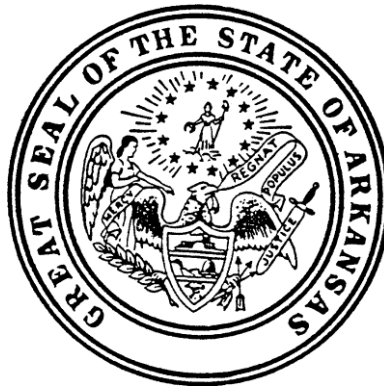


*CHANGES ONLY DRAFT*  
RULES AND REGULATIONS FOR CRITICAL  
ACCESS HOSPITALS IN ARKANSAS



ARKANSAS

OF HEALTH

DEPARTMENT

2007

### **SECTION 3: DEFINITIONS.**

The word shall as used in these regulations means mandatory.

- A. Administrator means the person responsible for the management of any facility requiring licensure under these regulations.
- B. Department means the Arkansas Department of Health.
- C. Licensee means the person to whom a license is issued for the purpose of operating the institution described in the application for licensure, who shall be responsible for maintaining approved standards for the institution of any state, county or local government unit and any division, board or agency thereof.
- D. State Health Officer means the Secretary of the State Board of Health.

The following categories of facilities (E-Q), as defined herein, established for the purpose of providing inpatient diagnostic care and treatment for more than 24 hours for two or more persons not related to the proprietor, may not be conducted or maintained in this state without being licensed.

- E. Alcohol/Drug Abuse Inpatient Treatment Centers means a facility or distinct part of a facility, in which services are provided for the diagnosis, treatment and rehabilitation of alcohol and drug abuse; a facility which provides only counseling and room and board is not included in this definition.
  - 1. For the purpose of these regulations an alcohol/drug abuse treatment center is a facility (either licensed as a hospital or an established diagnostic unit of an acute psychiatric or rehabilitation hospital) or a free-standing unit in which services are provided over a continuous period, exceeding 24 hours for two or more persons not related to the proprietor for the diagnosis, treatment and rehabilitation of alcohol and drug abuse.
  - 2. Alcohol and drug abuse inpatient center regulations are to be applied in conjunction with the Rules and Regulations for Hospitals and Related Institutions in Arkansas where applicable. (See Section 45, Alcohol/Drug Abuse Inpatient Treatment Centers.)
  - 3. The requirements established for alcohol/drug abuse inpatient treatment centers shall not be construed as changes in the requirements already established for licensing of any health care facility as delineated in these regulations.
- F. Critical Access Hospital (CAH) means: a hospital located in a rural area that is:
  - 1. Located more than a 35 mile drive (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15 mile drive) from a hospital; or

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2. Provides 24 hour emergency care services as determined necessary for ensuring access to emergency care in each area served by a CAH;
  3. Provides staffing according to Rules and Regulations for Hospitals and Related Institutions in Arkansas; and
  4. Meets Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals; or
  5. Was operating as a licensed Critical Access Hospital in Arkansas as of April 2007.
- .G. When a hospital converts to a CAH and then at a later date decides to return to a full service with no limits on bed or length of stay, the hospital shall be surveyed using the Life Safety Code under which the hospital entered into the CAH program. The hospital shall be able to show that it has continued to be licensed and complied consistently with the Life Safety Code as a CAH.
- H. Emergency Services Facility means a facility that is licensed only for emergency services. The Department is empowered to license hospitals which have discontinued inpatient services to continue to provide emergency services if there is no other hospital emergency service in the community Ark. Code Ann. § 20-9-218
- I. General Hospital means any facility used for the purpose of providing short-term inpatient diagnostic care and treatment, including general medical care, surgical care, obstetrical care and specialized services or specialized treatment.
- J. Infirmary means any facility used for the purpose of offering temporary medical care and/or treatment exclusively for persons residing on a designated premise, e.g., schools, reformatories, prisons, etc. and where the persons are kept for 24 hours or more.
- K. Institution means, for the purpose of these regulations, a facility which requires a license.
- L. Maternity and General Medical Care Hospital means any facility limited to providing short-term inpatient obstetrical and general medical diagnostic care and treatment.
- M. Maternity Hospital means any facility limited to providing short-term inpatient obstetrical diagnostic care and treatment.

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- N. Psychiatric Hospital means any facility, or a distinct part of a facility, used for the purpose of providing inpatient diagnostic care and treatment for persons having mental disorders.
- O. Recuperation Center means any facility or distinct part of a facility, which includes inpatient beds with an organized Medical Staff, and with medical services that include physician services and continuous nursing services to provide treatment for patients who are not in an acute phase of illness but who currently require primarily convalescent or restorative services (usually post-acute hospital care of relatively short duration). A facility that furnishes primarily domiciliary care is not within this definition.
- P. Rehabilitation Facility means, for the purpose of these regulations, an inpatient care facility or a distinct part of a facility, which provides rehabilitation services for two or more disabled persons not related to the proprietor, for more than 24 hours through an integrated program of medical and other restorative services. A disabled person shall be considered to be an individual who has a physical or mental condition which, if not treated, will probably result in limiting the performance or activity of the person to the extent of constituting a substantial physical, mental or vocational handicap.
- Q. Surgery and General Medical Care Hospital means any facility limited to providing short-term inpatient surgical and general medical diagnostic care and treatment.

The following categories R-S) of outpatient facilities may not be conducted or maintained in this state without being licensed:

- R. Outpatient Psychiatric Center means a facility in which psychiatric services are offered for a period of 4 to 16 hours a day, and where, in the opinion of the attending psychiatrist, hospitalization as defined in the present licensure law is not necessary. This definition shall not include Community Mental Health Clinics and Centers, as they now exist. The requirements established for outpatient psychiatric centers shall not be construed as changes in the requirements already established for the licensing of any health care facility, as delineated in these Regulations.
- S. Outpatient Surgery Center (Ambulatory Surgery Center) means any facility in which surgical services, other than minor dental surgery, are offered which require the use of general or intravenous anesthetics and/or render the patient incapable of taking actions for self-preservation under emergency conditions without assistance from others, and where, in the opinion of the attending physician, hospitalization is not necessary.
- T. Observation is a designated patient status as opposed to a designated area. Patients in observation status are those patients requiring periodic monitoring and assessment necessary to evaluate the patient's condition or to determine the need for possible admission to the hospital in an inpatient status. Usually observation status shall be for 48 hours or less. (Moved from Section 11)

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- b. Progress notes shall be recorded, dated and signed. The frequency of the physician's progress notes shall be determined by the patient's condition. Dictated progress notes are acceptable, and shall be placed in the patient's medical record within 48 hours.
  - c. Orders shall be authenticated with a legible and dated signature in a timely manner as defined by Medical Staff By-Laws. Telephone/verbal orders shall be recorded by appropriate personnel and cosigned by the originator within 96 hours.
  - d. A discharge summary shall recapitulate the significant findings and events of the patient's hospitalization and his/her condition on discharge. This shall be documented by the attending physician within 30 days of the patient's discharge. The final diagnosis shall be stated in the discharge summary.
  - e. Autopsy findings shall be documented in complete protocol within 60 days and the provisional anatomical diagnosis shall be recorded within 72 hours. A signed authorization for autopsy shall be obtained from the next of kin and documented in the medical record before an autopsy is performed.
  - f. Original, signed diagnostic reports (laboratory, X-rays, CAT SCANS, EKGs, fetal monitoring, EEGs) shall be filed in the patient's medical record. Physicians' orders shall accompany all treatment procedures. Fetal monitor and EEG tracings, may be filed separately from the medical record if accessible when needed.
  - g. Reports of ancillary services (Dietary, Physical Therapy, Respiratory Care, Social Services, etc.) shall be included in the patient's medical record.
  - h. Reports of Medical Consultation, if ordered by the attending physician, shall be included in the patient's medical record within time frames established by the Medical Staff.
- E. Records of Complementary Departments. In addition to the general record content requirements stated above, parts F., G. and H. are required, as applicable.

**SECTION 36: SPECIALIZED SERVICE: EMERGENCY SERVICES.**

NOTE: Federal EMTALA requirements apply

- A. Every licensed hospital shall have a dedicated emergency department. The following hospitals are excepted:
  - 1. Psychiatric hospitals;
  - 2. Rehabilitation hospitals; and
  - 3. Long term acute care hospitals.
- B. The hospital's emergency department shall have organized services and procedures for any emergency.
- C. Diagnostic and treatment equipment, medications, supplies and space shall be adequate in terms of the size and scope of services provided.
- D. An inventory list of all supplies and equipment including all items on the crash cart, shall be checked each shift and after each use.
- E. The location and telephone number of the nearest poison control center and a list of poison antidotes shall be posted in the emergency department.
- F. Staffing.
  - 1. Each patient presenting to the emergency department shall have a medical screening examination by a qualified medical personnel. The examination shall be completely documented. If a physician is not present, the qualified medical personnel shall contact the physician requested by the patient or the physician on call to discuss the assessment findings and patient's condition. Physician shall determine disposition of the patient.
  - 2. Arrangements shall be provided, such as a duty or on-call roster, to ensure a physician is available for all emergency patients as determined by the screening examination. Arrangements shall be made for obtaining specialized medical services.
  - 3. The Emergency Service shall be under the supervision of a Registered Nurse. All patient care personnel assigned to the emergency department shall receive orientation and be competent in life support measures.
  - 4. The Registered Nurse shall assume the responsibility for the nursing functions of the Emergency Services. This includes:
    - a. Supervision;
    - b. Evaluation of the patient's emergency nursing care needs;
    - c. The assignment of nursing care for each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the nursing staff;

**SECTION 41: RECUPERATION CENTERS.**

Any facility which includes inpatient beds with an organized Medical Staff, and with medical services including physician services and continuous nursing services to provide treatment for patients who are not in an acute phase of illness but who currently require primarily convalescent or restorative services, shall be considered a recuperation center and shall comply with applicable Sections 1, Authority, through 76, Physical Facilities, Electrical Standards.

- A. Quality Assurance/Performance Improvement, Infection Control, Pharmacy and Therapeutics and Utilization Review.
  - 1. The Recuperation Center shall maintain a Quality Assurance/Performance Information Committee consisting of the Nurse Manager, Medical Director and at least three other members of the center's staff, which shall meet at least quarterly to provide oversight and direction for the center's quality assurance/performance information activities. Minutes of the Quality Assurance/Performance Improvement Committee shall be maintained.
  - 2. QA/PI activities shall include ongoing monitoring, with identification of opportunities for improvement, actions taken and evaluation of the results of actions. QA/PI activities shall be reported at least quarterly to the Medical Staff and Governing Body through the hospital-wide QA/PI program.
  - 3. Reporting of all infection control, medication and utilization review issues specific to the center shall be evident in the minutes of the hospital-wide Infection Control, Pharmacy and Therapeutics and Utilization Review Committees. Frequency of reporting shall be defined in policies and procedures consistent with State laws.
- B. Patient identification. Patient armbands shall not be routinely used. Reasonable measures shall be used to identify patients.
- C. Restraints. (See Section 13, Restraints.)
- D. Documentation Requirements.
  - 1. An assessment of the patient's needs shall be completed by a Registered Nurse on admission.
  - 2. Each assessment shall be coordinated with all health professionals.
  - 3. The interdisciplinary team shall develop a comprehensive care plan based on the patient's identified needs, measurable goals of treatment, methods of intervention and documentation of resolution or continuance. There shall be documentation of the patient and family's participation in the development of the care plan.
  - 4. Verbal/telephone orders shall be reduced to writing and countersigned by the physician.

E. Physical Environment. The requirements in Section 44, Physical Facilities, Patient Accommodations (Adult Medical, Surgical, Communicable or Pulmonary Disease) shall apply to recuperation centers with the following exceptions:

1. The patient dining, recreation and day room(s) may be in separate or adjoining rooms and shall have a total of 35 square feet per patient bed.
2. Patient corridors shall have handrails on both sides of the corridors. A clear distance of one and one-half inches shall be provided between the handrail and the wall. The top of the gripping surface of handrails shall be 32 inches minimum and 36 inches maximum above the finish floor. Ends of handrails and grab bars shall be constructed to prevent snagging the clothes of patients. Exception, special care areas such as those serving children.

F. Health Information Services. Applicable parts of item D. of Section 14, Health Information Services and Section 15, Medical Record Requirements for Outpatient Services, Emergency Room, Observation Services and Psychiatric Records.

G. Nursing Services. A Registered Nurse shall observe each patient at least once per shift and the observations shall be documented in the patient's medical record.



## **SECTION 42: PHYSICAL ENVIRONMENT.**

### **A. Building and Grounds.**

1. The building and equipment shall be maintained in a state of good repair at all times.
2. Facilities and their premises shall be kept clean, neat and free of litter, rubbish.
3. Rooms for gas fired equipment shall not be used for storage except for noncombustible materials.
4. Portable equipment shall be supervised by the department having control of such equipment and shall be stored in areas which are not accessible to patients, visitors or untrained personnel.
5. Exit Access Corridors shall be maintained clear and unobstructed of stationary and non-patient related portable equipment. Stationary or portable non-patient care furnishings or equipment shall not be stored in an Exit Access Corridor. Any portable equipment such as a gurney, wheelchair, linen care, etc. that is not actively used within a 30 minute time period is considered "Stored". The facility's fire plan and training program shall address the relocation of these items during a fire. Exit Access Corridors for Health Care Occupancies are those aisles, corridors and ramps required for exit access that are located outside of a "suite of sleeping rooms" greater than 5,000 sq.ft. or "suite of rooms" greater than 10,000 sq.ft. (area is defined as occupiable net floor space). Encroachments on the width of the means of egress in an Exit Access Corridor by stationary objects or furnishings shall not be allowed. The width of the means of egress in an Exit Access Corridor shall be defined by physical means such as corridor walls, columns, wingwalls or other approved methods. The means of egress may provide both visual and physical barrier design characteristics conducive to establishing a common egress that provides for either a change in floor texture or self-illumination in the dark.  
  
Alternative consideration: the Means of Egress Requirements for Health Care Occupancies of NFPA 101 (or equivalency per Section 43 of these regulations).
6. Each hospital shall develop a written preventive maintenance plan. This plan shall be available to the Department for review at any time. Such plans shall provide for maintenance as recommended by manufacturer, applicable codes or designer.
7. The handwashing stations in visitors' rest rooms and the handwashing stations used by staff personnel shall be equipped with a soap dispenser, and a towel dispenser.
8. A supply of hot water for patient use shall be available at all times. A weekly hot water temperature log shall be maintained.
9. Heating, ventilating and air-conditioning (HVAC) systems shall be operated, and maintained in a manner to provide a comfortable and safe environment for patients, personnel and visitors. An air filter change out log shall be maintained.

### **B. Maintenance and Engineering.**

1. The physical plant and equipment maintenance programs shall be under the direction of a person qualified by training and/or experience and licensed where required.

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17. Laundry workers handling infectious linens shall wear protective equipment, including but not limited to waterproof, puncture-resistant gloves, protective over-clothing and where necessary, face shields or goggles.
18. Facilities which do not have linen services:
  - a. The facility shall determine that all launderable items are processed in a commercial laundry in accordance with standards set forth in this section and shall conduct annual onsite inspections of the commercial laundry and shall require written verification of compliance by the laundry.
  - b. Soiled, wet, and contaminated laundry shall be stored in a designated area until pick up by the commercial laundry.
  - c. A designated clean area shall be provided for receiving clean laundry and shall be separate from the soiled linen area.
  - d. Clean linen shall be packaged and protected from contamination during transportation and storage.
19. Refer to Section 18, Infection Control, for additional requirements.

E. Safety Services.

1. There shall be an effective program to enhance safety within the facility and grounds. The program shall be monitored by a Safety Committee appointed by the Administrator. Committee members may be selected from areas such as Administration, Nursing, Maintenance, Housekeeping, Laboratory, Respiratory Care, Rehabilitation Services, the Medical Staff and others as appropriate.
2. The Safety Committee shall meet a minimum four times per year to fulfill safety objectives. Minutes of each meeting shall be recorded and kept in the facility.
3. The Administrator shall designate a specific individual to carry out policies established by the Committee and to gather data for the Committee to study safety related incidents.
4. Safety policies and procedures shall have evidence of ongoing review and/or revision. The first page of each manual shall have the annual review date, signature of the department supervisor and/or person(s) conducting the review. Safety policies and procedures shall include:
  - a. Facility wide hazard surveillance program;

- b. Response to medical-device recalls and hazard notices;
  - c. Safety education;
  - d. Reporting of all accidents, injuries, and safety hazards;
  - e. External and internal disaster plans;
  - f. Fire safety; and
  - g. Safety devices and operational practices.
5. The orientation program for the facility shall include the importance of general safety, fire safety and the responsibility of each individual to the program.
  6. The Safety Committee shall have the following functions:
    - a. Monitoring the results of the safety program and analyzing the effectiveness of the program annually;
    - b. Monitor fire drills and disaster drills;
    - c. Conclusions, recommendations and actions of the committee shall be reported to the Board at a minimum annually; and
    - d. Ensuring each department or service shall have a safety policy and procedure manual within their own area that is a part of the overall facility safety manual and establishes safety policies and procedures specific to each area.
  7. Fire extinguishers shall be provided in adequate numbers, of the correct type, and shall be properly located and installed. Personnel shall be trained in the proper use of fire extinguishers and equipment. Personnel shall follow procedures in fire containment and evacuating patients in case of fire or explosion. There shall be an annual check of all fire extinguishers by qualified persons in accordance with the applicable sections of the National Fire Protection Association's Standard 10 (NFPA 10). The date the check was made and the initials of the inspector shall be recorded on the fire extinguisher or on a tag attached to the extinguisher.
  8. Any fire or disaster event at the facility shall be reported immediately to the Arkansas Department of Health by telephone 501-661-2201 during regular working hours or to 501-661-2136 after normal working hours, holidays and weekends. If any fire(s) or disaster is not reported to the Department, the facility is subject to a fine, refer to item J. of Section 4, Licensure and Codes.

N. Referenced Publications.

1. General: These regulations include references to other codes and standards. The most current codes and standards adopted at the time of this publication are used. Later issues will normally be acceptable where requirements for function and safety are not reduced; however, editions of different dates may have portions renumbered or re-titled. Care shall be taken to ensure that appropriate sections are used.

2. Publications adopted in whole by these regulations are as listed below:

- a. American National Standards Institute (ANSI) Standard A17.1, "American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Stairs."
- b. American Society of Civil Engineers, (ASCE), "Minimum Design Loads for Buildings and Other Structures."
- c. Arkansas Building Authority, Minimum Standards and Criteria - Accessibility for the Physically Disabled Standards.
- d. National Council on Radiation Protection (NCRP), Report No. 33, "Medical X-ray and Gamma Ray Protection for Energies Up to 10 MeV Equipment Design and Use, 1986."
- e. National Council on Radiation Protection (NCRP), Report No. 49, "Medical X-ray and Gamma Ray Protection for Energies up to 10 MeV Structural Shielding Design and Evaluation, 1976."
- f. National Council on Radiation Protection (NCRP), Radiation Protection Design Guidelines for 0.1pi29100, MeV Particle Accelerator Facilities.
- g. [National Fire Protection Association 101, Life Safety Code, 2000 Edition](#). Note that "Mandatory References" are listed in Chapter 2 of [this document](#).
- h. Rules and Regulations Pertaining to the Management of Regulated Waste from Health Care Related Facilities, Arkansas Department of Health.

3. Publications adopted in part (only the sections specifically identified by these regulations are applicable) by these regulations are as listed below:

- a. American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), "Handbook of Fundamentals" and "Handbook of Applications."

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3. Provisions in Excess of Regulatory Requirements: Nothing in these regulations shall be construed to prohibit a better type building construction, an additional means of egress, or an otherwise safer condition than that specified by the minimum requirements of these regulations.
4. Equivalency:
  - a. Insofar as practical, these minimum standards have been established to obtain a desired performance result. Prescriptive limitations, when given, such as exact minimum dimensions or quantities, describe a condition that is recognized as a practical standard for normal operation.
  - b. It is the intent of these regulations to permit and promote equivalency concepts. Nothing in these regulations shall be construed as restricting innovations that provide an equivalent level of performance with these regulations in a manner other than that which is prescribed by these regulations, provided that no other safety element or system is compromised in order to establish equivalency.
  - c. Health Facility Services may approve alternate methods, procedures, design criteria, and functional variations from these regulations, because of extraordinary circumstances, new programs, new technology, or unusual conditions when the facility can effectively demonstrate that the intent of the regulations is met and that the variation does not reduce the safety or operational effectiveness of the facility below that required by the exact language of the regulations.
  - d. When contemplating equivalency allowances, Health Facility Services may use a variety of expert sources to make equivalency findings. Health Facility Services will document the reasons for approval or denial of equivalency to the facility.
  - e. National Fire Protection Association (NFPA) document 101A is a technical standard for evaluating equivalency to certain Life Safety Code 101 requirements. The Fire Safety Evaluation System (FSES) is a widely recognized method for establishing a safety level equivalent to the Life Safety Code. The use of the FSES process may be useful for evaluating existing facilities that will be affected by renovation.

**SECTION 44: PHYSICAL FACILITIES, PATIENT ACCOMMODATIONS (ADULT MEDICAL, SURGICAL, COMMUNICABLE OR PULMONARY DISEASE).**

NOTE: See other sections of this document for Special-Care area units such as Postanesthesia Care Unit, Critical Care Units, Rehabilitation Units, Pediatric Units, Postpartum Care Units and/or other specialty units.

- A. Patient Rooms. Each patient room shall meet the following requirements.
1. Maximum room capacity shall be two patients.
  2. In new construction, patient rooms shall have a minimum of 100 square feet of clear floor area per bed in semi-private rooms and 120 square feet of clear floor area for single-bed rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules. The dimensions and arrangement of rooms shall be such that there is a minimum of three feet between the sides and foot of the bed and any wall, other fixed obstruction or another bed. In semi-private bed rooms, a clearance of four feet shall be available at the foot of each bed to permit the passage of equipment and beds.  
  
Minor encroachments, including columns and lavatories, that do not interfere with functions may be ignored when determining space requirements for patient rooms. Where renovation work is undertaken, every effort shall be made to meet the above minimum standards.
  3. Each patient room shall have a window with outside exposure and where the operation of windows or vents requires the use of tools or keys, such devices shall be on the same floor and easily accessible to staff. The windowsills shall not be higher than three feet above the floor and shall be above the grade. Patient rooms in new construction intended for 24 hour occupancy shall have windows. If operable windows are installed, such devices shall be permanently secured or restricted to inhibit possible escape or suicide.
  4. Nurse patient communication station shall be provided in accordance with item G of Section 72, Physical Facilities, Electrical Standards.
  5. Handwashing stations shall be provided to serve each patient room. These handwashing stations shall be located in the toilet room.
  6. Each patient shall have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four patient beds and no more than two patient rooms. In new construction, an additional handwashing station or sanitizing station shall be placed in the patient room where the toilet room serves more than one bed. The toilet room shall contain a water closet and a handwashing station and the door shall swing outward or be double acting.

6. Windows shall not be operable without the use of a key or tool controlled by the nursing staff.
- E. Seclusion Rooms. Each hospital shall provide one or more single-bed rooms for patients needing close supervision if suitable psychiatric facilities are not available elsewhere in the community. Such rooms shall comply with the applicable requirements in Section 48, Physical Facilities, Psychiatric Nursing Unit.
- F. Observation Rooms. Patients in observation status may be accommodated within the facility:
1. In private, semi-private or multi-patient rooms. Furniture shall be arranged to provide adequate room for patient care procedures and to prevent the transmission of infection;
  2. Cubicle curtains, privacy screens or an approved equivalent shall be provided for patient privacy in all multi-patient rooms. The utilization of such curtains or screens shall be such that each patient shall have privacy;
  3. Each room or cubicle shall be provided with (a) oxygen; (b) vacuum; and (c) a nurse call button unless direct observation is afforded and maintained;
  4. Hand hygiene facilities shall be available within the area;
  5. Hospital grade furniture shall be provided. Bed rails shall be provided on beds;
  6. For each area in which a patient bed is utilized, a reading light shall be provided for each bed. The location and design shall be such that the light is not annoying to other patients;
  7. Patient toilets shall be provided and accessible to all patients; and
  8. Adequate space shall be provided for medical supplies. (Moved from Section 11)

## **SECTION 48: PHYSICAL FACILITIES, PSYCHIATRIC NURSING UNIT.**

When part of a general hospital, these units shall be designed for the care of inpatients. Non-ambulatory inpatients may be treated in a medical unit until their medical condition allows for transfer to the psychiatric nursing unit. Provisions shall be made in the design for adapting the area for various types of psychiatric therapies.

The environment of the unit should be characterized by a feeling of openness with emphasis on natural light and exterior views. Various functions should be accessible from common areas while not compromising desirable levels of patient privacy. Interior finishes, lighting and furnishings should suggest a residential rather than an institutional setting. These should, however, conform with applicable fire safety codes. Security and safety devices should not be presented in a manner to attract or challenge tampering by patients.

Where glass fragments pose a hazard to certain patients, safety glazing and/or other appropriate security features shall be used.

Details of such facilities should be as described in the approved functional program. Each nursing unit shall provide the following:

- A. Patient Rooms. The patient room requirements noted in Section 44, Physical Accommodations (Adult Medical, Surgical, Communicable or Pulmonary Disease), shall be applied to patient rooms in psychiatric nursing units except as follows:
  1. A nurses' call system is not required; but if it is included, provisions shall be made for easy removal or for covering call button outlets;
  2. Bedpan-flushing devices shall be omitted from patient room toilets;
  3. Handwashing stations are not required in patient rooms;
  4. Visual privacy in multi-bed rooms (e.g., cubicle curtains) is not required;
  5. The ceiling and the air distribution devices, lighting fixtures, sprinkler heads, and other appurtenances shall be of a tamper-resistant type;
  6. Each patient room shall be provided with a private toilet that meets the following requirements:
    - a. The door shall not be lockable from within;
    - b. The door shall be capable of swinging outward; and



- c. The ceiling shall be of tamper-resistant construction and the air distribution devices, lighting fixtures, sprinkler heads and other appurtenances shall be of the tamper-resistant type.
  - 7. Patient rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, shall be at least 100 square feet for single-bed rooms and 80 square feet per bed for multiple-beds rooms. The dimensions and room arrangement criteria of Section 44 does not apply.
- B. Service Areas. The standards noted in Section 44, Physical Accommodations (Adult Medical, Surgical, Communicable or Pulmonary Disease), shall apply to services areas for psychiatric nursing units with the following modifications:
  - 1. A secured storage area shall be provided for patients' belongings that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters); this area shall be controlled by staff;
  - 2. Medication station shall include provisions for security against unauthorized access;
  - 3. Food service within the unit may be one, or a combination, of the following:
    - a. A nourishment station;
    - b. A kitchenette designed for patient use with staff control of heating and cooking devices; and
    - c. A kitchen service within the unit including a handwashing station, storage space, refrigerator and facilities for meal preparation.
  - 4. Storage space for stretchers and wheelchairs may be outside the psychiatric unit, provided that provisions are made for convenient access as needed for disabled patients;
  - 5. In psychiatric nursing units, a bathtub or shower shall be provided for each six beds not otherwise served by bathing facilities within the patient rooms. Bathing facilities shall be designed and located for patient convenience and privacy;
  - 6. A separate charting area shall be provided with provisions for acoustical privacy. A viewing window to permit observation of patient areas by the charting nurse or physician may be used if the arrangement is such that patient files cannot be read from outside the charting space;
  - 7. At least two separate social spaces, one appropriate for noisy activities and one for quiet activities shall be provided. The combined area shall be a minimum of 40 square feet per patient with a minimum of 120 square feet for each of the two spaces. This space may be shared by dining activities;

## (Physical Facilities, Surgical Facilities)

Additional clear space may be required by the functional program to accommodate special functions in one or more of these rooms. An emergency communications system shall connect with the Surgical Suite control station. Facilities for the disposal of liquid wastes shall be provided. If a floor drain is installed to provide for the disposal of liquid wastes, it shall be completely insulated from ground by means of an insulating type floor drain and nonconductive waste connections. The drain shall also be provided with a flushing device. X-ray viewing capability to accommodate at least four films simultaneously shall be provided. In renovation projects, every effort shall be made to meet the clear floor space requirements indicated above for construction. In no event shall clear floor space be less than 250 square feet.

## D. Endoscopy

The endoscopy suite may be divided into three major functional areas: the procedure room(s), instrument processing room(s), and patient holding/preparation and recovery room or area.

NOTE: When invasive procedures are to be performed in this unit on persons who are known or suspected of having airborne infectious diseases, these procedures should not be performed in the operating suite. These procedures shall be performed in a room meeting airborne infections isolation ventilation requirements or in a space using local exhaust ventilation.

1. Procedures Room(s)
  - a. Each procedure room shall have a minimum clear area of 200 square feet (15.58 square meters) exclusive of fixed cabinets and built-in shelves.
  - b. A freestanding handwashing fixture with handsfree controls shall be available in the suite.
  - c. Refer to Table 11 for medical gas station outlets.
  - d. Floor covering shall be monolithic and joint free.
  - e. A system for emergency communication shall be provided.
  - f. Procedure rooms shall be designed for visual and acoustical privacy for the patient.
2. Instrument Processing Room(s)

12. Equipment storage room(s) for equipment and supplies used in the Surgical Suite. Each surgical suite shall provide sufficient storage area to keep the exit access corridor free of equipment and supplies, but not less than 150 square feet or 50 square feet per OR, whichever is greater.
13. Staff Dressing Room. Appropriate room(s) shall be provided for males and females working within the Surgical Suite. The room(s) shall contain lockers, showers, toilets, lavatories equipped for handwashing, and space for donning scrub suits and boots. These room(s) shall be arranged to provide a one-way traffic pattern so personnel entering from outside the Surgical Suite can change, shower, gown, and move directly into the Surgical Suite.
14. Stretcher storage area out of direct line of traffic.
15. Staff lounge and toilet facilities. Separate or combined lounges for males and females shall be provided. Lounge(s) shall be located to permit use without leaving the Surgical Suite and to provide convenient access to the Recovery Room.
16. Dictation and report preparation area. This may be accessible from the lounge area.
17. Phase II recovery. Where outpatient surgeries are to be part of the surgical suite, and where outpatients receive Class B or Class C sedation, a second Phase II or step-down recovery room shall be provided. The room shall contain handwashing stations, a nurse station with charting facilities, clinical sink, provision for bedpan cleaning, and storage space for supplies and equipment. In addition, the design shall provide a minimum of 50 square feet for each patient in a lounge chair with space for additional equipment described in the functional program and for clearance of 4 feet between the sides of the lounge chairs and the foot of the lounge chairs. Provisions shall be made for the isolation of infectious patients. Provisions for patient privacy such as cubicle curtains shall be made. In new construction, at least one door shall access the PACU without crossing unrestricted corridors of the hospital. A patient toilet shall be provided with direct access to the Phase II recovery unit for the exclusive use of patients. A staff toilet shall be provided with direct access to the working area to maintain staff availability to patients. Handwashing stations with hands-free operable controls shall be available with at least one for every four lounge chairs uniformly distributed to provide equal access from each patient bed.
18. Change areas for outpatients and same-day admissions. If the functional program defines outpatient surgery as part of the surgical suite, a separate area shall be provided where outpatients may change from street clothing into hospital gowns and be prepared for surgery. This would include a waiting room, locker(s), toilet(s), and clothing change or gowning area. Changing may also be accommodated in a private holding room or cubicle.

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(Section 51 Physical Facilities, Emergency Suite)

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17. Clean workroom or clean supply room. A clean work room is required if clean materials are assembled within the emergency suite prior to use. It shall contain a work counter, a handwashing fixture, and storage facilities for clean and sterile supplies. If the room is used only for storage and holding as part of a system for distribution of clean and sterile supply materials, the work counter and handwashing fixtures may be omitted. Soiled and clean workrooms or holding rooms shall be separated and have no direct connection.
18. Nurses' Station(s). Facilities for charting, clinical records, work counter, communication system, space for supplies and convenient access to handwashing stations shall be provided. Visual observation of all traffic into the suite, where feasible.
19. Securable closets or cabinet compartments for personnel.
20. Staff Lounge. Convenient and private access to staff toilets, lounge, and lockers shall be provided.
21. Housekeeping room. A housekeeping room shall be directly accessible from the unit and shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment.
22. Security station. A security system should be located near the emergency entrances and triage/reception area. The non-selective 24-hour accessibility of the emergency dictates that a security system reflecting local community needs be provided.
23. At least one airborne infection isolation room shall be provided. The need for additional airborne infection isolation rooms or for protective environment room shall be as determined by the Infection Control Risk Assessment. See Section 44.C for requirements.
24. Bereavement Room shall be located within or adjacent to the emergency suite. A telephone shall be provided.
25. Secured holding room in accordance with the functional program. At least one holding/seclusion room of 80 square feet shall be provided. This room shall allow for security, patient and staff safety, patient observations, and soundproofing.
26. Decontamination area. A decontamination area shall be provided. The functional program shall define the location of the area and the types of exposure (i.e., nuclear, biological, chemical) to be considered. The location of the area shall be permitted to be on the exterior perimeter of the facility adjacent to the ambulance entrance or built within the walls of the facility.

(Section 52, Physical Facilities, Imaging Suite)

2. The control room shall be located to allow convenient film processing.
  3. A patient toilet room shall be convenient to the procedure room, and if directly accessible to the scan room, arranged so that a patient may leave the toilet without having to reenter the scan room.
- D. Diagnostic X-ray (e.g., Tomography, Radiography/Fluoroscopy Rooms, Mammography). Radiology rooms shall be of a size to accommodate the functional program. Each X-ray room shall include a shielded control alcove. This area shall be provided with a view window designed to provide full view of the examination table and the patient at all times, including full view of the patient when the table is in the tilt position or the chest X-ray is being utilized. For mammography machines with built-in shielding for the operator, the alcove may be omitted when approved by the certified physicist or state radiation protection agency.
- E. Magnetic Resonance Imaging (MRI).
1. Space shall be provided as required by the functional program.
  2. A control room shall be provided with full view of the MRI.
  3. A computer room shall be provided.
  4. A patient holding area should be located near the MRI unit.
  5. Cryogen venting shall comply with manufacturer's recommendations.
- F. Ultrasound.
1. Space shall be provided as required by the functional program.
  2. A patient toilet room, accessible from the procedure room, shall be provided.
- G. Support Spaces. The following spaces are common to the imaging department and are minimum requirements unless stated otherwise.
1. Patient Waiting Area. The area shall have a seating capacity in accordance with the functional program.
  2. Control Desk and Reception Area.

(Physical Facilities, Dietary Facilities)

- I. Area for Receiving, Scraping and Sorting Soiled Tableware. Area shall be adjacent to ware washing and separate from food preparation areas. A handwashing fixture shall be conveniently available;
- J. Dishwashing Space. An area shall be located in a room separate from food preparation and serving areas. Commercial-type dishwashing equipment shall be provided. Clean and soiled dish areas shall be separated with an opening in the partition between the clean and soiled dish area large enough for the dishwasher and ventilation area. The dish area may be either a separate room or a portion of the kitchen. A lavatory shall be conveniently available. The soiled dish area shall be so located as to prevent soiled dishes from being carried through the food preparation area;
- K. Ware Washing Facilities. They shall be designed to prevent contamination of clean wares with soiled wares through cross-traffic. The clean wares should be transferred for storage or use in the dining area without having to pass through food preparation areas.
- L. Pot Washing Facilities including multi-compartmented sinks of adequate size for intended use shall be provided convenient to using service. Supplemental heat for hot water to clean pots and pans may be by booster heater or by steam jet.
- M. Waste storage room. A food waste storage room shall be conveniently located to the food preparation and ware washing areas but not within the food preparation area. It shall have direct access to the hospital's waste collection and disposal facilities.
- N. Storage Rooms and Areas. A room for cans, carts, mobile tray conveyors, and cleaning and sanitizing carts shall be provided. There shall be a separate storage room for the storage of non-food items that might contaminate edibles (i.e., cleaning supplies). A separate space or room for the storage of cooking wares, extra trays, flatware, plastic and paper products, and portable equipment is required.
- O. Toilets and Locker Spaces. Lockers, if provided in the dietary facility, shall be for the exclusive use of the dietary staff. Toilets and lockers shall not open directly into the food preparation areas, but shall be in close proximity to them.
- P. Office(s). Dietary service manager/supervisor offices shall be conveniently located for visual control of receiving area and food preparation areas.
- Q. Environmental Closet. A closet shall be provided for the exclusive use of the dietary department to contain a floor sink and space for mops, pails, and supplies. Where hot water or steam is used for general cleaning, additional space within the room shall be provided for the storage of hoses and nozzles.

**SECTION 61: PHYSICAL FACILITIES, HEALTH INFORMATION UNIT.**

The following rooms and areas shall be provided:

- A. Health Information Director's office or space;
- B. Review and dictating room(s) or spaces;
- C. Work area for sorting, recording, or microfilming records;
- D. Medical record storage, (Refer to Section 61(A)(26); and
- E. Rooms for patient medical records and archived patient medical records that remain onsite shall be kept in a one hour fire rated enclosure or protected by a sprinkler system; protected by a security system and a smoke detection system. Circulating records at the nurses' station or in active working areas are excluded from this requirement. The records shall be protected against undue destruction from dust, vermin, water, etc.

**SECTION 66: PHYSICAL FACILITIES, ENGINEERING SERVICE AND EQUIPMENT AREAS.**

Space shall be included in all mechanical and electrical equipment rooms for proper maintenance of equipment. Provisions shall also be made to provide for equipment removal and replacement. The following shall be provided:

- A. Boilers, mechanical equipment, and electrical equipment shall be located in ventilated rooms or buildings except as noted below:
  - 1. Rooftop air conditioning and ventilation equipment installed in weatherproof housings;
  - 2. Standby generators where the engine and appropriate accessories (i.e., batteries) are properly heated and enclosed in a weatherproof housing as recommended by the manufacturer;
  - 3. Cooling towers and other heat rejection equipment;
  - 4. Electrical transformers and switchgear where required to serve the facility and where installed in a weatherproof housing;
  - 5. Medical gas parks and equipment;
  - 6. Air cooled chillers where installed in a weatherproof housing;
  - 7. Waste processing equipment. Site lighting, post indicator valves, and other equipment normally installed on the exterior of the building;
  - 8. Site lighting, post indicator valves, and other equipment normally installed on the exterior of the building; and
  - 9. Exhaust fans.
- B. Engineer's office with file space and provisions for secured storage of facility drawings, records, manuals, etc. The engineer's office shall be a separate and distinct space dedicated for the purpose.
- C. General maintenance shop(s) for repair and maintenance as required by the functional program;
- D. Storage room for building maintenance supplies. Storage for solvents and flammable liquids shall comply with applicable NFPA codes;



## **SECTION 68: PHYSICAL FACILITIES, DETAILS AND FINISHES.**

All details for alteration or expansion projects as well as for new construction shall comply with the following.

A. Details.

1. Compartmentation, exits, automatic extinguishing systems, and other details relating to fire prevention and fire protection shall comply with requirements listed in the NFPA referenced codes and be shown on the Fire Protection Plan. The Fire Safety Evaluation System (FSES) is an acceptable means of determining Life Safety Code compliance.
2. Minimum corridor width shall be eight feet clear without projections. Increased width shall be provided at elevator lobbies and other places where conditions may demand more clearance. All service or administrative corridors shall not be less than 44 inches in width. Doors to patient rooms shall be a minimum door size of three feet eight inches wide and seven feet high to provide clearance for movement of beds and other equipment. Alternatively NFPA 101 shall be deemed to meet requirements.
3. Items such as drinking fountains, telephone booths, and vending machines shall be located so as not to project into exit access corridors. Incidental items shall be determined by the licensing agency.
4. Rooms containing bathtubs, sitz baths, showers, and water closets, subject to occupancy by patients, shall be equipped with doors and hardware which shall permit access from the outside in any emergency.
5. All doors between corridors, rooms, or spaces subject to occupancy, except elevator doors, shall be of the swing type. Openings to showers, baths, patient toilets, ICU patient compartments with the break away feature, and other such areas not leading to fire exits shall be exempt from this standard.
6. All patients room doors located on exit access corridors shall have positive latching hardware.
7. Doors to patients' toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of 36 inches for new facilities. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

8. Windows shall be designed so that persons cannot accidentally fall out of them when they are open or shall be provided with security screens. Operation of windows shall be restricted to inhibit possible escape or suicide. Where the operation of windows or vents require the use of tools or keys, tools or keys shall be on the same floor and easily accessible to staff.
9. Glass doors, lights, sidelights, borrowed lights, and windows located within 12 inches of a door jamb (with a bottom frame height of less than 60 inches above the finished floor) shall be constructed of safety glass, wired glass, or plastic, break resistant material that creates no dangerous cutting edges when broken. Similar materials shall be used for wall openings in active areas such as recreation rooms and exercise rooms, unless otherwise required for fire safety. Safety glass-tempered or plastic glazing materials shall be used for shower doors and bath enclosures. Plastic and similar materials used for glazing shall comply with the flame-spread ratings of NFPA 101. Safety glass or plastic glazing materials, as noted above, shall also be used for interior windows and doors, including those in pediatric and psychiatric unit corridors. In renovation projects, only glazing within 18 inches of the floor shall be changed to safety glass, wire glass, or plastic, break-resistant material. NFPA 101 contains additional requirements for glazing in exit corridors, etc., especially in buildings without sprinkler systems.
10. Where labeled fire doors are required, these shall be certified by an independent test laboratory as meeting the construction requirements equal to those for fire in NFPA Standard 80. Reference to a labeled door shall be construed to include labeled frame and hardware.
11. Trash chutes shall be in accordance with NFPA standard 82. In addition, linen and refuse chutes shall meet or exceed the following requirements:
  - a. Service openings to chutes shall not be located in corridors or passageways but shall be located in a room which complies with NFPA 101;
  - b. Service openings to chutes shall have approved self-closing Class B one and one-half hour labeled fire doors;
  - c. Minimum cross-sectional dimensions of gravity chutes shall not be less than two feet;

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- d. Chutes shall discharge directly into collection rooms separate from incinerator, laundry, or other services. Separate collection rooms shall be provided for trash and for linen. Chute discharge into collection rooms shall comply with NFPA 101; and
  - e. Gravity chutes shall extend through the roof with provisions for continuous ventilation as well as for fire and smoke ventilation. Openings for fire and smoke ventilation shall have an effective area of not less than that of the chute cross-section and shall be not less than four feet above the roof and not less than six feet clear of other vertical surfaces. Fire and smoke ventilating openings may be covered with single strength sheet glass.
- 12 Dumbwaiters, conveyors, and material handling systems shall comply with NFPA 101.
- 13 Thresholds and expansion joint covers shall be installed flush with the floor surface to facilitate use of wheelchairs and carts. Expansion and seismic joints shall be constructed to restrict the passage of smoke.
- 14 Grab bars shall be provided in all patients' toilets, showers, tubs, and sitz baths. The bars shall have one and one-half inch clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds.
15. Soap dishes, soap dispensers and/or other devices shall be provided at showers, bath tubs, and all handwashing stations except scrub sinks.
- 16 Location and arrangement of handwashing stations shall permit proper use and operation. All sinks, except public toilets, janitor closets, and sinks used by patients only, shall have foot, knee, or wrist blade faucets. Particular care shall be given to the clearances required for blade-type operating handles.
17. Mirrors shall not be installed at handwashing fixtures in food preparation areas, nurseries, clean and sterile supply areas, scrub sinks, or other areas where asepsis is essential. Provisions for hand drying shall be included at all handwashing stations except scrub sinks. Paper units shall be enclosed to protect against dust or soil and to insure single unit dispensing.
18. Lavatories and handwashing stations shall be securely anchored to withstand an applied downward vertical load of not less than 250 pounds on the front of the fixture.
19. Radiation protection requirements of X-ray and gamma ray installations shall conform with Rules and Regulations for Control of Sources of Ionizing Radiation, Arkansas Department of Health.

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20. The minimum ceiling height shall be seven feet ten inches with the following exceptions:
  - a. Boiler rooms shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.
  - b. Ceilings in radiographic, operating and delivery rooms, and other rooms containing ceiling-mounted equipment or ceiling-mounted surgical light fixtures shall be of sufficient height to accommodate the equipment or fixtures and their normal movement.
  - c. Ceilings in corridors, storage rooms, and toilet rooms shall be not less than seven feet eight inches in height. Ceiling heights in small, normally unoccupied spaces may be reduced.
  - f. Seclusion treatment rooms shall have a minimum ceiling height of nine feet.
21. Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over patient bed area, delivery or operating suites, unless special provisions are made to minimize such noise.
22. Rooms containing heat-producing equipment (such as boiler or heater rooms and laundries) shall be insulated and ventilated to prevent any floor or partition surface from exceeding a temperature of 10°Fahrenheit above ambient room temperature.
23. Noise reduction criteria shown in Table 2 of the Appendix shall apply to partition, floor, and ceiling construction in patient areas. (Careful attention shall be given to penetrations.)
24. Approved fire extinguishers shall be provided in locations throughout the building in accordance with NFPA Standard No. 10. Extinguishers located in exit corridors shall be recessed.

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25. Offsite buildings or freestanding buildings used for storage of archived patient medical records shall be built of noncombustible materials and provide security and smoke detection systems for the records. Records shall be arranged in an accessible manner and stored at least six inches above the floor. Records shall be protected against undue destruction from dust, vermin, water, etc. X-ray film storage are not required to meet the above requirements.
  26. Light fixtures shall be provided with protective covers in food preparation, serving areas, and patient care and treatment spaces. Protective light fixture covers are not required in corridors.
  27. Minimum distance between patient room windows and adjacent structures shall be 30 feet (new construction only).
  28. A panic bar releasing device shall be provided for all required exit doors subject to patient traffic (new construction only).
  29. Doors in smoke barrier partitions shall comply with NFPA 101.
  30. Fire rated roof-ceiling assemblies shall be listed with a nationally recognized laboratory.
  31. Mechanical smoke door coordinators shall not be used. Adjustable hydraulic closures or the full length header type shall be used.
  32. Corridor partitions, smokestop partitions, horizontal exit partitions, exit enclosures, and fire rated walls required to have protected openings shall be effectively and permanently identified with signs or stenciling in a manner acceptable to the Health Facility Services. Such identification shall be above any decorative ceiling and in concealed spaces.
- B. Finishes.
1. Cubicle curtains and draperies shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA Standard 701 and the requirements of NFPA 13 when applicable.
  2. Flame spread, fuel contributed, smoke density, and critical radiant flux of finishes shall comply with NFPA 101.

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(Section 70: Physical Facilities, Mechanical Requirements)

23. An audible and visual alarm shall activate in the sterilizer work area, and a 24 hour staffed location, upon loss of airflow in the exhaust system.
24. Rooms with fuel-fired equipment shall be provided with sufficient outdoor air to maintain equipment combustion rates.
25. Gravity exhaust may be used, where conditions permit, for non-patient areas such as boiler rooms, central storage, etc.
26. The energy-saving potential of variable air volume systems is recognized and these standard herein are intended to maximize appropriate use of that system. Any system utilized for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas.
27. Special consideration shall be given to the type of heating and cooling units, ventilation outlets, and appurtenances installed in patient-occupied areas of psychiatric units. The following shall apply:
  - a. All air grilles and diffusers shall be of a type that prohibits the insertion of foreign objects. All exposed fasteners shall be tamper-resistant.
  - b. All convector or HVAC enclosures exposed in the room shall be constructed with round corners and shall have enclosures fastened with tamper-resistant screws.
  - c. HVAC equipment shall be of a type that minimizes the need for maintenance with the room.
28. Rooms or booths used for sputum induction, aerosolized pentamidine treatments, and other high-risk cough-inducing procedures shall be provided with local exhaust ventilation. See Table 4 of the Appendix for ventilation requirements.
29. Non-central air handling systems, i.e., individual room units that are used for heating and cooling purposes (fan-coil units, heat pump units, etc.) in areas permitted by Table 4 to utilize air recirculated by means of a room unit shall be equipped with permanent (cleanable) or replaceable filters. The filters shall have a minimum efficiency of 68 percent weight arrestance. These units may be used as recirculating units only. All outdoor air requirements shall be met by a separate central air handling system with the proper filtration, as noted in Table 1 of the Appendix.
30. For special needs pharmacy work area and equipment requirements refer to Laws and Regulations - Arkansas State Board of Pharmacy.

## **SECTION 72: PHYSICAL ENVIRONMENT, ELECTRICAL STANDARDS.**

### **A. General.**

1. All electrical material and equipment, including conductors, controls, and signaling devices, shall be installed in compliance with and maintained per applicable sections of NFPA 70 and NFPA 99 and shall be listed as complying with available standards of listing agencies, or other similar established standards where such standards are required. Maintenance and testing of receptacles in patient care areas shall be performed at initial installation, replacement or servicing of devices. Records shall be maintained of all tests, rooms or areas tested, with itemized pass/fail indicators.
2. The electrical installations, including alarm, nurse call, and communication systems, shall be tested to demonstrate that equipment installation and operation is appropriate and functional. A written record of performance tests on special electrical systems and equipment shall demonstrate compliance with applicable codes and standards.
3. Shielded isolation transformers, voltage regulators, filters, surge suppressors, and other safeguards shall be provided as required where power line disturbances are likely to affect data processing and/or automated laboratory or diagnostic equipment.

B. Main switchboards shall be located in an area separate from plumbing and mechanical equipment and shall be accessible to authorized persons only. Switchboards shall be convenient for use, readily accessible for maintenance, away from traffic lanes, and located in dry, ventilated spaces free of corrosive or explosive fumes, gases, or any flammable material. Overload protective devices shall operate properly in ambient room temperatures.

### **C. Lighting.**

1. The Illuminating Engineering Society of North America (IES) has developed recommended lighting levels for health care facilities. The reader should refer to the IES Handbook.
2. Approaches to buildings and parking lots, and all occupied spaces within buildings shall have fixtures that can be illuminated as necessary.
3. Patient rooms shall have general lighting and night lighting. A reading light shall be provided for each patient. Reading light controls shall be readily accessible to the patient(s). Incandescent and halogen light sources which produce heat shall be avoided to prevent burns to the patient and/or bed linen. The light source should be covered by a diffuser or lens. Flexible light arms, if used, shall be mechanically controlled to prevent the lamp from contacting the bed linen. At least one night light fixture in each patient room shall be controlled at the room entrance. Lighting for coronary and intensive care bed areas shall permit staff observation of the patient while minimizing glare.

4. Operating and delivery rooms shall have general lighting in addition to special lighting units provided at surgical and obstetrical tables. General lighting and special lighting shall be on separate circuits.
5. Nursing unit corridors shall have general illumination with provisions for reducing light levels at night.
6. Light intensity for staff and patient needs should generally comply with health care guidelines set forth in the IES publication. Consideration should be given to controlling intensity and/or wavelength to prevent harm to the patient's eyes (i.e., retina damage to premature infants and cataracts due to ultraviolet light). Many procedures are available to satisfy lighting requirements, but the design should consider light quality as well as quantity for effectiveness and efficiency.
7. An examination light shall be provided for examination, treatment, and trauma rooms.
8. Light intensity of required emergency lighting shall follow IES guidelines. Egress and exit lighting shall comply with NFPA 101.

D. Receptacles.

1. Each operating and delivery room shall have at least six receptacles convenient to the head of the procedure table. Each operating room shall have at least 16 simplex or eight duplex receptacles. Where mobile X-ray, laser, or other equipment requiring special electrical configurations is used, additional receptacles distinctively marked for X-ray or laser use shall be provided.
2. Each patient room shall have duplex-grounded receptacles. There shall be one at each side of the head of each bed; one for television, if used; and one on every other wall. Receptacles may be omitted from exterior walls where construction or room configuration makes installation impractical. Nurseries shall have at least two duplex-grounded receptacles for each bassinet. Outlets for general care areas and critical care areas shall be provided for as defined by NFPA 99 and NFPA 70.
3. Duplex-grounded receptacles for general use shall be installed approximately 50 feet apart in all corridors and within 25 feet of corridor ends. Receptacles in pediatric and psychiatric unit corridors shall be of the tamper resistant type. Special receptacles marked for X-ray use shall be installed in corridors of patient areas so that mobile equipment may be used anywhere within a patient room using a cord length of 50 feet or less. If the same mobile X-ray unit is used in operating rooms and in nursing areas, receptacles for X-ray use shall permit the use of one plug in all locations. Where capacitive discharge or battery-powered X-ray units are used, special X-ray receptacles are not required.

4. Electrical receptacle cover plates or electrical receptacles supplied from the emergency systems shall be distinctively colored or marked for identification. If color is used for identification purposes, the same color shall be used throughout the facility.



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5. For renal dialysis units, two duplex receptacles shall be on each side of a patient bed or lounge chair. One duplex receptacle on each side of the bed shall be connected to emergency power.

### E. Equipment.

1. At inhalation anesthetizing locations, all electrical equipment and devices, receptacles, and wiring shall comply with applicable sections of NFPA 99 and NFPA 70.
2. Fixed and mobile X-ray equipment installations shall conform to articles 517 and 660 of NFPA 70.
3. The X-ray film illuminator unit or units for displaying at least two films simultaneously shall be installed in each operating room, specified emergency treatment rooms, and X-ray viewing room of the radiology department. All illuminator units within one space or room shall have lighting of uniform intensity and color value.
4. Ground-fault circuit interrupters (GFCI) shall comply with NFPA 70. When ground-fault circuit interrupters are used in critical areas, provisions shall be made to ensure the other essential equipment is not affected by activation of one interrupter.
5. In areas such as critical care units and special nurseries where a patient may be treated with an internal probe or catheter connected to the heart, the ground system shall comply with applicable sections of NFPA 99 and NFPA 70.

### F. Nurse/Patient Communication Station.

1. In patient areas, each patient room shall be served by at least one nurse/patient communication station for two way voice communication. All primary nurse call systems shall be of the electrical/electronic nature. The signal shall activate an annunciator panel at the nurse station, a visible signal in the corridor at the patient's door, and at other areas defined by the functional program. Each bed shall be provided with a call device. Two call devices serving adjacent beds may be served on one calling station. Calls shall activate a visible signal in the corridor at the patient's door, in the clean workroom, in the soiled workroom, medication, charting, nourishment, and examination/treatment room(s) and at the nurses' station. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more nurse/patient communication stations, indicating lights shall be provided at each station. Nurse/patient communication stations at each calling station shall be equipped with an indicating light which remains lighted as long as the voice circuit is operating.

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2. An emergency call system shall be provided at each inpatient toilet, bath and shower room. An emergency call shall be accessible to a collapsed patient on the floor. Inclusion of a pull cord within four to six inches from the floor will satisfy this standard. The emergency call shall be designed so that a signal activated at a patient's calling station will initiate a visible and audible signal distinct from the regular nurse/patient communication station that can be turned off only at the patient calling station.

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The signal shall activate an annunciator panel at the nurse station, a visible signal in the corridor at the patient's door, and at other areas defined by the functional program. Provisions for emergency calls will also be provided in outpatient and treatment areas where patients are subject to incapacitation.

3. In areas such as critical care, recovery and pre-op, where patients are under constant visual surveillance, the nurse/patient communication call may be limited to a bedside button or station that activates a signal readily seen at the control station.
  4. A staff emergency assistance system for staff to summon additional assistance shall be provided in each operating, delivery, recovery, emergency examination and/or treatment area, and in critical care units, nurseries, special procedure rooms, cardiac catheterization rooms, stress-test areas, triage, outpatient surgery admission and discharge areas, and areas for psychiatric patients including seclusion and security rooms, anterooms and toilet rooms serving them, communal toilet and bathing facility rooms, and dining, activity, therapy, exam and treatment rooms. This system shall annunciate audibly or visually in the clean work room, in the soiled work room, medication, charting, nourishment, and examination/treatment room(s) if provided and at the administrative center of the nursing unit with back up to another staffed area from which assistance can be summoned.
  5. A nurse/patient communication station is not required in psychiatric nursing units, but if it is included, provisions shall be made for easy removal, or for covering call button outlets. In psychiatric nursing units all hardware shall have tamper-resistant fasteners.
- G. Emergency power shall be provided in accordance with NFPA 99, NFPA 101, and NFPA 110.
- H. Emergency electrical generators shall have a minimum 48 hours of on-site fuel.
- I. All health care occupancies shall be provided with a fire alarm system in accordance with NFPA 101 and NFPA 72.
- J. Telecommunications and Information Systems.
1. Locations for terminating telecommunications and information system devices shall be provided.
  2. A room shall be provided for telecommunications and information systems. Special air conditioning and voltage regulations shall be provided when recommended by the manufacturer.

19. Environmental Services, Safety Services, Physical Environment. See Section 43, Physical Facilities.
20. Staff Facilities. See Section 66, Physical Facilities, Engineering Service and Equipment Areas.
21. Waste Processing Services. See Section 67, Physical Facilities, Waste Processing Services.
22. Social Spaces/Group Therapy. See Rules and Regulations for Hospitals and Related Institutions in Arkansas, Section, Physical Facilities for Psychiatric Hospitals – F.3 Service Areas
23. Details shall comply with the following standards:
  - a. Minimum patient corridor width shall be five feet. Staff only corridors may be 44 inches wide.
  - b. Each building shall have two exits that are remote from each other. Other details relating to exits and fire safety shall comply with NFPA 101 and the standards outlined herein.
  - c. Items such as drinking fountains, telephone booths, vending machines, etc., shall not restrict corridor traffic or reduce corridor width below the minimum. Out of traffic storage space for portable equipment shall be provided.
  - d. The minimum nominal door width for patient use shall be three feet. If the outpatient facility services hospital inpatients, the minimum nominal width of doors to rooms used by hospital inpatients transported in beds shall be three feet eight inches.
  - e. Doors, sidelights, borrowed lights, and windows glazed to within 18 inches of the floor shall be constructed with safety glass, wired glass, or similar materials. Glazing materials used for shower doors and bath enclosures shall be safety glass or plastic.
  - f. Threshold and expansion joints covers shall be flush with the floor surface.
  - g. Handwashing stations shall be located and arranged to permit proper use and operation.
  - h. Provisions for hand drying shall be included at all handwashing stations.
  - i. Radiation protection for X-ray and gamma ray installations shall be in accordance with the rules and regulations of the Arkansas Department of Health.
  - j. The minimum ceiling height shall be seven feet eight inches.

(Appendix Table 4, footnote 1) Agency # 007.05

(Appendix Table 4, notes )

1. Design of the ventilation system shall provide air movement which is generally from clean to less clean areas. If any form of variable air volume or load shedding system is used for energy conservation, it shall not compromise the corridor-to-room pressure balancing relationships or the minimum air changes required by the table. Where the air movement relationship is "In"(negative) or "Out"(positive), the air movement relationship shall not be reversible. Rooms with reversible airflow provision for the purpose of switching between "In" and "Out" are not acceptable.
2. To satisfy exhaust needs, replacement air from the outside is necessary. Table 4 does not attempt to describe specific amounts of outside air to be supplied to individual spaces except for certain areas such as those listed. Distribution of the outside air, added to the system to balance required exhaust, shall be as required by good engineering practice. Minimum outside air quantities shall remain constant while the system is in operation.
3. Number of air changes may be reduced when the room is unoccupied if provisions are made to ensure that the number of air changes indicated is reestablished any time the space is being utilized. Adjustments shall include provisions so that the direction of air movement shall remain the same when the number of air changes is reduced. Areas not indicated as having continuous directional control may have ventilation systems shut down when space is unoccupied and ventilation is not otherwise needed, if the maximum infiltration or exfiltration permitted in Note 2 is not exceeded and if adjacent pressure balancing relationships are not compromised. Air quantity calculations shall account for filter loading such that the indicated air change rates are provided up until the time of filter change-out.
4. Air change requirements indicated are minimum values. Higher values should be used when required to maintain indicated room conditions (temperature and humidity), based on the cooling load of the space (lights, equipment, people, exterior walls and windows, etc.).
5. Air from areas with contamination and/or odor problems shall be exhausted to the outside and not recirculated to other areas. Note that individual circumstances may require special consideration for air exhaust to the outside, e.g., in intensive care units in which patients with pulmonary infection are treated, and rooms for burn patients.
6. Recirculating room HVAC units refers to those local units that are used primarily for heating and cooling of air, and not disinfection of air. Because of cleaning difficulty and potential for buildup of contamination, recirculating room units shall not be used in areas marked "No." However, for airborne infection control, air may be recirculated within Individual isolation rooms if HEPA filters are used. Isolation and intensive care unit rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. Gravity-type heating or cooling units such as radiators or convectors shall not be used in operating rooms and other special care areas. See Appendix A for a description of recirculation units to be used in isolation rooms.
7. National Institute for Occupational Safety and Health (NIOSH) Criteria Documents regarding Occupational Exposure to Waste Anesthetic Gases and Vapors, and Control of Occupational Exposure to Nitrous Oxide indicate a need for both local exhaust (scavenging) systems and general ventilation of the areas in which the respective gases are utilized.
8. Differential pressure shall be a minimum of 0.01" water gauge (2.5 Pa). If alarms are installed, allowances shall be made to prevent nuisance alarms of monitoring devices.
9. The term trauma room as used here is the operating room space in the emergency department or other trauma reception area that is used for emergency surgery. The first aid room and/or "emergency room" used for initial treatment of accident victims may be ventilated as noted for the "treatment room." Treatment rooms used for Bronchoscopy shall be treated as Bronchoscopy rooms. Treatment rooms used for cryosurgery procedures with nitrous oxide shall contain provisions for exhausting waste gases.
10. In a ventilation system that recirculates air, HEPA filters can be used in lieu of exhausting the air from these spaces to the outside. In this application, the return air shall be passed through the HEPA filters before it is introduced into any other spaces.

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- 11. If it is not practical to exhaust the air from the airborne infection isolation room to the outside, the air may be returned through HEPA filters to the air-handling system exclusively serving the isolation room.
- 12. Total air changes per room for patient rooms, labor/delivery/recovery rooms, and labor/delivery/recovery/postpartum rooms may be reduced to 4 when supplemental heating and/or cooling systems (radiant heating and cooling, baseboard heating, etc.) are used.

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**TABLE 5**  
**Final Occupancy Inspection Check List**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Facility: \_\_\_\_\_ Job: \_\_\_\_\_

General Contractor: \_\_\_\_\_

The following items shall be located at the site and copies furnished to Health Facilities Services (HFS) prior to the final inspection and approval for occupancy of the project area(s). These items are in no specific order. Some items may not apply in every case.

Item	Yes	No	Comments
1. Architect/Engineer=s Certification of Substantial Completion?			
2. Interior finishes - smoke development and fire spread rating information?			
3. Fire Protection Systems- Portable fire extinguishers are inspected and tagged, and shop drawings for standpipe/sprinkler systems are available?			
4. Certificate of Occupancy - City Building Inspector?			
5. <b>Certification</b> - fire alarm system, smoke detection system, sprinkler system, and any other fire suppression system has been installed, tested and meets all applicable standards?			
6. <b>Certification</b> - medical gas system?			
7. <b>Certification</b> - electrical system has been installed, tested and meets all applicable standards of the NEC, NFPA? <sup>1</sup>			
8. <b>Certification</b> - emergency generator has been installed, tested and meets all applicable standards of the NFPA, NEC?			
9. <b>Certification</b> - mechanical system has been installed, tested, balanced, and approved by the engineer of record?			
10. <b>Certification</b> - communication system(s) has been installed, tested and meets all applicable standards of the NEC, NFPA?			
11. Are there manufacturer=s operation and maintenance manuals with equipment warranties on site for all newly installed equipment or a letter from the general contractor stating that the above items will be turned over to the owner?			
12. Have all applicable pieces of equipment installed during the construction been incorporated into the existing preventive maintenance system? Or, have new maintenance policies and procedures been written to insure that said items are maintained per the manufacturers recommendations?			
13. Are there as-built drawings on site or a letter from the general contractor stating that the as-built drawings will be turned over to the owner?			
14. Are there copies of the Architect=s and Engineer=s final punch lists with			

<sup>1</sup> In accordance with the applicable electrical system requirements of NFPA 99, grounding system effectiveness shall be determined for new and renovated equipment by voltage and impedance measurements. Receptacles shall be checked for continuity of the grounding circuit and polarity of the hot and neutral connections.

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verification that all items have been repaired or remedied?			
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TABLE 9

REQUIRED TEMPERATURES		
MEDICATIONS	Refrigerators	36-46°F
	Medication Storage Room	59-86°F
DIETARY <sup>1</sup>	Temperature of Food at Bedside	Hot Foods = $\geq 140^{\circ}\text{F}$
		Cold Foods = $\leq 40^{\circ}\text{F}$
	Temperature of Heated Food Prior to Hot Holding	$\geq 160^{\circ}\text{F}$
	Temperature of Heated Leftovers Prior to Hot Holding	$\geq 165^{\circ}\text{F}$
	Temperature for Thawing Potentially Hazardous Food	Tempering Units = 45°F or less
		Refrigerator = 40°F or less
	Refrigerators	$\leq 40^{\circ}\text{F}$
	Freezers	$\leq 0^{\circ}\text{F}$
	Single Tank Stationary Rack Dual Temperature Machine	Wash Temperature = 150°F
		Final Rinse Temperature = 180°F
	Single Tank Conveyor Machine	Wash Temperature = 160°F
		Final Rinse Temperature = 180°F
	Multi-tank Conveyor Machine	Wash Temperature = 150°F
		Final Rinse Temperature = 180°F
		Pumped Rinse Temperature = 160°F
	Single Tank Pot, Pan & Utensil Washer	Wash Temperature = 140°F
		Final Rinse Temperature = 180°F
	Manual Warewashing	Wash Temperature = 110°F
		Rinse Temperature = 120°F - 140°F
Chemical Sanitation (Manual or Mechanical)	Sanitation Temperature = $\geq 171^{\circ}\text{F}$ or Immersion in 75°F water and 50 ppm of hypochlorite for at least 1 minute or other method approved by Arkansas Department of Health.	
	All Cutting Board Surfaces	Immersion in clean, hot water of $\geq 180^{\circ}\text{F}$ for at least 30 seconds or any other method approved.
LAUNDRY <sup>2</sup>	Water	Nothing under 120°F
	Water with Chlorine Bleach	150 parts per million ppm (parts per million)
CLINICAL	Gallons per hour per bed <sup>2</sup>	105°F - 120°F

**TABLE 11**  
**Central<sup>6</sup> Station Outlets for Oxygen, Vacuum (Suction), and Medical Air Systems in**  
**Hospitals<sup>1</sup> and Related Institutions**

Location	Oxygen	Vacuum	Medical Air
Patient Rooms (medical & surgical)	1/bed	1/bed	-
Examination/Treatment (medical, surgical, endoscopy & postpartum care)	1/room	1/room	-
Isolation – Infectious and protective (medical & surgical)	1/bed	1/bed	-
Security Room (medical, surgical, & postpartum)	1/bed	1/bed	-
Critical Care (general)	3/bed	3/bed	1/bed
Isolation (critical)	3/bed	3/bed	1/bed
Coronary Critical Care	3/bed	2/bed	1/bed
Pediatric Critical Care	3/bed	3/bed	1/bed
Newborn Intensive Care	3/bassinets	3/bassinets	3/bassinets
Newborn Nursery (full-term)	1 / 4 bassinets <sup>2</sup>	1 / 4 bassinets <sup>2</sup>	1 / 4 bassinets <sup>2</sup>
Pediatric and Adolescent	1/bed	1/bed	1/bed
Pediatric Nursery	1/bassinets	1/bassinets	1/bassinets
Psychiatric Patient Rooms	-	-	-
Seclusion Treatment Room	-	-	-
General Operating Room	2/room	3/room	-
Cardio, Ortho, Neurological	2/room	3/room	-
Orthopedic Surgery	2/room	3/room	-
Surgical Cysto & Endo	1/room	3/room	-
Post-anesthesia Care Unit	1/bed	3/bed	1/bed
Anesthesia Workroom	1 per workstation	-	1 per workstation
Phase II Recovery <sup>3</sup>	1/bed	3/bed	-
Postpartum Bedroom	1/bed	1/bed	-
Cesarean/Delivery Room	2/room	3/room	1/room
Infant Resuscitation Station <sup>4</sup>	1/bassinets	1/bassinets	1/bassinets
Labor Room	1/room	1/room	1/room
OB Recovery Room	1/bed	3/bed	1/room
Labor/Delivery/Recovery (LDR) <sup>5</sup>	2/bed	2/bed	-
Labor/Delivery/Recovery (LDRP) <sup>5</sup>	2/bed	2/bed	-
Initial Emergency Management	1/bed	1/bed	-
Triage Area (definitive emergency care)	1/station	1/station	-
Definitive Emergency Care Exam/Treatment Rooms	1/bed	1/bed	1/bed
Definitive Emergency Care Holding Area	1/bed	1/bed	-
Trauma/Cardiac Room(s)	2/bed	3/bed	1/bed
Orthopedic & Cast Room	1/room	1/room	-
Cardiac Catheterization Lab	2/bed	2/bed	2/bed
Autopsy Room	-	1 per workstation	1 per workstation