

Q1 ASHE Sustainability and Advocacy Liaison Webinar

26 February 2020

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Agenda

- 1. NFPA Update
- 2. ASHRAE Update
- 3. FGI, USP & ICC Update
- 4. 2020 Webinar Dates



NFPA Update

NFPA 99 & 101

- Second Draft Reports Posted 22 January 2020
 - NFPA 99 152 proposed changes submitted 48 rejected
 - NFPA 101 146 proposed changes submitted 59 rejected
- NITMAM (Notice of Intent to Make a Motion) Closing Date was 19 February 2020
- NITMAM Posting Date 1 April 2020



Revision No. 998 – RPT's

10.2.3.6* Relocatable Power Taps (RPTs).

Relocatable power taps (RPTs) shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is pole-, rack-, table-, pedestal-, or cartmounted, provided that all of the following conditions are met:

(1)* The receptacles are RPT is securely attached to the equipment assembly

A.10.2.3.6(1)

Tape, adhesive, and hook-and-loop fasteners are not considered to be secure means of attachment. A clamp or bracket that has been hand or tool tightened is considered securely attached.

- (2)* The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the <u>outlets RPT</u>.
- (3) The ampacity of the flexible cord is in accordance with NFPA 70.
- (4) The RPT attachment plug must not be connected to another RPT or extension cord.
- (5) The electrical and mechanical integrity of the assembly and its securement method are regularly verified and documented.



Revision No. 942 – Removal of Outlets

5.1.14.3.5*

When clinical spaces are converted to nonclinical spaces, medical gas inlets and outlets that are not accessible for maintenance and testing shall be either removed or decommissioned.

A.5.1.14.3.5

When spaces are converted, the inlets and outlets should be addressed in one of the following ways:

- (1) Inlets and outlets removed and tubing capped
- (2) Inlets and outlets plugged and provided with a blank-off plate
- (3) Inlets and outlets remain accessible for maintenance and testing
- (4) Other means deemed appropriate by the AHJ

<u>Proper decommissioning of systems should include identifying them as not in service. The associated zone valve box and alarm panels should be kept up-to-date with the changes made to rooms no longer served.</u>



Revision No. 977 – Design to higher risk category

4.1.5*

Activities, systems, and equipment shall be permitted to be designed to a higher risk category.

5.1.1.6

Medical gas outlets and inlets in Category 1 spaces (see 3.3.137.1) shall be supplied only from sources and through piping networks compliant with Section 5.1. Category 1 systems shall be permitted to serve spaces identified as Category 1, Category 2, or Category 3.

<u>Category 1, Category 2, or Category 3. The converse is not allowed. For example, a required Category 1 system must be designed to a Category 1 and cannot be designed to a Category 2, Category 3, or Category 4.</u>



Revision No. 949 –
Accessibility of Valves

5.1.14.7.11*

Access to valves and alarms shall be made part of the standard operating procedures for the facility and shall include the following:

- (1) No items are to be placed in front of or affixed to any alarm panel that would restrict the view or diminish the sound of the alarm.
- (2) Valves in secured areas are to be specified as follows:
 - (a)* The valve is visible from the intended operator's position.

A.5.1.14.7.11(2)(a)

The intended operator's position is where the person who will operate the valve can see and reach the valve to open or close it. This can involve opening access doors, standing on a ladder, or other actions that would put the operator into the correct position.

- (b) The valve is operable with no more than ordinary aids, such as a ladder.
- (c) If the valve is provided with security hardware, such hardware is visible and readily, removeable when needed.

A.5.1.14.7.11

Accessibility of valves and the visibility and audibility of alarms are inherent to the functions for which they are installed. The hazard involved in placing any equipment in front of a valve that blocks the line of sight is obvious.

Access to alarms involves both seeing and hearing the alarms. Any obstruction of sight lines (e.g., with a computer monitor, signs, boxes, carts) or impairment of the alarm's audio (e.g., by taping over or plugging the speaker or sounder) can delay or prevent response.

<u>During routine safety checks</u>, <u>a facility should include visual checks of the visibility, access</u>, and condition of all zone valves and alarms.



Revision No. 1002 – Full/Empty Cylinder max temperature

11.3.4

<u>Full and empty cylinders shall be prevented from reaching temperatures in excess of 52°C (125°F).</u>



Revision No. 7, 8 & 10 – Existing Signage

5.1.3.1.9

Locations containing central supply systems or cylinders containing Source locations containing only oxygen or medical air shall have their door(s) doors labeled as follows:

Medical Gases

NO Smoking or Open Flame

<u>5.1.3.1.9.1</u>

Existing signage that is not in strict compliance with the provisions of this code shall be permitted to be continued in use as long as the authority having jurisdiction has determined that such use does not constitute a distinct hazard to life.



Revision No. 6566 – Exit Signs Monthly Inspections

7.10.9 Testing and Maintenance.

Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.

7.10.0.1 Inspection.

Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3.

7.10.0.2 Testing.

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Revision No. 6555 – Required Fire Doors

8.3.3.3.1*

Fire Required fire door assemblies shall be installed, inspected, tested, and maintained in accordance with NFPA 80.

A.8.3.3.3.1

Where a door or door frame is not required to be fire protection rated and is equipped with a fire protection listing label, the door and the door frame is not required to comply with NFPA 80.



Revision No. 6606 & 6670 – Fire Alarm exception on 3rd shift

18.7.1.4*

Fire drills in health care occupancies shall include the simulation of emergency fire conditions and, except as indicated in 18.7.1.7, include activation of the fire alarm system notification appliances.

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Revision No. 6661 & 6671 – Soiled linen and trash receptacles

18.7.5.7 Soiled Linen and Trash Receptacles.

18.7.5.7.1*

Soiled linen or trash collection receptacles shall not exceed 64 gal (242 L) in capacity and shall meet all of the following requirements: with capacities greater than 64 gal (242 L) shall be located in a hazardous area when not attended.

The average density of container capacity in a room or space shall not exceed 1.0 gal/ft ² (40.7 L/m ²).

Mobile soiled linen or trash collection receptacles with capacities greater than 64 gal (242 L) shall be lecated in a room protected as a hazardous area when not attended.

Container size and density shall not be limited in hazardous areas.

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Campaign 2020

- Anticipate issues for healthcare for 2021 Edition
 - Will share these with AL's as they develop
- Will need ASHE members to attend Technical Meeting
 - June 18, 2020, Orange County CC, Orlando, FL
 - NFPA Conference is 15 June 18 June
- Voting Privileges
 - Make sure your membership stays current over the next few months!
- Anticipate need for ~300 members



Fire Extinguisher Monthly Inspections

- We need your help in submitting Public Comments !!!
- ASHE estimated that reducing the required frequency of inspection from monthly to quarterly would save \$22 million
- More details to follow on how to submit an NFPA Public Comment on this specific issue





Fire Extinguisher Monthly Inspections

- 2 Public Inputs were submitted last year to reduce the frequency of monthly inspections
 - Inputs were rejected
- Standard is currently in the Public Comment stage
 - Comment period closes May 6, 2020
 - A Committee Input was created to allow a performancebased approach for monthly inspections to solicit Public Comments on the topic





ASHRAE Update

ASHRAE Winter Meetings

- ASHRAE 170 Ventilation for HC Facilities
 - Worked on several addenda and formal interpretations
 - Will be formally issued via ASHRAE
- ASHRAE 189.3 Design, Construction and Operation of Sustainable High-Performance Health Care Facilities
 - Finalized alignment with 189.1

- ASHRAE 100
 - Met with committee chair and committee to discuss action plan for improving energy use targets



ASHRAE 170

- Currently no open addenda for public comments
- Will be coming soon
 - Watch for notices within





CODES & STANDARDS

Health care ventilation standard open for public comment

A proposed addendum to Standard 170-2017, Ventilation of Health Care Facilities, is open for public comment.



FGI, USP & ICC Update

FGI

- Document and topic groups review/vote on proposals completed.
- Draft manuscripts are being developed and will presented at the HGRC meeting scheduled for March 31 through April 3, 2020
- Once the draft manuscripts are finalized a comment period will open for public input beginning June 1, 2020 and closing August 31, 2020.



USP

- Appeals panel met
- Awaiting final determination
 - (1) deny the appeals, resulting in the standards approved by the Expert Committee becoming official
 - (2) grant one or more of the appeals, resulting in a remand of the standards to the responsible Expert Committee for further evaluation or engagement
- The Joint Commission
 - During the appeals process of the United States Pharmacopeia (USP) 797 chapter revisions, The Joint Commission will evaluate organizations based on the version they have adopted.



ICC (International Code Council)

- No current actions
- ICC CHC Meeting to prepare for 2024 Cycle Group A
 - To be held following ASHE PDC
 - March 25th 26th
 - Open to public and interested parties



2020 Webinar Dates

2020 Sustainability and Advocacy Liaison Dates



Webinar Reminders will be posted on myASHE Sustainability Liaison Community

- Q2 Wednesday, May 20, 2020
- Q3 Liaison Day October 29 30, 2020
- Q4 Wednesday, December 9, 2020

All webinars will begin at 12:00 Noon CT





Thank you!

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