

(g) "Special care unit" means an organized health care service which combines specialized facilities and staff for the intensive care and management of patients in a crisis or potential crisis state. "Special care units" include coronary care, surgical intensive care, medical intensive care and burn units, but do not include post-obstetrical or post-surgical recovery units or neo-natal intensive care units.

(3) APPROVALS. The hospital shall keep documentation of approvals on file in the hospital following all inspections by state and local authorities.

(4) FIRE PROTECTION. (a) *Basic responsibility.* The hospital shall provide fire protection adequate to ensure the safety of patients, staff and others on the hospital's premises. Necessary safeguards such as extinguishers, sprinkling and detection devices, fire and smoke barriers, and ventilation control barriers shall be installed to ensure rapid and effective fire and smoke control.

(b) *New construction.* Any new construction or remodeling shall meet the applicable provisions of the 1981 edition of the Life Safety Code.

(c) *Existing facilities.* An existing hospital shall be considered to have met the requirements of this subsection if, prior to February 1, 1988, the hospital complied with and continues to comply with the applicable provisions of the 1967, 1973 or 1981 edition of the Life Safety Code, with or without waivers.

(d) *Equivalent compliance.* An existing facility that does not meet all requirements of the applicable Life Safety Code may be considered in compliance with it if it achieves a passing score on the Fire Safety Evaluation System (FSES) developed by the U.S. department of commerce, national bureau of standards, to establish safety equivalencies under the Life Safety Code.

Note: See appendix C of the 1981 Life Safety Code.

(5) PLANS FOR NEW CONSTRUCTION OR REMODELING. The hospital shall submit its plans and specifications for any new construction or remodeling to the department according to the following schedules:

(a) One copy of preliminary or schematic plans shall be submitted to the department for review and approval;

(b) One copy of final plans and specifications which are used for bidding purposes shall be submitted to the department for review and approval before construction is started;

(c) If on-site construction above the foundation is not started within 12 months after the date of approval of the final plans and specifications, the approval under par. (a) shall be void and the plans and specifications shall be resubmitted for reconsideration of approval; and

(d) Any changes in the approved final plans affecting the application of the requirements of this subchapter shall be shown on the approved final plans and shall be submitted to the department for approval before construction is undertaken. The department shall notify the hospital in writing of any conflict with this subchapter found in its review of modified plans and specifications.

Note 1: Plan approval by the department of industry, labor and human relations under chs. ILHR 50 to 64 is also required for any new construction or remodeling.

Note 2: Copies of the 1967, 1973 and 1981 Life Safety Codes and related codes can be obtained from the National Fire Protection Association, Battery March Park, Quincy, MA 02269. Copies are kept on file in the offices of the bureau of quality compliance, the secretary of state and the revisor of statutes.

Note 3: The Department draws on the "Guidelines for Construction and Equipment of Hospitals and Medical Facilities", 1983/84 edition, published by the U.S. Department of Health and Human Services, for guidance in determining the adequacy of specific designs. Portions of this document have been adopted by reference in chs. ILHR 50 to 64, the state building code.

(5m) FEES FOR PLAN REVIEWS. (a) *Basic fee schedule.* The fees established in this subsection shall be paid to the department for providing plan review services under sub. (5). The department may withhold providing services to parties who have past due accounts with the department for plan review services. The department shall charge hospitals the following fees for review of plans for all capital construction and remodeling projects:

1. For projects with an estimated dollar value of less than \$5,000, a fee of \$100;
2. For projects with an estimated dollar value of at least \$5,000 but less than \$25,000, a fee of \$300;
3. For projects with an estimated dollar value of at least \$25,000 but less than \$100,000, a fee of \$500;
4. For projects with an estimated dollar value of at least \$100,000 but less than \$500,000, a fee of \$750;
5. For projects with an estimated dollar value of at least \$500,000 but less than \$1 million, a fee of \$1,500;
6. For projects with an estimated dollar value of at least \$1 million but less than \$5 million, a fee of \$2,500; and.
7. For projects with an estimated dollar value of over \$5 million, a fee of \$5,000.

(b) *Handling and copying fees.* 1. The department shall charge a handling fee of \$50 per plan to the submitting party for any plan which is submitted to the department, entered into the department's system and then the submitting party requests that it be returned prior to review;

2. The department may charge a photocopying fee of 25 cents per page to anyone who requests copies of construction or remodeling plans, except that a fee of \$5 per plan sheet shall be charged for reproduction of plan sheets larger than legal size.

(6) PATIENT ROOMS - GENERAL. (a) *Bed capacity.* Each hospital's bed capacity may not exceed the capacity approved by the department under par. (d).

(b) *Privacy.* Visual privacy shall be provided for each patient in multi-bed patient rooms. In new or remodeled construction, cubicle curtains shall be provided.

(c) *Toilet room.* 1. In new construction, each patient room shall have access to one toilet without entering the general corridor area. One toilet room shall serve no more than 4 beds and no more than 2 patient rooms. A handwashing sink shall be provided either in each patient's room or in the adjoining toilet room.

2. In new and remodeled construction, the door to the patient toilet room shall swing into the patient room, or two-way hardware shall be provided.

3. The minimum door width to the patient toilet room shall be 36 inches (91.4 cm) for new construction and 32 inches (81.3 cm) for remodeled construction.

(d) *Minimum floor area.* The minimum floor area per bed shall be 80 square feet in multiple patient rooms and 100 square feet in single patient rooms. The distance between patient beds in multi-patient rooms shall be at least 3 feet.

(e) *Minimum furnishings.* 1. A hospital-type bed with a suitable mattress, pillow and the necessary coverings shall be provided for each patient.

2. There shall be a bedside table or stand and chair for each patient.

3. There shall be adequate storage space for the clothing, toilet articles and other personal belongings of patients.

(7) *ISOLATION.* Rooms shall be provided for the isolation of patients whose condition requires isolation for physical health reasons. These rooms shall have appropriate facilities for handwashing and for carrying out adequate isolation techniques.

(8) *PATIENT CARE AREAS.* (a) *Nursing station or administrative center.* Each nursing station or administrative center in patient care areas of the hospital may be located to serve more than one nursing unit, but at least one of these service areas shall be provided on each nursing floor. The station or center shall contain:

1. Storage for records, manuals and administrative supplies; and

2. An area for charting when the charts of patients are not maintained at patient rooms.

(b) *Staff toilet room.* In new construction, a staff toilet room and wash-basin shall be provided on each nursing unit.

(c) *Utility areas.* 1. A utility room for clean linen and other clean articles shall be readily accessible to each nursing unit. The room shall contain at least:

a. Storage facilities for supplies;

b. A handwashing sink; and

c. Work counters.

2. A utility room for soiled linen and other soiled articles shall be readily accessible to each nursing unit. The room shall include at least:

a. A clinical sink or equivalent flush rim fixture;

b. A handwashing sink;

c. A work counter;

d. A waste receptacle; and

e. A linen receptacle.

(d) *Shower or bath.* A shower shall be provided for every 10 maternity patients and a bath or shower for every 15 patients other than maternity patients.

(e) *Equipment and supply storage.* There shall be sufficient space in the patient care area for storage of equipment and supplies.

(f) *Corridors and passageways.* Corridors and passageways in patient care areas shall be free of obstacles.

(g) *Housekeeping closet.* A housekeeping closet shall be provided on the nursing unit or sufficient cleaning supplies and equipment shall be readily accessible to the nursing unit.

(h) *Patient call system.* A reliable call mechanism shall be provided in locations where patients may be left unattended, including patient rooms, toilet and bathing areas and designated high risk treatment areas from which individuals may need to summon assistance.

(9) **ADDITIONAL REQUIREMENTS FOR PARTICULAR PATIENT CARE AREAS.**

(a) *Special care units.* 1. In new construction, viewing panels shall be provided in doors and walls of special care units for nursing staff observation of patients. Curtains or other means shall be provided to cover the viewing panels when privacy is desired.

2. In new construction a sink equipped for handwashing and a toilet shall be provided in each private patient room on special care units. In multi-bed rooms at least one sink and one toilet for each 6 beds shall be provided. Individual wall-hung toilet facilities with privacy curtains or another means of safeguarding privacy may be substituted for a toilet room.

3. a. In new construction all special care unit beds shall be arranged to permit visual observation of the patient by the nursing staff from the nursing station.

b. In existing facilities, if visual observation of special care unit beds is not possible from the nursing station, staffing or television monitoring shall permit continuous visual observation of the patient.

4. In new construction the dimensions and clearances in special care unit patient rooms shall be as follows:

a. Single bed rooms shall have minimum dimensions of 10 feet by 12 feet;

b. Multi-bed rooms shall have a minimum side clearance between beds of at least 7 feet; and

c. In all rooms the clearance at each side of each bed shall be not less than 3 feet 6 inches and the clearance at the foot of each bed shall be not less than 5 feet.

(b) *Psychiatric units.* The requirements for patient rooms under sub. (8) apply to patient rooms in psychiatric nursing units and psychiatric hospitals except as follows:

1. In new construction and remodeling a staff emergency call system shall be included. Call cords from wall-mounted stations of individual patient rooms may be removed when justified by psychiatric program requirements;

2. Doors to patient rooms and patient toilet room doors may not be lockable from the inside;

3. Patients' clothing and personal items may be stored in a separate designated area which is locked; and

4. Moveable hospital beds are not required for ambulatory patients.

(c) *Surgical and recovery facilities.* 1. Facilities within the surgical suite shall include:

a. At least one room equipped for surgery and used exclusively for that purpose;

b. A scrub room or scrub area adjacent to the room used for surgery;

c. A clean-up or utility room;

d. Storage space for sterile supplies;

e. In each operating room, means for calling for assistance in an emergency;

f. Housekeeping facilities adequate to maintain the operating room or rooms; and

g. A flash sterilizer, unless sterilization facilities are accessible from the surgery area.

2. The surgical suite and necessary facilities shall be located and arranged to discourage unrelated traffic through the suite.

3. The room or rooms for postanesthesia recovery of surgical patients shall at minimum contain a medications storage area, handwashing facilities and sufficient storage space for needed supplies and equipment.

4. Oxygen and suctioning equipment shall be available in the surgical suite and recovery rooms.

(d) *Labor and delivery units.* 1. The labor and delivery unit shall be located and arranged to discourage unrelated traffic through the unit.

2. Facilities within the labor and delivery unit shall include:

a. At least one room equipped as a delivery room and used exclusively for obstetrical procedures;

b. A labor room adjacent to or near the delivery room;

c. A scrub-up room adjacent to the delivery room;

d. A clean-up or utility room with a flush-rim clinical sink; and

e. A separate janitor's closet with room for housekeeping supplies for the unit.

3. A means of calling for assistance in an emergency shall be located in the labor and delivery unit.

4. Oxygen and suctioning equipment shall be available in the labor and delivery unit.

5. In new construction, in addition to lighting for general room illumination, adjustable examination and treatment lights shall be provided for each labor bed.

6. In new construction, if there is a recovery room, the room shall contain at least 2 beds with a minimum clear area of 80 square feet per bed. There shall be a minimum of 4 feet between beds or stretchers and between a bed and wall except at the head of the bed.

(e) *Nursery units.* If the hospital has a maternity service, a separate nursery or nurseries for newborn infants shall be provided which shall have:

1. In new construction, a connecting workroom with a work counter, refrigerator, sink equipped for handwashing and storage area;

2. In new construction, a nursing station or administrative center located within or adjacent to the nursery;

3. Size specifications for the nursery, as follows:

a. For a full-term nursery, 24 square feet per bassinet;

b. For an intermediate nursery, 30 square feet per bassinet;

c. For an isolation nursery, 40 square feet per bassinet; and

d. For all nurseries, a minimum of 2 feet between bassinets, except that in new construction the minimum distance between bassinets shall be 3 feet;

4. The following equipment:

a. An infant sleeping unit for each infant;

b. A clock; and

c. At least one approved isolation-type sleeping unit;

5. Space for necessary housekeeping equipment in or near the nursery; and

6. An examination area and work space for each nursery.

(f) *Isolation nursery.* 1. If an isolation nursery is provided in new construction:

a. The isolation nursery shall be within the general nursery area and may not open directly to another nursery; and

b. Access to the isolation nursery shall be through an anteroom which shall have at least a sink equipped for handwashing, gowning facilities, an enclosed storage space for clean linen and equipment, a charting area, a closed hamper for disposal of refuse and a work counter.

2. A private patient room with handwashing facilities may be used as an isolation nursery.

(g) *Postpartum lounge area.* The lounge and dining room when provided for maternity patients shall be separate from other areas.

(10) **OTHER PHYSICAL ENVIRONMENT.** (a) *Raised thresholds.* Raised thresholds shall be easily crossed by equipment on wheels.

(b) *Emergency fuel and water.* The hospital shall make provision for obtaining emergency fuel and water supplies.

(c) *Emergency lighting system.* The emergency lighting system and equipment shall be tested at least monthly.

(d) *Diagnostic and therapeutic facilities, supplies and equipment.* Diagnostic and therapeutic facilities, supplies and equipment shall be sufficient to permit medical and nursing staffs to provide an acceptable level of patient care.

(e) *Walls and ceilings.* Patient rooms and patient care areas shall have walls and ceilings with smooth, washable surfaces. The walls and ceilings shall be kept in good repair. Loose, cracked or peeling wallpaper and paint on walls and ceilings shall be replaced or repaired. Washable ceilings shall be provided in surgery rooms, delivery rooms, the nursery, intensive care units, recovery rooms, kitchens, dishwashing rooms, janitor closets and utility rooms.

(f) *Floors.* All floor materials shall be easy to clean and have wear and moisture resistance appropriate for the location. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof and shall be kept clean and in good repair.

(g) *Cords.* Electrical cords shall be maintained in good repair.

(h) *Carpeting.* 1. Carpeting may not be installed in rooms used primarily for food preparation and storage, dish and utensil washing, cleaning of linen and utensils, storage of janitor supplies, laundry processing, hydrotherapy, toileting and bathing, resident isolation or patient examination.

2. Carpeting, including the underlying padding, if any, shall have a flamespread rating of 75 or less when tested in accordance with standard 255 of the National Fire Protection Association's National Fire Codes, 1981 edition, or a critical radiant flux of more than 0.45 watts per square centimeter when tested in accordance with standard 253 of the National Fire Protection Association's National Fire Codes, 1978 edition. Certified proof by the manufacturer of this test for the specific product shall be available in the facility. Certification by the installer that the material installed is the product referred to in the test shall be obtained by the facility. Carpeting may not in any case be applied to walls except where the flamespread rating can be shown to be 25 or less.

(i) *Acoustical tile.* Acoustical tile shall be noncombustible.

(j) *Wastebaskets.* Wastebaskets shall be made of noncombustible materials.

(k) *Fire report.* All incidents of fire in a hospital shall be reported to the department within 72 hours.

Note: Report incidents of fire to the Bureau of Quality Compliance, P. O. Box 309, Madison, WI 53701 (phone 608-266-3878).

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