

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135B.7, the Department of Inspections and Appeals hereby amends Chapter 51, “Hospitals,” Iowa Administrative Code.

This amendment adopts the 2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities produced by the Facility Guidelines Institute as the minimum construction standards for hospitals and off-site premises licensed under Iowa Code chapter 135B.

The rule making also strikes language pertaining to the number of beds per patient room in a critical access hospital and strikes restrictions on maternity services and other surgical procedures that may be conducted in critical access hospitals. These restrictions are no longer needed because the 2014 Guidelines address these issues.

Additionally, the amendment makes technical changes to incorporate suggestions from the State Fire Marshal’s Office pertaining to the submission of architectural plans and drawings and makes changes to make references to the state building code consistent with citations in the administrative rules of the State Fire Marshal’s Office.

The Department does not believe that the adopted amendment imposes any financial hardship on any regulated entity, body, or individual.

The State Board of Health initially reviewed the proposed amendment at its July 8, 2015, meeting, and approved the amendment at the Board’s September 9, 2015, meeting.

Notice of Intended Action was published in the Iowa Administrative Bulletin on August 5, 2015, as **ARC 2080C**. The Department received no comments during the public comment period. This amendment is identical to the one published under Notice of Intended Action.

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code sections 10A.104(5) and 135B.7.

This amendment shall become effective November 4, 2015.

The following amendment is adopted.

Amend rule 481—51.50(135B) as follows:

481—51.50(135B) Minimum standards for construction.

51.50(1) Minimum standards. Hospitals and off-site premises licensed under this chapter shall be built in accordance with the following construction standards.

a. Construction shall be in accordance with the standards set forth in ~~Part 2 and other applicable provisions of the Guidelines for Design and Construction of Health Care Facilities, 2010~~ the Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 edition, produced by the Facility Guidelines Institute.

b. A critical access hospital as defined in rule 481—51.1(135B) shall meet the standards for construction ~~for small primary care hospitals set forth in Part 2.3 2.4 of the Guidelines for Design and Construction of Health Care Facilities, 2010~~ Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 edition, produced by the Facility Guidelines Institute, ~~with the following exceptions:~~

~~(1) The patient room capacity requirements contained in section 2.3-2.2.2.1(1) shall not apply. The maximum number of beds per room shall be two.~~

~~(2) The first paragraph of section 2.3-2.2.4.6 is amended to read as follows: “The small primary care hospital shall include the following:”~~

~~(3) Section 2.3-3.4.1, which limits the types of surgical procedures, shall not apply.~~

c. Existing hospitals, critical access hospitals, and off-site premises built in compliance with prior editions of the hospital construction guidelines will be deemed in compliance with subsequent regulations, with the exception of any new structural renovations, additions, functional alterations, or changes in utilization to existing facilities, which shall meet the standards specified in this subrule.

d. The design and construction of a hospital or off-site premises shall be in conformance with the provisions of 661—Chapter 205.

~~d. e.~~ In jurisdictions without a local building code enforcement program, the construction shall be in conformance with the state building code, as authorized by Iowa Code section 103A.7, in effect at the time of plan submittal for review and approval. In jurisdictions with a local building code enforcement program, local building code enforcement must include both the adoption and enforcement of a local building code through plan reviews and inspections.

A hospital or off-site premises that is required to meet the provisions of the state building code shall be deemed to be in compliance with the fire safety requirements of the state building code if the hospital or off-site premises is in compliance with the provisions of rule 661—205.5(100). In any case in which an applicable requirement of the Life Safety Code, 2000 edition, 661—Chapter 205 is inconsistent with an applicable requirement of the state building code, the hospital or off-site premises shall be deemed to be in compliance with the state building code requirement if the Life Safety Code requirement of 661—Chapter 205 is met.

Rule 661—301.5(103A) shall not be applicable to hospitals and other structures required under this chapter to meet the provisions of the state building code.

~~e.~~ The design and construction of a hospital or off-site premises shall be in conformance with NFPA 101: Life Safety Code 2000 as published by the National Fire Protection Association.

51.50(2) Submission of construction documents.

a. Submissions of architectural technical documents, engineering documents, and plans and specifications to the building code commissioner are the responsibility of the owner of the building or facility, although the actual submission may be completed by an authorized agent of the owner or the responsible design professional.

b. Submissions shall comply with the provisions of rule 661—300.4(103A).

~~b.~~ “Responsible design professional” means a registered architect or licensed professional engineer who signs the documents submitted.

~~e.~~ Plans, specifications and other supporting information shall be sufficiently clear and complete to show in detail that the proposed work will comply with the requirements of the applicable provisions of the state building code.

~~d.~~ In section 107.2.5 of the International Building Code, 2009 edition, the word “permit” shall be replaced by the words “plan review.”

~~e.~~ Submittals to the commissioner shall be certified or stamped and signed as required by Iowa Code chapters 542B and 544A unless the applicant has certified on the submittal to the applicability of a specific exception under Iowa Code section 544A.18 and the submittal does not constitute the practice of professional engineering as defined by Iowa Code section 542B.2.

~~f. c.~~ The responsible design professional shall certify that the building plans meet the requirements specified in subrule 51.50(1), unless a variance has been granted pursuant to subrule 51.50(3).

51.50(3) Variances. The director of the department may grant variances to building and construction guidelines as contained in the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 edition. The hospital or off-site premises must submit a variance request in writing to the director. The request must demonstrate how patient safety and the quality of care offered will not be compromised by the variance. The facility must demonstrate its ability to completely fulfill all other requirements of the service. The director shall make a written determination of the request. In determining whether a variance request shall be granted, the director shall give consideration to the following conditions and to any other conditions the director deems relevant:

a. The design and planning for the specific property shall offer improved or compensating features which provide equivalent desirability and utility;

b. Alternate or special construction methods, techniques, and mechanical equipment shall offer equivalent durability; utility; safety; structural strength and rigidity; sanitation; odor control; protection from corrosion, decay and insect attack; and quality of workmanship;

c. The health, safety or welfare of any patient shall not be endangered;

- d.* The variance shall be limited to the specific project under consideration and shall not be construed as establishing a precedent for similar acceptance in other cases;
- e.* Occupancy and function of the building shall be considered; and
- f.* The type of licensing shall be considered.

[Filed 9/9/15, effective 11/4/15]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 9/30/15.