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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(Insert facing page 8)

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/)

(Insert facing page 9)

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).

(Insert facing page 26)

(Insert facing page 27)

(Insert facing page50)

2.1 COMMON ELEMENTS FOR HOSPITALS

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.

(Insert facing page 51)

(Insert facing page 52)

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.

(Insert facing page 53)

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)

(Insert facing page 63)

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.

(Insert facing page 64)

(Insert facing page 65)

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.

(Insert facing page 66)

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)

(Insert facing page 75)

(Insert facing page 76)

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.

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.

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.

(Insert facing page 77)

(Insert facing page 88)

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.~~

(Insert facing page 89)

2.2-2.2.2.5 Hand-washing stations

(1) Location

(a) A hand-washing station shall be provided in every ~~the~~ toilet room serving more than one patient. Alcohol-based hand sanitizers shall be provided where sinks are not required.

(Insert facing page 90)

(Insert facing page 91)

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.

(Insert facing page 94)

(Insert facing page 95)

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 require 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)

(Insert facing page 135)

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)

(Insert facing page 139)

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)

(Insert facing page 163)

2.3 Specific Requirements for Small Primary Care Hospitals

This chapter is not adopted.

(Insert facing page 174)

(Insert facing page 175)

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.

(Insert facing page 218)

(Insert facing page 219)

(Insert facing page 222)

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.

(Insert facing page 223)

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance <u>(for ambulatory surgery facilities only)</u>
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)

3.1-7.2.2 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.

(Insert facing page 228)

(Insert facing page 229)

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.

(Insert facing page 234)

(Insert facing page 235)

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)

(Insert facing page 241)

(Insert facing page 242)

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.

(Insert facing page 243)

(Insert facing page 244)

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.

(Insert facing page 245)

3.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES

3.5 Specific Requirements for Urgent Care Facilities

This chapter is not adopted.

(Insert facing page 250)

(Insert facing page 251)

(Insert facing page 258)

3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICALFACILITIES

3.7-1.3 Site

3.7-1.3.2 Parking
This section is not adopted.

(Insert facing page 259)

(Insert facing page 288)

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

This chapter is not adopted.

(Insert facing page 298)

(Insert facing page 299)

4.2 SPECIFIC REQUIREMENTS FOR NURSING FACILITIES

4.2 Specific Requirements for Nursing Facilities

This chapter is not adopted.

(Insert facing page 324)

(Insert facing page 325)

(Insert facing page 352)

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)

(Insert facing page 356)

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 ~~be class A as defined in~~ NFPA 101.

(Insert facing page 357)

CHAPTER 5.1 MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS

5.1-8.6 Safety and Security Systems

5.1-8.6.1.2 Each mobile unit shall provide fire alarm notification ~~shall be provided~~ 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)

(Insert facing page 361)

5.3 ADULT DAY HEALTH CARE FACILITIES

5.3 Adult Day Health Care Facilities

This chapter is not adopted.

(Insert facing page 369)

(Insert facing page 368)

(Insert facing page 6 of the
ANSI/ASHRAE/ASHE Standard 170-2008)

6 VENTILATION OF HEALTH CARE FACILITIES

Table 7-1 - Design Parameters

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

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