

1.2 ENVIRONMENT OF CARE

2.1.3.4

This section is not adopted.

(Insert facing page 18)

(insert facing page 19)

(insert facing page 20)

1.3 SITE

2.2 Availability of Transportation

This section is not adopted.

3.3 Parking

This section is not adopted.

(Insert facing page 21)

1.4 EQUIPMENT

APPENDIX

A1.3.1 Design should consider the placement of cables from portable equipment so that personnel circulation and safety are maintained.

(insert facing page 24)

(insert facing page 25)

1.5 PLANNING, DESIGN AND CONSTRUCTION

2.1 General

2.1.1 ICRA Panel

The ICRA shall be conducted by a panel with expertise in infection control, ~~direct patient care, risk management, facility design, construction and construction phasing, ventilation, safety and epidemiology~~ the areas affected by the project; at a minimum this would include infection control, epidemiology and facility representation.

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(insert facing page 27)

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1.6 COMMON REQUIREMENTS

2.1.1 General

Unless otherwise specified herein, all plumbing systems shall be designed and installed in accordance with the ~~international~~ plumbing code as adopted by the State Building Code Council.

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1.6 COMMON REQUIREMENTS

2.1.3.2 Hand-washing stations.

General hand-washing stations used by medical and nursing staff, patients, and food handlers shall be trimmed with valves that can be operated without hands. Single-lever or wrist blade devices shall be permitted. Blade handles used for this purpose shall ~~not exceed 4-1/2 inches (11.43 centimeters) in length~~ be at least 4 inches (10.2 centimeters) in length.

2.2.2 HVAC Air Distribution

2.2.2.1 HVAC ductwork

(2) ~~Duct~~ Humidifiers

- (a) If ~~duct~~ humidifiers are located within a ventilation system upstream of the final filters, they shall be at least 15 feet (4.57 meters) upstream of the final filters.

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1.6 COMMON REQUIREMENTS

- (b) Ductwork with duct-mounted humidifiers shall have a means of water removal.
- (c) An adjustable high-limit humidistat shall be located downstream of the humidifier to reduce the potential for condensation inside the duct.
- (d) 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.
- (e) All duct takeoffs shall be sufficiently downstream of the humidifier to ensure complete moisture absorption.
- (f) Steam humidifiers shall be used. Reservoir type water spray or evaporative pan humidifiers shall not be used.

APPENDIX

A2.2.2.1 (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.

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2.1 GENERAL HOSPITALS

1.2.2 Swing Beds

When the concept of swing beds is part of the functional program, care shall be taken to include requirements for all intended categories. Nursing homes and skilled-nursing care units must be distinct and separate from swing bed units.

A1.2.2

Every bed must be able to provide both acute care and long term care. The concept is that the patient would not have to be moved, rather their status would change from “acute” to “swing bed” status.

2.2.1 Toilet Rooms

2.2.1.3 Toilet room doors shall swing outward or be double acting. Where local requirements permit, ~~use of folding doors shall be permitted,~~ surface mounted sliding doors may be used, provided adequate provisions are made for acoustical and visual privacy.

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2.1 GENERAL HOSPITALS

2.3.5 Nourishment Area

2.3.5.1 A nourishment area shall have a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment between scheduled meals. This area shall include space for trays and dishes used for nonscheduled meal service. This function may be combined with a clean utility without duplication of sinks and work counters.

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2.1 GENERAL HOSPITALS

2.3.10 Housekeeping Room

2.3.10.1 Housekeeping rooms shall be directly accessible from the unit or floor they serve and may serve more than one nursing unit on a floor.

Housekeeping and soiled rooms may be combined.

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2.1 GENERAL HOSPITALS

3.1.1.1 Capacity

- (1) In new construction, the maximum number of beds per room shall be two. ~~one unless the functional program demonstrates the necessity of a two-bed arrangement. Approval of a two-bed arrangement shall be obtained from the licensing authority~~
- (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.

3.1.1.5 Hand-washing stations. These shall be provided to serve each patient room.

- (1) A hand-washing station shall be ~~located~~ provided in the toilet room
- (2) Or, in private rooms a hand-washing station shall be provided in the patient room provided alcohol-based hand sanitizers are provided in the toilet room, in addition to that in the toilet room. ~~This shall~~ The handwashing station shall be located outside the patient's cubicle curtain and convenient to staff entering and leaving the room.
- (3) A hand sanitation station in patient rooms utilizing waterless cleaners ~~may be used~~ shall be permitted in renovations of existing facilities where existing conditions prohibit an additional hand-washing station.

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2.1 GENERAL HOSPITALS

3.1.2 Patient/Family Centered Care Rooms

This Section is not adopted

3.1.5.5 Hand-washing stations

- (1) ~~In nursing locations, hand-washing stations~~
Hand-washing stations or waterless
cleansing stations shall be conveniently
accessible to the nurse station, medication
station, and nourishment station.
“Convenient” is defined as not requiring
staff to access more than two spaces
separated by a door. If it is convenient to
each, one hand-washing station shall be
permitted to serve several areas.
- (2) One hand-washing station may serve several
areas if convenient to each.

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2.1 GENERAL HOSPITALS

4.3.1 Labor Rooms

4.3.1.1 General

(2) Access. Labor rooms shall have controlled access with doors. ~~that are arranged for observation from a nursing station.~~

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2.1 GENERAL HOSPITALS

5.1.3 Definitive Emergency Care

5.1.3.7 Diagnostic, Treatment, and Service Area

(5) Decontamination area

- (a) Location. In new construction, a decontamination room shall be provided with an outside entry door as far as practical from the closest other entrance. The internal door of this room shall open into a corridor of the emergency department, swing into the room and be lockable against ingress from the corridor.
- (b) Space requirements. The room shall provide a minimum of 80 square feet (7.43 square meters) clear floor area.
- (c) Facility requirements
 - (i) The room shall be equipped with two hand-held shower heads with temperature controls, ~~and dedicated holding tank with floor drain.~~
 - (ii) Portable or hard-piped oxygen shall be provided. Portable suction shall also be available.
- (d) Construction requirements. The room shall have all smooth, nonporous, scrubbable, nonadsorptive, nonperforated surfaces. Fixtures shall be acid resistant. The floor of the decontamination room shall be self-coving to a height of 6 inches (15.24 centimeters).
- (e) This section does not preclude decontamination capability in at other locations or entrances immediately adjacent to the emergency department.

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2.1 GENERAL HOSPITALS

5.3.3 Pre- and Postoperative Holding Areas

5.3.3.2 Post-anesthetic care units (PACUs)

- (4) Facility requirements. Each PACU shall contain a medication station; hand-washing stations; nurse station with charting facilities; clinical sink; provisions for bedpan cleaning; and storage space for stretchers, supplies, and equipment.
 - (a) Hand-washing station(s). At least one hand-washing station with hands-free or wrist blade-operable controls shall be available for every ~~four beds~~ six beds or fraction thereof, uniformly distributed to provide equal access from each bed.
 - (b) Staff toilet. A staff toilet shall be located within the working area to maintain staff availability to patients.

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2.1 GENERAL HOSPITALS

5.9.3 Examination Room

This section is not adopted.

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2.1 GENERAL HOSPITALS

6.1 Pharmacy

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. The most current edition at the time of the application of USP 797 will be used for plan review service.

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2.1 GENERAL HOSPITALS

8.2.2.3 Doors

(2) Door Size

(a) General. Where used in these Guidelines, door width and height shall be the nominal dimension of the door leaf, ignoring projections of frame and stops. **Note:** While these standards are intended for access by patients and patient equipment, size of office furniture, etc., shall also be considered.

(b) Inpatient bedrooms

(i) New construction. The minimum door size for inpatient bedrooms in new work shall be ~~3 feet 8 inches (1.12 meters)~~ 4 feet (1.22 meters) wide and 7 feet (2.13 meters) high to provide clearance for movement of beds and other equipment.

(ii) Renovation. Existing doors of not less than 2 feet 10 inches (86.36 centimeters) wide may be considered for acceptance where function is not adversely affected and replacement is impractical.

(c) Rooms for stretchers/wheelchairs. Doors to other rooms used for stretchers (including hospital wheeled-bed stretchers) and/or wheelchairs shall have a minimum width of 2 feet 10 inches (86.36 centimeters).

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2.1 GENERAL HOSPITALS

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2.1 GENERAL HOSPITALS

10.1.2 Plumbing and other Piping Systems

10.1.2.5 Drainage Systems

(1) Piping

- (a) Drain lines from sinks used for acid waste disposal shall be made of acid resistant material.
- (b) Drain lines serving some types of automatic blood-cell counters shall be of carefully selected material that will eliminate potential for undesirable chemical reactions (and/or explosions) between sodium azide wastes and copper, lead, brass, solder, etc.
- (c) ~~Insofar as possible drainage piping shall not be installed~~ Reasonable effort shall be made to avoid installing drainage piping within the ceiling or exposed in operating and delivery rooms, nurseries, food preparation centers, food-serving facilities, food storage areas, central services, electronic data processing areas, electric closets, and other sensitive areas. Where exposed overhead drain piping in these areas is unavoidable, special provision shall be made to protect the space below from leakage, condensation or dust particles.

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2.1 GENERAL HOSPITALS

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2.1 GENERAL HOSPITALS

10.2.1 General

10.2.1.1 Mechanical system design

(2) Air-handling systems

- (a) These shall be designed with an economizer cycle where appropriate to use outside air. (Use of mechanically circulated air does not reduce need for filtration.)
- (b) VAV systems. The energy-saving potential of variable-air-volume systems is recognized and the standards 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.
- (c) Noncentral air-handling systems (i.e. individual room units used for heating and cooling purposes, such as fan-coil units, heat pump units, etc.). These units may

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2.1 GENERAL HOSPITALS

10.2.1.2 Ventilation and Space Conditioning Requirements. All rooms and areas used for patient care shall have provisions for ventilation.

- (2) Air change rates. Air supply and exhaust in rooms for which no minimum total air change rate is noted may vary down to zero in response to room load. For rooms listed in Table 2.1-2, where VAV systems are used, minimum total air change shall be within limits noted, the minimum required by the Washington State Ventilation and Indoor Air Quality Code (Chapter 51-13 WAC)
- (3) Temperature ~~and humidity~~. Space temperature ~~and relative humidity~~ shall be as indicated in Table 2.1-2.

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2.1 GENERAL HOSPITALS

10.2.4 HVAC Air Distribution

10.2.4.3 Exhaust systems

- (1) General
 - (a) Exhaust systems may be combined. ~~To enhance the efficiency of recovery devices required for energy conservation, combined exhaust systems shall be permitted.~~
 - (b) Local exhaust systems shall be used whenever possible in place of dilution ventilation to reduce exposure to hazardous gases, vapors, fumes, or mists.
 - (c) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable.
 - (d) Airborne infection isolation rooms shall not be served by exhaust systems incorporating a heat wheel.

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2.1 GENERAL HOSPITALS

10.2.5 HVAC Filters

10.2.5.2 Filter bed location. Where two filter beds are required, filter bed no. 1 shall be located upstream of the air conditioning equipment and filter bed no. 2 shall be downstream of ~~any fan or blower~~ the last component of any central air-handling unit and plenum/duct liner except: steam injection-type humidifiers; terminal heating coils; and mixed boxes and acoustical traps that have special covering over the lining. Terminal cooling coils and linings are permitted downstream of filter bed no. 2 with additional filtration downstream of coil meeting requirements of filter bed no. 2.

10.2.5.5 Filter manometers. A manometer shall be installed across each filter bed having a required efficiency of 75 percent or more, including hoods requiring HEPA filters. Manometers may be omitted at HEPA-filtered ceiling diffusers if pressure-independent terminal units provide the operator a means to verify the actual airflow to the HEPA-filtered diffusers in each room. Provisions shall be made to allow access ~~to the manometer~~ for field testing. A recognized air flow measuring device would be acceptable, in lieu of terminal units.

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2.1 GENERAL HOSPITALS

Table 2.1-2 Ventilation Requirements for Areas Affecting Patient Care in Hospitals and Outpatient Facilities

⁸ The ranges listed are the minimum and maximum limits where control is specifically needed. The maximum and minimum limits are not intended to be independent of a space's associated temperature. ~~The humidity is expected to be at the higher end of the range when the temperature is also at the higher end, and vice versa.~~ See figure 2.1-1 for a graphic representation of the indicated changes on a psychometric chart. Shaded area is acceptable range.

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2.2 SMALL INPATIENT PRIMARY CARE HOSPITALS

1.3.2 Parking

This section is not adopted.

(insert facing page 135)

(insert facing page 144)

2.3 PSYCHIATRIC HOSPITALS

1.6.1 Parking

This section is not adopted.

(insert facing page 145)

3.1 OUTPATIENT FACILITIES

1.7.2 Parking

This section is not adopted

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(insert facing page 191)

(insert facing page 196)

3.1 OUTPATIENT FACILITIES

7.1.2.1 General piping and valves

(3) ~~No plumbing piping~~ To prevent food contamination,
no plumbing lines shall be exposed overhead or on walls
where possible accumulation of dust or soil may create a
cleaning problem or where leaks would create a potential
for food contamination.

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3.2 PRIMARY CARE OUTPATIENT CENTERS

1.3.1 Parking

This section is not being adopted.

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**3.3 SMALL PRIMARY
(NEIGHBORHOOD) OUTPATIENT
FACILITIES**

1.3.2 Parking

This section is not adopted.

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3.5 FREESTANDING URGENT CARE FACILITIES

1.2.2 Parking

This section is not adopted.

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3.6 FREESTANDING BIRTHING CENTERS

1.2.1 Parking

This section is not adopted.

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3.7 OUTPATIENT SURGICAL FACILITIES

1.6.1 Parking

This section is not adopted.

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(insert facing page 223)

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3.9 GASTROINTESTINAL ENDOSCOPY FACILITIES

1.6.1 Parking

This section is not adopted.

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3.11 PSYCHIATRIC OUTPATIENT CENTERS

1.3.1 Parking

This section is not adopted.

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