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Guidelines to the Ch. 3 Construction Rules and Regulations for Healthcare Facilities

I. Introduction

These guidelines are to provide basic information on the responsibilities and procedures a healthcare provider are to follow when planning and constructing a new healthcare facility, renovating or expanding an existing healthcare facility, changing the functional operation and space use of an existing healthcare facility, or the converting of an existing structure for use as a healthcare facility. This document also outlines the basic services and responsibilities of the licensing and certification agency in ensuring compliance with the State and Federal statutes, rules and regulations concerning construction. This document is for guidance for the approval process for construction of licensed healthcare facilities. It in no way supersedes the State and Federal statutes, rules, and regulations governing the healthcare facilities.

In accordance with W.S. § 35-2-906(a), a licensee who anticipates the construction of or alteration to or addition to a healthcare facility must submit plans and specifications to Healthcare Licensing and Surveys for preliminary inspection and approval prior to commencing construction.

II. Facility Types Requiring Construction Approval

- Adult Day Care
- Ambulatory Surgical Center
- Assisted Living Facility
- Birthing Center
- Boarding Home
- Freestanding Diagnostic Testing Center
- Hospice providing inpatient care
- Hospital
- Intermediate Care Facility for the Mentally Retarded
- Medical Assistance Facility
- Nursing Care Facility
- Rehabilitation Facility
- Renal Dialysis Center.

A. Project Programming Phase

1. Core References

These core references are a prerequisite for producing the documents necessary in the project planning stages of any size project.

- Guidelines for Design and Construction of Health Care Facilities - 2006 Edition (Adult Day Care, Assisted Living Facility, Boarding Home, Hospice facilities that do not provide inpatient care, and Intermediate Care Facility for the Mentally Retarded are exempt from this requirement)
- NFPA 101, Life Safety Code®, 2006 Edition
- NFPA 99, Standard for Health Care Facilities, 2005 Edition (Adult Day Care facilities are exempt from this standard)
- 2006 International Building Code
- 2006 International Plumbing Code
- 2006 International Mechanical Code;

- 2006 International Fuel Gas Code;
- 2006 International Fire Code;
- Wyoming Department of Health Construction Rules and Regulations for Healthcare Facilities, effective April 3, 2008.
- Wyoming Department of Health Licensure Rules and Regulations for the facility type listed above.

2. Functional Program (Assisted Living Facility, Boarding Home, Hospice, and Intermediate Care Facility for the Mentally Retarded are exempt from this requirement)

The healthcare provider is to supply for each project a functional program (unless exempt) for the facility that describes the purpose of the project, environment of care components, functional requirements, and other basic information related to fulfillment of the institution's objectives, including the projected demand or utilization, staffing patterns, departmental relationships, and space requirements. Projects that only involves equipment replacement, fire safety upgrades, or minor renovations do not require a functional program. This document requires review and approval by Healthcare Licensing and Surveys and is part of the plans and specifications submitted for preliminary inspection. (reference to Section 1.2 of the Guidelines for Design and Construction of Health Care Facilities - 2006 Edition)

The functional plan, at minimum, shall:

- ☐ Include a description of those services necessary for the complete operation of the facility.

- ☐ Address the relationships between the following environment of care components and the functional requirements.

    - Delivery of care model. The delivery of care model shall be defined in the functional program. The functional program shall support the delivery of care model to allow the design of the physical environment to respond appropriately.

    - Facility and service users. The physical environment shall support the facility and service users in their effort to administer the delivery of care model.

    - System design. The physical environment shall support organizational, technological, and building systems designed for the intended delivery of care model.

    - Layout/operational planning. The layout and design of the physical environment shall enhance operational efficiencies and the satisfaction of patients or residents, families, and staff.

- ☐ Physical environment. The physical environment shall be designed to support the intended delivery of care model and address these key elements

    - Light and views. Use and availability of natural light, illumination, and views shall be considered in the design.

    - Clarity of access. Clarity of access shall be addressed in the overall planning of the facility, individual departments, and clinical areas.

- Control of environment. Patient/resident/staff ability to control their environment shall be addressed in the overall planning of the facility consistent with the functional program.

- Privacy and confidentiality. The level of patient or resident privacy and confidentiality shall be addressed in the overall planning of the facility consistent with the functional program.

- Safety and security. The safety and security of patients or residents, staff, and visitors shall be addressed in the overall planning of the facility consistent with the functional program.

- Finishes. The effect of materials, colors, textures, and patterns on patients or residents, staff, and visitors shall be considered in the overall planning and design of the facility. Maintenance and performance shall be considered when selecting items.

- Cultural responsiveness. The culture of patients or residents shall be considered in the overall planning of the facility.

- Water features. Where provided, open water features shall be equipped to safely manage water quality to protect occupants from infectious or irritating aerosols.

☐ Address the size and function of each space and special design features;

☐ Include the projected occupant load, numbers of staff, patients, residents, visitors, and vendors;

☐ Describe the types and projected numbers of procedures in treatment areas;

☐ Describe the circulation patterns for staff, patients or residents, and the public;

☐ Describe the circulation patterns for equipment and clean and soiled materials where circulation patterns are a function of asepsis control requirements, not these features;

☐ Describe building service equipment and fixed and movable equipment;

☐ Use the same names for spaces and departments as used in the Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition. Acronyms must be clearly defined. The names and spaces indicated in the functional program shall be consistent with the submitted floor plans;

☐ Address the potential future expansion that may be needed to accommodate increased demand; and

☐ Include an Infection Control Risk Assessment. (See paragraph 4 below for minimum requirements).

3. <u>Preliminary Submission</u>

One set of preliminary plans, the functional project (as required), and the Infection Risk Assessment (as required) shall be submitted for review and approval. The preliminary plans are

the schematic design documents consisting of drawings and other documents illustrating the scale and relationship of project components that have been approved by the owner. This submission requires review and approval by Healthcare Licensing and Surveys which cannot be delegated to local jurisdiction review and/or third-party review. Significant changes to the preliminary plans are to be approved by Healthcare Licensing and Surveys prior to implementation.

Preliminary plans, at minimum, must:

- ☐ Describe the function of each space and special design features.
- ☐ Drawn to scale (1/8"=1'-0", etc.) and include the entire floor and/or wing.
- ☐ Approved by owner.

4. Infection Control Risk Assessment (ICRA) (Assisted Living Facility, Boarding Home, Hospice, and Intermediate Care Facility for the Mentally Retarded are exempt from this requirement)

An ICRA is a multi-disciplinary organizational process that

- Focuses on reduction of risk from infection;
- Acts through phases of facility planning, design, construction, or renovation; and
- Coordinates and weighs knowledge about infection, infectious agents, and care environment and associated human factors with anticipated impacts from site changes and related projects for leadership and other organizational customers.

This process utilizes expertise in infectious disease, infection control, facility design, engineering, construction, ventilation, epidemiology, and safety as circumstances may indicate.

During the programming phase of a construction project, the owner must provide an ICRA. An ICRA is a determination of the potential risk of transmission of various agents in the facility and provisions for infection control and protection of patients during any renovation or new construction. It is an essential part of the functional program to be submitted to Healthcare Licensing and Surveys.

The ICRA, at minimum, must address the following building design features:

- ☐ The impact of disrupting essential services to patients and employees.
- ☐ Patient placement or relocation.
- ☐ Placement of effective barriers to protect susceptible patients from airborne contaminants such as Aspergillus sp.
- ☐ Air handling and ventilation needs in surgical services, airborne infection isolation and protective environment rooms, laboratories, local exhaust system for hazardous agents and other special uses.
- ☐ Determination of additional numbers of airborne isolation or protective environment room requirements.
- ☐ Consideration of the domestic water system to limit Legionella sp. and waterborne

opportunistic pathogens.

5. Phasing Plans

Projects involving renovation of existing buildings must include phasing plans to minimize disruption of existing patient services and to ensure a safe environment in patient care areas. Renovation areas must be isolated from occupied areas during construction using airtight barriers and exhaust airflow must be sufficient to maintain negative air pressure in the construction zone.

B. Plan Reviews

Section 6 of the Wyoming Department of Health Construction Rules and Regulations for Healthcare Facilities describes the submission of plans. Plans and specifications for new construction must be submitted for evaluation.

No construction shall begin prior to approval of the plans by the Department. Plans and specifications must be submitted whenever new construction of a healthcare facility is planned; an existing structure being converted for use as a healthcare facility; there are changes to the functional operation and space usage of an existing healthcare facility; or remodeling to an existing healthcare facility is planned.

The facility owner may choose to retain a third-party plan reviewer, at the expense of the facility, who has been qualified and approved by the Department. The HLS website will have the information, instructions, applications, and policies on third-party plan review. The third-party option does not apply when delegated municipalities perform the required plan reviews.

There are local building departments that have been delegated plan review and inspection responsibilities by the Department for the International Building Codes. Contact your local building departments for the construction permitting requirements.

Routine maintenance as referenced in the construction rules does not require submission of plans and specifications. Contact HLS to see if this applies to your project.

Electrical installation plan reviews are not performed by Healthcare Licensing and Surveys. Contact the Wyoming Department of Fire Prevention and Electrical Safety and your local building department.

C. Inspections

Inspections by Healthcare Licensing and Surveys, and/or the delegated local municipalities having jurisdiction, and/or a third-party inspector are to be performed during the construction phase. The inspections follow the requirements of the International Building Codes. The owner may request inspections by the Department inspectors or may choose to retain third-party inspectors, at the expense of the facility, who have been qualified and approved by the Department. The licensure construction survey can only be conducted by HLS. The HLS website will have the information, instructions, applications, and policies on third-party inspectors. The third-party option does not apply when delegated municipalities perform the required inspections.

1. Interim Inspections

It is the facility owner's responsibility to ensure qualified inspectors are retained to perform all required construction inspections throughout the course of the construction project. Notify your inspector before the work is covered.

2. Licensure Construction Survey

This is the inspection for licensure concerning the facility's construction. It should be done when the construction is ready for the services to be performed and you are ready to move in. It is recommended the final contractor's punch lists have been developed prior to this inspection. All fixed equipment is to be installed and operational.

- ☐ Request must be submitted by the owner in writing to Healthcare Licensing and Surveys to schedule a licensure construction survey.
- ☐ Obtain final electrical inspection from the local and/or state authority having jurisdiction before the survey is scheduled.
- ☐ Obtain the required building certifications and tests from your contractor for submittal to Healthcare Licensing and Surveys.
- ☐ Contractors must have the construction entirely complete, and all the building's service equipment must be operational.
- ☐ **No contractors are to be working on completion of the project, nor the repairing of deficiencies found, during the licensure survey.**
- ☐ Provide necessary personnel that have knowledge of the building systems for operating the building systems as requested. Ladders for access above ceilings, and keys to locked areas must be available during the inspection. The owner or licensee must be represented at the survey.
- ☐ The survey may be rescheduled when the construction is not complete, or inadequacy of the construction.

D. Technical Assistance

1. Design and Professional Service

Individuals, who provide design and professional services for a project, including consultants, must comply with the Rules and Regulations of the Wyoming Board of Architects and Landscape Architects and the Wyoming Board of Registration for Professional Engineers and Professional Land Surveyors.

Healthcare Licensing and Surveys does not have statutory authority to provide design services.

The owner or owner's representative may request technical assistance from Healthcare Licensing and Surveys concerning the application of the codes, standards, and regulations in the construction rules.