



*Optimizing health care facilities*

# Q4 ASHE Sustainability and Advocacy Liaison Webinar

8 December 2021

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a professional membership group of the American Hospital Association  
155 N. Wacker Drive, Suite 400 | Chicago, IL 60606  
ashe.org | ashe@aha.org | 312-422-3800



# Agenda

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1. NFPA Update
2. Energy to Care Dashboard Update
3. FGI Update
4. Energy to Care Website Update
5. ASHRAE Update
6. Sustainability Monographs
7. ICC Update
8. Project Firstline
9. 2022 Webinar Dates
10. Upcoming Events

# Liaison Slide Deck

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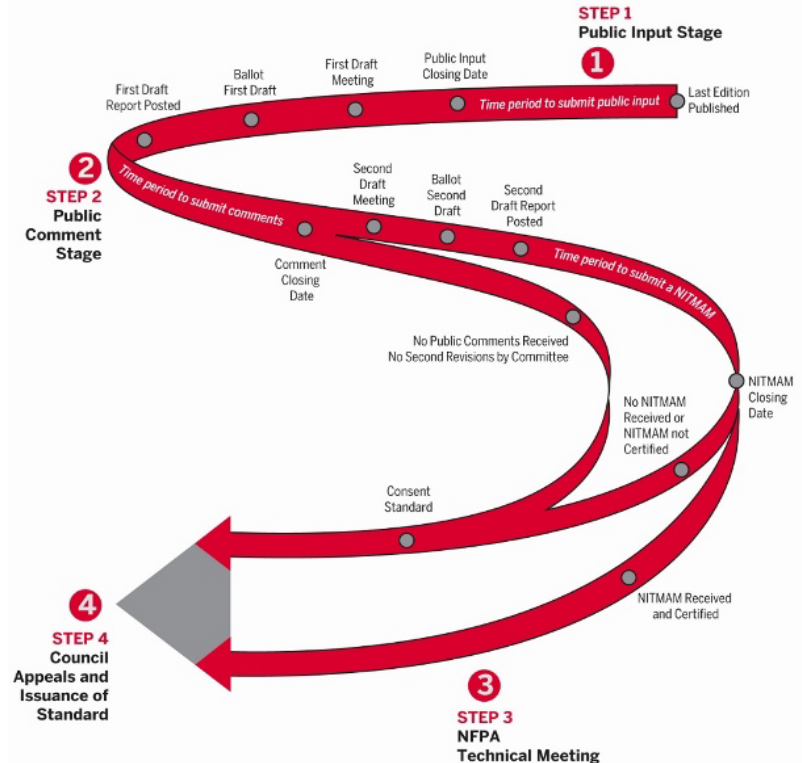
This slide deck will be shared in the myASHE Liaison Community. The slide deck is intended to be used by the liaisons only to assist in sharing information with chapters. The slide deck is not to be shared with others. By downloading the presentation slides, you agree to use it for sharing information purposes only.

# NFPA Update

# NFPA Process

- 3 Year Cycle
- Input Stage - First Draft
  - Public Input
  - First Draft Report
- Comment Stage - Second Draft
  - Public Input
  - First Draft Report
- Motions Committee (NITMAM)
  - Closing
  - Report
- NFPA Technical Meeting
  - Membership Vote

## The Standards Development Process



# NFPA Standards

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- 2021 Editions Available
- 2022 Editions
  - NFPA 25
    - Second Draft Report Posting 25 January 2022
    - NITMAM Closing 22 February 2022
  - NFPA 70
    - Second Draft Report Posting 21 March 2022
    - NITMAM Closing 11 April 2022
  - Technical Session 8 June 2022 1:00 PM – 9 June, Boston, MA

# NFPA Standards

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- 2023 Editions
  - NFPA 70E, 90A, 90B, 99 & 101
    - First Draft Report Posting 22 March 2022
    - Public Comment Closing 31 May 2022
    - Second Draft Report 28 February 2023
    - NITMAM Closing 28 March 2023
- 2024 Editions
  - NFPA 13, 72, 80, 101A, 105, 110 & 111
    - Public Input Closing 1 June 2022
- 2025 Editions
  - NFPA 10
    - Public Input Closing 1 June 2023

# NFPA Standards

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- If you have questions/concerns with language submit RFI to HITF
  - <https://www.nfpa.org/Codes-and-Standards/Standards-development-process/Technical-Committees/Advisory-and-Non-NFPA-Committees/Healthcare-Interpretations-Task-Force#INTERPRETATIONS>

# NFPA 101 LSC Public Inputs

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- 7.2.1.5.7
  - Activation of re-entry from stairs by manual fire alarm boxes that activate the building fire alarm system exempted – **Not Accepted**
- 18.2.2.2.5.2, 18.2.5.7.2.1 (B), 18.2.5.7.2.3 (C) & 18.2.5.7.3.2 (B)
- 19.2.2.2.5.2, 19.2.5.7.2, 19.2.5.7.3.2
  - Clarification that smoke detection above lay-in ceilings not required – **Accepted - Committee Input**
- 18/19.7.9.1 & 18/19.7.9.2
  - Adds a reference to NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations – **Accepted - Committee Input**

# NFPA 101 LSC Public Inputs

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- 7.2.1.6.1.1
  - Modify delayed egress locking requirements with similar to the exit discharge approach – **Not Accepted**
- 18/19.2.2.2.5
  - Provide requirements for infant abduction and elopement system locking – **Accepted - Committee Input**
- 18/19.2.2.2.5.2
  - Clarify sprinkler requirements for patient special needs – **Accepted - Committee Input**

# NFPA 101 LSC Public Inputs

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- 18.3.7.1
  - Correcting reference to smoke barriers – **Not Accepted**
- 18.3.7.2
  - Allow horizontal exit to terminate at 2-hour fire barrier – **Accepted - Committee Input**
- 18/19.7.9.1 & 18/19.7.9.2
  - Reference NFPA 241 – **Accepted - Committee Input**
- 20/21.3.7.1
  - Removes reference to tenant separation – **Accepted - Committee Input**

# NFPA 101 LSC Public Inputs

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- 43.7.1.2
  - Clarifies sprinkler requirement for renovations – **Not Accepted**
- A.18/19.2.2.2.5.2 (3)
  - Correlate appendix language with proposed change – **Accepted - Committee Input**
- A.19.2.2.2.10
  - Deletion - Health care is exempt from the requirement this appendix language references – **Accepted - Committee Input**

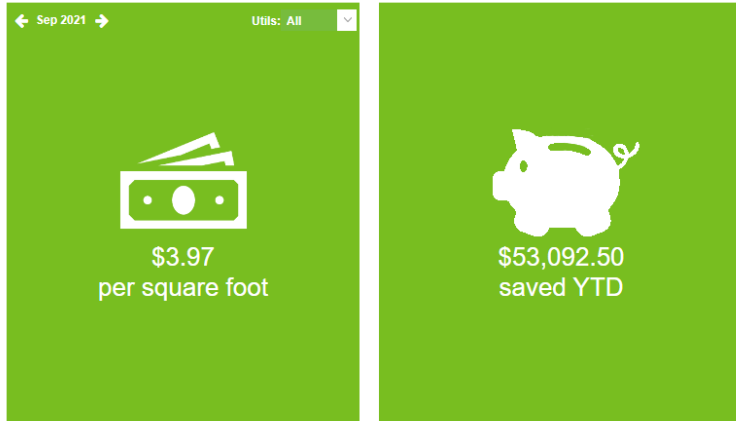
# NFPA 99 HCFC Public Inputs

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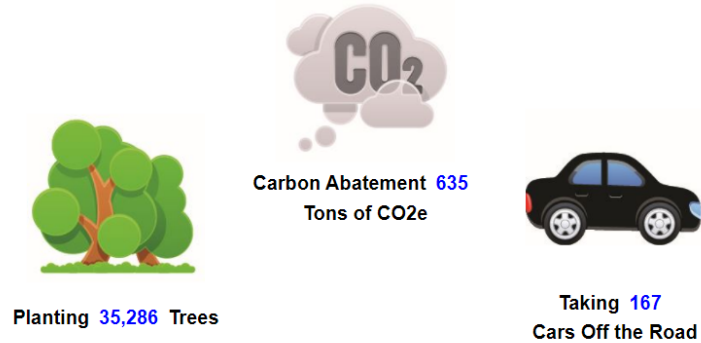
- Sections 9.3 & 9.4 – Accepted - Committee Input
  - Rename Section 9.3 from General to Design
  - Change Section 9.4 from Reserved to Operations of HVAC Systems
  - Category 1 & 2 Systems versus Category 3 & 4 Systems
    - 1 & 2 based on minimum requirements, manufacturer's requirements or AEM
    - 3 & 4 based on facility policy and procedure

# Energy to Care Dashboard Updates

# Energy to Care Dashboard



Energy Reduction is Equivalent to



- Attachments
- Property Use Details
- Property Comparisons

- Greenhouse Gas Emissions
- Water

# Chapter Challenge

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- 16 chapters participating in 2022 challenge
- 422 Facilities participating in 2022 challenge



## 2020 Chapter Challenge Winners



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**Large Category:** California Society for Healthcare Engineering, Inc. and Ohio Society for Healthcare Facilities Management

**Small Category:** The New England Healthcare Engineers' Society, Inc.

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# FGI Update

# Emergency Conditions White Paper

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Emergency Conditions white paper

Risk Assessments

Surge Capacity

Alternate Care Sites

Resiliency

Renovation for Future

Small and Rural HCF

Residential Facilities

**Proposed Language / Draft Guidelines**

Will not be published as a regulation



# 2022 Common Element Changes

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## Safety Risk Assessment

- Added recommendation for an acoustics and noise risk assessments

## Acoustics for Telemedicine Spaces

- 0.25 noise reduction coefficient (exam room is 0.15 NRC)
- Interior space noise caused by building system 25 NC 30 dBA (patient room is 40 NC and 45 dBA)



# 2022 Common Element Changes

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## Emergency Access - Laura's Law – Security and Video Surveillance

- Video Surveillance System at public entrances
- Duress alarm system where entrances are locked



# 2022 Inpatient Changes

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## Elevators

- Minimum door opening reduced from 54 to 48 inches



## WAGD Systems

- Language now requires WAGD anywhere inhalation anesthesia is administered

# 2022 Inpatient Changes

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## NICU Room Size

- Multiple-infant Rooms
  - Minimum clear floor area changed from 120 to 150 sq. ft.
- Single-infant Rooms
  - Minimum clear floor area changed from 165 to 180 sq. ft.

Windows are not required in individual rooms if daylight can be viewed



# 2022 Inpatient Changes

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## Hospice and/or Palliative Care Units

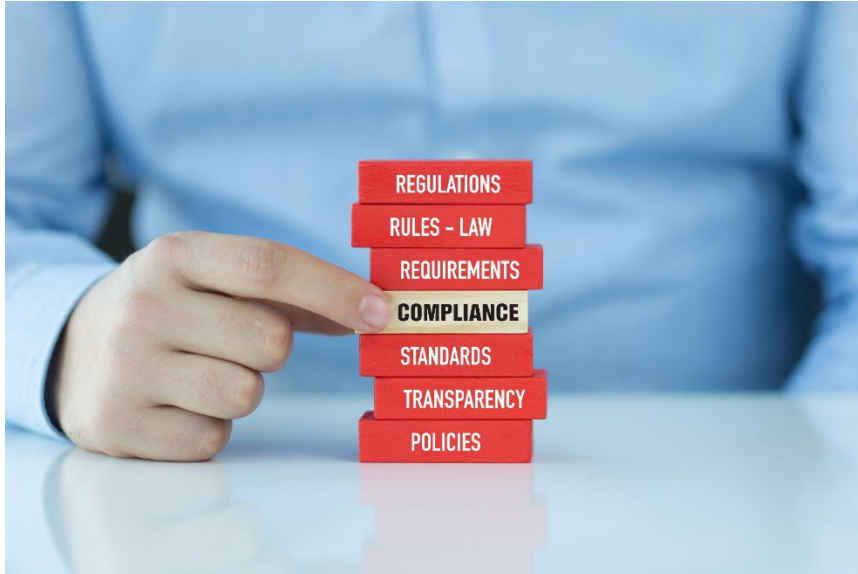
### Minimum Room Dimensions

- 153 sq. ft. clear floor area
  - In renovation – may be reduced to 120 sq. ft
- Minimum headwall of 10 feet
- Room size includes 33 sq. ft. of family support zone



# 2022 Inpatient Changes

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## Emergency Services

### Low acuity pods

- 40 sq. ft. clear floor area
- 5'-6" minimum clear dimension

### Decontamination room

- Increased from 80 sq. ft. to 100 sq. ft.

# 2022 Inpatient Changes

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- New chapter application language of CAH chapter
  - This chapter applies to any ~~hospital designated as a participant in a federal critical access~~ hospital or any other small hospital not in the critical access hospital program that is limited to 35 beds or fewer.
  - Changes the number of patient rooms contained in a patient care unit from 25 to 35

# 2022 Outpatient Changes

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## Freestanding Emergency Departments

Low acuity pods are permitted

### Flexible secure treatment room

- Can be used as single patient room is designed properly
- Hand-washing station can be located outside the room
- Room shall have a max. wall length of 12 feet

If provided, the behavioral health crisis unit would be equivalent to Hospital Guidelines

# 2022 Outpatient Changes

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## Specific Requirements for Extended Stay Centers

Extended stay centers are intended for patients who are stable and do not need intensive monitoring or hospital-level care but—because of distance, travel limitations, lack of a caregiver at home, or more time needed to manage pain or bodily functions—may not be able to go home the same day as a procedure or visit to an emergency facility.

**Removed from 2022!**

# Energy to Care Website Updates

# Energy to Care Awards

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## Energy to Care Award

### ASHE's Gold Standard Awards for Health Care Facility Energy Savings

The Energy to Care Award celebrates facilities accomplishing sustainability goals that will pave the way for environmental stewardship, social equity and fiduciary responsibility in their health care organizations to support healthy, equitable and resilient environments and communities maintained over time.

In its inaugural year (2006), ASHE awarded 9 facilities with this prestigious award. These awards have grown to over 250 recipients in 2020!

#### Criteria to win this award include:

- Facility **MUST** be tracking energy and water consumption, as well as Greenhouse Gas emissions in the Energy to Care Dashboard. Signature verification of data accuracy is required.
- NOTE: 10% of award winners' data will be randomly chosen and verified for each award cycle.
- Reduction 10% weather normalized source EUI savings in a single year (comparing 2021 to 2019 baseline).
- OR reduction weather normalized source EUI 15% savings over two years (comparing 2021 and 2018).
- OR reduction weather normalized source EUI 5% savings in a single year PLUS previous winner (comparing 2021 to 2019).

#### How to WIN and be RECOGNIZED?

- Track energy, water and greenhouse gas emissions in the Energy to Care Dashboard.
- To learn more and begin tracking, [click here!](#)
- Energy to Care Award eligibility is visible in the dashboard through the "Awards Progress" widget!

# Sustainability Champion

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## Sustainability Champion Award

### ASHE's Gold Standard Awards for Health Care Facility Energy Savings

The Energy to Care Sustainability Champion recognizes facilities who demonstrate leadership in health care sustainability. Multiple facilities are eligible to win this distinguished award on an annual basis. Applications will be available on the Energy to Care website no later than February 1, 2022.

#### Criteria to win this award include:

- Track energy, water and greenhouse gas emissions in the Energy to Care Dashboard.
- To learn more and begin tracking, [click here](#).
- Facilities are required to provide Professional Engineer (PE) verification.
- Facility must have an ENERGY STAR score 75 or above.
- Facility must be an ENERGY STAR Certified Hospital (must have been certified in 2017, 2018, 2019, 2020, or 2021).
- Facility or system must have a published Sustainability Statement.
- Facility or system must have a designated Sustainability Champion on staff or sustainability lead on staff.
- Facility must have a designated Green Team.

#### How to WIN and be RECOGNIZED?

- The Energy to Care Sustainability Champion Award is application only process.
- Applications will be available on the Energy to Care website no later than February 1, 2022.
- Winners will be notified no later than May 15, 2022.
- Winners will be recognized at the 2022 ASHE Annual Conference, July 17 – 20, 2022 in Boston, MA.
- Awards, award logos, letter of recognition, and information on purchasing award logo wear will be sent to facilities teams and the senior leader by September 1, 2022.
- Sustainability Champions will be recognized on the Energy to Care website and in ASHE publications. Champions must agree to submit photos of the facility and access to team members to be interviewed for publications.

# Sustained Performance

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## Sustained Performance Award

### ASHE's Gold Standard Awards for Health Care Facility Energy Savings

The Energy to Care Sustained Performance Award celebrates facilities accomplishing sustainability goals in their health care organizations to support healthy, equitable and resilient environments and communities maintained over time.

#### Criteria to win this award include:

- Facility **MUST** be tracking energy and water consumption, as well as greenhouse gas emissions in the Energy to Care Dashboard. Signature verification of data accuracy is required.
- ASHE will verify award winners' data for each award cycle.
- Facility must have an ENERGY STAR Score of 75 or above OR weather normalized SOURCE EUI equal to baseline (2018) or lower for 3 or more years (2018, 2019, 2021).

#### How to WIN and be RECOGNIZED?

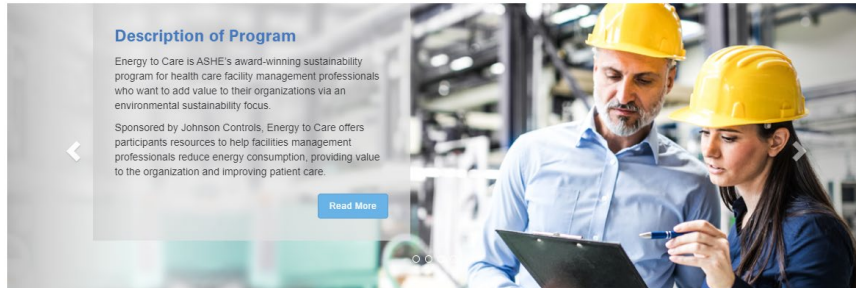
- The Energy to Care Sustained Performance Award is an application only process.
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# Website Updates

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Energy to Care is an award-winning sustainability program from ASHE.



## New Look and Feel!

### 10 New ECM's including:

- Selecting the right sustainability KPI's
- Scope 1 emissions
- Scope 2 emissions
- Scope 3 emissions
- The role of 3<sup>rd</sup> party reporting standards

# In the News

This new series discusses the impacts of climate change and climate events on hospitals and health care facilities and related planning, preparedness and response efforts.

December 7, 2021

## The Role of Health Care Facilities in Promoting Environmental and Health Equity

By Camille Fink, Senior Editor at University of California Pavement Research Center



December 7, 2021



### SPECIAL REPORT

#### Exploring health care's role in environmental and health equity

In 2021, the Federal Emergency Management Agency recorded more than 100 emergency and disaster declarations, including severe flooding from Hurricane Ida in the South and Northeast, wildfires throughout the West and ice storms in Texas that paralyzed the state's utility infrastructure. Studies have shown that the U.S. health care system accounts for up to 10% of total greenhouse gas emissions and toxic pollutants through the supply chain and operations. But these impacts mean that hospitals and health care systems can also play a significant role in fostering both environmental and health equity at the community, national and global scales.

HFM

# ASHRAE Update

# ASHRAE/ASHE 170

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- ASHRAE/ASHE 170 Ventilation for HC Facilities
  - 2021 Edition Available via ASHE or ASHRAE
- Addendum e
- Allows Natural Ventilation for certain limited healthcare spaces and under certain conditions. Closes 26 December 2021
  - ASHRAE Standard 62.1's natural ventilation procedure which was completely revamped in 2019 was used as a starting point for this proposed addendum.
- Guideline 43 - Operations Guideline for Ventilation of Health Care Facilities
  - PURPOSE: The purpose of this guideline is to provide information and guidance for the operation of ventilation systems that provide environmental control in new and existing health care facilities.

# ASHRAE 90.1

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- Public Review Comments due by 20 December
  - ASHRAE 90.1 Addendum at – Clarifies that a defined addition is not an alteration and is intended to be the first step in aligning compliance paths for new construction, additions, and alterations across all sections of the document.
  - ASHRAE 90.1 Addendum ay – Significant modifications to Tables 6.8.1-8 and 6.8.1-9 which address the minimum efficiency requirements for Variable Refrigerant Flow (VRF) Air Conditioners and Heat Pumps, respectively

# ASHRAE 90.1

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- ASHRAE 90.1 Addendum ba – This addendum updates space-by-space lighting power density (LPD) values and interior control requirements in Section 9.4.1.1 and Table 9.5.2.1. (Includes Healthcare Spaces)
- ASHRAE 90.1 Addendum bd - Adds a new normative appendix (Appendix J) which contains two tables with sets of performance curves that aim to represent minimally compliant chiller performance for the *budget* and *baseline building design*

# ASHRAE 90.1

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- Public Review Comments due by 17 January
  - ASHRAE 90.1 Addendum ag – Clarifications to terms have been made throughout, the new Appendix J was modified to provide more accurate information about applicable reference buildings and models.

# ASHRAE 514

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- Risk Management for Building Water Systems: Physical, Chemical, and Microbial Hazards
  - The purpose of this standard is to establish minimum requirements to reduce illness and injury from physical, chemical, and microbial hazards from water systems in buildings.
  - To be issued for full public review early 2022

# ASHRAE Public Review

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- Watch for notices within



## CODES & STANDARDS

### Health care ventilation standard open for public comment

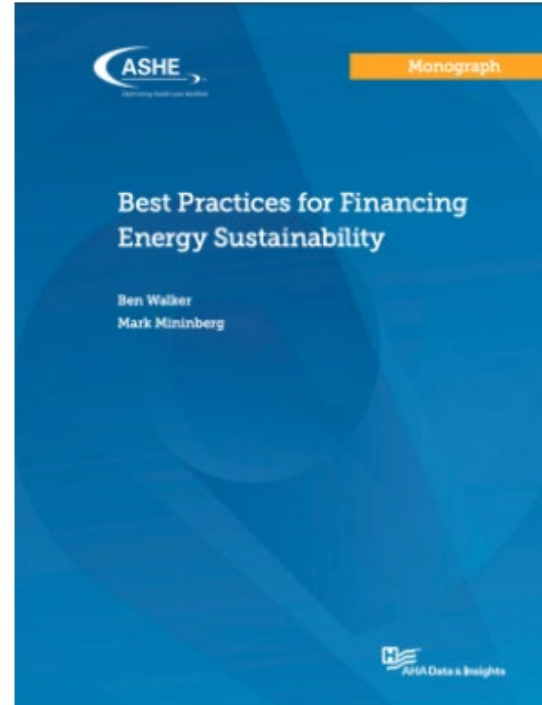
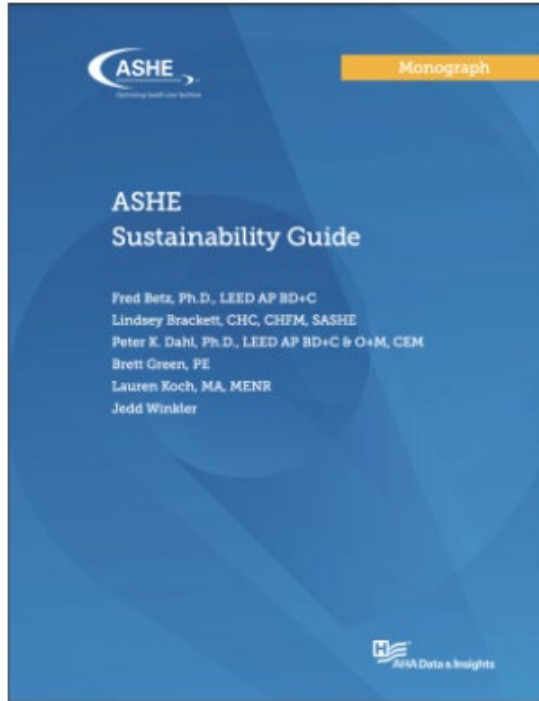
A proposed addendum to Standard 170-2017, Ventilation of Health Care Facilities, is open for public comment.

HFM

# Sustainability Monographs

# NEW! Sustainability Monographs

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# ICC Update

# ICC

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- 2021 ICC Code Development Cycle (Group B = IEBC, IBC Structural, Administrative)
  - Proposals Due 11:59 pm PT on January 10, 2022
    - ICC CHC working on the following proposals
      - CO detection exemption for IEBC
      - Guard height on low-rise Group I-1 and I-2 structures
      - Separation of smoke compartments for Level 3 alterations
      - Ambulatory care separation for existing buildings
      - Alterations in Group I-1 to make it Condition 2

# Project Firstline

# Project Firstline – CDC National Training Collaboration

## Project Firstline



### CLINICAL STAFF

Resources on infection prevention and ventilation for clinical staff.

[Access >](#)



### FACILITIES MANAGERS

Resources on ventilation and negative pressure rooms for health care facilities managers.

[Access >](#)



### CONTRACTORS/ TECHNICIANS

Resources on ventilation and negative pressure rooms for outside contractors and technicians.

[Access >](#)

**Guidance on  
Infection  
Control in  
the Built  
Environment**

# Infrastructure Alert

# Advocacy Alert – Infrastructure Investment



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## Investing in Hospital Physical Infrastructure

Investment in hospital infrastructure is critical to ensure the overall health, security and wellbeing of patients and communities, which is why ASHE and the American Hospital Association (AHA) are working to ensure that hospitals and health systems be included in significant legislative packages designed to address challenges among the nation's infrastructure. Hospitals have been hit especially hard financially during the COVID-19 pandemic. Recent [reports](#) show losses are expected to reach at least \$323 billion in 2020 with more losses expected through 2021. Investments in the modernization of hospital physical plants is necessary to maintain access to high quality, safe and environmentally sustainable care. To help advocate for infrastructure funding, facility managers should share their deferred maintenance and capital needs with their chief financial and executive officers and encourage the organization to contact their state and federal representatives. Guidance for this effort is available in the [Infrastructure Advocacy Digital Toolkit](#).

Read more

[www.ashe.org/investing-hospital-physical-infrastructure](http://www.ashe.org/investing-hospital-physical-infrastructure)



# 2022 Webinar Dates

# 2022 Sustainability and Advocacy Liaison Dates

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## 2022 Webinar Dates

Q1: Wednesday, March 16, 2022

Q2: Wednesday, June 1, 2022

Q3: Wednesday, September 14, 2022

Q4: Wednesday, December 7, 2022

*All webinars begin at 12:00 noon CST.*

*Webinar reminders - myASHE Sustainability Liaison  
Community*

# Upcoming Events

# Energy to Care Newsletter!

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January 26, 2022

*Welcome to the first issue of the Energy to Care Quarterly Newsletter. We hope it inspires you to reduce energy consumption, providing value to your organization and improving patient care.*

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# Upcoming Events!

## Registration for the 2022 PDC Summit is Now Open!

The PDC Summit is the premier event for over 3,000 health care and hospital facility senior leadership. Plan to attend to network with top professionals in the field and get the information you need to maximize value in the health care built environment. Register now to join your peers in person, March 20-23, 2022 in New Orleans, LA.

[Register Today](#)



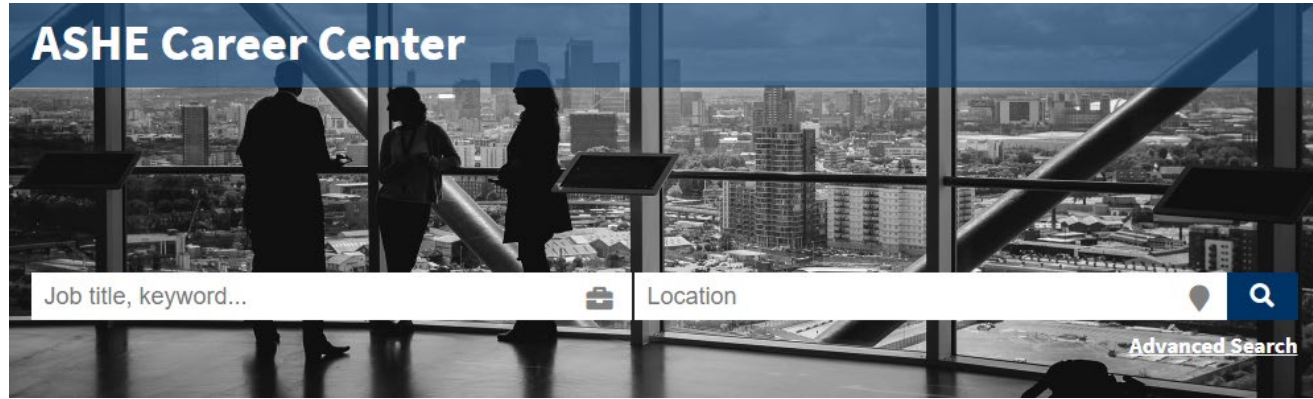
## Become a Speaker for ASHE Annual Conference

If you have new approaches, best practices or groundbreaking insights to share, ASHE invites you to submit a speaking proposal for the ASHE Annual Conference 2022, scheduled for July 17-20 in Boston. All proposed session abstracts must be submitted online.

[Submit Abstract](#)



# ASHE Career Center



## Current ASHE Openings!

 **Senior Associate Director Advocacy**  
**ASHE**  
American Society for Health Care  
Engineering  
Chicago, Illinois

**Featured!** **NEW!**

# Questions or Discussion?

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# Thank you!

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