ARKANSAS
STATE BOARD OF HEALTH

RULES AND REGULATIONS FOR
HOSPITALS AND RELATED INSTITUTIONS
IN ARKANSAS

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ARKANSAS DEPARTMENT OF HEALTH
HEALTH FACILITY SERVICES

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SECRETARY OF HEALTH
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SECTION 3: DEFINITIONS.

For purposes of the regulations rules, the following definitions apply.

A. Abortion complication means any harmful event or adverse outcome with respect to a patient related to an abortion that is performed on the patient and that is diagnosed or treated by a physician or at a healthcare facility including not limited to shock, uterine perforation, cervical laceration, hemorrhage, aspiration, or allergic response, infection, sepsis, death, incomplete abortion, damage to the uterus, and an infant born alive after an abortion.

B. Administrator means the person responsible for the management of any facility requiring licensure under these regulations rules.

C. Alcohol/Drug Abuse Inpatient Treatment Center means a distinct unit within a hospital facility in which services are provided for the diagnosis, treatment and rehabilitation of alcohol and drug abuse.

D. Basic hospital services means the services that all licensed hospitals must provide. Basic services consist of:

1. Governing Body;
2. Medical Staff;
3. General Administration;
4. Patient Care;
5. Health Information;
6. Pharmacy;
7. Food and Nutrition;
8. Infection Prevention and Control;
9. Laboratory;
10. Radiology;
11. Respiratory Therapy;
12. Emergency; and
13. Physical facility maintenance.

E. Critical Access Hospital (CAH) means a hospital located in a rural area that is:

1. Located more than a 35 mile drive (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15 mile drive) from a hospital; or
2. Provides 24 hour emergency care services as determined necessary for ensuring access to
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emergency care in each area served by a CAH;

3. Provides staffing according to Rules and Regulations for Hospitals and Related Institutions in Arkansas; and
4. Meets Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals; or

5. Was operating as a licensed Critical Access Hospital in Arkansas as of April 2007.

NOTE: When a hospital converts to a CAH and then at a later date decides to return to a full service with no limits on bed or length of stay, the hospital shall be surveyed using the Life Safety Code under which the hospital entered into the CAH program. The hospital shall be able to show that it has continued to be licensed and complied consistently with the Life Safety Code as a CAH.

E-F. Department means the Arkansas Department of Health.

F-G. Emergency Services Facility means a facility originally operated as a licensed hospital that has discontinued inpatient services but is licensed to continue to provide emergency services.

G-H. General Hospital means any facility used for the purpose of providing short-term inpatient diagnostic care and treatment, including general medical care, surgical care, obstetrical care and specialized services or specialized treatment.

H-I. Infirmary means any facility used for the purpose of offering temporary medical care and/or treatment exclusively for persons residing on a designated premise, e.g., schools, reformatories, prisons, etc. and where the persons are kept for 24 hours or more.

I. Institution means, for the purpose of these regulations rules, a facility which requires a license. Institution does not include an establishment:

1. Operated by the federal government or by any of its agencies; or

2. Licensed or certified by the Office of Alcohol and Drug Abuse Prevention of the Division of Behavioral Health of the Department of Human Services as an alcohol and drug abuse inpatient treatment center.

J. Licensee means the person to whom a license is issued for the purpose of operating the institution described in the application for licensure, who shall be responsible for maintaining approved standards for the institution of any state, county or local government unit and any division, board or agency thereof.

K. Observation is a designated patient status as opposed to a designated area. Patients in observation status are those patients requiring periodic monitoring and assessment necessary to evaluate the patient's condition or to determine the need for possible admission to the hospital in an inpatient status. Usually observation status shall be for 48 hours or less.

L. Off-campus Emergency Department means an emergency services department located off-site from the main hospital campus but functions as a fully integrated department of the parent hospital.

M. Outpatient Psychiatric Center means a facility in which psychiatric services are offered for a period of 8 to 16 hours a day, and where, in the opinion of the attending psychiatrist, hospitalization as defined in the present licensure law is not necessary. This definition shall not
include Community Mental Health Clinics and Centers, as they now exist.

N. Outpatient Surgery Center (Ambulatory Surgery Center) means a facility in which surgical services are offered that require the use of general or intravenous anesthetics and where, in the opinion of the attending physician, hospitalization is not necessary.

“Outpatient surgery center” does not include:

1. a medical office owned and operated by a physician or more than one (1) physician licensed by the Arkansas State Medical Board, if the medical office does not bill facility fees to a third party payor; or

2. a dental office that has a Facility Permit for Moderate Sedation or a Facility Permit for General/Deep Sedation issued by the Arkansas State Board of Dental Examiners.

O. Psychiatric Hospital means any facility, or a distinct part of a facility, used for the purpose of providing inpatient diagnostic care and treatment for persons having mental disorders.

P. Recuperation Center means any facility or distinct part of a facility, which includes inpatient beds with an organized Medical Staff, and with medical services that include physician services and continuous nursing services to provide treatment for patients who are not in an acute phase of illness but who currently require primarily convalescent or restorative services (usually post-acute hospital care of relatively short duration). A facility that furnishes primarily domiciliary care is not within this definition.

Q. Rehabilitation Hospital or Facility means, for the purpose of these regulations, an inpatient care facility or a distinct part of a facility, which provides rehabilitation services for two or more disabled persons not related to the proprietor, for more than 24 hours through an integrated program of medical and other restorative services. A disabled person shall be considered to be an individual who has a physical or mental condition which, if not treated, will probably result in limiting the performance or activity of the person to the extent of constituting a substantial physical, mental or vocational handicap.

R. Shall means mandatory.

S. State Health Officer means the Secretary of the State Board of Health.

T. Surgery and General Medical Care Hospital means any facility limited to providing short-term inpatient surgical and general medical diagnostic care and treatment.
SECTION 8: PERSONNEL ADMINISTRATION.

A. Medical Attendance. The name, address and telephone number of the physician(s) attending each patient shall be recorded for ready reference.

B. Qualified Personnel. The hospital shall maintain a sufficient number of qualified personnel to provide effective patient care and all other related services. There shall be personnel policies and procedures available. Provisions shall be made for orientation and continuing education.

C. Minimum Age. Personnel who care for patients shall be a minimum of 16 years of age. For any exceptions, see Subpart C of Part 570 of Title 29 of the Code of Federal Regulations, Child Labor Regulations No. 3.

D. Employee Health. It shall be the responsibility of Administration, with advice and guidance from the Medical Staff and/or Infection Prevention and Control Committee, to establish and enforce policies concerning pre-employment physicals and employee health. The policies shall include but are not limited to:

1. Requirements for an up-to-date health file for each employee;

2. Annual testing of each employee for tuberculosis. Each employee, regardless of whether the employee is a reactor, non-reactor or converter shall be tested or evaluated in accordance with the applicable section of the Tuberculosis Manual of the Arkansas Department of Health; and

2. There shall be measures for prevention of communicable disease outbreaks, especially mycobacterium tuberculosis (TB). All plans for the prevention of transmission of TB shall conform to the most current CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities.

3. Work restrictions placed on hospital personnel who are known to be affected with any disease in a communicable stage or to be a carrier of such disease, to be afflicted with boils, jaundice, infected wounds, diarrhea or acute respiratory infections. Such individuals shall not work in any area in any capacity in which there is the likelihood of transmitting disease to patients, hospital personnel or other individuals within the hospital or a potential of contaminating food, food contact surfaces, supplies or any surface with pathogenic organisms.

E. The licensure rules and regulations promulgated by the Arkansas Department of Health for hospitals and other related institutions shall be available to all personnel. All personnel shall be instructed in the requirements of the regulations pertaining to their respective duties.

F. Job descriptions shall be developed for each employee and shall include the responsibilities or actual work to be performed. The job descriptions shall include physical, educational and licensing or certification requirements for each job.

G. Personnel records shall be maintained for each employee and shall include current and background information covering qualifications for employment, records of all required health examinations, evidence of current registration, certification or licensure of personnel subject to statutory regulation and an annual job specific performance evaluation.
SECTION 9: ADMINISTRATION REPORTS.

A. All communicable diseases shall be immediately reported to the Arkansas Department of Health. The institution shall furnish pertinent required information related to the disease to the Arkansas Department of Health.

B. Occurrences which threaten the welfare, safety or health of the public such as epidemic outbreaks, poisoning, etc., shall be reported either by phone or facsimile to the local or State Health Officer. The institution shall furnish other pertinent required information related to the occurrence to the Arkansas Department of Health.

C. Immediate capacity for disaster admissions shall be reported daily to the Disaster Preparedness Section of the Arkansas Department of Health.

D. The facility shall submit to the Arkansas Department of Health, Division of Vital Statistics a report on each abortion complication (including live birth) diagnosed or treated by the Facility not later than the 30th day after the date on which the abortion complication was diagnosed or treated.

1. The report must include:
   a. The name of the Physician submitting the report and type of healthcare facility submitting the report
   b. Not identify by any means the Physician performing the abortion or the patient on whom the abortion was performed
   c. Include the most specific, accurate, and complete reporting for the highest level of specificity and include the following
      (i) The date of the abortion that caused or may have caused the abortion complication;
      (ii) The type of abortion that caused or may have caused the abortion complication;
      (iii) The gestational age of the fetus at the time the abortion was performed;
      (iv) The name and type of healthcare facility in which the abortion was performed;
      (v) The date the abortion complication was diagnosed or treated;
      (vi) The name and type of any healthcare facility other than the reporting healthcare facility in which the abortion complication was diagnosed or treated;
      (vii) A description of the abortion complication;
      (viii) The patient’s year of birth, race, marital status, state of residence, and county of residence;
(ix) The date of the first day of the patient’s last menstrual period that occurred before the date of the abortion that caused or may have caused the abortion complication, if known;
(x) The number of previous live births of the patient; and
(xi) The number of previous induced abortions of the patient.

E. The Facility shall report to Arkansas Department of Health, Division of Vital Statistics, when a known transfer occurs of a patient from the care of a lay midwife during the labor and delivery process.
SECTION 47: PHYSICAL FACILITIES.

A. General Considerations.

1. The requirements set forth herein have been established by the Department and constitute minimum requirements for the design, construction, renovation, and repair of facilities requiring licensure under these regulations rules.

2. Facilities shall be accessible to the public, staff, and patients with physical disabilities. Minimum requirements shall be those set forth by the Arkansas State Building Services, Minimum Standards and Criteria - Accessibility for the Physically Disabled Standards.

3. Projects involving existing facilities shall be programmed and phased to minimize disruption of the existing functions. Access, exits and fire protection shall be maintained for the occupant's and the facility's safety.

4. Codes and Standards. Nothing stated herein shall relieve the owner from compliance with building codes, ordinances, and regulations which are enforced by city, county, or other State jurisdictions. Where such codes, ordinances, and regulations are not in effect, the owner shall consult the state building codes for all components of the building type which are not specifically covered by these minimum requirements. In location where there is a history of tornadoes, floods, earthquakes or other regional disasters, planning and design shall consider the need to protect the occupants and the facility.

B. Occupancy: Each licensed facility or portion of a licensed facility shall be classified as indicated below:

1. General Hospital: A facility or portion of a facility licensed by the Department as a General Hospital that provide for patient care, treatment, or diagnosis on a 24 hour basis and provides treatment or anesthesia for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.

2. Mobile, Transportable, and Relocatable Unit: A portion of a facility licensed by the Department that meets the definitions provided in Section 58 for mobile, transportable, and relocatable units.

3. Freestanding Ambulatory Surgery Center: A facility or portion of a facility licensed by the Department as a Freestanding Ambulatory Surgery Center that provides patient care, treatment, or diagnosis on a less than 24 hour basis and also provides treatment or anesthesia for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.

4. Outpatient Care Facility: A portion of a facility licensed by the Department that provides patient care, treatment, or diagnosis on a less than 24 hour basis and does not provide treatment or anesthesia for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others. Outpatient care facilities may be utilized on occasion by hospital inpatients provided that such use is limited to a less than 24 hour basis.
5. Rehabilitation Facility: A facility or portion of a facility licensed by the Department as a Rehabilitation Facility.

6. Psychiatric Hospital: A facility or portion of a facility licensed by the Department as a Psychiatric Hospital.

7. Alcohol/Drug Abuse Treatment Center: A facility or portion of a facility licensed by the Department as an Alcohol/Drug Abuse Treatment Center.

8. Infirmary: A facility or portion of a facility licensed by the Department as an Infirmary.

9. Non-Healthcare Occupancy: A portion of a licensed facility that does not contain areas intended for patient care, treatment, or diagnosis and does not contain equipment (mechanical, electrical, plumbing, communication, fire alarm, etc.) that serves areas intended for patient care, treatment, or diagnosis.

C. Multiple Occupancy: Facilities may contain more than one occupancy (as described above) provided each different occupancy is separated from all other occupancies by a 2-hour fire resistive rated smoke barrier.

D. Construction Projects: Each construction project shall be classified as indicated below:

1. Addition: A project that increases the floor area of a licensed facility.

2. Repair: A project that provides for the repair or renewal of a licensed facility or portion of a licensed facility solely for the purpose of its maintenance.

3. Simple Renovation: A project other than repair that meets all of the criteria listed below:
   a. The project does not increase the floor area of a licensed facility.
   b. The project does not change the occupancy of a licensed facility or portion of a licensed facility.
   c. The project does not involve more than two (2) smoke compartments.
   d. The smoke compartments affected by the project were completely protected by an automatic sprinkler system prior to the project or the project provides for the installation of a complete automatic sprinkler system in all smoke compartments that are affected by the project.

4. Complex Renovation: A project other than Addition, Repair, or Simple Renovation.

E. Applicable Requirements Based upon Occupancy:

1. Existing Facilities: Existing facilities that do not comply with these regulations shall be permitted to continue in service, provided the lack of conformity with these regulations does not present a serious hazard to the occupants as determined by Health Facility Services or other authorities having jurisdiction.
2. General Hospital: Facilities or portions of facilities classified as a General Hospital occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Sections 48 through 57
   d. Sections 57 through 78

3. Mobile, Transportable, and Relocatable Unit: Facilities or portions of facilities classified as a Mobile, Transportable, and Relocatable Unit occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Section 58

4. Freestanding Ambulatory Surgery Center: Facilities or portions of facilities classified as Freestanding Ambulatory Surgery Center occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Section 79

5. Outpatient Care Facility: Facilities or portions of facilities classified as an Outpatient Care Facility occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Section 80

6. Rehabilitation Facility: Facilities or portions of facilities classified as an Outpatient Care Facility occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations listed below and all publications and Appendices referenced by these Sections.
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7. Psychiatric Hospital: Facilities or portions of facilities classified as a Psychiatric Hospital occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations rules listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Section 82

8. Alcohol/Drug Abuse Treatment Center: Facilities or portions of facilities classified as an Alcohol/Drug Abuse Treatment Center occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations rules listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Section 82

9. Infirmary Occupancies: Portions of facilities classified as an Infirmary occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations rules listed below and all publications and Appendices referenced by these Sections.
   a. Sections 46
   b. Section 47
   c. Section 83

10. Non-Healthcare Occupancy Facilities or portions of facilities classified as a Non-Healthcare occupancy shall be designed, constructed, and renovated in accordance with the Sections of these regulations rules listed below and all publications and Appendices referenced by these Sections.
    a. Sections 46
    b. Section 47

F. Applicable Requirements Based upon the Type of Project:

1. General:
   a. Where renovation work is done within an existing facility, all new work, or additions, or both, shall comply, insofar as practical with applicable sections of
these regulations and appropriate sections of National Fire Protection Association (NFPA) 101 Life Safety Code covering new occupancies. Where major structural elements make total compliance impractical or impossible, exceptions will be considered.

b. In renovation projects and projects involving additions to existing facilities, only that portion of the total facility affected by the project shall comply with applicable sections of these regulations and with appropriate parts of NFPA 101 covering new occupancies. Existing portions of the facility that are not included in the project but essential to the functioning of a complete facility shall comply (at a minimum) with the appropriate sections of NFPA 101 covering existing occupancies. Existing portions of the facility that receive only a small amount of work, shall also comply (at a minimum) with the appropriate sections of NFPA 101 covering existing occupancies.

c. Facilities or portions of facilities shall be permitted to be occupied during construction, renovation, and repair only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternate life safety measures acceptable to Health Facility Services and other authorities having jurisdiction are in place.

2. Addition, Simple Renovation, and Complex Renovation shall be designed, constructed, and renovated in accordance with the applicable Sections of these regulations and all Appendices and publications referenced by these Sections.

3. Repair projects shall be designed and constructed in a manner that does not diminish the safety level that existed prior to the start of the work.

G. Project Review and Approval Process.

1. Coordination: Health Facilities Services will coordinate the review and approval process for all offices of the Department.

2. Addition or Complex Renovation Projects

   a. Drawing Review and Approval Process:

      1) Submission of Plan Review Fee: A plan review fee in the amount of one percent of the total cost of construction or $500.00, whichever is less, shall be paid for the review of plans and specifications. The plan review fee check is to be made payable to Arkansas Department of Health. A detailed estimate shall accompany the plans unless the maximum fee of $500.00 is paid.

      2) Submission of Functional Program: Refer to Section 47, Paragraph H.

      3) Submission of Site Location: Refer to paragraph Section 47, Paragraph I.

      4) Submission of Preliminary Plans: Refer to Section 47, Paragraph J.
5) Review of Functional Program, Site Location, and Preliminary Plans: Health Facility Services shall review the Functional Program, Site Location, and Preliminary Plans and forward a written response with comments to the Facility.

6) Submission of Final Construction Documents: Refer to Section 47, Paragraph K.

7) Review and Approval of Final Construction Documents: Health Facility Services shall review the Final Construction Documents and forward a written response with comments to the Facility and the Design Professional. Health Facility Services shall have a minimum of six (6) weeks to review Final Construction Documents. The written response shall indicate whether or not the Final Construction Documents are approved. If the Final Construction Documents are not approved, the written response shall indicate the design modifications required to secure approval.

7) Plans may be certified by a Licensed Architect or Professional Engineer with respect to compliance with the applicable codes, rules, and standards.

b. Approval to Begin Construction: Facilities may proceed with Addition and Complex Renovation projects after receiving a letter from Health Facility Services stating that the Final Construction Documents have been reviewed and approved and after receiving approval from other authorities having jurisdiction.

c. Site Inspections During Construction: Refer to Section 47, Paragraph L.

d. Final Site Inspection: Refer to Section 46, Paragraph M.

3. Repair: Repair projects do not require Health Facility Services review and approval.

4. Simple Renovation Projects submitted to Health Facility Services shall be reviewed and approved by Health Facility Services as indicated below:

a. Drawing Review and Approval Process:

1) Submission of Plan Review Fee: A plan review fee in the amount of one percent of the total cost of construction or $500.00, whichever is less, shall be paid for the review of plans and specifications. The plan review fee check is to be made payable to the Arkansas Department of Health. A detailed estimate shall accompany the plans unless the maximum fee of $500.00 is paid.

2) Submission of Functional Program: Refer to Section 47, Paragraph H.

3) Submission of Final Construction Documents: Refer to Section 47, Paragraph K.

4) Review and Approval of Final Construction Documents: Health Facility Services shall review the Final Construction Documents and forward a
written response with comments to the Facility. Health Facility Services shall have a minimum of six (6) weeks to review Final Construction Documents. The written response shall indicate whether or not the Final Construction Documents are approved. If the Final Construction Documents are not approved, the written response shall indicate the design modifications required to secure approval.

5) Plans may be certified by a Licensed Architect or Professional Engineer with respect to compliance with the applicable codes, rules, and standards.

b. Approval to Begin Construction: Facilities may proceed with Simple Renovation projects after receiving a letter from Health Facility Services stating that the Final Construction Documents have been reviewed and approved and after receiving approval from other authorities having jurisdiction.

c. Site Inspections During Construction: Refer to Section 47, Paragraph L.

d. Final Site Inspection: Refer to Section 47, Paragraph M.

H. Functional Program.

The facility shall supply for each project (other than a repair project) a functional program that describes the purpose of the project and indicates the estimated cost of construction.

I. Site Location.

1. Location

a. The site of any medical facility should be easily accessible to the community and to service vehicles such as fire protection apparatus.

b. Facilities should be located with due regard to the accessibility by public transportation for patients, staff, and visitors, and availability of competent medical and surgical consultation.

c. The facility should have security measures for patients, personnel, and the public consistent with the conditions and risks inherent in the location of the facility. These measures shall include a program designed to protect human and capital resources.

d. The facility should be located to provide reliable utilities (water, natural gas, sewer and electricity).

e. The site should afford good drainage and shall not be subject to flooding nor be located near insect breeding areas, excessive noise, nor other nuisance producing locations, nor near airports, railways, air pollution, penal institutions (except prison infirmaries), or a cemetery.

2. Roads and Parking.

a. Paved roads and walks shall be provided within the lot lines to provide access to
the main entrance and service entrance, including loading and unloading docks for delivery trucks. Hospitals having an organized emergency services department shall have the emergency entrance well marked to facilitate entry from the public roads or streets serving the site. Access to the emergency entrance shall not conflict with other vehicular traffic or pedestrian traffic. Paved walkways shall be provided for necessary pedestrian traffic.

b. Each facility shall have parking spaces to satisfy the minimum needs of patients, employees, staff, and visitors. In the absence of a formal parking study, each facility shall provide not less than one space for each day shift staff member and employee plus one space for each patient bed. This ratio may be reduced in an area convenient to a public transportation system or to a public parking facility if proper justification is given and provided that approval of any reduction is obtained from the Department. Additional parking shall be required to accommodate outpatient and other services when they are provided. Space shall be provided for emergency and delivery vehicles.

3. Subsoil Investigation. Subsoil investigation shall be made to determine the subsurface soil and water conditions. The investigation shall include a sufficient number of test pits or test borings to determine, in the judgment of the architect and the structural engineer, the true subsurface conditions. Results of the investigation shall be available in the form of a soil investigation report or a foundation engineering report. The investigation shall be made in close cooperation with the architect and structural engineer and shall contain detailed recommendations for foundation design and gradings. The following is a general outline of the suggested scope of soil investigation:

   a. The borings or test pits shall extend into stable soils well below the bottom of any proposed foundations. A field log of the borings shall be made and the thickness, consistency, and character of each layer recorded;

   b. The amount and elevation of groundwater encountered in each pit or boring and its probable variation with the seasons and effect on the subsoil shall be determined. High or low water levels of nearby bodies of water affecting the ground level shall also be determined;

   c. Laboratory tests shall be performed to determine the safe bearing value and compressibility characteristics of the various strata encountered in each pit or boring;

   d. Maximum depth of frost penetration below surface of the ground shall be recorded;

   e. Tests shall be made to determine whether the soil contains alkali in sufficient quantities to affect concrete foundations;

4. Approval. The new building site shall be inspected and approved by the Department before construction begins.

J. Preliminary Plans: Preliminary plans submitted to Health Facility Services shall include as a minimum the following information:

1. Floor plans drawn to scale that indicate room names, room dimensions, corridor
dimensions, locations of fire resistive rated partitions, and locations of rated smoke barriers.

2. An existing floor plan indicating existing spaces and exits and their relationship to the new construction (renovation projects only).

3. Building sections that establish the proposed construction type and fire rating. Sections shall be drawn at a scale sufficiently large to clearly present the proposed construction system.

4. A site plan that indicates the location of proposed roads, walks, service and entrance courts, parking, and orientation.

5. Simple horizontal and vertical space diagrams that indicate the relationship of various departments and services to each other the general room arrangement in each department.

6. A narrative description of proposed mechanical, electrical, and fire protection systems.

K. Final Construction Documents.

1. Construction Documents shall be prepared by an architect and/or professional engineer licensed by the State of Arkansas.

2. Architectural construction documents shall be prepared by an architect and engineering construction documents (structural, mechanical, electrical, and civil) shall be prepared by a qualified engineer. The documents shall be stamped with appropriate seals for each discipline.

3. Periodic observations of construction shall be provided and documented by each design professional. Design professionals shall verify that the construction is in accordance with the construction documents and that the Record Drawings are properly maintained.

4. The construction contract shall contain a provision to withhold progress payments to the contractor until the Record Drawings are current.

5. Final Construction Documents shall include drawings and specifications. Separate drawings and specifications shall be prepared for each of the following branches of work: architectural, structural, mechanical, electrical, life safety and fire protection.

6. The drawings shall include the following information:

   a. Architectural.

      1) Approved 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 the areas to be planted. All structures and improvements removed under the construction contract. A print of the survey shall be included in the Contract Documents.

      2) Plan of each floor, roof, and all intermediate levels.

      3) Elevations of each exterior wall.
4) Sections through building.

5) Scale details as necessary to properly indicate portions of the work.

6) Schedule of finishes.

b. Equipment.

1) Large scale drawings of typical and special rooms indicating all fixed equipment and major items of furniture and movable equipment.

2) The furniture and movable equipment not included in the construction contract shall be indicated by dotted lines.

c. Structural.

1) Plans of foundations, floors, roofs, and all intermediate levels shall show a complete design with sizes, sections, and the relative location of the various members and schedule of beams, girders, and columns.

2) Dimensional floor levels, column centers and offsets.

3) Special openings.

4) Details of all special connections, assemblies, and expansion joints.

5) Name of the governing building code.

d. Mechanical.

1) Heating, piping, and air-conditioning systems:

   a) 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 risers with pipe sizes;

   d) Sizes, types, and heating surfaces of boilers and oil burners, if any;

   e) Pumps, tanks, boiler breeching and piping, and boiler room accessories;

   f) Air-conditioning systems with required equipment, water piping, refrigerant piping, and ductwork indicating required fire smoke/dampers;

   g) Air quantities for all room supply, return, and exhaust ventilating duct openings;
h) A ventilation schedule specifying the following information:
Room number, room name, room volume (ft³), required room air changes, required outside air changes, required air movement relative to adjacent area, required air filtration (% efficiency), required room total supply air quantity (cubic feet per minute (CFM), required outside air quantity (CFM), required room exhaust air quantity (CFM), design room total supply air quantity (CFM), design room return air quantity (CFM), design outside air quantity (CFM), design room exhaust air quantity (CFM), design room air filtration (% efficiency), room design summer (°F) dry bulb/wet bulb (DB/WB), room design winter (°F) DB/WB, outside air design summer (°F) DB/WB, and outside air design winter (°F) DB/WB; and

i) Air filter design pressure drop (both clean and dirty).

2) Plumbing, drainage, and standpipe systems:
   a) Size and elevation of street sewer, house sewer, house drains, and street water main;
   b) Locations and size of soil, waste, and vent stacks with connections to house drains, clean outs, fixtures and equipment;
   c) Size and location of hot and cold circulating mains, branches, and risers from the service entrance and tanks;
   d) Riser diagram to show all plumbing stacks with vents, water risers, and fixture connections;
   e) Gas, oxygen, and special connections;
   f) Standpipe and sprinkler systems; and
   g) Plumbing fixtures and equipment that require water and drain connections;

3) Elevators and dumbwaiters: Details and dimensions of shaft, pit and machine room, pit sumps with alarms when required, sizes of car platform and doors.

4) Kitchens, laundry, refrigeration, and laboratories detailed at a satisfactory scale (1/4 inch scale) to show the location, size, and connection of all fixed and moveable equipment.

e. Electrical.

1) All electrical wiring, outlets, smoke detectors, and equipment which require electrical connections;
2) Electrical service entrance with switches, and feeders to the public service feeders, characteristics of the light and power current and transformers and their connections, if located in the building;

3) Plan and diagram showing main switchboard power panels, light panels and equipment. Diagram of feeder and conduit sizes with a schedule of feeder breakers or switches;

4) Light outlets, receptacles, switches, power outlets, and circuits;

5) Telephone layout showing service entrance, telephone switchboard, terminal boxes, and telephone outlets; Nurse call systems with outlets for beds, nurses stations, door signal lights, annunciators, and wiring diagrams;

6) Staff paging and doctor's in-and-out registry systems with all equipment wiring, if provided;

7) Fire alarm and/or security system with stations, signal devices, control board, and wiring diagrams;

8) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits;

9) Medical gas alarm systems; and

10) All other electrically operated systems and equipment.


1) Limits of each smoke compartment;

2) Location of each smoke barrier wall;

3) Dimensions and gross areas of each smoke compartment;

4) Location of each fire rated wall or partition, fire separation wall and horizontal exit;

5) Location of each exit sign, fire pull station, and extinguisher cabinet and extinguisher; and

6) Travel distance(s) from the most remote location(s) in the building to an exit as defined by NFPA 101 (i.e., horizontal exit, exit passageway, enclosed exit stair, exterior exit door).

g. Specifications: Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanships, finishes, and other characteristics of all materials and equipment and shall include the following:

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1) Cover or title sheet with architectural seal;

2) Index;

3) General conditions;

4) General requirements;

5) Sections describing material and workmanship in detail for each class of work.

h. All construction documents and specifications shall be approved by the Department prior to the beginning of construction and a letter shall be issued from the licensing agency granting approval to commence with construction. The Department shall have a minimum of six (6) weeks to review construction documents and specifications. Health Facility Services shall coordinate the plan review with other Divisions in the Department. Penalties for starting construction without Department approval see Section 4, Licensure and Codes.

L. Site Inspection During Construction. The Department shall inspect the project during the construction process as indicated below:

1. This Department is to be notified when construction begins and a construction schedule shall be submitted to determine inspection dates.

2. Representatives from the Department shall have access to the construction premises and the construction project for purposes of making whatever inspections deemed necessary throughout the course of construction.

3. Any deviation from the accepted construction documents shall not be permitted during construction, until the written request for change(s) in the construction is approved by this Department.

M. Final Site Inspection.

1. Upon completion of construction and prior to the approval by the Department to occupy and use the facility, the owner shall be furnished a complete set of record drawings and a complete set of installation, operation, and maintenance manuals and parts lists for the installed equipment.

2. A list of final site inspection items has been provided in Section 84, Table 5.

3. No facility shall occupy any new structure or major addition or renovation space until the appropriate permission has been received from the local building and fire authorities and licensing agency.

N. Referenced Publications.

1. General: These regulations include references to other codes and standards.
The most current codes and standards adopted at the time of this publication are used. Later issues will normally be acceptable where requirements for function and safety are not reduced; however, editions of different dates may have portions renumbered or re-titled. Care shall be taken to ensure that appropriate sections are used.

2. Publications adopted in whole by these regulations are as listed below:
   c. Arkansas Building Authority, Minimum Standards and Criteria - Accessibility for the Physically Disabled Standards.
   f. National Council on Radiation Protection (NCRP), Radiation Protection Design Guidelines for 0.1 to 29100, MeV Particle Accelerator Facilities.

3. Publications adopted in part (only the sections specifically identified by these regulations are applicable) by these regulations are as listed below:
   a. American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), "Handbook of Fundamentals" and "Handbook of Applications."
   b. American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), Standard 52, "Method of Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matter."

4. A partial list of other publications that are applicable to the design and construction of healthcare facilities that are not a part of these regulations but may be enforced by other authorities having jurisdiction is provided below:

b. Arkansas State Mechanical Code, Arkansas Department of Health.


d. Arkansas Boiler Code, Arkansas Department of Labor.

5. Publications that are not a part of these regulations but potentially helpful as reference material in the design and construction of healthcare facilities are as listed below:


O. Availability of Codes and Standards. Referenced publications can be ordered, if they are Government publications, from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402. Copies of non-government publications can be obtained at the addresses listed below.

1. Air Conditioning and Refrigeration Institute, 1501 Wilson Boulevard, Arlington, VA 22209.


3. American Society of Civil Engineers, 345 East 47th Street, New York, NY 10017


5. American Society of Heating, Refrigerating, and Air Conditioning, 1741 Tullie Circle, NE, Atlanta GA 30329.

6. Arkansas Building Authority, 1515 West 7th Street, Suite 700, Little Rock, AR 72201.

7. Arkansas Department of Labor, 10421 West Markham, Little Rock, AR 72205.

8. Illuminating Engineering Society of North America (IESNA), 120 Wall Street, 17th Floor, New York, NY 10005.


10. National Fire Protection Association, 1 Batterymarch Park, Post Office Box 9101, Quincy, MA 02269-9101.

P. Interpretations of Requirements.

1. Memorandum of Understanding: Conflicts between the Arkansas Fire Prevention Code and NFPA 101 Life Safety Code are to be resolved using the Memorandum of Understanding as indicated below:
   a. The Arkansas Fire Prevention Code is the fire prevention code for the State of Arkansas.
   c. Requirements found only in the Arkansas Fire Prevention Code (requirements not addressed by NFPA 101) may be provided at the option of the facility (compliance with these requirements is not mandatory).

2. Safety Improvement Plans: Nothing in these regulations rules shall be construed as restrictive to a facility that chooses to do work as a part of a long-range safety improvement plan. These regulations rules do not prohibit a single phase of improvement. All hazards to life and safety all areas of noncompliance should be corrected as soon as possible.

3. Provisions in Excess of Regulatory Requirements: Nothing in these regulations rules shall be construed to prohibit a better type of building construction, an additional means of egress, or an otherwise safer condition than that specified by the minimum requirements of these regulations rules.

4. Equivalency:
   a. Insofar as practical, these minimum standards have been established to obtain a desired performance result. Prescriptive limitations, when given, such as exact minimum dimensions or quantities, describe a condition that is recognized as a practical standard for normal operation.
   b. It is the intent of these regulations rules to permit and promote equivalency concepts. Nothing in these regulations rules shall be construed as restricting innovations that provide an equivalent level of performance with these regulations rules in a manner other than that which is prescribed by these regulations rules, provided that no other safety element or system is compromised in order to establish equivalency.
   c. Health Facility Services may approve alternate methods, procedures, design criteria, and functional variations from these regulations rules, because of extraordinary circumstances, new programs, new technology, or unusual conditions when the facility can effectively demonstrate that the intent of the regulations rules is met and that the variation does not reduce the safety or operational effectiveness of the facility below that required by the exact language of the regulations rules.
d. When contemplating equivalency allowances, Health Facility Services may use a variety of expert sources to make equivalency findings. Health Facility Services will document the reasons for approval or denial of equivalency to the facility.

e. National Fire Protection Association (NFPA) document 101A is a technical standard for evaluating equivalency to certain Life Safety Code 101 requirements. The Fire Safety Evaluation System (FSES) is a widely recognized method for establishing a safety level equivalent to the Life Safety Code. The use of the FSES process may be useful for evaluating existing facilities that will be affected by renovation.