td>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</td>
</tr>
<tr>
<td>K324</td>
<td>MEP</td>
<td>G041</td>
<td>IBC 407.2.6</td>
<td>Exceptions for domestic cooking</td>
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<tr>
<td>K362</td>
<td>F/FS</td>
<td>G042</td>
<td>IBC 407.3.1.1, 710.5.2.1</td>
<td>Non-rated doors in corridors requirements</td>
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<tr>
<td>K256, K257</td>
<td>G/MEO</td>
<td>G043</td>
<td>IBC 407.4.4.3</td>
<td>Exit access options from a suite</td>
</tr>
<tr>
<td>K255</td>
<td>G/MEO</td>
<td>G044</td>
<td>IBC 407.4.4.3</td>
<td>Removal of distance of travel exception</td>
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<tr>
<td>K223</td>
<td>G/MEO</td>
<td>G046</td>
<td>IBC 407.6.1</td>
<td>Automatic release of hold opens</td>
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### Group A Code Proposals by CHC

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<tr>
<td>K324</td>
<td>MEP</td>
<td>G055</td>
<td>IBC 420.8, 420.8.1, 420.9 (New); IFC: 904.13</td>
<td>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.</td>
</tr>
<tr>
<td>K324</td>
<td>MEP</td>
<td>G056</td>
<td>IBC 420.8</td>
<td>Exceptions applicable to cooktops and ranges.</td>
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<tr>
<td>K324</td>
<td>MEP</td>
<td>G058</td>
<td>IBC 422.1, 422.7</td>
<td>Domestic cooking training facilities Ambulatory Care</td>
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<tr>
<td>G/MOE</td>
<td>G087</td>
<td>IBC 508.3.1.2</td>
<td>Use of non-separated mixed uses in hospitals</td>
<td></td>
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<tr>
<td>K163</td>
<td>G/MOE</td>
<td>G112</td>
<td>IBC 603.1.1.1.1</td>
<td>Fire retardant-treated wood in shaft enclosures</td>
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<tr>
<td>K162</td>
<td>G/MOE</td>
<td>G113</td>
<td>IBC 603.1.1.1.3.2</td>
<td>Fire retardant-treated wood in roof construction</td>
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<tr>
<td>K521</td>
<td>MEP</td>
<td>M031</td>
<td>IMC 407.1</td>
<td>HVAC for I-2 and Ambulatory Care meet 170 &amp; 99</td>
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<tr>
<td>K324</td>
<td>MEP</td>
<td>M050</td>
<td>IMC 505.3.1</td>
<td>Allow recirculating hoods in I-1 &amp; I-2</td>
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<tr>
<td>K324</td>
<td>MEP</td>
<td>M051</td>
<td>IMC 505.3, 505.7</td>
<td>Address circular reference and coordinate with IBC &amp; IFC changes</td>
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<td>K523</td>
<td>MEP</td>
<td>M081</td>
<td>IMC 920.1, 920.2, 920.3, 920.4</td>
<td>Suspended heaters not allowed in MOE</td>
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<tr>
<td>MEP</td>
<td>P100</td>
<td>IPC 608.2</td>
<td>2 Water service pipes</td>
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<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F024</td>
<td>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</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - moves specific ambulatory care facility criteria so that it is a subset of Group B</td>
</tr>
<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F025</td>
<td>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</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - consistent use of care recipient instead of patient</td>
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<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F026</td>
<td>IFC 403.3.2, 403.8.1.1.2, 403.8.2.2, 403.8.3.1, 403.10.3.3.1</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - “location of special locking arrangements”.</td>
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<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F027</td>
<td>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</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - consistent use of staff vs employee</td>
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<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F028</td>
<td>IFC 403.3.4, 403.8.1.6, 403.8.2.3, 403.10.3.6, 405.1, 405.2</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - clarification of drill requirements</td>
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<td>K711, K712</td>
<td>F/FS</td>
<td>F030</td>
<td>IFC 403.8.1.3, 403.10.3.3</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - resident training clarification</td>
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<td>K711, K712</td>
<td>F/FS</td>
<td>F031</td>
<td>IFC 403.8.1.4, 403.10.3.4, 405.2, Table 405.2</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Ambulatory Care facilities - consistent use of staff vs employee</td>
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<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F032</td>
<td>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</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Amb Care facilities - allow for the timing of fire drills to not be “unexpected time and under varying conditions”</td>
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<tr>
<td>K711, K712</td>
<td>F/FS</td>
<td>F039</td>
<td>IFC 404.2.3, 404.3, 404.4, 404.4.1, 405, 405.1</td>
<td>Coordination of fire safety, evacuation and lock down plans for I-1, I-2, I-3, R-4 &amp; Amb Care facilities - coordination of lock down plans</td>
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<td>K920</td>
<td>F/FS</td>
<td>F073</td>
<td>IFC 604.4.1.1</td>
<td>RPT requirements</td>
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<tr>
<td>K346, K354</td>
<td>F/FS</td>
<td>F101</td>
<td>IFC 901.7</td>
<td>AASS out of service per NFPA 25/72 Exception</td>
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<tr>
<td>K909, K924, K928</td>
<td>MEP</td>
<td>F297 - P1</td>
<td>IFC 5306.5</td>
<td>Clarifies that the application of NFPA 99 includes the use, testing and labeling of medical gas systems and equipment</td>
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<tr>
<td>K909, K924, K928</td>
<td>MEP</td>
<td>F297 - P2</td>
<td>IPC 1202.1</td>
<td>Clarifies that the application of NFPA 99 includes the use, testing and labeling of medical gas systems and equipment</td>
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<tr>
<td>K372</td>
<td>F/FS</td>
<td>FS038</td>
<td>IBC 709.4.1</td>
<td>Smoke compartment definition and clarification of boundaries</td>
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<tr>
<td>K331</td>
<td>F/FS</td>
<td>FS086</td>
<td>IBC 806.9</td>
<td>Lockers considered interior finish</td>
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<tr>
<td>K224</td>
<td>G/MOE</td>
<td>E045</td>
<td>IBC 1010.1.3.2</td>
<td>Manual horizontal sliding doors</td>
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<tr>
<td>K222</td>
<td>G/MOE</td>
<td>E061</td>
<td>IBC 1010.1.9.9</td>
<td>Emergency lighting egress side of door</td>
</tr>
</tbody>
</table>

- **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:
• 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

- Opportunity for Chapters to engage locally
- Succession Planning Strategic Imperative

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➢ **EXCLUSIVITY:** Each sponsorship territory is exclusive to your organization. Your channel is password-protected & monitored.

➢ **PUBLIC RELATIONS:** Working in cooperation with your corporate communications team, we will provide press release templates as well as testimonials from educators in your supported territory to announce your participation to local, regional and national media, employees, customers and state and local policy makers.

➢ **LONGEVITY:** Unlike one-time donations or events that are often forgotten, a SCIENCE SCREEN REPORT OnLINE News Channel will be used continually in science classes as well as at home and on the go for many years to come, resulting in your branding message being seen by countless students and teachers in your sponsored communities. With your continued support, schools will build a valuable on-line video library of dynamic and up-to-date STEM content that will continue to grow year after year.

➢ **AUDIENCE:** We are seen by more than 25,000,000 students in tens of thousands of schools each year.

➢ **SURVEYS & USAGE REPORTS:** Surveys and teacher testimonials documenting the active use of SCIENCE SCREEN REPORT OnLINE in the classroom are provided for your records at the close of each school year.

➢ **501(c)(3) DOCUMENTATION:** SCIENCE SCREEN REPORT OnLINE can be provided as a tax deductible 501(c)(3) charitable contribution through the Accreditation Board for Engineering & Technology (ABET) and the National Museum of Education (NMHE).

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 Zanoni

• 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.
  
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](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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