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**TITLE 410 INDIANA STATE DEPARTMENT OF
HEALTH**

Proposed Rule
LSA Document #01-168

DIGEST

Amends 410 IAC 15-2.5-7 and 410 IAC 15-2.7-1 to update the guidelines for design and construction of hospital and health care facilities. Effective 30 days after filing with the secretary of state.

410 IAC 15-2.5-7

410 IAC 15-2.7-1

SECTION 1. 410 IAC 15-2.5-7 IS AMENDED TO READ AS FOLLOWS:

410 IAC 15-2.5-7 Physical plant, equipment maintenance, and environmental services

Authority: IC 16-21-1-7

Affected: IC 16-21-1

Sec. 7. (a) The center shall be constructed, arranged, and maintained to ensure the safety of the patient and to provide facilities for services authorized under the center license as follows:

(1) The plant operations and maintenance service, equipment maintenance, and environmental services must be as follows:

(A) Staffed to meet the scope of the services provided.

(B) Under the direction of a person or persons qualified by education, training, or experience according to center policy, approved by the governing body.

(2) The center shall provide a physical plant and equipment that meets the statutory requirements and regulatory provisions of the state department of fire and building services, 675 IAC 22, Indiana fire prevention codes, and 675 IAC 13, Indiana building codes.

(3) There must be emergency power and lighting in accordance with National Fire Protection Association (NFPA) 99.

(4) In new construction, renovations, and additions, the center site and facilities, or nonlicensed facilities acquired for the purpose of providing center services shall meet the following:

(A) The ~~1996-1997~~ **2001** edition of the national "Guidelines for Design and Construction of ~~Hospitals~~ **Hospital** and Health Care Facilities" (Guidelines).

(B) All building, fire safety, and handicapped accessibility codes, and rules adopted and administered by the state building commission shall apply to all facilities covered by this rule and take precedence over any building, fire safety, or handicapped accessibility requirements of the Guidelines.

(C) When renovation or replacement work is done within an existing facility, all new work or additions, or both, shall comply, insofar as practical, with applicable sections of the Guidelines and for certification with appropriate parts of NFPA 101.

(D) Water supply and sewage disposal services shall be obtained from municipal or community services.

(E) As early in the construction, addition, and/or renovation project as possible, the functional and operational description shall be submitted to the division. This submission shall consist of, but not be limited to, the following:

(i) Functional program narrative as established in the Guidelines.

(ii) Schematics, based upon the functional program, consisting of drawings, (as single-line plans), outline specifications, and other documents illustrating the scale and relationship of project components.

(F) Prior to the start of construction, addition, and/or renovation projects, detailed architectural and operational

plans for construction shall be submitted to the plan review division of the department of fire and building services and to the division of sanitary engineering of the department as follows:

(i) Working drawings, project manuals, and specifications shall be included.

(ii) Prior to submission of final plans and specifications, recognized standards and codes, including infection control standards, shall be reviewed as required in section 1(e)(2) of this rule.

(iii) All required approvals shall be obtained from fire and building services and final approval from the division of sanitary engineering of the department prior to issuance of the occupancy letter by the division.

(G) Upon receipt of a plan release from the fire and building commissioner and documentation of a completed plan review by the division of sanitary engineering of the department, a licensure application shall be submitted to the division on the form approved and provided by the department.

(H) Documentation from the state building commissioner that the center is in compliance with the fire safety rules of the fire prevention and building safety commission shall be furnished to the division with the licensure application.

(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:

(1) No condition in the center or on the grounds may be maintained which may be conducive to the harboring or breeding of insects, rodents, or other vermin.

(2) No condition may be created or maintained which may result in a hazard to patients, public, or employees.

(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:

(A) Operation, maintenance, and spare parts manuals must be available, along with training and/or instruction of the appropriate center personnel, in the maintenance and operation of fixed and movable equipment.

(B) All mechanical equipment (pneumatic, electric, sterilizing, or other) must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.

(C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises.

(D) Maintenance and repairs must be carried out in accordance with applicable codes, rules, standards, and requirements of local jurisdictions, administrative building council, the state fire marshal, and the department.

(4) The patient care equipment requirements are as follows:

(A) There must be sufficient patient care equipment and space to assure the safe, effective, and timely provision of the available services to patients.

(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:

(i) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.

(ii) There must be evidence of preventive maintenance on all patient care equipment.

(iii) Appropriate records must be kept pertaining to equipment maintenance, repairs, and electrical current leakage checks and analyzed at least triennially.

(iv) Defibrillators must be discharged at least in accordance with manufacturers' recommendations, and a discharge log with initialed entries must be maintained.

(5) The building(s), including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following:

(A) Environmental services must be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following:

(i) Asepsis.

(ii) Cross-contamination prevention.

(iii) Safe practice.

(B) Refuse, biohazards, infectious waste, and garbage must be collected, transported, sorted, and disposed of by methods, which will minimize nuisances or hazards according to federal, state, and local laws and rules.

(c) A safety management program must include, but not be limited to, the following:

(1) A review of safety functions by a committee appointed by the chief executive officer which includes representatives from administration and patient care services.

- (2) An ongoing center-wide process to evaluate and collect information about hazards and safety practices to be reviewed by the committee.
 - (3) The safety program includes, but is not limited to, the following:
 - (A) Patient safety.
 - (B) Health care worker safety.
 - (C) Public and visitor safety.
 - (4) A written fire control plan that contains provisions for the following:
 - (A) Prompt reporting of fires.
 - (B) Extinguishing of fires.
 - (C) Protection of patients, personnel, and guests.
 - (D) Evacuation.
 - (E) Cooperation with firefighting authorities.
 - (F) Fire drills.
 - (5) Maintenance of written evidence of regular inspection and approval by state or local fire control agencies in accordance with center policy and state and local regulations.
 - (6) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies.
- (Indiana State Department of Health; 410 IAC 15-2.5-7; filed Dec 1, 1999, 3:44 p.m.: 23 IR 793; errata filed Feb 15, 2000, 8:05 a.m.: 23 IR 1657)*

SECTION 2. 410 IAC 15-2.7-1, AS AMENDED AT 24 IR 922, SECTION 4, IS AMENDED TO READ AS FOLLOWS:

410 IAC 15-2.7-1 Incorporation by reference

Authority: IC 16-21-1-7

Affected: IC 16-21-1

Sec. 1. (a) When used in this article, references to the following publications shall mean the version of that publication listed and are hereby incorporated by reference:

- (1) Guidelines for Design and Construction of ~~Hospitals~~ **Hospital** and Health Care Facilities (~~1996-1997~~ **(2001** Edition). Copies are available from the American Institute of Architects, 1735 New York Avenue Northwest, Washington, D.C. 20006. Local purchase may be made from the Architectural Center Bookstore, 47 South Pennsylvania Avenue, Indianapolis, Indiana 46204.
- (2) National Fire Protection Association (NFPA) 99, Health Care Facilities (1993 Edition). Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 1901, Quincy, Massachusetts 02260-9904.
- (3) National Fire Protection Association (NFPA) 101, Life Safety Code Handbook (1985 Edition for Medicare/Medicaid certified nonaccredited hospitals, and the 1991 Edition for Medicare/Medicaid certified hospitals that are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 1901, Quincy, Massachusetts 02269-9904.
- (4) National Committee on Radiation Protection (NCRP) Reports, Number 49, "Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies Up to 10 MeV: (September 15, 1976, Edition). Copies may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Avenue, Washington, D.C. 20014.
- (5) National Committee on Radiation Protection (NCRP) Reports, Number 102, "Medical X-ray, Electron Beam and Gamma Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use)", June 30, 1989, Edition). Copies may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Avenue, Washington, D.C. 20014.
- (6) 42 CFR 493 (Effective October 1, 1993, Edition).
- (7) 21 CFR 606 (April 1, 1994, Edition).
- (8) 21 CFR 640 (April 1, 1994, Edition).

(b) Federal rules which have been incorporated by reference do not include any later amendments than those specified in the incorporated citation. Sales of the Code of Federal Regulations are handled exclusively by the Superintendent

of Documents, Government Printing Office, Washington, D.C. 20402. All incorporated material is available for public review at the department. (*Indiana State Department of Health; 410 IAC 15-2.7-1; filed Dec 1, 1999, 3:44 p.m.: 23 IR 795; errata filed Feb 15, 2000, 8:05 a.m.: 23 IR 1658; filed Nov 13, 2000, 11:17 a.m.: 24 IR 992*)

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on October 24, 2001 at 2:30 p.m., at the Indiana State Department of Health, 2 North Meridian Street, Rice Auditorium, Indianapolis, Indiana the Indiana State Department of Health will hold a public hearing on proposed amendments to update the guidelines for design and construction of hospital and health care facilities. Copies of these rules are now on file at the Health Care Regulatory Services Commission, Indiana State Department of Health, 2 North Meridian Street, Fifth Floor and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

Gregory A. Wilson, M.D.
State Health Commissioner
Indiana State Department of Health