

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 2014 version of the Facility Guideline Institute's (FGI) standards for hospital construction.

The current rule makes amendments to the 2010 version of the FGI Guidelines. This draft makes changes those existing state amendments to coordinate with the new language and new section numbers of the 2014 version. There a several cases where the 2014 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.

This draft also includes proposals to move to the 2012 version of life safety and facility codes published by the National Fire Protection Association. The department's intent is to coordinate these codes with the codes used by the Centers for Medicaid and Medicare Services, which are currently open and under review. We will monitor the federal rule-making process, with the ultimate goal of aligning our state rules with federal conditions of participation.

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 ~~2010~~ 2014 edition of the *Guidelines for Design and Construction of ~~Health Care Facilities~~ Hospitals and Outpatient Facilities* as 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 ~~(Reserved)~~

~~(viii)~~ (ix) 2.5 Specific Requirements for Psychiatric Hospitals

~~(ix)~~ (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

~~(xi)~~ (xiii) 3.2 Specific Requirements for Primary Care ~~Outpatient~~
Centers Facilities

~~(xii)~~ 3.3 ~~Specific Requirements for Small Primary Care (Neighbor-~~
~~hood) Outpatient Facilities~~

~~(xiii)~~ 3.4 (xiv) 3.3 Specific Requirements for Freestanding Outpa-
tient Diagnostic and Treatment Facilities

(xv) 3.4 Specific Requirements for Freestanding Birth Centers

~~(xiv)~~ (xvi) 3.6 Specific Requirements for Freestanding Cancer
Treatment Facilities

~~(xv)~~ (xvii) 3.7 Specific Requirements for Outpatient Surgical Fa-
cilities

~~(xvi)~~ (xviii) 3.8 Specific Requirements for Office ~~Surgical Facil-~~
~~ities~~ Based Procedure and Operating Rooms

~~(xvii)~~ (xix) 3.9 Specific Requirements for ~~Gastrointestinal~~ Endos-
copy Facilities

~~(xviii)~~ (xx) 3.10 Specific Requirements for Renal Dialysis Centers

~~(xix)~~ (xxi) 3.11 Specific Requirements for Outpatient Psychiatric
~~Outpatient~~ Centers

~~(xx)~~ (xxii) 3.12 Specific Requirements for Outpatient Rehabilitation
Therapy Facilities

~~(xxi) 4.3 Specific Requirements for Hospice Facilities~~

~~(xxii) (xxiii) 5.1 3.13 Mobile, Transportable, and Relocatable
Units~~

~~(xxiii) (xxiv) 5.2 Freestanding Birth Centers 3.14 Specific Require-
ments for Dental Facilities.~~

~~(xxiv) (xxv) Part 64: Ventilation of Health Care Facilities~~

(b) *The National Fire Protection Association, Life Safety Code,
NFPA 101, 2000 2012.*

(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 Water-
works Association.*

(e) *The National Fire Protection Association, Health Care Facili-
ties Code, NFPA 99, 2012*

[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 work involves engineering only.

(2) A hospital will meet the following requirements:

(a) 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) 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.

(c) 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.

(d) The hospital will respond in writing when the department requests additional or corrected construction documents;

(e) Notify the department in writing when construction has commenced;

(f) Provide the department with 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.

(g) Submit to the department for review any addenda or modifications to the construction documents;

(h) 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.

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

(j) Notify the department in writing when construction is completed and include a copy of the local jurisdiction's approval for occupancy.

(3) The hospital will not begin construction or use any new or remodeled areas until:

(a) The infection control risk assessment has been approved by the department;

(b) The interim life safety plan has been approved by the department;

(c) An acknowledgment of risk form has been submitted to the department as required by subsection (2) (f) of this section;

(d) The department has approved construction documents or granted authorization to begin construction; and

(e) The local jurisdictions have issued a building permit, when applicable or given approval to occupy.

(4) The department will issue an "authorization to begin construction" when subsection (3) (a), (b), and (c) are approved and the presubmission conference is concluded.

[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 ~~2010~~ 2014 edition of the *Guidelines for Design and Construction of ~~Health Care Facilities~~ Hospitals and Outpatient Facilities* as published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606. The subsections below will replace the corresponding subsection 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 2010 Guidelines.

CHAPTER 1.1 INTRODUCTION

1.1-8 ~~5.5~~ Referenced Codes and Standards

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

CHAPTER 1.2 PLANNING, DESIGN, AND IMPLEMENTATION PROCESS

~~1.2-6.1.4 Design Criteria for Room Noise Levels~~

~~(1) Room noise levels shall 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).~~

CHAPTER 2.1 COMMON ELEMENTS FOR HOSPITALS

A2.1-2.6.7 Nourishment Area or Room

2.1-2.2.6.7.4 Nourishment function may be combined with a clean utility without duplication of sinks and work counters. If Nourishment is combined with Clean utility, storage of soiled food service implements must be in a separate enclosed cart or room.

A2.1-2.6.12 Environmental Services Room

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

~~2.1-7.2.3 Surfaces~~

~~2.1-7.2.3.2 Flooring~~

~~2.1-7.2.3.2(14) The floors and wall bases of kitchens, soiled work-rooms, and other areas subject to frequent wet cleaning shall be either seamless flooring with integral coved base, sealed ceramic tile with ceramic tile base, or equivalent.~~

~~*2.1-8.2.1 General~~

~~Basic HVAC system requirements are defined in Part 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 General~~

~~*2.1-8.2.1.1 Mechanical system design~~

~~(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.~~

~~*2.1-8.2.1.1 Mechanical system design~~

~~(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 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.~~

~~2.1-8.2.2 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.~~

~~**2.1-8.2.4 HVAC Air Distribution**~~

~~2.1-8.2.4.2 HVAC ductwork~~

~~*(2) Humidifiers~~

~~(a) If 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.~~

~~(b) Ductwork with duct-mounted humidifiers shall have a means of water removal.~~

~~(c) Humidifiers shall be connected to airflow proving switches that prevent humidification unless the required volume of airflow is present or high-limit humidistats are provided.~~

~~(d) All duct takeoffs shall be sufficiently downstream of the humidifier to ensure complete moisture absorption.~~

~~(e) Steam humidifiers shall be used. Reservoir-type water spray or evaporative pan humidifiers shall not be used.~~

Appendix Language:

~~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.~~

2.1-8.3.7 Call Systems

2.1-8.3.7.3 Bath Stations

Appendix Language:

A2.1-8.3.7.3 Where new construction or renovation work is undertaken, hospitals should make every effort to install assistance systems in all public and staff toilets.

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 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 electronic sensor controls; single-lever wrist blades are not permitted.

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.

~~*2.2-2.2.2.5 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.~~

~~(b) A hand-washing station shall be provided in the patient room in addition to that in the toilet room.~~

~~(i) This hand-washing station shall be convenient for use by health care personnel and others entering and leaving the room.~~

~~(ii) When multi-patient rooms are permitted, this station shall be located outside the patients' cubicle curtains.~~

~~**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) If it is convenient to each area, one hand-washing station shall be permitted to serve several areas.~~

~~**2.2-3.2 Freestanding Emergency Care Facility**~~

~~2.2-3.2.1 General~~

~~2.2-3.2.1.1 Definition~~

~~(1) "Freestanding emergency care facility" shall mean an extension of an existing hospital emergency department that is physically separate~~

~~from (i.e., not located on the same campus as) the main hospital emergency department and that is intended to provide comprehensive emergency service.~~

~~(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.~~

~~2.2-3.2.1.2 Application. Except as noted in the following sections, the requirements for freestanding emergency service shall be the same as for hospital emergency service as described in Section 2.2-3.1 (Emergency Service).~~

~~2.2-3.2.2 Facility Requirements~~

~~This section is not adopted~~

~~2.2-3.3.3 Pre- and Postoperative Patient Care Areas~~

~~2.1-2.6.5 Hand-Washing Station~~

~~*2.2-3.3.3.3 Post-anesthetic care unit (PACU)~~

~~(4) Each PACU shall contain the following:~~

~~(a) A medication station.~~

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

~~(c) Nurse station with charting facilities.~~

~~(d) Clinical sink.~~

~~(e) Provisions for bedpan cleaning.~~

~~(f) Storage space for stretchers, supplies, and equipment.~~

~~(g) Staff toilet. A staff toilet shall be located within the working area to maintain staff availability to patients.~~

2.1-2.6.5.3 Additional Requirements for handwashing stations that serve multiple patient care stations.

(1) At least one hand-washing 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, hand-washing 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) 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, uniformly distributed to provide equal access from each bed.

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.

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.

~~3.1-4.1.2 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) Communications service.~~

~~(c) Electrical service.~~

~~3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance~~

~~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.~~

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

~~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). Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.~~

~~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.~~

3.1-8.2.43 HVAC Air Distribution

~~3.1-8.2.3.34.1~~ 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.

3.1-8.4.3 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 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 3.3 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.~~

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.

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 ~~5.4~~ SPECIFIC REQUIREMENTS FOR MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS

~~3.135.1-1.1~~ Application

~~3.135.1-1.1.1~~ 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 Language:

A3.135.1-1.1.1 The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

~~5.1-7.2 Architectural Details and Surfaces for Unit Construction~~

~~5.1-7.2.2 Surfaces~~

~~If the mobile unit is permanently installed, finishes shall comply with the requirements in this section.~~

~~5.1-7.2.2.1 Interior finish materials~~

~~(1) Interior finish materials shall meet the requirements of NFPA 101.~~

135.1-8.6 Safety and Security Systems

135.1-8.6.1 Fire Alarm System

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

135.1-8.6.1.2 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.

Part 6

ANSI/ASHRAE/ASHE Standard 170-2008: Ventilation of Health Care Facilities

Table 7-1 - Design Parameters

Function of Space	RH (k), %
Class B and C operating rooms (m)(n)(o)	max 60
Operating/surgical cystoscopy (m)(n)(o)	max 60
Delivery room (Caesarean) (m)(n)(o)	max 60
Treatment room (p)	max 60
Trauma room (crisis or shock) (c)	max 60
Laser eye room	max 60
Class A Operating/Procedure room (o)(d)	max 60
Endoscopy	max 60

[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.]