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Proposed Regulation Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) citation(s)	12VAC5-410
Regulation title(s)	Rules and Regulations for the Licensure of Hospitals in Virginia
Action title	Amend regulations to revise construction standards for inpatient and outpatient hospitals
Date this document prepared	August 26, 2015

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

This regulatory action is in response to a Petition for Rulemaking. This action will bring the Rules and Regulations for the Licensure of Hospitals in Virginia (the Regulations), 12VAC5-410 *et. seq.*, into compliance with the provisions of §32.1-127.001 of the Code of Virginia (Code). Section 32.1-127.001 of the Code states that “Notwithstanding any law or regulation to the contrary,” the Board of Health shall promulgate regulations for the licensure of hospitals and nursing homes that include minimum standards for design and construction that are consistent with the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the American Institute of Architects Academy of Architecture for Health. The American Institute of Architects Academy of Architecture for Health has become the Facility Guidelines Institute (FGI). The latest edition of Guidelines published by the FGI is the 2014 edition of Guidelines for Design and Construction of Hospitals and Outpatient Facilities (the Guidelines). However, the Regulations currently state that the Virginia Uniform Statewide

Building Code takes precedence over the Guidelines and the editions of the Guidelines listed within the Regulations are outdated. This regulatory provision is contrary to the requirements of §32.1-127.001.

The Virginia Department of Health (VDH) plans to amend several regulatory sections related to building and physical plant information and building and construction codes for hospital facilities. The purpose of the proposed amendments will be to specify that the facilities shall be designed, constructed and renovated consistent with the 2014 Guidelines and remove language which states the Uniform Statewide Building Code take precedence.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

FGI-means the Facility Guidelines Institute

VDH- means the Virginia Department of Health

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person's overall regulatory authority.

The regulatory chapter 12VAC5-410 is promulgated under the authority of §§ 32.1-127 and 32.1-127.001 of the Code. Section 32.1-127 of the Code requires the Board to promulgate regulations including minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees and the public, (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities, (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions, (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence, and (v) policies related to infection prevention, disaster preparedness, and facility security of facilities. Section 32.1-127.001 states, "Notwithstanding any law or regulation to the contrary, the Board of Health shall promulgate regulations pursuant to § 32.1-127 for the licensure of hospitals and nursing homes that shall include minimum standards for the design and construction of hospitals, nursing homes, and certified nursing facilities consistent with the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the American Institute of Architects Academy of Architecture for Health." The American Institute of Architects Academy of Architecture for Health has become the FGI and the latest edition of Guidelines published by the FGI is the 2014 edition of Guidelines for Design and Construction of Hospitals and Outpatient Facilities.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

This regulatory action is in response to a Petition for Rulemaking. This action will bring the Regulations into conformance with the provisions of §32.1-127.001 of the Code. Section 32.1-127.001 of the Code states that “Notwithstanding any law or regulation to the contrary,” the Board of Health shall promulgate regulations for the licensure of hospitals and nursing homes that include minimum standards for design and construction that are consistent with the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the American Institute of Architects Academy of Architecture for Health. The American Institute of Architects Academy of Architecture for Health has become the FGI and the latest edition of Guidelines published by the Facility Guidelines Institute is the 2014 edition of Guidelines for Design and Construction of Hospitals and Outpatient Facilities. However, the regulations currently state that the Virginia Uniform Statewide Building Code takes precedence over the Guidelines and the editions of the Guidelines listed within the Regulations are outdated. This regulatory provision is contrary to the requirements of §32.1-127.001.

VDH plans to amend various regulatory sections pertaining to building and physical plant information and building and construction codes for hospital facilities. The purpose of the proposed amendments will be to specify that the facilities shall be designed, constructed and renovated consistent with the 2014 Guidelines and remove language which states the Virginia Uniform Statewide Building Code takes precedence, thus bringing the Regulations into compliance with the Code.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of changes” section below.

12VAC5-410-442 – Obstetric service design and equipment criteria – Update the edition of the Guidelines listed within the regulation and the coinciding sections related to obstetric services.

12VAC5-410-445 – Newborn service design and equipment criteria – Update the edition of the Guidelines listed within the regulation and the coinciding sections related to nursery services.

12VAC5-410-650- General building and physical plant information – Update the edition of the Guidelines listed within the regulation and remove language which states that the Virginia Uniform Statewide Building Code takes precedence. Add language stating that the facility's architect shall certify that the facility conforms with the Virginia Statewide Building Code and the FGI Guidelines.

12VAC5-410-760 – Long-term care nursing units – Update the edition of the Guidelines within the regulation and the coinciding section related to skilled nursing care units. Add language stating that the facility's architect shall certify that the facility conforms with the Virginia Statewide Building Code and the FGI Guidelines.

12VAC5-410-1350 – Codes; fire safety; zoning; construction standards – Update the edition of the Guidelines within the regulation and remove language which states that the Virginia Uniform Statewide Building Code takes precedence. Add language stating that the facility's architect shall certify that the facility conforms with the Virginia Statewide Building Code and the FGI Guidelines.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community,

government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

The primary advantages of the proposed regulatory action to the public are increased facility and construction safety protections in new or renovated hospitals. The primary disadvantage to the public associated with the proposed action is the increased cost some facilities may incur to renovate or construct their facility in order to comply with the regulations. This increased cost may be passed on to the patient. VDH does not foresee any additional disadvantages to the public. The primary advantage to the agency and the Commonwealth is the promotion of public health and safety. There are no disadvantages associated with the proposed regulations in relation to the agency or the Commonwealth.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no applicable federal requirements associated with these regulations.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

No locality shall be particularly affected by the proposed regulation. No particular locality shall bear any identified disproportionate material impact which would not be experienced by other localities.

Public participation

Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.

In addition to any other comments, the agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Susan Puglisi, Policy Analyst, mail: 9960 Mayland Drive, Richmond, Virginia 23233, phone: 804-367-2157, fax: 804-527-4502 or email: susan.puglisi@vdh.virginia.gov. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: <http://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will not be held following the publication of this stage of this regulatory action.

Economic impact

Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.

Projected cost to the state to implement and enforce the proposed regulation, including: a) fund source / fund detail; and b) a delineation of one-time versus on-going expenditures	None
Projected cost of the new regulations or changes to existing regulations on localities.	None
Description of the individuals, businesses, or other entities likely to be affected by the new regulations or changes to existing regulations.	106 Licensed hospitals within the Commonwealth. Patients of such facilities.
Agency's best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	There are 106 licensed hospitals in Virginia. Should any of these facilities choose to renovate they will need to do so in a manner that is consistent with the updated Guidelines. However, the proposed regulatory action will have no economic impact on existing facilities which are not undergoing or plan to undergo renovation. All new facilities will have to be designed and constructed consistent with the updated Guidelines.
All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including: a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.	VDH has no data on what it will cost new hospital facilities or existing facilities undergoing renovation to be compliant with the regulations. However, the proposed regulatory action will have no economic impact on existing hospitals which are not undergoing renovation.
Beneficial impact the regulation is designed to produce.	This regulation is designed to promote and assure the health and safety of patients of hospitals within the Commonwealth.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

There are no viable alternatives to the proposal considered, as the amendments to the regulations are mandated by law. This action will bring the Regulations into conformance with the provisions of §32.1-127.001 of the Code, which states that “Notwithstanding any law or regulation to the contrary,” the Board of Health shall promulgate regulations for the licensure of hospitals and nursing homes that include minimum standards for design and construction that are consistent with the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the American Institute of Architects Academy of Architecture for Health. However, the regulations currently state that the Virginia Uniform Statewide Building Code takes precedence over the Guidelines and the editions of the Guidelines listed within the Regulations are outdated. This regulatory provision is contrary to the requirements of §32.1-127.001. The regulatory action will bring the Regulations into compliance with the Code.

Regulatory flexibility analysis

Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

The amendments are clearly and directly mandated by law. The alternative regulatory methods are not permitted due to the statutory mandate.

Public comment

Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.

No public comment was received during the public comment period following the publication of the NOIRA.

Family impact

Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The proposed regulatory action will not have any impact on the institution of the family and family stability.

Detail of changes

*Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please list separately: (1) all differences between the **pre-emergency** regulation and this proposed regulation; and 2) only changes made since the publication of the emergency regulation.*

For changes to existing regulation(s), use this chart:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change, intent, rationale, and likely impact of proposed requirements
12VAC5-410-442. Obstetric service design and equipment criteria.		<p>A. Renovation or construction of a hospital's obstetric unit shall be consistent with section 2.1-4 of Part 2 of the 2006 Guidelines for Design and Construction of Health Care Facilities of the American Institute of Architects.</p> <p>B. Delivery rooms, LDR/LDRP rooms, and nurseries shall be equipped to provide emergency resuscitation for mothers and infants.</p> <p>C. Equipment and supplies shall be assigned for exclusive use in the obstetric and newborn units.</p> <p>D. The same equipment and supplies required for the labor room and delivery room shall be available for use in the LDR/LDRP rooms during periods of labor, delivery, and recovery.</p> <p>E. Sterilizing equipment shall be available in the obstetric unit or in a central sterilizing department. Flash sterilizing equipment or sterile supplies and instruments shall be provided in the obstetric unit.</p> <p>F. Daily monitoring is required of the stock of necessary equipment in the labor, delivery, and recovery</p>	<p>A. Renovation or construction of a hospital's obstetric unit shall be consistent with section 2.1-4<u>2.2-2.11</u> of Part 2 of the 2006 Guidelines for Design and Construction of Health Care Facilities of the American Institute of Architects. <u>2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities of the Facility Guidelines Institute pursuant to § 32.1-127.001 and § 36-98 of the Code of Virginia.</u></p> <p>B. Delivery rooms, LDR/LDRP rooms, and nurseries shall be equipped to provide emergency resuscitation for mothers and infants.</p> <p>C. Equipment and supplies shall be assigned for exclusive use in the obstetric and newborn units.</p> <p>D. The same equipment and supplies required for the labor room and delivery room shall be available for use in the LDR/LDRP rooms during periods of labor, delivery, and recovery.</p> <p>E. Sterilizing equipment shall be available in the obstetric unit or in a central sterilizing department. Flash sterilizing equipment or sterile supplies and instruments shall be provided in the obstetric unit.</p> <p>F. Daily monitoring is required of the stock of necessary equipment in the labor, delivery, and recovery rooms (LDR) and labor, delivery, recovery and postpartum (LDRP) rooms and nursery.</p>

		<p>rooms (LDR) and labor, delivery, recovery and postpartum (LDRP) rooms and nursery.</p> <p>G. The hospital shall provide the following equipment in the labor, delivery and recovery rooms and, except where noted, in the LDR/LDRP rooms:</p> <ol style="list-style-type: none"> 1. Labor rooms. <ol style="list-style-type: none"> a. A labor or birthing bed with adjustable side rails. b. Adjustable lighting adequate for the examination of patients. c. An emergency signal and intercommunication system. d. A sphygmomanometer, stethoscope and fetoscope or doppler. e. Fetal monitoring equipment with internal and external attachments. f. Mechanical infusion equipment. g. Wall-mounted oxygen and suction outlets. h. Storage equipment. i. Sterile equipment for emergency delivery to include at least one clamp and suction bulb. j. Neonatal resuscitation cart. 2. Delivery rooms. <ol style="list-style-type: none"> a. A delivery room table that allows variation in positions for delivery. This equipment is not required for the LDR/LDRP rooms. b. Adequate lighting for vaginal deliveries or cesarean deliveries. c. Sterile instruments, equipment, and supplies to include sterile uterine packs for vaginal deliveries or cesarean deliveries, episiotomies or laceration repairs, postpartum sterilizations and cesarean hysterectomies. d. Continuous in-wall oxygen source and suction outlets for both mother and infant. e. Equipment for inhalation 	<p>G. The hospital shall provide the following equipment in the labor, delivery and recovery rooms and, except where noted, in the LDR/LDRP rooms:</p> <ol style="list-style-type: none"> 1. Labor rooms. <ol style="list-style-type: none"> a. A labor or birthing bed with adjustable side rails. b. Adjustable lighting adequate for the examination of patients. c. An emergency signal and intercommunication system. d. A sphygmomanometer, stethoscope and fetoscope or doppler. e. Fetal monitoring equipment with internal and external attachments. f. Mechanical infusion equipment. g. Wall-mounted oxygen and suction outlets. h. Storage equipment. i. Sterile equipment for emergency delivery to include at least one clamp and suction bulb. j. Neonatal resuscitation cart. 2. Delivery rooms. <ol style="list-style-type: none"> a. A delivery room table that allows variation in positions for delivery. This equipment is not required for the LDR/LDRP rooms. b. Adequate lighting for vaginal deliveries or cesarean deliveries. c. Sterile instruments, equipment, and supplies to include sterile uterine packs for vaginal deliveries or cesarean deliveries, episiotomies or laceration repairs, postpartum sterilizations and cesarean hysterectomies. d. Continuous in-wall oxygen source and suction outlets for both mother and infant. e. Equipment for inhalation and regional anesthesia.
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		<p>and regional anesthesia. This equipment is not required for LDR/LDRP rooms. f. A heated, temperature-controlled infant examination and resuscitation unit. g. An emergency call system. h. Plastic pharyngeal airways, adult and newborn sizes. i. Laryngoscope and endotracheal tubes, adult and newborn sizes. j. A self-inflating bag with manometer and adult and newborn masks that can deliver 100% oxygen. k. Separate cardiopulmonary crash carts for mothers and infants. l. Sphygmomanometer. m. Cardiac monitor. This equipment is not required for the LDR/LDRP rooms. n. Gavage tubes. o. Umbilical vessel catheterization trays. This equipment is not required for LDR/LDRP rooms. p. Equipment that provides a source of continuous suction for aspiration of the pharynx and stomach. q. Stethoscope. r. Fetoscope. s. Intravenous solutions and equipment. t. Wall clock with a second hand. u. Heated bassinets equipped with oxygen and transport incubator. v. Neonatal resuscitation cart. 3. Recovery rooms. a. Beds with side rails. b. Adequate lighting. c. Bedside stands, overbed tables, or fixed shelving. d. An emergency call signal. e. Equipment necessary for a complete physical examination. f. Accessible oxygen and</p>	<p>This equipment is not required for LDR/LDRP rooms. f. A heated, temperature-controlled infant examination and resuscitation unit. g. An emergency call system. h. Plastic pharyngeal airways, adult and newborn sizes. i. Laryngoscope and endotracheal tubes, adult and newborn sizes. j. A self-inflating bag with manometer and adult and newborn masks that can deliver 100% oxygen. k. Separate cardiopulmonary crash carts for mothers and infants. l. Sphygmomanometer. m. Cardiac monitor. This equipment is not required for the LDR/LDRP rooms. n. Gavage tubes. o. Umbilical vessel catheterization trays. This equipment is not required for LDR/LDRP rooms. p. Equipment that provides a source of continuous suction for aspiration of the pharynx and stomach. q. Stethoscope. r. Fetoscope. s. Intravenous solutions and equipment. t. Wall clock with a second hand. u. Heated bassinets equipped with oxygen and transport incubator. v. Neonatal resuscitation cart. 3. Recovery rooms. a. Beds with side rails. b. Adequate lighting. c. Bedside stands, overbed tables, or fixed shelving.</p>
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		<p>suction equipment.</p>	<p>d. An emergency call signal. e. Equipment necessary for a complete physical examination. f. Accessible oxygen and suction equipment.</p> <p>Intent: Update the regulations to be in compliance with the Code of Virginia. Likely impact: Greater clarity of the regulatory chapter.</p>
<p>12VAC5-410-445. Newborn service design and equipment criteria.</p>		<p>A. Construction and renovation of a hospital's nursery shall be consistent with sections 2.2-2.12.1 through 2.2-2.12.6.6 of Part 2 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute (formerly of the American Institute of Architects). Hospitals with higher-level nurseries shall comply with sections 2.2-2.10.1 through 2.2-10.9.3 of Part 2 of the 2010 guideline as applicable.</p> <p>B. The hospital shall provide the following equipment in the general level nursery and all higher level nurseries, unless additional equipment requirements are imposed for the higher level nurseries:</p> <ol style="list-style-type: none"> 1. Resuscitation equipment as specified for the delivery room in 12VAC5-410-442 G 2 shall be available in the nursery at all times; 2. Equipment for the delivery of 100% oxygen concentration, properly heated, blended, and humidified, with the ability to measure oxygen delivery in fractional inspired concentration (FI02). The oxygen analyzer shall be calibrated every eight hours and serviced according to the manufacturer's recommendations by a member of the hospital's respiratory therapy 	<p>A. Construction andor renovation of a hospital's nursery shall be consistent with sections 2.2-2.12.1 through 2.2-2.12.6.6 of Part 2 of the 2010 Guidelines for Design and Construction of Health Care Facilities <u>2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities</u> of the Facilities Guidelines Institute (formerly of the American Institute of Architects) pursuant to <u>§ 32.1-127.001 and § 36-98 of the Code of Virginia</u>. Hospitals with higher-level nurseries shall comply with sections 2.2-2.10.1 through 2.2-10.9.3 of Part 2 of the 2010 guideline <u>2014 guidelines</u> as applicable.</p> <p>B. The hospital shall provide the following equipment in the general level nursery and all higher level nurseries, unless additional equipment requirements are imposed for the higher level nurseries:</p> <ol style="list-style-type: none"> 1. Resuscitation equipment as specified for the delivery room in 12VAC5-410-442 G 2 shall be available in the nursery at all times; 2. Equipment for the delivery of 100% oxygen concentration, properly heated, blended, and humidified, with the ability to measure oxygen delivery in fractional inspired concentration (FI02). The oxygen analyzer shall be calibrated every eight hours and serviced according to the manufacturer's recommendations by a member of the hospital's respiratory therapy department or other responsible personnel trained to perform the task;

		<p>department or other responsible personnel trained to perform the task;</p> <ol style="list-style-type: none"> 3. Saturation monitor (pulse oximeter or equivalent); 4. Equipment for monitoring blood glucose; 5. Infant scales; 6. Intravenous therapy equipment; 7. Equipment and supplies for the insertion of umbilical arterial and venous catheters; 8. Open bassinets, self-contained incubators, open radiant heat infant care system or any combination thereof appropriate to the service level; 9. Equipment for stabilization of a sick infant prior to transfer that includes a radiant heat source capable of maintaining an infant's body temperature at 99°F; 10. Equipment for insertion of a thoracotomy tube; and 11. Equipment for proper administration and maintenance of phototherapy. <p>C. The additional equipment required for the intermediate level newborn service and for any higher service level is:</p> <ol style="list-style-type: none"> 1. Pediatric infusion pumps accurate to plus or minus 1 milliliter (ml) per hour; 2. On-site supply of PgE1; 3. Equipment for 24-hour cardiorespiratory monitoring for neonatal use available for every incubator or radiant warmer; 4. Saturation monitor (pulse oximeter or equivalent) available for every infant given supplemental oxygen; 5. Portable x-ray machine; and 6. If a mechanical ventilator is selected to provide assisted ventilation prior to transport, it shall be 	<ol style="list-style-type: none"> 3. Saturation monitor (pulse oximeter or equivalent); 4. Equipment for monitoring blood glucose; 5. Infant scales; 6. Intravenous therapy equipment; 7. Equipment and supplies for the insertion of umbilical arterial and venous catheters; 8. Open bassinets, self-contained incubators, open radiant heat infant care system or any combination thereof appropriate to the service level; 9. Equipment for stabilization of a sick infant prior to transfer that includes a radiant heat source capable of maintaining an infant's body temperature at 99°F; 10. Equipment for insertion of a thoracotomy tube; and 11. Equipment for proper administration and maintenance of phototherapy. <p>C. The additional equipment required for the intermediate level newborn service and for any higher service level is:</p> <ol style="list-style-type: none"> 1. Pediatric infusion pumps accurate to plus or minus 1 milliliter (ml) per hour; 2. On-site supply of PgE1; 3. Equipment for 24-hour cardiorespiratory monitoring for neonatal use available for every incubator or radiant warmer; 4. Saturation monitor (pulse oximeter or equivalent) available for every infant given supplemental oxygen; 5. Portable x-ray machine; and 6. If a mechanical ventilator is selected to provide assisted ventilation prior to transport, it shall be approved for the use of neonates. <p>D. The additional equipment required for the specialty level newborn service and a higher newborn service is as</p>
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		<p>approved for the use of neonates.</p> <p>D. The additional equipment required for the specialty level newborn service and a higher newborn service is as follows:</p> <ol style="list-style-type: none"> 1. Equipment for 24-hour cardiorespiratory monitoring with central blood pressure capability for each neonate with an arterial line; 2. Equipment necessary for ongoing assisted ventilation approved for neonatal use with on-line capabilities for monitoring airway pressure and ventilation performance; 3. Equipment and supplies necessary for insertion and maintenance of chest tube for drainage; 4. On-site supply of surfactant; 5. Computed axial tomography equipment (CAT) or magnetic resonance imaging equipment (MRI); 6. Equipment necessary for initiation and maintenance of continuous positive airway pressure (CPAP) with ability to constantly measure delineated pressures and including alarm for abnormal pressure (i.e., vent with PAP mode); and 7. Cardioversion unit with appropriate neonatal paddles and ability to deliver appropriate small watt discharges. <p>E. The hospital shall document that it has the appropriate equipment necessary for any of the neonatal surgical and special procedures it provides that are specified in its medical protocol and that are required for the specialty level newborn service.</p> <p>F. The additional equipment requirements for</p>	<p>follows:</p> <ol style="list-style-type: none"> 1. Equipment for 24-hour cardiorespiratory monitoring with central blood pressure capability for each neonate with an arterial line; 2. Equipment necessary for ongoing assisted ventilation approved for neonatal use with on-line capabilities for monitoring airway pressure and ventilation performance; 3. Equipment and supplies necessary for insertion and maintenance of chest tube for drainage; 4. On-site supply of surfactant; 5. Computed axial tomography equipment (CAT) or magnetic resonance imaging equipment (MRI); 6. Equipment necessary for initiation and maintenance of continuous positive airway pressure (CPAP) with ability to constantly measure delineated pressures and including alarm for abnormal pressure (i.e., vent with PAP mode); and 7. Cardioversion unit with appropriate neonatal paddles and ability to deliver appropriate small watt discharges. <p>E. The hospital shall document that it has the appropriate equipment necessary for any of the neonatal surgical and special procedures it provides that are specified in its medical protocol and that are required for the specialty level newborn service.</p> <p>F. The additional equipment requirements for the subspecialty level newborn service are:</p> <ol style="list-style-type: none"> 1. Equipment for emergency gastrointestinal, genitourinary, central nervous system, and sonographic studies available 24 hours a day; 2. Pediatric cardiac catheterization equipment; 3. Portable echocardiography equipment; and
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		<p>the subspecialty level newborn service are:</p> <ol style="list-style-type: none"> 1. Equipment for emergency gastrointestinal, genitourinary, central nervous system, and sonographic studies available 24 hours a day; 2. Pediatric cardiac catheterization equipment; 3. Portable echocardiography equipment; and 4. Computed axial tomography equipment (CAT) and magnetic resonance imaging equipment (MRI). <p>G. The hospital shall document that it has the appropriate equipment necessary for any of the neonatal surgical and special procedures it provides that are specified in the medical protocol and are required for the subspecialty level newborn service.</p>	<ol style="list-style-type: none"> 4. Computed axial tomography equipment (CAT) and magnetic resonance imaging equipment (MRI). <p>G. The hospital shall document that it has the appropriate equipment necessary for any of the neonatal surgical and special procedures it provides that are specified in the medical protocol and are required for the subspecialty level newborn service.</p> <p>Intent: Update the regulations to be in compliance with the Code of Virginia. Likely impact: Greater clarity of the regulatory chapter.</p>
<p>650 – General Building and physical plant information.</p>		<p>A. All construction of new buildings and additions, renovations, alterations or repairs of existing buildings for occupancy as a hospital shall conform to state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code.</p> <p>In addition, hospitals shall be designed and constructed according to Part 1 and sections 2.1-1 through 2.2-8 of Part 2 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute (formerly of the American Institute of Architects). However, the requirements of the Uniform Statewide Building Code and local zoning and building</p>	<p>A. All construction of new buildings and additions, renovations, alterations or repairs of existing buildings for occupancy as a hospital shall conform to state and local codes, zoning and building ordinances, and the <u>Virginia Uniform Statewide Building Code (13VAC5-63)</u>.</p> <p>In addition, hospitals shall be designed and constructed <u>according to consistent with Part 1 and sections 2.1-1 through 2.2-8 of Part 2 of the 2010-2014 Guidelines for Design and Construction of Health Care Facilities Hospitals and Outpatient Facilities of the Facilities Guidelines Institute (formerly of the American Institute of Architects)</u>. However, the requirements of the <u>Uniform Statewide Building Code and local zoning and building ordinances shall take precedence pursuant to § 32.1-127.001 of the Code of Virginia.</u></p> <p>B. All buildings shall be inspected and approved as required by the appropriate building regulatory entity.</p>

		<p>ordinances shall take precedence.</p> <p>B. All buildings shall be inspected and approved as required by the appropriate building regulatory entity. Approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.</p>	<p>Approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.</p> <p><u>B. Architectural drawings and specifications for all new construction or for additions, alterations, or renovations to any existing building, shall be dated, stamped with professional seal, and signed by the architect. The architect shall certify that the drawings and specifications were prepared to conform to the Virginia Uniform Statewide Building Code and be consistent with Part 1 and Part 2 of the 2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities of the Facilities Guidelines Institute. The certification shall be forwarded to the OLC.</u></p> <p>Intent: Update the regulations to be in compliance with the Code of Virginia. Likely impact: Greater clarity of the regulatory chapter.</p>
<p>12VAC5-410-760. Long-term care nursing units.</p>		<p>Construction and renovation of long-term care nursing units, including intermediate and skilled nursing care nursing units shall conform to section 2.1-3.9 of Part 2 of the 2006 Guidelines for Design and Construction of Health Care Facilities of the American Institute of Architects.</p>	<p>Construction and renovation of long-term care nursing units, including intermediate and skilled nursing care nursing units, shall conform to be designed and constructed consistent with section 2.1-3.9 2.2-2.15 of Part 2 of the 2006 Guidelines for Design and Construction of Health Care Facilities of the American Institute of Architects<u>2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities of the Facility Guidelines Institute pursuant to § 32.1-127.001 of the Code of Virginia.</u></p> <p><u>Architectural drawings and specifications for all new construction or for additions, alterations, or renovations to any existing building, shall be dated, stamped with professional seal, and signed by the architect. The architect shall certify that the drawings and specifications were prepared to conform to the Virginia Uniform Statewide Building Code and be consistent with section 2.2-2.15 of Part 2 of the 2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities of the Facilities Guidelines Institute. The certification shall be forwarded to the OLC.</u></p>

			<p>Intent: Update the regulations to be in compliance with the Code of Virginia. Likely impact: Greater clarity of the regulatory chapter.</p>
<p>1350 – Codes; fire safety; zoning; construction standards</p>		<p>A. All construction of new buildings and additions alterations or repairs to existing buildings for occupancy as a "free-standing" outpatient hospital shall conform to state and local codes, zoning and building ordinances, and the Statewide Uniform Building Code.</p> <p>In addition, hospitals shall be designed and constructed according to Part 1 and sections 3.1-1 through 3.1-8 and 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute (formerly of the American Institute of Architects). However, the requirements of the Uniform Statewide Building Code and local zoning and building ordinances shall take precedence.</p> <p>B. All buildings shall be inspected and approved as required by the appropriate building regulatory entity. Approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.</p> <p>C. The use of an incinerator shall require permitting from the nearest regional office of the Department of Environmental Quality.</p> <p>D. Water shall be obtained from an approved water supply system. Outpatient surgery centers shall be connected to sewage systems approved by the Department of Health or the Department of</p>	<p>A. All construction of new buildings and additions alterations or repairs to existing buildings for occupancy as a "free-standing" outpatient hospital shall conform to state and local codes, zoning and building ordinances, and the Statewide Virginia Uniform <u>Statewide Building Code (13VAC5-63)</u>.</p> <p>In addition, hospitals shall be designed and constructed according to consistent with Part 1 and sections 3.1-1 through 3.1-8 <u>3.1 and 3.7</u> of Part 3 of the 2010<u>2014</u> Guidelines for Design and Construction of Health Care Facilities<u>Hospitals and Outpatient Facilities</u> of the Facilities Guidelines Institute (formerly of the American Institute of Architects). However, the requirements of the Uniform Statewide Building Code and local zoning and building ordinances shall take precedence. pursuant to § 32.1-127.001 of the Code of Virginia.</p> <p><u>Architectural drawings and specifications for all new construction or for additions, alterations, or renovations to any existing building, shall be dated, stamped with professional seal, and signed by the architect. The architect shall certify that the drawings and specifications were prepared to conform to the Virginia Uniform Statewide Building Code and be consistent with Part 1 and section 3.1 and 3.7 of Part 3 of the 2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities of the Facility Guidelines Institute. The certification shall be forwarded to the OLC.</u></p> <p>B. All buildings shall be inspected and approved as required by the appropriate building regulatory entity. Approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.</p> <p>C. B. The use of an incinerator shall require permitting from the nearest regional office of the Department of Environmental Quality.</p>

		<p>Environmental Quality.</p> <p>E. Each outpatient surgery center shall establish a monitoring program for the internal enforcement of all applicable fire and safety laws and regulations.</p> <p>F. All radiological machines shall be registered with the Office of Radiological Health of the Virginia Department of Health. Installation, calibration and testing of machines and storage facilities shall comply with 12VAC5-480, Radiation Protection Regulations.</p> <p>G. Pharmacy services shall comply with Chapter 33 (§ 54.1-3300 et seq.) of Title 54.1 of the Code of Virginia and 18VAC110-20, Regulations Governing the Practice of Pharmacy.</p>	<p>D <u>C</u>. Water shall be obtained from an approved water supply system. Outpatient surgery centers shall be connected to sewage systems approved by the Department of Health or the Department of Environmental Quality.</p> <p>E <u>D</u>. Each outpatient surgery center shall establish a monitoring program for the internal enforcement of all applicable fire and safety laws and regulations.</p> <p>F <u>E</u>. All radiological machines shall be registered with the Office of Radiological Health of the Virginia Department of Health. Installation, calibration and testing of machines and storage facilities shall comply with 12VAC5-480, Radiation Protection Regulations.</p> <p>G <u>F</u>. Pharmacy services shall comply with Chapter 33 (§ 54.1-3300 et seq.) of Title 54.1 of the Code of Virginia and 18VAC110-20, Regulations Governing the Practice of Pharmacy.</p> <p>Intent: Update the regulations to be in compliance with the Code of Virginia. Likely impact: Greater clarity of the regulatory chapter.</p>
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