Facility Medical Gas Master Planning



Your Presenters

Jill Imig

PE, EDAC, ASSE 6060

Senior Plumbing Engineer
Mechanical Department Leader
HGA Architects and Engineers
jimig@hga.com

Ray Schwalbe

PE

Senior Plumbing Engineer HGA Architects and Engineers rschwalbe@hga.com

Ryan Hunwardsen

ASSE 6060

Mechanical Engineer
HGA Architects and Engineers
rhunwardsen@hga.com







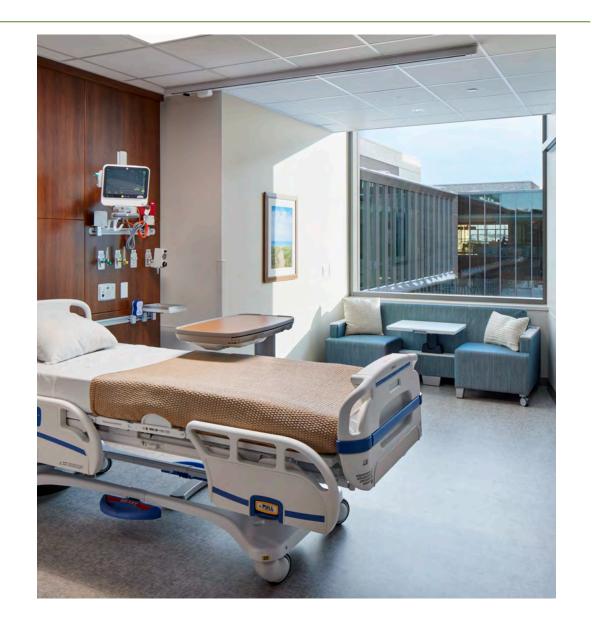




Agenda

- Defining Medical Gas Master Planning
- Reasons to Master Plan
- Master Planning in Action
 - Existing and New
- NFPA Requirements Now and Future

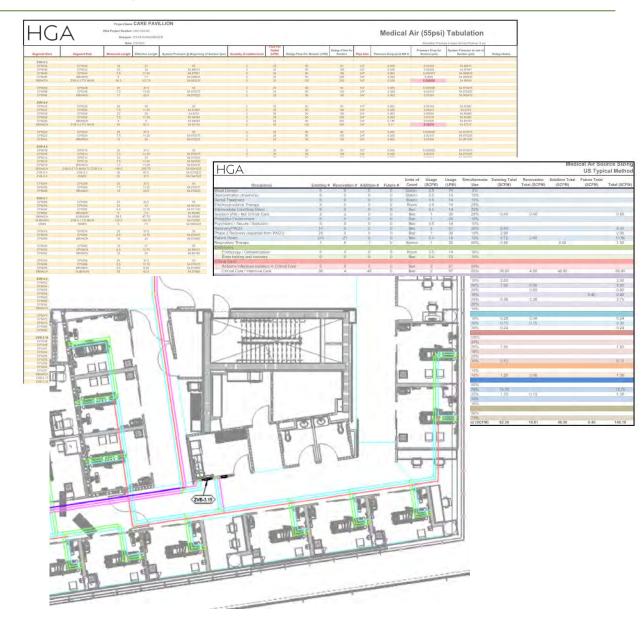




Defining Medical Gas Master Planning

- Part of overall master planning effort
- Existing Facility Medical Gas Master Planning
- New Construction Medical Gas Master Planning





Reasons to Master Plan

- Changing acuity and/or care needs
- Large scale projects with significant demand increase or site modifications
- Undersized Central Systems





Signs of Undersized Central Systems

- Cryogenic Fluid Central Supply Systems (CFCSS) *Previously Bulk Oxygen System*
 - Bulk System fill required 2 weeks or less
 - Frosted/frozen vaporizers
 - Always best to work with the bulk gas supplier
- Medical Vacuum and Medical Air
 - All compressors or pumps running
 - Running compressors or pumps at higher pressures to achieve required outlet pressure
- Patient/Support Gases (O₂, CO₂, N₂O, N₂)
 - Cylinder changeover weekly or more





Reasons to Master Plan

- Changing acuity and/or care needs
- Large scale projects with significant demand increase or site modifications
- Undersized Central Systems
- Pandemic Planning





COVID shook up the medical gas industry



Medical Vacuum (Suction) Use

Used for suctioning of the airways

Occupancy	Unit of Count	Usage (SCFM)
Med/Surg Patient Room	Bed	0.1
Critical Care / Intensive Care Patient Room	Bed	1.5



Medical Air & Oxygen Use

- Medical Air is used for blending with Oxygen for patient respiration
- The maximum volume that an adult can breathe is about 30 lpm
- It is not safe to breath pure Oxygen for long periods of time.



Estimates for Gas Consu	Deta Imption b		usually one pe	r patient)		
Therapy Device	Total gas	FiO ₂	O ₂ Consumption	Medical Air Consumption 7.1 13.3 - 9.4 7.6		
Masks / standard nasal cannula	8 /pm	30%	0.9			
Reservoir masks and venturi masks	15 /pm	30 -50%	1.7 - 5.5			
Standard invasive ventilation (e.g. ICU vents) (except oscillating vents)	12 <i>I</i> pm	50%	4.4			
Noninvasive high flow (e.g. HFNC)	50 /pm	60%	24.7	25.3		
High frequency oscillating ventilators	80 <i>1</i> pm	50%	50.6	29.4		
Noninvasive other devices	120 <i>l</i> pm	60%	59.3	60.7		

*Source: BeaconMedaes

Master Planning an Existing Facility



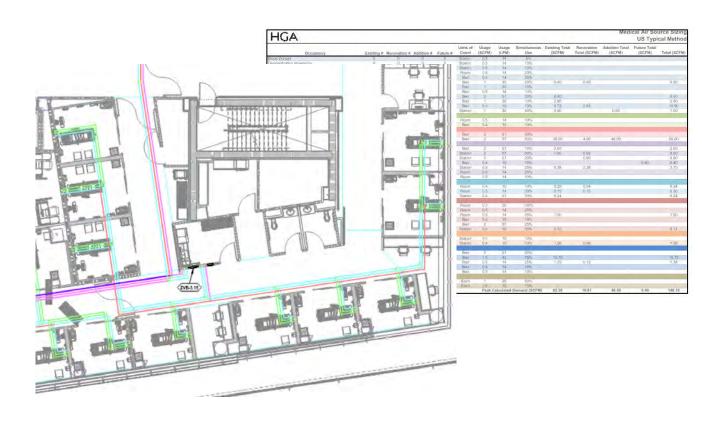
Assess Condition of Existing Systems

- Source Equipment
 - What is the age of the equipment?
 - What is the available capacity of the equipment?
 - CFCCS Consult with vendor
- Pipeline Sizing
 - Any existing pressure issues?
 - Are there too many rooms fed from small piping?
 - What are the calculated system pressure losses?





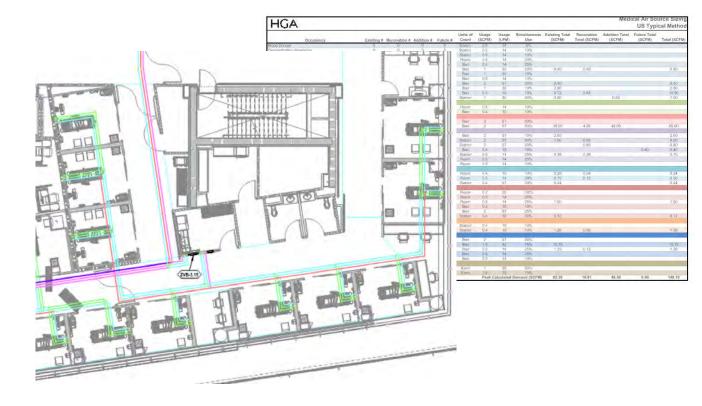
- Valve Locations
 - Where are the existing service valves?
 - Where are they needed?
 - Are there enough service valves for shutdown flexibility?



Plan to Address System Shortcomings

- Source Equipment
 - Does old equipment need to be replaced?
 - Does the available capacity meet needs?
 - Would new equipment provide capacity and flexibility?
 - CFCCS Vendor recommended changes?
- Pipeline Sizing
 - What piping changes can be made?
 - What story do the calculations tell?

- Valve Locations
 - Should service valves be added to existing piping?
 - Can large shutdowns be avoided for new work?







Existing Facility Master Planning in Action



Existing Master Planning | Overview

950,000 SF Hospital in Central Wisconsin

Existing Conditions/Concerns

- Aging equipment
- Experiencing medical gas alarms
- Overcrowding due to COVID and Flu

Previous Design Motto: "tap into existing piping at the nearest location"





Existing Master Planning | A lot of work to be done

Current Project in Construction:

ED Addition and Remodel

Upcoming Projects

- Inpatient Bed Addition
- Imaging Remodel
- Inpatient Bed Expansion
- ACU Expansion
- Surgery Remodel and Expansion

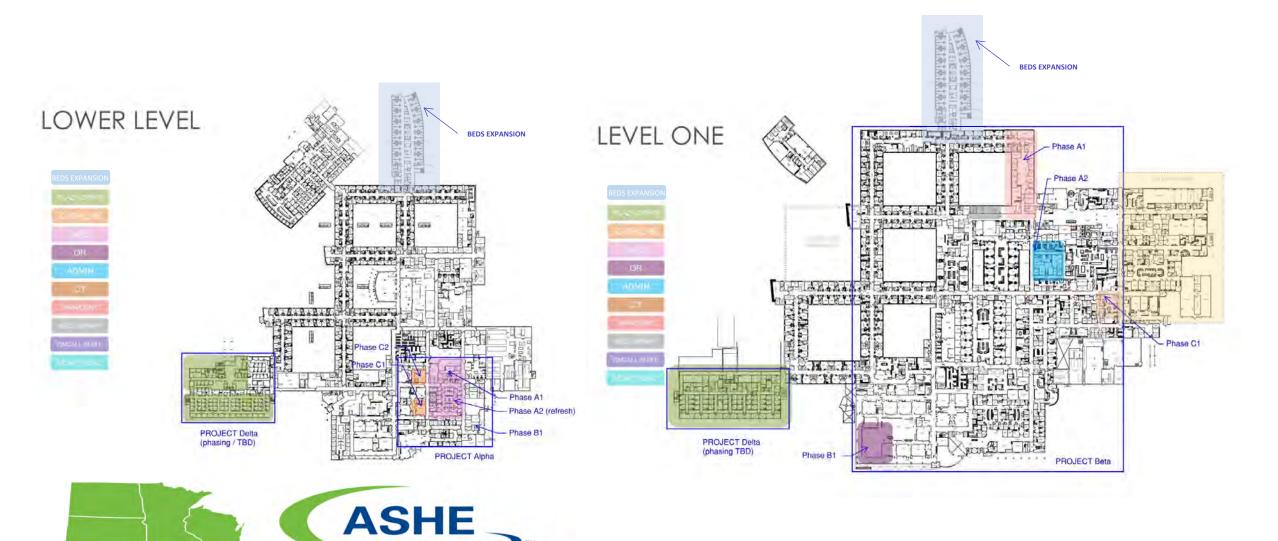






Existing Master Planning | A lot of work to be done

REGION 6



Existing Master Planning | System Analysis Overview



Existing Master Planning | System Analysis Overview

HGA Medical Vacuum Source Sizin											
Occupancy	Existing #	Renovation #	Addition#	Future #	Units of Count	Usage (SCFM)	Existing Total	Renovation Total	Addition Total	Future Total	Tota
topsy	0	0	0	0.	Station	0.4			V.		
ood Donors	0	0	0	0	Station	0.1		-			
monstration (Inservice)	0	0	0	0	Station	0.5					
ectroconvulsive therapy	0	0	0	0	Room	0.1) =		
perbaric holding	0	0	0	0	Bed	0.1					
ermediate Care / Step down	0	0	0	0	Bed	1					
lation (Infectious Disease) not in Critical Care	2	2	0	0	Bed	1	2	2			4
otective Environment	0	0	0	0	Bed	0.1				Y	
ychiatric / Secure / Seclusion	0	0	0	0	Bed	0.1					1
covery (PACU)	14	0	0	0	Bed	0.75	10.5				10
ase 2 recovery (separate from PACU)	29	0	0	0.	Bed	0.75	21.75				21.
tient Room	243	21	0	0	Bed	0.1	24.3	2.1			26
spiratory Therapy	0	0	0	0	Station	0.5					
erilization / Central Supply	1	0	0	0	Station	0.5	0.5				. 0.
doscopy											
Endoscopy/Catheterization	0	0	0	0	Room	0.1					
Endo holding and recovery	0	0	0	0	Bed	0.1					
tical Care											
Airborne Infectious Isolation in Critical Care	0	0	0	0	Bed	1.5					
Critical Care (general) / Intensive Care	36	4	48	0	Bed	1.5	54	Б	72		13
nemency						-					
Holding/Initial Management	13	0	0	0	Bed	0.5	6.5				. 6,
Triage (per station)	1	8	0	0	Station	1.5	1.5	12	0.00	1 2	13
Treatment/Trauma	0	2	0	0	Station	1.5	1.0	3			- 3
Observation	6	0	0	10	Bed	0.1	0.6	J	1 1 2	- 1	0
Treatment	6	19	0	0	Station	0.5	3	9.5			12
Cardiac treatment	0	0	0	0	Room	0.5		0.0			TA.
Orthopedic/Cast Room	0	0	0	0	Room	0.1					
aging	- 0		0.	0	ROOM	0.1	_			_	
Class 1 Imaging	1 15		0	0	Room	0.1	1.5	0.1		-	1.
	5		0	0	Room	1.5	7.5	1.5			
Class 2 Imaging (Procedures)	2	0.	0	0	Room	3.5	7.3	1,5			-
Class 3 Imaging (Interventional)		U	U	.0	Room	3.5	-			_	
Caesarean Delivery Room	1 0				Draw					_	_
	0	0	0	0	Room	1					
Labor/Delivery/Recovery (LDR)		0	0	0	Room	- 2	46		11		
Labor/Delivery/Recovery/Postpartum (LDRP)	12	0	0	0	Room	1	12				- 1
Antepartum / Postpartum	0	0	0	0	Bed	0.1					
Caesarean Recovery	0	0	0	0	Bed	0.75	0.0	- 5			_
Infant Resuscitation	1	0	0	0	Bed	0.5	0.5				O.
enating Rooms	-			-	00.0	6.7					_
Anesthesia Workroom	1	0	. 0	0	Station	0.1	0.1				0.
Operating Rooms	32	2	.0.	0	Room	3.5	112	7			11
Pediatric Critical Care	0	0	0	0	Bed	1,2			1 1		
Neonatal ICU (all levels)	14	0	0	0	Bed	0.5	7		1		1
Nursery	10	100	0	0	Bed	0.1	1 1	0.1			1
Continuing Care Nursery	.0	0	0	0	Bed	0.1					
Pediatric and Adolescent bed	0	0	0	0	Bed	0.1	/	1 - 1			
AGD (if dual use systems are employed)	0	0	0	0	Room	2					

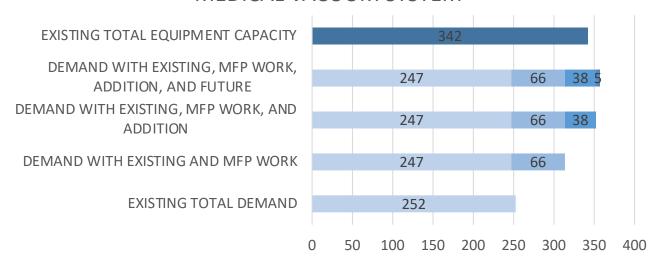
	F 7 10 14	D	# -t-frat 46	F 10	Units of Count	(SCFM)	(LPM)	Simultaneous Use	Existing Total (SCFM)	Renovation Total (SCFM)	Addition Total (SCFM)	Future Total (SCFM)	Total (SCFM
Occupancy od Donors	Existing #	Renovation #	Addition #	Future#	Station	0.5	14	5%	(GCFM)	Total (SCFW)	(GCFWI)	(OCT-INI)	Total (SCFIV
monstration (Inservice)	0	0	0	0	Station	0.5	14	10%					
ntal Treatment	0	0	.6	-0	Station	0.5	14	10%					
ctroconvulsive Therapy	0	0	0	0	Room	0.5	1/4	20%					
armediate Care/Step Down	. 0	0	0	0	Bed	0.5	14	25%					
lation (All) - Not Critical Care	2	2	0	0	Bed	1	30	20%	0.40	0.40			0.80
otective Environment	II II	0	0	0	Bed	1	30	10%			J		
vchiatric / Secure / Seclusion	-0	0	0	- 0	Bed	0.5	14	10%					
covery/PACU	14	0	0	8	Bed	2	57	30%	8.40		J	-	8,40
ase 2 Recovery (separate from PACU)	29	0	0	0.	Bed	1	30	10%	2.90				2.90
tient Room	243	21	0	0	Bed	0.4	10	10%	9.72	0.84			10.56
spiratory Therapy	4	0	1	0	Station	1	30	50%	0.50		0.50	1	1.00
боваору	+												
Endoscopy / Catheterization	0	0	0	0	Room	0.5	1/4	10%					
Endo holding and recovery	0	0	0	0	Bed	0.4	10	10%					
tical Care:	V-												
Airborne Infectious Isolation in Critical Care	0	0	0	0	Bed	2	57	50%	A				
Critical Care / Intensive Care	36	4	48	0	Bed	2	57	50%	36.00	4.00	48.00		88.00
nergency.													
Holding/Initial Management	13	0	0	0	Bed	2	57	10%	2.60		+ 1		2.60
Triage (per station)	7	8	0	0	Station	2	57	50%	1.00	8.00			9.00
Treatment/Trauma	0	2	0	0	Station	2	57	20%		0.80	1	Y	0.80
Observation	0	0	0	10	Bed	0.4	10	10%				0.40	0.40
Treatment	3	19	0	0	Station	0.5	14	25%	0.38	2.38			2.75
Cardiac Treatment	0	0	0	0	Room	0.5	14	25%					
Orthopedic/Cast Room	0	0	0	0	Room	0.5	14	10%					
aging													
Class 1 Imaging	5	-1	0	.0	Room	0.4	10	10%	0.20	0.04			0.24
Class 2 Imaging (Procedures)			0	0.	Room	0.5	1/4	30%	0.15	0.15		2	0.30
Class 3 Imaging (Interventional)	2	0	0	0	Station	0.4	57	30%	0.24				0,24
sidnes	1						- 0.0	1000					-
Caesarean Delivery Room	0	0	0	0	Room	0.7	20	100%					
Labor/Delivery/Recovery (LDR)	10	0	0	0	Room	0.5	14	25%	1.50				2.50
Labor/Delivery/Recovery/Postpartum (LDRP)	12	0	0	0	Room	0,5	1/4	25%	1.50				1.50
Antepartum/Post Partum Caesarean Recovery	0	0	0	0	Bed	0,4	10 57	10%					
Infant Resuscitation	1	a	0	0	Station	0.4	10	30%	0.12				0.12
erating Rooms				-0	atation	0,4	10	3(17)	0.12			L	0.12
Anesthesia Workroom	0	0	0	0	Station	0.4	10	10%	1				1
Operating Rooms	32	2	0	0	Station	0,4	10	10%	1.28	0.08			1.36
Operating Rooms	OE.		U	0	Station	0,4	10	1076	1,69	0.00			1,00
Pediatric Critical Care	0	0	0	.0	Bed	2	57	50%				Î	
Neonatal ICU (all levels)	14	0	0	0	Bed	1.5	42	75%	15.75				15.75
Nursery	10	1	0	0	Bed	0,5	14	25%	1.25	0.13			1.38
Continuing Care Nursery	0	0	0	0	Bed	0.5	14	25%	1-4.0	30.10			11.00
Pediatric and Adolescent	0	0	0	0	Bed	0.5	14	10%					
pulators					500	919	-	C					
Standard Ventilator	0	a.	0	0	Each	1	25	50%					
Oscillating Ventilator	0	0	(3)	n.	Each	2.5	75	75%				and the second second	





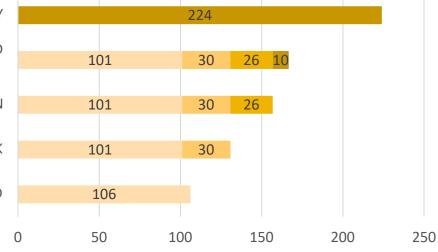
Existing Master Planning | System Analysis Results

MEDICAL VACUUM SYSTEM



ASHE







DEMAND WITH EXISTING, MFP WORK, ADDITION, AND **FUTURE**

DEMAND WITH EXISTING, MFP WORK, AND ADDITION

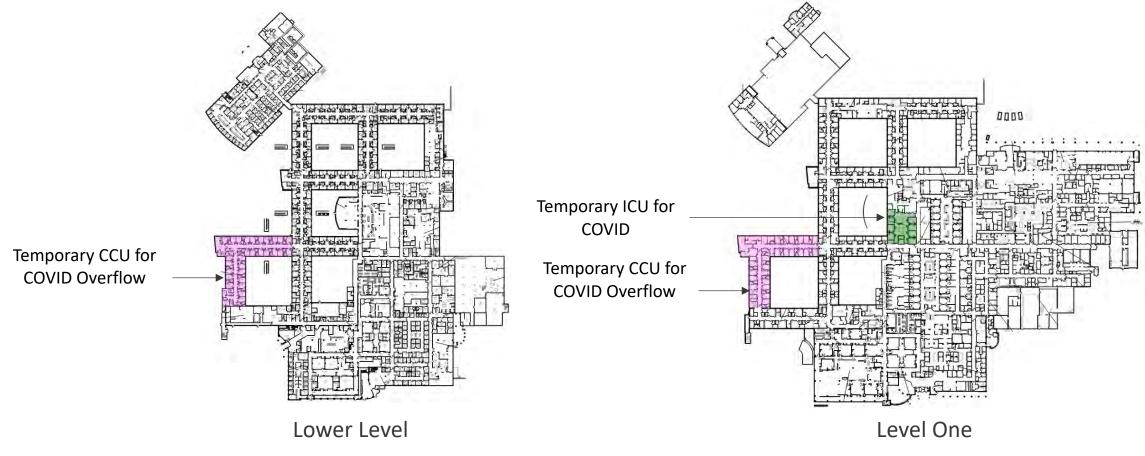
DEMAND WITH EXISTING AND MFP WORK

EXISTING BUILDING DEMAND



REGION 6

Existing Master Planning | Pandemic Response

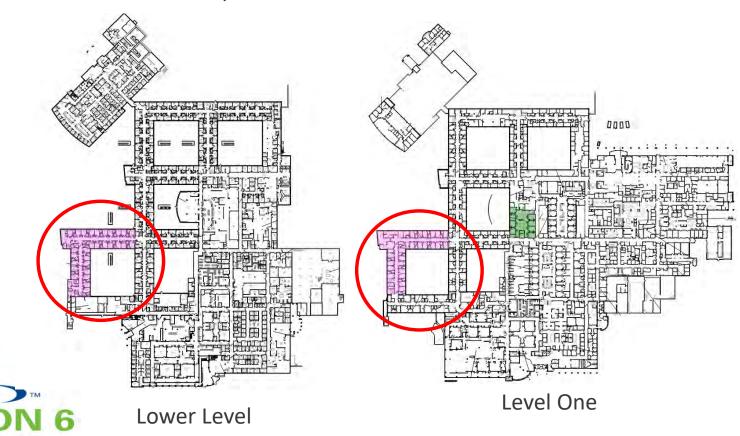






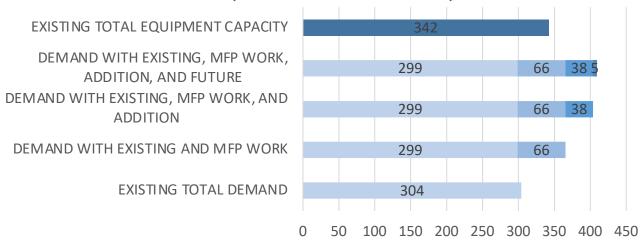
Existing Master Planning | Pandemic Response

- Facility has 42 ventilators total
- Common to run 25-35 ventilators per day
- About ½ of the COVID patients were on ventilators, ½ HFNC



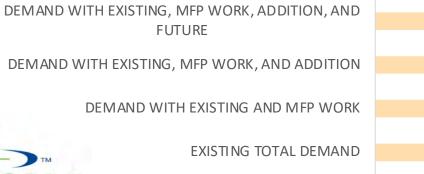
Existing Master Planning | Pandemic Analysis Results







26 10



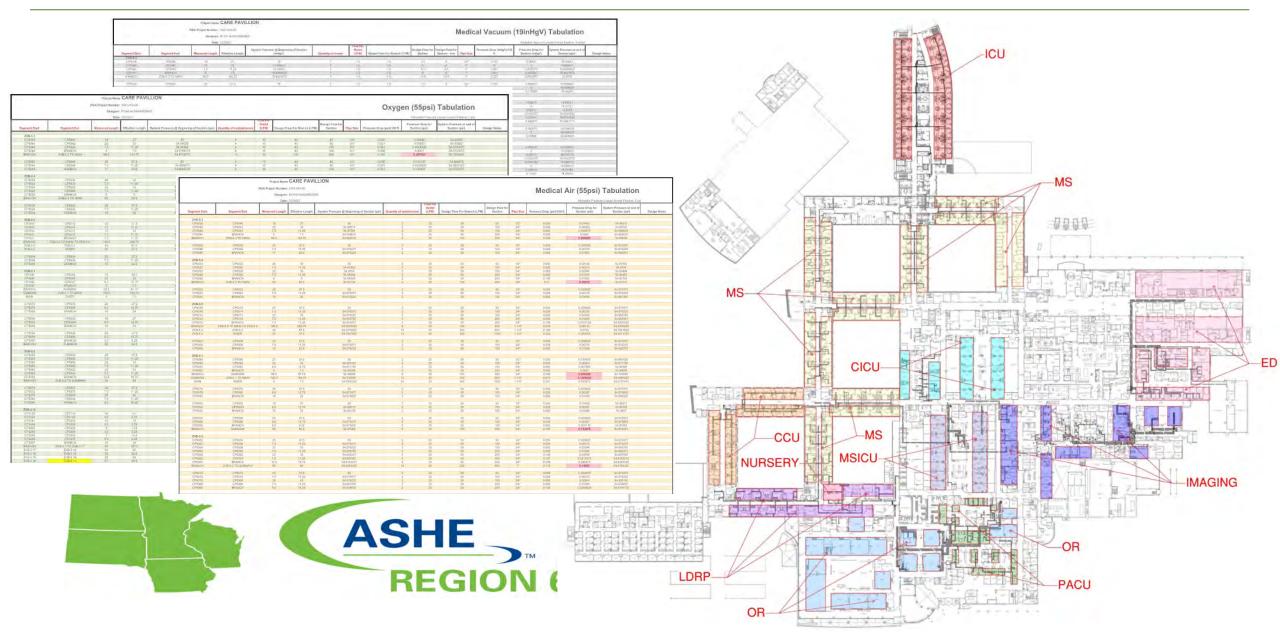




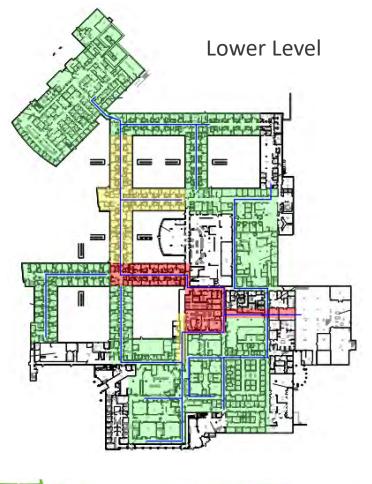


FUTURE

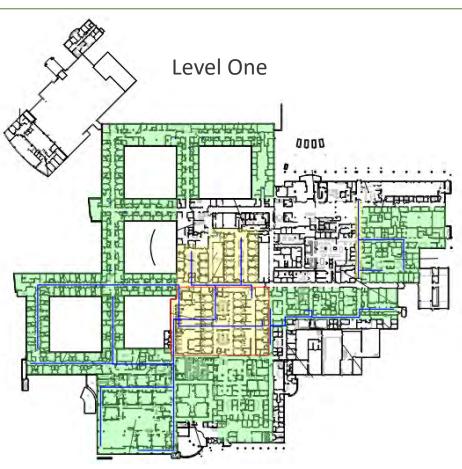
Existing Master Planning | Piping Analysis Overview



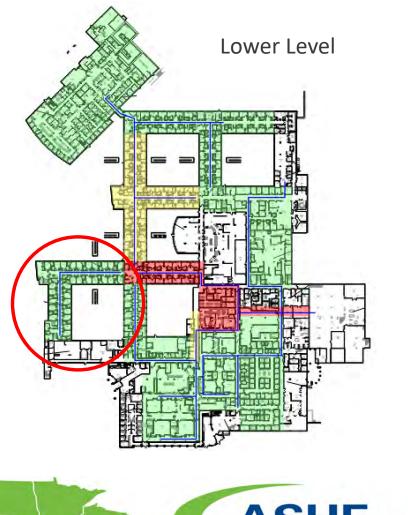
Existing Master Planning | Piping Analysis Results

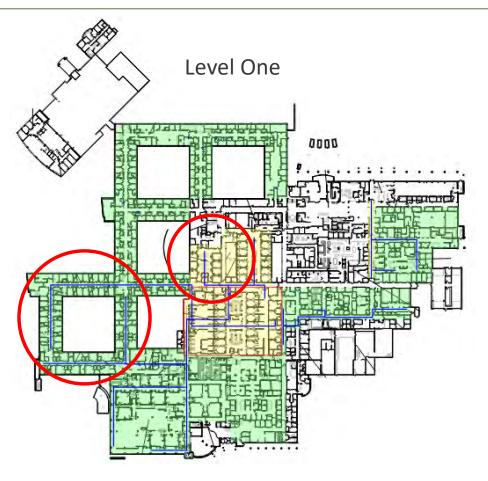






Existing Master Planning | Piping Analysis Results





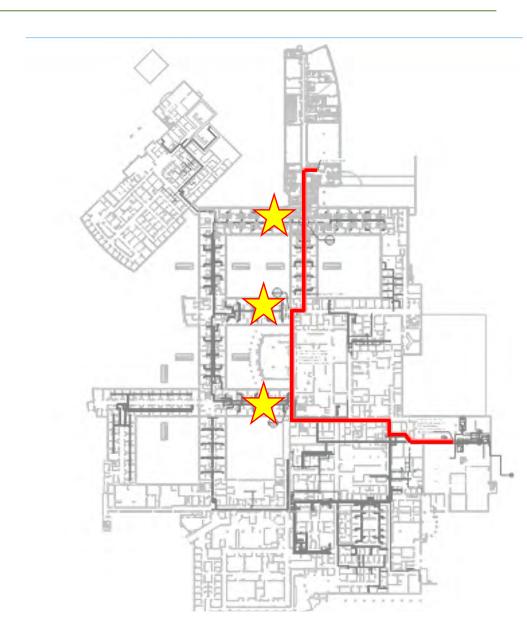




Existing Master Planning | Corrective Actions

- New custom Contactless Claw Pentaplex expandable to Heptaplex Stack mounted Medical Vacuum System
- Confirmed recently installed Medical Air System was adequately sized
- Setup for future independent connection for surgery suite
- New full sized distributed piping to addition to allow for load shedding of existing system





Master Planning a New Project



Planning for Future Facility Needs

- Source Equipment
 - What type of equipment best suits todays needs? Tomorrows?
 - What is our system capacity?
 - Does this system adapt to potential changing care needs?
- Pipeline Sizing
 - What are the calculated system pressure losses?
 - Can the piping system adapt to changing space use?





- Valve Locations
 - Where are we locating service valves?
 - Should valved connections be added now for future projects?
 - Do we have auxiliary source connections identified?



New Project Master Planning in Action



New Master Planning | Facility Overview

Ninth Level Shell

Eighth Level MS IP (48)

Seventh Level MS IP (48)

Sixth Level MS IP (18) MS ICU (30)

Fifth Level CV IP (14) CV ICU (32)

Fourth Level OR PACU/ Prep & Recov

Third Level Single Level OR/iMRI

Second Level Endo, IR & Prep & Recov

First Level ED Parking Café/Lobby

Lower Level Kitchen, SPD, Support

Day 1 – 190 beds





New Master Planning | Facility Overview

Ninth Level

Shell

Eighth Level

MS IP (48)

Seventh Level

MS IP (48)

Sixth Level

MS IP (18) MS ICU (30)

Fifth Level

CV IP (14) CV ICU (32)

Fourth Level

OR PACU/ Prep & Recov

Third Level

Single Level OR/iMRI

Second Level

Endo, IR & Prep & Recov

First Level

ED Parking Café/Lobby

Lower Level

Kitchen, SPD, Support

Day 1 - 190 beds

MS IP (48)

MS IP (48)

MS IP (48)

MS IP (12) MS ICU (36)

CV IP (5) CV ICU (41)

OR PACU/ Prep & Recov

Single Level OR/iMRI

Endo, IR & Prep & Recov

ED Parking Café/Lobby

Kitchen, SPD, Support

Day 2 – 238 beds





New Master Planning | Facility Overview

Ninth Level

Shell

Eighth Level

MS IP (48)

Seventh Level

MS IP (48)

Sixth Level

MS IP (18) MS ICU (30)

Fifth Level

CV IP (14) CV ICU (32)

Fourth Level

OR PACU/ Prep & Recov

Third Level

Single Level OR/iMRI

Second Level

Endo, IR & Prep & Recov

First Level

ED Parking Café/Lobby

Lower Level

Day 1 – 190 beds

Kitchen, SPD, Support

MS IP (48)

MS IP (48)

MS IP (48)

MS IP (12) MS ICU (36)

CV IP (5) CV ICU (41)

OR PACU/ Prep & Recov

Single Level OR/iMRI

Endo, IR & Prep & Recov

ED Parking Café/Lobby

Kitchen, SPD, Support

Day 2 – 238 beds

Shell

Pandemic ICU (48)

MS IP (48)

MS IP (18) MS ICU (30)

CV IP (14) CV ICU (32)

OR PACU/ Prep & Recov

Single Level OR/iMRI

Endo, IR & Prep & Recov

ED Parking Café/Lobby

Kitchen, SPD, Support

Pandemic Mode – 238 beds





New Master Planning | System Analysis Overview

Medical Vacuum System

Medical Air System

Day 1

78% Capacity

79% Capacity



New Master Planning | System Analysis Overview

Medical Vacuum System

Day 1

78% Capacity

Day 2

82% Capacity

Medical Air System

79% Capacity

83% Capacity



New Master Planning | System Analysis Overview

Medical Air System Medical Vacuum System Day 1 78% Capacity 79% Capacity Day 2 82% Capacity 83% Capacity **Pandemic** 94% Capacity 110% Capacity Operation



New Master Planning | System Analysis Overview

Medical Air System Medical Vacuum System Day 1 78% Capacity 79% Capacity Day 2 82% Capacity 83% Capacity **Pandemic** 94% Capacity 88% Capacity Operation



New Master Planning | Piping Analysis Overview

Segment Start	Segment End	Measured Length	System Pressure @ Beginning of Section (psi)	Quantity of outlets/rooms	Outlet (LPM)	Design Flow For Branch (LPM)	Design Flow for Section	Pipe Size	Pressure Drop for Section (psi)	System Pressure at end o Section (psi)
ZVB-8.5										
CP8018	CP8016	40	55	2	10	20	20	1/2"	0.0066	54.9934
CP016	CP8014	4	54.9934	2	10	20	40	3/4"	0.00036	54.99304
CP8014	CP8012	26	54.99304	2	10	20	20	3/4"	0.00078	54.99226
CP012	CP8010	4	54.99226	2	10	20	60	3/4"	0.00078	54.99148
CP8010	BRANCH	10	54.99148	2	10	20	40	3/4"	0.0009	54.99058
BRANCH	ZVB-8.5 TO MAIN TO ZVB-8.4	185	54.99058	6	10	60	120	3/4"	0.113775	54.876805
ZVB-8.4	ZVB-8.3	40	54.876805	16	10	160	280	1"	0.0306	54.846205
ZVB-8.3	RISER	25	54.846205	14	10	140	420	1"	0.043875	54.80233
OB0004	OBOOOG	40	FF		4.0	00	00	4./08	0.0000	F4.0004
CP8004	CP8006	40	55	2	10	20	20	1/2"	0.0066	54.9934
CP8006	CP8008	4	54.9934	2	10	20	40	3/4"	0.00036	54.99304
CP8008	BRANCH	18	54.99304	2	10	20	60	3/4"	0.00351	54.98953
ZVB-8.5										
CP8018	CP8016	40	55	2	25	50	50	1/2"	0.0306	54.9694
CP016	CP8014	4	54.9694	2	25	50	100	3/4"	0.0018	54.9676
CP8014	CP8012	26	54.9676	2	25	50	50	3/4"	0.00351	54.96409
CP012	CP8010	4	54.96409	2	25	50	150	3/4"	0.00408	54.96001
CP8010	BRANCH	10	54.96001	2	25	50	100	3/4"	0.0045	54.95551
BRANCH	ZVB-8.5 TO MAIN TO ZVB-8.4	185	54.95551	6	25	150	300	3/4"	0.568875	54.386635
ZVB-8.4	ZVB-8.3	40	54.386635	16	25	400	700	1"	0.1542	54.232435
ZVB-8.3	RISER	25	54.232435	14	25	350	1050	1"	0.215625	54.01681
CP8004	CP8006	40	55	2	25	50	50	1/2"	0.0306	54.9694
CP8004	CP8008	40	54.9694	2	25	50	100	3/4"	0.0018	54.9676
CP8008	BRANCH	18	54.9676	2	25	50	150	3/4"	0.01836	54,94924

- Grey M/S Room Operation
- Purple Pandemic Operation

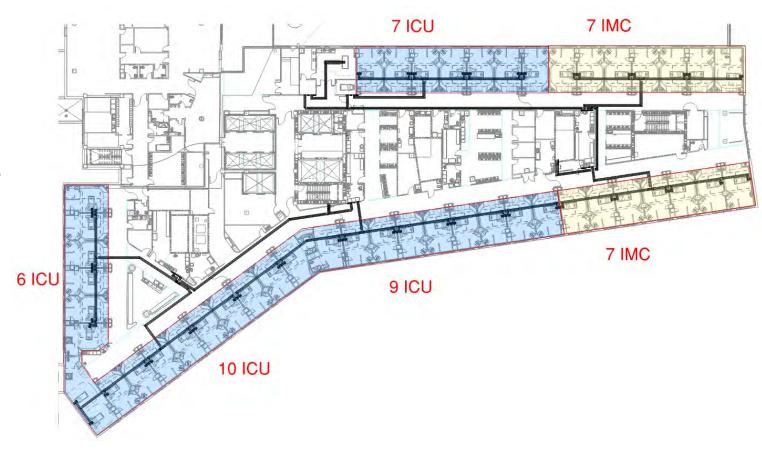




- Additional 0.8 PSI drop for floor
- Roughly 20% of system allowable pressure drop

New Master Planning | Summary

- Central Systems set up to accommodate future space usage and pandemic operation mode.
- Floors zoned and valved for ease of room conversion
- 8th Floor piping sized to handle pandemic operation

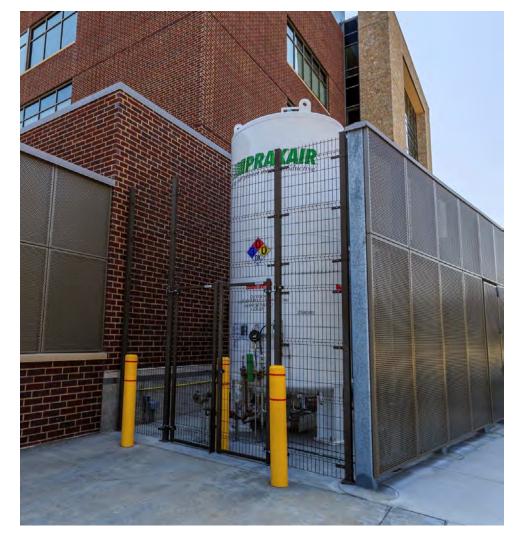






What does NFPA says





5.1.14.7.3

An annual review of bulk system capacity shall be conducted to ensure the source system has sufficient capacity.







5.1.3.6.3.9 (B)

Medical air compressors shall be sufficient to serve the **peak calculated demand** with the largest single compressor out of service. In no case shall there be fewer than two compressors.





5.1.3.7.1.1

Medical-surgical vacuum central supply systems shall consist of the following:

(1) Two or more vacuum pumps sufficient to serve the **peak calculated demand** with the largest single vacuum pump out of service.







5.1.14.1.2.1

The Responsible Facility Authority shall have primary responsibility for implementation of the piped medical gas and vacuum system requirements of this code for the Health Care Facility, including all medical gas, support gas, medical vacuum and WAGD systems.







5.1.14.1.3.1

The person designated as the Responsible Facility Authority shall be qualified to interpret, implement and advise on this Code







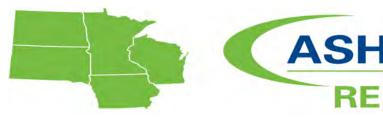
NFPA 99 | 2024 (proposed)

"The system designer shall size the piping such that the calculated pressure or vacuum losses across the piping as designed do not exceed 10% of the intended operating pressure at the source valve. The pressure drop calculations shall become part of the facility's permanent records."

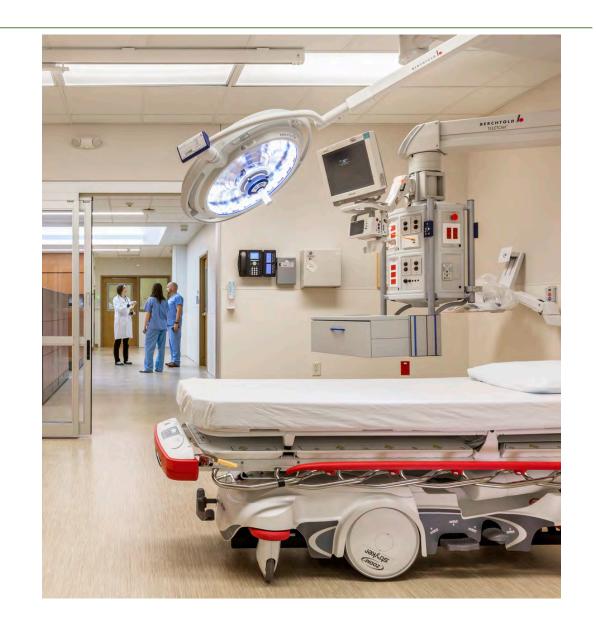


Conclusion

- Defining Medical Gas Master **Planning**
 - Existing and New
- Reasons to Master Plan
- Master Planning in Action
- NFPA Requirements







Questions?

