

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 2018 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 2018 version. There are several cases where the 2018 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 2014-2018~~ edition of the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* and the 2018 edition of the *Guidelines for Design and Construction of Outpatient Facilities* as developed 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, 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. (1) This section contains the Washington state amendments to the 2014 2018 edition of the *Guidelines for Design and Construction of Hospitals ~~and Outpatient Facilities~~* as developed by the Facilities Guideline Institute 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 2014-2018 edition of the Hospital 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 [2014-2018 Hospital 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 Referenced Codes and Standards

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

CHAPTER 1.2 PLANNING, DESIGN, AND IMPLEMENTATION PROCESS

~~1.2-3.8.2.1~~ 1.2-4.8.2.1 **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

2.1-2.6.5 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**

2.1-2.8.9.4~~2.1-2.6.7.4~~ 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**

2.1-2.8.14.3~~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 e~~Corridor widths shall meet applicable life safety and building code requirements.

~~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

(1) ~~Unless the safety risk assessment determines that handrails are not needed, h~~ Handrails shall be installed on ~~one~~ both sides 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 gripping surfaces and fasteners, shall be smooth (free of sharp or abrasive elements) with a 1/8-in. minimum (3.18-millimeter) radius ~~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, 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.~~

~~2.1-8.3.7~~2.1-8.5.1 Call Systems

~~2.1-8.3.7.3~~2.1-8.5.1.3 Bath Stations

Appendix Language:

~~A~~2.1-8.3.7.32.1-8.5.1.3 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.~~

2.1-3.4.2-3.3.4.2 Pre- and Post-Procedure operative

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 or cubicles face each other, 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.

2.1-3.4.4 ~~2.2-3.3.4.3~~ **Phase I Postanesthesia Care Unit**

(PACU)

~~2.1-3.4.4.1 2.2-3.3.4.3(b) PACU size.~~ A minimum of ~~1.5~~
~~postanesthesia one Phase I patient care stations per Class 3~~
~~imaging or operating room shall be provided~~ 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.~~

2.12-4.2 Pharmacy Service

2.12-4.2.1 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 SPECIFIC REQUIREMENTS FOR CRITICAL ACCESS HOSPITALS Specific 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.

CHAPTER 2.8 SPECIFIC REQUIREMENTS FOR MOBILE/TRANSPORTABLE MEDICAL UNITS

2.8-1.1.1 Applicable Medical Units

2.8-1.1.1.1 This chapter shall be applied to mobile/transportable medical units that are used on a temporary basis. Mobile mammography units do not require review by the Department of Health Construction Review Services.

APPENDIX A2.8-1.1.1. The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

2.8-8.6 Safety and Security Systems

2.8-8.6.1.2 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.

Part 3 VENTILATION OF HOSPITALS

ANSI/ASHRAE/ASHE Standard 170-2017

7.4 Surgery Rooms

7.4.2 Sterilization Rooms

7.4.2.1 Where a one-room 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.

(d) Room air shall be exhausted to the exterior.

(2) This section contains the Washington state amendments to the 2018 edition of the *Guidelines for Design and Construction of Outpatient Facilities* as developed by the Facilities Guideline Institute 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 2018 edition of the Outpatient 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 2018 Outpatient Guidelines.

Part 1 GENERAL

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, and Other Documents Referenced in the Guidelines

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

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.

2.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

2.1-3 Patient Care and Diagnostic Areas

2.1-3.2.1.2 Single-patient examination/observation room

(2) Space requirements

(a)(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.

2.1-3.7.2 Patient Care Station Design

2.1-3.7.2.2 Space requirements

(2) Clearances

(c)Where bays or cubicles face each other, 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.

2.1-3.8.7 Hand-Washing Station

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

(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.

2.1-3.8.9 Nourishment Area or Room

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

2.1-4.2 Pharmacy Services

2.1-4.2.1 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 Depart of Health, Construction Review Services.

2.1-5.3 Environmental Services

2.1-5.3.1.3 Environmental services and soiled rooms may be combined.

2.1-8.4.3 Plumbing Fixtures

2.1-8.4.3.1 General

(2) Clearances. Water spouts used in 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(8) Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

CHAPTER 2.5 SPECIFIC REQUIREMENTS FOR URGENT CARE CENTERS

2.5-1.1 Application. 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. 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 2.13 SPECIFIC REQUIREMENTS FOR MOBILE/TRANSPORTABLE MEDICAL UNITS

2.13-1.1.1 Applicable Medical Units

2.13-1.1.1.1. This chapter shall be applied to mobile/transportable medical units that are used on a temporary basis.

Mobile mammography units do not require review by the Department of Health Construction Review Services.

APPENDIX A2.13-1.1.1. The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

2.13-8.6 Safety and Security Systems

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.

Part 3 VENTILATION OF HOSPITALS

ANSI/ASHRAE/ASHE Standard 170-2017

7.4 Surgery Rooms

7.4.2 Sterilization Rooms

7.4.2.1 Where a one-room 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.

(d) Room air shall be exhausted to the exterior.

~~CHAPTER 3.1 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.~~

~~3.1-3.2.3 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.~~

~~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.~~

~~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 earafes, 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:~~

~~A3.1 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~~

~~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~~

~~3.5-1.1 Application~~

~~3.5-1.1 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 3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES~~

~~3.7-1.3 Site~~

~~3.7-1.3.2 Parking~~

~~This section is not adopted.~~

~~3.7-3.6.13.1(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.~~

~~(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 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 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~~

~~3.11-1.3 Site~~

~~3.11-1.3.1 Parking~~

~~This section is not adopted.~~

~~CHAPTER 3.13 MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS~~

~~3.13-1.1 Application~~

~~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 Language:~~

~~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.~~

~~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 4~~

~~ANSI/ASHRAE/ASHE Standard 170-2013: Ventilation of Health Care Facilities~~

~~Section 7.2 Additional Room Specific Requirements~~

~~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 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.]