

**WAC 246-320-600 Washington state amendments.** This section contains the Washington state amendments to the 2014 edition of the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* as developed by the Facilities Guideline Institute and published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606. The language below will replace the corresponding language of the 2014 edition of the Guidelines in its entirety. Subsections with an asterisk (\*) preceding a paragraph number indicates that explanatory or educational material can be found in an appendix item located in the 2014 Guidelines.

**CHAPTER 1.1 INTRODUCTION**

**1.1-6.3 Deviations**

Authorities adopting these standards as codes may approve plans and specifications that contain deviations if it is determined that the applicable intent or objective has been met.

**1.1-8 Referenced Codes and Standards**

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

**CHAPTER 1.2 PLANNING, DESIGN, AND IMPLEMENTATION PROCESS**

**1.2-3.8.2.1 Design Features**

Appendix note:

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

**Table A1.2**

Add footnote to this table:

The security specialist shall review portions of the infection control component, specifically: Construction and demolition related risk such as planned utility shutdowns, relocations, and pathway disruptions.

**CHAPTER 2.1 COMMON ELEMENTS FOR HOSPITALS**

**2.1-2.6.5 Handwashing Station**

**2.1-2.6.5.3 Additional Requirements for Handwashing Stations that Serve Multiple Patient Care Stations**

(1) At least one handwashing station shall be provided for every four patient care stations or fewer and for each major fraction thereof.

(2) Based on the arrangement of the patient care stations, handwashing stations shall be evenly distributed and provide uniform distance from the two patient care stations farthest from a handwashing station.

(3) Post anesthesia care unit (PACU) handwashing stations. At least one handwashing station with hands-free or wrist-blade operable controls shall be available for every six beds or fraction thereof, uniformly distributed to provide equal access from each bed.

**2.1-2.6.7 Nourishment Area or Room**

2.1-2.1.6.7.4 Nourishment function may be combined with a clean utility without duplication of sinks and work counters.

**2.1-2.6.12 Environmental Services Room**

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

**2.1-4.3 Food and Nutrition Services**

2.1-4.3.1.3 Regulations. Construction, equipment, and installation of food and nutrition service facilities in a hospital shall comply with the requirements of:

- (1) U.S. Food and Drug Administration (FDA).
- (2) U.S. Department of Agriculture (USDA).
- (3) Underwriters Laboratories, Inc. (UL).
- (4) NSF International.
- (5) Chapter 246-215 WAC, the Washington state food code.

#### **2.1-7.2.2.1 Corridor Width**

2.1-7.2.2.1 Corridor width. For corridor width requirements, see applicable building codes. In addition to building code requirements, in areas typically used for stretcher transport a minimum corridor or aisle width of 6 feet shall be provided.

#### **2.1-7.2.2.10 Handrails**

(1) Unless the safety risk assessment determines that handrails are not needed, handrails shall be installed on one side of patient use corridors.

(2) Handrails shall comply with local, state, and federal requirements referenced in Section 1.1-4.1 (Designs Standards for the Disabled) as amended in this section.

(3) Rail ends shall return to the wall or floor.

(4) Handrails, including fasteners, shall be smooth and have a nontextured surface free of rough edges.

(5) Handrails shall have eased edges and corners.

(6) Handrail finishes shall be cleanable.

#### **2.1-7.2.3 Surfaces**

2.1-7.2.3.1 Flooring and wall bases.

2.1-7.2.3.1(6) The following rooms shall have floor and wall base assemblies that are monolithic and have an integral coved wall base that is carried up the wall a minimum of 6 inches (150 mm) and is tightly sealed to the wall:

- (a) Operating rooms;
- (b) Interventional imaging rooms, including cardiac catheterization labs;
- (c) Cesarean delivery rooms;
- (d) Cystoscopy, urology, and minor surgical procedure rooms;
- (e) Endoscopy procedure rooms;
- (f) Endoscopy instrument processing rooms;
- (g) IV and chemotherapy preparation rooms;
- (h) Airborne infection isolation (AII) rooms;
- (i) Protective environment (PE) rooms;
- (j) Anterooms to AII and PE rooms, where provided;
- (k) Sterile processing rooms;
- (l) Central processing rooms.

#### **2.1-8.3.4.3(7) Lighting for Specific Locations in the Hospital**

2.1-8.3.4.3(7) When installed in patient care areas, upright fixtures or troughs that create ledges which collect dust shall be provided with a lens on the top of the fixture to facilitate cleaning.

#### **2.1-8.3.7 Call Systems**

##### **2.1-8.3.7.3 Bath Stations**

Appendix Language:

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

**2.1-8.4.3 Plumbing Fixtures**

2.1-8.4.3.1 General

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

(2) Clearances. Water spouts used in lavatories and sinks shall have clearances adequate to:

(a) avoid contaminating utensils and the contents of carafes, etc.

(b) provide a minimum clearance of 6" from the bottom of the spout to the flood rim of the sink to support proper hand washing asepsis technique without the user touching the faucet, control levers, or the basin.

Appendix Language:

A2.1-8.4.3.2(3) Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

**Table 2.1-2 Locations for Nurse Call Devices in Hospitals**

Modify table as follows:

Section	Location	Duty station
2.1-2.7.1	Staff lounge	Optional

**CHAPTER 2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS**

**2.2-2.2 Medical/Surgical Nursing Unit**

2.2-2.2.2 Patient Room

2.2-2.2.2.1 Capacity

(1) In new construction, the maximum number of beds per room shall be two.

(2) Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity with a maximum of four patients.

**2.2-3.3.3.3 Control Room**

2.2-3.3.3.3(2) The room shall be physically separated from the hybrid operating room with walls and a door. A door is not required when the control is built, maintained, and controlled exactly the same as the operating room.

**2.2-3.3.4.2 Preoperative Patient Care Area**

2.2-3.3.4.2 (2)(b)(ii) Where bays are used, an aisle with a minimum clearance of 6 feet (1.83 meters) independent of the foot clearance between patient stations or other fixed objects shall be provided.

**2.2-3.3.4.3 Phase I Postanesthesia Care Unit (PACU)**

2.2-3.3.4.3(b) PACU size. A minimum of 1.5 postanesthesia patient care stations or as determined by the functional program per operating room shall be provided.

**2.2-3.4.2.1 CT Scanner Room**

2.2-3.4.2.1 (1)(b) CT scanner room(s) shall be sized to allow a minimum clearance of 4 feet (122 centimeters) on the patient transfer and foot side of the table and 3 feet (91 centimeters) on nontransfer side of the table.

**2.2-3.4.4 Magnetic Resonance Imaging (MRI) Facilities**

2.2-3.4.4.2(2) The MRI scanner room(s) shall have a minimum clearance of 4 feet (122 centimeters) on the patient transfer side and foot of the table and 3 feet (91 centimeters) on nontransfer side of

the table. The door swing shall not interfere with the patient transfer.

### **2.2-3.5.2 Interventional Imaging Procedure Room**

2.2-3.5.2.2 Ceilings. Ceilings in interventional imaging procedure rooms shall be designed as semirestricted, see 2.1-7.2.3.3(3) for finishes.

### **2.2-4.2 Pharmacy Service**

2.2-4.2.1 General: Until final adoption of USP 797 by either federal or other state programs, facilities may request plan review for conformance to USP 797 with their initial submission to the Department of Health, Construction Review Services.

## **CHAPTER 2.4 CRITICAL ACCESS HOSPITALS**

### **2.4-1.1 Application**

2.4-1.1 Application. Chapter 2.4 contains specific requirements for small rural hospitals. The functional program for these facilities must clearly describe a scope of services that is appropriate for chapter 2.4. For facilities with services that are not appropriately addressed in chapter 2.4, the appropriate portions of chapters 2.2, 2.3, 2.5, 2.6 and 2.7 will apply.

## **CHAPTER 3.1 OUTPATIENT FACILITIES**

### **\*3.1-3.2.2 General Purpose Examination/Observation Room**

#### **3.1-3.2.2.2 Space requirements**

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

### **3.1-3.2.3 Special Purpose Examination Room**

3.1-3.2.3.2(c) A room arrangement in which an examination table, recliner, bed or chair is placed at an angle, closer to one wall than another or against a wall to accommodate the type of patient being served shall be permitted.

### **3.1-7.2.2 Architectural Details**

#### **3.1-7.2.2.2 Ceiling Height**

##### **3.1-7.2.2.2(2)**

This subsection is not adopted.

### **3.1-7.2.3.1 Flooring and Wall Bases**

3.1-7.2.3.1(5) The following rooms shall have floor and wall base assemblies that are monolithic and have an integral coved wall base that is carried up the wall a minimum of 6 inches (150 mm) and is tightly sealed to the wall:

- (a) Operating rooms;
- (b) Interventional imaging rooms, including cardiac catheterization labs;
- (c) Cystoscopy, urology and minor surgical procedure rooms;
- (d) Endoscopy procedure rooms;
- (e) Endoscopy instrument processing rooms;
- (f) IV and chemotherapy preparation rooms;
- (g) Airborne infection isolation (AII) rooms;
- (h) Anterooms to AII and PE rooms, where provided;
- (i) Sterile processing rooms.

### **3.1-8.4.3 Plumbing Fixtures**

#### **3.1-8.4.3.1 General**

(2) Clearances. Water spouts used in lavatories and sinks shall have clearances adequate to:

(a) avoid contaminating utensils and the contents of carafes, etc.

(b) provide a minimum clearance of 6" from the bottom of the spout to the flood rim of the sink to support proper hand washing asepsis technique without the user touching the faucet, control levers, or the basin.

Appendix Language:

A3.1-8.4.3 Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

**CHAPTER 3.2 SPECIFIC REQUIREMENTS FOR PRIMARY CARE OUTPATIENT CENTERS**

**3.2-1.3 Site**

**3.2-1.3.2 Parking**

This section is not adopted.

**CHAPTER 3.5 SPECIFIC REQUIREMENTS FOR FREESTANDING URGENT CARE FACILITIES**

**3.5-1.1 Application**

3.5-1.1 Application. This chapter applies to facilities that provide urgent care to the public but are not freestanding emergency departments. The functional program for the facilities must clearly describe a scope of services that are appropriate for urgent care, as determined by the department.

**CHAPTER 3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES**

**3.7-1.3 Site**

**3.7-1.3.2 Parking**

This section is not adopted.

**3.7-3.6.13.1(2) Location**

3.7-3.6.13.1(2) Location. The sterile processing room shall be designed to provide a one-way traffic pattern of contaminated materials/instruments to clean materials/instruments to the sterilizer equipment. Two remotely located doors shall be provided as follows:

(a) Entrance to the contaminated side of the sterile processing room shall be from the semirestricted area.

(b) Exit from the clean side of the sterile processing room to the semirestricted area or to an operating room shall be permitted.

**3.7-5.1.2 On-Site Sterilization Facilities**

3.7-5.1.2 On-Site Sterilization Facilities. When sterilization occurs on-site, one of the following conditions shall apply:

(1) Outpatient surgical facilities with three or fewer operating rooms where immediate use sterilization occurs on-site shall meet the requirements in Section 3.7-3.6.13 (Sterile Processing Room) or shall meet the requirements of Section 2.1-5.1.

(2) Outpatient surgical facilities with four or more operating rooms, or facilities that do not use immediate use sterilization, shall meet the requirements of Section 2.1-5.1.

**CHAPTER 3.9 SPECIFIC REQUIREMENTS FOR ENDOSCOPY FACILITIES**

**3.9-3.3.2.2 Space Requirements**

3.9-3.3.2.2 (2)(b) Where bays are used, an aisle with a minimum clearance of 6 feet (1.83 meters) independent of the foot clearance between patient stations or other fixed objects shall be provided.

**CHAPTER 3.11 SPECIFIC REQUIREMENTS FOR PSYCHIATRIC OUTPATIENT CENTERS**

**3.11-1.3 Site**

**3.11-1.3.1 Parking**

This section is not adopted.

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

**3.13-1.1 Application**

**3.13-1.1.1 Unit Types**

This section applies to mobile, transportable, and modular structures as defined below. These units can increase public access to needed services.

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

**Appendix Language:**

A3.13-1.1.1 The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

**3.13-8.6 Safety and Security Systems**

**3.13-8.6.1 Fire Alarm System**

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

3.13-8.6.1.2 Each mobile unit shall provide fire alarm notification by one of the following methods:

- (1) Via an auto-dialer connected to the unit's smoke detectors.
- (2) An audible device located on the outside of the unit.
- (3) Connection to the building fire alarm system.

**Part 4**

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

**Section 7.2 Additional Room Specific Requirements**

**7.2.3 Combination Airborne Infectious Isolation/Protective Environment (AII/PE) Room**

**7.2.3 (c) (2)**

This section is not adopted.

**7.4 Surgery Rooms**

7.4.4 Sterile Processing Room. Where a sterile processing room is provided, it shall meet the following requirements:

(a) The airflow design shall provide a "clean to dirty" airflow within the space with supply air provided over the clean area and exhaust provided from the soiled area.

(b) This room shall be positive to adjacent spaces with the exception of operating rooms or positively pressurized procedure rooms.

(c) A minimum of two outside air changes and six total air changes shall be provided.

(d) Two filter banks shall be required: The primary filter shall be MERV 7, the final filter shall be MERV 14.

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

[Statutory Authority: RCW 70.41.030 and C.F.R. 2005, Title 42, Vol. 3, Sec. 482.41. WSR 15-14-001, § 246-320-600, filed 6/17/15, effective 7/18/15. Statutory Authority: Chapter 70.41 RCW. WSR 10-17-120, § 246-320-600, filed 8/18/10, effective 9/18/10; WSR 08-14-023, § 246-320-600, filed 6/20/08, effective 7/21/08.]