

WSR 24-24-082

PROPOSED RULES

DEPARTMENT OF HEALTH

[Filed December 2, 2024, 1:19 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 23-15-082.

Title of Rule and Other Identifying Information: Hospital licensing regulations (construction standards only); aligning with nationally recognized industry standards. The department of health (department) is proposing amendments to WAC 246-320-500, 246-320-505, and 246-320-600 to align hospital licensing construction standards with the 2022 editions of the *Guidelines for Design and Construction of Hospitals* and the *Guidelines for Design and Construction of Outpatient Facilities* (2022 Guidelines), developed and published by the Facilities Guidelines Institute (FGI). Additionally, the department is proposing to increase the construction cost threshold for projects that require a presubmission conference with the department from \$250,000 to \$500,000. For clarity and readability, the department is proposing to reformat WAC 246-320-600 by adopting the 2022 Guidelines by reference and publishing a separate document outlining Washington's amendments to the 2022 Guidelines.

Hearing Location(s): On January 22, 2025, at 10:00 a.m., via Zoom. Register in advance for this webinar https://us02web.zoom.us/webinar/register/WN_ZAeGV64oSlGxM2zZlZ4ltQ. After registering, you will receive a confirmation email containing information about joining the webinar.

Date of Intended Adoption: January 29, 2025.

Submit Written Comments to: Susan Upton, P.O. Box 47852, Olympia, WA 98504-7852, email <https://fortress.wa.gov/doh/policyreview>, beginning date and time of this filing, by January 22, 2025, 11:59 p.m.

Assistance for Persons with Disabilities: Contact Susan Upton, phone 360-236-2948, TTY 711, email susan.upton@doh.wa.gov, by January 8, 2025.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The purpose of the proposal is to align the hospital licensing construction regulations of chapter 246-320 WAC with current national construction standards. The proposed amendment to WAC 246-320-500 adopts the 2022 Guidelines developed and published by the FGI. Adopting the 2022 Guidelines aligns Washington state's hospital construction standards with nationally recognized industry standards.

The proposed amendment to WAC 246-320-505 increases the cost threshold for projects that require a presubmission conference with the department which should result in fewer delays in getting department approval and completion of the construction project.

For clarity and readability purposes, the department is proposing in WAC 246-320-600 to adopt the 2022 Guidelines by reference and create a separate publication outlining Washington state's amendments to the 2022 Guidelines, providing that the department will only make updates to the department's publication through the rule-making process.

Reasons Supporting Proposal: The proposed amendments would adopt the most current nationally recognized industry standards for hospitals which will provide for the public's safety and well-being. In order for the department to utilize the 2022 Guidelines, the 2022 edition of the FGI's guidelines must be incorporated into the construction standards sections of the hospital licensing rules. Adopting cur-

rent standards ensures facilities take advantage of newer construction methods. Washington state's amendments to the 2022 Guidelines enhance patient safety and better meet Washington state's needs while providing the opportunity to be consistent with nationally recognized industry standards that are vital to the health and safety of hospital patients and staff. Finally, by increasing the construction cost threshold for projects that require a presubmission conference for department approval will reduce delays in completion of hospital construction projects.

Statutory Authority for Adoption: RCW 70.41.030.

Statute Being Implemented: RCW 70.41.030.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of health, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Susan Upton, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-2948.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Susan Upton, P.O. Box 47852, Olympia, WA 98504-7852, phone 360-236-2948, TTY 711, email susan.upton@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(4).

Explanation of exemptions: The businesses affected by the proposed amendments do not meet the definition of small business as defined in RCW 19.85.020.

Scope of exemption for rule proposal:

Is fully exempt.

December 2, 2024
 Todd Mountin, PMP
 Deputy Chief of Policy
 for Umair A. Shah, MD, MPH
 Secretary of Health

OTS-5794.4

AMENDATORY SECTION (Amending WSR 15-14-001, filed 6/17/15, effective 7/18/15)

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-600. The purpose of construction regulations is to provide for a safe and effective patient care environment. These rules are not retroactive and are intended to be applied as outlined below.

- (1) These regulations apply to hospitals including:
 - (a) New buildings to be licensed as a hospital;
 - (b) Conversion of an existing building or portion of an existing building for use as a hospital;
 - (c) Additions to an existing hospital;
 - (d) Alterations to an existing hospital; and

(e) Buildings or portions of buildings licensed as a hospital and used for hospital services;

(f) Excluding nonpatient care buildings used exclusively for administration functions.

(2) The requirements of chapter 246-320 WAC in effect at the time the application and fee are submitted to the department, and project number is assigned by the department, apply for the duration of the construction project.

(3) Standards for design and construction.

Facilities constructed and intended for use under this chapter shall comply with:

(a) ~~The ((following chapters of the 2014))~~ 2022 edition of the Guidelines for Design and Construction of Hospitals and the 2022 edition of the Guidelines for Design and Construction of Outpatient Facilities as developed and published by the Facilities Guidelines Institute ((and published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606)), 9750 Fall Ridge Trail, St. Louis, MO 63127, as amended in WAC 246-320-600:

- ~~((i)) 1.1 Introduction~~
- ~~(ii) 1.2 Planning, Design, Construction, and Commissioning~~
- ~~(iii) 1.3 Site~~
- ~~(iv) 1.4 Equipment~~
- ~~(v) 2.1 Common Elements for Hospitals~~
- ~~(vi) 2.2 Specific Requirements for General Hospitals~~
- ~~(vii) 2.3 Specific Requirements for Freestanding Emergency Departments~~
- ~~(viii) 2.4 Specific Requirements for Critical Access Hospitals~~
- ~~(ix) 2.5 Specific Requirements for Psychiatric Hospitals~~
- ~~(x) 2.6 Specific Requirements for Rehabilitation Hospitals and Other Facilities~~
- ~~(xi) 2.7 Specific Requirements for Children's Hospitals~~
- ~~(xii) 3.1 Common Elements for Outpatient Facilities~~
- ~~(xiii) 3.2 Specific Requirements for Primary Care Facilities~~
- ~~(xiv) 3.3 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities~~
- ~~(xv) 3.4 Specific Requirements for Freestanding Birth Centers~~
- ~~(xvi) 3.5 Specific Requirements for Freestanding Urgent Care Facilities~~
- ~~(xvii) 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities~~
- ~~(xviii) 3.7 Specific Requirements for Outpatient Surgical Facilities~~
- ~~(xix) 3.8 Specific Requirements for Office Based Procedure and Operating Rooms~~
- ~~(xx) 3.9 Specific Requirements for Endoscopy Facilities~~
- ~~(xxi) 3.10 Specific Requirements for Renal Dialysis Centers~~
- ~~(xxii) 3.11 Specific Requirements for Outpatient Psychiatric Centers~~
- ~~(xxiii) 3.12 Specific Requirements for Outpatient Rehabilitation Therapy Facilities~~
- ~~(xxiv) 3.13 Mobile, Transportable, and Relocatable Units~~
- ~~(xxv) 3.14 Specific Requirements for Dental Facilities~~
- ~~(xxvi) Part 4: Ventilation of Health Care Facilities))~~

(b) *The National Fire Protection Association, Life Safety Code, NFPA 101*, as adopted by the centers for medicaid and medicare services.

(c) *The State Building Code* as adopted by the state building code council under the authority of chapter 19.27 RCW.

(d) Accepted procedure and practice in cross-contamination control, *Pacific Northwest Edition, 6th Edition, December 1995, American Waterworks Association.*

(e) *The National Fire Protection Association, Health Care Facilities Code, NFPA 99*, as adopted by the centers for medicaid and medicare services.

AMENDATORY SECTION (Amending WSR 15-14-001, filed 6/17/15, effective 7/18/15)

WAC 246-320-505 Design, construction review, and approval of plans. (1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW may be used for the various branches of work where appropriate. The services of a registered engineer may be used in lieu of the services of an architect if the scope of work is primarily engineering in nature.

(2) A hospital will meet the following requirements:

(a) Preconstruction. Request and attend a presubmission conference for projects with a construction value of (~~two hundred fifty thousand dollars~~) \$500,000 or more. The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than (~~fifty~~) 50 percent complete.

(b) Construction document review. Submit construction documents for proposed new construction to the department for review within (~~ten~~) 10 days of submission to the local authorities. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes.

The construction documents must include:

(i) A written program containing, but not limited to, the following:

(A) Information concerning services to be provided and operational methods to be used;

(B) An interim life safety measures plan to ensure the health and safety of occupants during construction and installation of finishes;

(C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(ii) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided; and

(iii) Floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas; and

(iv) Required paths of exit serving the alterations or additions; and

(v) Verification that the capacities and loads of infrastructure systems will accommodate planned load.

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

(d) Construction. Comply with the following requirements during the construction phase.

(i) The hospital will not begin construction until all of the following items are complete:

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

(B) The local jurisdictions have issued a building permit; and

(C) The hospital has notified the department in writing when construction will commence.

(ii) The department will issue an "authorization to begin construction" when the construction documents have been conditionally approved or when all of the following items have been reviewed and approved:

(A) A signed form acknowledging the risks if starting construction before the plan review has been completed. The acknowledgment of risks form shall be signed by the:

(I) Architect; and

(II) Hospital CEO, COO, or designee; and

(III) Hospital facilities director.

(B) The infection control risk assessment;

(C) The interim life safety plan;

(D) A presubmission conference has occurred.

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

(iv) Assure construction is completed in compliance with the final "department approved" documents. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. Where differences in interpretations occur, the hospital will follow the most stringent requirement.

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

(e) Project closeout. The hospital will not use any new or remodeled areas until:

(i) The department has approved construction documents; and

(ii) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; and

(iii) The facility notifies the department in writing when construction is completed and includes a copy of the local jurisdiction's approval for occupancy.

AMENDATORY SECTION (Amending WSR 15-14-001, filed 6/17/15, effective 7/18/15)

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 aster~~

isk (*) 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.sbec.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 (e)(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.) (1) The definition in this subsection applies throughout this section unless the context clearly requires otherwise:~~

~~"Washington hospital licensing construction standard guidelines" or "guidelines" means the publication of Washington state's amendments to the 2022 edition of the *Guidelines for Design and Construction of Hospitals* and the *Guidelines for Design and Construction of Outpatient Facilities*.~~

~~(2) Revisions to the guidelines will align with WAC 246-320-500(3).~~

~~(3) Copies of the Washington hospital licensing construction standard guidelines may be obtained on the department's construction review services website <https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/construction-review-services-crs> or by contacting the department.~~