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President's Message

Dear MiSHE Members,



As your newly appointed President following our recent annual conference, I want to take a moment to reflect on the incredible leadership we've experienced under Brian Denhoff's two-year term. Brian, your dedication, and visionary approach have elevated our society to new heights, creating opportunities for professional growth, expanding our membership, and making a significant impact on healthcare engineering in Michigan. Your leadership has laid a strong foundation, and we are deeply grateful for all you've accomplished.

I also want to thank everyone who participated in our annual conference at Soaring Eagle Casino and Resort. The event was a tremendous success, filled with insightful discussions, learning opportunities, and invaluable networking. It was a clear demonstration of the strength and commitment of our community, and I look forward to building on that momentum.

As we look ahead, please be on the lookout for upcoming events, including our next in-person educational session in Rochester Hills this November. We are excited to continue providing valuable learning and networking opportunities for all our members.

I am truly humbled and honored to serve as your President. I recognize the responsibility that comes with this role, and I am committed to building upon the remarkable progress we have made together. Our society's strength lies in the collaboration and dedication of every member, and I look forward to working with each of you to continue advancing healthcare facilities management across our state.

Together, we will navigate the challenges ahead and pursue new opportunities, ensuring that MiSHE remains at the forefront of innovation and excellence in healthcare engineering. Thank you for placing your trust in me. I am excited and ready to serve.

Sincerely,

Joe Saldivar, Jr. MSA, CHFM, CHSP, SASHE

MiSHE President

2024 MiSHE Annual Conference Recap



The 2024 MiSHE Annual Conference was truly a memorable event! We were thrilled to welcome **over 250 attendees** and **75 exhibitors** to Grand Traverse Resort and Spa.

It was an incredible opportunity to connect with fellow healthcare engineering professionals, share insights, and learn about the latest industry trends. Thank you to all our attendees, speakers, exhibitors, and sponsors for making this year's conference a resounding success.

To relive the experience, check out the [official conference photos](#). Feel free to download and share your favorite moments, and don't forget to tag us!

We can't wait to see you again next year at the **2025 MiSHE Annual Conference, September 22-25, 2025, at Grand Traverse Resort and Spa.**

SE-MiSHE Spin & Socialize: Rochester Pedal Tour

On September 27, the Southeast Chapter of the Michigan Society for Healthcare Engineering held an exciting Spin and Social Rochester Pedal Tour.

We were thrilled to see such strong participation from our members, who brought great energy and enthusiasm to the event. The weather couldn't have been better, adding to the enjoyable atmosphere as we explored the area together.

It was a wonderful opportunity to connect, share ideas, and strengthen our community bonds, all while having a lot of fun. We look forward to hosting more fun-filled events like this in the future!



Advocacy Highlight: Concealed Sprinkler Data Collection Project

The American Society for Health Care Engineering (ASHE) is actively gathering data on concealed fire sprinklers to enhance safety protocols. Concealed sprinklers, defined in NFPA 13, Standard for the Installation of Sprinkler Systems, and referenced in NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, are designed with a cover plate to aesthetically blend into the ceiling, making them less obtrusive. However, this design necessitates periodic inspection to ensure functionality and prevent premature activation. In 2022, the NFPA 25 committee proposed a five-year inspection interval to align with other maintenance activities requiring similar equipment, optimizing resource utilization.

This initiative underscores the commitment to continuous improvement in safety measures, acknowledging the balance between thorough inspection processes and practical considerations of cost and effort for facility owners and inspectors. The technical committee's decision, despite some opposition, indicates a consensus on the importance of these inspections while also recognizing the need for a pragmatic approach to their implementation.

ASHE requests that you submit your data by **February 28, 2025**, so that we can help develop a practical method for ensuring concealed fire sprinklers remain functional. Please [download the Excel document](#) linked below, follow the steps on the Instructions tab and record your data in the Form tab. Once you have completed your inspection and recorded relevant data, please upload your form to this [Data Portal](#).

If you have any questions about the project, please contact [Chad Beebe](#).

[Excel Document](#) [Data Portal](#)

DNV Top 10 Physical Environment Findings

The following summary of the top 10 DNV findings in health care physical environment were published in a September 2024 article in Health Facilities Management (HFM) magazine written by [Clinton Butts, CFPS, CHOP](#)

For a full copy of the article see: <https://www.hfmmagazine.com/top-10-physical-environment-findings>

1. Compressed gas cylinders not individually secured. Clinton Butts explains that the individual securing of compressed gas cylinders is **a DNV-specific requirement** that exceeds the requirements of the 2012 edition of the National Fire Protection Association's NFPA 99, Health Care Facilities Code, which requires central supply cylinders to "be provided with racks, chains or other fastenings to secure all cylinders from falling, whether connected, unconnected, full or empty" and oxygen cylinders to "be protected from abnormal mechanical shock." DNV's requirement at PE.5 (SR.5) states, " DNV requires all compressed gas cylinders in service and in storage to be individually secured and located to prevent abnormal mechanical shock or other damage to the cylinder valve or safety device."

2. Fire sprinklers loaded or contaminated with foreign material "NFPA 25-2011 states that fire sprinklers shall be inspected from the floor level annually and that any sprinkler that shows signs of leakage, corrosion, physical damage, loss of fluid in the glass bulb, loading or painting not performed by the sprinkler manufacturer is to be replaced."

3. Penetrations of fire and/or smoke barriers (2012 NFPA 101) "Some of the issues observed by surveyors include unprotected openings or penetrations, damaged fire-stopping and improper installation of firestop materials or devices."

4. Items improperly supported by sprinkler piping and hangers "NFPA 13 and 25 generally prohibit fire sprinkler piping from supporting any non-system components. According to Clinton Butts, DNV surveyors still observe this nonconformance, but they do not cite organizations for items in incidental contact with sprinkler piping."

Editor's note: The 20xx edition of NFPA 13 now states:.....

5. Monthly owner's inspection of wet chemical kitchen hood suppression system
"Most kitchen hoods and cooking appliances are protected by a wet chemical

suppression system that complies with the requirements of NFPA 17A, which covers the design, installation, acceptance and testing of these systems. It also requires that an inspection of the system be conducted every month in accordance with the owner's manual as well as a minimum verification of eight items listed in NFPA 17A." Clinton further explains that organizations report they were not familiar with the requirement to conduct a monthly owner's inspection, or they confused it with a monthly fire extinguisher inspection.

6. Battery-powered lighting units not installed where required "NFPA 99-2012 requires that battery-powered lighting units be installed in locations where deep sedation and general anesthesia is administered. **The DNV NIAHO standard modifies the requirements so that it applies not only to new construction but also to existing construction."**

7. Improper air pressure relationships (Chapter 9 of the 2012 edition of NFPA 99 references the 2008 edition of ANSI/ASHRAE/ASHE 170)

"Surveyors have been making observations where the ..the airflow direction is from less clean to clean. For example, there was an observation of airflow from a semi-restricted operating room (OR) corridor into the central sterile clean work room. In this situation, it was found that the airflow was "switchable" between positive and negative — and the feature was accessible on the monitor located at the door to the workroom. It had been switched to negative, and the alarm had been silenced."

8. Ligature risks in behavioral health settings (DNV NIAHO accreditation standards and CMS CoPs). "Throughout the beginning of 2023, based on guidance from CMS in reference to care in a safe setting, strict enforcement of ligature-free behavioral health settings continued to be enforced as it had been in previous years."

9. Testing of fire-alarm panel batteries (NFPA 72, National Fire Alarm and Signaling Code, 2010 edition). "There are a multitude of tests required by NFPA 72, but one of the more common findings observed by surveyors is the lack of documentation of the semiannual load voltage test of fire alarm panel batteries. This test is required for traditional lead acid, nickel cadmium and sealed lead acid batteries. Surveyors are seeing documentation of the annual test but not of the semiannual test."

10. Annual fire door inspections (NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 edition). "NFPA 80 requires that fire doors be inspected on an annual basis. For swinging doors, there are at least 11 items that, if present, need to be verified. ... Surveyors have been observing, usually after identifying a

nonconforming door, that many door inspections do not include all the components present on the door. ...Surveyors are also identifying instances when an organization has conducted or contracted door inspections but has not taken actions to repair the doors and has failed to conduct an alternative life safety assessment to determine if alternative life safety measures (ALSMs) need to be implemented.”

OSHA Publishes Proposed Rule for Outdoor and Indoor Heat Hazards and Sets Comment Period

Federal OSHA has opened the public comment period for its proposed rule

intended to protect millions of workers from the signif



extreme heat. Beginning on August 30, the public was invited to review the proposed rule, which was published in [the Federal Register](#).

In July, federal OSHA released the [proposed rule](#) to protect approximately 36 million workers from both [outdoor and indoor heat hazards](#).

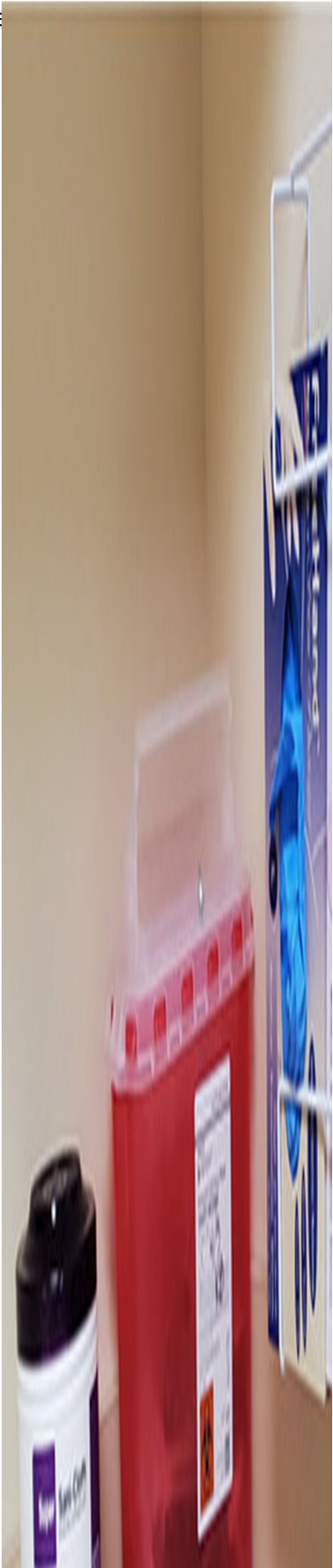
The public is encouraged to [watch OSHA's overview of the rule](#) and [submit comments](#) by the **December 30** deadline.

For more information, visit [osha.gov/heat](https://www.osha.gov/heat).

Governor Whitmer Signs Medical Waste Law Amendment Providing Greater Flexibility To Medical Facilities Managing Sharps

Michigan's medical waste law has been updated to provide greater flexibility to medical

facilities managing sharps. Governor Gretchen Whitme



July 23rd, amending the Medical Waste Regulatory Act. The amended law took immediate effect.

The revisions to the law apply only to sharps containers. Sharps include items like needles, scalpels, syringes and lancets. The revisions allow sharps containers to be accumulated for up to 18 months from the date the first sharp is placed into the container before disposal is required if the container is no more than 75% full. Previously, sharps containers had to be disposed after 90-days regardless of how full they were. The law change will cut overall disposal costs for many regulated medical facilities and reduce the volume of plastic sharps containers that go to Michigan landfills.

Medical facilities should update their medical waste management plans and waste disposal contracts as soon as possible to reflect this change but can begin implementing this change immediately. See our downloadable, example [medical waste management plan](#) for more details.

If you have questions, please contact the Medical Waste Regulatory Program at MedicalWaste@Michigan.gov or you may call **Andy Shannon at 517-230-9800**.



HFMM June 2024 issue Published FAQs from the My ASHE Community

QUESTION: Is it required by code to mark doors in a health care facility with signs? I am not referring to exit signs but rather standard doors leading to a certain area, like an office or a clean linens room. I was told that this is required, but the only door signage code requirements I found were for marking exit doors.

ANSWER: I recommend that you first take a look at section 216.2 of the Americans with Disabilities Act (ADA). Public buildings are required to identify certain rooms with ADA-compliant signage. The ADA requires signage for

access and egress, and the signs are to be posted on the wall, include Braille and be placed at a certain height to accommodate the visually impaired community. A sign vendor or wayfinding company should be able to provide more detail on requirements. You should also check with your state, as it may have additional requirements. The National Fire Protection Association's NFPA 80, Standard for Fire Doors and Other Opening Protectives, also has requirements for signage on fire-rated doors.

Another thing to consider is an issue of security. We were asked by our local police department to ensure we had signage in place for all our rooms, especially if the door is normally closed. They specifically referenced active shooter events as one of the reasons for this practice, as it would allow first responders who are not completely familiar with the layout of the facility to know what is behind a closed door before they try to breach it.

Editor's comment: On the other hand, it is not uncommon for security reasons for facilities to omit signage identifying function of certain staff only rooms. A few examples would include the medication room in a behavioral health unit or an IT closet.

Check out the July – August 2024 issue of Health Facilities Management for more FAQs. ASHE members can access the magazine via:

<https://digital.hfmmagazine.com/?m=69186&i=825561&p=4&ver=html5>

The Joint Commission Clarified NFPA requirements for Ambulatory Surgical Centers

The Joint Commission made several changes to requirements for ambulatory surgical centers related to Centers for Medicare & Medicaid Services' (CMS) Conditions for Coverage (CfCs). The revisions are effective August 1, 2024.

One of the changes includes new EPs added to address the expectation for compliance with the Life Safety Code (NFPA 101-2012) and the Health Care Facilities Code (NFPA 99-2012).

Source: Joint Commission online July 26, 2024

<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/joint-commission-online/june-26-2024/>



Questions?

Contact us at

info@mishe.org



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