K. Occupational Therapy, Recreational Therapy, Speech/Hearing/Audio Unit Suite, if provided. See Section 60, Physical Facilities, Rehabilitation Therapy Department.

L. Pharmacy Suite. See Section 62, Physical Facilities, Pharmacy.

M. Dietary Facilities. See Section 63, Physical Facilities, Dietary Facilities.

N. Administration and Public Areas. See Section 64, Physical Facilities, Administration and Public Areas.

O. Medical Record Unit. See Section 65, Physical Facilities, Health Information Unit.

P. Central Medical Supply Department. See Section 67, Physical Facilities, Central Supply and Receiving.

Q. Central Supplies and Receiving. See Section 67, Physical Facilities, Central Supply and Receiving.

R. Laundry Services. See Section 68, Physical Facilities, Linen Service.

S. Facilities for Cleaning and Sanitizing Carts and Environmental Services. See Section 69, Physical Facilities, Cleaning and Sanitizing Carts and Environmental Services.

T. Employee Facilities. See Section 70, Engineering Service and Equipment Areas.

U. Engineering Services and Equipment Areas. See Section 70, Physical Facilities, Engineering Service and Equipment.

V. Waste Processing Services. See Section 71, Physical Facilities, Waste Processing Services.

W. Details and Finishes. See Section 72, Physical Facilities, Details and Finishes.

X. Construction. See Section 73, Physical Facilities, Construction, Including Fire Resistive Requirements.

Y. Elevators. See Section 73, Physical Facilities, Electrical Standards.

Z. Mechanical Requirements. See Section 74, Physical Facilities, Mechanical Requirements.

Severability

If any provision of these Rules, or the application thereof to any person or circumstances is held invalid, such provisions or applications of these Rules that can give effect without the invalid provisions or applications will be enforced, and to this end the provisions hereto are declared to be severable.

TABLE 1

Filter Efficiencies for Central Ventilation and Air Conditioning Systems in Health Care Facilities			
Area Designation	No. Filter Beds	Filter Bed No.1 (%)	Filter Bed No.2[1] (%)
All areas for patient care, treatment, and diagnosis, and those areas providing direct service or clean supplies such as sterile and clean processing.	2	30	90
Protective Environment Room 2	2	30	99.97
Laboratories	1	80	-
Administrative, Bulk Storage, Soiled Holding Areas, Food Preparation Areas, and Laundries	1	30	-

These requirements do not apply to small outpatient clinics or outpatient clinics that do not perform invasive applications or procedures.

Notes: The filtration efficiency ratings are based on average dust spot efficiency per ASHRAE 52.1 – 1992.

Additional roughing or prefilters should be considered to reduce maintenance required for filters with efficiencies higher than 75 percent.

TABLE 2

Sound Transmission Limitations in Health Care Facilities		
	Airborne Sound Transmission Class (STC)[1]	
	Partitions	Floors
NEW CONSTRUCTION[2]		
Patients= Room to Patients= Room	45	40
Public Space to Patients= Room[3]	55	40
Service Areas to Patients= Room[4]	65	45
Patient room access corridor[5]	45	45
Exam room to exam room	45	____
Exam room to public space	45	____
Toilet room to public space	45	____
Consultation rooms/ conference rooms to public space	45	____
Consultation rooms/ Conference rooms to patient rooms	45	____
Staff lounges to patient rooms	45	____
Existing Construction[2]		
Patient room to patient room	35	40
Public space to patient room[3]	40	40
Service areas to patient room[4]	45	45

1. Sound transmission class (STC) shall be determined by tests in accordance with methods set forth in ASTM Standard E90 and ASTM E413. Where partitions do not extend to the structure above, sound transmission through ceilings and composite STC performance shall be considered.

2. Treatment rooms shall be treated the same as patient rooms

3. Public space includes corridors (except patient room access corridors), lobbies, dining rooms, recreation rooms, treatment rooms, and similar spaces.

4. Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar spaces of high noise. Mechanical equipment located on the same floor or above patient rooms, offices, nurses stations, and similar occupied space shall be effectively isolated from the floor.

5. Patient room access corridors contain composite walls with doors/windows and have direct access to patient rooms.

TABLE 3

Temperature and Relative Humidity Requirements		
Area Designation	Dry Bulb Temperatures **ºF**[1]	Relative Humidity (%) Minimum-Maximum[2]
Operating Rooms, Delivery Rooms, Endoscopy, and Bronchoscopy	68-73	20-60
Newborn Intensive Care and Newborn Nursery Suite	72-78	30-60
Recovery, Intensive Care, Trauma Rooms, Procedure Rooms, and Radiological X-ray (Surgical/Critical Care and Catheterization)	71-75	30-60
Clean Work Room and ETO Sterilizer Room	75	30-60
Sterile Storage	75	70 (max)

[1]Where temperature ranges are indicated, the systems shall be capable of maintaining the rooms at any point within the range. A single figure indicates a heating or cooling capacity of at least the indicated temperature. Nothing in these guidelines shall be construed as precluding the use of temperatures different than those noted when the patient's comfort and medical conditions make different temperatures appropriate. Unoccupied areas such as storage rooms shall have temperatures appropriate for the function intended.

[2]Humidification systems serving anesthetizing locations shall be designed in accordance with NFPA 99 paragraph 5-4.1.1.

TABLE 4

Ventilation, Medical Gas, and Air Flow Requirements in Health Care Facilities[1]

Area Designation	Air Movement Relationship To Adjacent Area	Minimum Air Changes Outside Air Per Hour[3]	Minimum Total Air Changes Per Hour[4,5]	Air Recirculated By Means of Room Unit[7]	All Air Exhausted Directly Outdoor[6]
SURGERY AND CRITICAL CARE AREAS					
Operating/Surgical Cystoscopic Rooms [8,9]	Out	3	15	No	Optional
Delivery Room [8]	Out	3	15	No	Optional
Recovery Room[8]	-	2	6	No	Optional
Critical Care and Intensive Care	-	2	6	No	Optional
Newborn intensive care	-	2	6	No	Optional
Treatment Room[10]	-	-	6	Optional	Optional
Trauma Room[10]	Out	3	15	No	Optional
Anesthesia gas storage	In	-	8	Optional	Yes
Endoscopy	In	2	6	No	Optional
Bronchoscopy [9]	In	2	12	No	Yes
ER Waiting Room	In	2	12	No	Yes [11,12]
Triage	In	-	12	No	Yes[11]
Radiology waiting rooms	In	2	12	Optional	Yes[11, 12]
Procedure room	Out	3	15	No	Optional
NURSING AREAS					
Patient Room	-	2	6[13]	Optional	Optional
Toilet Room	In	-	10	Optional	Yes
Newborn Nursery Suite	-	2	6	No	Optional
Protective environment room [9,14]	Out	2	12	No	Optional
Airborne Infectious Isolation, Bronchoscopy Room[9, 15]	In	2	12	No	Yes
Isolation alcove or anteroom[14,15]	In/Out	-	10	No	Yes
Labor/Delivery/Recovery (LDR)	-	2	6[13]	Optional	Optional
Labor/Delivery/ Recovery/ Post Partum (LDRP) -	-	2	6[13]	Optional	Optional
Patient Corridor	-	-	2	Optional	Optional
ANCILLARY AREAS					
Radiology X-ray (Surgical/Critical Care & Catheterization)[16]	Out	3	15	No	Optional
Radiology X-ray (Diagnostic & Treatment)[16]	-	-	6	Optional	Optional
Radiology Darkroom	In	-	10	No	Yes
Lab General[16]	-	-	6	Optional	Optional
Lab Biochemistry[16]	Out	-	6	No	Optional
Lab Cytology	In	-	6	No	Yes
Lab Glass Washing	In	-	10	Optional	Yes
Lab Histology	In	-	6	No	Yes
Lab Microbiology [16]	In	-	6	No	Yes
Lab Nuclear Med	In	-	6	No	Yes
Lab Pathology	In	-	6	No	Yes
Lab Serology	Out	-	6	No	Optional
Lab Sterilizing	In	-	10	Optional	Yes
Autopsy[9]	In	-	[17]12	No	Yes
Nonrefrigerated body holding room	In	-	10	Optional	Yes
Pharmacy	Out	-	4	Optional	Optional

Area Designation	Air Movement Relationship To Adjacent Area	Minimum Air Changes Outside Air Per Hour[3]	Minimum Total Air Changes Per Hour[4,5]	Air Recirculated By Means of Room Unit[7]	All Air Exhausted Directly Outdoor[6]
DIAGNOSTIC AND TREATMENT AREAS					
Examination Room	-	-	6	Optional	Optional
Medication Room	Out	-	4	Optional	Optional
Treatment Room	-	-	6	Optional	Optional
Physical Therapy and Hydrotherapy	In	-	6	Optional	Optional
Soiled Workroom or Soiled Holding	In	-	10	No	Yes
Clean Workroom or Clean Holding	Out	-	4	Optional	Optional
STERILIZING AND SUPPLY AREAS					
ETO Sterilizer Room	In	-	10	No	Yes
Sterilizer Equipment Room	In	-	10	Optional	Yes
Central Supply Soiled or Decontamination Room	In	-	6	No	Yes
Central Supply Clean Workroom[17]	Out	-	4	No	Optional
Sterile Storage	Out	-	4	Optional	Optional
SERVICE AREAS					
Food Preparation Centers[17]	-	-	10	No	Optional
Warewashing	In	-	10	No	Yes
Dietary Day Storage	In	-	2	Optional	Optional
Laundry, General	-	-	10	Optional	Yes
Soiled Linen Sorting and Storage	In	-	10	No	Yes
Clean Linen Storage	**Out**	-	2	Optional	Optional
Soiled Linen and Trash Chute Room	**In**	-	10	No	Yes
Bedpan Room	**In**	-	10	Optional	Yes
Bathroom	**In**	-	10	Optional	Optional
Janitor's Closet	**In**	-	10	No	Yes

Notes for Table 4

1. The ventilation rates in this table cover ventilation for comfort, as well as for asepsis and odor control in areas of acute care hospitals that directly affect patient care and are determined based on healthcare facilities being predominantly "No Smoking" facilities per Ark. Code Ann. §20-27-704 et seq. . Where smoking may be allowed, ventilation rates will need adjustment. Areas where specific ventilation rates are not given in the table shall be ventilated in accordance with ASHRAE Standard 62, Ventilation for Acceptable Indoor Air Quality; and ASHRAE Handbook-HVAC Applications. Specialized patient care areas, including organ transplant units, burn units, specialty procedure rooms, etc., shall have additional ventilation provisions for air quality control as may be appropriate. OSHA standards and/or NI0SH criteria require special ventilation requirements for employee health and safety within healthcare facilities.

2. Design of the ventilation system shall provide air movement which is generally from clean to less clean areas. If any form of variable air volume or load shedding system is used for energy conservation, it shall not compromise the corridor-to-room pressure balancing relationships or the minimum air changes required by the table. Where the air movement relationship is “In “ (negative) or “Out” (positive), the air movement relationship shall not be reversible. Rooms with reversible airflow provision for the purpose of switching between “In” and “Out” are not acceptable.

3. To satisfy exhaust needs, replacement air from the outside is necessary. Table 4 does not attempt to describe specific amounts of outside air to be supplied to individual spaces except for certain areas such as those listed. Distribution of the outside air, added to the system to balance required exhaust, shall be as required by good engineering practice. Minimum outside air quantities shall remain constant while the system is in operation.

4. Number of air changes may be reduced when the room is unoccupied if provisions are made to ensure that the number of air changes indicated is reestablished any time the space is being utilized. Adjustments shall include provisions so that the direction of air movement shall remain the same when the number of air changes is reduced. Areas not indicated as having continuous directional control may have ventilation systems shut down when space is unoccupied and ventilation is not otherwise needed, if the maximum infiltration or exfiltration permitted in Note 2 is not exceeded and if adjacent pressure balancing relationships are not compromised. Air quantity calculations shall account for filter loading such that the indicated air change rates are provided up until the time of filter change-out.

5. Air change requirements indicated are minimum values. Higher values should be used when required to maintain indicated room conditions (temperature and humidity), based on the cooling load of the space (lights, equipment, people, exterior walls and windows, etc.).

6. Air from areas with contamination and/or odor problems shall be exhausted to the outside and not recirculated to other areas. Note that individual circumstances may require special consideration for air exhaust to the outside, e.g., in intensive care units in which patients with pulmonary infection are treated, and rooms for burn patients.

7. Recirculating room HVAC units refers to those local units that are used primarily for heating and cooling of air, and not disinfection of air. Because of cleaning difficulty and potential for buildup of contamination, recirculating room units shall not be used in areas marked "No." However, for airborne infection prevention and control, air may be recirculated within Individual isolation rooms if HEPA filters are used. Isolation and intensive care unit rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. Gravity-type heating or cooling units such as radiators or convectors shall not be used m operating rooms and other special care areas.

8. National Institute for Occupational Safety and Health (NIOSH) Criteria Documents regarding Occupational Exposure to Waste Anesthetic Gases and Vapors, and Control of Occupational Exposure to Nitrous Oxide indicate a need for both local exhaust (scavenging) systems and general ventilation of the areas in which the respective gases are utilized.

9. Differential pressure shall be a minimum of 0.01" water gauge (2.5 Pa). If alarms are installed, allowances shall be made to prevent nuisance alarms of monitoring devices.

10. The term trauma room as used here is the operating room space in the emergency department or other trauma reception area that is used for emergency surgery. The first aid room and/or "emergency room" used for initial treatment of accident victims may be ventilated as noted for the "treatment room." Treatment rooms used for Bronchoscopy shall be treated as Bronchoscopy rooms. Treatment rooms used for cryosurgery procedures with nitrous oxide shall contain provisions for exhausting waste gases.

11. In a ventilation system that recirculates air, HEPA filters can be used in lieu of exhausting the air from these spaces to the outside. In this application, the return air shall be passed through the HEPA filters before it is introduced into any other spaces.

12. If it is not practical to exhaust the air from the airborne infection isolation room to the outside, the air may be returned through HEPA filters to the air-handling system exclusively serving the isolation room.

13. Total air changes per room for patient rooms, labor/delivery/recovery rooms, and labor/delivery/recovery/postpartum rooms may be reduced to 4 when supplemental heating and/or cooling systems (radiant heating and cooling, baseboard heating, etc.) are used.

14. The protective environment airflow design specifications protect the patient from common environmental airborne infectious microbes (i.e., Aspergillus spores). These special ventilation areas shall be designed to provide directed airflow from the cleanest patient care area to less clean areas. These rooms shall be protected with HEPA filters at 99.97 percent efficiency for a 0.3 micron sized particle in the supply airstream. These Interrupting filters protect patient rooms from maintenance-derived release of environmental microbes from the ventilation system components. Recirculation HEPA filters can be used to increase the equivalent room air exchanges. Constant volume airflow is required for consistent ventilation for the protected environment. It the facility determines that airborne infection isolation is necessary for protective environment patients, an anteroom shall be provided. Rooms with reversible airflow provisions for the purpose of switching between protective environment and airborne infection isolation functions are not acceptable.

15. The infectious disease isolation room described in these guidelines is to be used for isolating the airborne spread of infectious diseases, such as measles, varicella, or tuberculosis. The design of airborne infection isolation (AII) rooms should include the provision for normal patient care during periods not requiring Isolation precautions. Supplemental recirculating devices may be used in the patient room, to increase the equivalent room air exchanges; however, such recirculating devices do not provide the outside air requirements. Air may be recirculated within individual isolation rooms if HEPA filters are used. Rooms with reversible airflow provisions for the purpose of switching between protective environment and All functions are not acceptable.

16. When required, appropriate hoods and exhaust devices for the removal of noxious gases or chemical vapors shall be provided per NFPA 99.

17. Food preparation centers shall have ventilation systems whose air supply mechanisms arc interfaced appropriately with exhaust hood controls or relief vents so that exfiltration or infiltration to or from exit corridors does not compromise the exit corridor restrictions of NFPA 90A, the pressure requirements of NFPA 96, or the maximum defined in the table. The number of air changes may be reduced or varied to any extent required for odor control when the space is not in use.

TABLE 5

Final Occupancy Inspection Check List

Inspector:_____Date:_____

Facility:_____Job:_____

General Contractor:_____

The following items shall be located at the site and copies furnished to Health Facilities Services (HFS) prior to the final inspection and approval for occupancy of the project area(s). These items are in no specific order. Some items may not apply in every case.

ITEM	YES	NO	COMMENT
1. Architect/Engineer=s Certification of Substantial Completion?			
2. Interior finishes - smoke development and fire spread rating information?			
3. Fire Protection Systems- Portable fire extinguishers are inspected and tagged, and shop drawings for standpipe/sprinkler systems are available?			
4. Certificate of Occupancy - City Building Inspector?			
5. **Certification** - fire alarm system, smoke detection system, sprinkler system, and any other fire suppression system has been installed, tested and meets all applicable standards?			
6. **Certification** - medical gas system?			
7. **Certification** - electrical system has been installed, tested and meets all applicable standards of the NEC, NFPA? [1]			
8. **Certification** - emergency generator has been installed, tested and meets all applicable standards of the NFPA, NEC?			
9. **Certification** - mechanical system has been installed, tested, balanced, and approved by the engineer of record?			
10. **Certification** - communication system(s) has been installed, tested and meets all applicable standards of the NEC, NFPA?			
11. Are there manufacturer's operation and maintenance manuals with equipment warranties on site for all newly installed equipment or a letter from the general contractor stating that the above items will be turned over to the owner?			
12. Have all applicable pieces of equipment installed during the construction been incorporated into the existing preventive maintenance system? Or, have new maintenance policies and procedures been written to insure that said items are maintained per the manufacturers recommendations?			
13. Are there as-built drawings on site or a letter from the general contractor stating that the as-built drawings will be turned over to the owner?			
14. Are there copies of the Architect's and Engineer's final punch lists with verification that all items have been repaired or remedied?			
15. Has the Architect/designer accepted testing and certification of items 5 through 10 above?			

[1]In accordance with the applicable electrical system requirements of NFPA 99, grounding system effectiveness shall be determined for new and renovated equipment by voltage and impedance measurements. Receptacles shall be checked for continuity of the grounding circuit and polarity of the hot and neutral connections.

TABLE 6

Behavioral Screening Exam

TEST 1		
Initial Observation: A room with minimal distraction is an appropriate test area. Allow the dog to investigate this area for several minutes without the tester present. The tester should enter the room, not speak, stand still at a discreet distance and observe the dog for about 15 seconds. Record the initial response.		
ACCEPTABLE	**QUESTIONABLE**	**OTHER**
Holds Ground ☐	Crouches ☐	No response ☐
Approaches Tester ☐	Hackles Up ☐	
Hackles Normal ☐	Lips Puffed ☐	
Lips Normal ☐	Moves Stiff-Legged ☐	
Sniffs Tester ☐	Growls ☐	
	Retreats ☐	
	Barks ☐	
	Avoids Eye Contact ☐	
	Stares At You ☐	
	Whines ☐	

TEST 2		
Approaching the Dog: After initial brief observation, approach the dog with hand extended at the dog's nose level, palm and fingers pointed downward. Do not "rush" in, but do not approach dog in a cautious or apprehensive manner. Walk up to the dog in a normal stride until your hand is within six to 12 inches of the dog's nose. Say nothing and wait for the dog to make the next move.		
ACCEPTABLE	**QUESTIONABLE**	**OTHER**
Extends Head or Steps Forward to Sniff Hand ☐	Turns Head Away or Tries to Ignore Hand ☐	Stares At You ☐
Seeks Attention by Nudging or Leaning into Tester ☐	Pulls Back or Retreats ☐	No Response ☐
Acts Playful by Barks or Actions ☐	Raises Hackles ☐	
Licks Hand ☐	Barks (Not to be Confused with Playful Barking ☐	
	Lips Puffed ☐	
	Overly Exuberant ☐	
	Bares Teeth (Don't Confuse with Grin) ☐	

TEST 3		
Handling the Dog: If the dog has not been eliminated by Test 1 and 2, attempt to pet the dog starting with the top of the head. Pet the dog to determine its overall response on especially sensitive areas, such as ears and mouth.		
ACCEPTABLE	**QUESTIONABLE**	**OTHER**
Enjoys the Attention ☐	Pulls Back or Retreats ☐	Meets You, But With Head Lowered and Eyes Averted ☐
Tries to Make Friends ☐	Growls ☐	Attempts to Lick Your Face ☐
Becomes Playful ☐	Lips Puffed ☐	
Enjoys Brushing	Raises Hackles ☐	
	Quivers or Cowers ☐	
	Barks ☐	
	Rolls Over on Back ☐	
	Submissively Urinates ☐	
	Snaps, Bites ☐	
	Shows Whites of Eyes ☐	
	Overly Exuberant (Jumps Up) ☐	
	Overly Sensitive to Grooming of Certain Areas ☐	
	Aloof ☐	

TEST 4
Interacting with the Dog: See if he/she will retrieve a ball. Walk away briskly, sit on floor and call dog. Lay the dog down, then roll him/her over, rub his/her belly. Will he/she allow this subordination? Have a assistant place a novel stimulus such as a large stuffed animal or mirror close behind the dog when he/she is distracted. Does he/she have the self-confidence to investigate? How does the dog react to sudden arm movement?

TEST 5

Sound Sensitivity: While casually interacting with the dog, have an assistant make a loud noise without warning (e.g., hitting a metal pan with a spoon).

ACCEPTABLE		**QUESTIONABLE**		**OTHER**
Notices, But Continues Previous Activity	☐	Flees	☐	
Notices, Investigates	☐	Cowers	☐	
Startles, But Recovers Quickly	☐	Freezes	☐	

SECTION 84

Table 6-2

Trembles ☐

SECTION 84

Table 6-3

Urinates	☐
Moves As If To Attack	☐

TEST 6					
Pain Threshold: While playing with dog, briefly pinch the webbing between his/her toes or pull hair from his side to determine pain tolerance.					
ACCEPTABLE		**QUESTIONABLE**		**OTHER**	
Tries to Pull Away, But Shows Forgiveness	☐	Growls	☐		
Yelps, But is Not Aggressive	☐	Snaps	☐		
Trusts You, Allows Further Petting	☐	Acts Fearful	☐		
		Acts Distrustful	☐		

TEST 7

Reacting to Unexpected Events (Choose One): Owner is to be present at all times. (Assess response using response categories from Test 5.)

A. Have your assistant hide around a corner, out of sight, with a noisy utility shopping cart. Walk with dog toward the intersection as the assistant rolls the cart in front of the dog as close as possible. Record the dog=s reaction. B. While the dog is playing with you and is distracted, have the assistant hide in the closet and behind the door. Lead the dog to within six feet of the hiding place and have the assistant suddenly jump out at the dog and open an umbrella. Note reactions.

B. While the dog is playing with you and is distracted, have the assistant hide in the closet and behind the door. Lead the dog to within six feet of the hiding place and have the assistant suddenly jump out at the dog and open an umbrella. Note reactions.

TEST 8
Manners: Test the dog for basic obedience commands such as heel and sit-stay

TABLE 7

DOG HISTORY (To be completed by owner.)			
Name:			
Address::			
Home Phone:		Work Phone:	
Name of Veterinarian/Clinic:			
Address of Veterinarian:			
Name of Pet:		Breed:	
Sex:	Age:		Weight:
Comment on how dog relates to people: Men	Women		Children
Check the behaviors the dog has exhibited: ☐ Urinates in the house. ☐ Defecates in house. ☐ Barks excessively. ☐ Gets on furniture.	☐ Chews ☐ Jumps on people. ☐ Digs ☐ Mouths people.		☐ Been in dog fight. ☐ Chases cats/birds. ☐ Carsickness ☐ Other:
Does the dog dislike? ☐ Other dogs ☐ Tile or slippery floors.	☐ Cats ☐ Loud noises		☐ Strange objects ☐ Other: _____
Is the dog 100% housebroken?	☐ YES	☐ NO	
How does the dog indicate a need to go out?			
Volunteer/Owner Signature:			Date:

TO BE COMPLETED BY THE DOG'S REGULAR VETERINARIAN		
Date of most recent exam:		
DA2PP Vaccine		Rabies Vaccine
Fecal Exam:	Results: Floatation	Direct Smear:
Heartworm prevention medication:	Frequency:	
What does the owner state he/she does for flea prevention?		
Any major medical illness?		
Is the dog currently on any medication? If so, list:		
Date of last teeth cleaning:		
Veterinarian Signature:		Date:

TABLE 8
RECORD RETENTION TIME FRAMES

DEPARTMENT	DOCUMENT	RETENTION TIME
Administrative	Governing Body	Permanent
	Medical Staff	Permanent
	Executive Committees	Permanent
	Other Hospital Committees	2 years
Medical Records	Original/Microfilm Adult/Inpatient/Outpatient Electrocardiogram Strips/ Interpretations Electroencephalogram/ Interpretations	10 years after last discharge. Facility shall maintain information in the master patient index.
	Original/Microfilm Minor/Inpatient/Outpatient Fetal Monitor Strips Electroencephalogram/ Interpretations Electroencephalogram/ Interpretations	10 years after last discharge plus 2 years past majority. Facility shall maintain information in the master patient index.
Radiology	Films	5 years
Nuclear Medicine	Films	5 years
Laboratory	Blood Gas Reports	2 years
	Patient Specimens	2 years
	Control Documentation	2 years
	Immunohematology	5 years
	Immunohematology Quality Control Records	5 years
	Cytology: Histopathology Quality Control Records	10 years
	Transfusions	5 years
	Blood Donor Samples	7 days post transfusion
	Quality Assurance	2 years
Pathology Lab	Pathology Reports	10 years
	Reference Pathology	2 years
	Preliminary/Corrected	Exact duplicate
Histopathology	Stained Slides	10 years
	Specimen Blocks	2 years
Pharmacy	All drug records to include: Purchase invoices Official records Prescription records Inventory records, etc	2 years

TABLE 9
REQUIRED TEMPERATURES

MEDICATIONS	Refrigerators	36-46 ºF
	Medication Storage Room	59-86 ºF
DIETARY[1]	Temperature of Food at Bedside	Hot Foods = ≥140ºF
		Cold Foods = ≤40ºF
	Temperature of Heated Food Prior to Hot Holding	≥160 ºF
	Temperature of Heated Leftovers Prior to Hot Holding	≥165ºF
	Temperature for Thawing Potentially Hazardous Food	Tempering Units = 45ºF or less
		Refrigerator = 40ºF or less
	Refrigerators	≤40ºF
	Freezers	≤0ºF
	Single Tank Stationary Rack Dual Temperature Machine	Wash Temperature = 150ºF
		Final Rinse Temperature = 180ºF
	Single Tank Conveyor Machine	Wash Temperature = 180ºF
		Final Rinse Temperature = 180ºF
	Multi-tank Conveyor Machine	Wash Temperature = 150ºF
		Final Rinse Temperature = 180ºF
		Pumped Rinse Temperature = 160ºF
	Single Tank Pot, Pan & Utensil Washer	Wash Temperature = 140ºF
		Final Rinse Temperature = 180ºF
	Manual Warewashing	Wash Temperature = 110ºF
		Rinse Temperature = 120ºG - 140ºF
	Chemical Sanitation (Manual or Mechanical)	Sanitation Temperature = ≥171ºF or Immersion in 75ºF water and 50 ppm of hypochlorite for at least 1 minute or other method approved by Arkansas Department of Health
	All Cutting Board Surfaces	Immersion in clean, hot water of ≥ 180ºF for at least 30 seconds or any other method approved.
LAUNDRY[2]	Water	Nothing under 120ºF
	Water with Chlorine Bleach	150 parts per million ppm (parts per million)
CLINICAL	Gallons per hour per bed[2]	105ºF - 120ºF

Notes for Table 9:

1. Provisions shall be made to provide 180°F rinse water at warewasher. (may be by a separate booster.)

2. Provisions shall be made to provide 160°F hot water at the laundry equipment when needed. (This may be a steam jet or separate booster heater.) However, this does not imply that all water used would be at this temperature. Water temperatures required for acceptable laundry results will vary. Lower temperatures may be adequate for most procedures in many facilities but the higher 160°F should be available when needed for special conditions.

TABLE 10

Central[6] Station Outlets for Oxygen, Vacuum (Suction), and Medical Air Systems in Hospitals[1]

Location	Oxygen	Vacuum	Medical Air
Patient Rooms (medical & surgical)	1/bed	1/bed	-
Examination/Treatment (medical, surgical, endoscopy & postpartum care)	1/room	1/room	-
Isolation – Infectious and protective medical & surgical)	1/bed	1/bed	-
Security Room (medical, surgical, & postpartum)	1/bed	1/bed	-
Critical Care (general)	3/bed	3/bed	1/bed
Isolation (critical)	3/bed	3/bed	1/bed
Coronary Critical Care	3/bed	2/bed	1/bed
Pediatric Critical Care	3/bed	3/bed	1/bed
Newborn Intensive Care	3/bassinet	3/bassinet	3/bassinet
Newborn Nursery (full-term)	1 / 4 bassinets[2]	1 / 4 bassinets[2]	1 / 4 bassinets[2]
Pediatric and Adolescent	1/bed	1/bed	1/bed
Pediatric Nursery	1/bassinet	1/bassinet	1/bassinet
Psychiatric Patient Rooms	-	-	-
Seclusion Treatment Room	-	-	-
General Operating Room	2/room	3/room	-
Cardio, Ortho, Neurological	2/room	3/room	-
Orthopedic Surgery	2/room	3/room	-
Surgical Cysto & Endo	1/room	3/room	-
Post-anesthesia Care Unit	1/bed	3/bed	1/bed
Anesthesia Workroom	1 per workstation	-	1 per workstation
Phase II Recovery[3]	1/bed	3/bed	-
Postpartum Bedroom	1/bed	1/bed	-
Cesarean/Delivery Room	2/room	3/room	1/room
Infant Resuscitation Station[4]	1/bassinet	1/bassinet	1/bassinet
Labor Room	1/room	1/room	1/room
OB Recovery Room	1/bed	3/bed	1/room
Labor/Delivery/Recovery (LDR)[5]	2/bed	2/bed	-
Labor/Delivery/Recovery (LDRP)[5]	2/bed	2/bed	-
Initial Emergency Management	1/bed	1/bed	-
Triage Area (definitive emergency care)	1/station	1/station	-
Definitive Emergency Care Exam/Treatment Rooms	1/bed	1/bed	1/bed
Definitive Emergency Care Holding Area	1/bed	1/bed	-
Trauma/Cardiac Room(s)	2/bed	3/bed	1/bed
Orthopedic & Cast Room	1/room	1/room	-
Cardiac Catheterization Lab	2/bed	2/bed	2/bed
Autopsy Room	-	1 per workstation	1 per workstation

Notes for Table 10

1. For any area or room not described above, the facility clinical staff shall determine outlet requirements after consultation with the authority having jurisdiction.
2. Four bassinets may share one outlet that is accessible to each bassinet.
3. If Phase II recovery area is a separate area from the PACU, only one vacuum per bed or station shall be required.
4. When infant resuscitation takes place in a room such as cesarean section/delivery or LDRP, then the infant resuscitation services shall be provided in that room in addition to the minimum service required for the mother.
5. Two outlets for mother and two for one bassinet.
6. Facilities with medical gas requirements in more than one area shall be equipped with central systems.

TABLE 11

VERBAL ORDER

Basic Premise:	Verbal orders may be used when there is no reasonable alternative to obtaining a written order.
State Health Rules: orders	Permit licensed nurses and pharmacist (for drugs only) to take verbal orders and no one else. Section 12, Medications and Section 14, Health Information Services.
Practical Application:	Health professionals other than nurses may take verbal orders pertaining directly to their profession under specified circumstances.
Situation to Address:	1. Doctor in the department away from nurses station. 2. Doctor calls the department.
Policy Statement Parts:	1. Who are the authorized receivers? 2. Repeat order back for accuracy. 3. Identify ordering doctor. 4. Identify receiver by name and title. 5. The receiver of the order shall enter the order on the medical record, and then sign first initial, last name and title.
Hospital Administration Responsibility:	1. Policy shall be in writing, and approved by the Medical Staff and Governing Body (including identification of receivers). 2. Policy shall be made a part of applicable department manuals. 3. Inservice training provided for all personnel involved. 4. Establish an effective monitoring system.
Outpatient Department (Emergency Services is not outpatient):	1. The therapist or other authorized receivers may take a verbal or telephone order from the doctor. 2. Shall document on outpatient medical record. 3. Doctor shall authenticate the order on his next visit.

RATIONALE

Health Facility Services has received numerous requests for a variance in the regulations relating to who may receive doctors orders for hospital inpatients and outpatients. This office realizes the communication problems involved between every expanding service departments of hospitals and the multiplicity of diagnostic treatment, therapy, and therapeutic duties necessary for coordinating of patient care. Other certification and accrediting organizations have also realized the communication difficulty.

The reason and intent of the regulation was, and still is, to coordinate all inpatient care through nursing service. The patient's medical record shall be maintained at the nurses' station to coordinate and implement physician orders for patient care and services.

It is the intent of this policy to have both communication between departments and also assure all physician orders and services rendered to patients are promptly documented on the patient's chart. In order to maintain continuity of care on an inpatient basis, it is necessary that all aspects of the patients' treatment be coordinated through the nursing service of the facility.

TABLE 12

REUSE

THIRD PARTY REPROCESSING OF SINGLE USE ITEMS

The Office of Compliance Center of Devices and Radiological Health of the Food and Drug Administration (FDA) provides guidelines for third party reprocessing of devices labeled for single use provided the reprocessing firm complies fully with all FDA regulatory requirements.

The Arkansas Department of Health will recognize FDA guidelines.