Washington Hospital Licensing Construction Standard Guidelines 2022 Edition

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(insert facing title page)

1.1-8.2 Referenced Codes and Standards

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

(insert facing page 7)

1.2-8 Commissioning

1.2-8.1 Commissioning Requirements
On projects involving installation of new or modification to existing physical environment elements critical to patient care and safety or facility energy use, at minimum the following systems shall be commissioned:

1.2-8.1.1 HVAC

1.2-8.1.2 Automatic temperature control

1.2-8.1.3 Domestic hot water

1.2-8.1.4 Fire alarm and fire protection systems (integration with other systems)

1.2-8.1.5 Essential electrical power systems

1.2-8.1.6 Security systems

1.2-8.1.7 Telecommunication systems

1.2-8.1.8 Wireless communication systems

(insert facing page 48)

Table 1.2-1 Appendix note:

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

(insert facing page 53)

CHAPTER 2.1 COMMON ELEMENTS FOR HOSPITAL FACILITIES

2.1-2.8.7.3 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 (PCACU) 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 87)

2.1-2.8.9 Nourishment Area or Room

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

(insert facing page 89)

2.1-2.8.14 Environmental Services Room

2.1-2.8.14.1(3) Environmental services and soiled rooms may be combined.

(insert facing page 90)

2.1-3.2.2.1 Single Patient Exam or Treatment Room

2.1-3.2.2.1(3) Existing general purpose examination rooms under review for additional to a hospital license shall be no less than 80 gross square feet and provide a minimum 2 feet 6 inches clearance around the examination table.

(insert facing page 92)

2.1-3.4 4 Pre – and Post-Procedure Patient Care

2.1-3.4.2.2 Space requirements
2.1-3.4.2.2(2)(b)(iii) 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.

2.1-3.4.4 Phase I Post Anesthetic Area Unit (PACU)
2.1-3.4.4.1 A minimum of one Phase I patient care station per Class 3 imaging or operating room shall be provided or as determined by the functional program.

(insert facing page 97)

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

(insert facing page 102)

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 115)

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 handrails is permitted.

(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.

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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.

(insert facing page 118)

2.1-8.4.2.5 Heated potable water distribution systems

(1) Facilities shall develop a Water Management Plan that is risk based and includes provisions for controlling Legionella bacteria and other opportunistic waterborne pathogens.

(2) Provisions based on a risk management plan shall be included in the heated potable water system to limit the amount of Legionella bacteria and other opportunistic waterborne pathogens.

(3) Heated potable water distribution systems serving patient care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet. Non-recirculated fixture branch piping shall not exceed 10 feet (3.05 meters) in length.

(4) Elimination of dead-end piping.

(a) Installation of dead-end piping (i.e., risers with no flow and branches with no fixture) shall not be permitted.

(b) In renovation projects, dead-end piping shall be removed.

(c) Installation of empty risers, mains, and branches for future use shall be permitted.

(5) Water temperature.

*(a) The water-heating systems shall supply water at the temperatures and amounts indicated in Table 2.1-4 (Hot Water Use–General Hospital). Storage of water at higher temperatures shall be permitted.

*(b) For handwashing stations, water shall be permitted to be supplied at a constant temperature between 70°F and 80°F using a single-pipe supply. For showers or other end-use devices requiring heated water, water shall be permitted to be supplied by this low-temperature circulation system and provided with point-of-use heaters.

(insert facing page 130)

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 inches 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(8)(c) Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

(insert facing page 133)

2.1-8.5.1 Call Systems

Appendix Language:
A2.1-8.5.1.5 Commonly referred to as a “Code Blue,” emergency call stations are meant for use during a life-threatening situation to summon assistance from outside the unit or department. 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 137)

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.

(insert facing page 154)

2.2-3.5.2 Imaging Rooms
The requirements in this section shall apply to imaging rooms for all modalities except where indicated.

2.2-3.5.2.1 General
(1) Imaging room classification. To differentiate the design and construction requirements needed to achieve the environmental controls and other requirements that support the amount of intervention to be provided, imaging rooms shall be classified as Class 1, Class 2, or Class 3 imaging rooms as described in Table 2.1-5 (Classification of Room Types for Imaging Services).

(2) Where an imaging room will be used for Class 1 and Class 2 procedures, the more stringent requirements for the higher class room shall be followed.

(3) Where an imaging room intended for Class 3 procedures is provided, it shall meet the requirements for the applicable imaging modality and the requirements for an operating room in Section 2.1-3.2.4 (Operating Rooms), except for Section 2.1-3.2.4.2 (Operating Rooms – Space requirements.

(4) For all newly constructed cardiac catheterization labs, facilities shall conduct a risk assessment to determine if the room should meet Class 3 requirements, including the operating room requirements in ASHRAE 170. Risk assessments shall be based on the procedures to be performed and consider the likelihood that a procedure would convert to an open procedure in this room. Risk assessments shall be provided to the department for review

(insert facing page 216)

CHAPTER 2.4 CRITICAL ACCESS HOSPITALS

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 263)

CHAPTER 2.7 SPECIFIC REQUIREMENTS FOR MOBILE/TRANSPORTABLE MEDICAL UNITS

2.7-1.1 Application

2.7-1.1.1 Applicable Medical Units

2.7-1.1.1.1 Temporary Basis
(1) This chapter shall be applied to mobile/transportable medical units that are used on a temporary basis.

(2) In the absence of state and local standards, "temporary basis" shall be defined as a period of time not exceeding six months during any 12-month period from the time procedures commence inside the mobile/transportable unit until the time procedures cease and the unit is transported off the host facility's site.

~~**2.7-1.1.1.2** This chapter shall not apply to mobile/transportable units that will not remain on site more than 96 hours~~.

2.7-1.1.1.2 The requirements of this chapter shall not be applied to federally funded mobile/transportable medical units designed for and placed into service to respond to a civil or local emergency or catastrophe.

2.7-1.1.1.3 This chapter shall not be applied to modular/relocatable medical units that are prefabricated off-site and finished on-site and transported to a permanent foundation.

(insert facing page 301)

This section contains the Washington state amendments to the 2022 edition of the Guidelines for Design and Construction of Outpatient Facilities.

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/)

(insert facing page 7)

2.1-3.2.2.2 Single patient exam/observation room

(2) Space requirements Space requirements

(a) Single-patient exam/observation room

(i) Area. Each single patient exam/observation room shall have a minimum clear floor area of 80 square feet (7.43 square meters) as song as the following clearances can be met with the exam table or recliner that will be used.

(ii) Clearances. Room size shall accommodate a minimum clearance of 2 feet 8 inches (81.28 centimeters) at each side and at the foot of the exam table or recliner.

(iii) 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 74)

2.1-3.5.2 Imaging Rooms
The requirements in this section shall apply to imaging rooms for all modalities except where indicated.

2.1-3.5.2.1 General
(1) Imaging room classification. To differentiate the design and construction requirements needed to achieve the environmental controls and other requirements that support the amount of intervention to be provided, imaging rooms shall be classified as Class 1, Class 2, or Class 3 imaging rooms as described in Table 2.1-5 (Classification of Room Types for Imaging Services).

(2) Where an imaging room will be used for Class 1 and Class 2 procedures, the more stringent requirements for the higher class room shall be followed.

(3) Where an imaging room intended for Class 3 procedures is provided, it shall meet the requirements for the applicable imaging modality and the requirements for an operating room in Section 2.1-3.2.4 (Operating Rooms), except for Section 2.1-3.2.4.2 (Operating Rooms – Space requirements.

(4) For all newly constructed cardiac catheterization labs, facilities shall conduct a risk assessment to determine if the room should meet Class 3 requirements, including the operating room requirements in ASHRAE 170. Risk assessments shall be based on the procedures to be performed and consider the likelihood that a procedure would convert to an open procedure in this room. Risk assessments shall be provided to the department for review.

(insert facing page 88)

2.1-3.7 Pre- and Post-Procedure Patient Care

2.1-3.7.2.2 Space Requirements
2.1-3.7.2.2(2)(c) 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.

2.1-3.7.4 Phase I Post-Anesthesia Recovery Room
2.1-3.4.1 A minimum of one Phase 1 patient care station per operating room or Class 3 imaging room shall be provided or as determined by the functional program

(insert facing page 108)

2.1-3.8.7.3 Additional requirements for handwashing stations that serve multiple patient care stations

(1) At least one handwashing station must 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 must 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 must be available for every six beds or fraction thereof, uniformly distributed to provide equal access from each bed.

(insert facing page 109)

2.1-3.8.9 Nourishment Area or Room

Where nourishment areas or rooms are provided, they shall have the following:

2.13.8.9.1 Handwashing station in or directly accessible to the nourishment room or area

2.1-3.8.9.2 Work counter

2.1-3.8.9.3 Storage

2.1-3.8.9.4 Fixtures and appliances for the beverages and/or nourishment provided in the facility

2.1-3.8.9.5 Nourishment function may be combined with a clean utility without duplication of sinks and work counters

(insert facing page 111)

2.1-5.3.1.2 Environmental services room(s) for facility-based environmental services. Each environmental services room shall be provided with the following:

(1) Service sink or floor-mounted mop sink

*(2) Provisions for storage of supplies and housekeeping equipment

(3) Handwashing station or hand sanitation dispenser

(4) Environmental services and soiled rooms may be combined

(insert facing page 122)

2.1-8.4.3 Plumbing Fixtures

2.1-8.4.3.1 General

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

(2) Clearances. ~~Waterspouts used in sinks shall have clearances adequate to avoid contaminating utensils and the contents of carafes, etc.~~ Provide a minimum clearance of 6 inches 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 Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

(insert facing page 136)

SPECIFIC CHAPTERS FOR OUTPATIENT FACILITIES

CHAPTER 2.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES

2.5-1.1 Application

2.5-1.1.1 Application

(a) This chapter shall apply to facilities that provide urgent care to the public but are not emergency departments or do not provide care on a 24-hour-per-day, seven-day-per week basis.

(b) The functional program for the facilities must clearly describe a scope of services that are appropriate for urgent care, as determined by the department.

2.5-1.1.2 The urgent care center shall meet the standards described in this chapter and the standards in Part 1 of these Guidelines.

2.5-1.1.3 Requirements in Chapter 2.1, Common Elements for Outpatient Facilities, shall apply to urgent care centers as cross-referenced in this chapter.

(insert facing page 147)

CHAPTER 2.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGERY FACILITIES

2.7-1.3.2 Parking

~~Spaces(s) shall be reserved or designated for pickup of patients after recovery~~. This section is not adopted.

(insert facing page 175)

CHAPTER 2.13 SPECIFIC REQUIREMENTS FOR MOBILE/TRANSPORTABLE MEDICAL UNITS

2.13-1.1 Application

2.13-1.1.1 Applicable Medical Units

2.13-1.1.1.1 Temporary Basis

(1) This chapter shall be applied to mobile/transportable medical units that are used on a temporary basis.

(2) In the absence of state and local standards, "temporary basis" shall be defined as a period of time not exceeding six months during any 12-month period from the time procedures commence inside the mobile/transportable unit until the time procedures cease and the unit is transported off the host facility's site.

~~2.13.1.1.1.2 This chapter shall not apply to mobile/ transportable units that will not remain on-site more than 96 hours.~~

2.13-1.1.1.~~3~~2 The requirements of this chapter shall not be applied to federally funded mobile/transportable medical units designed for and placed into service to respond to a civil or local emergency or catastrophe.

2.13-1.1.1.~~4~~3 This chapter shall not be applied to modular/relocatable medical units that are prefabricated off-site and finished on-site and transported to a permanent foundation.

2.13-1.1.1.~~3~~4 Mobile mammography units do not require review by the Department of Health, Construction Review Services.

Appendix Language:
A2.13-1.1.1.5 The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

(insert facing page 199)

2.13-8.6.1.2 Fire alarm notification. Fire alarm notification for all units shall be provided by one of the following methods:

(1) An auto-dialer directly connected to the fire department or third-party respondent and connected to the unit's smoke detectors or manual pull station

(2) Any unit fire alarm device activation connected to the host facility's building fire alarm system

(3) An audible device located on the outside of the unit

(insert facing page 240)

Part 3 Ventilation of Health Care Facilities
ANSI/ASHRAE/ASHE Standard 170-2021

Section 6.1.2 Heating and Cooling Sources

6.1.2.3 Systems that provide heating whose source is dependent on variables outside of the facilities direct control shall provide a redundant heating source to provide the capability of maintaining the internal temperatures listed in Table 7-1. Examples of these types of systems include but are not limited to solar heating, heat pumps, geothermal heat, and variable refrigerant flow systems.

Exception to 6.1.2.3: Where an independent engineering analysis demonstrates that the system is capable of maintaining facility temperature as defined by the facility operational plan, a redundant heating source is not required. This analysis shall include continuity of operations, continuous operation of water-based systems and equipment, and patient care and comfort.

(insert facing page 8)

7.2.3 Combination Airborne Infectious Isolation/Protective Environment (AII/PE) Room
7.2.3 (c)(2)
This section is not adopted.

(insert facing page 22)

[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 6/17/15, effective 7/18/15. Statutory Authority: Chapter 70.41 RCW. WSR 10-17-120, § 246-320-600, filed 8/18/10, effective 9/18/10; WSR 08-14-023, § 246-320-600, filed 6/20/08, effective 7/21/08.]