

(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 1991 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 (FSSES) 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.

(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).

History: Cr. Register, January, 1988, No. 385, eff. 2-1-88; emerg. cr. (5m), eff. 1-1-94; emerg. am. (4) (b), eff. 7-1-94; cr. (5m), Register, August, 1994, No. 464, eff. 9-1-94; am. (4) (b), Register, January, 1995, No. 469, eff. 2-1-95.