

HEALTH FACILITIES ADVISORY COMMITTEE (HFAC)
MEETING MINUTES

October 16, 2008, 12:00 P.M. (Eastern Time)
Conference Call

Roll Call:

Chairman:	Mr. Tommy Bowman	X		
Vice-Chairman:	CAPT Keith Shortall	X		
Members:	CAPT Jose Cuzme	X	CAPT Dale Mossefin	X
	Mr. Jim Biasco	X	CDR Brian Hroch	X
	Mr. Ken Harper	X	CDR Mat Martinson	X
Alternates:	CAPT Michael Weaver and Mr. Howard Wellspring			
Guests:	Mr. Joe Bermes, CAPT Gregory Heck, Mr. Ray Cooke, and Mr. Paul Ninomura			

Quorum Requirement per Technical Handbook Chapter 4-1: "A quorum consists of at least 50 percent of the HFAC voting membership. A person attending as sit-in representative of another member shall not be counted in determining the quorum requirement and cannot vote."

Approval of the previous meeting minutes. Keith motioned to approve the July 17, 2008 Meeting Minutes (Atch 1) without revisions. Mat seconded motion. **Motion to approve passed without objections.**

Old Business:

- Discuss compiled comments to Technical Handbook Chapter 21-15 Security. (CAPT Weaver) (Atch 2)
 - Before this meeting Michael polled the HFAC members regarding approval of the draft Chapter 21-15. He reported 4 voted "yes" and 3 voted "no" but one member changed his "no" to a "yes".
 - Jose commented the chapter title needs to be revised.
 - Brian made general comment that some grammatical changes were needed.
 - Gregory offered the following comments regarding this chapter:
 - Hazardous Vulnerable Assessment should be preformed locally on an annual basis.
 - This chapter only addresses terrorist threat and should include physical security requirements because JCAHO (now known as The Joint Commission) mandates these requirements. Also, he referenced the National Exploited Children Act.

- Michael responded to Gregory's concerns stating this chapter is intended for new construction and suggested a new separate chapter to address these other physical security requirements.
- Jose, also, responded to Gregory's comments, by listing other agencies security requirements. Jose stated this chapter was intended to provide guidance on the determination of the security level for new construction. Jose concurred with Michael that a new separate physical security chapter would be the appropriate place to address this issue. He further suggested that the Areas jointly draft this separate chapter.
- Brian asked if there is a plan to create a 1 or 2 page security checklist for use by the Facility Managers. Also, he raised concern that this chapter was drafted without the input from those, who have daily responsibility to ensure security is adequate for their facility.
- Jim responded the Security Officer at the Area is the expert and recommended the Area develop the checklist.
- Gregory suggested the recent HVA (Hazard Vulnerability Assessment) be included in this chapter.
- Brian commented that the current HVA may not be for the new place but was developed for the surrounding or nearby location.
- Tommy asked if the first sentence in paragraph 21-15 B, is sufficient or needs to be edited.
- Keith recommended joint security review by Area and HQS.
- Tommy asked if this chapter is passable.
- Keith responded saying the HVA needs to be added.
- Jim added that security should reside with the security community and not HFAC.
- Mat asked if "security criteria review" encompassed HVA.
- Brain suggested adding HVA to the chapter but it did not need to go into details.
- Following the above discussion Tommy, again, asked if the proposed Chapter 21-15 is sufficient. He suggested that Darrell develops a security checklist and define "security criteria review".
- Jose volunteered to coordinate with Darrell to develop this checklist.
- Brian suggested adding "The Joint Commission" (formerly known as JCAHO) to the reference paragraph, 21-15.4.C to be consistent with all the other references included in the chapter content.
- Ken motioned to approve the draft Chapter 21-15 (Atch. 2) as is but with the revision to include the reference to "The Joint Commission" per Brian's concern. Jose seconded this motion.
Motion passed without objection.
- Brian agreed to provide reference to Michael and Michael will forward the approved Chapter 21-15 to Lee Robison.

- Discuss draft Technical Handbook Chapter 70-7 Maintenance Standard. (James Biasco) (Atch 3)
 - Jim stated the draft Chapter 70-7 is not a code requirement but a guidance document. He will compile comments and distribute for additional comments.
 - Mat questioned what was the “filter” used to create Attachment 1 to Chapter 70-7.
 - Tommy asked Jim if this draft represented the recommendation of the workgroup that was formed to review the International Property Maintenance Code. Jim replied yes.
 - Tommy asked Jim if input from the Facility Managers was included. Jim replied he will distribute draft to the Facility Managers after this conference call.
 - Jose commented that the “Background” paragraph does not add value to this subject.
 - Tommy asked the HFAC to submit comments to Jim. Jim agreed to a suspense date of COB November 7 to receive comments.
 - Tommy asked if comments from Facility Managers will be solicited now or later. Keith recommended that the HFAC make their comments to the draft before distributing it to the Facility Managers. After compiling the Facility Managers comments, then the HFAC may vote on this chapter. Jim agreed if he receives minor comments from the HFAC, then he will solicit the Facility Managers comments. Otherwise, the HFAC should discuss major comments before distributing to the Facility Managers.
 - Brian asked if the Areas have the International Property Maintenance Code. Jim replied he distributed copies at the Facility Managers meeting in Sacramento in January 2008. But he added if an Area needs a copy to forward the request to him.

- Status of proposed revisions to the HFAC charter.
 - Jim stated this is a work-in-progress. After he receives comments from Mat he will distribute. Jim estimated sending out this document by November 28.

New Business:

- ASHRAE Standard 170 Ventilation Standard for Health Care Facilities (Joe Bermes) (Atchs 4, 5, & 6). The purpose of this item would be to advise the HFAC of this new ASHRAE Standard and give a brief description of its scope. For the HFAC to decide if IHS should adopt, they would probably want to send it to a DES Workgroup for evaluation and recommendation.
 - Paul asked the HFAC to refer to his memo (Atch. 5) for the proposed summary of changes to this standard.
 - Ken asked Paul which way does AIA appear to be leaning. Paul stated a memorandum was sent to the FGI of AIA but no reply has

- Ken asked if there were a lot of differences between the current and proposed new standard. Paul replied 95% was the same. The air changes per hour varied but not too significantly different.
 - Ken recommended to wait until FGI responds. Paul added there was no deadline for FGI to respond to ASHRAE's memo.
 - Joe asked when the next ASHRAE standard is to be published. Paul said 2010. Therefore, Joe commented the earliest HFAC adoption would be 2010. Paul stated most people are unaware of this change; therefore, they are silent on the recommendation.
 - Ken stated it is too premature for IHS to adopt this standard. Tommy agreed and summarized that this report by Paul should be viewed as a "heads up".
- Tommy asked if there were any other new business not on the agenda. Brian asked what is the status of the pharmacy chapter. Tommy stated Lee returned it for comments.

Action Items:

- Darrell will develop security checklist and define "security criteria review".
- Jose will coordinate with Darrell on the above action item.
- Brian will provide The Joint Commission's reference to Michael.
- Michael will update Chapter 21-15 to include The Joint Commission's reference.
- HFAC members to submit comments on Chapter 70-7 to Jim by COB November 7.
- Jim will solicit Facility Managers' comments regarding Chapter 70-7.
- Tommy will follow-up on the status of the Chapter 21-4.10 Pharmacy Environmental Guidance for Construction.

Next Meeting: January 22, 2009 at 12:00 P.M. (Eastern Time)

Adjournment: Jim motioned to adjourn. Ken seconded motion. **Motion to adjourn passed without objections.**

Attachments:

ASHRAE Standard 170 Article by Paul Ninomura, Not available for Posting. Copyright material

ASHRAE Standard 170 Ventilation Standard for Health Care Facilities, Not available for Posting. Copyright material

ATTACHMENT 1 Link to July 17, 2008 Meeting Minutes (Approved)

ATTACHMENT 2 Draft Technical Handbook Chapter 21-15 – Security Level

ATTACHMENT 3 Draft Technical Handbook Chapter 70-7 – Maintenance Standard

ATTACHMENT 4 Memorandum by Paul Ninomura

ATTACHMENT 1 Link to [July 17, 2008 Meeting Minutes \(Approved\)](#)

ATTACHMENT 2 Draft Technical Handbook Chapter 21-15 – Security Level

CHAPTER 21-15 – SECURITY LEVEL DETERMINATION FOR USE IN THE DESIGN OF NEW FEDERAL FACILITIES

21-15.1 INTRODUCTION 1
21-15.2 MINIMUM SECURITY REQUIREMENTS 2
21-15.3 AIRBORNE, CHEMICAL, BIOLOGICAL, OR RADIOLOGICAL SECURITY 2
21-15.4 REFERENCE STANDARDS 3

21-15.1 INTRODUCTION

A. Purpose

The purpose of this chapter is to provide a guideline to the project architect/engineer (A/E) designers, Indian Health Service (IHS) staff, and tribal staff for complying with the security level determination and the minimum security design standards for IHS healthcare facilities.

B. Process

A security criteria review, hereinafter referred to as "security" will be completed by the respective IHS Area Security Officer or his representative (security reviews will be completed by the Office of Emergency Services in Headquarters until such time as the Area has a Security Officer) to determine the final recommended security level and facility requirements as a part of the planning process for each new construction healthcare facility. These security reviews will be completed at the Site Selection Evaluation Report (SSEER), Program Justification Document (PJD), and Program of Requirements (POR) planning stages. A final security level determination will be included in the POR as well as any specific security provisions unique to the facility beyond the minimum standard requirements. The designer is required to comply with all approved security provisions included in this guideline as applicable and as approved in the final POR. For other projects, e.g. renovation, a similar process should be used in documenting the requirements and involving the IHS Area security officer.

Questions regarding site specifics of the security survey should be directed to the IHS Area Security Officer or his representative.

C. Scope

This chapter applies to all new IHS healthcare facilities construction; and to IHS renovation, and/or alteration of healthcare facilities and staff quarters.

This chapter addresses the security standards to mitigate against potential terrorist attacks. The standards are then applied to determine the final security level as approved in the POR and other planning documents. All security requirements exceeding the minimum standards will be included in the final approved POR or other approved planning documents.

21-15.2 MINIMUM SECURITY STANDARDS

A. General

The minimum security standards ~~that is~~ required for all IHS new construction healthcare facilities are described in the FEMA "426 Reference Manual to Mitigate Potential Terrorist Attacks Against Buildings" and is available at the following URS address:

<http://www.fema.gov/pdf/plan/prevent/rms/426/fema426.pdf>

Table 1-6 on page 1-26 provides a description of each security level, and Table 1-7 on pages 1-27 and 1-28 provides a listing of security building features and their respective minimum security level requirements, including Perimeter Security, Entry Security, Interior Security, and Security Planning.

B. Operational

Security related to the operation of health care facilities is outlined in the Guidelines For Design and Construction of Hospital and Health Care Facilities (AIA) and the Joint Commission. The facility will be designed to incorporate these guidance's at a minimum.

21-15.3 AIRBORNE, CHEMICAL, BILOGICAL, OR RADIOLOGICAL SECURITY

(1) The Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks, jointly issued by the CDC and NIOSH in May 2002, recommendations that should be implemented in new facilities are as follows:

(a) Physical Security

- Prevent access to outdoor air intakes;
- Prevent public access to mechanical areas;
- Prevent public access to building roofs;
- Implement security measures, such as guards, alarms, and cameras to protect vulnerable areas;
- Isolate lobbies, mailrooms, loading docks, and storage areas;
- Secure return air grilles;
- Restrict access to building operations systems by outside personnel; and
- Restrict access to building information (on building systems operation).

- General building physical security upgrades.
- (b) Ventilation and Filtration
- Evaluate HVAC Control options;
 - Assess filtration (such as increasing filter efficiency);
 - Assess ducted and non-ducted return air systems;
 - Consider low-leakage, fast-acting dampers; and
 - Provide tight building construction and building pressurization.
- (c) Training
- Specify adequate HVAC maintenance staff training on system operation and maintenance, including preventative maintenance and procedures.

21-15.4 REFERENCE STANDARDS

- A. FEMA 426 Reference Manual to Mitigate Potential Terrorist Attacks Against Buildings
<http://www.fema.gov/pdf/plan/prevent/rms/426/fema426.pdf>
- B. The Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks, jointly issued by the CDC and NIOSH in May 2002, DHHS (NIOSH) Publication No. 2002-139.
- C. Other useful information may be obtained from the following websites:
- National Institute for Occupational Safety and Health (NIOSH) -
<http://www.cdc.gov/NIOSH/homepage.HIML> ;
- Centers for Disease Control and Prevention (CDC) - <http://www.cdc.gov> ;
- U.S. Army Corps of Engineers (USACE) -
<http://BuildingProtection.sbccom.army.mil/basic> Protecting Buildings and their Occupants from Airborne Hazards;
- GSA - <http://hydra.gsa.gov> 2003 Facilities (P100) 8 - Security Design;
- Lawrence Berkeley National Laboratory - <http://securebuildings.lbl.gov> ;
- American Institute of Architects (AIA) - <http://www.aia.org> Building Security Through Design;

American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) - <http://www.ashrae.org> Risk Management Guidance for Health and Safety Under Extraordinary Incidents;

Physical Security Design Manuals for VA Facilities - <http://www.va.gov/facmgt/standard/physecurity.asp>;

International Facility Management Association (IFMA) - <http://www.ifma.org> ;
and

National Institute of Building Sciences (NIBS) - <http://www.wbdg.org>, Whole Building Design Guide.

ATTACHMENT 3 Draft Technical Handbook Chapter 70-7 – Maintenance Standard

CHAPTER 70-7 MAINTENANCE STANDARD

70-7.1 Introduction 10
70-7.2 Applicability 10
70-7.3 Responsibilities 11

Attachment

1 Adapted Sections of the International Property Maintenance Code© 3

Introduction

Purpose.

To provide overall guidance as to the condition at which Indian Health Service (IHS) facilities should be maintained.

Background.

Although IHS provides guidance on facility assessments, tracking of deficiencies, assigning work priorities, raising Condition Index (CI), etc., the IHS has previously provided no overall guidance/standard/benchmark considered the minimum acceptable maintenance level. IHS healthcare buildings tend to be maintained to accreditation standards. However, these standards do not cover all IHS buildings, facilities, or structures or all issues.

Guidance/standards/benchmarks relating to maintained condition are difficult to develop because terminology such as ‘as new’, ‘to meet current standards’, ‘in working order’ can be interpreted as exceedingly high or low maintenance conditions. The struggle was to find guidance that was easily understandable to all, chief executive officers, facility managers, etc., to explain the IHS operations and maintenance level expected.

Guidance.

The IHS will use the International Property Maintenance Code©, current edition, as the framework for the maintenance standard of IHS facilities. The intent of using this standard is to outline the minimum standards to which IHS facilities are maintained to ensure that they are safe, clean, habitable, and in an adequate condition to support health care and IHS functions.

Applicability

The International Property Maintenance Code© provides broad property maintenance standards. Sound judgment, common sense and flexibility should be used when interpreting the document. Not every provision is applicable to IHS, but as a whole the

document provides sound guidance and the framework for an efficient and effective maintenance program. Additionally the code in general is understandable to all in explaining a level of condition and is an accepted standard. Specific sections to be used as guidance by IHS staff are detailed in Attachment 1. Other sections are not to be used.

The requirements contained in the International Property Maintenance Code© are not meant to be prescriptive. The underlying principles associated with these requirements are consistent with sound maintenance practices. The application of these standards may differ from one facility to another due to such matters as local regulations, age and condition of facilities, future plans, staff resources, needs of the service unit, etc.

It is not the intent to go beyond operation and maintenance issues and drive or create remodeling projects to comply with the letter of the guidance. It will not be interpreted as code.

Additional funding should not be required to implement these standards as its scope already falls within the context of how Area Offices and service units are maintaining their facilities.

Deficiencies related to this guidance should be entered in the Facilities Engineering Data System (FEDS).

Responsibilities

Division of Facilities Operations, Office of Environmental Health and Engineering, will periodically review the applicability of these standards to ensure that they provide practical guidance to the area offices, service units and installation staffs.

Area Offices and service units are responsible for the efficient and effective maintenance of their real property using the International Property Maintenance Code© as the standard.

ATTACHMENT 1

ADAPTED SECTIONS OF THE INTERNATIONAL PROPERTY MAINTENANCE CODE©

Chapter	Title	Use	Section(s) not used
1	Administration	No	
2	Definitions	Yes	
3	General Requirements	Yes	304.14, 306, 308.2, 308.3, 308.4, 308.5
4	Lighting, Ventilation and Occupancy Limitations	No	
5	Plumbing Facilities and Fixture Requirements	Yes	502, 503
6	Mechanical and Electrical Requirements	Yes	602
7	Fire Safety Requirements	No	
8	Referenced Standards	Yes	

ATTACHMENT 4 Memorandum by Paul Ninomura

Oct 14, 2008

From Mechanical Engineer, Division of Engineering Services - Seattle

Subject ASHRAE Standard 170, *Ventilation for Health Care Facilities*

To Director, Division of Engineering Services - Seattle

Introduction

ASHRAE Standard 170 was published in Sep 2008. It is co-sponsored by the American Society of Healthcare Engineers (ASHE). It is intended to compliment ASHRAE Standard 62.1 "*Ventilation for Acceptable Indoor Air Quality*".

Currently the FGI "*Guidelines for Design and Construction of Health Care Facilities*" provides the basis for the ventilation requirements for much of the country. The FGI Guidelines are adopted by 42 States as well as many federal agencies.

Current Status.

Standard 170 is an entirely new ANSI approved Standard. Additional time is needed for state and local jurisdictions to gain awareness of this document.

In July 2008, ASHRAE approved that the Standard will be maintained under continuous maintenance. ASHRAE recently approved the committee roster. The committee has increased in size from 11 members to 20 members. I am serving as the Chairman. I have added 10 members from the FGI revision committee, including Mr. Doug Erickson, FGI revision Chairman. It is hoped that this committee will maintain the Standard and concurrently seek to resolve differences between the Standard and the FGI Guidelines; ultimately seeking that the Standard may become an appendix to the Guidelines.

Summary & Recommendation

This standard is new; and it's utilization by code officials and the FGI is still being determined.

It is recommended that this standard be forwarded to the code committee for evaluation for possible inclusion in the A/E design guide.

Please contact me if there are questions on this matter.

Paul Ninomura, P.E.

cc:
Bermes

Weaver

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