

**Rules of**  
**Department of Health**  
**Division 30—Division of Health Standards and Licensure**  
**Chapter 22—Rehabilitation Hospitals**

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**Title 19—DEPARTMENT OF  
HEALTH**

**Division 30—Division of Health Standards  
and Licensure**

**Chapter 22—Rehabilitation Hospitals**

**19 CSR 30-22.010 General Design and  
Construction Standards for Rehabilitation  
Hospitals**

*PURPOSE: The Department of Health, Division of Health Resources has the authority to establish construction standards for rehabilitation hospitals. This rule provides standards for facilities to ensure functional, sanitary and fire-safe facilities.*

*PUBLISHERS NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.*

(1) All new rehabilitation hospitals and additions to and remodeling of existing licensed rehabilitation hospitals shall be designed to provide all of the facilities required by these rules and fire safety standards, arranged to accommodate with maximum convenience all of the functions required by these rules and arranged to provide comfortable, attractive, sanitary, fire-safe, secure and durable facilities for the patients. Any additions or alterations to a rehabilitation hospital shall comply with these rules and shall provide all required facilities proportional to the number of beds. These rules are applicable to rehabilitation hospitals which began operation or one which began operation or one which began construction or renovation of a building for the purpose of operating a rehabilitation hospital on any date after November 21, 1969.

(A) General Construction—Related Authorities.

1. Construction of all rehabilitation hospitals and additions to or remodeling of rehabilitation hospitals shall comply with all local and state regulations and codes. Facilities and equipment shall comply with the American Standards Association Specification A 117.1-1961 (R-1971) entitled "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped".

(B) Planning and Construction Procedure.

1. Plans and specifications shall be prepared for the construction of all rehabilitation hospitals and additions to and remodeling of rehabilitation hospitals. The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri.

2. Construction shall be undertaken only after the plans and specifications have received the written approval of the Department of Health and the construction shall be in conformance with the approved plans and specifications. The Department of Health shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health for its approval and shall be amended, if necessary, to comply with the then current rules before construction work commences.

A. Preliminary Plans and Sketches.

(I) When construction is contemplated, either for new buildings, additions to existing buildings or material alterations to existing buildings, the preliminary plans or sketches shall be submitted in duplicate to the Department of Health for review and approval before the preparation of working drawings is undertaken. The preliminary plans may be reviewed by the Department of Health in schematic form, but before they are declared acceptable for procedure with working drawings and specifications, they should also include the following information, stated briefly and not in detailed form required in working drawings and specifications: site plan showing scale, orientation, street names, topography, walks, drives, parking areas and utilities, including fire plug location; plans and elevations of the buildings at a scale of not less than one-eighth inch to one foot (1/8"-1'); rooms and corridors, designated by name and number; windows, note wired glass where it is required; doors, including door swings; identify fire doors by time rating and Underwriters' Laboratories label; plumbing fixtures; show fixtures in proper shape and scale for positive recognition; identify special types such as service sinks and clinic sinks; brief descriptive notes on type of supplies, vacuum breakers, and the like are advisable; plans of patient rooms shall indicate principle items of furniture accurately scaled; all other principle items of equipment such as boiler(s), chiller(s), cooling tower(s), electrical substation(s), tank(s), air handler(s), fan-coil unit(s), kitchen equipment, laundry equipment, cabinet(s), counter(s) and any other item(s) which take up space and affect the final layout; fire- and smoke-barrier partition

designations; floor lines, top ceiling line and grade lines, designated and preferably dimensioned and with basic elevations shown; ceiling height; only one (1) typical room of a group need be so shown; area of each room for which the rules establish a minimum area; only one (1) typical room of a group need be so noted; and brief noted descriptions of the general construction and finish, the structural system, the heating, ventilating and air-conditioning system, including the fuel supply, the plumbing system, including the water supply and sewage disposal and the electrical system.

(II) In the case of a project which is an addition to an existing building, it will be necessary to give the Department of Health sufficient information about the existing building on which to base a determination of acceptability of the plans for the addition. This information shall cover all items required to be provided in a rehabilitation hospital by the rules of the Department of Health and shall be submitted in such form as required by the Department of Health for the particular project.

B. Working Drawings and Specifications.

(I) Working drawings and specifications, complete in all respects, shall be submitted in duplicate covering all phases of the construction project including: site preparation; paving; general construction; mechanical work, including plumbing, heating, ventilating and air conditioning; electrical work; and all built-in equipment, including elevators, kitchen equipment, cabinet work, and the like; each sheet of the plans and each set of the specifications shall identify the project by name and location and shall bear the names and addresses of the architect or professional engineer and the owner; each sheet of the plans and each set of specifications shall bear the official seal and signature of the registered architect or registered professional engineer who prepared it; each sheet of the plans and each set of specifications shall bear the date of its completion or its latest revision; and the plans shall be on sheets of the same size, securely bound into complete sets, with the sheets in the proper order; and the specifications shall be securely bound into complete sets.

(II) The plans and specifications are to include a survey and soil investigation of the proposed site. The following information shall be provided: items previously listed under subparagraph (1)(B)2.A. Preliminary Plans and Sketches; courses and distances of property lines; dimensions and locations of any buildings, structures, easements, rights-of-way or encroachments on the site; details

of party walls or walls and foundations adjacent to lot lines; the position of trees, dimensions, position and elevation of all cellars, evacuations, wells, backfilled areas and the elevation of any water; detailed information by the city engineer or other official report as to established curbs, building lines, streets, alleys and sidewalks; all utilities including size, characteristics and location of these services; piping, mains, sewers, poles, wires, hydrants and manholes upon, over or under this or the adjacent site; complete information as to the disposal of sanitary, storm water and subsoil drainage; official date upon which elevations are based and benchmark established on or adjacent to the site; contours on elevations at two foot (2') intervals over site and elevations at the bottom of excavation; contemplated date and description of proposed improvements to approaches or utilities adjacent to the site; thickness, consistency, character and estimated safe bearing value of various strata encountered; amount and elevation of groundwater encountered in each test pit; elevation of rock, if known and probability of encountering quicksand; average depth of frost effect below ground; high and low water levels of nearby bodies of water affecting groundwater level; whether the soil contains alkali in sufficient quantities to effect the concrete; elevation and location of mine shafts or excavations if the site is underlaid with mines or old workings; and whether the site is subject to mineral rights which have not been developed.

(C) Site.

1. The facility shall be located reasonably accessible to the center of population of the community served, close to where competent medical and professional consultation is readily available and where employees can be recruited and retained.

2. The site shall be away from nuisances detrimental to the proposed project's program.

3. Adequate vehicular and pedestrian access shall be provided within the lot lines to the main entrance, ambulance entrance, community activities and services including loading and unloading space for delivery trucks. Roads, walks, ramps and entrances, etc., are to comply with the "American Standards Associations Specification" A 117.1-1961 (R-1971), entitled "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped."

4. Adequate off-street parking shall be provided.

(D) General Construction—Structural Requirements.

1. All new rehabilitation hospitals and additions to and remodeling of existing rehabilitation hospitals shall be of sufficient structural strength to resist all stresses imposed by dead loads, live loads and lateral or uplift forces, such as wind, without exceeding, in any of the structural materials, the allowable working stresses established for these materials by generally accepted good engineering practice.

2. Compliance with the *Basic Building Codes of the Building Officials Conference of America (BOCA Code)* insofar as it may apply, shall be deemed to be in compliance with this rule.

(E) General Design—Facilities.

1. Rehabilitation hospitals shall provide the following facilities:

A. Administrative area. Business office with information counter, telephone, switchboard and cashier's window; administrator's office; director of nurse's office; medical records room; medical library; lobby and waiting room; public telephone booth; public toilets and personnel toilets;

B. Evaluation and treatment facilities. Clinical laboratory; radiology and radiographic room adjoining dark room, toilet and office; pharmacy, drug room with minimum facilities for compounding; conference room; offices, examination rooms and work space for medical personnel; office and work space for provision of appropriate dental treatment; office and work space for physical therapy staff; rehabilitation gymnasium; hydrotherapy area; electro-diagnosis area; thermotherapy and massage area; storage for physical therapy supplies and equipment; office and work space for occupational therapy staff; occupational therapy area; storage space for occupational therapy supplies and equipment; facilities for teaching activities of daily living; artificial appliance facilities; space for fitting and adjustment service; office and work space for psychological testing, evaluation and counseling; office space for private interview and counseling; office and work space for counseling, evaluation, pre-vocational programs and placement; schoolroom for children if children are included in program; locker, toilet for outpatients; and clean and soiled linen facilities;

C. Nursing unit for adults. This unit shall be located convenient to the treatment area; each patient's rooms shall have a lavatory, mirror, convenience electrical outlet and wardrobe space; toilet room shall be accessible to each patient room; nursing unit shall not exceed fifty (50) beds; patients' room area shall be at least eighty (80) square feet per bed in multi-bed patients' rooms and one hundred (100) square feet per bed in private

patients' rooms and a continuous aisle not less than three feet (3') wide shall be available around the foot and along both sides of each bed; nurses' station with medicine preparation area; nurses' toilet; clean and soiled utility rooms; accessible examination and treatment room with lavatory; floor pantry with lavatory; recreation area of twenty (20) square feet per bed; a toilet room for each sex at a ratio of one (1) water closet to each five (5) beds and one (1) of the water closet enclosures in each centralized toilet room shall be at least five feet by six feet (5' x 6') to permit toilet training unless toilets in patient rooms are five feet by six feet (5' x 6'); bedpan cleaning facilities; separate bathroom with tub for each sex; one (1) shower to each eight (8) beds; stretcher and wheelchair parking space; clean linen storage; all rooms occupied by patients shall be outside rooms; each patient room shall have a minimum window area of not less than one-eighth (1/8) of the floor area; equipment and supply storage; janitor's closet; and one (1) telephone alcove per floor;

D. Nursing unit for children is the same as for adults except at least sixty (60) square feet per bed is to be provided in crib rooms; and

E. Service departments. Central sterilizing and supply room shall include receiving and clean-up room; clean workroom including sterilizing facilities and unsterile supply storage area; dietary facilities shall include food preparation area with handwashing facilities, food serving facilities for make-up of patient trays, commercial-type dishwashing equipment adequately isolated and ventilated, lavatory in dishwashing area, three (3) compartment sinks, refrigerated and freezer storage, day storage, food cart storage area, trash and waste disposal facilities, can-washing facilities, staff dining facilities, patient dining facilities at ratio of twenty (20) square feet per bed; janitor's closet with floor receptor or service sink and space for housekeeping supplies and equipment; lockers and toilet facilities; housekeeping supply storage facilities; unless commercial or other laundry facilities are available, each rehabilitation facility shall have a laundry of sufficient capacity to process full seven (7) days' laundry in a work week and contain a soiled sorting area, processing area, clean linen and sewing room separate from laundry; mechanical facilities, including boiler and pump room(s), mechanical room(s), engineers' space and maintenance shops, at least one (1) room; female staff and volunteers' locker room including lockers and toilet and shower room; female help locker room, including lockers and toilet and shower room; male

staff and volunteers' locker room including lockers and toilet and shower room; male help locker room, including toilet and shower room; and twenty (20) square feet of general storage space per bed and to be concentrated in one (1) area.

(I) When no laundry is provided in the hospital, a soiled linen room and clean linen and sewing room shall be provided.

(F) General Design—Details.

1. All new rehabilitation hospitals and additions to and remodeling of existing rehabilitation hospitals shall comply with the following general design details:

A. Required corridors and aisles shall be at least eight feet (8') wide and no less than ten feet (10') wide at elevators. No part of the area of any required corridor or aisle shall be counted as part of the required area of any space adjacent to the corridor or aisle. A continuous system of unobstructed corridors and aisles shall extend through the enclosed portion of each story of the building, connecting all rooms and spaces with each other and with all entrances, exitways and elevators with the following exceptions: work suites such as the administrative suite and the dietary area, which are occupied primarily by employed personnel, may have within them, corridors or aisles as are deemed advisable; but these are not subject to the regulations applicable to required corridors or aisles;

B. The width of stairways shall be not less than three feet eight inches (3' 8"). The width shall be measured between handrails where handrails project more than three and one-half inches (3 1/2");

C. Doors through which residents will pass, including exit doors, shall be at least forty-four inches (44") wide except doors to toilets and bathrooms, which shall be at least thirty-six inches (36") wide;

D. Exits shall swing outward. Doors to rooms shall generally swing into the rooms they serve. Doors to small toilet rooms may swing outward into the adjacent room and if they swing inward they shall be equipped for emergency access. No doors shall swing into required corridors or aisles except doors to janitors' closets, linen closets or doors to similar small spaces which are open only temporarily;

E. Ceilings in corridors, storage rooms, patients' toilet rooms and other minor rooms shall not be less than seven feet six inches (7' 6"). Ceilings in all other rooms shall not be less than eight feet (8');

F. Drinking fountains shall be located in or near the lobby and recreation area and in each nursing unit corridor. The fountain

shall be accessible to residents in wheelchairs;

G. Toilet room doors shall be equipped with privacy and release-type hardware;

H. The floors of toilets, baths, bedpan rooms, floor pantries, utility rooms and janitors' closets shall have smooth, waterproof surfaces which are wear-resistant. The floors of residents' rooms and corridors shall be easily cleanable. The floors of kitchens and food preparation areas shall be waterproof, greaseproof, smooth, slip-resistant and durable;

I. The walls of kitchens, utility rooms, baths, showers, dishwashing rooms, janitors' closets and spaces with sinks shall have waterproof painted, glazed or similar finishes to a point at least thirty inches (30") above the sink or countertop. The remaining wall surfaces of such rooms and rooms where food is stored shall have a smooth surface with painted or equally washable finish in light color. The base shall be waterproof and free from spaces which may harbor insects;

J. The ceilings of all kitchens, dishwashing and other rooms where food and drink are prepared shall have a smooth washable finish;

K. Wall and ceiling surfaces of all occupied rooms and of all exitways shall be of such material or so treated as not to have a flame-spread classification of more than fifty (50) according to the method for the "Fire Hazard Classification of Building Materials" of Underwriters' Laboratories, Inc. Floor finish shall have a flame-spread rating of not more than seventy-five (75). Carpeting, including the backing or underpad, shall have a flame-spread rating of not more than seventy-five (75);

L. Adequate space, consistent with the need, shall be provided for residents using crutches, walkers, wheelchairs, wheel stretchers, and the like. Accessibility to all required facilities, including toilets, lavatories, baths, showers, drinking fountains, telephones, furniture, and the like, shall be provided;

M. Showers shall be at least four feet (4') square. Curbs shall not exceed one inch (1") in height and shall have sloped edges;

N. Handrails or grab bars shall be placed in positions to be reached from any point within a toilet or bathroom area. Grab bars or handrails shall be provided adjacent to all bathtubs, within all showers and on both sides of all water closets.

O. Lavatories for patients' use shall be positioned to be accessible to wheelchair patients and shall not have cabinets under-

neath or any other unnecessary obstruction to the maneuverability of wheelchairs;

P. Mirror sizes and positions shall be such as to make the mirrors convenient both for residents in wheelchairs and those in a standing position;

Q. Bathtubs other than therapeutic tubs are not to be elevated;

R. Paper towel dispensers shall be provided at all lavatories used for handwashing; and

S. Telephone alcoves shall be a minimum of four (4) feet square. Telephone shall be located on a shelf convenient for residents in wheelchairs. Doors to telephone booths are not recommended.

(G) General Construction—Specifications and Details.

1. All rehabilitation hospitals and additions to and remodeling of existing rehabilitation hospitals shall be constructed to provide safe, comfortable, secure, fire-safe, sanitary and durable facilities for the patients. Existing buildings, if converted to use as rehabilitation hospitals, shall be considered to be new rehabilitation hospitals and shall comply with all of the requirements for new rehabilitation hospitals.

2. The requirements of the *Life Safety Code* by the National Fire Protection Association shall be complied with insofar as they may apply and to the extent they are not superseded by requirements specifically stated in these rules.

3. Specific requirements.

A. The following elements of the building shall be constructed to qualify for fire-resistance ratings not less than the following: one (1)-hour exterior walls of one (1)-story buildings thirty feet (30') or more from any other building(s) or from a lot line; two (2)-hour exterior walls of one (1)-story buildings less than thirty feet (30') from another building(s) or from a lot line; two (2)-hour exterior walls of multi-story buildings; two (2)-hour noncombustible fire walls; two (2)-hour columns, interior bearing walls and other structural elements supporting floor construction; one (1)-hour columns, interior bearing walls and other structural elements supporting roof construction only and in buildings not more than one (1) story in height, exclusive of the basement; one (1)-hour for other construction, including non-bearing partitions, curtain walls, and the like.

B. The height and area of each building, or fire section between fire walls, shall be within the limitations established by the *BOCA Code* for buildings of the same occupancy and the next less restrictive type of construction.

C. Doors between rooms and the required corridors shall not have louvers or transoms. Doors shall be one and three-fourths inches (1 3/4") solid core wood or metal doors with equivalent or greater fire resistance.

D. If linen and refuse chutes are used, they shall be designed as follows: service openings to chutes shall have approved class B, one and one-half (1 1/2)-hour fire doors; service openings to chutes shall be located in a room or closet of not less than one (1)-hour fire-resistive construction and the entrance door to the room or closet shall be a class C, three-fourths (3/4)-hour fire door; minimum diameter of gravity-type chutes shall be two feet and no inches (2' 0"); chutes shall terminate in or discharge directly into a refuse room or linen chute room separated from the incinerator or laundry, the rooms shall be of not less than two (2)-hour fire-resistive construction and the entrance door shall be class B, one and one-half (1 1/2)-hour fire door; chutes shall extend at least four feet (4') above the roof and shall be covered by a metal skylight glazed with thin plain glass.

E. Dumbwaiters, conveyors and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than one (1)-hour fire-resistive construction. The entrance door to the room shall be a class C, three-fourths (3/4)-hour fire door.

F. Any penetrations of fire walls other than doors, such as openings for ducts, shall be protected by approved automatic protective assemblies with a fire-resistance rating at least as high as that of the wall.

G. Each floor of a rehabilitation hospital shall have at least two (2) exits remote from each other and so located that the distance of travel to the exit shall not be more than one hundred feet (100') from the door to any room nor one hundred fifty feet (150') from any point in a room. If the entire building is completely protected by a standard automatic sprinkler system, these distances may be increased by fifty feet (50').

H. Every exit shall be so arranged that no corridor has a pocket or dead end exceeding thirty feet (30') in which occupants might be trapped. Distance shall be measured from the door of the room to the exit.

I. Interior exitways shall be isolated from the rest of the building by floors, ceilings and walls with a two (2)-hour fire-resistance rating as determined by the Underwriters' Laboratories and shall have one and one-half (1 1/2)-hour B-label interior fire doors.

J. Horizontal exits are permissible where located in compliance with subparagraphs (1)(G)3.G. and H. of this rule. A hor-

izontal exit shall be through a fire wall to a fire-safe area on the same story of the building and shall be subject to all requirements of other exits except that the door may swing in either direction. The fire-safe area on either side of the fire wall shall be sufficiently large to provide a floor area of at least thirty (30) square feet per person for all persons who would normally occupy the space on both sides of the fire wall. The fire wall shall have a fire-resistance rating of not less than two (2) hours and shall extend from floor-to-floor or roof, from exterior wall to exterior wall, shall have no doors except the required exit and shall have no other penetrations except ducts with automatic fire dampers.

K. Each story of a facility or each portion of a story between fire walls, which is in excess of five thousand (5000) square feet in floor area, shall be subdivided by smoke-barrier partitions located to provide floor areas between them of not more than five thousand (5000) square feet, and located to provide a total floor area on either side of each such partition of at least thirty (30) square feet each for all patients on the entire floor. Smoke-barrier partitions shall be provided where necessary to separate elevator lobbies and required aisles from adjoining required corridors as directed.

L. Smoke-barrier partitions shall have a fire-resistance rating of not less than one (1) hour. They shall be continuous from exterior wall to exterior wall and from the floor to the floor or roof deck above and shall be penetrated only to the extent allowed by subparagraphs (1)(G)3.P. and Q. of this rule.

M. Doors in smoke-barrier partitions required by subparagraph (1)(G)3.K. of this rule shall be located only in main corridors or in rooms open to the public. They shall be one and three-fourths inches (1 3/4") thick solid core wood doors or one and three-fourths inches (1 3/4") thick metal doors with three-fourths (3/4)-hour fire-resistance rating and if glazed shall be glazed with wired glass.

N. Any penetrations of smoke-barrier partitions other than doors, such as openings for ducts, shall be equipped with automatic fire dampers.

O. All doors to required exitways and to the outside at grade level and all vestibule doors shall swing outward in the direction of exit travel. They shall be self-closing and shall be normally closed.

P. All exit doors to required exitways shall be one and one-half (1 1/2)-hour B-label doors. All doors in horizontal exits shall be one and one-half (1 1/2)-hour B-label doors. All doors in smoke-barrier partitions, required corridor partitions and one (1)-hour

partitions around hazardous areas shall be one and three-fourths inches (1 3/4") solid core wood doors or metal doors with equivalent or greater fire resistance. Doors in two (2)-hour partitions at boiler rooms, furnace rooms, incinerator rooms and rooms for similar hazardous occupancy shall be one and one-half (1 1/2)-hour B-label doors.

Q. Doors in fire separations, horizontal exits and smoke-stop partitions may be held open only by electric hold-open devices. If these doors are in main corridors, they shall be a pair of doors not less than five feet four inches wide (5'4"). The doors shall close upon actuation of the fire alarm system and shall be capable of being opened and closed manually. In addition, these doors shall close by at least one (1) of the following methods: activation of the sprinkler system; and actuation of a smoke detector.

R. Any door to stairway enclosures or in walls surrounding hazardous areas shall not be equipped with hold-open devices.

S. The aggregate width of required exitways shall be such as to provide twenty-two inch (22") wide exit units at the rate of one (1) exit unit of stair width for each fifteen (15) persons served and one (1) exit unit of width for passageways within the exitways other than stairs for each thirty (30) persons served.

(H) Mechanical Requirements.

1. Prior to completion of the contract and final acceptance of the facility, the architect or engineer shall obtain from the contractor certification that all mechanical systems have been tested and performance of these systems conform to the requirements of the plans and specifications. Upon completion of the contract, the contractor shall furnish the owner with a complete set of specifications and as-built drawings and a bound volume containing operating instructions, manufacturers' catalog number(s) and description and parts list for each piece of equipment.

2. Incinerators, if provided, shall be gas-, electric- or oil-fired and shall be capable of, but need not be limited to, complete destruction of pathological wastes. Design and construction of incinerators and refuse chutes shall be in accordance with Part III of the *NFPA Standard No. 82*. Incinerators shall conform to current rules of the Air Conservation Commission.

3. Steam and hot water systems.

A. Boilers shall have the capacity, based upon the published *Steel Boiler Institute or Institute of Boiler and Radiator Manufacturers' Net Ratings*, to supply the normal requirements of all systems and equipment. The number and arrangement of boilers shall



be such that when one (1) boiler breaks down or when routine maintenance requires that one (1) boiler be temporarily taken out-of-service, the capacity of the remaining boiler(s) shall be no less than seventy percent (70%) of the total required capacity.

B. Boiler feed pumps, condensate return pumps, fuel oil pumps and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

C. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

D. Boilers, smoke breeching, steam piping, high pressure steam return piping and hot water space heating supply and return piping shall be insulated with insulation having a flame spread rating of twenty-five (25) or less and a smoke-developed rating of fifty (50) or less.

4. Air-conditioning, heating and ventilating systems.

A. A minimum temperature of seventy-five degrees Fahrenheit (75°F) shall be provided for all occupied areas at winter design conditions.

B. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown on Table I shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates if they are required to meet design conditions.

C. Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five feet (25') from the exhaust from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight feet (8') above the ground level or, if installed through the roof, three feet (3') above roof level.

D. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in Table I.

E. Room supply air inlets, recirculation and exhaust air registers shall be located not less than three inches (3") above the floor. This does not apply to cabinet units.

F. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms,

toilet rooms or janitors' closets which open directly on corridors.

G. Central systems designed for recirculation of air shall be equipped with a minimum of two (2) filter beds. Filter bed No. 1 shall be located upstream of the conditioning equipment and shall have a minimum efficiency of thirty percent (30%). Filter bed No. 2 shall be located downstream of the conditioning equipment and shall have a minimum efficiency of ninety percent (90%).

H. Central systems using one hundred percent (100%) outdoor air shall be provided with filters rated at eighty percent (80%) efficiency.

I. The stated filter efficiencies shall be warranted by the manufacturer and shall be based on the *National Bureau of Standards Dust Spot Test Method with Atmospheric Dust*.

J. Filter frames shall be durable and carefully dimensioned and shall provide an airtight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

K. A manometer shall be installed across each filter bed serving central air systems.

L. Ducts shall be constructed of iron, steel, aluminum or other approved materials such as clay, fiberglass or asbestos cement.

M. Duct interiors or linings shall meet the Erosion Test Method described in *UL Pub. No. 181*. Duct linings, coverings, vapor barriers and the adhesives used for applying them shall have a flame-spread classification of not more than twenty-five (25) and a smoke-developed rating of not more than fifty (50).

N. Ducts which pass through fire walls shall be provided with approved automatic fire dampers on both sides of the wall except that three-eighths inch (3/8") steel plates may be used in lieu of fire dampers for openings not exceeding eighteen inches (18") in diameter. An approved fire damper shall be provided on each opening through each fire partition and on each opening through the walls of a vertical shaft. Ducts which pass through a required smoke barrier shall be provided with dampers which are actuated by products of combustion other than heat. Access for maintenance shall be provided at all dampers.

O. Cold air ducts shall be insulated wherever necessary to maintain the efficiency of the system or to minimize condensation problems.

P. The air from dining areas may be used to ventilate the food preparation areas

only after it has passed through a filter with eighty percent (80%) efficiency.

Q. Exhaust hoods in food preparation centers shall have a minimum exhaust rate of one hundred (100) cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with automatic fire extinguishing systems and heat-actuated fan controls. Extinguishing systems shall be provided with steam, dry powder or carbon dioxide. Cleanout openings shall be provided every twenty feet (20') in horizontal exhaust duct systems serving hoods.

R. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the rooms and in adjoining areas.

5. Plumbing and other piping systems.

A. The requirements of the current edition of the *National Plumbing Code* shall be complied with insofar as they may apply and to the extent they are not superseded by requirements specifically stated in these rules.

B. The material used for plumbing fixtures shall be of nonabsorptive material.

C. Lavatories and sinks required in patient-care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five inches (5") above the rim of the fixture. All lavatories used by medical and nursing staff and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half inches (4 1/2") in length, except the handles on clinical sinks shall not be less than six inches (6") long.

D. Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

E. Water supply systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

F. Each water service main, branch main, riser and branch to a group of fixtures should be valved.



**TABLE I  
PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS**

Area Designation	Relationship to Adjacent Areas	Pressure Air From Outdoors	All Supply Changes of Outdoor Air Per Hour	Minimum Air Air Changes Per Hour	Minimum Total Exhausted Directly to Outdoors	All Air Recirculated Within Room
Intensive care	+	—	2	6	—	No
Patient room	0	—	2	2	—	—
Patient area corridor	0	—	2	4	—	—
Isolation room	0	—	2	6	Yes	No
Isolation anteroom	0	—	2	6	Yes	No
Treatment room	0	—	2	6	—	No
X-ray, fluoroscopy room	-	—	2	6	Yes	No
Physical therapy & hydrotherapy	-	—	2	6	—	—
Soiled workroom	-	—	2	4	—	No
Clean workroom	+	—	2	4	—	—
Autopsy and darkroom	-	—	2	12	Yes	No
Toilet room	-	—	—	10	Yes	No
Bedpan room	-	—	—	10	Yes	No
Bathroom	-	—	—	10	Yes	No
Janitor's closet	-	—	—	10	Yes	No
Sterilizer equipment room	-	—	—	10	Yes	No
Linen and trash chute rooms-	-	—	—	10	Yes	No
Laboratory, general	-	—	2	6	—	—
Food preparation centers	0	—	2	10	Yes	No
Dishwashing room	-	—	—	10	Yes	No
Dietary day storage	0	—	—	2	—	No
Laundry, general	0	—	2	10	Yes	No
Soiled linen sorting and storage	-	—	—	10	Yes	No
Clean linen storage	+	—	2	2	—	—
Central medical and surgical supply						
Soiled or decontamination room	-	—	2	4	—	No
Clean workroom	+	—	2	4	—	—
Unsterile supply storage	0	—	2	2	—	—

+ =Positive      - =Negative      0 =Equal      — =Optional

Stop valves shall be provided at each fixture.

G. Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

H. Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitors' sinks and bedpan flushing attachments.

I. Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

J. Hot water distribution systems shall be arranged to provide hot water and at each fixture at all times.

K. Plumbing fixtures which require hot water and which are intended for patient use shall be supplied with water which is controlled to provide a maximum water temperature of one hundred ten degrees Fahrenheit (110°F) at the fixture.

L. The hot water heating equipment shall have sufficient capacity to supply the water at the temperatures and amounts indicated in the following:

	Use		
	Clinical	Dietary	Laundry
gal/hr/bed	6 1/2	4	4 1/2
Temp °F	110°	180°	180°

M. Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal.

N. Piping over food preparation centers, food serving facilities, food storage areas and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of or condensation from necessary overhead piping systems.

O. Building sewers shall discharge into a community sewage system. Where such a system is not available, the facility shall provide a private sewage disposal system approved by the Department of Health, the Water Pollution Board, or both.

P. Automatic fire-extinguishing systems shall be installed in areas such as central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms and adjacent corridors, attics accessible for storage, range hoods and laundry and trash chutes. Storage rooms of less than a one hundred (100) square foot area and spaces used for storage of nonhazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

Q. Nonflammable medical gas system installations shall be in accordance with the requirements of *NFPA Standard No. 565*.

(H) Electrical Requirements.

1. All material including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc. or other similarly established standards.

2. The installing contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operated as planned or specified.

3. Circuit breakers or fuses that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main power distribution panel shall be located so as to be accessible only to authorized persons. It shall be readily accessible for maintenance, clear of traffic lanes and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

4. Lighting and appliance panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency-system circuits.

5. All spaces occupied by people, machinery and equipment within buildings and the approaches thereto and parking lots shall have electric lighting. Patients' bedrooms shall have general lighting and night lighting. A reading light shall be provided for each patient. At least one (1) luminaire for night lighting shall be switched at the entrance to each patient room. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for control of lighting in patient areas shall be of the quiet operating type.

6. Each patient bedroom shall have duplex receptacles as follows: one (1) on each side of the head of each bed (for parallel adjacent beds); receptacles for luminaires, television and motorized beds, if used; and one (1) receptacle on another wall.

7. Single receptacles for equipment such as floor cleaning machines shall be installed approximately fifty feet (50') apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty feet

(50') apart in all corridors and within twenty-five feet (25') of ends of corridors.

8. A nurses' calling station shall be installed at each patient bed and in each patient toilet, bath and shower room. The nurses' call-in toilet, bath or shower rooms shall be an emergency call. All calls shall register at the nurses' station and shall actuate a visible signal in the corridor at the patient's door, in the clean workroom, soiled workroom and nourishment station of the nursing unit. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two (2) or more calling stations, indicating lights shall be provided at each calling station. Nurses' call systems which provide two (2)-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operative.

9. A manually-operated, electrically-powered fire alarm system which will serve to alert all areas of the hospital when activated shall be installed in each facility. In multi-story buildings or in multi-building facilities, the signal shall be coded or otherwise arranged to indicate the location of the station operated. Pre-signal systems will not be permitted, except when telephone switchboard is attended at all times.

10. To provide electricity during an interruption of the normal electric supply that could affect the nursing care, treatment or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

11. The source of this emergency electric service shall be an emergency generating set when the normal service is supplied by one (1) or more central station transmission line(s) or an emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

12. The required emergency generating set shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty percent (80%).

13. Emergency electric service shall be provided to at least the following circuits:

A. Lighting. Exitways and all necessary ways of approach including exit signs and exit direction signs, exterior of exits, exit doorways, stairways and corridors; dining and recreation rooms (if located other than on grade level); nursing station and medication



preparation area; generator set location, switch gear location and boiler room; elevator (if required for emergency); telephone switchboard; and kitchen, X ray and laboratory;

B. Equipment. Nurses' calling system; alarm system including fire alarm actuated at manual stations; water flow alarm devices of sprinkler systems if electrically operated; fire detecting and smoke detecting systems; paging or speaker systems if intended for issuing instructions during emergency conditions; and alarms required for non-flammable medical gas systems, if installed; fire pump, if installed; sewerage or sump lift pump, if installed; all required duplex receptacles in patient corridors; one (1) elevator, where elevators are used for vertical transportation of patients; equipment such as burners and pumps necessary for operations of one (1) or more boilers and their necessary auxiliaries and controls, required for heating and sterilization; and equipment necessary for maintaining telephone service;

C. Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of patient rooms. Emergency heating of patient rooms will not be required in areas where the design temperature is higher than plus twenty degrees Fahrenheit (+20°F) based on the Median of Extremes as shown in the current edition of the *ASHRAE Handbook of Fundamentals* or when the hospital is supplied by at least two (2) utility service feeders, each supplied by separate generating sources, or a network distribution system fed by two (2) or more generators, with the hospital feeders so routed, connected and protected that a fault any place between the generators and the hospital will not likely cause an interruption of more than one (1) of the hospital service feeders; and

D. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one (1) or more primary automatic transfer switches to all emergency lighting, all alarms, nurses' call, equipment necessary for maintaining telephone service and receptacles in patient corridors. All other lighting and equipment required to be connected to the emergency system shall either be connected through the previously described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights, provided to

augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24)-hour operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

(I) Elevators.

1. All rehabilitation hospitals where either patients' beds or facilities such as diagnostic, recreation, patient dining or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

A. At least one (1) hospital-type elevator shall be installed where one to fifty-nine (1-59) patient beds are located on any floor other than the first (for purposes of these requirements, the first floor is that floor first reached from the main front entrance);

B. At least two (2) hospital-type elevators shall be installed where sixty to two hundred (60-200) patient beds are located on floors other than the first or where inpatient facilities are located on a floor other than that containing the patient beds;

C. At least three (3) hospital-type elevators shall be installed where two hundred one to three hundred fifty (201-350) patient beds are located on floors other than the first or where inpatient facilities are located on a floor other than that containing the patient beds;

D. For hospitals with more than three hundred fifty (350) beds, the number of elevators shall be determined from a study of the hospital plan and the estimated vertical transportation requirements;

E. Elevator cars and platforms shall be constructed of noncombustible material except that fire-retardant-treated material may be used if all exterior surfaces of the car are covered with metal. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least five feet wide by seven feet six inches (5' x 7' 6") deep, with a capacity of four thousand (4000) pounds. The car door shall have a clear opening of not less than three feet ten inches (3' 10");

F. Elevators shall have automatic leveling of the two (2)-way automatic maintaining type with accuracy within plus or minus one-half inch ( $\pm 1/2"$ ); and

G. Elevators (except freight elevators) shall be equipped with a two (2)-way special service switch to permit cars to bypass all

landing button calls and be dispatched directly to any floor.

2. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section and all pertinent safety requirements.

*AUTHORITY: section 197.080, RSMo Supp. 1993.\* This rule previously filed as 13 CSR 50-22.010 and 19 CSR 10-22.010. Original rule filed Nov. 21, 1969, effective Jan. 21, 1970.*

*\*Original authority 1953, amended 1993.*

**19 CSR 30-22.020 Administration Standards for Rehabilitation Hospitals**

*PURPOSE: The Department of Health has the authority to establish standards for the operation of rehabilitation hospitals. This rule provides standards for the administration, medical staff, nursing staff and supporting departments to assist in the restoration of individuals to maximum physical, mental, social, vocational and economic usefulness.*

*PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.*

(1) Organization, Administration, Medical Staff, Nursing Staff and Records.

(A) Governing Body.

1. The governing body is defined as an individual owner or ownership, partnership, corporation or other legally established authority owning or operating a hospital.

2. If a hospital is a corporation, there is to be a legally organized board of directors, board of trustees or similar governing body.

3. The governing body shall be formally organized and shall establish and adopt bylaws by which it shall abide in conducting all business of the hospital.

4. The governing body of the hospital is the supreme legal authority in the hospital and is responsible for the overall planning, directing, control and management of the activities and functions of the hospital.

5. The governing body shall appoint the medical staff in accordance with the bylaws

of the hospital after reviewing the individual applications for membership.

6. The governing body shall request the medical staff to establish and adopt bylaws acceptable to them. Bylaws so adopted are to be submitted to the Department of Health for its records.

7. The governing body shall employ a competent, experienced administrator. It is desirable that the administrator be a graduate of an accredited school of hospital administration.

8. The governing body shall give the necessary authority to the administrator for the administration of the hospital in all its activities and departments subject only to the policies as may be adopted and orders as may be issued by the governing body in accordance with its bylaws.

9. The governing body shall furnish to the Department of Health the name and address of its administrative officer within thirty (30) days after his/her appointment.

10. The governing body shall require in its bylaws that a qualified individual be designated by the administrator to act in his/her absence.

11. The governing body shall require in its bylaws that the hospital and medical staff abide by acceptable professional ethical standards with regard to advertising, commissions, division of fees, secret remedies, extravagant claims and commercialization.

12. The governing body shall require in its bylaws that the professional staff, hospital personnel and all auxiliary organizations are directly or indirectly responsible to the governing body through its administrator.

13. The governing body shall instruct its administrator that any duly appointed representative of the Department of Health is to be allowed to inspect the hospital during normal working hours.

14. The governing body shall meet regularly in accordance with their established bylaws. Minutes are to reflect the business transacted.

15. Any amendment, modification, supplementation or revision of the bylaws of the governing body or its medical staff shall be submitted to the Department of Health for its records.

**(B) Administrative Services.**

1. The bylaws of the governing body shall state that the administrator is the direct executive representative of the governing body for the management of the hospital and shall serve as a liaison between the governing body and the medical staff.

2. S/he shall be given the necessary authority and held responsible for the admin-

istration of the hospital in accordance with the bylaws established by the governing body.

3. The duties of the administrator shall be in keeping with accepted principles of hospital administration.

4. The administrator shall employ sufficient qualified personnel to operate properly the various departments of the hospital and all services necessary to meet the needs of the program. Personnel policies shall be written and made available to all employees.

5. The administrator is responsible for the admission and discharge of all patients and has the right to call upon the medical staff or a member of it to certify to the necessity or advisability of admitting or discharging a patient(s).

6. The administrator is responsible for all accounting methods and procedures and maintaining methods in accordance with a recognized system of accounting which will permit a satisfactory annual audit and an accurate determination of the costs of operation and the cost per patient day.

7. The administrator shall establish written policies governing visiting hours in the hospital.

8. The administrator shall maintain policies protecting the children admitted to or discharged from the hospital.

9. The hospital shall not release any child of any age to other than the child's parent(s) or legal guardian or custodian.

10. The hospital shall not admit a well child not in custody of his/her own parents for the purpose of board and room other than for the purpose of temporary medical or psychiatric observation.

11. The administrator shall provide a written plan for the evacuation of hospital patients, visitors and personnel in the event of fire, explosion or any other disaster within the hospital. This plan and its execution shall provide an alarm system to notify hospital personnel of the disaster. The plan shall provide for execution drills to acquaint personnel with their duties and stations at least three (3) times annually. Provision should be made for the local fire department to visit and inspect the hospital.

12. The administrator shall report in writing all fires occurring on the hospital premises to the Department of Health within one (1) week giving the cause, location and extent of damage and personal injury, if any.

13. The administrator shall provide a written disaster plan for the care of mass casualties resulting from any local or regional catastrophe.

14. The administrator shall be responsible for the development and enforcement of written policies which prohibit smoking

throughout the rehabilitation hospital except specific designated areas where smoking may be permitted. Lobbies and dining rooms having an area of at least one thousand (1000) square feet, which are enclosed and separated from the access of exit corridor systems, may have a designated smoking area. This designated smoking area may not exceed twenty percent (20%) of the total area of the room and shall be located to minimize the spread of smoke into the nonsmoking areas. Lobbies, dining rooms and other rooms of less than one thousand (1000) square feet which are enclosed and separated from the access to exit corridor systems may be designated smoking areas provided one hundred percent (100%) of the air supplied to the room is exhausted. Individual patients may be permitted to smoke in their rooms with the consent of any other patients occupying the room and with the permission of his/her attending physician. If a patient is confined to bed or classified as not being responsible, smoking is permitted only under direct supervision of an authorized individual. Modification of the patient room ventilation system is not required to permit occasional authorized smoking by a patient.

15. Written smoking control policies shall be posted throughout the rehabilitation hospital.

16. Smoking shall be prohibited in any room, ward or compartment where flammable liquids, combustible gases or oxygen are used or stored and in any other hazardous location. Such areas shall be posted with NO SMOKING signs.

17. The administrator shall establish policies and procedures which protect the patients and the general public against the commission of any illegal acts within the institutions and for the conduct of any practice that is detrimental to the welfare and to the interest of its patients and to the general public.

18. The administrator has no control over the professional staff in the exercising of their professional judgment. S/he is required to bring to the attention of the president or chief of the professional staff any failure by members of that staff to conform with established hospital policies regarding administrative matters, professional standards and the maintenance of adequate clinical records.

19. The administrator shall organize a joint conference (or advisory) committee composed of representatives from the governing body and medical staff, together with the hospital administrator, to meet at regular intervals to discuss medico-administrative problems pertaining to the hospital.

20. The administrator is responsible to see that all patients admitted to the hospital are under the care of a physician or dentist or podiatrist. Required physical examinations of patients admitted are to be made and entered on the medical record by physicians who are members of the medical staff.

21. The administrator shall delegate an individual duly qualified to act in his/her capacity during his/her absence.

22. The administrator shall provide adequate equipment, in good repair, within the hospital to assure efficient services and protection to the patient and the community.

23. If the hospital has an organized outpatient department, the administrator is responsible for its integration with the inpatient service and the maintenance of adequate medical, laboratory, nursing, social service and clerical assistance.

24. The administrator is responsible to see that each department provides written job descriptions, policies and procedures and ongoing in-service education programs.

(C) Medical Staff.

1. The governing body shall provide in its bylaws for the appointment of an adequate and competent medical staff to provide the necessary medical care and supervision as required by the program.

2. The medical staff of a rehabilitation hospital shall be an organized group which shall initiate and adopt, with approval of the governing body, bylaws, rules and policies governing their professional activities in the hospital.

3. Physicians will be permitted to practice in the hospital in accordance with their competence as recommended by the professional staff and authorized by the governing body.

4. Each member of the medical staff shall be a physician, dentist or podiatrist who is a graduate of an approved school of medicine, osteopathy, dentistry or podiatry legally licensed accordingly to practice in Missouri and who is competent in his/her respective field and is of good moral character and is professionally ethical. Each member is to be reappointed to the staff annually at the discretion of the governing body.

5. Each member of the medical staff shall submit a written application for staff membership on the approved form to the governing body.

6. The governing body, after considering recommendations of the medical staff, shall determine the privileges extended to each member of the staff according to his/her qualifications and standards of performance.

7. Annually the medical staff shall elect a chief of staff, acceptable to the governing

body and other officers and committees as is deemed necessary to meet the goals of the hospital.

8. The medical staff shall meet monthly and complete minutes are to be kept of these meetings.

9. The staff shall adopt policies for professional consultation in writing.

10. The medical staff shall develop and utilize appropriate procedures for continuing review and evaluation of the practice of medicine in the hospital by its individual members. Complete records shall be kept of these reviews and evaluations.

11. The medical staff shall maintain complete and adequate records on each patient.

12. The medical staff shall comply with acceptable professional ethical standards with regard to advertising, commissions, division of fees, secret remedies, extravagant claims, commercialization and in all other respects.

13. The medical staff shall establish policies for the recommendation of discharge of a member by the governing body.

(D) Nursing Staff.

1. There shall be an organized nursing staff commensurate with the size and program of care of the hospital.

2. There shall be a director of nursing, who is a registered professional nurse, who has had special training for the position and who is responsible to the administrator for all nursing services.

3. The director of nursing shall have authority over all registered professional and licensed practical nurses as well as all nursing aides and nursing assistants employed by the hospital.

4. The department of nursing shall be organized for safety, efficiency and economy as recommended by competent nursing authorities and is to provide complete and efficient care to each patient.

5. There shall be written procedures and policies for the guidance of nursing service personnel. These are to be consistent with generally accepted practice and are to be reviewed and revised as necessary to keep pace with best practice and new knowledge.

6. A job description shall be written for each position in the nursing department to clearly define the responsibility, authority and functioning of the position. The description is to include personal and professional qualifications, educational preparation and experience necessary.

7. There shall be a planned in-service educational program in rehabilitation nursing to provide efficient patient care.

8. There shall be a registered professional nurse on duty on the premises at all times.

9. Nursing care plans shall be kept current daily and are to indicate care needed and how it is to be accomplished to insure best results for the patient.

10. Nursing personnel are to participate in interdepartmental conferences regarding patient care.

11. Nursing notes are to be informative and descriptive of the nursing care given and observations of significance so that they contribute to the continuity of patient care.

12. Drugs and treatments shall be administered only on the signed order of a member of the medical staff.

13. Only a registered professional nurse, a licensed practical nurse or a professionally supervised student nurse in an approved school of nursing is permitted to administer medications.

14. Meetings of the registered professional nursing staff shall be held at least monthly to review and analyze the nursing service and to develop plans for improved programs and proficiency. Minutes are to be kept of each meeting.

(E) Records.

1. The administrator of the hospital shall be charged by the governing body with the responsibility of employing an individual who shall have the responsibility for supervision, filing and indexing of all medical records of the hospital.

2. The department shall be under the direction of a registered medical record librarian or a person who has had special training in the field.

3. The director of the department shall see that all records are complete and properly prepared, filed and preserved.

4. There shall be a medical record kept on all patients admitted to the hospital or outpatient department.

5. All records shall be legibly prepared in ink or typewritten. This is to include doctors' orders which shall be written in ink for permanence.

6. All physicians' or dentists' orders shall be signed or initialed and dated by the physician or dentist as soon as possible after the order and in no case longer than twenty-four (24) hours after the order.

7. All physicians' or dentists' orders shall be preserved on the patient's record.

8. All records prepared throughout the entire hospital and relating to one (1) patient shall be consolidated in one (1) file or folder readily available to properly authorized personnel or are cross-indexed so that ready access can be had.

9. All medical records shall include identification data, history of present illness, past history, family history, physical examination, special reports (such as clinical laboratory, X-ray, consultations, physical therapy, psychological and others) provisional diagnosis, physicians' or dentists' orders, nursing records, progress notes, final diagnosis, condition on discharge and certification as to accuracy and completeness by the attending physician or dentist.

10. All physicians or dentists and employees shall be prompt in completing any required medical record.

11. No records or excerpt from any record shall be released from the record room except upon written order of the patient or by due process of law. Records may be removed from the record room only upon the order of the administrator by duly qualified persons for the purposes of study or research.

12. The hospital shall prepare a death certificate for each person who dies on its premises immediately after death or is to provide data from its files for the preparation of certificate.

13. The hospital shall record on each deceased patient's record the name and address of the funeral home or person to whom the body was released for disposition and the date of the release and by whom released.

14. An annual report shall be filed with the Department of Health within three (3) months after termination of each fiscal year on forms provided by same.

15. There shall be personnel records maintained on each employee. These are to include application, with preparation and qualifications, performance record and health record.

## (2) Services.

### (A) Rehabilitation Medicine.

1. There shall be an organized department of rehabilitation medicine under the direction of a physician who is a member of the medical staff and trained in this specialty who shall be responsible for the direction and supervision of the sections of physical therapy, occupational therapy, speech and hearing therapy and other services necessary to carry out the patient's program of rehabilitation.

A. There shall be an organized physical therapy department under the supervision of a registered therapist or physiatrist. All therapy shall be given on the written order of a member of the medical staff. Complete and accurate records of treatment are to be maintained with copies being attached to the patient's record. The physical therapy staff shall cooperate with members of all the other

professional disciplines of the hospital staff to accomplish maximum rehabilitation of the patient. The department is to participate in the overall training and orientation of hospital staff.

B. There shall be an organized occupational therapy department under the direction of a registered therapist. All therapy shall be given on the written order of a member of the medical staff. Complete and accurate records of treatment shall be maintained with copies being attached to the patient's record. The occupational therapy staff shall cooperate with members of all the other professional disciplines of the hospital staff to accomplish maximum rehabilitation of the patient. The department is to participate in the overall training and orientation of hospital staff.

C. If the hospital provides speech pathology and audiology service, the department shall be organized and under the supervision of a certified speech pathologist. The service shall provide for the evaluation, counseling and rehabilitation of those patients with disorders of speech, hearing and language, upon request or referral of the attending physician. The section staff shall cooperate with members of all of the other professional disciplines of the hospital staff to accomplish maximum rehabilitation of the patient. There are to be records kept of all evaluations and therapy given and these are to be placed on the patient's chart.

D. If the hospital does not provide speech pathology and audiology service, services must be readily available to patients and a plan for consultation, or part-time service or referral to the service be in effect.

### (B) Social Service.

1. There shall be a social service department whose purpose shall be to—identify and help resolve personal and social problems interfering with the rehabilitation process; enhance the social functioning of patients; help patients understand and effectively use medical and rehabilitation services; help families of patients adjust to the patient's disability and participate effectively in the rehabilitation program; and identify and develop resources within the rehabilitation hospital and the community which are needed by patients.

2. The director of the department should have a master's degree from an accredited school of social work or be a member of the Academy of Certified Social Workers.

3. The director of social service is responsible for the organization and services of the department.

4. The social service staff should participate as members of the rehabilitation team,

exchanging information and evaluations with the physician and other professional disciplines in order to insure a comprehensive rehabilitation program for patients.

5. Essential information regarding the patient's social situation and social service activity shall be recorded in the patient's chart to aid the rehabilitation team and other disciplines in understanding the patient and developing an appropriate rehabilitation plan.

6. The social service department shall participate within the hospital and in the community in identifying and developing programs which would benefit patients in realization of their rehabilitation goals.

### (C) Psychological Service.

1. The hospital shall provide psychological services.

2. The department shall be organized and directed by a qualified psychologist.

3. The service shall provide psychological evaluations in order to identify and appraise specific problems in rehabilitation.

4. The psychologist shall participate in patient care conferences.

5. Reports of the psychological services shall contribute information for the practical management of the patient and are to become a part of the patient's record.

6. The psychologist is to participate in the overall training and orientation of hospital personnel.

### (D) Vocational Service.

1. The hospital shall provide vocational services.

2. The department shall be organized and under the direction of a person qualified to supervise, administer and direct vocational rehabilitation programs.

3. The vocational services shall provide vocational evaluation to include counseling, vocational testing and a simulated work environment.

4. The vocational services personnel shall work with all other services in the total rehabilitation of the patient.

5. There shall be records maintained on the services to each patient and these shall become a part of the patient's medical record.

6. The vocational services personnel shall cooperate with outside agencies as necessary to meet the individual patient needs and shall make referrals to the state vocational rehabilitation agency as indicated by the patient's needs.

### (E) Organized Outpatient Service.

1. The outpatient department shall be equipped to promote the health, through diagnosis, treatment and health education of those individuals referred to it by licensed physicians, dentists or podiatrists in the community.

2. The professional staff of the outpatient service shall be closely integrated with and part of the professional staff of the hospital.

3. There are to be written policies and procedures for all outpatient functions.

4. These policies and procedures are to define the relationship with other hospital departments and with private physicians, dentists, podiatrists and with outside agencies.

5. Complete and accurate patient records shall be maintained in the outpatient service and shall be made available to the other professional departments of the hospital.

(F) Radiology Service.

1. The hospital shall have at least one (1) radiographic room with adjoining dark-room, office, toilet and adequate storage space for records and film.

2. The service shall be under the direction of a physician especially trained and qualified in radiology who is to be responsible for all film interpretation.

3. Technologists in the department are to be particularly trained in X-ray techniques and preferably be registered technologists.

4. The written interpretation of all X-ray films or fluoroscopy shall become a part of the patient's record.

5. Monthly and yearly reports shall be maintained on the number of examinations done.

6. Protection requirements of X-ray and gamma ray installations shall conform to 19 CSR 20-10.010-19 CSR 20-10.200 and the *National Bureau of Standards Handbooks No. 76 and 73*.

(G) Hospital Laboratory Service.

1. The hospital shall provide as a minimum the following laboratory services: bacteriology, chemistry, serology and urinalysis. Other laboratory services shall be provided as needed.

2. Provisions shall be made for emergency laboratory service on a twenty-four (24)-hour basis.

3. The laboratory shall be under the supervision and direction of a physician licensed to practice medicine and surgery in Missouri, who preferably has had special training in pathology and who is a member of the professional staff of the hospital.

4. Interpretations of electrocardiograms and other specialty laboratory reports are to be made by a licensed physician trained in the applicable specialty field.

5. Monthly and yearly reports shall be delivered to the administrator giving the number and type of laboratory tests and examinations performed.

6. Technical personnel shall be qualified by education, training and experience.

(H) Central Sterilization Supply.

1. There shall be an organized central sterile supply department under the supervision of the department of nursing or a person trained in the basic principles of sterilization and aseptic techniques and the procedures required to apply these principles.

2. There shall be inventory records maintained and laboratory proof of the sterilization process is to be made at least monthly.

3. This unit shall process, assemble, sterilize, store and distribute patient care supplies and equipment as needed.

(I) Dietary Department.

1. Organization.

A. The dietary department shall be under the supervision of a full-time or part-time registered dietitian or there shall be consultation from a registered dietitian on a regularly scheduled basis of a minimum of four (4) hours per week.

B. In the absence of a full-time dietitian, there shall be a full-time food-service supervisor or cook manager who is responsible for the daily management of the department.

C. The person in charge of the dietary department—shall participate in regular conferences with the administrator and heads of departments; shall be responsible for the selection, orientation, training and supervision of food-service employees; make recommendations concerning the quantity, quality and variety of food purchased; and shall be responsible for quality food production and service.

D. Food-service personnel shall be directly available to the kitchen over a period of twelve (12) or more hours each day. Food-service employees should not be assigned duties outside the dietary department and non-dietary employees should not be assigned duties in the dietary department.

E. There shall be written policies and procedures for food purchasing and storage, preparation, service sanitation and safety. These shall be available to all dietary personnel.

F. There shall be written job descriptions for all dietary positions available.

G. There shall be work assignments and duty schedules posted.

H. There shall be an in-service training program for all dietary employees.

2. Menu planning and diets.

A. The food and nutritional needs of patients shall be met in accordance with the current Recommended Dietary Allowances of the Food and Nutrition Board, National Research Council and in accordance with physicians' orders.

B. Orders for all diets shall be given to the dietary department in writing.

C. A current diet manual approved by the medical staff and the dietary department shall be used by the medical staff in prescribing diets and by the dietary department in fulfilling the diet order.

D. Regular menus and menus for modified diets shall be written at least one (1) week in advance, posted in the kitchen and followed. They shall provide for a variety of foods served in adequate amounts at each meal. Records of menus as served shall be kept on file for one (1) month.

E. Pertinent information related to the patient's diet is to be recorded in the patient's medical chart.

F. The dietitian shall visit and counsel patients. In the absence of a full-time dietitian, the consultant shall train the food-service supervisor or cook manager to visit and give diet instruction to patients. Teaching material for diet counseling shall comply with the established principles of the approved current diet manual used.

3. Food preparation and service.

A. At least three (3) meals shall be served daily approximately five (5) hours apart and no longer than fourteen (14) hours between a substantial evening meal and breakfast. If the "four (4) or five (5) meals a day" plan is in effect, meals and snacks shall provide nutritional value to meet the Recommended Dietary Allowances of the Food and Nutrition Board, National Research Council.

B. Recipes standardized for the hospital shall be provided and used for all food preparation. Food shall be prepared by methods that conserve nutritional value, flavor and appearance and shall be attractively served at the proper temperature.

C. Food shall be prepared and served in a manner which meets individual patient's needs; for example, ground meat or pureed foods are to be served only to those who need it and salt is to be omitted in food preparation only for those who are on sodium-restricted diets.

4. Sanitation.

A. All food handling facilities, personnel and procedures shall comply with 19 CSR 20-1.010.

B. Foods or beverages being transported from the dietary department to the patient area shall be protected from contamination and maintained at proper temperatures.

C. Only meat, meat products, poultry and poultry products from a state- or federally-inspected slaughterhouse or processing plant may be served in a hospital. The meat



must bear an official stamp indicating that it was “inspected and passed.”

D. All milk sold, offered for sale or served for human consumption shall comply with 2 CSR 80-2.010. Only Grade A pasteurized milk shall be served. Milk shall be maintained at a temperature of not more than forty-five degrees Fahrenheit (45° F) while on the premises and shall be stored in such a manner as to protect it from possible contamination. All milk and fluid milk products shall be served to the consumer in the original container in which they were received from the distributor or from a bulk container and dispensing device approved by the Department of Health. Condensed milk and pasteurized, evaporated or dried milk may be used for cooking.

E. Routine bacterial counts shall be made at least once a month on dishes, flatware, utensils, glasses and equipment.

(J) Housekeeping Department.

1. There shall be an organized housekeeping department.

2. A *Housekeeping Procedure Manual* shall be written and followed for appropriate cleaning of all areas in the hospital. Special emphasis shall be given to procedures applying to control of infections in hospitals.

3. All parts of the establishment and its premises shall be kept neat, clean, free of litter and rubbish.

4. Walls and ceilings shall be free from cracks and falling plaster and shall be cleaned regularly and properly maintained.

5. Floors shall be cleaned regularly. Cleaning shall be performed in a manner which shall minimize the spread of pathogenic organisms in the hospital atmosphere. Dry dusting and sweeping is prohibited.

6. Suitable equipment and supplies shall be provided for cleaning of all surfaces. The equipment shall be maintained in a safe, sanitary condition.

7. Solutions, cleaning compounds and hazardous substances shall be properly labeled and stored in safe places.

(K) Laundry Facilities.

1. If linens for the hospital are processed commercially, adequate and properly maintained space shall be provided for the storage and sorting of soiled linens. The space shall be located so as not to disturb the patients nor endanger their safety. If the laundry is processed in the hospital, facilities for this purpose shall be separate from nursing units or food preparation and serving areas. Processing of all linens shall comply with accepted commercial laundry practices.

2. If laundry is processed in the facility, the following shall be provided: soiled linen

room; clean linen and mending room; linen cart storage; lavatories (accessible from soiled, clean and processing room); laundry processing room; and commercial-type equipment shall be sufficient to take care of seven (7) days' needs within the workweek.

(L) Pharmacy Facilities and Services.

1. The pharmacy operating in connection with a hospital shall comply with the provisions of 4 CSR 220-2.020 requiring registration of drugstores and pharmacies and with the appropriate federal and state drug laws and regulations.

2. The pharmacy or drug room shall be under the full-time or part-time supervision of a licensed pharmacist. The pharmacist, with the approval of the administrator of the hospital, shall initiate procedures to provide for the administrative and technical guidance in all matters pertaining to the handling and dispensing of drugs.

3. There shall be at, or close by, each nurses' station a medicine cabinet with one (1) or more sections for poisons and medications. There shall be a compartment for the storing of medications for external use only. The medication cabinet shall be provided with a lock and key; shall be kept locked when not in use; and the key shall be available only to authorized personnel. The medicine cabinet shall provide adequate space for the storing of individual patients' medications and for their preparation and administration. There shall be a locked drug room or pharmacy provided for the storage of stock drugs.

4. All individual medications, including narcotics, shall be returned to the pharmacy or proper agency for disposition when orders have been discontinued or the patient has been dismissed or is deceased.

5. Hospitals shall obtain a state narcotic permit before applying to the Federal Bureau of Narcotics for a federal permit and are to place the number of the state permit on the federal permit application.

6. A hospital possessing a narcotic license shall purchase narcotics only from licensed manufacturers or wholesalers. The narcotics are to be used by or in the hospital. An official written order for the purchase of narcotics is to be signed, in duplicate, by the person ordering the narcotics and both buyer and seller must preserve their copy of the order for two (2) years. Narcotics may be administered or dispensed only for scientific and medical purposes.

7. Narcotics shall be securely locked in a safe or double-locked cabinet at all times and accessible only to authorized personnel.

8. Reporting the loss, theft, destruction or obsolescence of narcotics shall be accom-

plished in accordance with the regulations of the Federal Bureau of Narcotics and the Department of Health.

9. A record of all drugs dispensed in the hospital shall be properly maintained.

10. Drugs shall be administered only on the written order of a physician, dentist or podiatrist duly licensed to prescribe drugs.

11. No drugs shall be administered beyond the expiration date indicated on each package. Drugs requiring refrigeration are to be refrigerated in an area separate from food and drink.

12. Arrangements shall be made to provide emergency service to the institution when the pharmacy is closed.

13. All containers shall be clearly labeled as to the name of drug and strength. Drugs shall be administered from the original container or one properly labeled by a licensed pharmacist.

14. Each dose of a narcotic administered from stock shall be recorded on a permanent narcotic record wherein is listed the date, hour, name of patient, name of physician or dentist who ordered the narcotics, kind of narcotic, dose and by whom administered.

15. If the institution does not maintain a stock supply of narcotics, administration shall be by prescription only, each dose is to be recorded on the clinical record of the patient and signed by the person who administered the drug.

16. All drugs classed as depressant or stimulant drugs by the Federal Bureau of Narcotics and Dangerous Drugs or listed as barbiturates, stimulants or hallucinogenic drugs by the Department of Health shall be handled in compliance with all current applicable state and federal laws and regulations.

(M) Infection Control.

1. An infection control committee shall be established and be responsible for reporting, recording, investigating, controlling and preventing the occurrence and transmission of hospital acquired infections.

2. An environmental control program governing aseptic techniques and procedures in all areas of the hospital shall be developed. The procedures and techniques, particularly those concerning food handling, laundry and practices, disposal of environmental and patient wastes, traffic control and visiting rules in high risk areas shall be regularly reviewed by the infection control committee.

3. All equipment and areas where contamination could be a source of infection shall be sampled routinely.

4. Patients admitted with, or who are suspected of having, infectious disease or who later are found to have an infectious disease shall be properly isolated.





(N) Employee’s Examination.

1. Personnel absent from duty because of any communicable disease or exposure thereto shall be excluded from duty until examined and certified by a physician that the employee is not suffering from any condition that may endanger the health of patients or other employees. The certification shall be provided in writing to the administrator or the employee’s supervisor.

(O) Water Supply.

1. An adequate supply of fresh, potable water from a source approved by the Department of Health shall be available to all patients.

2. Cool, potable drinking water shall be available to all patients at all times and shall be dispensed in a manner approved by the Department of Health.

3. Water shall be under sufficient pressure to properly serve all areas of the hospital.

4. The safety of the supply shall be substantiated by satisfactory bacteriological analyses in the Department of Health laboratory. Water shall be obtained only from an approved public supply if such is available. If an approved public supply is not available, the private water supply shall be constructed in accordance with the Department of Health standards on public water supply.

5. No unsafe water supply shall be available on the premises for drinking purposes by patients.

6. Containers for dispensing drinking water shall be for individual use only and shall be properly sanitized at least daily and properly protected between periods of usage. Paper cups, if provided, shall be for individual use only and shall be dispensed in approved dispensers. Cool drinking water shall be available in adequate quantities for all residents at all times. Drinking fountains, if provided, shall be of angle-jet type approved by the Department of Health.

(P) Sewage Disposal.

1. Sewage wastes from medical facilities shall be disposed of in such a manner that no nuisance will result.

2. If a facility does not have available a public sewage disposal system, the facility shall provide a private disposal system acceptable to the Department of Health or the Clean Water Commission of the Department of Natural Resources.

(Q) Garbage and Refuse Disposal. Garbage and refuse shall be stored and disposed of in a manner acceptable to the Department of Health.

*AUTHORITY: section 197.080, RSMo 1986.\* This rule previously filed as 13 CSR 50-*

*22.020 and also 19 CSR 10-22.020. Original rule filed Nov. 21, 1969, effective Jan. 21, 1970. Amended: Filed June 14, 1988, effective Oct. 13, 1988.*

*\*Original authority 1953, amended 1993.*

**Op. Atty. Gen. No. 40, Graham (4-23-75).** *The State Board of Health is authorized by law to adopt and enforce regulations requiring hospitals licensed by the state to submit reports containing certain data relating to hospital discharges.*

**19 CSR 30-22.030 Standards for Registration as a Hospital Infectious Waste Generator**

*PURPOSE: This rule establishes standards and procedures for the registration of rehabilitation hospitals to ensure a high level of public safety in the handling and disposal of infectious waste.*

(1) Application for Registration as a Hospital Infectious Waste Generator.

(A) Every hospital shall submit annually to the Department of Health an application for registration as an infectious waste generator. Forms for the application shall be furnished by the Department of Health.

(B) Each application shall include:

1. An operational plan for the handling and treatment of infectious waste as specified in paragraph (5)(D)1. of 19 CSR 30-20.020;

2. A statement that the applicant understands and complies with sections 260.200—260.245, RSMo; 19 CSR 30.20.010; 19 CSR 30-20.020; and 10 CSR 80; and

3. The signature of the hospital’s chief executive officer and the director of the infectious waste management program.

(C) The application shall be submitted annually, three (3) months previous to the registration date. It shall be reviewed and denial or acceptance given within thirty (30) days after the Department of Health receives the application. If denied, specific reasons, with references, shall be given for the denial.

(D) The date of annual registration of a licensed hospital as an infectious waste generator shall be the hospital license renewal date and a nonlicensed hospital shall be assigned an annual registration date.

*AUTHORITY: sections 197.080 and 260.203, RSMo Supp. 1993.\* Original rule filed Aug. 15, 1988, effective Dec. 29, 1988.*

*\*Original authority: 197.080, RSMo 1953, amended 1993 and 260.203, RSMo 1986, amended 1988, 1992, 1993.*