

<b>FACILITY</b>		<b>PR#:</b>
<b>PROJECT</b>		
<b>ADDRESS</b>		

**SPECIAL INPATIENT CARE FACILITY  
OAR 333-071-0105 THROUGH 333-071-0130**

\_\_\_ Schematic Design (SD) Review    \_\_\_ Construction Document (CD) Review

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
<b>333-071-0105</b>			
<b>BUILDING REQUIREMENTS</b>			
(1) Patient Care Units:			
(a) In the care of rehabilitation centers, a minimum of 80 square feet of floor space per bed is required in semi-private rooms and wards.			
(b) In all other Special Inpatient Care Facilities, a minimum of 70 square feet of floor space per bed is required in semi-private rooms and wards.			
(c) 100 square feet of floor space shall be provided in private rooms.			
(d) No more than four beds shall be placed in each patient room.			
(e) All rooms shall be entered from an exit corridor.			
(f) All patient rooms shall have one or more windows, the overall size shall be not less than one-tenth the room floor area. The windows shall be fitted so as to provide natural ventilation, or a mechanical ventilation system shall be provided including a system for exhausting smoke directly to the exterior in accordance with the provisions of NFPA 90A, 1985 edition.			
(g) Storage space for clothing, toilet articles, and other personal belongings of the patient shall be provided.			
(2) If social space and space for patient dining is necessary to support the program needs, a minimum of 30 square feet per patient is required.			
(3) A room or space for group therapy activities is required, if applicable.			
(4) A room shall be available for examination and treatment of patients. (May be omitted if the unit is connected to or a part of a general hospital.)			
(5) Separate consultation room(s) as necessary to support the program needs of the facility shall be provided. (Consultation may be performed in the examination/treatment room when the number of alcohol treatment beds is less than 16).			
<b>)+</b> If Physical Therapy Services are provided by the facility, the following elements shall be present:			
(a) Treatment Area(s). It shall have space and equipment for thermotherapy, diathermy, ultrasonic and hydrotherapy, Provisions shall be made for a cubicle curtain around each individual treatment area. (Provisions shall include hand-washing facilities, (one lavatory or sink may serve more than one cubicle);			
(b) Exercise area:			
(c) Storage for clean linen, supplies, and equipment;			
(d) Storage for soiled line and equipment;			

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	YES	NO	
(e) Service sink;			
(f) Wheelchair and stretcher storage.			
<b>(7)</b> If Occupational Therapy Service are provided by the facility, the following elements shall be present:			
(a) Therapy area shall include sink;			
(b) Storage for supplies and equipment;			
(c) Treatment area.			
<b>(8)</b> In facilities for the treatment of alcoholism and drug abuse, a minimum of one patient room for detoxification, located to allow direct observation by nursing staff, shall be provided. Windows in detoxification rooms shall be of a security type that can only be opened by keys or tools that are under the control of the staff. An adjoining or closely available toilet and hand washing lavatory is also required serving detoxification patients only. The detoxification area must comply with the Group I, Division 3 of the State Structural Specialty Code.			
<b>(9)</b> Degree of security required shall be as determined by the program, but operation of such shall be restricted to inhibit to inhabit possible tendency for escape, suicide, and to limit potential for self-inflicted injury.			
<b>(10)</b> Where glass fragments may create a hazard, safety glazing and/or appropriate security measures are recommended.			
<b>(11)</b> Additional Requirements:			
(a) An Administrative center or nurses' station;			
(b) Storage for administrative supplies;			
(c) Charting facilities for nurses & doctors;			
(d) Toilet room for staff;			
(e) Janitor closet;			
(f) Clean storage room or enclosed cabinet spaces for clean supplies and linen storage;			
(g) Separate enclosed soiled utility or holding room for soiled linens and refuse;			
(h) Equipment storage room; (May be combined with clean supply room if space allows for both functions.);			
(i) Linen Services:			
(A) On-Site Processing. If linen is to be processed on the site, the following shall be provided:			
(i) Laundry processing room with commercial-type equipment which can process seven days' needs within a regularly scheduled work week. Hand washing facilities shall be provided. Soiled linen receiving, holding and sorting area;			
(ii) Storage for laundry supplies;			
(iii) Clean linen inspection and mending room or area;			
(iv) Clean line storage, issuing, and holding room or area;			
(v) Cart sanitizing facilities and cart storage area. The sanitizing facilities may be combined with those required for dietary facilities.			
(B) If linen is processed off-site, following shall be provided:			

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(i) Soiled linen holding room;			
(ii) Clean linen receiving, holding, inspection and storage room(s);			
(iii) Cart sanitizing facilities and cart storage area. The sanitizing facilities may be combined with those required for dietary facilities.			
(12) The building shall be kept clean and in good repair.			
(13) Rehabilitation centers must provide handicap accessibility for the patient's activities of daily living.			
<b>333-071-0115</b>			
<b>INFECTION CONTROL</b>			
(1) Each Health Care Facility shall establish an active facility-wide infection control program. In the hospital the program shall be under the direction of a multi-disciplinary committee which shall be responsible for investigating, controlling and preventing infections in the facilities. This committee shall include representation from major departments and services and shall provide for consultation from other departments and services. Each Health Care Facility shall be responsible for developing written policies and for annual review of such policies, relating to at least the following:			
(a) Identification of existing or potential infections in patients and employees.			
(b) Control of factors affecting the transmissions of infections.			
(c) Provisions for orienting and education all employees and volunteers on the cause, transmission, and prevention of infections.			
(d) Collection, analysis, and use of data relating to infections in the hospital.			
(2) Each Health Care Facility shall be responsible for the implementation of policies under section (1) of this rule.			
(3) All Health Care Facilities shall maintain compliance with the current publication of the rules of the Division for the control of communicable diseases.			
(4) Written isolation procedures in accordance with Center for Communicable Disease Control Guidelines universal precautions shall be established and followed by all Health Care Facility personnel for control and prevention of cross-infection between patients, departments and services. Guidelines can be obtained from U.S. Department of Health and Human Services, Public Health Center for Disease Control, Atlanta, GA 30333. Any guidelines published and distributed by the Division shall also be taken into consideration.			
<b>333-071-0120</b>			
<b>SANITARY PRECAUTIONS</b>			
(1) Provisions shall be made for the proper cleaning of linen and other washable goods and proper disposal of all refuse.			
(2) All garbage and refuse shall be stored and disposed of in a manner that will not create a nuisance or a public health hazard and by a method approved by the			

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	YES	NO	
Local Health Officer.			
(3) Measures shall be taken to prevent the entry of rodents, flies, mosquitoes, and other insects. Adequate measures shall include but are not limited to preventing their entry through doors, windows, or other outside opening.			
(4) The walls and floors shall be of a durable and cleanable composition necessary to maintain a sanitary environment appropriate to the use of the area. The building shall be kept clean and in good repair.			
<b>333-071-0125</b>			
<b>SAFETY AND EMERGENCY PRECAUTIONS</b>			
(1) Telephone communication to summon help in case of fire or other emergency shall be available.			
(2) In accordance with ORS Chapter 479 and the rules thereunder all requirements of the State Fire Marshal shall be met.			
(3) When required, emergency power facilities shall be tested monthly and shall be in readiness at all times for use in all areas required in <b>NFPA 99</b> and the <b>National Electrical Code</b> .			
(4) Emergency preparedness:			
(a) The health care facility shall develop, maintain, update, train, and exercise an emergency plan for the protection all individuals in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules chapter 837, division 40).			
(A) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.			
(b) The emergency plan shall include the contact information for local emergency management.			
(c) The summary of the emergency plan shall be sent to the Oregon Health Authority (Authority) within one year of the filing of this rule. New facilities that have submitted licensing documents to the state before this provision goes into effect will have one year from the date of license application to submit their plan. All other new facilities shall have a plan prior to licensing. The Authority shall request updated plans as needed.			
(d) The emergency plan shall address all applicable hazards that may include, but is not limited to, the following:			
(A) Chemical emergencies;			
(B) Dam failure;			
(C) Earthquake;			
(D) Fire;			
(E) Flood;			
(F) Hazardous material;			
(G) Heat;			
(H) Hurricane;			
(I) Landslide;			
(J) Nuclear power plant emergency;			
(K) Pandemic;			

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(L) Terrorism; or			
(M) Thunderstorms.			
(e) The emergency plan shall address the provision of sufficient supplies for patients and staff to shelter in for a minimum of four days under the following conditions:			
(A) Extended power outage;			
(B) No running water;			
(C) Replacement of food or supplies is unavailable; and			
(D) Staff members do not report to work as scheduled.			
(f) The emergency plan shall address evacuation, including:			
(A) Identification of individual positions' duties while vacating the building, transporting, and housing residents;			
(B) Method and source of transportation;			
(C) Planned relocation sites;			
(D) Method by which each patient will be identified by name and facility of origin by people unknown to them;			
(E) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the resident; and			
(F) Notification to the Authority about the status of the evacuation.			
(g) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:			
(A) Storage of and continued access to medical Records necessary to obtain care and treatment of patients, and the use of paper forms to be used for the transfer of care or to maintain care on-site when electronic systems are not available.			
(B) Continued access to pharmaceuticals, medical supplies and equipment, even during and after an evacuation; and			
(C) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable. Alternative staffing plans may include, but is not limited to, on-call staff, the use of travelers, the use of management staff, or the use of other emergency personnel.			
(h) The emergency plan shall be made available as requested by the Authority and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.			
(i) A checklist for inpatient health care facilities has been developed in conjunction with the Office of the State Fire Marshal to assist facilities in developing emergency plans and ensuring compliance with the State Fire Marshal's administrative rules.			

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<b>333-071-0130</b>			
<b>PLUMBING AND SANITATION REQUIREMENTS</b>			
(1)(a) Separate men's and women's toilet facilities shall be provided at a rate of one per eight patient beds conveniently located to serve patients and provide for individual privacy, except in the case of Freestanding Hospice Facilities, which shall provide the following:			
(b) Each patient shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than four beds and no more than two patient rooms. The toilet room shall contain a toilet and a lavatory. The lavatory may be omitted from a toilet room which serves a single bed room if the patient room contains a lavatory.			
(2) Adequate hand washing facilities, including hot and cold running water, soap and single use sanitary towels shall be provided for the total facility population. A hand washing facility shall be available in or in a reasonable proximity to each toilet room and in close proximity to the administrative center or nurses' station.			
(3) Bathing facilities for patients shall be provided to include at least one shower or tub for each 12 beds, serving patient rooms not containing bathing facilities directly adjoining the room. Rehabilitation Centers shall make available special bathing facilities for the physically disabled.			
(4) Partitions between fixtures shall be provided when there are multiple toilet and/or bathing facilities. These partitions shall be at least six feet in height and provide for privacy closure.			