PROPOSED RULE MAKING

CR-102 (June 2012)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

Agency: Department of Health

☒ **Preproposal Statement of Inquiry was filed as WSR** 14-15-045 **; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR _ ; or**
☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

Title of rule and other identifying information: (Describe Subject)
Chapter 246-320 WAC Hospital Licensing Regulations (construction standards only). The Department of Health is proposing amending the hospital licensing regulations to align with current federal standards and national consensus codes as recognized by the industry.

Hearing location(s): The Department of Health
Town Center 2 - Room 158
111 Israel Road SE
Tumwater, WA 98501

Date: May 7, 2015 Time: 10:00 AM

Submit written comments to:
Name: John L. Williams
Address: Department of Health
Community and Health Systems
PO Box 47852
Olympia, WA 98504-7852
e-mail: http://www3.doh.wa.gov/policyreview/
fax 360-236-2321 by (date) 05/07/2015

Assistance for persons with disabilities: Contact
John L. Williams by 04/29/2015
TTY (800) 833-6388 or () 711

Date of intended adoption: 05/14/2015
(Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:
The purpose of the proposal is to align the hospital licensing construction regulations of chapter 246-320 WAC with current federal and national construction standards to comply with RCW 70.41.030. These proposed rules would only apply to new construction and renovation of hospital facilities after the effective date of the rule.

Reasons supporting proposal:
The proposed rules would adopt the most current industry standards for health care facilities, which will provide for the public's safety and well-being. Adopting current standards would allow facilities to take advantage of newer construction methods. This change also provides the opportunity to be consistent with current federal standards that are vital to the health and safety of hospital patients and staff.

Statutory authority for adoption:
RCW 70.41.030 and CFR 2005, Title 42, Vol. 3, Sec. 482.41

Statute being implemented:
RCW 70.41.030

Is rule necessary because of a:

	Yes	No
Federal Law?	☒	☐
Federal Court Decision?	☐	☒
State Court Decision?	☐	☒

If yes, CITATION:
CFR 2005, Title 42,Vol.3, Sec.482.41

DATE 03/10/2015

NAME (type or print)
Dennis Worsham for John Wiesman, DrPH, MPH

SIGNATURE
for John Wiesman, DrPH,, MPH

TITLE
Deputy Secretary for Secretary of Health

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: March 10, 2015
TIME: 1:49 PM

WSR 15-07-024

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Department of Health

☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting.....	John Williams	111 Israel Road SE, Tumwater, WA 98501	360-236-2950
Implementation....	Bart Eggen	111 Israel Road SE, Tumwater, WA 98501	360-236-2944
Enforcement.....	John Williams	111 Israel Road SE, Tumwater, WA 98501	360-236-2950

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:
Name:
Address:

phone
fax
e-mail

☒ No. Explain why no statement was prepared.

Per chapter 19.85 RCW, no Small Business Economic Impact Statement is required for rules that do not impose more than minor costs on businesses within an industry affected by the rule. The proposed rule would not impose more than minor costs on businesses.

Is a cost-benefit analysis required under RCW 34.05.328?

☒ Yes A preliminary cost-benefit analysis may be obtained by contacting:
Name: John Williams
Address: Department of Health
Community and Health Systems
PO Box 47852
Olympia, WA 98504-7852

phone 360-236-2944
fax 360-236-2321
e-mail john.williams@doh.wa.gov

☐ No: Please explain:

AMENDATORY SECTION (Amending WSR 10-17-120, filed 8/18/10, effective 9/18/10)

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-600. The purpose of construction regulations is to provide for a safe and effective patient care environment. These rules are not retroactive and are intended to be applied as outlined below.

(1) These regulations apply to hospitals including:

(a) New buildings to be licensed as a hospital;

(b) Conversion of an existing building or portion of an existing building for use as a hospital;

(c) Additions to an existing hospital;

(d) Alterations to an existing hospital; and

(e) Buildings or portions of buildings licensed as a hospital and used for hospital services;

(f) Excluding nonpatient care buildings used exclusively for administration functions.

(2) The requirements of chapter 246-320 WAC in effect at the time the application and fee are submitted to the department, and project number is assigned by the department, apply for the duration of the construction project.

(3) Standards for design and construction.

Facilities constructed and intended for use under this chapter shall comply with:

(a) The following chapters of the ((~~2010~~)) 2014 edition of the *Guidelines for Design and Construction of ((~~Health Care~~)) Hospitals and Outpatient Facilities* as developed by the Facilities Guidelines Institute and published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606, as amended in WAC 246-320-600:

(i) 1.1 Introduction

(ii) 1.2 Planning, Design, Construction, and Commissioning

(iii) 1.3 Site

(iv) 1.4 Equipment

(v) 2.1 Common Elements for Hospitals

(vi) 2.2 Specific Requirements for General Hospitals

(vii) ((~~2.4 Specific Requirements for Critical Access Hospitals (Reserved)~~

~~(viii) 2.5 Specific Requirements for Psychiatric Hospitals~~

~~(ix) 2.6 Specific Requirements for Rehabilitation Hospitals and Other Facilities~~

~~(x) 3.1 Common Elements for Outpatient Facilities~~

~~(xi) 3.2 Specific Requirements for Primary Care Outpatient Centers~~

~~(xii) 3.3 Specific Requirements for Small Primary Care (Neighborhood) Outpatient Facilities~~

~~(xiii) 3.4 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities~~

~~(xiv) 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities~~

~~(xv) 3.7 Specific Requirements for Outpatient Surgical Facilities~~

~~(xvi) 3.8 Specific Requirements for Office Surgical Facilities~~

~~(xvii) 3.9 Specific Requirements for Gastrointestinal Endoscopy Facilities~~

~~(xviii) 3.10 Specific Requirements for Renal Dialysis Centers~~

~~(xix) 3.11 Specific Requirements for Psychiatric Outpatient Centers~~

~~(xx) 3.12 Specific Requirements for Outpatient Rehabilitation Facilities~~

~~(xxi) 4.3 Specific Requirements for Hospice Facilities~~

~~(xxii) 5.1 Mobile, Transportable, and Relocatable Units~~

~~(xxiii) 5.2 Freestanding Birth Centers~~

~~(xxiv) Part 6: Ventilation of Health Care Facilities~~)) 2.3 Specific Requirements for Freestanding Emergency Departments

(viii) 2.4 Specific Requirements for Critical Access Hospitals

(ix) 2.5 Specific Requirements for Psychiatric Hospitals

(x) 2.6 Specific Requirements for Rehabilitation Hospitals and Other Facilities

(xi) 2.7 Specific Requirements for Children's Hospitals

(xii) 3.1 Common Elements for Outpatient Facilities

(xiii) 3.2 Specific Requirements for Primary Care Facilities

(xiv) 3.3 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities

(xv) 3.4 Specific Requirements for Freestanding Birth Centers

(xvi) 3.5 Specific Requirements for Freestanding Urgent Care Facilities

(xvii) 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities

(xviii) 3.7 Specific Requirements for Outpatient Surgical Facilities

(xix) 3.8 Specific Requirements for Office Based Procedure and Operating Rooms

(xx) 3.9 Specific Requirements for Endoscopy Facilities

(xxi) 3.10 Specific Requirements for Renal Dialysis Centers

(xxii) 3.11 Specific Requirements for Outpatient Psychiatric Centers

(xxiii) 3.12 Specific Requirements for Outpatient Rehabilitation Therapy Facilities

(xxiv) 3.13 Mobile, Transportable, and Relocatable Units

(xxv) 3.14 Specific Requirements for Dental Facilities

(xxvi) Part 4: Ventilation of Health Care Facilities

(b) *The National Fire Protection Association, Life Safety Code*, NFPA 101, ((~~2000~~)) as adopted by the centers for medicaid and medicare services.

(c) *The State Building Code* as adopted by the state building code council under the authority of chapter 19.27 RCW.

(d) Accepted procedure and practice in cross-contamination control, *Pacific Northwest Edition, 6th Edition, December 1995, American Waterworks Association*.

(e) *The National Fire Protection Association, Health Care Facilities Code,* NFPA 99, as adopted by the centers for medicaid and medicare services.

AMENDATORY SECTION (Amending WSR 10-17-120, filed 8/18/10, effective 9/18/10)

WAC 246-320-505 Design, construction review, and approval of plans. (1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by or under the direction of,

an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW may be used for the various branches of work where appropriate. The services of a registered engineer may be used in lieu of the services of an architect if the scope of work ((~~involves engineering only~~)) is primarily engineering in nature.

(2) A hospital will meet the following requirements:

(a) Preconstruction. Request and attend a presubmission conference for projects with a construction value of two hundred fifty thousand dollars or more. The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than fifty percent complete.

(b) Construction document review. Submit construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes.

((~~(c)~~)) The construction documents must include:

(i) A written program containing, but not limited to, the following:

(A) Information concerning services to be provided and operational methods to be used;

(B) An interim life safety measures plan to ensure the health and safety of occupants during construction and installation of finishes((~~.~~));

(C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors((~~;~~)).

(ii) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided; and

(iii) Floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas; and

(iv) Required paths of exit serving the alterations or additions((~~.~~

~~(d)~~)); and

(v) Verification that the capacities and loads of infrastructure systems will accommodate planned load.

(c) Resubmittals. The hospital will respond in writing when the department requests additional or corrected construction documents;

((~~(e) Notify~~)) (d) Construction. Comply with the following requirements during the construction phase.

(i) The hospital will not begin construction until all of the following items are complete:

(A) The department has approved construction documents or granted authorization to begin construction; and

(B) The local jurisdictions have issued a building permit; and

(C) The hospital has notified the department in writing when construction ((~~has commenced;~~

~~(f) Provide the department with~~)) will commence.

(ii) The department will issue an "authorization to begin construction" when the construction documents have been conditionally ap-

proved or when all of the following items have been reviewed and approved:

(A) A signed form acknowledging the risks if starting construction before the plan review has been completed. The acknowledgment of risks form shall be signed by the:

((~~(i)~~)) (I) Architect; and

((~~(ii)~~)) (II) Hospital CEO, COO, or designee; and

((~~(iii)~~)) (III) Hospital facilities director.

((~~(g)~~)) (B) The infection control risk assessment;

(C) The interim life safety plan;

(D) A presubmission conference has occurred.

(iii) Submit to the department for review any addenda or modifications to the construction documents;

((~~(h)~~)) (iv) Assure construction is completed in compliance with the final "department approved" documents. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. Where differences in interpretations occur, the hospital will follow the most stringent requirement.

((~~(i)~~)) (v) The hospital will allow any necessary inspections for the verification of compliance with the construction documents, addenda, and modifications.

((~~(j) Notify the department in writing when construction is completed and include a copy of the local jurisdiction's approval for occupancy.~~

~~(3)~~)) (e) Project closeout. The hospital will not ((~~begin construction or~~)) use any new or remodeled areas until:

((~~(a) The infection control risk assessment has been approved by the department;~~

~~(b) The interim life safety plan has been approved by the department;~~

~~(c) An acknowledgment of risk form has been submitted to the department as required by subsection (2)(f) of this section;~~

~~(d)~~)) (i) The department has approved construction documents ((~~or granted authorization to begin construction~~)); and

((~~(e)~~)) (ii) The local jurisdictions have ((~~issued a building permit~~)) completed all required inspections and approvals, when applicable or given approval to occupy((~~.~~

~~(4) The department will issue an "authorization to begin construction" when subsection (3)(a), (b), and (c) are approved and the presubmission conference is concluded~~)); and

(iii) The facility notifies the department in writing when construction is completed and includes a copy of the local jurisdiction's approval for occupancy.

AMENDATORY SECTION (Amending WSR 10-17-120, filed 8/18/10, effective 9/18/10)

WAC 246-320-600 Washington state amendments. This section contains the Washington state amendments to the ((~~2010~~)) 2014 edition of the *Guidelines for Design and Construction of ((~~Health Care~~)) Hospitals and Outpatient Facilities* as developed by the Facilities Guideline Institute and published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker

Drive Chicago, IL 60606. The language below will replace the corresponding language of the 2014 edition of the Guidelines in its entirety. Subsections with an asterisk (*) preceding a paragraph number indicates that explanatory or educational material can be found in an appendix item located in the ((~~2010~~)) 2014 Guidelines.

CHAPTER 1.1 INTRODUCTION

((~~1.1-5.5~~)) 1.1-6.3 Deviations

Authorities adopting these standards as codes may approve plans and specifications that contain deviations if it is determined that the applicable intent or objective has been met.

1.1-8 Referenced Codes and Standards

Washington State Building Code (http://www.sbcc.wa.gov/)

CHAPTER 1.2 PLANNING, DESIGN, AND IMPLEMENTATION PROCESS

((~~**1.2-6.1.4 Design Criteria for Room Noise Levels**~~

~~(1) Room noise levels shall not exceed the sound level ranges shown for the chosen rating system in Table 1.2-2 (Minimum-Maximum Design Criteria for Noise in Interior Spaces).~~)) **1.2-3.8.2.1 Design Features**

Appendix note:

The security portion of the safety risk assessment should consider the placement of emergency call devices in public and staff toilets.

Table A1.2

Add footnote to this table:

The security specialist shall review portions of the infection control component, specifically: Construction and demolition related risk such as planned utility shutdowns, relocations, and pathway disruptions.

CHAPTER 2.1 COMMON ELEMENTS FOR HOSPITALS

2.1-2.6.5 Handwashing Station

2.1-2.6.5.3 Additional Requirements for Handwashing Stations that Serve Multiple Patient Care Stations

(1) At least one handwashing station shall be provided for every four patient care stations or fewer and for each major fraction thereof.

(2) Based on the arrangement of the patient care stations, handwashing stations shall be evenly distributed and provide uniform distance from the two patient care stations farthest from a handwashing station.

(3) Post anesthesia care unit (PACU) handwashing stations. At least one handwashing station with hands-free or wrist-blade operable controls shall be available for every six beds or fraction thereof, uniformly distributed to provide equal access from each bed.

2.1-2.6.7 Nourishment Area or Room

((~~2.1-2.1.6.7.5~~)) 2.1-2.1.6.7.4 Nourishment function may be combined with a clean utility without duplication of sinks and work counters.

2.1-2.6.12 Environmental Services Room

2.1-2.6.12.3 Environmental services and soiled rooms may be combined.

2.1-4.3 Food and Nutrition Services

2.1-4.3.1.3 Regulations. Construction, equipment, and installation of food and nutrition service facilities in a hospital shall comply with the requirements of:

(1) U.S. Food and Drug Administration (FDA).

(2) U.S. Department of Agriculture (USDA).

(3) Underwriters Laboratories, Inc. (UL).

(4) NSF International.

(5) Chapter 246-215 WAC, the Washington state food code.

2.1-7.2.2.1 Corridor Width

2.1-7.2.2.1 Corridor width. For corridor width requirements, see applicable building codes. In addition to building code requirements, in areas typically used for stretcher transport a minimum corridor or aisle width of 6 feet shall be provided.

2.1-7.2.2.10 Handrails

(1) Unless the safety risk assessment determines that handrails are not needed, handrails shall be installed on one side of patient use corridors.

(2) Handrails shall comply with local, state, and federal requirements referenced in Section 1.1-4.1 (Designs Standards for the Disabled) as amended in this section.

(3) Rail ends shall return to the wall or floor.

(4) Handrails, including fasteners, shall be smooth and have a nontextured surface free of rough edges.

(5) Handrails shall have eased edges and corners.

(6) Handrail finishes shall be cleanable.

2.1-7.2.3 Surfaces

((~~2.1-7.2.3.2 Flooring~~

~~2.1-7.2.3.2(14) The floors and wall bases of kitchens, soiled workrooms, and other areas subject to frequent wet cleaning shall be either seamless flooring with integral coved base, sealed ceramic tile with ceramic tile base, or equivalent.~~

~~***2.1-8.2.1 General**~~

~~Basic HVAC system requirements are defined in Part 6 of this document, ANSI/ASHRAE/ASHE Standard 170-2008: *Ventilation of Health Care Facilities.* This section of the Guidelines includes additional requirements.~~

~~***2.1-8.2.1 General**~~

~~*2.1-8.2.1.1 Mechanical system design~~

~~(f) VAV systems. The energy-saving potential of variable-air-volume systems is recognized, and the requirements herein are intended to maximize appropriate use of those systems. Any system used for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas and air movement relationship changes if constant volume and variable volume are supplied by one air-handling system with a common pressure dependent return system.~~

~~***2.1-8.2.1.1 Mechanical system design**~~

~~(2) Air-handling systems with unitary equipment that serves only one room. These units shall be permitted for use as recirculating units only. All outdoor air shall be provided by a separate air-handling system with proper filtration, as noted in 2.1-8.2.5.1 (Filter efficiencies).~~

~~(a) Recirculating room HVAC units themselves shall have a MERV 6 (or higher) filter in Filter Bank 1 and are not required to have Filter Bank 2. For more information see AIA (2006).~~

~~(b) Recirculating room units shall be allowed in General Laboratory rooms and Sterilizer Equipment rooms provided at least 6 air changes are provided by the air handling system and adequate total cooling capacity is provided.~~

~~2.1-8.2.2 HVAC Requirements for Specific Locations~~

~~2.1-8.2.2.7 Emergency and radiology waiting areas~~

~~When these areas are not enclosed, the exhaust air change rate shall be based on the general volume of the space designated for patients waiting for treatment.~~

~~2.1-8.2.4 HVAC Air Distribution~~

~~2.1-8.2.4.2 HVAC ductwork~~

~~*(2) Humidifiers~~

~~(a) If humidifiers are located upstream of the final filters, they shall be at least twice the rated distance for full moisture absorption upstream of the final filters.~~

~~(b) Ductwork with duct-mounted humidifiers shall have a means of water removal.~~

~~(c) Humidifiers shall be connected to airflow proving switches that prevent humidification unless the required volume of airflow is present or high-limit humidistats are provided.~~

~~(d) All duct takeoffs shall be sufficiently downstream of the humidifier to ensure complete moisture absorption.~~

~~(e) Steam humidifiers shall be used. Reservoir-type water spray or evaporative pan humidifiers shall not be used.~~

~~Appendix Language:~~

~~A2.1-8.2.4.1(2) It is recognized that some facilities may not require humidity control within the ranges in table 2.1-2 and that the final determination of a facility's ability to control humidity will be made by that facility.~~)) 2.1-7.2.3.1 Flooring and wall bases.

2.1-7.2.3.1(6) The following rooms shall have floor and wall base assemblies that are monolithic and have an integral coved wall base that is carried up the wall a minimum of 6 inches (150 mm) and is tightly sealed to the wall:

(a) Operating rooms;

(b) Interventional imaging rooms, including cardiac catheterization labs;

(c) Cesarean delivery rooms;

(d) Cystoscopy, urology, and minor surgical procedure rooms;

(e) Endoscopy procedure rooms;

(f) Endoscopy instrument processing rooms;

(g) IV and chemotherapy preparation rooms;

(h) Airborne infection isolation (AII) rooms;

(i) Protective environment (PE) rooms;

(j) Anterooms to AII and PE rooms, where provided;

(k) Sterile processing rooms;

(l) Central processing rooms.

2.1-8.3.4.3(7) Lighting for Specific Locations in the Hospital

2.1-8.3.4.3(7) When installed in patient care areas, uplight fixtures or toughs that create ledges which collect dust shall be provided with a lens on the top of the fixture to facilitate cleaning.

2.1-8.3.7 Call Systems

2.1-8.3.7.3 Bath Stations

Appendix Language:

A2.1-8.3.7.3 Where new construction or renovation work is undertaken, hospitals should make every effort to install assistance systems in all public and staff toilets.

2.1-8.4.3 Plumbing Fixtures

2.1-8.4.3.1 General

(1) Materials. The material used for plumbing fixtures shall be nonabsorptive and acid-resistant.

(2) Clearances. Water spouts used in lavatories and sinks shall have clearances adequate to:

(a) avoid contaminating utensils and the contents of carafes, etc.

(b) provide a minimum clearance of 6" from the bottom of the spout to the flood rim of the sink to support proper hand washing asepsis technique without the user touching the faucet, control levers, or the basin.

Appendix Language:

A2.1-8.4.3.2(3) Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

((~~**2.1-8.4.3.6 Scrub sinks.** Freestanding scrub sinks and lavatories used for scrubbing in procedure rooms shall be trimmed with foot, knee, or electronic sensor controls; single-lever wrist blades are not permitted.~~))

Table 2.1-2 Locations for Nurse Call Devices in Hospitals

Modify table as follows:

Section	Location	Duty station
2.1-2.7.1	Staff lounge	Optional

CHAPTER 2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

2.2-2.2 Medical/Surgical Nursing Unit

2.2-2.2.2 Patient Room

2.2-2.2.2.1 Capacity

(1) In new construction, the maximum number of beds per room shall be two.

(2) Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity with a maximum of four patients.

((~~*2.2-2.2.2.5 Hand-washing stations~~

~~(1) Location~~

~~(a) A hand-washing station shall be provided in every toilet room serving more than one patient. Alcohol-based hand sanitizers shall be provided where sinks are not required.~~

~~(b) A hand-washing station shall be provided in the patient room in addition to that in the toilet room.~~

~~(i) This hand-washing station shall be convenient for use by health care personnel and others entering and leaving the room.~~

~~(ii) When multi-patient rooms are permitted, this station shall be located outside the patients' cubicle curtains.~~

~~**2.2-2.2.6 Support Areas for Medical/Surgical Nursing Units**~~

~~2.2-2.2.6.5 Hand-washing stations. For design requirements, see 2.1-2.6.5.~~

~~(1) Hand-washing stations shall be conveniently accessible to the medication station and nourishment area. "Convenient" is defined as~~

~~not requiring staff to access more than two spaces separated by a door.~~

~~(2) If it is convenient to each area, one hand-washing station shall be permitted to serve several areas.~~

~~2.2-3.2 Freestanding Emergency Care Facility~~

~~2.2-3.2.1 General~~

~~2.2-3.2.1.1 Definition~~

~~(1) "Freestanding emergency care facility" shall mean an extension of an existing hospital emergency department that is physically separate from (i.e., not located on the same campus as) the main hospital emergency department and that is intended to provide comprehensive emergency service.~~

~~(2) A freestanding emergency care facility that does not provide 24-hour-a-day, seven-day-a-week operation or that is not capable of providing basic services as defined for hospital emergency departments shall not be classified as a freestanding emergency care facility and shall be described under other portions of this document. Any facility advertising itself to the public as an emergency department or facility shall meet the requirements of Section 2.2-3.2.~~

~~2.2-3.2.1.2 Application. Except as noted in the following sections, the requirements for freestanding emergency service shall be the same as for hospital emergency service as described in Section 2.2-3.1 (Emergency Service).~~

~~2.2-3.2.2 Facility Requirements~~

~~This section is not adopted~~

~~2.2-3.3.3 Pre- and Postoperative Patient Care Areas~~

~~*2.2-3.3.3.3 Post-anesthetic care unit (PACU)~~

~~(4) Each PACU shall contain the following:~~

~~(a) A medication station.~~

~~(b) Hand-washing stations. At least one hand-washing station with hands-free or wrist-blade operable controls shall be available for every six beds or fraction thereof, uniformly distributed to provide equal access from each bed.~~

~~(c) Nurse station with charting facilities.~~

~~(d) Clinical sink.~~

~~(e) Provisions for bedpan cleaning.~~

~~(f) Storage space for stretchers, supplies, and equipment.~~

~~(g) Staff toilet. A staff toilet shall be located within the working area to maintain staff availability to patients.~~)) **2.2-3.3.3.3 Control Room**

2.2-3.3.3.3(2) The room shall be physically separated from the hybrid operating room with walls and a door. A door is not required when the control is built, maintained, and controlled exactly the same as the operating room.

2.2-3.3.4.2 Preoperative Patient Care Area

2.2-3.3.4.2(2)(b)(ii) Where bays are used, an aisle with a minimum clearance of 6 feet (1.83 meters) independent of the foot clearance between patient stations or other fixed objects shall be provided.

2.2-3.3.4.3 Phase I Postanesthesia Care Unit (PACU)

2.2-3.3.4.3(b) PACU size. A minimum of 1.5 postanesthesia patient care stations or as determined by the functional program per operating room shall be provided.

2.2-3.4.2.1 CT Scanner Room

2.2-3.4.2.1(1)(b) CT scanner room(s) shall be sized to allow a minimum clearance of 4 feet (122 centimeters) on the patient transfer and foot side of the table and 3 feet (91 centimeters) on nontransfer side of the table.

2.2-3.4.4 Magnetic Resonance Imaging (MRI) Facilities

2.2-3.4.4.2(2) The MRI scanner room(s) shall have a minimum clearance of 4 feet (122 centimeters) on the patient transfer side and foot of the table and 3 feet (91 centimeters) on nontransfer side of the table. The door swing shall not interfere with the patient transfer.

2.2-3.5.2 Interventional Imaging Procedure Room

2.2-3.5.2.2 Ceilings. Ceilings in interventional imaging procedure rooms shall be designed as semirestricted, see 2.1-7.2.3.3(3) for finishes.

2.2-4.2 Pharmacy Service

2.2-4.2.1 General: Until final adoption of USP 797 by either federal or other state programs, facilities may request plan review for conformance to USP 797 with their initial submission to the Department of Health, Construction Review Services.

CHAPTER 2.4 CRITICAL ACCESS HOSPITALS

2.4-1.1 Application

2.4-1.1 Application. Chapter 2.4 contains specific requirements for small rural hospitals. The functional program for these facilities must clearly describe a scope of services that is appropriate for chapter 2.4. For facilities with services that are not appropriately addressed in chapter 2.4, the appropriate portions of chapters 2.2, 2.3, 2.5, 2.6 and 2.7 will apply.

CHAPTER 3.1 OUTPATIENT FACILITIES

***3.1-3.2.2 General Purpose Examination/Observation Room**

3.1-3.2.2.2 Space requirements

(3) Existing general purpose examination rooms under review for addition to a hospital license shall be no less than 80 gross square feet and provide a minimum 2'-6" clearance around the examination table.

((~~**3.1-4.1.2 Laboratory Testing/Work Area**~~

~~3.1-4.1.2.2 Work counters~~

~~(2) Work counters shall be sufficient to meet equipment specifications and lab technician needs and have the following:~~

~~(a) Sinks.~~

~~(b) Communications service.~~

~~(c) Electrical service.~~

~~**3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance**~~

~~3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance (for ambulatory surgery facilities only). This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.~~

~~A3.1-6.1.1 Accessibility requirements for all facility types can be found in 1.1-4.1~~

~~**3.1-7.1 Building Codes and Standards**~~

~~**3.1-7.1.1.2**~~

~~This Section is not adopted.~~

~~**3.1-7.1.1.3**~~
~~This section is not adopted.~~

~~**3.1-7.1.3 Provision for Disasters**~~
~~3.1-7.1.3.1 Earthquakes~~
~~Seismic force resistance of new construction for outpatient facilities shall comply with Section 1.2-6.5 (Provisions for Disasters). Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.~~)) **3.1-3.2.3 Special Purpose Examination Room**
3.1-3.2.3.2(c) A room arrangement in which an examination table, recliner, bed or chair is placed at an angle, closer to one wall than another or against a wall to accommodate the type of patient being served shall be permitted.

3.1-7.2.2 Architectural Details
((~~3.1-7.2.2.1 Corridor width~~
~~(1) Public corridors shall have a minimum width of 5 feet (1.52 meters). Staff-only corridors shall be permitted to be 3 feet 8 inches (1.12 meters) wide unless greater width is required by NFPA 101 (occupant load calculations). Existing clinics that do not use gurneys shall meet the requirements of NFPA 101 for appropriate occupancy type.~~

~~**3.1-8.2.4 HVAC Air Distribution**~~
~~3.1-8.2.4.1 Return air systems. For patient care areas where invasive applications or procedures are performed and rooms containing materials used in these applications and procedures, return air shall be via ducted systems.~~)) **3.1-7.2.2.2 Ceiling Height**
3.1-7.2.2.2(2)
This subsection is not adopted.

3.1-7.2.3.1 Flooring and Wall Bases
3.1-7.2.3.1(5) The following rooms shall have floor and wall base assemblies that are monolithic and have an integral coved wall base that is carried up the wall a minimum of 6 inches (150 mm) and is tightly sealed to the wall:
(a) Operating rooms;
(b) Interventional imaging rooms, including cardiac catheterization labs;
(c) Cystoscopy, urology and minor surgical procedure rooms;
(d) Endoscopy procedure rooms;
(e) Endoscopy instrument processing rooms;
(f) IV and chemotherapy preparation rooms;
(g) Airborne infection isolation (AII) rooms;
(h) Anterooms to AII and PE rooms, where provided;
(i) Sterile processing rooms.

3.1-8.4.3 Plumbing Fixtures
3.1-8.4.3.1 General
(2) Clearances. Water spouts used in lavatories and sinks shall have clearances adequate to:
(a) avoid contaminating utensils and the contents of carafes, etc.
(b) provide a minimum clearance of 6" from the bottom of the spout to the flood rim of the sink to support proper hand washing asepsis technique without the user touching the faucet, control levers, or the basin.

Appendix Language:

A3.1-8.4.3 Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

CHAPTER 3.2 SPECIFIC REQUIREMENTS FOR PRIMARY CARE OUTPATIENT CENTERS

3.2-1.3 Site

((~~3.2-1.3.1~~)) 3.2-1.3.2 Parking

This section is not adopted.

((~~**CHAPTER 3.3 SPECIFIC REQUIREMENTS FOR SMALL PRIMARY CARE (NEIGHBORHOOD) OUTPATIENT FACILITIES**~~

~~**3.3-1.3 Site**~~

~~3.3-1.3.2 Parking~~

~~This section is not adopted.~~)) **CHAPTER 3.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES**

3.5-1.1 Application

3.5-1.1 Application. This chapter applies to facilities that provide urgent care to the public but are not freestanding emergency departments. The functional program for the facilities must clearly describe a scope of services that are appropriate for urgent care, as determined by the department.

CHAPTER 3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

3.7-1.3 Site

3.7-1.3.2 Parking

This section is not adopted.

3.7-3.6.13.1(2) Location

3.7-3.6.13.1(2) Location. The sterile processing room shall be designed to provide a one-way traffic pattern of contaminated materials/instruments to clean materials/instruments to the sterilizer equipment. Two remotely located doors shall be provided as follows:

(a) Entrance to the contaminated side of the sterile processing room shall be from the semirestricted area.

(b) Exit from the clean side of the sterile processing room to the semirestricted area or to an operating room shall be permitted.

3.7-5.1.2 On-Site Sterilization Facilities

3.7-5.1.2 On-Site Sterilization Facilities. When sterilization occurs on-site, one of the following conditions shall apply:

(1) Outpatient surgical facilities with three or fewer operating rooms where immediate use sterilization occurs on-site shall meet the requirements in Section 3.7-3.6.13 (Sterile Processing Room) or shall meet the requirements of Section 2.1-5.1.

(2) Outpatient surgical facilities with four or more operating rooms, or facilities that do not use immediate use sterilization, shall meet the requirements of Section 2.1-5.1.

CHAPTER 3.9 SPECIFIC REQUIREMENTS FOR ENDOSCOPY FACILITIES

3.9-3.3.2.2 Space Requirements

3.9-3.3.2.2(2)(b) Where bays are used, an aisle with a minimum clearance of 6 feet (1.83 meters) independent of the foot clearance between patient stations or other fixed objects shall be provided.

CHAPTER 3.11 SPECIFIC REQUIREMENTS FOR PSYCHIATRIC OUTPATIENT CENTERS

3.11-1.3 Site

3.11-1.3.1 Parking

This section is not adopted.

CHAPTER ((~~5.1~~)) 3.13 MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS

((~~5.1-1.1~~)) 3.13-1.1 Application

((~~5.1-1.1.1~~)) 3.13-1.1.1 Unit Types

This section applies to mobile, transportable, and modular structures as defined below. These units can increase public access to needed services.

Mobile mammography units do not require review by the Department of Health, Construction Review Services.

Appendix Language:

((~~A5.1-1.1.1~~)) A3.13-1.1.1 The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

((~~**5.1-7.2 Architectural Details and Surfaces for Unit Construction**~~

~~5.1-7.2.2 Surfaces~~

~~If the mobile unit is permanently installed, finishes shall comply with the requirements in this section.~~

~~5.1-7.2.2.1 Interior finish materials~~

~~(1) Interior finish materials shall meet the requirements of NFPA 101.~~

~~**5.1-8.6**~~)) **3.13-8.6 Safety and Security Systems**

((~~5.1-8.6.1~~)) 3.13-8.6.1 Fire Alarm System

Fire alarm notification shall be provided to the facility while the unit is on-site.

((~~5.1-8.6.1.2~~)) 3.13-8.6.1.2 Each mobile unit shall provide fire alarm notification by one of the following methods:

(1) Via an auto-dialer connected to the unit's smoke detectors.

(2) An audible device located on the outside of the unit.

(3) Connection to the building fire alarm system.

Part ((~~6~~)) 4

ANSI/ASHRAE/ASHE Standard ((~~170-2008~~)) 170-2013: Ventilation of Health Care Facilities

((~~**Table 7-1 - Design Parameters**~~

~~Function of Space~~	~~RH (k), %~~
~~Class B and C operating rooms (m)(n)(o)~~	~~max 60~~
~~Operating/surgical cystoscopy (m)(n)(o)~~	~~max 60~~
~~Delivery room (Caesarean) (m)(n)(o)~~	~~max 60~~
~~Treatment room (p)~~	~~max 60~~
~~Trauma room (crisis or shock) (c)~~	~~max 60~~
~~Laser eye room~~	~~max 60~~
~~Class A Operating/Procedure room (o)(d)~~	~~max 60~~
~~Endoscopy~~	~~max 60~~))

Section 7.2 Additional Room Specific Requirements

7.2.3 Combination Airborne Infectious Isolation/Protective Environment (AII/PE) Room

7.2.3(c)(2)

This section is not adopted.

7.4 Surgery Rooms

7.4.4 Sterile Processing Room. Where a sterile processing room is provided, it shall meet the following requirements:

(a) The airflow design shall provide a "clean to dirty" airflow within the space with supply air provided over the clean area and exhaust provided from the soiled area.

(b) This room shall be positive to adjacent spaces with the exception of operating rooms or positively pressurized procedure rooms.

(c) A minimum of two outside air changes and six total air changes shall be provided.

(d) Two filter banks shall be required: The primary filter shall be MERV 7, the final filter shall be MERV 14.

(e) Room air shall be exhausted to the exterior.