Chapter 246-320 WAC

Hospital Licensing Rules

(Construction Standards only)

Possible revisions – Initial Draft

Introduction: This draft document represents the initial concepts and possible changes to the Department of Health's (department) hospital licensing construction standards. This first draft represents the proposal to move to more current versions of national consensus based standards. This includes a proposal to align with the 2022 version of the Facility Guideline Institute's (FGI) standards for hospital construction.

The current rule makes amendments to the 2014 version of the FGI Guidelines. This draft makes changes to those existing state amendments to coordinate with the new language and new section numbers of the 2022 version. There are several cases where the 2022 FGI base document has been modified to align with our state amendments. Construction Review Services staff is heavily involved with FGI rule development. We have brought most of our

previous state amendments to the national level for consideration. Where those national level proposals have been successful, a state amendment is no longer needed. Therefore, this draft shows those certain state amendments being deleted.

----------Start of draft----------

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 2014~~ 2022 edition of the *Guidelines for Design and Construction of Hospitals and* *the 2022 edition of the Guidelines for Design and Construction of Outpatient Facilities* as developed and published 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~~, 9750 Fall Ridge Trail, St. Louis, MO 63127, 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) 2.3 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, 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.

[Statutory Authority: RCW 70.41.030 and C.F.R. 2005, Title 42, Vol. 3, Sec. 482.41. WSR 15-14-001, § 246-320-500, filed 6/17/15, effective 7/18/15. Statutory Authority: Chapter 70.41 RCW. WSR 10-17-120, § 246-320-500, filed 8/18/10, effective 9/18/10; WSR 08-14-023, § 246-320-500, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. WSR 99-04-052, § 246-320-500, filed 1/28/99, effective 3/10/99.]

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 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.

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; 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;

(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 will commence.

(ii) The department will issue an "authorization to begin construction" when the construction documents have been conditionally approved 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) Architect; and

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

(III) Hospital facilities director.

(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;

(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.

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

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

(i) The department has approved construction documents; and

(ii) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; 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.

[Statutory Authority: RCW 70.41.030 and C.F.R. 2005, Title 42, Vol. 3, Sec. 482.41. WSR 15-14-001, § 246-320-505, filed 6/17/15, effective 7/18/15. Statutory Authority: Chapter 70.41 RCW. WSR 10-17-120, § 246-320-505, filed 8/18/10, effective 9/18/10; WSR 08-14-023, § 246-320-505, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. WSR 99-04-052, § 246-320-505, filed 1/28/99, effective 3/10/99.]

WAC 246-320-600 Washington state amendments. This section contains the Washington state amendments to the ~~2014~~ 2022 edition of the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* as developed and published by the Facilities Guideline Institute, 9750 Fall Ridge Trail, St. Louis, MO 63127~~ 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 20222~~14~~ Guidelines.

CHAPTER 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.~~

1.1-8.2 Referenced Codes and Standards

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

CHAPTER 1.2 PLANNING, DESIGN, AND IMPLEMENTATION PROCESS

A2.1-8.5.1.5 Emergency call stations ~~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

2.1-2.8.7~~2.1-2.6.5~~ Handwashing Station

2.1-2.8.7.3~~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.

2.1-2.8.9 ~~2.1-2.6.7~~ Nourishment Area or Room

2.1-2.8.9.5 ~~2.1-2.1.6.7.4~~ Nourishment function may be combined with a clean utility without duplication of sinks and work counters.

2.1-2.8.14~~2.1-2.6.12~~ Environmental Services Room

2.1-2.8.14.1(3)~~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

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

(1) Handrails in patient use corridors

(a) Handrails shall be installed on both sides of patient use corridors.

(b) Where features preclude continuous handrails (e.g., nurse stations, doors, alcoves, fire extinguisher cabinets), omission of the handrails shall be permitted.

(c) Where the distance between any two features is less than 24 inches (60.96 centimeters), omission of the handrail is permitted.

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

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

Commented [USR(1]: 2022 FGI text added for context as this section was modified. Only carrying forward previous WAC for HR at one side of corridor per SRA

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(3) Handrail gripping surfaces and fasteners shall be smooth (free of sharp or abrasive elements) with a minimum radius of 1/8 inch (3.18 millimeters).

(4) Handrails shall have eased edges and corners.

(5) Handrails shall have a surface light reflectance value that contrasts with that of the wall surface by a minimum of 30 percentage points.

(6) Handrail finishes shall be cleanable and able to withstand disinfection.

~~(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 7.2.3.1 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.~~

2.1-8.5.1~~.3.7~~ Call Systems

2.1-8.5.1.5 Emergency call stations~~3.7.3 Bath Stations~~

Appendix Language:

A2.1-8.5.1.5~~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.

~~**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.

~~**2.2-3.3.3.3 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.~~

2.1-3.4.2 Patient Care Station Design~~**2.2-3.3.4.2 Preoperative Patient Care Area**~~

2.1-3.4.2.2 Space requirements(2)Clearances

(b)(iii)~~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.~~

2.1-4.2~~2~~.2-4.2 Pharmacy Service~~s~~

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.

This section contain the Washington state amendments to the 2022 edition of the Guidelines for Design and Construction of Outpatient Facilities as developed and published by the Facilities Guideline Institute 9750 Fall Ridge Trail, St. Louis, MO 63127. The language below will replace the corresponding language of the 2014 edition of the Outpatient Guidelines in its entirety. Subsections with an asterisk (*) preceding a paragraph number indicates that explanatory or education

Commented [USR(2]: New separate FGI Outpatient book, therefore all new. I included this introduction from 2018 rules revision?

material can be found in an appendix item located in the 2022 Outpatient Guidelines.

Chapter 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 Codes, Standards, Documents, and Tools Referenced in the Guidelines

1.1-8.2 Washington State Building Code (http://www.sbcc.wa.gov/)

~~1.2-4.7.2 Security Elements of the Safety Risk Assessment~~

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

~~Table A1.2-a~~

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Commented [USR(3]: This applied to hospitals not outpatients. See Nurse call tables both 2014 and 2022

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~~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 3.1 OUTPATIENT FACILITIES~~ Chapter 2.1: Common Elements for Outpatient Facilities

***2.1-3.2.2.2 Single patient exam/observation room~~3.1-3.2.2 General Purpose Examination/Observation Room~~**

(2)~~3.1-3.2.2.2~~ Space requirements

(a)(iii)

~~(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.

~~3.1-3.2.3 Special Purpose Examination Room~~

(c) Single-patient exam room for specialty clinical services (iii)~~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.

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Commented [USR(4]: 2022 revised to 80 sf with 2 feet 8 inch clearance at each side and foot; but not at head. This may be less than the 2 ft 6 inch around?

~~**3.1-7.2.2 Architectural Details**~~

~~**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.~~

2~~3~~.1-8.4.3 Plumbing Fixtures

2~~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.~~

(3~~b)~~ P~~p~~rovide 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~~3~~.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~~

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~~**3.2-1.3 Site**~~

~~3.2-1.3.2 Parking~~

~~This section is not adopted.~~

CHAPTER 3.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES

23.5-1.1 Application

23.5-1.1 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 23.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

23.7-1.3 Site

23.7-1.3.2 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.~~

Commented [USR(6]: 2.7-4.3 requires two-room SP

~~(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 2.1 Common Elements for Outpatient Facilities ~~**CHAPTER 3.9 SPECIFIC REQUIREMENTS FOR ENDOSCOPY FACILITIES**~~

2.1-3.7 Pre-and Post-Procedure Patient Care

2.1-3.7.2.2~~**3.9-3.3.2.2**~~ **Space Requirements**

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2.1-3.7.2.2(2)(c)~~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~~

Commented [USR(7]: Major changes to 2.13 Mobile needs SCRUB

~~3.11-1.3 Site~~

~~3.11-1.3.1 Parking~~

~~This section is not adopted.~~

CHAPTER 2~~3~~.13 Specific Requirements for Mobile/Transportable Medical Units ~~MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS~~

2~~3~~.13-1.1 Application

2~~3~~.13-1.1.1.5 Applicable Medical Units ~~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:

A23.13-1.1.1.5 The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

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

~~3.13-8.6.1 Fire Alarm System~~

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

~~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 34

ANSI/ASHRAE/ASHE Standard 170-20211~~3~~: Ventilation of Health Care Facilities

Section 7.2 Additional Room Specific Requirements

Commented [USR(8]: ASHRAE 170 full standard appears in both H & OP books. Only need to revise WAC once.

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.~~

[Statutory Authority: RCW 70.41.030 and C.F.R. 2005, Title 42, Vol. 3, Sec. 482.41. WSR 15-14-001, § 246-320-600, filed

Commented [USR(9]: Section deleted from 2021 ASHRAE included in Tables 7.1

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