

**PART 1 - GENERAL**

**1.1 SECTION SUMMARY**

- A. Work covered by this document includes design, engineering, labor, material and products, equipment warranty and system guarantee, training and services for, and incidental to, the complete installation of new and fully operating National Fire Protection Association (NFPA) - Life Safety Code 101.3-2 (a) Labeled and (b) Listed, Emergency Service Nurse-Call and Life Safety listed Code Blue Communication System and associated equipment (here-in-after referred to as the System) provided in approved locations indicated on the contract drawings. These items shall be tested and certified capable of receiving, distributing, interconnecting and supporting Nurse-Call and/or Code Blue communications signals generated local and remotely as detailed herein.
- B. Work shall be complete, Occupational Safety and Health Administration (OSHA), National Recognized Testing Laboratory (NRTL - i.e. Underwriters Laboratory [UL]) Listed and Labeled; and VA Central Office (VACO), Telecommunications Voice Engineering (TVE 0050P3B) tested, certified and ready for operation.
- C. The System shall be delivered free of engineering, manufacturing, installation, and functional defects. It shall be designed, engineered and installed for ease of operation, maintenance, and testing.
- D. The term "provide", as used herein, shall be defined as: designed, engineered, furnished, installed, certified, tested, and guaranteed by the Contractor.
- E. Specification Order of Precedence: In the event of a conflict between the text of this document and the Project's Contract Drawings outlined and/or cited herein; **THE TEXT OF THIS DOCUMENT TAKES PRECEDENCE.** *HOWEVER, NOTHING IN THIS DOCUMENT WILL SUPERSEDE APPLICABLE EMERGENCY LAWS AND REGULATIONS, SPECIFICALLY NATIONAL AND/OR LOCAL LIFE AND PUBLIC SAFETY CODES.* The Local Fire Marshall and/or VA Public Safety Officer are the only authorities that may modify this document's EMERGENCY CODE COMPLIANCE REQUIREMENTS, on a case by case basis, in writing and confirmed by VA's Project Manager (PM), Project Engineer (RE) and TVE-0050P3B. The VA PM is the only approving authority for other amendments to this document that may be granted, on a case by

case basis, in writhing with technical concurrencies by VA's PM, RE, TVE-0050P3B and identified Facility Project Personnel.

- F. The Original Equipment Manufacturer (OEM) and Contractor shall ensure that all management, sales, engineering and installation personnel have read and understand the requirements of this specification before the system is designed, engineered, delivered and provided. The Contractor shall furnish a written statement stating this requirement as a part of the technical submittal that includes each name and certification, including the OEMs. The Contractor is cautioned to obtain in writing, all approvals for system changes relating to the published contract specifications and drawings, from the PM and/or the RE before proceeding with the change.

## 1.2 RELATED SECTIONS

- A. 01 33 23 - Shop Drawings, Product Data and Samples.
- B. 07 84 00 - Firestopping.
- C. 27 05 11 - Requirements for Communications Installations.
- D. 27 05 26 - Grounding and Bonding for Communications Systems.
- E. 27 05 33 - Raceways and Boxes for Communications Systems.
- F. 27 41 31 - Master Antenna Television Equipment and Systems
- G. 27 51 16 - Public Address & Mass Notification System (PA).

## 1.3 DEFINITION

- A. Provide: Design, engineer, furnish, install, connect complete, test, certify and guarantee.
- B. Work: Materials furnished and completely installed.
- C. Review of contract drawings: A service by the engineer to reduce the possibility of materials being ordered which do not comply with contract documents. The engineer's review shall not relieve the Contractor of responsibility for dimensions or compliance with the contract documents. The reviewer's failure to detect an error does not constitute permission for the Contractor to proceed in error.
- D. Headquarters (aka VACO) Technical Review, for National and VA Communications and Security, Codes, Frequency Licensing Standards, Guidelines and Compliance:

Office of Telecommunications  
Special Communications Team (0050P3B)  
1335 East West Highway - 3rd Floor

Silver Spring, Maryland 20910,  
(O) 301-734-0350, (F) 301-734-0360

#### **1.4 REFERENCES**

A. The installation shall comply fully with all governing authorities, laws and ordinances, regulations, codes and standards, including, but not limited to:

1. United States Federal Law:

a. Departments of:

1) Commerce, Consolidated Federal Regulations (CFR), Title 15 - Under the Information Technology Management Reform Act (Public Law 104-106), the Secretary of Commerce approves standards and guidelines that are developed by the:

a) Chapter II, National Institute of Standards Technology (NIST - formerly the National Bureau of Standards). Under Section 5131 of the Information Technology Management Reform Act of 1996 and the Federal Information Security Management Act of 2002 (Public Law 107-347), NIST develops - Federal Information Processing Standards Publication (FIPS) 140-2-Security Requirements for Cryptographic Modules.

b) Chapter XXIII, National Telecommunications and Information Administration (NTIA - aka 'Red Book') Chapter 7.8 / 9; CFR, Title 47 Federal communications Commission (FCC) Part 15, Radio Frequency Restriction of Use and Compliance in "Safety of Life" Functions & Locations.

2) FCC - Communications Act of 1934, as amended, CFR, Title 47 - Telecommunications, in addition to Part 15 - Restrictions of use for Part 15 listed Radio Equipment in Safety of Life / Emergency Functions / Equipment/ Locations (also see CFR, Title 15 - Department of Commerce, Chapter XXIII - NTIA):

a) Part 15 - Restrictions of use for Part 15 listed Radio Equipment in Safety of Life / Emergency Functions / Equipment/Locations.

b) Part 58 - Television Broadcast Service.

c) Part 90 - Rules and Regulations, Appendix C.

- 3) Health, (Public Law 96-88), CFR, Title 42, Chapter IV Health & Human Services, CFR, Title 46, Subpart 1395(a)(b) JCAHO "a hospital that meets JCAHO accreditation is deemed to meet the Medicare conditions of Participation by meeting Federal Directives:"
  - a) All guidelines for Life, Personal and Public Safety; and, Essential and Emergency Communications.
- 4) Labor, CFR, Title 29, Part 1910, Chapter XVII - Occupational Safety and Health Administration (OSHA), Occupational Safety and Health Standard:
  - a) Subpart 7 - Definition and requirements (for a NRTL - 15 Laboratory's, for complete list, contact ([http://www.osha.gov/dts/otpca/nrtl/faq\\_nrtl.html](http://www.osha.gov/dts/otpca/nrtl/faq_nrtl.html))):
    - 1) UL:
      - a) 44-02 - Standard for Thermoset-Insulated Wires and Cables.
      - b) 65 - Standard for Wired Cabinets.
      - c) 83-03 - Standard for Thermoplastic-Insulated Wires and Cables.
      - d) 467-01 - Standard for Electrical Grounding and Bonding Equipment
      - e) 468 - Standard for Grounding and Bonding Equipment.
      - f) 486A-01 - Standard for Wire Connectors and Soldering Lugs for Use with Copper Conductors
      - g) 486C-02 - Standard for Splicing Wire Connectors.
      - h) 486D-02 - Standard for Insulated Wire Connector Systems for Underground Use or in Damp or Wet Locations.
      - i) 486E-00 - Standard for Equipment Wiring Terminals for Use with Aluminum and/or Copper Conductors.
      - j) 493-01 - Standard for Thermoplastic-Insulated Underground Feeder and Branch Circuit Cable.
      - k) 514B-02 - Standard for Fittings for Cable and Conduit.
      - l) 1069 - Hospital Signaling and Nurse Call Equipment.
      - m) 1449 - Standard for Transient Voltage Surge

Suppressors.

- n) 1479-03 - Standard for Fire Tests of Through-Penetration Fire Stops.
- o) 1666 - Standard for Wire/Cable Vertical (Riser) Tray Flame Tests.
- p) 1863 - Standard for Safety, Communications Circuits Accessories.
- q) 2024 - Standard for Optical Fiber Raceways.
- r) 60950-1/2 - Information Technology Equipment - Safety.
- 2) Canadian Standards Association (CSA): same tests as for UL.
- 3) Communications Certifications Laboratory (CCL): same tests as for UL.
- 4) Intertek Testing Services NA, Inc. (ITSNA formerly Edison Testing Laboratory [ETL]): same tests as for UL.
- b) Subpart 35 - Compliance with NFPA 101 - Life Safety Code.
- c) Subpart 36 - Design and construction requirements for exit routes.
- d) Subpart 268 - Telecommunications.
- e) Subpart 305 - Wiring methods, components, and equipment for general use.
- 5) Department of Transportation, CFR, Title 49 (Public Law 89-670), Part 1, Subpart C - Federal Aviation Administration (FAA):
  - a) Standards AC 110/460-ID & AC 707 / 460-2E - Advisory Circulars for Construction of Antenna Towers.
  - b) Forms 7450 and 7460-2 - Antenna Construction Registration.
- 6) Veterans Affairs (Public Law No. 100-527), CFR, Title 38, Volumes I & II:
  - a) Office of Telecommunications:
    - 1) Handbook 6100 - Telecommunications.
      - a) Spectrum Management FCC & NTIA Radio Frequency Compliance and Licensing Program.
      - b) Special Communications Proof of Performance Testing, VACO Compliance and Life Safety Certification(s).

- b) Office of Cyber and Information Security (OCIS):
  - 1) Handbook 6500 - Information Security Program.
  - 2) Wireless and Handheld Device Security Guideline Version 3.2, August 15, 2005.
- c) VA's National Center for Patient Safety - Veterans Health Administration Warning System, Failure of Medical Alarm Systems using Paging Technology to Notify Clinical Staff, July 2004.
- d) VA's Center for Engineering Occupational Safety and Health, concurrence with warning identified in VA Directive 7700.
- e) Office of Construction and Facilities Management (CFM):
  - 1) Master Construction Specifications (PG-18-1).
  - 2) Standard Detail and CAD Standards (PG-18-4).
  - 3) Equipment Guide List (PG-18-5).
  - 4) Electrical Design Manual for VA Facilities (PG 18-10), Articles 7 & 8.
  - 5) Minimum Requirements of A/E Submissions (PG 18-15):
    - a) Volume B, Major New Facilities, Major Additions; and Major Renovations, Article VI, Paragraph B.
    - b) Volume C - Minor and NRM Projects, Article III, Paragraph S.
    - c) Volume E - Request for Proposals Design/Build Projects, Article II, Paragraph F.
  - 6) Mission Critical Facilities Design Manual (Final Draft - 2007).
  - 7) Life Safety Protected Design Manual (Final Draft - 2007).
  - 8) Solicitation for Offerors (SFO) for Lease Based Clinics - (05-2009).
- b. Federal Specifications (Fed. Specs.):
  - 1) A-A-59544-00 - Cable and Wire, Electrical (Power, Fixed Installation).
- 2. National Codes:
  - a. American Institute of Architects (AIA): Guidelines for Healthcare Facilities.

- b. American National Standards Institute/Electronic Industries Association/Telecommunications Industry Association (ANSI/EIA/TIA):
  - 1) 568-B - Commercial Building Telecommunications Wiring Standards:
    - a) B-1 - General Requirements.
    - b) B-2 - Balanced twisted-pair cable systems.
    - c) B-3 - Fiber optic cable systems.
  - 2) 569 - Commercial Building Standard for Telecommunications Pathways and Spaces.
  - 3) 606 - Administration Standard for the Telecommunications Infrastructure of Communications Buildings.
  - 4) 607 - Commercial Building Grounding and Bonding Requirements for Telecommunications.
  - 5) REC 127-49 - Power Supplies.
  - 6) RS 270 - Tools, Crimping, Solderless Wiring Devices, Recommended Procedures for User Certification.
- c. American Society of Mechanical Engineers (ASME):
  - 1) Standard 17.4 - Guide for Emergency Personnel.
  - 2) Standard 17.5 - Elevator & Escalator Equipment (prohibition of installing non-elevator equipment in Elevator Equipment Room / Mechanical Penthouse).
- d. American Society of Testing Material (ASTM):
  - 1) D2301-04 - Standard Specification for Vinyl Chloride Plastic Pressure Sensitive Electrical Insulating Tape.
- e. Building Industries Communications Services Installation (BICSI):
  - 1) All standards for smart building wiring, connections and devices for commercial and medical facilities.
  - 2) Structured Building Cable Topologies.
  - 3) In consort with ANSI/EIA/TIA.
- f. Institute of Electrical and Electronics Engineers (IEEE):
  - 1) SO/TR 21730:2007 - Use of mobile wireless communication and computing technology in healthcare facilities - Recommendations for electromagnetic compatibility (management of unintentional electromagnetic interference) with medical devices.

2) 0739-5175/08/©2008 IEEE - Medical Grade - Mission Critical -  
Wireless Networks.

3) C62.41 - Surge Voltages in Low-Voltage AC Power Circuits.

g. NFPA:

1) 70 - National Electrical Code (current date of issue) -  
Articles 517, 645 & 800.

2) 75 - Standard for Protection of Electronic Computer Data-  
Processing Equipment.

3) 77 - Recommended Practice on Static Electricity.

4) 99 - Healthcare Facilities.

5) 101 - Life Safety Code.

3. State Hospital Code(s).

4. Local Town, City and/or County Codes.

5. Accreditation Organization(s):

a. Joint Commission on Accreditation of Hospitals Organization  
(JCAHO) - Section VI, Part 3a - Operating Features.

## **1.5 QUALIFICATIONS**

- A. The OEM shall have had experience with three (3) or more installations of Nurse Call systems of comparable size and interfacing complexity with regards to type and design as specified herein. Each of these installations shall have performed satisfactorily for at least one (1) year after final acceptance by the user. Include the names, locations and point of contact for these installations as a part of the submittal.
- B. The Contractor shall submit certified documentation that they have been an authorized distributor and service organization for the OEM for a minimum of three (3) years. The Contractor shall be authorized by the OEM to pass thru the OEM's warranty of the installed equipment to VA. In addition, the OEM and Contractor shall accept complete responsibility for the design, installation, certification, operation, and physical support for the System. This documentation, along with the System Contractor and OEM certifications must be provided in writing as part of the Contractor's Technical submittal.
- C. The Contractor's Communications Technicians assigned to the System shall be fully trained, qualified, and certified by the OEM on the engineering, installation, operation, and testing of the System. The



Contractor shall provide formal written evidence of current OEM certification(s) for the installer(s) as a part of the submittal or to the RE before being allowed to commence work on the System.

- D. The Contractor shall display all applicable national, state and local licenses.
- E. The Contractor shall submit copy (s) of Certificate of successful completion of OEM's installation/training school for installing technicians of the System's Nurse Call and/or Code Blue equipment being proposed.

#### **1.6 CODES AND PERMITS**

- A. Provide all necessary permits and schedule all inspections as identified in the contract's milestone chart, so that the system is proof of performance tested, certified and approved by VA and ready for operation on a date directed by the Owner.
- B. The contractor is responsible to adhere to all codes described herein and associated contractual, state and local codes.

#### **1.7 SCHEDULING**

- A. After the award of contract, the Contractor shall prepare a detailed schedule (aka milestone chart) using "Microsoft Project" software or equivalent. The Contractor Project Schedule (CPS) shall indicate detailed activities for the projected life of the project. The CPS shall consist of detailed activities and their restraining relationships. It will also detail manpower usage throughout the project.
- B. It is the responsibility of the Contractor to coordinate all work with the other trades for scheduling, rough-in, and finishing all work specified. The owner will not be liable for any additional costs due to missed dates or poor coordination of the supplying contractor with other trades.

#### **1.8 REVIEW OF CONTRACT DRAWINGS AND EQUIPMENT DATA SUBMITTALS (AKA TECHNICAL SUBMITTAL[S])**

(Note: The Contractor is encouraged, but not required, to submit separate technical submittal(s) outlining alternate technical approach(s) to the system requirements stated here-in as long as each alternate technical document(s) is complete, separate, and submitted in precisely the same manner as outlined herein. VA will review and rate

each received alternate submittal, which follows this requirement, in exactly the same procedure as outlined herein. Partial, add-on, or addenda type alternates will not be accepted or reviewed.)

- A. Submit at one time within 10 days of contract awarding, drawings and product data on all proposed equipment and system. Check for compliance with contract documents and certify compliance with Contractor's "APPROVED" stamp and signature.
- B. Support all submittals with descriptive materials, i.e., catalog sheets, product data sheets, diagrams, and charts published by the manufacturer. These materials shall show conformance to specification and drawing requirements.
- C. Where multiple products are listed on a single cut-sheet, circle or highlight the one that you propose to use. Provide a complete and through equipment list of equipment expected to be installed in the system, with spares, as a part of the submittal. Special Communications (TVE-0050P3B) will not review any submittal that does not have this list.
- D. Provide four (4) copies to the PM for technical review. The PM will provide a copy to the offices identified in Paragraph 1.3.C & D, at a minimum for compliance review as described herein where each responsible individual(s) shall respond to the PM within 10 days of receipt of their acceptance or rejection of the submittal(s).
- E. Provide interconnection methods, conduit (where not already installed), junction boxes (J-Boxes), cable, interface fixtures and equipment lists for the: ENR(s) ( aka DMARC), TER, TCR, MCR, MCOR, PCR, ECR, Stacked Telecommunications Rooms (STR), Nurses Stations (NS), Head End Room (HER), Head End Cabinet (HEC), Head End Interface Cabinet (HEIC) and approved TCO locations TIP interface distribution layout drawing, as they are to be installed and interconnected to teach other (REFER TO APPENDIX B - SUGGESTED TELECOMMUNI-CAITONS ONE LINE TOPOLOGY pull-out drawing).
- F. Equipment technical literature detailing the electrical and technical characteristics of each item of equipment to be furnished.
- G. Engineering drawings of the System, showing calculated of expected signal levels at the headend input and output, each input and output distribution point, and signal level at each telecommunications outlet.

**1.9 PROJECT RECORD DOCUMENTS (AS BUILTS)**

- A. Throughout progress of the Work, maintain an accurate record of changes in Contract Documents. Upon completion of Work, transfer recorded changes to a set of Project Record Documents.
- B. The floorplans shall be marked in pen to include the following:
  - 1. Each device specific locations with UL labels affixed.
  - 2. Conduit locations.
  - 3. Each interface and equipment specific location.
  - 4. Head-end equipment and specific location.
  - 5. Wiring diagram.
  - 6. Labeling and administration documentation.
  - 7. Warranty certificate.
  - 8. System test results.

**1.10 WARRANTIES / GUARANTY**

- A. The Contractor shall warrant the installation to be free from defect in material and workmanship for a period of two (2) years from the date of acceptance of the project by the owner. The Contractor shall agree to remedy covered defects within four (4) hours of notification of major failures or within twenty-four (24) hours of notification for individual station related problems.
- B. The Contractor shall agree to grantee the system according to the guidelines outlined in Article 4 herein.

**1.11 USE OF THE SITE**

- A. Use of the site shall be at the GC's direction.
- B. Coordinate with the GC for lay-down areas for product storage and administration areas.
- C. Coordinate work with the GC and their sub-contractors.
- D. Access to buildings wherein the work is performed shall be directed by the GC.

**1.12 DELIVERY, STORAGE, AND HANDLING**

- A. Deliver, store, and handle products using means and methods that will prevent damage, deterioration, and loss, including theft.
- B. Store products in original containers.
- C. Coordinate with the GC for product storage. There may be little or no storage space available on site. Plan to potentially store materials off site.

- D. Do not install damaged products. Remove damaged products from the site and replaced with new product at no cost to the Owner.

**1.13 PROJECT CLOSE-OUT**

- A. Prior to final inspection and acceptance of the work, remove all debris, rubbish, waste material, tools, construction equipment, machinery and surplus materials from the project site and thoroughly clean your work area.
- B. Before the project closeout date, the Contractor shall submit:
  - 1. OEM Equipment Warranty Certificates.
  - 2. Evidence of compliance with requirements of governing authorities such as the Low Voltage Certificate of Inspection.
  - 3. Project record documents.
  - 4. Instruction manuals and software that is a part of the system.
  - 5. System Guaranty Certificate.
- C. Contractor shall submit written notice that:
  - 1. Contract Documents have been reviewed.
  - 2. Project has been inspected for compliance with contract.
  - 3. Work has been completed in accordance with the contract.

**PART 2 - PRODUCTS / FUNCTIONAL REQUIREMENTS**

**2.0 GENERAL REQUIREMENTS FOR EQUIPMENT AND MATERIALS**

- A. Furnish and install a complete and fully functional and operable Nurse Call System (extension of existing) for each location shown on the contract drawings.
- B. Coordinate features and select interface components to form an integrated Nurse Call system. Match components and interconnections between the systems for optimum performance of specified functions.
- C. Expansion Capability: The Nurse Call equipment interfaces and cables shall be able to increase number of enunciation points in the future by a minimum of 50 percent (%) above those indicated without adding any internal or external components or main trunk cable conductors.
- D. Equipment: Active electronic type shall use solid-state components, fully rated for continuous duty unless otherwise indicated. Select equipment for normal operation on input power usually supplied between 110 to 130 VAC, 60 Hz supplied from the Facility's Emergency Electrical Power System.

- E. Meet all FCC requirements regarding equipment listing, low radiation and/or interference of RF signal(s). The system shall be designed to prevent direct pickup of signals from within and outside the building structure.

## 2.1 SYSTEM DESCRIPTION

- A. Furnish and install a complete and fully functional and operable Nurse Call and Code Blue System (extension of existing).
- B. The Contractor shall continually employ interfacing methods that are approved by the OEM and VA. At a minimum, an acceptable interfacing method requires not only a physical and mechanical connection, but also a matching of signal, voltage, and processing levels with regard to signal quality and impedance. The interface point must adhere to all standards described herein for the full separation of Critical Care and Life Safety systems.
- C. The System Contractor shall connect the System ensuring that all NFPA and UL Critical Care and Life Safety Circuit and System separation guidelines are satisfied. The System Contractor is not allowed to make any connections to the Telephone System.
- D. System hardware shall consist of an existing nurse call **Code Blue** patient communications network comprised of nurse consoles, control stations, staff and duty stations, room and corridor dome lights, pillow speakers/call cords, pull cord and/or emergency push button stations, wiring as shown on drawings. All necessary equipment required to meet the intent of these specifications, whether or not enumerated within these specifications, shall be supplied and installed to provide a complete and operating nurse call **Code Blue** patient communications network. ***It is not acceptable to utilize the telephone cable system for the control and distribution of nurse call (code Blue) signals and equipment.***
- E. Each Code Blue System shall be designed to provide continuous electrical supervision of the complete and entire system (i.e. dome light bulbs [each light will be considered supervised if they use any one or a combination of (UL) approved electrical supervision alternates, as identified in UL-1069, 1992 revision], wires, contact switch connections, circuit boards, data, audio, and communication busses, main and UPS power, etc.). All alarm initiating and signaling

circuits shall be supervised for open circuits, short circuits, and system grounds. Main and UPS power circuits shall be supervised for a change in state (i.e. primary to backup, low battery, UPS on line, etc.). When an open, short or ground occurs in any system circuit, an audible and visual fault alarm signal shall be initiated at the nurse control station and all remote locations.

- F. All equipment face plates utilized in the system shall be stainless steel, anodized aluminum or UL approved cycolac plastic for the areas where provided.
- G. Plug-in connectors shall be provided to connect all equipment, except coaxial cables. Coaxial cable distribution points shall use coaxial cable connections recommended by the cable OEM and approved by the system OEM. Base band cable systems shall utilize barrier terminal screw type connectors, at a minimum. As an alternate, crimp type connectors installed with a ratchet type installation tool are acceptable provided the cable dress, pairs, shielding, grounding, connections and labeling are the same as the barrier terminal strip connectors. Tape of any type, wire nuts or solder type connections are unacceptable and will not be approved.
- H. Contractor is responsible for pricing all accessories and miscellaneous equipment required to form a complete and operating system. Unless otherwise noted in this Part, equipment quantities shall be as indicated on the drawings.
- I. System Performance:
  - 1. At a minimum, each distribution, interconnection, interface, terminating point and TCO shall be capable of supporting the Facility's Nurse Call and/or Code Blue System voice and data service as follows:
    - a. Shall be compliant with and not degrade the operating parameters of the Public Switched Telephone Network (PSTN) and the Federal Telecommunications System (FTS) at each PSTN and FTS interface (if attachment is permitted by TVE 0050P3B), interconnection and TCO terminating locations detailed on the contract drawings.
    - b. The System shall provide the following minimum operational functions:

- 1) Code Blue calls shall be cancelable at the calling station only. The nurse call master station (s) that a managing Code Blue functions shall not have the ability to cancel Code Blue calls.
- 2) Each Code Blue system shall be able to receive audio calls from all bedside stations simultaneously.
- 3) Calls placed from any Code Blue station shall generate Code Blue emergency type audible and visual signals at each associated nurse control and duty station, respective dome lights and all local and remote annunciator panels. Calls placed from a bedside station shall generate emergency type visual signals at the bedside station and associated dome light(s) in addition to the previous stated stations and panels.
- 4) Activating the silencing device at any location, while a Code Blue call or system fault is occurring shall mute the audible signals at the alarm location.
  - a) The audible alarm shall regenerate at the end of the selected time-out period until the call or fault is corrected.
  - b) The visual signals shall continue until the call is canceled and/or a fault is corrected. When the fault is corrected, all signals generated by the fault shall automatically cease, returning the System to a standby status.
  - c) Audible signals shall be regenerated in any local or remote annunciator panel that is in the silence mode, in the event an additional Code Blue call is placed in any Code Blue system.
  - d) The additional Code Blue call shall also generate visual signals at all annunciators to identify the location of the call.
2. Each System Nurse Call location shall generate a minimum of distinct calls:
  - a. Routine: single flashing dome lights & master station color and audio tone,

- b. Staff Assist: rapid flashing dome lights & master station color and audio tone,
- c. Emergency: Red flashing dome lights & master station color and audio tone,
- d. Code Blue (if equipped): Blue flashing dome lights and master station color and audio tone,
- e. Each generated call shall be cancelable at ONLY the originating location,

### **2.3 MANUFACTURERS**

- A. Extension of existing Rauland system as specified on the drawings.

### **2.4 PRODUCTS**

- A. Extension of existing Rauland system as specified on the drawings.
- B. Raceways, Back Boxes and conduit:
  - a. In addition to the Raceways, Equipment Room Fittings provided under Specification Sections 27 15 00 TIP Communication Room Fittings and 27 15 00 - TIP Communications Horizontal and Vertical Cabling, provide the following additional TIP raceway and fittings:
  - b. Each raceway that is open top, shall be: UL certified for telecommunications systems, partitioned with metal partitions in order to comply with NEC Parts 517 & 800 to "mechanically separate telecommunications systems of different service, protect the installed cables from falling out when vertically mounted and allow junction boxes to be attached to the side to interface "drop" type conduit cable feeds.
  - c. Intercommunication System cable infrastructure: EMT or in J-hooks above accessible ceilings, 24 inches on center.
  - d. Junction boxes shall be not less than 2-1/2 inches deep and 6 inches wide by 6 inches long.
  - e. Flexible metal conduit is prohibited unless specifically approved by 0050P3B.
  - f. System Conduit:
    - 1) The PA system is NFPA listed as Emergency / Public Safety Communication System which requires the entire system to be installed in a separate conduit system.



2) The use of centralized mechanically partitioned wireways may be used to augment main distribution conduit on a case by case basis when specifically approved by VA Headquarters (0050P3B).

3) Conduit Sleeves:

- a) The AE has made a good effort to identify where conduit sleeves through full-height and fire rated walls on the drawings, and has instructed the electrician to provide the sleeves as shown on the drawings.
- b) While the sleeves shown on the drawings will be provided by others, the contractor is responsible for installing conduit sleeves and fire-proofing where necessary. It is often the case, that due to field conditions, the nurse-call cable may have to be installed through an alternate route. Any conduit sleeves required due to field conditions or those omitted by the engineer shall be provided by the cabling contractor.

g. Device Back Boxes:

- 1) Furnish to the electrical contractor all back boxes required for the PA system devices.
- 2) The electrical contractor shall install the back boxes as well as the system conduit. Coordinate the delivery of the back boxes with the construction schedule.

### **PART 3 - EXECUTION**

#### **3.1 PROJECT MANAGEMENT**

- A. Assign a single project manager to this project who will serve as the point of contact for the Owner, the General Contractor, and the Engineer.
- B. The Contractor shall be proactive in scheduling work at the hospital, specifically the Contractor will initiate and maintain discussion with the general contractor regarding the schedule for ceiling cover up and install cables to meet that schedule.
- C. Contact the Office of Telecommunications, Special Communications Team (0050P2B) at (301) 734-0350 to have a VA Certified Telecommunications COTR assigned to the project for telecommunications review, equipment and system approval and co-ordination with VA's Spectrum Management and OCIS Teams.

### **3.2 INSTALLATION**

#### **A. General:**

1. Execute work in accordance with National, State and local codes, regulations and ordinances.
2. Install work neatly, plumb and square and in a manner consistent with standard industry practice. Carefully protect work from dust, paint and moisture as dictated by site conditions. The Contractor will be fully responsible for protection of his work during the construction phase up until final acceptance by the Owner.
3. Install equipment according to OEM's recommendations. Provide any hardware, adaptors, brackets, rack mount kits or other accessories recommended by OEM for correct assembly and installation.
4. Secure equipment firmly in place, including receptacles, speakers, equipment racks, system cables, etc.
  - a. All supports, mounts, fasteners, attachments and attachment points shall support their loads with a safety factor of at least 5:1.
  - b. Do not impose the weight of equipment or fixtures on supports provided for other trades or systems.
  - c. Any suspended equipment or associated hardware must be certified by the OEM for overhead suspension.
  - d. The Contractor is responsible for means and methods in the design, fabrication, installation and certification of any supports, mounts, fasteners and attachments.
5. Finishes for any exposed work such as plates, racks, panels, speakers, etc. shall be approved by the Architect, Owner and TVE 0050P3B.
6. Coordinate cover plates with field conditions. Size and install cover plates as necessary to hide joints between back boxes and surrounding wall. Where cover plates are not fitted with connectors, provide grommets in size and quantity required. Do not allow cable to leave or enter boxes without cover plates installed.
7. Active electronic component equipment shall consist of solid state components, be rated for continuous duty service, comply with the

- requirements of FCC standards for telephone and data equipment, systems, and service.
8. Color code all distribution wiring to conform to the Nurse Call Industry Standard, EIA/TIA, and this document, whichever is the more stringent. At a minimum, all equipment, cable duct and/or conduit, enclosures, wiring, terminals, and cables shall be clearly and permanently labeled according to and using the provided record drawings, to facilitate installation and maintenance.
  9. Product Delivery, Storage and Handling:
    - a. Delivery: Deliver materials to the job site in OEM's original unopened containers, clearly labeled with the OEM's name and equipment catalog numbers, model and serial identification numbers. The RE may inventory the cable, patch panels, and related equipment.
    - b. Storage and Handling: Store and protect equipment in a manner, which will preclude damage as directed by the RE.
  10. Where TCOs are installed adjacent to each other, install one outlet for each instrument.

**B. Wiring Practice**

1. Comply with requirements for raceways and boxes specified in Division 26 Section "Raceway and Boxes for Electrical Systems."
2. Execute all wiring in strict adherence to the National Electrical Code, applicable local building codes and standard industry practices.
3. Wiring shall be classified according to the following low voltage signal types:
  - a. Balanced microphone level audio (below -20dBm) or Balanced line level audio (-20dBm to +30dBm)
  - b. 70V audio speaker level audio.
  - c. Low voltage DC control or power (less than 48VDC)
4. Where raceway is to be EMT (conduit), wiring of differing classifications shall be run in separate conduit. Where raceway is to be an enclosure (rack, tray, wire trough, utility box) wiring of differing classifications which share the same enclosure shall be mechanically partitioned and separated by at least four (4) inches.

- Where Wiring of differing classifications must cross, they shall cross perpendicular to one another.
5. Do not splice wiring anywhere along the entire length of the run. Make sure cables are fully insulated and shielded from each other and from the raceway for the entire length of the run.
  6. Do not pull wire through any enclosure where a change of raceway alignment or direction occurs. Do not bend wires to less than radius recommended by manufacturer.
  7. Replace the entire length of the run of any wire or cable that is damaged or abraided during installation. There are no acceptable methods of repairing damaged or abraided wiring.
  8. Use wire pulling lubricants and pulling tensions as recommended by the OEM.
  9. Use grommets around cut-outs and knock-outs where conduit or chase nipples are not installed.
  10. Do not use tape-based or glue-based cable anchors.
  11. Ground shields and drain wires to the Facility's signal ground system as indicated by the drawings.
  12. Field wiring entering equipment racks shall be terminated as follows:
    - a. Provide OEM directed service loops at harness break-outs and at plates, panels and equipment. Loops should be sufficient to allow plates, panels and equipment to be removed for service and inspection.
    - b. Line level and speaker level wiring may be terminated inside the equipment rack using specified terminal blocks (see "Products.") Provide 15% spare terminals inside each rack. Microphone level wiring may only be terminated at the equipment served.
    - c. If specified terminal blocks are not designed for rack mounting, utilize  $\frac{3}{4}$ " plywood or  $\frac{1}{8}$ " thick aluminum plates/blank panels as a mounting surface. Do not mount on the bottom of the rack.
    - d. Employ permanent strain relief for any cable with an outside diameter of 1" or greater.
  13. Use only balanced audio circuits unless noted otherwise directed and indicated on the drawings.
  14. Make all connections as follows:

- a. Make all connections using rosin-core solder or mechanical connectors appropriate to the application.
  - b. For crimp-type connections, use only tools that are specified by the manufacturer for the application.
  - c. Use only insulated spade lugs on screw terminals. Spade lugs shall be sized to fit the wire gauge. Do not exceed two lugs per terminal.
  - d. Wire nuts, electrical tape or "Scotch Lock" connections are not acceptable for any application.
- C. Cable Installation
1. Support cable on maximum 2'-0" centers. Acceptable means of cable support are cable tray, j-hooks, and bridal rings. Velcro wrap cable bundles loosely to the means of support with plenum rated Velcro straps. Plastic tie wraps are not acceptable as a means to bundle cables.
  2. Run cables parallel to walls.
  3. Install maximum of 10 cables in a single row of J-hooks. Provide necessary rows of J-hooks as required by the number of cables.
  4. Do not lay cables on top of light fixtures, ceiling tiles, mechanical equipment, or ductwork. Maintain at least 2'-0" clearance from all shielded electrical apparatus.
  5. All cables shall be tested after the total installation is fully complete. All test results are to be documented. All cables shall pass acceptable test requirements and levels. Contractor shall remedy any cabling problems or defects in order to pass or comply with testing. This includes the re-pull of new cable as required at no additional cost to the Owner.
  6. Ends of cables shall be properly terminated on both ends per industry and OEM's recommendations.
  7. Provide proper temporary protection of cable after pulling is complete before final dressing and terminations are complete. Do not leave cable lying on floor. Bundle and tie wrap up off of the floor until you are ready to terminate.
  8. Terminate all conductors; no cable shall contain unterminated elements. Make terminations only at outlets and terminals.

9. Splices, Taps, and Terminations: Arrange on numbered terminal strips in junction, pull, and outlet boxes; terminal cabinets; and equipment enclosures. Cables may not be spliced.
10. Bundle, lace, and train conductors to terminal points without exceeding OEM's limitations on bending radii. Install lacing bars and distribution spools.
11. Cable shall not be run through structural members or be in contact with pipes, ducts, or other potentially damaging items.
12. Separation of Wires: (REFER TO RACEWAY INSTALLATION) Separate speaker-microphone, line-level, speaker-level, and power wiring runs. Install in separate raceways or, where exposed or in same enclosure, separate conductors at least 12 inches apart for speaker microphones and adjacent parallel power and telephone wiring. Separate other intercommunication equipment conductors as recommended by equipment manufacturer.
13. Serve all cables as follows:
  - a. Cover the end of the overall jacket with a 1" (minimum) length of transparent heat-shrink tubing. Cut unused insulated conductors 2" (minimum) past the heat-shrink, fold back over jacket and secure with cable-tie. Cut unused shield/drain wires 2" (minimum) past the Heatshrink and serve as indicated below.
  - b. Cover shield/drain wires with heat-shrink tubing extending back to the overall jacket. Extend tubing ¼" past the end of unused wires, fold back over jacket and secure with cable tie.
  - c. For each solder-type connection, cover the bare wire and solder connection with heat-shrink tubing.
- D. Labeling: Provide labeling in accordance with ANSI/EIA/TIA-606-A. All lettering for Nurse Call and/or Code Blue circuits shall be stenciled using **laser printers**.
1. Cable and Wires (Hereinafter referred to as "Cable"): Cables shall be labeled at both ends in accordance with ANSI/EIA/TIA-606-A. Labels shall be permanent in contrasting colors. Cables shall be identified according to the System "Record Wiring Diagrams."
2. Conduit, Cable Duct, and/or Cable Tray: The Contractor shall label all conduit, duct and tray, including utilized GFE, with permanent marking devices or spray painted stenciling a minimum of 3 meters

- (10 ft.) identifying it as the System. In addition, each enclosure shall be labeled according to this standard.
3. Termination Hardware: The Contractor shall label TCOs and patch panel connections using color coded labels with identifiers in accordance with ANSI/EIA/TIA-606-A and the "Record Wiring Diagrams."
  4. Where multiple pieces of equipment reside in the same rack group, clearly and logically label each indicating to which room, channel, receptacle location, etc. they correspond.
  5. Permanently label cables at each end, including intra-rack connections. Labels shall be covered by the same, transparent heat-shrink tubing covering the end of the overall jacket. Alternatively, computer generated labels of the type which include a clear protective wrap may be used.
  6. Contractor's name shall appear no more than once on each continuous set of racks. The Contractor's name shall not appear on wall plates or portable equipment.
  7. Ensure each OEM supplied item of equipment has appropriate UL Labels / Marks for the service the equipment is performed permanently attached / marked to a non-removal board in the unit. EQUIPMENT INSTALLED NOT BEARING THESE UL MARKS WILL NOT BE ALLOWED TO BE A PART OF THE SYSTEM. THE CONTRACTOR SHALL BEAR ALL COSTS REQUIRED TO PROVIDE REPLACEMENT EQUIPMENT WITH APPROVED UL MARKS.
- E. Conduit and Signal Ducts: When the Contractor and/or OEM determines additional system conduits and/or signal ducts are required in order to meet the system minimum performance standards outlined herein, the contractor shall provide these items as follows:
1. Conduit:
    - a. The Contractor shall employ the latest installation practices and materials. The Contractor shall provide conduit, junction boxes, connectors, sleeves, weather heads, pitch pockets, and associated sealing materials not specifically identified in this document as GFE. Conduit penetrations of walls, ceilings, floors, interstitial space, fire barriers, etc., shall be sleeved and sealed.
    - b. All cables shall be installed in separate conduit and/or signal ducts (exception from the separate conduit requirement to allow

Nurse Call and/or Code Blue cables to be installed in partitioned cable tray with voice cables may be granted in writing by the RE (if requested). Conduits shall be provided in accordance with Section 27 05 33, RACEWAYS AND BOXES FOR COMMUNICATIONS SYSTEMS, and NEC Articles 517 for Critical Care and 800 for Communications systems, at a minimum.

- c. When metal, plastic covered, etc., flexible cable protective armor or systems are specifically authorized to be provided for use in the System, their installation guidelines and standards shall be as specified herein, Section 27 05 33, RACEWAYS AND BOXES FOR COMMUNICATIONS SYSTEMS, and the NEC.
- d. Conduit fill (including GFE approved to be used in the system) shall not exceed 40%. Each conduit end shall be equipped with a protective insulator or sleeve to cover the conduit end, connection nut or clamp, to protect the wire or cable during installation and remaining in the conduit. Electrical power conduit shall be installed in accordance with the NEC. AC power conduit shall be run separate from signal conduit.
- e. Ensure that Critical Care Nurse Call and Code Blue Systems (as identified by NEC Section 517) are completely separated and protected from all other systems.

### **3.3 PROTECTION OF NETWORK DEVICES**

- A. Contractor shall protect network devices during unpacking and installation by wearing manufacturer approved electrostatic discharge (ESD) wrist straps tied to chassis ground. The wrist strap shall meet OSHA requirements for prevention of electrical shock, should technician come in contact with high voltage.

### **3.4 CUTTING, CLEANING AND PATCHING**

- A. It shall be the responsibility of the contractor to keep their work area clear of debris and clean area daily at completion of work.
- B. It shall be the responsibility of the contractor to patch and paint any wall or surface that has been disturbed by the execution of this work.
- C. The Contractor shall be responsible for providing any additional cutting, drilling, fitting or patching required that is not indicated



as provided by others to complete the Work or to make its parts fit together properly.

- D. The Contractor shall not damage or endanger a portion of the Work or fully or partially completed construction of the Owner or separate contractors by cutting, patching or otherwise altering such construction, or by excavation. The Contractor shall not cut or otherwise alter such construction by the Owner or a separate contractor except with written consent of the Owner and of such separate contractor; such consent shall not be unreasonably withheld. The Contractor shall not unreasonably withhold from the Owner or a separate Contractor the Contractor's consent to cutting or otherwise altering the Work.
- E. Where coring of existing (previously installed) concrete is specified or required, including coring indicated under unit prices, the location of such coring shall be clearly identified in the field and the location shall be approved by the Project Manager prior to commencement of coring work.

### **3.5 FIREPROOFING**

- A. Where Nurse Call and/or Code Blue wires, cables and conduit penetrate fire rated walls, floors and ceilings, fireproof the opening.
- B. Provide conduit sleeves (if not already provided by electrical contractor) for cables that penetrate fire rated walls and Telecommunications Rooms floors and ceilings. After the cabling installation is complete, install fire proofing material in and around all conduit sleeves and openings. Install fire proofing material thoroughly and neatly. Seal all floor and ceiling penetrations.
- C. Use only materials and methods that preserve the integrity of the fire stopping system and its rating.
- D. Install fireproofing where low voltage cables are installed in the same manholes with high voltage cables; also cover the low voltage cables with arc proof and fireproof tape.
- E. Use approved fireproofing tape of the same type as used for the high voltage cables, and apply the tape in a single layer, one-half lapped or as recommended by the manufacturer. Install the tape with the coated side towards the cable and extend it not less than 25 mm (one inch) into each duct.

F. Secure the tape in place by a random wrap of glass cloth tape.

### **3.6 GROUNDING**

- A. Ground Nurse Call and/or Code Blue cable shields and equipment to eliminate shock hazard and to minimize ground loops, commonmode returns, noise pickup, cross talk, and other impairments as specified in CFM Division 27, Section 27 05 26 - Grounding and Bonding for Communications Systems.
- B. Facility Signal Ground Terminal: Locate at main room or area signal ground within the room (i.e. head end and telecommunications rooms) or area(s) and indicate each signal ground location on the drawings.
- C. Extend the signal ground to inside each equipment cabinet and/or rack. Ensure each cabinet and/or rack installed item of equipment is connected to the extended signal ground. Isolate the signal ground from power and major equipment grounding systems.
- D. Do not use "3<sup>rd</sup> or 4<sup>th</sup>" wire internal electrical system conductors for communications signal ground.
- E. Do not connect the signal ground to the building's external lightning protection system.
- F. Do Not "mix grounds" of different systems.
- G. Insure grounds of different systems are installed as to not violate OSHA Safety and NEC installation requirements for protection of personnel.

## **PART 4 - TESTING / GUARANTY / TRAINING**

### **4.0 SYSTEM LISTING**

The Nurses Call System is NFPA listed as an "Emergency" Communication system. Where Code Blue signals are transmitted, that listing is elevated to "Life Support/Safety." Therefore, the following testing and guaranty provisions are the minimum to be performed and provided by the contractor and Warranted by the OEM.

### **4.1 PROOF OF PERFORMANCE TESTING**

- A. Acceptance Test:
  - 1. The Contractor shall schedule an acceptance test date and give the RE 15 working days written notice prior to the date the acceptance test is expected to begin. The System shall be tested in the presence of a TVE 0050P3B and OEM certified representatives. The System shall be tested utilizing the approved test equipment to certify proof of performance and Life Safety / Critical Service

- compliance. The tests shall verify that the total System meets all the requirements of this specification. The notification of the acceptance test shall include the expected length (in time) of the test.
2. The acceptance test shall be performed on a "go-no-go" basis. Only those operator adjustments required to show proof of performance shall be allowed. The test shall demonstrate and verify that the installed System does comply with all requirements of this specification under operating conditions. The System shall be rated as either acceptable or unacceptable at the conclusion of the test. Failure of any part of the System that precludes completion of system testing, and which cannot be repaired in four (4) hours, shall be cause for terminating the acceptance test of the System. Repeated failures that result in a cumulative time of eight (8) hours to affect repairs shall cause the entire System to be declared unacceptable.
  3. Retesting of the entire System shall be rescheduled at the convenience of the Government and costs borne by the Contractor at the direction of the SRE.

**B. Acceptance Test Procedure:**

1. Physical and Mechanical Inspection:
  - a. The TVE 0050P3B Representative will tour all major areas where the Nurse Call and/or Code Blue System and all sub-systems are completely and properly installed to insure they are operationally ready for proof of performance testing. A system inventory including available spare parts will be taken at this time. Each item of installed equipment shall be checked to ensure appropriate UL certification labels are affixed.
  - b. The System diagrams, record drawings, equipment manuals, TIP Auto CAD Disks, intermediate, and pretest results shall be formally inventoried and reviewed.
  - c. Failure of the System to meet the installation requirements of this specification shall be grounds for terminating all testing.
2. Operational Test:
  - a. After the Physical and Mechanical Inspection, the central terminating and nurse call master control equipment shall be

checked to verify that it meets all performance requirements outlined herein. A spectrum analyzer and sound level meter may be utilized to accomplish this requirement.

- b. Following the central equipment test, a pillow speaker (or on board speaker) shall be connected to the central terminating and nurse call master control equipment's output tap to ensure there are no signal distortions such as intermodulation, data noise, popping sounds, erratic system functions, on any function.
  - c. The distribution system shall be checked at each interface, junction, and distribution point, first, middle, and last intersectional, room, and bed dome light in each leg to verify that the nurse call distribution system meets all system performance standards.
  - e. Additionally, each installed emergency, patient, staff, duty, panic station, intersectional, room, and bed dome light, power supply, code one, and remote annunciator panels shall be checked insuring they meet the requirements of this specification.
  - f. Once these tests have been completed, each installed sub-system function shall be tested as a unified, functioning and fully operating system. The typical functions are: nurse follower, three levels of emergency signaling (i.e. flashing red emergency, flashing white patient emergency, flashing white or combination lights for staff emergency, separate flashing code blue), minimum of 10 minutes of UPS operation, memory saving, minimum of ten station audio paging, canceling emergency calls at each originating station only, and storage and prioritizing of calls.
  - g. Individual Item Test: The TVE 0050P3B Representative will select individual items of equipment for detailed proof of performance testing until 100% of the System has been tested and found to meet the contents of this specification. Each item shall meet or exceed the minimum requirements of this document.
3. Test Conclusion:
- a. At the conclusion of the Acceptance Test, using the generated punch list (or discrepancy list) the VA and the Contractor shall jointly agree to the results of the test, and reschedule testing on deficiencies and shortages with the RE. Any retesting to

comply with these specifications will be done at the Contractor's expense.

- b. If the System is declared unacceptable without conditions, all rescheduled testing expenses will be borne by the Contractor.

C. Acceptable Test Equipment: The test equipment shall be furnished by the Contractor shall have a calibration tag of an acceptable calibration service dated not more than 12 months prior to the test. As part of the submittal, a test equipment list shall be furnished that includes the make and model number of the following type of equipment as a minimum:

1. Spectrum Analyzer.
2. Signal Level Meter.
3. Volt-Ohm Meter.
4. Sound Pressure Level (SPL) Meter.
5. Oscilloscope.
6. Pillow Speaker Test Set (Pillow Speaker with appropriate load and cross connections in lieu of the set is acceptable).
7. Patient Push Button Cord Test Set.
8. Patient Bed with connecting multiple conductor cord.

#### **4.2 TRAINING**

- A. Provide thorough training of all nursing staff assigned to those nursing units receiving new networked nurse/patient communications equipment. This training shall be developed and implemented to address two different types of staff. Floor nurses/staff shall receive training from their perspective, and likewise, unit secretaries (or any person whose specific responsibilities include answering patient calls and dispatching staff) shall receive operational training from their perspective. A separate training room will be set up that allows this type of individualized training utilizing in-service training unit, prior to cut over of the new system.
- B. Provide the following minimum training times and durations:
  1. **48** hours prior to opening for nursing staff (in 8-hour increments) - split evenly over 3 weeks and day and night shifts. Coordinate schedule with Owner.
  2. **32** hours during the opening week for nursing staff - both day and night shifts.
  3. **24** hours for supervisors and system administrators.

**Anderson Mikos Architects, ltd.**

RENOVATE CARDIOLOGY DEPARTMENT, BLDG 200

EDWARD HINES, JR. V.A. HOSPITAL

SECTION 275223

HINES, ILLINOIS

NURSE CALL AND CODE BLUE SYSTEMS

## **5.0 ATTACHMENTS**

A. The following items are required as a part of the system:

1. COTS Documents:

Department of  
Veterans Affairs

Memorandum

- Date:** (Current Date)
- From:** Department of Veterans Affairs  
Office of Telecommunications (005OP)  
Spectrum Management (005OP2H3 – Room 047))  
Telecommunications Voice Engineering (005OP2H2)  
810 Vermont Avenue, NW  
Washington, DC 20420
- Subj:** Memorandum of Understanding (MOU) for Non - VA Licensed Wireless Operations
- To:** Facility Director (00)  
(Address)  
(Address)
1. The following circumstances are the minimum necessary for conditional use of Wireless Equipment / System (s) in VA Owned or Leased Facilities (here-in after referred to as ‘the Facility’). VA Headquarters OI&T’s (005) Spectrum Management (005OP2H3), Telecommunications Voice Engineering, Special Communications (TVE - 005OP2H2) and Office of Cyber Security (OCIS – 0050P2) are the responsible entities insuring conformity of each requirement:
    - a. Each item of equipment or system whose Radio Frequency (RF) equipment is listed under Consolidated Federal Regulations (CFR), Title 47 – Federal Communications Commission (FCC), Part 15, Chapter 7, *Use of Non Licensed Devices* must be installed and operated in a manner consistent with Part 15’s “*Safety of Life*” restrictions. This information is re-emphasized in CFR, Title 15 – Department of Commerce, Under the Information Technology Management Reform Act (Public Law 104-106), National Telecommunications Information Administration (NTIA) *Manual of Regulations and Procedures for Federal Radio Frequency Management* (aka ‘The Red Book’).
    - b. FCC Part 15 listed RF devices ***shall not*** be Installed or used in areas where “*Safety of Life*” functions / operations are accomplished or where a ‘Code Blue’ enunciation may occur. A list of the minimum areas affected by this statement is provided as Attachment One.
    - c. If external or internal interference is detected and cannot be corrected, ***the FCC Part 15 Listed RF Equipment affected must be turned off until corrections and/or substitutions can be made.*** Contact VA’s Office of Spectrum Management (OSM – 005OP2H3), 202 461-5301 for specific conditional approval(s) concerning this

### 3. Risk Assessment

Department of  
Veterans Affairs

#### Memorandum

**Date:** (current date)

**From:** Director (XXXXX)  
Address  
Address  
Address

**Subj:** VA Headquarters (VACO) Memorandum of Understanding (MOU) for  
Federal Communications Commission (FCC) Part 15 Listed "Non-Regulated  
Equipment Wireless Operations"

**To:** Department of Veterans Affairs  
Office of Telecommunications (0050P)  
Spectrum Management (0050P2H3)  
Telecommunications Voice Engineering (0050P2H2)  
1335 East West Highway, 3<sup>rd</sup> Floor  
Silver Spring, Maryland 20420

1. We have received the subject VACO MOU (signed copy attached), and are pleased to provide the following information and comments for your review that includes our risks and risk-mitigation factors that prompted our Facility's decision:

a. RISK ASSESSMENT AND MITIGATION:

(1) Background:

(a) (name) VAMC (here-in-after referred to as "the Facility") has used (OEM Mdl Nr©) for over 10 years to allow nurses in the telemetry studio to communicate with nurses at the patients' bedside. This communication medium is a vital patient safety tool that allows for rapid response to the development of a potentially fatal arrhythmia such as ventricular tachycardia. The only information the telemetry technician states on the phone is "bed 109-2 Smith has an alarm for XXXXX." Last four is never communicated. In terms of the pager we have limited the information on the pager to sector, bed number and last name. We must include the last name as occasionally the patients are moved without the knowledge of the telemetry technician, if we were to have a patient mix up the page must contain the last name for safety reasons. Facility Management Services (FMS) has restricted paging access to the telemetry system only. Because pager access is restricted, only an administrator from Technology and Information Management (TIM) or FMS can troubleshoot a pager malfunction.



VAMC (City), (State - ZIP Code), Unregulated FCC Equipment Use, Risk Assessment and Mitigation, Page Two

(b) Because the phones are used 24X7 and have exceeded their life expectancy, many of them have begun to fail which creates a need to purchase newer models that will continue to insure system integrity.

(c) Our Facility has been prevented from purchasing replacement phones because VACO now has updated security and Information Technology (IT) connection controls along with continuing FCC Part 15 restrictions (described in the attached MOU) on devices of which these wireless phones are but one example. These updated security and connection controls are in place to address risks related life safety, information security, personal privacy and IT system integrity. The FCC restrictions continue to warn against the use of "non-regulated radio / wireless based equipment in safety of life locations and functions." Of note, these controls are intended to prevent use of these devices in areas especially where a code-blue announcement might occur, yet our devices have been used in such areas for over 10 years and so far has not prevented a code-blue announcement from happening.

(d) Because the Facility does not have a near-term alternative to the current wireless phones, it now faces a set of competing risks. On the one hand are the risks of privacy, connection and interference or security breach(s) that are behind the controls in place for these devices. On the other hand are risks to patient safety if the current phones were to fail and telemetry nurses would lose the ability to rapidly communicate with nurses at the bedside. Our Facility does have a Life Safety approved Nurses Call / Code Blue hardwired system that is installed in those affected areas as the primary Code Blue Enunciation media.

(2) SECURITY:

(a) NEC provides a proprietary scrambling algorithm that is applied to handset registration / authentication and all communications. Every time a (OEM Mdl Nr©) user enters a designated area within the systems' coverage; an automatic user authentication process is performed to confirm the device is authorized for service on the system. This information is scrambled using a proprietary coding scheme to prevent duplication. All voice conversations are also scrambled to enhance security.

(b)The (OEM Mdl Nr©) has several built in security features in each of the wireless handsets are administered through the Facility's Telephone Private Branch Exchange (PBX) administration tool; therefore, the PBX Administrator has full control over the (OEM Mdl Nr©) wireless phones, if one gets lost or stolen it can be disabled immediately. Because of this feature you cannot purchase a similar wireless phone and have it work on our network. These phones have a 50 ft radius from the Zone radio frequency (RF) transceiver;

they can only be used within the hospital as there is no handoff via other cellular networks.

(c) These items are not NIST FIPS compliant; but based on the aforementioned facts, we feel patient / staff privacy and HIPAA instructions have been and will continue to be met.

(d) Our Facility will work with (OEM) and VACO's Office of Cyber Security (Name and Phone Nr) to secure the appropriate NIST FIPS certifications will allow VA to issue a Official Approvals from the onset in the IT equipment / system procurement process.

VAMC (City), (State - ZIP Code), Unregulated FCC Equipment Use, Risk Assessment and Mitigation, Page Three

(3) RADIO FREQUENCY (RF) INTERFERENCE:

(a) (OEM) engineers provided us with extensive information on the potential for RF along with electromagnetic (EM) interference to medical equipment within our Facility from the (OEM System) Wireless radio transceivers.

1) Field Experience: Since introduction of the (OEM System) Wireless product in 1996, NEC has installed this system at many health care institutions across the spectrum of medical departments. In all this time there have been zero reports of either suspected or actual RF and EM interference. This includes the experience using these devices at Portland VAMC and our continued testing documentation is available for review if requested.

2) Potential interference called Near Field Coupling: In these cases, an EM field emanating from one device may cause another device within its field area to malfunction. Typically the distances for these fields are less than six (6) inches. In attempts to mitigate these sources of interference, standards have been put in place, namely IEC 60601. This standard calls for devices susceptible to interference to provide shielding against fields of up to three (3) Volts per Meter. In contrast, the (OEM System) wireless products are classified under the FCC Part 15 rules as Class B unlicensed devices, and as such must meet very tight restrictions regarding field emissions of a maximum of from 100 to 500 micro (μ) Volts per Meter across the band of RFs from 30 Hz to 18 GHz. Thus, any medical device even marginally meeting the IEC Standard has not had problems with any near field emissions.

3) Potential phenomenon known as Far Field Induced RFI: should be considered when studying RF and EM interference sources. In this case, a part of the device subject to interference (e.g., a wire, probe, or the casing itself) can inadvertently act as a receiving antenna for a signal transmitted from another device within close proximity (within 6 to 18 inches, depending on the source power levels). To realize this type of interference, the source transmitter power must be fairly strong to conduct through the inefficient nature

of the unintended antenna of the receiving device, and the material acting as the antenna must be of a shape and length that matches or is a near multiple of the wavelength of the transmitted RF signal. Finally, this unintentional antenna must not have the typical shielding between it and the subject device's electronics, which if present would prevent such a received signal from causing interference. In the case of the (OEM System) Wireless transmission, which operates between 1,920 MHz and 1,930 MHz, a probe or such piece of any medical device measuring at about six (6) inches would match the wavelength of the RF carrier, and if not properly shielded from the units electronics may indeed conduct the RF energy within. However, even in this case, one must consider the power level at the so-called antenna receiving the signal. The average output of the (OEM Mdl Nr©) handset is approximately 10 mili (m) Watts when in use. This very low power, even further reduced by the distance between any handset in use and the subject receiving equipment, considered along with the high loss of the "antenna", results in a very low probability of actual interference. These facts, along with the standard procedures of your engineering department's efforts to check the medical equipment for such shielding and filtering defects, should mitigate this potential source.

4) Potential interference between intentional radiators operating in the RF band. Known as either in-band or out-of-band interference, these are cases where a transmitter broadcasts a signal of significant power at the other device's receiver to either overload the receiving radio or mix with the subject's transmitted signal to cause an interfered signal to be received. In-band interference

VAMC (City), (State - ZIP Code), Unregulated FCC Equipment Use, Risk Assessment and Mitigation, Page Four

in the Unlicensed PCS band of which the (OEM System) Wireless system operates is prevented by the FCC rules requiring our equipment to monitor the carrier on which a device intends to transmit on before doing so, so as to sense any current use by another device. If such a signal is received during monitoring, we move to another carrier and try again. This protocol has been demonstrated many times within the FCC labs as well as at many industry trade shows where 5 or more vendors with U-PCS devices have operated in booths close to each other without interference. As for out-of-band interference, because of the extremely low power our devices operate with and the very strict out-of-band emission requirements placed upon the U-PCS devices, and the additional factor of a wide separation in the operating frequencies of our system and the typical radio telemetry equipment used in many hospital environments, such interference is very remote and would require extremely close proximity of the two devices.

5) All of our (OEM Mdl Nr©) are FCC listed and has not interfered with other traffic within the same band. We expect the FCC listed (OEM Mdl Nr©) equipment will perform in the same manner.

(b) Our Facility will work with (OEM) and VACO's Spectrum Management (0050P2H3) to find a RF band that can be utilized for this operation that will allow VA to issue a formal and Official Radio Use Permit that will negate the "unregulated equipment use" issues.

(4) CONNECTION TO IT/CABLE NETWORKS:

(a) Each item or system that attaches to a VA IT Network (telephone or data) must be Department of Commerce's National Recognized Testing Laboratory (NRTL) Underwriters Laboratory (UL) 60950-1/2; Information Technology Equipment - Safety listed and bears UL's mark.

1) Paragraph 1.1.1; Equipment Covered by this Standard specifically identifies these systems / networks as one affected system.

2) Paragraph 1.1.2; Additional Requirements further identifies this requirement for electromedical applications with physical connections to the patient be met.

(b) This requirement is paramount since the Facility's Telephone PABX and associated system is listed by the National Fire Protection Association as Critical Service. Additionally, since it carries our Code Blue Radio and Overhead Audio Paging Signals, VA elevates it to Life Safety Service.

(c) Presently the (OEM Mdl Nr©) wireless phones are UL Listed but does not have the aforementioned specific UL certification. Our Facility is working with (The OEM) in this arena to have them meet or exceed this UL requirement. In the meantime we will abide within the confines outlined in the attached MOU for insuring an approved IT Network / System connection is maintained until the appropriate UL certification has been obtained allowing it to be directly connected to our telephone system.

b. The Facility Director after careful review of the attached MOU and consultation with the Facility's CIO, (OEM) engineers, Biomedical and NFPA Engineers, ISO, HIPAA / Privacy Officer, Clinical Staff and JACHAO Officials has decided this risk-benefit analysis strongly favors purchasing replacement (OEM Mdl Nr) phones.

VAMC (City), (State - ZIP Code), Unregulated FCC Equipment Use, Risk Assessment and Mitigation, Page Four

2. Please feel free to contact me concerning the contents of this document.

Anderson Mikos Architects, ltd.

RENOVATE CARDIOLOGY DEPARTMENT, BLDG 200

EDWARD HINES, JR. V.A. HOSPITAL

SECTION 275223

HINES, ILLINOIS

NURSE CALL AND CODE BLUE SYSTEMS

DIRECTOR's NAME IN CAPS

cc: Office of General Consul  
Office of Telecommunications (05)  
VA Enterprise Infrastructure Engineering  
Telecommunications Engineering and Design  
Office of Cyber Security

Attachment: VACO MOU

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**Anderson Mikos Architects, ltd.**

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