



WAC 246-320-600 Washington State Amendments

Guidelines for Design and Construction of Hospitals and Outpatient Facilities **2014 Edition**

Effective July 18, 2015

(Insert facing title page)

(Insert facing page 4)

1.1 INTRODUCTION

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

[\(http://www.sbcc.wa.gov/\)](http://www.sbcc.wa.gov/)

(Insert facing page 5)

(Insert facing page 22)

1.2 PLANNING, DESIGN, CONSTRUCTION, AND COMMISSIONING

A1.2-3.8.2.1 Design Features

Appendix note:

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

(Insert facing page 23)

1.2 PLANNING, DESIGN, CONSTRUCTION, AND COMMISSIONING

Table A1.2-a

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.

(Insert facing page 40)

(Insert facing page 41)

2.1 COMMON ELEMENTS FOR HOSPITAL

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.

(Insert facing page 62)

(Insert facing page 63)

2.1 COMMON ELEMENTS FOR HOSPITAL

2.1-2.6.7 Nourishment Area or Room

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

(Insert facing page 64)

(Insert facing page 65)

2.1 COMMON ELEMENTS FOR HOSPITALS

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

(Insert facing page 66)

(Insert facing page 67)

2.1 COMMON ELEMENTS FOR HOSPITALS

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.

(Insert facing page 72)

(Insert facing page 73)

2.1 COMMON ELEMENTS FOR HOSPITALS

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.

(Insert facing page 84)

(Insert facing page 85)

(Insert facing page 86)

2.1 COMMON ELEMENTS FOR HOSPITALS

***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.

(Insert facing page 87)

(Insert facing page 90)

2.1 COMMON ELEMENTS FOR HOSPITALS

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.

(Insert facing page 91)

2.1 COMMON ELEMENTS FOR HOSPITALS

2.1-8.3.4.3 Lighting for Specific Locations in the Hospital

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

(Insert facing page 100)

(Insert facing page 101)

2.1 COMMON ELEMENTS FOR HOSPITALS

*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.

(Insert facing page 102)

(Insert facing page 103)

2.1 COMMON ELEMENTS FOR HOSPITALS

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:

A2.1-8.4.3.2(3) Hand-washing stations

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

(Insert facing page 106)

(Insert facing page 107)

Table 2.1-2 Locations for Nurse Call Devices in Hospitals

Modify table as follows:

Section	Location	Duty Station
<u>2.1-2.7.1</u>	<u>Staff Lounge</u>	<u>Optional</u>

(Insert facing page 114)

2.1 COMMON ELEMENTS FOR HOSPITALS

(Insert facing page 115)

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

2.2-2.2.2.1 Capacity

(1) ~~The maximum number of beds per room in a medical/surgical nursing unit shall be one unless the necessity of a two bed arrangement has been demonstrated in the functional program. Two beds per room shall be permitted when approved by the authority having jurisdiction. In new construction,~~ the maximum number of beds per room shall be two.

(Insert facing page (122))

(Insert facing page (123))

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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 room is built, maintained, and controlled exactly the same as the operating room.

(Insert facing page 170)

(Insert facing page 171)

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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 ~~8 feet (2.44 meters)~~ 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(1)(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.

(Insert facing page 172)

(Insert facing page (173))

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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 ~~all sides of the gantry assembly or table~~ the patient transfer side and foot of the table and 3 feet (91 centimeters) on nontransfer side of the table.

(Insert facing page 178)

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

2.2-3.4.4.2(2) The MRI scanner room(s) shall have a minimum clearance of 4 feet (122 centimeters) on ~~all sides of the gantry assembly or table~~ 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.

(Insert facing page 179)

(Insert facing page 184)

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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.

(Insert facing page 185)

(Insert facing page 208)

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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.

(Insert facing page 209)

(Insert facing blank page)

2.4 SPECIFIC REQUIREMENTS FOR 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.

(Insert facing page 215)

3.1 – COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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.

(Insert facing page 262)

3.1 – COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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.

(Insert facing page 263)

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

3.1-7.2.2.2 Ceiling Height

3.1-7.2.2.2(2)

This subsection is not adopted.

(Insert facing page 272)

(Insert facing page 273)

(Insert facing page 274)

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

***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.

(Insert facing page 275)

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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

A3.1-8.4.3(2) Hand-washing stations

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

(Insert facing page 284)

(Insert facing page 285)

(Insert facing page blank page)

3.2 SPECIFIC REQUIREMENTS FOR PRIMARY CARE OUTPATIENT CENTERS

3.2-1.3.2 Parking

This section is not adopted.

(Insert facing page 289)

(Insert facing blank page)

3.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES

3.5-1.1 Application. This chapter applies to facilities that provide urgent care to the public but are not freestanding emergency departments, ~~or do not provide care on a 24-hour-per-day, seven-day-per-week basis.~~ The functional program for the facilities must clearly describe a scope of services that are appropriate for urgent care, as determined by the department.

(Insert facing page 303)

(Insert facing blank page)

3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

3.7-1.3.2 Parking

This section is not adopted

(Insert facing page 311)

(Insert facing page 318)

3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

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.

(Insert facing page 319)

3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

3.7-5.1.2 On-Site Sterilization Facilities

When sterilization occurs on-site, ~~the requirements in Section 3.7-3.6.13 (Sterile Processing Room)~~ shall be met 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.

(Insert facing page 320)

(Insert facing page 321)

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 ~~8 feet (2.44 meters)~~ 6 feet (1.83 meters) independent of the foot clearance between patient stations or other fixed objects shall be provided.

(Insert facing page 330)

(Insert facing page 331)

(Insert facing page 342)

3.11 SPECIFIC REQUIREMENTS FOR PSYCHIATRIC OUTPATIENT CENTERS

3.11-1.3.1 Parking

This section is not adopted.

(Insert facing page 343)

(Insert facing blank page)

3.13 Specific Requirements for Mobile, Transportable, and Relocatable Unit

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

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.

(Insert facing page 355)

CHAPTER 3.13 SPECIFIC REQUIREMENTS FOR MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS

3.13-8.6.1.2

~~Fire alarm notification shall be provided~~ 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.

(Insert facing page 362)

(Insert facing page 363)

4 VENTILATION OF HEALTH CARE FACILITIES

ANSI/ ASHRAE/ ASHE Standard 170-2013

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.

*(Insert facing page 14 of the
ANSI/ASHRAE/ASHE Standard 170-2013)*

*(Insert facing page 15 of the
ANSI/ASHRAE/ASHE Standard 170-2013)*