



**DEFENSE HEALTH AGENCY**  
7700 ARLINGTON BOULEVARD, SUITE 5101  
FALLS CHURCH, VIRGINIA 22042-5101

*DHA-IPM 18-004*  
*June 5, 2018*

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)  
DIRECTOR OF THE JOINT STAFF  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)  
DIRECTOR OF HEALTH, SAFETY, AND WORK- LIFE, U.S. COAST GUARD  
DIRECTORS OF THE DEFENSE AGENCIES  
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Interim Procedures Memorandum 18-004, Emergency Power and/or Standby Generators

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (i), establishes the Defense Health Agency's (DHA) procedures for identifying when, where, and what type of emergency power and/or standby generators are acceptable and appropriate for use within the Military Healthy System, including medical treatment facilities (MTFs), medical research facilities, and research laboratories. This DHA-IPM is effectively immediately; it will be incorporated into a DHA-Procedural Instruction and will expire effective 12 months from the date of issue or when the DHA-Procedural Instruction is signed, whichever comes first.

Applicability. This DHA-IPM applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-IPM as the "DoD Components").

June 5, 2018

Policy Implementation. It is DHA's policy, pursuant to References (a) and (b), that DHA will implement procedures for installation, replacement, removal, and policy waiver procedures for emergency generators across the Military Health System.

Responsibilities

- Director, DHA. The Director, DHA, will:
  - Provide guidance and instructions consistent with the references established in this DHA-IPM.
  - Prepare and submit program and budget requirements for emergency power and/or standby generation pursuant to guidance of the Assistant Secretary of Defense for Health Affairs for the DoD Planning, Programming, Budgeting, and Execution process in accordance with Reference (b).
- The Secretaries of the Military Departments. The Secretaries of the Military Departments will:
  - Ensure guidance and instructions in this DHA-IPM are met.
  - Establish internal controls to ensure compliance with established MTF emergency power and/or standby generator policies (References (d) through (i)).

Procedures. See Attachment 2.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: [www.health.mil/DHAPublications](http://www.health.mil/DHAPublications).

  
R. C. BONO  
VADM, MC, USN  
Director

Attachments:  
As stated

*June 5, 2018*

cc:

Acting Assistant Secretary of Defense for Health Affairs

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Medical Officer of the Marine Corps

Joint Staff Surgeon

Surgeon General of the National Guard Bureau

Director, National Capital Region Medical Directorate

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) National Fire Protection Association 70: National Electrical Code, 2017 edition
- (e) National Fire Protection Association 99: Health Care Facilities Code, 2015 edition
- (f) National Fire Protection Association 101: Life Safety Code, 2015 edition
- (g) National Fire Protection Association 110: Standard for Emergency and Standby Power Systems, 2016 edition
- (h) Unified Facilities Criteria 4-510-01, “Design: Military Medical Facilities,” May 2016, as amended
- (i) American Society of Healthcare Engineering Monograph, “Managing Hospital Emergency Power Systems: Testing, Operation, Maintenance, Vulnerability Mitigation, and Power Failure Planning,” 2014
- (j) DoD Directive 3020.40, “Mission Assurance,” November 29, 2016

ATTACHMENT 2

PROCEDURES

1. REQUIREMENTS. The DHA recognizes the need and sustainability requirement to own, operate, and maintain emergency power and/or standby generators for an authorized MTF, medical research facility, or research laboratory. While it is costly to maintain and not always the most reliable source of power, backup emergency power and/or standby generators are required to enhance DHA's role in providing world-class patient care. Guidance for this DHA-IPM is located in References (d) through (i) and through input offered by the Tri-Services.

2. GENERAL CONDITIONS

a. Limitations of Emergency Power and/or Standby Generators. A common misconception is back-up generators are the best solution for emergency or alternative power. Emergency power and/or standby generators and associated equipment are a costly and resource consuming addition to an MTF, medical research facility, or research laboratory. It is not fiscally prudent to provide emergency power and/or standby generation to all levels, with the exception of those assets categorized as mission essential DoD Task Critical Assets in accordance with Reference (j), for the following reasons:

(1) These systems require continuous maintenance and diligent testing to remain in a reliable operational state;

(2) They require storage of abundant fresh fuel and complex electrical connections for switching and branch wiring;

(3) Frequent testing is required under the actual load that is being served, which is usually inconvenient to the occupant and disruptive to the service;

(4) There are many potential failure points for these emergency power and/or standby generation systems, and they are only appropriate when many mechanical and electrical systems must remain functional during a loss of primary power;

(5) These systems can and do fail even with the best form of maintenance and care. Having a generator connected to the building does not automatically make it reliable, and it causes a dangerous false sense of security regarding power reliability; and

(6) The availability of replacement parts also impacts the projected lifecycle duration for generators, automatic transfer switches, and other components. As part of the business case analysis to support generator installation, replacement parts should also be evaluated.

b. Alternatives. There have been recent technological developments in uninterruptable power supply battery systems for laboratory refrigeration. Add-on battery systems are a low cost, low maintenance, high reliability solution that can be added to virtually any freestanding refrigerator or freezer. These systems can maintain temperature for extended periods. Uninterruptable power supply and/or remote temperature monitoring solutions for medical refrigerators and freezers must be explored as the primary source of alternative power. External quick connections are also typically authorized.

c. Intended Users. Emergency power and/or standby generation requirements in healthcare settings are defined by several codes. Please see References (d), (e), and (g). NOTE: This excludes assets identified as mission critical by the Line Service and Installation.

(1) The following facilities, in addition to DoD Task Critical Assets, are approved to operate and maintain an emergency power supply system (EPSS):

(a) Hospitals, medical and trauma centers, veterinary hospitals, and veterinary treatment facilities;

(b) Ambulatory care facilities that support four or more patients incapable of self-preservation;

(c) MTFs with a 24/7/365 emergency department;

(d) Medical research facilities and research laboratories;

(e) Facilities with a primary mission to store temperature sensitive medical products (e.g., blood banks and standalone climate-controlled medical warehouses); and

(f) Business Occupancy Facilities that store temperature-controlled drugs, laboratory supplies, or blood supplies in sufficient quantity to warrant permanent emergency power and/or standby generation. An approved waiver is required. Please see Section 3: Exception and Waiver Policy below.

(2) The following MTFs, generally classified as Business Occupancy Facilities, in accordance with References (f), are not authorized for emergency backup power:

(a) Medical and dental clinics;

(b) Veterinary clinics; and

(c) Administrative or warehousing spaces.

d. Local Regulations. All EPSS will be operated, tested, and maintained in accordance with all applicable federal, state, and local regulations, to include environmental requirements and accreditation standards.

e. Unauthorized EPSS. All MTFs, with an unauthorized emergency power and/or standby generation system will be identified, and their systems will be programmed to be removed during the next facility renovation, or earlier if fiscally convenient. Every effort will be made to remove unauthorized emergency power and/or standby generators, unless the Commander submits a request for a waiver (in accordance with paragraph 3, below), in writing to the DHA Facilities Division citing an extraordinary need to maintain an emergency power and/or standby generation system along with the necessary information to support the request.

f. Converting. When converting an inpatient hospital into a non-inpatient clinic facility with no authorized generator requirement, the existing emergency power and/or standby generation system (e.g., generator, switchboard, and transfer switches), will be planned to be phased out and removed during the next large recapitalization/modernization project. In the meantime, the power system will be downsized to the minimal number of generators, motor control centers, and emergency power and/or standby generation circuits required to support operations without redundancy.

g. Requirements of Emergency Power and/or Standby Generation. The requirements for emergency power and/or standby generators include egress lighting, minimal electrical capacity to support the continued operation of the fire alarm and security panels, the computer server room, and the storage of temperature sensitive medical products in large volumes. Please see References (d) and (e) for required emergency power and/or standby generation guidelines in Business Occupancy Facilities.

### 3. EXCEPTION AND WAIVER POLICY

a. Extraordinary and unusual circumstances may occur where emergency power and/or standby generation is justified where it is not normally authorized. Exceptions where emergency power and/or standby generation is needed beyond Section 1 will be evaluated on a case-by-case basis.

b. Complete justification of the exception and request for a waiver will be initiated by the Commander of the Requesting Activity, through the Facilities Directorate of the Service Medical Activity, to the DHA Facilities Division.

c. Submissions must include:

(1) Alternatives considered (external quick disconnects, uninterruptable power supply, etc.), and explain why alternatives are not viable solutions;

(2) A detailed business case analysis detailing costs of owning and maintaining an emergency power system (fuel maintenance life cycle costs, etc.), installation costs, and how the mission of the building justifies the system;

(3) A description of local field conditions, including local or installation power source outages, documented history of the problem, exceptional mission requirements, previously implemented alternative solutions and any other mission and/or engineering justification.

(4) How the generator will be maintained and tested, including compliance with permitting, operations, and testing in accordance with all federal, DoD, state and local regulations, to include environmental requirements and accreditation standards; and

(5) How the EPSS will be funded or resourced. Additional submissions may be required for funding or resourcing (Unfunded Requirement or Program Objective Memorandum process, project submissions, etc.).

GLOSSARY

ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
EPSS	emergency power supply system
MTF	medical treatment facility