TITLE 310: OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 615. AMBULATORY SURGICAL CENTERS

"Unofficial Version"

[**Authority:** 63 O.S. 1990 Supp. §§ 2657-2665]

[**Source:** Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS

310:615-1-1. Purpose

The purpose of this Chapter is to insure the quality of medical care in ambulatory surgical centers is the same as that required in hospitals licensed by the State of Oklahoma.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Ambulatory surgical center" means an establishment with an organized medical staff of physicians, with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures, with continuous physician services available on call, and registered professional nurse services on site, whenever a patient is in the facility, which provides services or other accommodations for

patients to recover for a period not to exceed twenty-three (23) hours after surgery.

"Chief executive officer" means that individual appointed by the governing body as its on-site designee who is, in fact, responsible for the conduct of all affairs of the ambulatory surgical center and who is answerable to the governing body for the day-to-day facility operation.

"Governing body" means that person, persons, or legal entity that is legally responsible for the conduct of the facility as an institution and carries out the functions, ownership, and governance.

"Grandfathered" means the status of all ambulatory surgical centers licensed at the date of publication of this Chapter.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care of patients admitted for overnight stay or longer in order to obtain medical care, surgical care, obstetrical care, or nursing care for illness, disease, injury, infirmity, or deformity. [63 O.S. 1991, §1-701(a)]

"Organized medical staff of physicians" means a group of three or more physicians organized under bylaws approved by the governing body and responsible to the governing body for the quality of all surgical care provided patients in the facility and for the ethical and professional practices of its members.

"Physician" means a person duly licensed by the Oklahoma State Board of Medical Licensure and Supervision or the Oklahoma State Board of Osteopathy to practice medicine/osteopathy and surgery.

"Registered nurse" means a person duly licensed by the Oklahoma Board of Nursing as a registered professional nurse.

"Substantial" means 50 percent or more of the area, wing or building which must comply with these standards and the New Health Care Occupancy, NFPA 101.

"Surgical procedures" means any invasive procedure to the body, either by incision or entry into a natural body cavity, to preserve or to remove with minimal risk, diseased or injured organs, tissues, etc., but primarily restricted to the management of problems and injuries that would not require hospitalization.

"Transfer agreement" means a formally adopted mutual agreement between the ambulatory surgical center and a general hospital located no more than a twenty-minute travel distance from the ambulatory surgical center which provides for the expeditious admission of patients for whom overnight care becomes necessary.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 10 Ok Reg 1999, eff 6-1-93]

310:615-1-2.1. Applicability

All centers which are licensed on the effective date of this Chapter shall be considered grandfathered in regards to all construction requirements but shall comply with all other requirements. For any substantial renovations, the center must meet all of the requirements of this Chapter.

[**Source:** Added at 9 Ok Reg 2021, eff 6-11-92]

310:615-1-2.2 Licensure

(a) **Application for licensure.**

(1) No person or entity shall operate an ambulatory surgical center without first obtaining a license from the Department. The license is not transferable or assignable.

(2) Any person, corporation, partnership, association or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate, an ambulatory surgical center in this State shall make application to the State Department of Health in such form and accompanied by such information and fee as the State Commissioner of Health shall prescribe.

(3) An application is not considered to be filed unless it is accompanied by the application fee.

(b) **Licensure fees.**

(1) An application for an initial license to establish or operate a new ambulatory surgical center shall be accompanied by a nonrefundable application fee of two thousand dollars ($2,000.00).

(2) A renewal application for an existing ambulatory surgical center shall be accompanied by a nonrefundable licensing fee of five hundred dollars ($500.00).

(c) **Application filing.** An initial license application or renewal application shall be filed as follows:

(1) The application for an initial license for a new ambulatory surgical center shall be filed prior to or at the time final drawings for construction are submitted to the Department for review which shall be at least thirty (30) days before a ambulatory surgical center begins operation.

(2) The application for an initial license for a change of ownership or operation, shall be filed at least thirty (30) days before the transfer. The sale of stock of a corporate licensee is not considered a change of ownership or operation. The sale or merger of a corporation that owns an operating corporation that is the licensed entity shall not be considered a change of ownership unless a majority of the governing body is replaced.

(3) The application for renewal of a license of an existing ambulatory surgical center shall be filed at least thirty (30) days before the expiration date of the current license.

(d) **Where to file.** The application and the license fee shall be delivered or sent to the Oklahoma State Department of Health. The date of filing of the application shall be recorded as the date the application and fee are received.

(e) Duration and posting. A license shall be valid for a period of twelve (12) months from the date of issue and shall expire on the last day of the month of issue twelve (12) months hence.

[**Source:** Added at 27 OK Reg 2535, eff 7-25-2010]

310:615-1-3. General considerations

(a) The following national standards are incorporated by reference:

(1) Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient

Facilities, 2014 Edition; and[1]

(2) National Fire Protection Association (NFPA) 101: Life Safety Code, 2012 Edition, adopted in 81 Federal Register 26871 by the Centers for Medicare & Medicaid Services on July 5, 2016.

(b) Oklahoma statutes prevail if there is conflict between the FGI Guidelines and Oklahoma statutes. For Medicare-certified ambulatory surgical centers, the Life Safety Code adopted by the Centers for Medicare & Medicaid Services prevails if there is a conflict between the Life Safety Code and this Chapter.

(c) An ambulatory surgical center may submit a request for exception or temporary waiver if the FGI Guidelines create an unreasonable hardship, or if the design and construction for the ambulatory surgical center property offers improved or compensating features with equivalent outcomes to the FGI Guidelines.

(d) The Department may permit exceptions and temporary waivers of the FGI Guidelines if the Department determines that such exceptions or temporary waivers comply with the requirements of 63 O.S. Section 2657 et seq., this Chapter, and the following:

(1) Any ambulatory surgical center requesting an exception or temporary waiver shall apply in writing on a form provided by the Department and pay the exception to or temporary waiver of FGI Guidelines fee set in OAC 310:615-1-3.1. The form shall include:

(A) The FGI Guidelines section(s) for which the exception or temporary waiver is requested;

(B) Reason(s) for requesting an exception or temporary waiver;

(C) The specific relief requested; and

(D) Any documentation which supports the application for exception.

(2) In consideration of a request for exception or temporary waiver, the Department shall consider the following:

(A) Compliance with 63 O.S. Section 2657 et seq.;

(B) The level of care provided;

(C) The impact of an exception on care provided;

(D) Alternative policies or procedures proposed; and

(E) Compliance history with provisions of the FGI Guidelines, Life Safety Code and this Chapter.

(3) The Department shall permit or disallow the exception or waiver in writing within forty-five (45) calendar days

[1] **According to the Rule Comment Summary and Response filed by the Oklahoma State Department of Health with the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate on February 24, 2017, "the FGI Guidelines, 2014 Edition, incorporated by reference in OAC 310:615-1-3(b) will prevail over other conflicting provisions in OAC 310:615."**

after receipt of the request.

(4) If the Department finds that a request is incomplete, the Department shall advise the ambulatory surgical center in writing and offer an opportunity to submit additional or clarifying information. The applicant shall have thirty (30) calendar days after receipt of notification to submit additional or clarifying information in writing to the Department of Health, or the request shall be considered withdrawn.

(5) An ambulatory surgical center which disagrees with the Department's decision regarding the exception or temporary waiver may file a written petition requesting relief through an individual proceeding pursuant to OAC 310:2 (relating to Procedures of the State Department of Health).

(6) The Department may revoke an exception or temporary waiver through an administrative proceeding in accordance with OAC 310:2 and the Oklahoma Administrative Procedures Act upon finding the ambulatory surgical center is operating in violation of the exception or temporary waiver, or the exception or temporary waiver jeopardizes patient care and safety or constitutes a distinct hazard to life.

(7) The Department shall publish decisions on requests for exceptions and waivers and make them available to facilities and the public.

(e) Documentation of the ambulatory surgical center governing body's approval of the functional program shall be sufficient to meet the requirements in this Chapter relating to Department approval of the functional program.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 34 Ok Reg 1293, eff 10-1-2017]

310:615-1-3.1. Submission of plans and specifications and related requests for services

(a) **Submission of Plans.** Before construction is begun, plans and specifications, covering the construction of new buildings or major alterations to existing buildings, shall be submitted to the Oklahoma State Department of Health as provided in OAC 310:615-1-3.2 or 310:615-1-5.

(1) Plans and specifications are required for the following alterations:

(A) Changes that affect path of egress;

(B) Change of use or occupancy;

(C) Repurposing of spaces;

(D) Structural modifications;

(E) Heating, ventilation and air conditioning (HVAC) modifications;

(F) Electrical modifications that affect the essential electrical system;

(G) Changes that require modification or relocation of

fire alarm initiation or notification devices;

(H) Changes that require modification or relocation of any portion of the automatic fire sprinkler system;

(I) Replacement of fixed medical equipment if the alteration requires any work noted in (A) through (H) of this paragraph;

(J) Replacement of, or modifications to, any required magnetic or radiation shielding;

(K) Changes to or addition of any egress control devices or systems.

(2) Plans and specifications are not required for the following alterations:

(A) Painting, papering tiling, carpeting, cabinets, counter tops and similar finish work provided that the new finishes shall meet the requirements of this Chapter;

(B) Ordinary repairs and maintenance;

(C) Modifications to nurse call or other signaling/communication/information technology systems provided the modifications meet the requirements of this Chapter; or

(D) Replacement of fixed or moveable medical equipment that does not affect electrical, HVAC, or shielding requirements noted above.

(b) **Fees.** Each construction project submitted for approval under OAC 310:615-1-3.2 shall be accompanied by the appropriate review fee based on the cost of design and construction of the project. Review fees are as follows:

(1) Project cost less than $10,000.00: $250.00 Fee
(2) Project cost $10,000.00 to $50,000.00:$500.00 Fee
(3) Project cost $50,000.00 to $250,000.00: $1000.00 Fee
(4) Project cost $250,000.00 to $1,000,000.00: $1500.00 Fee
(5) Project cost greater than $1,000,000.00: $2000.00 Fee

(c) **Fees when greater than two (2) submittals required**. The review fee shall cover the cost of review for up to two (2) stage one and two (2) stage two submittals and one final inspection. If a stage one or stage two submittal is not approved after two (2) submissions, another review fee based on the cost of the project shall be required with the third submittal. Fast-track projects shall be allowed two reviews for each package submitted. If a fast-track stage package is not approved after the second submittal, another review fee based on the cost of the project shall be required with the third submittal of the package.

(d) **Review process.** Design and construction plans and specifications shall be reviewed in accordance with the following process.

(1) Unless otherwise provided in this Subchapter, the Department shall have ten (10) calendar days in which to determine if the filed application is administratively complete

(A) Upon determining that the application is not administratively complete, the Department shall immediately notify the applicant in writing and shall indicate with reasonable specificity the inadequacies and measures necessary to complete the application. Such notification shall not require nor preclude further review of the application and further requests for specific information. If the Department fails to notify the applicant as specified in this Paragraph, the period for technical review shall begin at the close of the administrative completeness review period. Upon submission of correction of inadequacies, the Department shall have an additional ten (10) calendar days to review the application for completeness.

(B) Upon determination that the application is administratively complete, the Department shall immediately notify the applicant in writing. The period for technical review begins.

(2) The Department shall have forty-five (45) calendar days from the date a completed application is filed to review each application for technical compliance with the relevant regulations and reach a final determination.

(A) The time period for technical review is tolled (the clock stops) when the Department has asked for supplemental information and advised the applicant that the time period is tolled pending receipt.

(B) To make up for time lost in reviewing inadequate materials, a request for supplemental information may specify that up to 30 additional calendar days may be added to the deadline for technical review, unless the request for supplemental information is a second or later request that identifies new deficiencies not previously identified

(C) An application shall be deemed withdrawn if the applicant fails to supplement an application within 90 calendar days after the Department's request, unless the time is extended by agreement for good cause.

(D) Extensions may be made as provided by law.

(e) **Fees for other services.** Fees for other services related to construction projects are as follows:

(1) Request for exception to, or temporary waiver of, FGI Guidelines fee: Five Hundred Dollars ($500.00);

(2) Application for self-certification fee: One Thousand Dollars ($1,000.00);

(3) Courtesy inspection, prior to final inspection for approval of occupancy, fee: Five Hundred Dollars ($500.00);

(4) Professional consultation or technical assistance fee: Five Hundred Dollars ($500.00) for each eight staff hours or major fraction thereof. For technical assistance requiring travel, the fee may be increased to include the Department's

costs for travel.

[**Source:** Added at 27 Ok Reg 2534, eff 7-25-10; Amended at 34 Ok Reg 1293, eff 10-1-2017]

310:615-1-3.2. Preparation of plans and specifications

(a) **Stage one.** Preliminary plans and outline specifications shall be submitted and include sufficient information for approval by the Department of the following: scope of project; project location; required fire-safety and exiting criteria; building-construction type, compartmentation showing fire and smoke barriers, bed count and services; the assignment of all spaces, areas, and rooms for each floor level, including the basement. An ambulatory surgical center has the option, at its own risk, to bypass the stage one submittal and proceed directly to submittal of stage two documents.

(b) **Stage two.** A proposed construction document shall be submitted that includes final drawings and specifications adequate for approval by the Department. All final plans and specifications shall be appropriately sealed and signed by an architect registered by the State of Oklahoma. All construction modifications of approved documents are subject to review and approval, and shall be submitted timely.

(c) **Special submittals.**

(1) **Fast-track projects.** The fast track process applies only to stage two submittals. A stage one submittal and functional program must be approved before entering the fast track process.

(A) Equipment and built-in furnishings are to be identified in the stage one submittal.

(B) The ambulatory surgical center has the option to submit two packages: civil, landscaping and structural in stage one, and the balance of the components in stage two.

(C) Fast-track projects shall have prior approval and be submitted in no more than four (4) separate packages.

(i) Site work, foundation, structural, underslab mechanical, electrical, plumbing work, and related specifications.

(ii) Complete architectural plans and specifications.

(iii) All mechanical, electrical, and plumbing plans and specifications.

(iv) Equipment and furnishings.

(2) **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. These plans shall be submitted and approved by the Oklahoma State Department of Health prior to installation of the equipment.

(d) **Floor plan scale.** Floor plans are to be submitted at a scale of one-eighth (1/8) inch equals one (1) foot, with additional clarifying documents as required.
(e) **Application form.** The submittal shall be made using a Department application form which requests information required by this Chapter and specifies the number of copies and format for document submittal.

[**Source:** Added at 27 Ok Reg 2534, eff 7-25-10; Amended at 34 Ok Reg 1293, eff 10-1-2017]

310:615-1-4. Construction design

(a) **New construction.**

(1) Prior to construction commencement of a new ambulatory surgical center, or of additions, alterations, remodeling of existing facilities or of the remodeling of any facility for the purpose of establishing an ambulatory surgical center, proposed construction documents prepared by an architect licensed by the Board of Governors, State of Oklahoma, containing complete plans and specifications, shall be submitted to the Department for review and approval.

(2) All engineering requirements established for proposed projects shall be prepared by professional engineers registered to practice in the State of Oklahoma.

(3) Proposed construction documents shall be of such detail as to allow complete functional and construction evaluation, including site use.

(b) **Modernization projects.**

(1) Where modernization or replacement work is done within an existing facility, all new work or additions shall comply with applicable sections of this document and with appropriate parts of NFPA 101, covering New Health Care occupancies. Where major structural elements make total compliance impractical or impossible, exceptions may be considered.

(2) When construction is complete the facility shall satisfy functional requirements for an Ambulatory Surgical Center in an environment that will provide acceptable care and safety to all occupants.

(3) In modernization projects and additions to existing facilities, only that portion of the total facility affected by the project shall comply with applicable sections of this document and appropriate parts of NFPA 101 covering New Health Care occupancies.

(4) Those existing portions of the facility which are not included in modernization or renovation, but which are essential to the functioning of the complete facility, as well as existing building areas that receive less than substantial amounts of new work shall comply with that section of NFPA 101 for Existing Health Care Occupancies.

(5) When a building is converted from one occupancy to another, it shall comply with the new occupancy requirements.

(6) When parts of an existing facility essential to continued operation cannot comply with all standards of this document, those

standards may be waived if patient care and safety are not jeopardized.

(7) Modernization, alteration or new additions shall not reduce the safety level existing prior to the beginning of the new work.

(8) Approval may be given for renovations for less than an entire structure under these regulations because of financial consideration if the facility and occupant safety is not jeopardized by the remaining non-conforming sections. Approval will be limited to those fire sections which can be completely separated by a fire rated construction envelope of not less than two hour fire resistance containing approved labeled fire doors, if required, of class B, 1 1/2 hour construction.

(c) **Special design standards for the handicapped.**

(1) Facilities shall be accessible to the Handicapped.

(2) Accessibility shall be under the provisions of American National Standards Institute (ANSI) A117.1 or Uniform Federal Accessibility Standards (UFAS).

(d) **Provisions for disasters.**

(1) Facilities shall be designed and constructed to withstand the force assumptions of the local building code.

(2) Multi-story buildings, subdivided into separate units by seismic joints, shall provide an exit stairway for evacuation without crossing seismic joints.

(3) Construction and coverage of all seismic joints shall be designed to minimize passage of fire and/or smoke horizontally and vertically.

(4) Structural design shall be such that it will protect occupants and provide continued essential services where a history of tornadoes, flooding or earthquakes exist. Provisions taken against damage from seismic tremors does not insure adequate protection from wind damage.

(5) New facilities shall not locate in designated flood plains.

(e) **Codes and standards.**

Codes and standards which have been referenced in whole or in part in various sections of this document are listed in Subchapter 7, Codes and standards. Names of originators are also included for information. The issues available at the time of 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 retitled. Care must be taken to insure that appropriate sections are used.

(f) **Equivalency.** (1) This Chapter shall not be construed as restricting or limiting innovations that provide an equivalent level of performance, provided other elements or systems are not compromised.

(2) FSES evaluation shall be considered for possible equivalencies when existing structural conditions make compliance with NFPA 101 impractical, provided the entire building meets FSES code.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-1-5. Self-certification of plans

(a) The Department shall make available professional

consultation and technical assistance services covering the requirements of this section to an ambulatory surgical center considering self-certification of plans. The consultation and technical assistance is subject to the fee for professional consultation and technical assistance services set in OAC 310: 310:615-1-3.1. The consultation is optional and not a prerequisite for filing a request through the self-certification review process.

(b) The ambulatory surgical center and the project architect or engineer may elect to request approval of design and construction plans through a self-certification review process. The ambulatory surgical center and the project architect or engineer shall submit a self-certification request on a form provided by the Department, along with a self-certification application fee set in OAC 310: 310:615-1-3.1. The form shall be signed by the ambulatory surgical center and the project architect or engineer attesting that the plans and specifications are based upon and comply with the requirements of this Chapter. The form shall require information necessary to demonstrate compliance with OAC 310:615-1-5(c).

(c) To be eligible for self-certification, projects must comply with the following requirements:

(1) The project involves any portion of the ambulatory surgical center where patients are intended to be examined or treated and the total of design and construction cost is five million dollars ($5,000,000.00) or less; or

(2) The project involves only portions of the ambulatory surgical center where patients are not intended to be examined or treated; and

(3) The project architect or engineer attesting the application has held a license to practice architecture or engineering for at least five (5) years prior to the submittal of the application, is licensed to practice in Oklahoma; and

(4) The ambulatory surgical center owner/operator acknowledges that the Department retains the authority to:

(A) Perform audits of the self-certification review program and select projects at random for review;

(B) Review final construction documents;

(C) Conduct on-site inspections of the project;

(D) Withdraw approval based on the failure of the ambulatory surgical center or project architect or engineer to comply with the requirements of this Chapter; and

(5) The ambulatory surgical center agrees to make changes required by the Department to bring the construction project into compliance with this Chapter.

(d) Within twenty-one (21) calendar days after receipt of a complete application, the Department shall approve or deny the application for self-certification and send notification to the ambulatory surgical center. If the application is denied, the

ambulatory surgical center shall have thirty (30) calendar days to submit additional or supplemental information demonstrating that the application complies with the requirements for self-certification of plans and specifications. The Department shall have fourteen (14) calendar days after receipt of supplemental information to reconsider the initial denial and issue a final approval or denial of the self-certification request.
(e) After denial of the application for self-certification and prior to the start of construction, the ambulatory surgical center shall pay the applicable fee for plan review specified in OAC 310: 310:615-1-3.1. Upon receipt of the plan review fee, the Department shall review the ambulatory surgical center's plans in accordance with the process in 310:615-1-3.1.
[**Source**: Added at 34 Ok Reg 1293, eff 10-1-2017]

SUBCHAPTER 3. ADMINISTRATION AND ORGANIZATION

310:615-3-1. Governing body

Every ambulatory surgical center shall have a governing body which shall adopt bylaws for the governance of the center, meet at periodic intervals, at least semi-annually, provide for the systematic review of center operations, appoint or reappoint the medical staff and delineate the privileges of its individual members, appoint a chief executive officer who shall have appropriate education, training, and experience to qualify him for the management of the center.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-2. Medical staff

(a) The medical staff shall be an organized group of two or more physicians which shall initiate and adopt, with the approval of the governing body, bylaws, rules, regulations, and policies governing their professional activities in the ambulatory surgical center. Physician membership shall be limited to those physicians holding current hospital staff appointments.
(b) In addition to the minimum number of physician members of the medical staff, legally licensed dentists or podiatrists may be members of the medical staff.
(c) All members of the medical staff shall submit a written application for staff membership which shall include a summary of all education, professional training and previous appointments to institutional medical staffs.
(d) Provisions shall be made for the review and evaluation of surgical practices on a continuing basis by the establishment and operation of a Tissue Committee and/or a Professional Standards Committee which shall review pathological reports on all specimens and review the professional performance. Such Committee to be comprised of two or more members of the medical staff. When warranted by the evidence, the medical staff shall recommend to the governing body the dismissal from the medical staff or the reduction of professional privileges of any member not conforming to the adopted professional standards of the ambulatory

surgical center.
(e) Physician assistants may be certified by the governing body to assist in surgery, but in no instance shall the privileges of a physician's assistant exceed those permitted by his State certification, nor shall a physician's assistant be authorized to function independently from his responsible physician.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-3. Records
(a) A medical record shall be maintained for every patient cared for in the ambulatory surgical center. The medical records shall be filed for easy access by the medical staff or representatives of the licensing agency.
(b) The medical record shall contain, as a minimum, the following:
(1) Patient identification.
(2) Patient history, physical examination, chief complaint, copies of any laboratory, X-ray, or consultation reports.
(3) Description of surgical procedures performed, observations, anesthesia records and disposition of the patient.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-4. Nursing services
(a) The center shall provide nursing services under the direction of a professional registered nurse with post-graduate training or experience in surgical nursing.
(b) The facility shall have at least one registered nurse who has professional training and competence in surgical nursing on duty in the ambulatory surgical center when patients are present.
(c) The facility shall have sufficient licensed nurses and other nursing personnel, under the direction of a registered nurse, to assure observation and nursing care of all patients in the center.
(d) The facility shall instruct all nursing personnel as to the location, operation, and use of emergency and resuscitative equipment.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-5. Anesthesia services
(a) The facility shall provide anesthesia services under the direction of an anesthesiologist or a physician with training and experience in the administration of anesthetics.
(b) An anesthesiologist or physician shall be on the premises during the post-anesthetic recovery period until all patients are alert and/or discharged.
(c) At the time of admission to the ambulatory surgical center, a history and physical examination shall be completed and recorded.
(d) All anesthesia shall be administered by an anesthesiologist, physician anesthetist, or certified registered nurse anesthetist (CRNA), except for those local agents which may be administered by the attending physician or surgeon.

(e) Pulse oximeters should be used during procedures and recovery.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-6. Emergency equipment

The facility shall provide sufficient emergency equipment to handle emergencies resulting from the services rendered in the facility. Such equipment shall include, but not be limited to, a portable oscilloscope, portable defibrillator, portable suction equipment, inhalation-resuscitation equipment, and equipment to open and maintain an airway.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-7. Supportive services

(a) The facility shall provide sufficient support services to assure the adequate and appropriate availability of supplies, instruments, and equipment.
(b) Sterilizers and autoclaves shall be provided of appropriate type and capacity to sterilize instruments, utensils, dressings, water, and operating-room materials. There shall be approved control and safety features, and instrument accuracy must be checked on a regular, periodic basis by an approved method.
(c) Sterile supplies must be maintained separately from unsterile supplies and must be stored in dust-proof and moisture-free, properly labeled packs.
(d) All sterile packs shall have marked on their outer surface the date of sterilization and the expiration date of such period of sterile condition.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-8. Medications

(a) Medications shall be administered only on the order of any person authorized by state law to so prescribe [Nurse Practice Act 59 O.S. 1981 §567.3a].
(b) The center shall provide proper storage, safeguarding, preparation, and dispensing of medications in a pharmacy or medication room which is under the supervision of a registered pharmacist who is either an employee of the center or serves as a consultant pharmacist in the same manner as required of hospitals in Chapter 667 of this Title.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 27 OK Reg 2536, eff 7-25-2010]

SUBCHAPTER 5. MINIMUM STANDARDS

310:615-5-1. Administration and public areas

(a) **Entrance.** A covered entrance will be located at grade level, sheltered from the weather and accessible to the handicapped.
(b) **Public services.** Public services shall include:
(1) Accessible wheelchair storage.
(2) Reception and information center.

(3) Waiting space. When pediatric services are provided, provisions shall be made for separation of pediatric and adult patients.
(4) Accessible rest rooms.
(5) Accessible public telephone.
(6) Accessible drinking fountain(s).

(c) **Interview space(s).** The center shall provide interview spaces for private interviews relating to social service, credit, and admissions.

(d) **General or individual office(s).** The center shall provide general and individual offices for business transactions, records, and administrative and professional staffs.

(e) **Medical records room.** The center shall have a medical records room which is equipped for dictating, recording, security and retrieval.

(f) **Special storage.** The center shall have special storage which includes locking drawers or cabinets for staff personal effects.

(g) **General storage facilities.** The center shall have general storage facilities for office supplies, sterile supplies, pharmaceutical supplies, and housekeeping supplies and equipment.

(h) **Transfer agreement.** A formal transfer agreement must be in effect between the ambulatory surgical center and a general hospital located not more than a twenty minute travel distance from the center, or all physicians performing surgery in the ambulatory surgical center must have admitting privileges at such a hospital.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 27 OK Reg 2536, eff 7-25-2010]

310:615-5-2. Clinical facilities

(a) **General-purpose examination room(s).** For examinations as may be indicated by narrative program, the center shall have a minimum floor area of 80 square feet, excluding such spaces as vestibule, toilet, closet, and work counter (whether fixed or movable). Arrangement shall permit at least 2'-6" clearance at each side and at the foot of the examination table. A lavatory or sink equipped for hand washing and a counter or shelf space for writing shall be provided.

(b) **Treatment room(s).** Rooms for minor surgical and cast procedures (if provided) shall have a minimum floor area of 120 square feet, excluding vestibule, toilet, closet, and work counter (whether fixed or movable). The minimum floor dimension shall be 10 feet. A lavatory or sink equipped for hand washing and a counter or shelf space for writing shall be provided.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-3. Surgical facilities

The number of operating rooms, recovery beds and the sizes of the service areas shall be based upon the expected surgical workload. The surgical suite shall be located and arranged to preclude unrelated traffic through the suite. The suite shall provide the following elements.

(1) **Operating rooms.**

(A) All ambulatory surgical center operating rooms shall be constructed and maintained to conform to Standard 70, National Electrical Code, Standard 99, Chapter 3, Use of Anesthetics

(Flammable and Nonflammable) and Standard 99, Nonflammable Medical Gas Systems.

(B) Any room or space in which flammable anesthetics or volatile flammable materials are stored or used, shall be considered a hazardous area.

(C) Facilities electing to use only nonflammable anesthetic agents or to provide a mixed facility using both flammable and nonflammable anesthetics, must document the recommendations and approval of such determination by the medical staff of the facility and the adoption of such a regulation by the facility's governing body. Precautionary signs shall be posted at conspicuous points throughout the surgical suite and within the operating rooms. All such signs must be large enough to be read from at least 8' distance.

(D) Each room shall have a minimum clear area of 250 square feet exclusive of fixed and movable cabinets and shelves. An emergency communications system connecting with the surgical-suite control station shall be provided.

(2) **Recovery room(s).** Room(s) for post-anesthesia recovery of surgical patients shall be provided and shall contain a drug-distribution station, hand washing facilities, charting facilities, clinical sink and storage space for supplies and equipment. At least three feet shall be provided at each side and at the foot of each bed as needed for work and circulation. Should pediatric surgery be a part of the program, separation by partition or curtain from the adult section, and space for the parents shall be provided. A designated, supervised recovery lounge shall be provided for patients who do not require post-anesthesia recovery but need additional time for vital signs to stabilize before leaving the facility. The lounge shall contain a control station, space for family members, and provisions for privacy. It shall have patient access to rest rooms.

(3) **Service areas.** Individual rooms shall be provided when so noted; otherwise, alcoves or other open spaces which will not interfere with traffic may be used. The following services may be provided:

(A) Control station shall be located to permit visual surveillance of all traffic which enters the operating suite.

(B) Sterilizing facility(ies) with high-speed autoclave(s) shall be conveniently located to serve all operating rooms. When the narrative program indicates that adequate provisions have been made for replacement of sterile instruments during surgery, sterilizing facilities in the surgical suite will not be required.

(C) Drug distribution station shall be provided for preparation of medications to be administered to patients.

(D) Two scrub facilities shall be provided near the entrance to each operating room; however, two scrub stations may serve two operating rooms if the scrub stations are located adjacent to the entrance of each operating room. Scrub facilities shall be arranged to minimize any incidental splatter on nearby personnel or supply carts.

(E) The soiled workroom for the exclusive use of the surgical suite staff (or a soiled holding room that is part of a system for the collection and disposal of soiled materials) shall contain a clinical sink or equivalent flushing-type fixture, work counter, sink equipped for hand washing, waste receptacle, and linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the

clinical sink and work counter may be omitted.
(F) Fluid waste disposal facilities shall be conveniently located with respect to the general operating rooms. A clinical sink or equivalent equipment in a soiled workroom or in a soiled holding room would meet this requirement.
(G) A clean workroom is required when clean materials are assembled within the surgical suite prior to use.
(H) A clean workroom shall contain a work counter, sink equipped for hand washing, and space for clean and sterile supplies.
(I) A clean supply room shall be provided when the narrative program defines a system for the storage and distribution of clean and sterile supplies which would not require the use of a clean workroom.
(J) Anesthesia storage facilities, unless the narrative program and the governing body prohibits the use of flammable anesthetics, in a separate room shall be provided for storage of flammable gases in accordance with the requirements detailed in Sections 310:615-5-9(d)(2)(H) and 310:615-5-10(f)(1) and Chapter 13, NFPA 99.
(K) Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided. Such space shall be free of stored combustible materials.
(L) Appropriate areas shall be provided as staff clothing change areas for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lockers, showers, toilets, lavatories equipped for hand washing, and space for donning scrub suits and boots. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the surgical suite can change, shower, gown, and move directly into the surgical suite. Space for removal of scrub suits and boots shall be designed so that it will avoid physical contact with clean personnel.
(M) A separate area shall be provided where ambulatory patients change from street clothing into hospital gowns and are prepared for surgery. This shall include clothing change or gowning area with a traffic pattern similar to that of the staff clothing-change area. Provisions shall be made for securing patient's personal effects.
(N) An area for stretcher and wheelchair storage shall be out of direct line of traffic.
(O) The center shall provide convenient access to and use of emergency crash carts at both the surgical and recovery areas.
(P) Lounge and toilet facilities for surgical staff shall be provided in ambulatory surgical centers having three or more operating rooms and shall be located to permit use without leaving the surgical suite. A nurses' toilet room shall be provided near the recovery room(s).
(Q) A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-4. Janitors' closet(s)

Each janitor's closet shall contain a floor receptor or service sink and storage for housekeeping supplies and equipment. Provide at least

one janitors' closet per floor.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-5. Employees' facilities

Locker rooms, lounges, toilets, or shower facilities, as required, shall be provided to accommodate the needs of all personnel and volunteers.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-6. Details and finishes

(a) **Details.**

(1) Minimum public corridor width shall be 6'-0", except corridors in the operating room section where patients are transported on stretchers or beds, shall be 8'-0".

(2) Each building shall have at least two exits remote from each other. Other details relating to exits and fire safety requirements shall be in accordance with NFPA 101 and this Chapter.

(3) When the ambulatory surgical center is within another facility that does not comply with or exceeds the fire safety requirements of NFPA 101, there shall not be less than one hour separation between the ambulatory surgical center and the other sections.

(4) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(5) Toilet rooms in surgery and/or recovery areas for patient use shall be equipped with doors and hardware that permit access from the outside in case of an emergency.

(6) The minimum door width for patient use shall be 2'-10". Rooms needing access for beds or stretchers shall be 3'-8". All rooms subject to occupancy by staff, patients or visitors shall comply with ANSI A117.1 or UFAS.

(7) Doors, except doors to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. Large walk-in type closets are considered as occupiable spaces.

(8) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within 18" of the floor (thereby creating possibility of accidental breakage by pedestrian traffic) shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings, play rooms and exercise rooms unless otherwise required for fire safety. Glazing materials used for shower doors and bath enclosures shall be safety glass or plastic.

(9) Paper-towel dispensers and waste receptacles shall be provided at all hand washing facilities.

(10) Where labeled fire doors are required, these shall be certified by an independent testing laboratory as meeting the construction requirements equal to those for fire doors in NFPA Standard 80.

Reference to a labeled fire door shall be construed to include labeled frame and hardware.

(11) Radiation protection for x-ray and gamma ray installations shall comply with standards for hospital construction.

(12) Dumbwaiters, conveyors, and material-handling systems shall not open into a corridor or exit way but shall open into a room enclosed by construction having a fire resistance of not less than one hour and provided with Class C, 3/4 hour labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material-handling systems shall benot less than Class B, 1-1/2 hour labeled fire doors.

(13) Elevator shaft openings shall have Class B, 1-1/2 hour labeled fire doors.

(14) Minimum ceiling heights shall be 7'-10" with the following exceptions:

(A) Boiler rooms shall have ceiling clearance of not less than 2'-6" above the main boiler header and connecting piping.

(B) Radiographic and other ceiling mounted equipment shall have ceilings of sufficient height to accommodate the equipment and/or fixtures.

(C) Ceilings in corridors, storage rooms, rest rooms, and other minor rooms shall not be less than 7'-8".

(D) Tracks, rails and pipes suspended along the path of normal traffic shall be not less than 6'-8" above the floor.

(15) Rooms containing heat-producing equipment shall be insulated and ventilated to prevent adjacent floor or wall surfaces from exceeding a temperature 10 degrees above ambient room temperature.

(16) An approved automatic smoke detection system shall be provided in all corridors, lobbies and general waiting areas. Location of smoke detectors shall be no greater than 30 feet spacing on centers and no more than 15 feet from any wall. All Automatic Smoke Detection Systems shall be electrically inter-connected to the fire alarm system.

(b) **Finishes.**

(1) Cubicle curtains and draperies shall be noncombustible or rendered flame retardant and shall pass both the large- and small-scale tests of NFPA Standard 701.

(2) Flame spread and smoke-developed ratings of finishes are covered under Section 310:615-5-7(b).

(3) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. In all areas frequently subject to wet-cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

(4) Floors in areas and rooms in which flammable anesthetic agents are stored or administered to patients shall comply with NFPA Standard 56A. Conductive flooring may be omitted from surgical areas provided that a written resolution is signed by the governing board, stating that no flammable anesthetic agents will be used in these areas and appropriate notices are permanently and conspicuously affixed to the wall in each such area and room.

(5) Wall finishes shall be washable.

(6) Ceilings shall be cleanable, and those in surgical areas shall be finished, covering all overhead duct work and piping, washable and

without crevices that can retain dirt particles. Finished ceilings may be omitted in mechanical and equipment spaces, shops and general storage areas, unless required for fire-resistive purposes in accordance with NFPA 70 and NFPA 99.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-7. Construction, including fire-resistive requirements

(a) **Construction.** Construction of freestanding ambulatory surgical centers shall comply with NFPA 101, Life Safety Code, 1991 edition, section 12-6, along with applicable building codes and minimum requirements contained in this Chapter. Ambulatory surgical centers which are an integral part of a hospital or connected to a hospital and which accommodate hospital ambulatory patients shall comply with the construction requirements for general hospitals.

(b) **Interior finishes.** Interior-finish materials shall comply with the flame-spread limitations and the smoke-production limitations shown in Appendix G of this Chapter. If a separate under layment is used with any floor-finish materials, the under layment and the finish material shall be tested as a unit or equivalent provisions made to determine the effect of the under layment on the flammability characteristics on the floor-finish material. Tests shall be performed by an independent testing laboratory.

(c) **Insulation materials.** Building insulation materials, unless sealed on all sides and edges, shall have a flame-spread rating of 25 or less and a smoke-developed rating of 150 or less when tested in accordance with ASTM Standard E84.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-8. Elevators

(a) **Required.** All buildings having examination rooms, treatment rooms, or diagnostic services located on other than the main-entrance floor, shall have electric or electro-hydraulic elevators. The elevators shall be installed in sufficient quantity, capacity, and speed that the average interval of dispatch time will not exceed one minute, and average peak loading can be accommodated.

(1) Cars shall have a minimum inside floor dimension of not less than 5'-0". The car door shall have a clear opening of not less than 3'-0".

(2) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of ± 1/2".

(3) Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing-button calls and be dispatched directly to any floor.

(4) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke.

(b) **Field inspection and tests.** Inspections and tests shall be made, and the owner shall be furnished written certification that the installation meets the requirements set forth in this section and all applicable safety regulations and codes.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-9. Mechanical requirements

(a) **General.**

(1) Prior to completion and acceptance of the facility, all mechanical systems shall be tested, balanced, and operated to demonstrate to the design engineer or his/her representative that the installation and performance of these systems conform to the requirements of the plans and specifications. Test results shall be documented for maintenance files.

(2) Upon completion of the installation contract, the owner shall be furnished with a complete set of manufacturer's operating, maintenance, and preventive maintenance instructions, and parts list with numbers and description for each piece of equipment. Operating staff personnel shall be provided with instruction in the operational use of systems and equipment as required.

(b) **Thermal and acoustical insulation.**

(1) Thermal and acoustical insulation shall be provided to conserve energy, protect personnel, prevent vapor condensation and reduce noise and vibration for the following within the building:

(A) Boilers, smoke breaching, and stacks.

(B) Steam supply and condensate return piping.

(C) Hot-water piping above 180° F. (82° C.) and all hot-water heaters, generators, and convertors.

(D) Hot-water piping above 125° F. (52° C.) which is exposed to contact by patients.

(E) Chilled water refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point.

(F) Water supply and drainage piping on which condensation may occur.

(G) Air ducts and casings with outside surface temperature below ambient dew point.

(H) Domestic hot water piping, water heaters, tanks, generators and converters.

(I) Heating, ventilating, air conditioning and air-handling duct systems (including ducts, plenums and casings) with surface temperatures 9° F (5° C) above or below the ambient dry-bulb or dew-point temperatures.

(J) Other piping ducts, and equipment as necessary to maintain the efficiency of the systems.

(2) Insulation may be omitted from hot-water and steam-condensate piping not subject to contact by patients when such insulation is unnecessary for preventing excessive system heat loss or excessive heat gain.

(3) Insulation on cold surfaces shall include an exterior vapor barrier.

(4) Insulation, including finishes and adhesives on the exterior surfaces of ducts, pipes, and equipment, shall have a flame-spread rating of 25 or less and a smoke-developed rating of 150 or less as determined by an independent testing laboratory in accordance with ASTM Standard E 84. (See Section 310:615-5-9(b)(5) for exception.)

(5) Linings in air ducts and equipment shall meet the Erosion Test Method described in Underwriters' Laboratories, Inc., Publication No. 181. These linings, including coatings and adhesives, and insulation

on exterior surfaces of pipes and ducts in building spaces used as air-supply plenums, shall have a flame-spread rating of 25 or less and a smoke-developed rating of 50 or less as determined by an independent testing laboratory in accordance with ASTM Standard E 84.

(6) Duct linings shall not be used in systems supplying operating room and recovery room units unless terminal filters of at least 90 percent efficiency are installed downstream of linings.

(7) Asbestos insulation shall not be used in health facilities.

(8) Existing accessible insulation within facilities to be modernized shall be inspected, repaired and/or replaced.

(c) **Steam and hot-water systems.**

(1) **Boilers.** Boilers shall have the capacity, based upon the net ratings published by the Hydronics Institute, to supply the normal requirements of all systems and equipment.

(2) **Valves.** Supply and return mains and risers of heating and steam systems shall be equipped with valves to isolate the various sections of each system. Each piece of equipment shall have valves at the supply and return ends. Vacuum condensate returns need not be valved at each piece of equipment.

(d) **Air conditioning, heating, and ventilating systems.**

(1) Air conditioning, heating and ventilating systems shall comply with Appendix E of this Chapter. Filter efficiency requirements are contained in Appendix F of this Chapter. The systems shall be designed to provide the following temperatures and humidities in the areas in the appendices. For all other occupied areas a minimum design temperature of 75° F. (24° C.) at winter-design conditions shall be assumed.

(2) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Appendix E of this Chapter shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(A) Outdoor intakes shall be located as far as practical but not less than 25'-0" from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vents stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than 6'-0" above ground level, or if installed above the roof, 3'-0" above the roof level.

(B) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in Appendix E of this Chapter.

(C) All air supplied to operating rooms shall be delivered at or near the ceiling of the area served, and all exhaust air from the area shall be removed near floor level. At least two exhaust outlets shall be used in all operating rooms.

(D) The bottoms of ventilation openings shall be not less than 3" above the floor of any room.

(E) Corridors shall not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small

electrical or telephone closets opening directly onto corridors.

(F) All central ventilation or air-conditioning systems shall be equipped with filters having efficiencies no less than those specified in Appendix F of this Chapter. Where two filter beds are required, Filter Bed No. 1 shall be located upstream of the air-conditioning equipment, and Filter Bed No. 2 shall be downstream of the supply fan, any recirculating spray-water systems, and water-reservoir type humidifiers.

(i) Where only one filter bed is required, it shall be located upstream of the air-conditioning equipment unless an additional pre-filter is employed. In this case, the pre-filter shall be upstream of the equipment, and the main filter may be located farther downstream.

(ii) All filter efficiencies shall be average atmospheric dust-spot efficiencies tested in accordance with ASHRAE Standard 52-68.

(iii) Filter frames shall be durable and carefully dimensioned and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.

(iv) A manometer shall be installed across each filter bed serving sensitive areas or central-air systems.

(G) Air-handling duct systems shall meet the requirements of NFPA Standard 90A, except that sensitive-area duct systems shall comply with Section 310:615-5-9(b)(6).

(H) The ventilation system for anesthesia-storage rooms shall conform to the requirements of NFPA Standard 56A, including the gravity option. The mechanically operated air systems required of Section 310:615-5-9(d)(2) is optional in this room only.

(e) **Plumbing and other piping systems.** All plumbing systems shall be designed and installed in accordance with the requirements of PHCC National Standard Plumbing Code, Chapter 14, "Medical Care Facility Plumbing Equipment."

(1) **Plumbing fixtures.**

(A) The material used for plumbing fixtures shall be of nonabsorbable acid-resistant material.

(B) The water-supply spout for lavatories and sinks required in patient-care areas shall be mounted so that its discharge point is a minimum distance of 5" above the rim of the fixture. All fixtures used by medical and nursing staff and all lavatories used by patients and food handlers shall be systems trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed 4-1/2" in length, except that handles on scrub sinks and clinical sinks shall be not less than 6" long.

(C) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(2) **Water-supply systems.**

(A) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum-demand periods.

(B) Each water-service main, branch main, riser, and branch to a

group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(C) Back flow preventors (vacuum breakers) shall be installed on hose bibbs, laboratory sinks, janitors' sinks, bedpan flushing attachments, autopsy tables, and on all other fixtures to which hoses or tubing can be attached.

(D) Flush valves installed on plumbing fixtures shall be of a quiet-operating type, equipped with silencers.

(E) Water-distribution systems shall be arranged to provide hot water at each hot-water outlet at all times. Hot water at shower, bathing, and hand-washing facilities shall not exceed 110° F. (43° C.).

(3) **Drainage systems.**

(A) Floor drains shall not be installed in operating rooms.

(B) Building sewers shall discharge into a community- sewerage system. Where such a system is not available, a facility providing sewage treatment must conform to applicable local and State regulations.

(4) **Medical gases.** Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA 56A and 56F. See Appendix G of this Chapter for rooms which require station outlets.

(5) **Suction.** Clinical vacuum (suction) system installations shall be in accordance with the requirements of Compressed Gas Association Pamphlet No. P-2.1. See Appendix G of this Chapter contains for rooms which require station outlets.

(6) **Service outlets.** Service outlets for central housekeeping vacuum systems, if used, shall not be located within operating rooms.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-5-10. Electrical requirements

(a) **General.**

(1) All material, including equipment, conductors, controls, and signaling devices, shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(2) All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified. A written record of performance tests on special electrical systems and equipment shall be supplied to the owner. Such tests shall show compliance with the governing codes and shall include conductive floors, isolated power systems, grounding continuity, and alarm systems.

(b) **Switchboards and power panels.** Circuit breakers or fusible switches that provide disconnecting means and over current protection for conductors connected to switchboards and panel boards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboards shall be convenient for use,

readily accessible for maintenance, clear of traffic lanes, and in a dry, ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(c) **Panel boards.** Panel boards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve.

(d) **Lighting.**

(1) All spaces occupied by people, machinery, and equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(2) Operating rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical tables. Each fixed special lighting unit at the tables, except for portable units, shall be connected to an independent circuit.

(e) **Receptacles (convenience outlets).**

(1) **Anesthetizing locations.** Each operating room shall have at least three receptacles of the types described in NFPA Standard 56A. In locations where mobile X-ray is used, an additional receptacle, distinctively marked for X-ray use, shall be provided. Where capacitive discharge or battery-powered X-ray units are used, these receptacles will not be required.

(2) **Rooms other than anesthetizing locations.** Duplex-grounding type receptacles shall be installed in all areas in sufficient quantities for the tasks to be performed. A minimum of one duplex receptacle for each wall shall be installed in each work area or room other than storage or lockers. Each examination and work table shall have access to a minimum of two duplex receptacles.

(3) **Corridors.** Duplex receptacles for cleaning equipment and general use shall be installed approximately 50'-0" apart in all corridors and within 25'-0" of ends of corridors.

(f) **Equipment installation in special areas.**

(1) **Installation in anesthetizing locations.** All electrical equipment and devices, receptacles, wiring, and conductive flooring, if used, shall comply with NFPA Standard 56A, except that a static-type line-isolation monitor will be permitted.

(2) **X-ray installations.** Fixed and mobile X-ray equipment installations shall conform to Article 660 of NFPA Standard 70.

(3) **Special grounding system.**In areas (when indicated by the program) where a patient may be treated with an internal probe or catheter connected to the heart, the patient-bed area ground system shall comply will the following:

(A) A patient ground point shall be provided within 10'-0" of each bed. The patient ground is to assure that under normal conditions all electrically conductive surfaces of equipment and furnishings within reach of the patient will be at the same electrical potential or not exceeding ten millivolts differential. This requirement is not intended to apply to devices and utensils such as bedpans and other small portable non-electrical devices.

(B) One patient ground point may serve more than one patient, but one patient shall not be served by more than one patient ground point.

(C) The grounding conductor connecting any receptacle serving a patient and the patient ground point shall not exceed the

equivalent resistance of 15'-0" of No. 12 AWG copper conductor.

(D) Exposed metal-building surfaces or utility piping within reach of the patient or others who may touch him shall be grounded at the patient ground point or to another room ground point.

(E) A reference ground point shall be established in the electrical supply panel.

(F) The patient ground point and the room ground point where separated shall be interconnected by a continuous, insulated, copper conductor not smaller than No. 10 AWG and similarly connected to the reference ground or may be individually connected to the reference ground point provided that the ground conductor resistance does not exceed that of 15'-0" or No. 12 AWG copper conductor.

(G) Receptacle ground terminals shall be connected to the patient ground point or to the reference ground point provided that grounding conductor resistance to the reference ground point does not exceed that of 15'-0" of No. 12 AWG copper conductor.

(H) Grounding of all metallic raceways shall be by means of grounding bushings on all conduit terminations at the panel board and by means of an insulated, continuous, stranded, copper grounding conductor, not smaller than No. 12 AWG extended from the grounding bus in the panel board to the conduit grounding bushings.

(I) Grounding of metallic switch and receptacle plates shall be provided by means of the mounting-screw connections to the device mounting yokes.

(g) **Emergency lighting.** Automatic emergency lighting shall be provided in each operating room, each recovery room and in ways of exits to make egress from the building safer in the event of power failure.

(h) **Fire alarm systems.** A manually operated electrically supervised fire-alarm system shall be installed in each facility that has a total floor area of more than 5,000 square feet.

(i) **Emergency power requirements.**

(1) Ambulatory surgical centers that allow inhalation anesthetics administered in any concentration, or if patients require electrical life-support equipment, shall provide electrical services conforming to Type I System, NFPA 99, Chapter 13.

(2) Ambulatory surgical centers that do not administer inhalation anesthetics in any concentration, or have no patients requiring electrical life support equipment, shall be permitted to use a battery system or self-contained battery integral with equipment, conforming to the Type III System, NFPA 99, Chapter 13.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

SUBCHAPTER 7. CODES AND STANDARDS

310:615-7-1. General

Nothing stated herein shall relieve the sponsor from compliance with building codes, State safety glass requirements, ordinances, and regulations which are enforced by city, county, or State jurisdictions. Where such codes, ordinances, and regulations are not in effect, the

sponsor shall consult one of the national building codes generally used in the area for all components of the building type which are not specifically covered by these minimum requirements, provided that the requirements of the national code are consistent with the minimum requirements set forth herein.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-7-2. List of referenced codes and standards

Editions of publications, of year indicated, containing codes and standards which have been used in whole or in part as references in various sections of the minimum requirements in this Chapter, are listed below.

(1) American National Standards Institute (ANSI):

(A) Standard A17.1 American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Stairs.

(B) Standard A117.1 American Standard Specification for Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped.

(2) American Society for Heating, Refrigeration and Air Conditioning Engineers (ASHRAE). Handbook of Fundamentals. Standard 52-76 Method of Testing Air Cleaning Devices used in General Ventilation for Removing Particulate Matter.

(3) American Society for Testing and Materials (ASTM). Standard No. E 84, "Method of Test for Surface Burning Characteristics of Building Materials."

(4) Building Officials and Codes Administrators International, Inc. The BOCA Basic Building Code.

(5) Code of Federal Regulations. Title 29, Part 1910, Employee Safety and Health.

(6) Compressed Gas Association (CGA). Pamphlet P-2-1 (1967), "Standard for Medical-Surgical Vacuum Systems in Hospitals."

(7) General Services Administration, Department of Defense, Department of Housing and Urban Development, and U.S. Postal Service. Standards for Uniform Federal Accessibility (UFAS).

(8) Illuminating Engineering Society of North America (IESNA). IESNA Publication CP29, Lighting for Health Facilities.

(9) International Conference of Building Officials (ICBO). Uniform Building Code.

(10) National Association of Plumbing Heating Cooling Contractors (PHCC).

(11) National Council on Radiation Protection (NCRP):

(A) Medical X-ray and Gamma ray Protection for Energies up to 10 MeV Equipment Design and Use Radiation Protection Design Guidelines for 0.1-100 MeV Particle Accelerator Facilities.

(B) Medical X-Ray and Gamma Ray Protection for Energies up to MeV Structural Shielding Design and Evaluation.

(12) National Fire Protection Association (NFPA)

(A) Standard 20, Centrifugal Fire Pumps.

(B) Standard 70, National Electric Code.

(C) Standard 72A, Installation, Maintenance and use of Local Protective Signaling Systems.

(D) Standard 72E, Automatic Fire Detectors.

(E) Standard 80, Fire Doors and Windows.
(F) Standard 82, Incinerators, Waste and Linen Handling Systems and Equipment.
(G) Standard 90A, Installation of Air Conditioning and Ventilation Systems.
(H) Standard 99, Chapter 3, Use of Anesthetics (Flammable and nonflammable).
(I) Standard 99, Chapter 7, Laboratories in Health Related Institutions.
(J) Standard 99, Nonflammable Medical Gas Systems.
(K) Standard 99, Chapter 9, Safe Use of Electricity in Patient Care Areas of Hospitals.
(L) Standard 99, Chapter 13, Ambulatory Health Care Requirements.
(M) Standard 101, Life Safety Code.
(N) Standard 110, Emergency and Standby Power Systems.
(O) Standard 253, Method for Critical Radiant Flux of Floor Covering Systems using a Radiant Heat Energy Source.
(P) Standard 255, Method of Test Surface Burning Characteristics of Building Materials.
(Q) Standard 258, Research Test Method for Determining the Smoke Generation of Solid Materials.
(R) Standard 701, Method of Fire Tests for Flame Resistant Textiles and Films.
(S) Southern Building Code Congress International, Inc. Standard Building Code.
(T) Underwriter's Laboratories, Inc. Publication No. 181

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX A . GENERAL PRESSURE RELATIONSHIP AND VENTILATION OF CERTAIN AMBULATORY SURGICAL CENTER AREAS [REVOKED]

[Source: Revoked at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX B . FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR-CONDITIONING SYSTEMS IN AMBULATORY SURGICAL CENTERS [REVOKED]

[Source: Revoked at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX C . STATION OUTLETS FOR OXYGEN AND VACUUM (SUCTION) SYSTEMS [REVOKED]

[Source: Revoked at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX D. FLAME-SPREAD AND SMOKE-PRODUCTION LIMITATIONS OF INTERIOR FINISHES IN AMBULATORY SURGICAL CENTERS

		Flame-Spread Rating	Smoke-Production Rating
Walls & Ceilings	Exit ways, storage rooms, & areas of unusual fire hazard.	ASTM Standard E 84) 25 or less)	NFPA Standard 258
	All other areas.	ASTM Standard E 84) 75 or less)	450 or less*
Floors		ASTM Standard E 84) 75 or less)	

*Average of flaming and non-flaming values.

[Source: Added at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX E. VENTILATION REQUIREMENTS FOR AREAS AFFECTING PATIENT CARE IN AMBULATORY SURGICAL CENTERS

Area designation	Air Movement Relationship to adjacent area[2]	Minimum air changes outside air per hour[3]	Minimum total air changes per hour[8]	Recirculated by means of room units[4]	All air exhausted directly outdoors[5]	Relative humidity[6]	Design temperature (degrees)[7]
Operating room[14]	Out	3	15	No	--	50-60	70-75
Delivery room[14]	Out	3	15	No	--	45-60	70-75
X-ray card.cath.and invas.proc.[15]	Out	3	15	No	--	45-60	70-75
Newborn nursery	--	1	6	No	--	30-60	75
Recovery room[14]	--	2	6	No	--	30-60	70
Isolation room[10]	In	--	6	No	Yes	---	70-75
Isolation alcove or ante room[10]	Out	--	10	No	Yes	---	---
Labor delivery rooms(LDR)	--	--	2	--	--	---	70-75
Patient corridor	--	--	2	--	--	---	---
Examination room	--	--	6	--	--	---	75
Medication room	--	--	4	--	--	---	---
Pharmacy	--	--	4	--	--	---	---
Treatment room[9]	--	--	6	--	--	---	75
Trauma room[9]	Out	3	15	No	--	45-60	70-75
X-ray rm.and noninvas.proc.[15]	--	--	6	--	--	---	75
Physical Rx							
Hydrotherapy	In	--	6	--	--	---	75
Treatment room	--	--	6	--	--	---	70-75
Soiled utility	In	--	10	No	Yes	---	---
Clean utility	--	--	4	--	--	---	---
Autopsy room	In	--	12	No	Yes	---	---
Dark room	In	--	10	No	Yes	---	---
Nonrefrigerated body-holding room[12]	In	--	10	Yes	Yes	---	70
Toilet room	In	--	10	Yes	Yes	---	---
Bedpan room	In	--	10	Yes	Yes	---	---
Bathroom	--	--	10	--	--	---	75

Area designation	Air Movement Relationship to adjacent area[2]	Minimum air changes outside air per hour[3]	Minimum total air changes per hour[8]	Recirculated by means of room units[4]	All air exhausted directly outdoors[5]	Relative humidity[6]	Design temperature (degrees)[7]
Janitors closet	In	--	10	No	Yes	---	---
Sterilizer equipment room[13]	In	--	10	--	Yes	---	---
ETO-sterilizer room[13]	In	--	10	No	Yes	---	75
Soiled linen and trash rooms	In	--	10	No	Yes	---	---
Laboratory							
General[16]	--	--	6	--	--	---	---
Nuclear[15]	In	--	6	No	Yes	---	---
Pathology	In	--	6	No	Yes	---	---
Cytology	In	--	6	No	Yes	---	---
Biochemistry[16]	Out	--	6	No	---	---	---
Histology	In	--	6	No	Yes	---	---
Microbiology[16]	In	--	6	No	Yes	---	---
Serology	Out	--	6	No	--	--	---
Glass washing	In	--	10	--	Yes	--	---
Sterilizing	In	--	10	--	Yes	--	---
Food preparation center[11]	--	--	10	No	--	--	---
Ware washing	In	--	10	No	Yes	--	---
Dietary day storage	In	--	2	--	--	--	---
Laundry, general	--	--	10	--	Yes	--	---
Soiled linen (sorting and storage)	In	--	10	No	Yes	--	---
Clean linen	--	--	2	--	--	--	---
Anesthesia gas storage[14]	--	--	8	--	Yes	--	---
Central supply							
Soiled room	In	--	6	No	Yes	--	---
Clean workroom & sterile storage	Out	--	4	No	--	(max) 70	75

[1]This table covers ventilation for comfort, as well as for asepsis and odor control in areas of acute care hospitals that directly affect patient care. Areas where specific standards are not given shall be ventilated in accordance with ASHRAE STANDARD 62-1981, "Ventilation for Acceptable

Indoor Air Quality Including Requirements for Outside Air." Specialized patient care areas including organ transplant units, specialty procedure rooms, etc., shall have additional provisions for air quality control as may be appropriate. OSHA standards and/or NIOSH criteria require special requirements for employee health and safety within health care facilities.

[2]Design of the ventilation system shall, insofar as possible, provide that air movement is from "clean to less clean" areas. However, continuous compliance may be impractical with full utilization of some forms of variable air volume and load shedding systems which may be used for energy conservation. Areas which do not require positive and continuous control are noted with "out" or "in" to indicate the required direction of air movement in relation to the space named (this designation was previously described as "positive" or "negative" pressure). Rate of air movement may, of course, be varied as needed within the limits required for positive control. Where indication of air movement direction is enclosed in parentheses, continuous directional control is required only when the tool is in use or where room use may otherwise compromise the intent of movement from clean to less clean. Air movement for rooms with dashes and non-patient areas may vary as necessary to satisfy the requirements. Additional adjustments may be needed when space is unused or unoccupied and air systems are shut down or reduced.

[3]To satisfy exhaust needs, replacement air from outside is necessary. Table III 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 required by good engineering practice.
[4]Because of cleaning difficulty and potential for buildup of contamination, recirculating room units shall not be used in areas marked "No." Isolation and intensive care unit rooms may be ventilated by 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 in operating rooms or other special care areas.

[5]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
be required special consideration for air exhaust to outside, e.g., and intensive care unit in which patients with pulmonary are treated, and room for burn patients.

[6]The ranges listed are the minimum and maximum limits where control is specifically needed.

[7]Dual temperature indications (such as 70-75) are for an upper and lower variable range at which the room temperature must be controlled. A single figure indicates a heating or cooling capacity

of a least the indicated temperature. This is usually applicable when patients may be undressed and require a warmer environment. Nothing in this document shall be construed as precluding the use of temperature lower than those noted when the patients comfort and medical conditions make lower temperatures desirable. Unoccupied areas such as storage. etc., shall temperatures appropriate for the function intended.

[8]Number of air changes may be reduced when the room is unoccupied if provisions are made to insure that the number of air changes indicated is re-established 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.

[9]The term **trauma room** as used here is the operating room in the emergency department, or other trauma 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."

[10]The isolation rooms described in these standards are those that might be utilized in the average community hospital. The assumption is made that most isolation procedures will be for infectious patients and that the room should be suitable for normal private use when not needed for isolation. This compromise obviously does not provide for ideal isolation. The design should consider types and numbers of patients that might need this separation within the facility. When need is indicated by the program, it may be desirable to provide more complete control with a separate anteroom as an air lock to minimize potential for airborne particles for the patients' area reaching adjacent areas. Certain types of patients such as those with organ transplants, burns, etc., may require special consideration, including reverse isolation for which the air movement relationship to adjacent areas would be "out" rather than "in." Where these requirements are reflected in the anticipated patient load, ventilation shall be modified as necessary. **Variable exhaust that allows maximum room space flexibility with reverse air flow direction would be useful only if appropriate adjustments can be assured for different types of isolation procedures.**

[11]Food preparation centers shall have ventilation systems that have an excess of air supply for "out" air movements when hoods are not in operation. The number of air changes may be reduced or varied to any extent required for odor control when the space is not in use.

[12]A nonrefrigerated body-holding room would be applicable only for health care facilities in which

autopsies are not performed on-site, or the space is used only for holding bodies for short periods prior to transferring.

[13]Specific OSHA regulations regarding ethylene oxide (ETO) use have been promulgated. 29 CRF 1910.1047 includes specific ventilator requirements including local exhaust of the ETO sterilizer area.

[14]National Institute of 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.

[15]Large hospitals may have separate departments for diagnostic and therapeutic radiology and nuclear medicine. For specific information on radiation precautions and handling of nuclear materials, refer to appropriate publication of National Radiation Safety Council and Nuclear Regulatory Commission. Special requirements are imposed

[16]When required, appropriate hoods and exhaust devices for the removal of noxious gases shall be provided (see NAPA 99).

[Source: Added at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX F. FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN OUTPATIENT FACILITIES

Area designation	Number filter beds	Filter efficiencies (%) Filter bed no.1	Filter bed no.2
Critical areas*	2	25	90
	1		--
All noncritical areas for patient care treatment, and/or diagnosis, and those areas providing direct or support services such as clean supplies, laboratories, sterile and clean processing, bulk storage, soiled holding areas, administrative.			

Note: Additional roughing or prefilters should be considered to reduce maintenance required for main filters. Ratings shall be based on ASHRAE 52-76.

*Operating rooms.

[Source: Added at 9 Ok Reg 2021, eff 6-11-92]

APPENDIX G. STATION OUTLETS FOR OXYGEN AND VACUUM (SUCTION) SYSTEMS

Location	Oxygen	Vacuum
General Operating Room	B	B
Recovery Room for Surgical Patients	A	A

A = One outlet for each bed.
B = Two outlets.

[Source: Added at 9 Ok Reg 2021, eff 6-11-92]