

State of Wyoming



Department of Health

Emergency Construction Rules and Regulations for Healthcare Facilities

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Director and State Health Officer**

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**State of Wyoming
Department of Health**

Construction Rules and Regulations for Healthcare Facilities

Construction Rules and Regulations for Healthcare Facilities
are published by the Office of Healthcare Licensing and Surveys
Jean McLean, RD, State Survey Agent

Additional information and copies may be obtained from:
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This document is available in alternative format upon request.

Chapter 3. Construction Rules and Regulations for Healthcare Facilities

Emergency Rule

Statement of Reasons

The Wyoming Department of Health proposes the following emergency rules to comply with the provisions of W.S. 35-2-901 et seq., 35-9-121.1., and the Wyoming Administrative Procedure Act at W.S. 16-3-101 et seq.

The Department is requesting that these emergency rules be approved, due to the significant increase in the number of construction and remodeling projects submitted to the Office of Healthcare Licensing and Surveys for review, approval, and inspection, as well as the high costs to healthcare providers associated with any delays in this review and approval process.

The rules will modify the procedure for assuring all construction inspections of healthcare facilities. Construction inspections shall be the responsibility of the owner pursuant to the applicable building codes referenced in the rules. The rules will require all inspection reports to be made available to the Department upon request. In addition, the rules will allow for periodic reviews and inspections of construction projects by the Department in order to ensure conformance with approved plans and specifications.

The rules will allow the Department to determine applicable building system certifications and testing requirements for each project on a case-by-case basis depending upon the nature and scope of each project.

The rules will establish a procedure for healthcare facilities to formally request a variance from state construction rules.

As required by W.S. 16-3-103(a)(i)(G), the Construction Rules and Regulations for Healthcare Facilities meet minimum substantive state statutory requirements.

CONSTRUCTION RULES AND REGULATIONS FOR HEALTHCARE FACILITIES

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CHAPTER 3

CONSTRUCTION RULES AND REGULATIONS FOR HEALTHCARE FACILITIES

Section 1. Authority. These rules are promulgated by the Department of Health pursuant to W.S. 35-2-901 et seq., W.S. 35-9-121.1., and the Wyoming Administrative Procedure Act at W.S. 16-3-101 et seq.

Section 2. Applicability.

(a) These rules shall apply to and govern the construction, remodel, or expansion of healthcare facilities, on and after the effective date of these rules.

(b) The Office of Healthcare Licensing and Surveys may issue manuals, bulletins, or both, to interpret the provisions of these rules and regulations. Such manuals and bulletins shall be consistent with and reflect the policies contained in these rules and regulations. The provisions contained in manuals or bulletins shall be subordinate to the provisions of these rules and regulations.

(c) The incorporation by reference of any external standard intended to be the incorporation of that standard as it is in effect on the effective date of these rules and regulations.

Section 3. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules, gender pronouns are used interchangeably, except where the context dictates otherwise. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender.

(a) "Department" means the State of Wyoming Department of Health, which is the authority having jurisdiction over all aspects of construction and remodeling, except electrical installation, of any state-licensed healthcare facility as defined in W.S. 35-2-901.

(b) "Council" means the council on fire prevention and electrical safety in buildings per W.S. 35-9-102 (a) (iv).

(c) "Healthcare facility" means any adult day-care facility, ambulatory surgical center, assisted living facility, birthing center, boarding home, freestanding diagnostic testing center, home health agency, hospice, hospital, intermediate care facility for the mentally retarded, medical assistance facility, nursing care facility, rehabilitation facility and renal dialysis center, or as defined by W.S. 35-2-901 et seq.

(d) "NFPA" means The National Fire Protection Association.

(e) "Preliminary plans" means schematic design documents consisting of drawings and other documents illustrating the scale and relationship of project components that have been approved by the owner.

Section 4. Department of Health Jurisdiction

(a) W.S. 35-9-121.1. Healthcare facilities; jurisdiction; delegation; rules.

(i) The Department of Health has jurisdiction over all aspects of construction and remodeling, except electrical installation, of any state-licensed healthcare facility as defined in W.S. 35-2-901.

(ii) The fire safety code requirements for the construction and remodeling of any state-licensed healthcare facility shall meet the minimum requirements established in the National Fire Protection Association 101 Life Safety Code or any other code required to meet federal fire and life safety certification. If any code requirements for federal certification conflict with the code of any other state or local governmental entity, the code required for federal certification shall prevail.

(iii) Upon written request from any county or municipality, the Department of Health shall delegate plan review and inspection responsibilities to the county or municipality that has personnel who are certified pursuant to the applicable code. The Department shall transfer jurisdiction and authority by letter. The Department shall notify the governing body of the municipality or county of the minimum standards and requirements under this section and W.S. 16-6-501 and W.S. 16-6-502. The following shall apply:

(A) Any municipality or county may issue a certificate of occupancy for a healthcare facility. The certificate shall reference any code applied to the construction or remodeling of the facility;

(B) A municipality or county which has enforcement authority under this subsection may create its own appeals board to determine the suitability of alternate materials and types of construction. If a municipality or county has not created an appeals board, the Department shall establish an appeals board which includes representation from the Department and the Council.

(iv) After construction or remodeling of any healthcare facility, the Department shall have jurisdiction over the fire and life safety inspections required for federal certification.

Section 5. Construction Design Requirements for Healthcare Facilities.

(a) Wyoming Fire and Life Safety Minimum Standards for Healthcare Facilities.

(i) The 2000 Edition of NFPA 101, "Life Safety Code" and all codes and standards referenced therein are adopted by reference.

(ii) The 2002 Edition of NFPA 99, "Standard for Health Care Facilities" and all codes and standards referenced therein are adopted by reference.

(iii) NFPA 101 and NFPA 99 are publications of the:

National Fire Protection Association
1 Batterymarch Park
P.O. Box 9101
Quincy, MA 02169-7471

Telephone: (617) 770-3000

URL: www.nfpa.org

(iv) Exceptions

(A) Healthcare facilities that are excepted from NFPA 101, Life Safety Code are home health agencies and hospice facilities that do not provide inpatient care.

(B) Healthcare facilities that are excepted from NFPA 99, Standard for Health Care Facilities are adult day-care facilities, home health agencies, and hospice facilities that do not provide inpatient care.

(C) Any healthcare facility for which the license has lapsed for not more than 10 years from the last date of operation and has continuously maintained the building to the 1985 or the 2000 Edition of the NFPA 101 Life Safety Code is exempt. Any construction, remodel, or expansion during the period of licensure lapse shall meet the requirements of these rules for new construction.

(b) Wyoming Design and Construction Minimum Standards for Healthcare Facilities.

(i) The 2001 Edition of "Guidelines for Design and Construction of Hospital and Health Care Facilities" and all codes and standards referenced therein are adopted by reference.

(ii) This is a publication of:

The American Institute of Architects

1735 New York Ave., NW

Washington, DC 20006-5292

Telephone: 1-800-242-3837

URL: www.aia.org

AIA Store

Telephone: 1-800-242-3837, option 4

Facsimile: (202) 626-7519

E-Mail address: bookstore@aia.org

(iii) Exceptions.

(A) Healthcare facilities that are excepted from the "Guidelines for Design and Construction of Hospital and Health Care Facilities," are adult day-care facilities, assisted living facilities, boarding homes, hospice facilities that do not provide inpatient care, home health agencies, and intermediate care facilities for the mentally retarded.

(B) Any healthcare facility for which the license has lapsed for not more than 10 years from the last date of operation and has continuously maintained the physical environment to the licensure standards in effect on the date of last licensure is exempt. Any construction, remodel, or expansion during the period of licensure lapse shall meet the requirements of these rules for new construction.

(iv) Additional requirements to the "Guidelines for Design and Construction of

Hospital and Health Care Facilities" are as follows:

(A) In hospitals and nursing care facilities, the laundry shall have a soiled linen holding room equipped with handwashing facilities and a sink for soaking soiled items.

(B) In ambulatory surgical centers, birthing centers, hospices providing inpatient care, hospitals and nursing care facilities, continuous mechanical exhaust ventilation shall be provided in all bathing rooms, toilet rooms, soiled and wet areas.

(C) In hospitals and nursing care facilities, nurse call systems shall activate a visible and audible signal in the corridor, clean workroom, soiled workroom, medication, charting, clean linen storage, nourishment, equipment storage, examination/treatment room(s), and at the nurses' station.

(D) In ambulatory surgical centers, birthing centers, hospices providing inpatient care, hospitals, and nursing care facilities, the air ducts that penetrate floors shall be provided with fire-rated dampers which are activated by smoke and heat.

(E) In ambulatory surgical centers, birthing centers, freestanding diagnostic testing centers, hospices providing inpatient care, hospitals, medical assistance facilities, nursing care facilities, rehabilitation facilities and renal dialysis centers all sinks shall be provided with spray heads or equivalent. Aerators shall not be used.

(F) In ambulatory surgical centers, birthing centers, freestanding diagnostic testing centers, hospices providing inpatient care, hospitals, medical assistance facilities, nursing care facilities, rehabilitation facilities and renal dialysis centers, all handwash sinks shall have faucets which discharge at least five (5) inches above the spill level of the sink. Soap dispensers and hand drying apparatus shall be provided at each handwash sink.

(G) In nursing care facilities, bathing facilities shall include one circulating type fixture for each nurses' station.

(H) In nursing care facilities, each resident shall have within his or her bedroom, storage space to include a wardrobe, locker, or closet, separated from other resident shared spaces by a solid divider with a minimum dimension of 2' 4" x 1' 8" with a shelf and rod to permit hanging of full length garments. In addition, a built-in or freestanding drawer unit which contains three (3) drawers with minimum inside drawer width of 24" shall be provided for each resident. Nightstand furniture is not considered storage space and is reserved for nursing home equipment and supplies.

(I) Engineering Services and Equipment.

(I) In ambulatory surgical centers, birthing centers, freestanding diagnostic testing centers, hospices providing inpatient care, hospitals, medical assistance facilities, nursing care facilities, rehabilitation facilities and renal dialysis centers, the boiler room or other rooms containing storage of combustible material shall not contain ventilation equipment, the main electrical switch board, emergency electrical equipment, or unprotected ventilation ducts serving other areas.

(II) In ambulatory surgical centers, birthing centers, freestanding diagnostic testing centers, hospices providing inpatient care, hospitals, medical assistance facilities, nursing care facilities, rehabilitation facilities and renal dialysis centers, air from evaporative coolers shall not be introduced directly into areas for patient care, diagnostic or treatment, and those areas providing direct service or clean supplies such as kitchens and laundries.

(III) In ambulatory surgical centers, birthing centers, freestanding diagnostic testing centers, hospices providing inpatient care, hospitals, medical assistance facilities, nursing care facilities, rehabilitation facilities, and renal dialysis centers, all electrical receptacles located adjacent to sinks or other potentially wet areas shall be provided with ground fault circuit interrupter protection.

(IV) In ambulatory surgical centers, birthing centers, hospitals, medical assistance facilities, and nursing care facilities, a standby electrical generator shall be installed in all facilities to provide emergency lighting and power per the 2002 Edition of NFPA 70, "National Electrical Code," the 2002 Edition of NFPA 99, "Standard for Health Care Facilities," and the 2002 Edition of NFPA 110, "Standard for Emergency and Standby Power Systems."

(V) In ambulatory surgical centers, birthing centers, freestanding diagnostic testing centers, hospices providing inpatient care, hospitals, medical assistance facilities, nursing care facilities, rehabilitation facilities and renal dialysis centers, exposed light bulb fixtures and heat lamps shall not be allowed. Globes, guards, lenses, and speciality coated bulbs shall be provided.

(VI) In ambulatory surgical centers, birthing centers, hospitals, medical assistance facilities, and nursing care facilities, supply and return air systems shall be within a duct. Common returns using corridor, ceiling cavities, and attic spaces as return plenums are prohibited.

(1.) Exception: Remodeling of existing buildings where the remodeling causes no change of space use that previously existed and where the ventilation of the existing building complies with Section 7 (b) of these Rules.

(c) Wyoming Building Construction Minimum Standards for Healthcare Facilities.

(i) The 2003 Edition of the "International Building Code," and all codes and standards referenced therein, are adopted by reference.

(A) Modifications to the 2003 Edition of the "International Building Code" applicable to the Department are as follows:

(I) Sections 103, 104, 105, 108, 110, 111, 112, 113, 114, and 115 are not applicable.

(II) Subsection 101.4.1 Electrical is modified by deleting "ICC Electrical Code" and replacing with "National Electrical Code."

(III) The Department is the building official where the phrase "building official" is used in the applicable Sections of the code.

(IV) Subsection 1805.2.1 “Frost protection” is amended in all areas of the state outside the local government jurisdictions, the minimum depth from finished grade to the bottom of footings shall be 3 (three) feet for single-story wood or metal frame buildings, and 4 (four) feet for multistory or masonry buildings.

(ii) The 2003 Edition of the “International Fuel Gas Code” and all codes and standards referenced therein are adopted by reference.

(A) Modifications to the “International Fuel Gas Code” applicable to the Department are as follows:

(I) Sections 103, 104, 106, 108, and 109 are not applicable.

(II) Subsection 2702.1 “Installation,” Subsection 309.2 “Electrical,” Subsection 1003.2.11.2 “Illumination emergency power,” and Subsection 1003.2.10.5 “Power source,” are modified by deleting “ICC Electrical Code” and replacing with “National Electrical Code.”

(III) The Department is the code official where the phrase “code official” is used in the applicable Sections of the code.

(iii) The 2003 Edition of the “International Mechanical Code” and all codes and standards referenced therein are adopted by reference.

(A) Modifications to the “International Mechanical Code” applicable to the Department are as follows:

(I) Sections 103, 104, 106, 108, and 109 are not applicable.

(II) Subsection 301.7 “Electrical,” is modified by deleting “ICC Electrical Code” and replacing with “National Electrical Code.”

(III) The Department is the code official where the phrase “code official” is used in the applicable Sections of the code.

(iv) The 2003 edition of the “International Plumbing Code” and all codes and standards referenced therein are adopted by reference.

(A) Modifications to the “International Plumbing Code” applicable to the Department are as follows:

(I) Sections 103, 104, 106, 108, and 109 are not applicable.

(II) The Department is the code official where the phrase “code official” is used in the applicable Sections of the code.

(v) The 2003 edition of the “International Fire Code” and all codes and standards referenced therein are adopted by reference.

(A) Modifications to the “International Fire Code” applicable to the Department are as follows:

(I) Sections 103, 104, 105, 108, 109, and 110 are not applicable.

(II) Subsection 604.1 “Installation” and Section 605 “Electrical Equipment, Wiring and Hazards,” are modified by deleting “ICC Electrical Code” and replacing with “National Electrical Code.”

(III) The Department is the code official where the phrase “code official” is used in the applicable Sections of the code.

(vi) These codes are publications of:

The International Code Council
500 New Jersey Avenue, NW, 6th Floor
Washington, DC 20001
Telephone: 1-888-422-7233
Facsimile: (202) 783-2348
URL: <http://www.iccsafe.org>

Section 6. Approvals, Inspections, Technical Assistance, Interpretations, and Plan Review.

(a) Plan Review.

(i) Submission of Plans and Specifications.

(A) Plans and specifications for new construction must be submitted to the Department for evaluation and approval. No construction shall begin prior to approval of the plans by the Department.

(B) Plans and specifications shall be submitted whenever:

(I) New construction of a healthcare facility is planned;

(II) An existing structure is being converted for use as a healthcare facility;

(III) There are changes to the functional operation and space usage of an existing healthcare facility;

(IV) Remodeling of an existing healthcare facility is planned;

(C) Based on a preliminary plan review, the final plan review may be waived at the discretion of the Department, based on the scope and nature of the project.

(D) Routine maintenance does not require the submission of plans and

specifications. For the purpose of this subsection, "routine maintenance" means repair or replacement of existing equipment, room finishes and furnishings, and similar activities. Such repairs shall not include the cutting away of any wall, partition or portion thereof; the removal or cutting of any structural beam or load-bearing support; or the removal or change of any required means of egress, or rearrangement of parts of the structure affecting the egress requirements; nor shall ordinary repairs include addition to, alteration of, replacement or relocation of any standpipe, water supply, sewer, drainage, drain leader, gas, soil, waste, vent or similar piping, electrical wiring or mechanical or other work affecting health or general safety.

(E) Where equipment replacement and construction are to be performed in an emergency situation, the Department shall be notified within the next working business day. The approval for any work requiring plan approval shall be obtained for the work done for the emergency situation.

(ii) Preliminary Plans.

(A) One (1) set of preliminary plans, the functional program, and the Infection Control Risk Assessment, as required by the "Guidelines for Design and Construction of Hospital and Healthcare Facilities," approved by the owner, shall be submitted to the Department, for review and approval by the Department or by the Department's authorized representative, prior to submitting final plans.

(B) After preliminary plans are approved, the final plans shall be submitted to the Department.

(C) The requirement for preliminary plans may be waived at the sole discretion of the Department, based on the nature of the project.

(D) Approval of preliminary plans expires twelve (12) months after the date of the Department's approval letter if the final drawings have not been submitted and approved. Preliminary plans shall be resubmitted to obtain a new letter of approval.

(iii) Final Plans.

(A) Prior to beginning work, the owner or owner's representative shall submit two (2) complete sets of plans and specifications to the Department. Sufficient stamps or metered postage to provide for the return of one set of plans and specifications shall be included and attached to a label bearing the return address of the owner or owner's representative.

(B) When plans and specifications are submitted to the Department for review, they shall be drawn to scale on substantial paper and shall be of sufficient clarity to indicate the nature and extent of the work proposed and shall show sufficient detail to indicate they conform to the provision of the statutes and the rules and regulations of the Department.

(C) If the plans and specifications are prepared by an architect or engineer, that professional must be licensed in the State of Wyoming.

(D) When the Department issues its final acceptance, the plans and specifications shall be stamped "REVIEWED AND ACCEPTED." The accepted plans and

specifications shall not be changed, modified, or altered without authorization of the Department, and all work shall be done in accordance with the accepted plans. A set of the plans and specifications shall be returned to the owner or owner's representative stamped "REVIEWED AND ACCEPTED," shall be kept at the site of work, and shall be open to inspection.

(E) Any construction on a project prior to the Department's review, acceptance, and final approval of the final plans shall only be permitted by written authorization from the Department. This type of approval shall be limited to foundation construction only.

(F) Stamped plans and specifications marked "REVIEWED AND ACCEPTED" do not authorize, allow, or approve the violation of any applicable code, law, or rules and regulations.

(G) All plan approvals issued for a project shall become invalid unless the construction commences within 180 days from the date on the approval letter issued by the Department. In addition, plan approvals shall become invalid if construction on a project is suspended or abandoned for a period of 180 consecutive days. The Department may authorize, in response to a written request by the owner, one or more extensions of time for periods not to exceed 180 days each.

(H) The Department may suspend or revoke the approval/acceptance issued under the provisions of these rules and regulations if the Department believes the approval/acceptance was issued on the basis of incomplete or inaccurate information.

(I) Construction documents shall be submitted in accordance with Section 106 of the "International Building Code," Section 106.3.1 of the "International Fuel Gas Code," 106.3.1 of the "International Mechanical Code," 106.3.1 of the "International Plumbing Code," and 105.4 of the "International Fire Code." Separate drawings shall be prepared for each of the following branches of work: architectural, structural, mechanical, and electrical. The working drawings and specifications, in addition and as appropriate to the project, shall include or contain the following:

(I) Architectural Drawings.

(1.) Site plan showing all new topography: newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of areas to be landscaped. All structures and improvements that are to be removed under the construction contract shall be shown.

(2.) Plan of each floor and roof.

(3.) Elevations of each facade.

(4.) Sections through the building.

(5.) Elevators and dumbwaiters. Drawings delineating shaft details and dimensions; sizes of cab platform and doors; travel distances, including elevation of landings; pit sizes; and machine rooms.

(6.) Kitchen, laundry, laboratories, special care areas, and similar areas shall be detailed at a scale to show the location, type, size, and connection of all fixed and movable equipment.

(7.) Scale details as necessary; scale details to one and one-half inches to the foot may be necessary to properly indicate portions of the work.

(8.) Schedule of finishes.

(9.) List of applicable building codes.

(10.) A separate plan for each floor including smoke compartmentation, exit signage, fire extinguishers, fire alarm devices, pull stations, sprinklered areas, fire barriers, and corridor protection reflecting NFPA 101, "Life Safety Code."

(II) Structural Drawings.

(1.) Plan of foundation, floors, roofs, and intermediate levels shall show a complete design with sizes, section, and the relative location of the various members, schedule of beams, girders, and columns.

(2.) Floor levels, column centers and offsets shall be dimensioned.

(3.) Special openings and pipe sleeves shall be dimensioned or otherwise noted for easy reference.

(4.) Details of all special connection, assemblies and expansion joints shall be given.

(5.) Notes on design data shall include the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil-bearing pressures.

(6.) For special structures, a stress sheet shall be incorporated in the drawings showing:

a. Outline of structure;

b. All load assumptions used;

c. Stresses and bending moments separately

for each kind of loading;

d. Maximum stress and/or bending moment for which each member is designed, when not readily apparent from the mechanical drawings; and

e. Horizontal and vertical reaction at column

bases.

(III) Mechanical Drawings.

(1.) Heating, cooling and ventilation plans including:

- a. Radiators, coils and steam heated equipment such as sterilizers, warmers and steam tables;
- b. Heating and steam mains and branches with pipe sizes;
- c. Diagram of heating and steam riser with pipe sizes;
- d. Sizes, types and heating surface of boiler, furnaces with stokers and oil burners, if any;
- e. Pumps, tanks, boiler breeching and piping and boiler room accessories;
- f. Air conditioning systems with required equipment, water and refrigerant piping, and ducts;
- g. Supply and exhaust ventilating systems with connection and piping;
- h. Air quantities for all room supply and exhaust ventilating duct openings.

(2.) Plumbing, drainage and stand pipe systems plans including:

- a. Size and elevation of street sewer, house sewer, house drains, street water main and water service into the building;
- b. Location and size of soil, waste, and vent stacks with connection to house drain, clean outs, fixtures and equipment;
- c. Size and location of hot, cold and circulating mains, branches, and risers for the service entrance, and fixture connections;
- d. Gas, oxygen and similar piped system;
- e. Standpipe and sprinkler system; and
- f. All fixtures and equipment that require water and drain connections.

(IV) Electrical Drawings.

(1.) Electrical service entrance with switches and feeders to the public service feeders, characteristics for the light and power current, transformers and their connection if located in the building.

(2.) Location of main switchboard, power panels, light panels and equipment. Feeder and conduit sizes shall be shown with schedule of feeder breaker or switches.

(3.) Light outlets, receptacles, switches, power outlets, and circuits.

(4.) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, branch conduits, and public telephones.

(5.) Nurse call systems with outlets for beds, duty stations, corridor signal lights, annunciators, and wiring diagrams.

(6.) Fire alarm system with stations, signal devices, control board and wiring diagrams.

(7.) Emergency electrical system with outlets, transfer switch, source of supply, feeders and circuits.

(8.) All other electrically operated systems and equipment.

(iv) Special submittals.

(A) Automatic sprinkler systems. At least two (2) sets of the sprinkler system shop drawings, specifications, and calculations prepared by the installer shall be submitted for review and approval prior to the installation.

(B) Radiation Protection. Any project that includes radiology or special imaging equipment used in medical diagnosis, treatment, and therapy of patients, shall include plans, specifications, and shielding criteria, prepared by a qualified medical physicist. The plans shall be submitted and approved prior to the installation of the equipment.

(v) Plans and specifications shall be reviewed by personnel who are certified pursuant to the applicable code. Personnel who perform plan reviews shall, as a minimum, be certified as follows:

(A) Building Plans Examiner - certified by the International Code Council.

(B) Mechanical Plans Examiner - certified by the International Code Council.

(C) Plumbing Plans Examiner - certified by the International Code Council.

(D) Fire Plans Examiner - certified by the National Fire Protection Association.

(b) Inspections.

(i) The construction specifications shall require the contractor to perform tests to ensure all systems conform to the approved plans and specifications.

(A) It shall be the owner's responsibility to ensure qualified inspectors are retained to perform all required construction inspections throughout the course of the construction project. Inspections shall be conducted in accordance with the following codes and shall be completed by personnel certified pursuant to the applicable code:

(I) Section 109 of the 2003 Edition of the "International Building Code."

(II) Section 107 of the 2003 Edition of the "International Fuel Gas Code."

(III) Section 107 of the 2003 Edition of the "International Mechanical Code."

(IV) Section 107 of the 2003 Edition of the "International Plumbing Code."

(V) Section 106 of the 2003 Edition of the "International Fire Code."

(B) Records of inspections shall be retained by the owner and shall be available for inspection by the Department. An inspection sign-off card shall be provided by the Department to be maintained at the construction site. A representative of the Department may periodically visit the site and conduct random inspections of construction elements to ensure conformance with approved plans and specifications.

(ii) Licensure Construction Survey.

(A) Requests for final inspection for licensure on a mutually agreed upon date between the owner and the Department, shall be made in writing by the owner to the Department.

(B) Building System Certifications and Tests.

(I) The owner, as requested, shall submit to the Department test reports and certifications as determined by the Department, based on the scope and nature of the project.

(C) If deficiencies are found as a result of the licensure construction survey, the healthcare facility, as requested, shall submit a plan of correction for review and

acceptance by the Department.

(D) Healthcare facilities shall not provide patient services in the construction, remodel, or expanded areas until written authorization to provide such services is provided by the Department.

(c) Technical Assistance. The owner or owner's representative may request technical assistance from the Department concerning the application of the codes, standards and regulations in these Rules.

(i) Design and Professional Services. Project design and professional architect services requirements, including consultants, are provided in the Rules and Regulations of the Wyoming State Board of Architects and Landscape Architects.

(d) Interpretations. Requests for interpretations of Section 5. Construction Design Requirements for Healthcare Facilities may be submitted to the Department. The following resources will be used by the Department to provide a formal interpretation: Centers for Medicare & Medicaid Services, National Fire Protection Association, International Code Council, and The American Institute of Architects Academy of Architecture for Health.

Section 7. Existing Building Licensure.

(a) Existing buildings, currently licensed, shall conform to Department construction rules in effect at the time of original facility licensure.

(i) Existing buildings which were previously licensed in the same licensure category, but for which the license has lapsed, shall be brought into compliance with the Department's construction rules in effect at the time of application for new license.

(ii) Additions, remodels, or changes of space use and service, shall conform to adopted codes, rules, and other standards in effect on the date the plans were approved by the Department.

(b) Ventilation for Existing Buildings.

(i) Existing buildings licensed as a nursing home or a hospital before May 29, 1991, shall be designed, constructed, equipped, maintained, and operated in compliance with the ventilation requirements that were in effect at the time the facility was licensed.

(ii) An existing building, not previously licensed as a nursing care facility or hospital, shall comply with the ventilation requirements for new construction.

(iii) Additions, remodels, or changes of space use and service, shall comply with the ventilation requirements for new construction.

(A) If changes of space use and service or the remodeling of a wing or building exceeds fifty percent (50%) of the total square foot area of the nursing care facility or hospital, the entire nursing care facility or hospital shall be brought into compliance with the adopted codes and rules governing new construction in effect on the date the plans were approved by the

Department. This provision is not intended to apply to minor or cosmetic renovations, such as paint, wall covering, or floor covering.

Section 8. Electrical Safety.

(a) Electrical installations shall be in accordance with W.S. 35-9-119 including plan reviews and inspections.

Contact:
State of Wyoming
Department of Fire Prevention and Electrical Safety
Herschler Building, 1W, 122 West 25th Street
Cheyenne, WY 82002
Telephone: (307) 777-7288

Section 9. Variances.

(a) A healthcare facility may submit a request to the Department to obtain a variance from the above rules and regulations at any time.

(i) An applicant requesting a variance shall file a Request for Agency Action/Variance Application with the Department on the form furnished by the Department.

(ii) The Department may require additional information from the facility before acting on the request.

(iii) The Department shall act upon each request for a variance in writing within sixty (60) days of receipt of a completed request.

(b) If the Department grants a variance, it shall amend the license in writing to indicate that the facility has been granted a variance. The variance may be renewable or non-renewable. The healthcare facility shall maintain a copy of the approved variance on file in the facility and make the copy available to all interested parties upon request.

(i) The Department shall file the request and variance with the license application.

(ii) The terms of a requested variance may be modified upon agreement between the Department and the facility.

(iii) The Department may impose conditions on the granting of a variance as it determines necessary to protect the health and safety of the facility residents or patients.

(iv) The Department may limit the duration of any variance.

(c) The Department shall issue a written notice of agency decision denying a variance upon a determination that the variance is not justified. This decision shall be final and may not be appealed.

- (d) The Department may revoke a variance if:
- (i) The variance adversely affects the health, safety, or welfare of the facility residents or patients.
 - (ii) The facility fails to comply with the conditions of the variance, as granted.
 - (iii) The licensee notifies the Department in writing that it wishes to relinquish the variance and be subject to the rule previously varied.
 - (iv) There is a change in the statute, regulations, or rules.

Section 10. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.