Washington State Amendments
to the 2010 edition of the Guidelines for the
Design and Construction of Health Care Facilities.

Effective September 18th, 2010.

Additional copies may be printed from the
Construction Review Services website located at

www.doh.wa.gov/crs
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1.1 INTRODUCTION

1.1-5.5 Referenced Codes and Standards

International Code Council (www.iccsafe.org)
International Building Code
International Plumbing Code

Washington State Building Code
(http://www.sbcc.wa.gov/)
1.2 PLANNING, DESIGN, CONSTRUCTION, AND COMMISSIONING

1.2-6.1.4 Design Criteria for Room Noise Levels

(1) Room noise levels shall fall within 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).
2.1-2.6.7 Nourishment Area or Room

2.1-2.1.6.7.5 Nourishment function may be combined with a clean utility without duplication of sinks and work counters.
2.1 COMMON ELEMENTS FOR HOSPITALS

2.1-2.6.12 Environmental Services Room

2.1-2.6.12.3 Environmental services and soiled rooms may be combined.
2.1 COMMON ELEMENTS FOR HOSPITALS

2.1-7.2.3 Surfaces

2.1-7.2.3.2 Flooring

(14) The floors and wall bases of kitchens, soiled workrooms, and other areas subject to frequent wet cleaning shall also be homogeneous either seamless flooring with integral coved base, sealed ceramic tile with ceramic tile base, or equivalent, but may have tightly sealed joints.

(Insert facing page 62)
2.1 COMMON ELEMENTS FOR HOSPITALS

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.

2.1-8.2.1.1 Mechanical system design

(1) Efficiency. The mechanical system shall be designed for overall efficiency and appropriate life-cycle cost. Details for cost-effective implementation of design features are interrelated and too numerous (as well as too basic) to list individually.

(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) 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 central 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 COMMON ELEMENTS FOR HOSPITALS

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 COMMON ELEMENTS FOR HOSPITALS

2.1-8.2.4 HVAC Air Distribution

2.1-8.2.4.2 HVAC ductwork

(2) Duct Humidifiers

(a) If duct 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.

APPENDIX
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.

(Insert facing page 67)
2.1 COMMON ELEMENTS FOR HOSPITALS

APPENDIX
A2.1-8.3.7.3 Bath Stations
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 74)
2.1 COMMON ELEMENTS FOR HOSPITALS

2.1-8.4.3 Plumbing Fixtures

2.1-8.4.3.1 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:

A2.1-8.4.3(2) Hand-washing stations

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

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 ultrasonic electronic sensor controls; single-lever wrist blades are not permitted.
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. The maximum number of beds per room shall be 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.
2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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.
2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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.
2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

2.2-3.2 Freestanding Emergency Care Facility

2.2-3.2.1 General

2.2-3.2.1.1 Definition

(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.

2.2-3.2.2 Facility Requirements
This section is not adopted

2.2-3.2.2.1 General. For requirements, see 2.2-3.1.1.

2.2-3.2.2.2 Initial emergency management. For requirements, see 2.2-3.1.2.

2.2-3.2.2.3 Definitive emergency care. For requirements, see 2.2-3.1.3.

2.2-3.2.2.4 Support areas. For requirements, see 2.2-3.1.5 through 2.2-3.1.7.

(Insert facing page 134)
2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

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:

(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, four beds uniformly distributed to provide equal access from each bed.

(Insert facing page 138)
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 162)
2.3 SPECIFIC REQUIREMENTS FOR SMALL PRIMARY CARE HOSPITALS

2.3 Specific Requirements for Small Primary Care Hospitals

This chapter is not adopted.
3.1 COMMON ELEMENTS FOR 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 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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) Access to vacuum
(c) Communications service.
(d) Electrical service.
3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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.

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

(Insert facing page 226)
3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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) and shall be given an importance factor of one. Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.

(Insert facing page 227)
3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

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

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 240)
3.2 SPECIFIC REQUIREMENTS FOR PRIMARY CARE OUTPATIENT CENTERS

3.2-1.3 Site

3.2-1.3.1 Parking
This section is not adopted.
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.
3.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES

3.5 Specific Requirements for Urgent Care Facilities

This chapter is not adopted.
3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

3.7-1.3 Site

3.7-1.3.2 Parking
This section is not adopted.
3.11 SPECIFIC REQUIREMENTS FOR PSYCHIATRIC OUTPATIENT CENTERS

3.11-1.3 Site

3.11-1.3.1 Parking
This section is not adopted.

(Insert facing page 289)
4.1 COMMON REQUIREMENTS FOR RESIDENTIAL HEALTH CARE FACILITIES

4.1 Common Requirements for Residential Health Care Facilities

This chapter is not adopted.
4.2 SPECIFIC REQUIREMENTS FOR NURSING FACILITIES

4.2 Specific Requirements for Nursing Facilities

This chapter is not adopted.
5.1 MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS

5.1-1.1 Application

5.1-1.1.1 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

A5.1-1.1.1 Unit Types

A5.1-1.1.1 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 353)
5.1-7.2 Architectural Details and Surfaces for Unit Construction

5.1-7.2.2.1 Interior finish materials
(1) Interior finish materials shall meet the requirements of being class A as defined in NFPA 101.
5.1-8.6 Safety and Security Systems

5.1-8.6.1.2 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.

(Insert facing page 360)
5.3 ADULT DAY HEALTH CARE FACILITIES

5.3 Adult Day Health Care Facilities

This chapter is not adopted.
(Insert facing page 6 of the ANSI/ASHRAE/ASHE Standard 170-2008)
## 6 VENTILATION OF HEALTH CARE FACILITIES

Table 7-1 - Design Parameters

<table>
<thead>
<tr>
<th>Function of Space</th>
<th>RH (k), %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B and C operating rooms (m)(n)(o)</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Operating/surgical cystoscopic rooms (m)(n)(o)</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Delivery room (Caesarean) (m)(n)(o)</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Treatment room (p)</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Trauma room (crisis or shock) (c)</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Laser eye room</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Class A Operating/Procedure room (o)(d)</td>
<td>30-60 max 60</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>30-60 max 60</td>
</tr>
</tbody>
</table>

*(Insert facing page 7 of the ANSI/ASHRAE/ASHE Standard 170-2008)*