
Rules of
Department of Health
Division 30—Division of Health Standards and Licensure
Chapter 24—Psychiatric Hospitals

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Title 19—DEPARTMENT OF HEALTH

Division 30—Division of Health Standards and Licensure Chapter 24—Psychiatric Hospitals

19 CSR 30-24.010 General Design and Construction Standards for Psychiatric Hospitals

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

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) All new psychiatric hospitals and additions to and remodeling of existing licensed psychiatric 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 psychiatric hospital shall comply with these rules and shall provide all required facilities proportional to the number of beds. These rules are applicable to psychiatric hospitals which began operation or which began construction or renovation of a building for the purpose of operating a psychiatric hospital on any date after January 31, 1974. These rules do not prohibit the rendering of psychiatric care in any licensed general hospital on a short-term or an emergency basis by a licensed physician. The Department of Health, within its discretion and for good reason, may grant exceptions to these rules. The exceptions shall be in writing and shall be made a part of the Department of Health records for the facility.

(A) General Construction—Related Authorities.

1. Construction of all psychiatric hospitals and additions to or remodeling of psychiatric hospitals shall comply with all local and state regulations and codes. Facilities and

equipment shall comply with the American National Standards Institute 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 psychiatric hospitals and additions to and remodeling of psychiatric hospitals. The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri.

2. Construction shall commence 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 (see 19 CSR 30-24.030).

(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., shall comply with the American National Standards Institute 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.

5. Plans for proposed new psychiatric hospitals and additions to psychiatric hospitals shall be reviewed by the local fire protection agency assigned to that area. Fire lanes shall be provided and kept clear to provide immediate access for fire-fighting equipment.

(D) General Design. The following facilities shall be provided:

1. Administrative area with business office with information center, telephone, switchboard and cashier's window; administrator's office; director of nurses' office; director of medical services office; medical records room; medical library; lobby and waiting room; public telephone booth; public toilets and personnel toilets;

2. Evaluation and treatment facilities.

A. Clinical laboratory if required by the program.

B. Radiographic room with adjoining dark room, toilet and office if required by the program.

C. Pharmacy or drug room with minimum facilities for compounding.

D. Conference room.

E. Offices, examination rooms and work space for consultation and interviewing.

F. Office and work space for physical therapy staff, rehabilitation gymnasium, hydrotherapy area, thermotherapy and massage area and storage for supplies and equipment, if physical therapy program is provided.

G. Office and work space for occupational therapy staff and therapy area (minimum thirty-five (35) square feet per bed).

H. Recreational therapy area at ratio of thirty-five (35) square feet per bed.

I. Offices for therapist and space for examination and treatment if speech and hearing program is provided.

J. Office and work space for psychological testing, evaluation and counseling if psychological program is provided.

K. Social service facilities including office space for private interview and counseling.

L. Office and work space for counseling, evaluation, pre-vocational programs and placement if vocational rehabilitation program is provided.

M. Schoolroom for children if children are included in the program.

N. Offices, examination rooms and work space if outpatient program is provided;

3. Nursing units for adults.

A. This unit shall be located convenient to the treatment area.

B. Wardrobe space for each patient shall be provided in the patient's room.

C. If centralized toilet facilities are provided in lieu of private toilets the following minimum facilities must be provided for each sex: one (1) water closet for no more than six (6) beds; one (1) lavatory (with tamper-proof mirror) for no more than four (4) beds; and provide at least one (1) convenience electrical outlet for each lavatory.



D. The maximum travel distance from any patient room to a toilet facility shall not exceed fifty feet (50').

E. The size of the nursing units shall not exceed thirty-six (36) beds unless justified by the program.

F. 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. The maximum room capacity shall not exceed four (4) patients.

G. The following service facilities shall be provided in each nursing unit for adults: nurses' station with medicine preparation area; nurses' toilet; clean and soiled utility rooms; accessible conference room; and floor pantry with sink.

H. Bathing facilities shall be provided at the ratio of one (1) tub for each patient floor and one (1) shower for each eight (8) beds. Tubs and showers shall be accessible from the corridor.

I. Clean linen storage.

J. All rooms assigned to patients for a period of five (5) or more daylight hours shall be outside rooms. This requirement does not prohibit the use of security rooms for sleeping.

K. Each patient room shall have a minimum window area of not less than one-eighth (1/8) of the floor area.

L. Equipment and supply storage large enough to accommodate wheelchairs, etc.

M. Janitor's closet.

N. Telephone alcove (minimum of one (1) per floor).

O. At least two (2) private rooms shall be provided for maximum security with recessed lighting, detention screens or shatter-proof windows and lockable doors that swing out or are equipped with emergency release hardware. If shatter-proof windows are used, windows are to be lockable;

4. If children's nursing unit is provided requirements are the same as for adults except nursing unit shall not be more than twenty (20) beds. Larger units shall be justified by the program; and

5. Service departments.

A. A central sterilizing and supply department with receiving and cleanup room, clean workroom including sterilizing facilities, sterile supply storage area and nonsterile supply storage area shall be provided.

B. Dietary facilities with food preparation area with handwashing facilities; food serving facilities for make up of patient trays; commercial type dishwashing equipment adequately isolated from food preparation area and ventilated; lavatory in dishwashing area;

three (3)-compartment sink; 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 twelve (12) square feet per bed; office; janitor's closet with storage for housekeeping supplies and equipment; and lockers and toilet facilities shall be provided.

C. Food serving line for ambulatory patients and personnel shall be located outside or adjacent to food preparation area.

D. If a disposal is desired, it shall be located in the drainboard or a fourth sink is to be provided.

E. Housekeeping facilities (supply storage) shall be provided.

F. Unless commercial or other laundry facilities are available, each psychiatric facility shall have a laundry of sufficient capacity to process seven (7) full days' laundry in the workweek and contain the following areas: sorting area; processing area; and clean linen and sewing room separate from laundry.

G. When no laundry is provided in the hospital, a soiled linen storage room and clean linen storage and sewing room shall be provided.

H. Mechanical facilities with boiler and pump room; mechanical room; engineers' space; and maintenance shops shall be provided.

I. Employees' facilities with female locker room, toilet and shower room; male locker room, toilet and shower room shall be provided.

J. General storage space at ratio of twelve (12) square feet per bed for the first fifty (50) beds, plus eight (8) square feet per bed for the next twenty-five (25) beds, plus five (5) square feet per bed for any additional beds over seventy-five (75) shall be provided. General storage space is to be concentrated in one area.

(E) General Design—Details.

1. Required corridors and aisles shall be at least eight feet (8') wide. 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 except work suites such as the administrative suite and the dietary area, which are occupied primarily by employed personnel, may have within them such corridors or aisles as are deemed advisable; but these are not subject to the widths stated previously.

2. Therapeutic corridors are permitted provided they shall not exceed one hundred fifty feet (150') in length and the minimum width between permanent partitions is at least sixteen feet (16') wide. Furniture shall be arranged and maintained to provide an unobstructed passageway six feet (6') wide for exit purposes.

3. The width of stairways shall not be 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").

4. 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 twenty-eight inches (28") wide.

5. Exit doors shall swing in the direction of exit travel. Doors to patient rooms may swing into the rooms they serve provided doors are equipped with rescue hardware. Doors to small toilet rooms may swing outward into the adjacent room. If they swing inward they shall be equipped with rescue hardware. No doors shall swing into required corridors or aisles unless they are recessed the full width of the door, except doors to janitor's closets, linen closets or doors to similar small spaces which are open only temporarily may swing into the corridor.

6. 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 no inches (8'0").

7. 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.

8. The floors of toilets, baths, bedpan rooms, floor pantries, utility rooms and janitor's 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.

9. The walls of kitchens, utility rooms, baths, showers, dishwashing rooms, janitor's 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 counter top. The remaining wall surfaces of the 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.

10. The ceilings of all kitchens, dishwashing and other rooms where food and

drink are prepared shall have a smooth washable finish.

11. Wall and ceiling surfaces of all required corridors and exitways shall be of such material or so treated as not to have a flame-spread classification of more than twenty-five (25) according to the method for the "Fire Hazard Classification of Building Materials" of Underwriters' Laboratories, Inc. Patient rooms and small office spaces shall have wall and ceiling surfaces with a flame-spread classification of not more than seventy-five (75). 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) when tested according to ASTM E-84-72. The smoke density factor shall not exceed one hundred fifty (150).

12. Adequate space, consistent with the need, shall be provided for residents using crutches, walkers, wheelchairs and wheel stretchers, and the like. All required facilities, including toilets, lavatories, baths, showers, drinking fountains, telephones, and the like, shall be accessible to the handicapped.

13. Minimum space for showers shall be nine (9) square feet with a minimum inside dimension of two feet six inches (2' 6"). Curbs shall not exceed one inch (1") in height and shall have sloped edges.

14. Mirrors shall be sized and positioned to make the mirrors convenient both for residents in wheelchairs and those in a standing position.

15. Bathtubs other than therapeutic tubs shall not be elevated.

16. Paper towel dispensers and soap dispensers shall be provided at all lavatories used for handwashing. Toilet paper holders shall be provided at all water closets.

17. Public telephones shall be located on shelves convenient for residents in wheelchairs.

(F) General Construction—Specifications and Details.

1. All psychiatric hospitals and additions to and remodeling of existing psychiatric 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 psychiatric hospitals, shall be considered to be new psychiatric hospitals and shall comply with all of the rules for new psychiatric hospitals.

2. The requirements of the 1967 Edition 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. The following elements of the building shall be constructed to qualify for the stated fire-resistance ratings as determined by standards established by the Underwriters' Laboratories, Inc.:

A. Exterior walls and structural elements of one (1)-story buildings thirty feet (30') or more from any other building(s) or from a lot line shall be of at least one (1)-hour fire-resistive construction;

B. Exterior walls of one (1)-story buildings less than thirty feet (30') from any other building or from a lot line shall be of at least two (2)-hour fire-resistive construction;

C. Exterior walls and structural elements of multi-story buildings shall be of at least two (2)-hour fire-resistive construction;

D. Fire walls shall be of at least two (2)-hour fire-resistive construction;

E. Columns, interior bearing walls and other structural elements supporting floor construction shall be of at least two (2)-hour fire-resistive construction;

F. Columns, interior bearing walls and other structural elements supporting roof construction only shall be of at least one (1)-hour fire-resistive construction in buildings not more than one (1) story in height, exclusive of the basement and of at least two (2)-hour fire-resistive construction in all other buildings; and

G. Other construction, including non-bearing partitions and curtain walls, etc. shall be of at least one (1)-hour fire-resistive construction.

4. The height and area of each building or fire section thereof between fire walls shall be within the limitations established by the *Basic Building Codes of the Building Officials Conference of America (BOCA Code)* for buildings of the same occupancy and the next less restrictive type of construction.

5. Doors between rooms and the required corridors shall not have louvers nor transoms. Doors shall be one and three-fourths inches (1 3/4") solid core wood or metal doors with equivalent or greater fire resistance.

6. When linen and refuse chutes are used, they shall be designed as follows:

A. Service openings to chutes shall have approved class B, one and one-half (1 1/2)-hour fire doors;

B. 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;

C. Minimum diameter of gravity type chutes shall be two feet no inches (2'0");

D. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separated from the incinerator or laundry. Such rooms shall be of not less than two (2)-hour fire-resistive construction and the entrance door shall be a class B, one and one-half (1 1/2)-hour fire door; and

E. Chutes shall extend at least four feet no inches (4'0") above the roof and shall be covered by a metal skylight glazed with thin plain glass.

7. 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.

8. 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.

9. Each floor of a psychiatric 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').

10. 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.

11. 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.

12. Horizontal exits are permissible where located in compliance with paragraphs (1)(F)9. and 10. A horizontal 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 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.

13. 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.

14. 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 paragraphs (1)(F)18. and 19.

15. Doors in smoke-barrier partitions required by paragraph (1)(F)13. 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 metal doors with equivalent or greater fire resistance and if glazed shall be glazed with wired glass.

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

17. All doors to required exitways and to the outside of 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.

18. 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 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.

19. Doors in fire separations, horizontal exits and smoke-stop partitions may be held open only by electric hold-open devices. 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:

A. Actuation of an approved automatic extinguishing system or a complete smoke or products of combustion detection system; and

B. Actuation of a local device designed to detect smoke or other products of combustion other than heat.

20. If doors in paragraph (1)(F)19. are in main corridors, they shall be a pair of doors not less than five feet four inches (5' 4") wide.

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

22. 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.

(G) General Construction—Structural Requirements.

1. All new psychiatric hospitals and additions to and remodeling of existing psychiatric 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 *BOCA Code*, insofar as it may apply, shall be deemed to be in compliance with this regulation.

(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 has been tested and performance of these systems conform to the requirements of the plans and specifications.

2. 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 numbers and description and part list for each piece of equipment.

3. Incinerators, if provided, shall be gas, electric or oil-fired. 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 Quality Program. If facilities such as an operating room or a

laboratory are provided, an incinerator capable of complete destruction of pathological wastes is required.

4. Boilers shall have the capacity, based upon the published *Steel Boiler Institute Net Ratings* 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 temporarily be taken out-of-service, the capacity of the remaining boiler(s) shall be no less than seventy percent (70%) of the total required capacity except standby boiler (heating) capacity is not required for separate building units of the hospital, in which only ambulatory patients are housed.

5. 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.

6. 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.

7. Boilers, smoke breeching, steam supply 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.

8. Backflow-prevention devices shall be provided on makeup lines to boilers and other systems in which treated water is used.

9. If natural gas is the primary fuel, an alternate fuel sufficient for twenty-four (24) hours operation is to be stored on the site or evidence of a contract with a fuel supplier to supply an alternate fuel is to be provided.

10. The heating system shall be capable of maintaining a temperature of seventy-five degrees Fahrenheit (75°F) for all occupied areas at winter-design conditions.

11. 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 1 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.

12. Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but no 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.

13. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in Table 1.

14. 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.

15. Corridors shall not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms or janitor's closets which open directly on corridors.

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

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

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

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

20. 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 par-

tion 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.

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

22. 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.

23. 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.

24. 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.

25. 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 regulations.

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

27. 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 except those in patient's toilets 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.

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

29. 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 psi) pounds per square inch during maximum demand periods.

30. Each water service main, branch main, riser and branch to a group of fixtures should be valved. Stop valves shall be provided at each fixture.

31. 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.

32. 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.

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



**TABLE 1—GENERAL PRESSURE RELATIONSHIPS AND VENTILATION
OF CERTAIN HOSPITAL AREAS**

Area Designation	Pressure Relation- ship to Adjacent Areas	All Supply Air from Outdoors	Minimum Air Changes of Outdoor Air per Hour	Minimum Total Air Changes per Hour	All Air Exhausted Directly to Outdoors 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 and hydrotherapy	-	—	2	6	—	—
Soiled workroom	-	—	2	4	—	—
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	—	—
Recreation areas	0	—	2	4	—	No
Central medical and surgical supply						
Soiled or decontamination room	-	—	2	4	—	No
Clean workroom	+	—	2	4	—	—
Unsterile supply storage	0	—	2	2	—	—
Occupational therapy	0	—	2	2	—	No

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



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

35. 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.

36. The hot water heating equipment shall have sufficient capacity to supply the water at the temperatures and amounts indicated—

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

37. Hot water storage tank(s) shall be provided and shall be fabricated of corrosion resistant metal.

38. Waste water 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.

39. 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 or the Clean Water Commission of the Department of Natural Resources.

40. 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.

41. Nonflammable medical gas system installations if provided shall be in accordance with the requirements of NFPA Standard No. 56F.

(I) 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. A reading light shall be provided for each patient. 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 area 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 no inches (50' 0") 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 no inches (25' 0") of ends of corridors.

8. 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.

9. 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. Separate building units in which only ambulatory patients, physically and mentally capable of finding their way to the outside in event of an emergency are housed, are not required to have emergency power, provided facilities for instantaneous lighting for corridors and exits are available.

10. 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 lines. When the normal electric supply is generated on the premises, the source may be an emergency generating set or a central station transmission line.

11. 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%).

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

- A. Exitways and all necessary ways of approach thereto including exit signs and exit direction signs, exterior of exits, exit doorways, stairways and corridors;
- B. Dining and recreation rooms—if located other than on grade level;
- C. Nursing station and medication preparation area;
- D. Generator set location, switch—gear location and boiler room;
- E. Telephone switchboard; and
- F. Kitchen, X-ray and laboratory.

13. Emergency electric service shall be provided to the following equipment:

- A. Alarm systems including fire alarms 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 nonflammable medical gas systems, if installed;
- B. Fire pump, if installed;
- C. Sewerage or sump-lift pump, if installed;
- D. All required duplex receptacles in patient corridors;

E. Equipment such as burners and pumps necessary for operation of one (1) or more boilers and their necessary auxiliaries and controls required for heating and sterilization; and

F. Equipment necessary for maintaining telephone service.

14. 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 patients' 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 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.

15. 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 and 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 requirements of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hours 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.

(J) Elevators.

1. All psychiatric 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 at least one (1) electric or electrohydraulic elevator (for purposes of these requirements, the first floor is that floor first reached from the main front entrance).

2. 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.

3. 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.

4. 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.

5. 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 no inches wide by seven feet six inches (5' 0" × 7' 6") deep with a capacity of four thousand pounds (4000 lbs). The car door shall have a clear opening of not less than three feet ten inches (3' 10").

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

7. Elevators (except freight elevators) shall be equipped with two (2)-way special service switches to permit cars to bypass all landing button calls and be dispatched directly to any floor.

8. 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 was previously filed as 13 CSR 50-24.010 and also 19 CSR 10-24.010. Original rule filed Jan. 31, 1974, effective March 1, 1974.*

**Original authority 1953, amended 1993.*

19 CSR 30-24.020 Administration Standards for Psychiatric Hospitals

PURPOSE: The Department of Health has the authority to establish standards for the operation of psychiatric hospitals to meet the needs of mentally ill patients.

(1) Organization, Administration, Medical Staff, Nursing and Services Provided.

(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 establish and adopt bylaws by which it shall abide in conducting all business of the hospital.

4. Bylaws so adopted shall be submitted to the Department of Health for its records.

5. 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.

6. The governing body shall appoint the medical staff in accordance with the bylaws of the hospital after reviewing the individual applications for membership.

7. The governing body shall request the medical staff to establish and adopt bylaws acceptable to them.

8. Medical staff bylaws shall be submitted to the Department of Health for its records.

9. The governing body shall employ a competent, experienced administrator.

10. 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 policies as may be adopted and orders as may be issued by the governing body in accordance with its bylaws.

11. 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.

12. The governing body shall require in its bylaws that the hospital and medical staff abide by acceptable professional ethical standards.

13. 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.

14. 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.

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

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

3. The administrator shall organize the administrative functions of the facility, delegate duties and establish formal means of accountability on the part of subordinates. S/he shall provide for department and inter-department meetings and attend or be represented at these meetings.

4. 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).

5. 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.

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

7. The administrator shall maintain policies protecting the children admitted to or discharged from the hospital in accordance with current Missouri statutes.

8. 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 twelve (12) times annually. Provision should be

made for the local fire department to visit and inspect the hospital.

9. 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.

10. The administrator shall be responsible for the development and enforcement of written policies which prohibit smoking throughout the psychiatric hospital except specific designated areas where smoking may be permitted. Lobbies and dining rooms having an area of at least one thousand (1,000) 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 (1,000) 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.

11. Written smoking control policies shall be posted throughout the psychiatric hospital.

12. 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.

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

15. 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.

16. 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.

17. The administrator is responsible to see that all patients admitted to the hospital are under the care of a physician who is a member of the staff. Each patient admitted shall have a physical examination by a member of the medical staff unless an authenticated physical examination has been given by a licensed physician within the last thirty (30) days.

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

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

20. 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.

21. There shall be a staff development program consisting of orientation, in-service education and continuing education under the direction of a qualified person.

22. The administrator is responsible to see that each department provides written job descriptions, policies and procedures and ongoing in-service education programs. An average of one (1) hour per week of in-service education should be provided for all employees.

23. Personnel records shall be maintained on each employee and shall include job applications, professional licensing information and health information.

24. If a patient is transferred to another health facility or agency, written information concerning the care of the patient shall be transmitted prior to transfer or at the time of the transfer of the patient. Information transmitted should include current medical findings, diagnosis, summary of the course of treatment followed in the hospital and other nursing, dietary and social service information pertinent to continuity of care.

(C) Medical Staff.

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

2. The medical staff of a psychiatric 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. Medical staff will be permitted to practice in the hospital in accordance with the competence as recommended by the professional staff and authorized by the governing body.

4. The responsibility for the treatment and care of patients shall rest with the admitting or attending medical staff member, who is accountable to the governing body.

5. Medical staff membership shall be limited to physicians, dentists, psychologists and podiatrists. They shall be currently licensed to practice their respective professions in Missouri. The bylaws of the governing body and medical staff shall include the procedure to be used in processing applications for medical staff membership; approving or disapproving appointments; and determining the privileges available to physicians, dentists, psychologists and podiatrists.

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

7. 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.

8. The medical staff shall elect a president (chief) of staff, acceptable to the governing body and such other officers and committees as is deemed necessary to meet the goals of the hospital. The president (chief) of staff shall have training and experience in psychiatry and preferably be a diplomate of the American Board of Psychiatry, in psychiatry.

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

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

11. 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.

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

13. 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.

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

15. There shall be a consulting medical staff, consisting of medical practitioners of recognized professional ability, who have accepted appointment to the consulting staff.

(D) Nursing Services.

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

2. The nursing services shall be under the direction of a director of nursing who shall have a graduate degree in psychiatric nursing or shall have at least three (3) years' experience in psychiatric nursing.

3. The director of nursing shall have authority over all nursing personnel.

4. The department of nursing service shall be organized to provide high quality nursing care in meeting the patient's emotional, psychological, physical, social and health teaching needs and shall be responsible to the administrator or medical director for the high standard of performance of nursing personnel.

5. There shall be written policies and procedures for the direction and guidance of nursing personnel. These are to be consistent with generally accepted nursing practices 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. The director of nursing education shall serve as a member of the overall education committee to plan in-service and staff development for total staff.

8. Registered professional nurses and other nursing personnel shall actively participate in interdisciplinary meetings affecting the planning or implementation of nursing care plans for patients including diagnostic conferences, treatment planning sessions, and meetings held to consider alternative facilities and community resources.

9. 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.

10. Appropriate drugs and treatment shall be administered only on the written orders of a member of the medical staff except that telephone orders may be used in case of emergency and they shall only be given to a licensed nurse and shall be signed by the physician within twenty-four (24) hours.

11. Only a licensed physician, 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.

12. New employees shall attend appropriate orientation, in-service and staff development programs prior to being considered part of the staff required to meet the minimum standards of patient care.

13. 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.

14. Written policies shall be established regarding the use of restraints or seclusion. These restraints or seclusion shall be used only on the order of a physician. In the absence of a physician, a registered professional nurse shall make the decision that the use of a mechanical restraint or seclusion is the least restrictive procedure appropriate at the time of the emergency situation. The physician shall be notified immediately and a physician's order obtained as soon as possible after the occurrence of such an emergency. Physicians' orders for use of mechanical restraints or seclusion shall be rewritten every twenty-four (24) hours. A full record of any restriction of activity for any patient shall be recorded on the nurse's notes and shall include the reason for restriction, the type of restriction used, the time of starting and ending the restrictions and regular observations of the patient while restricted.

15. A registered professional nurse with a minimum of one (1)-year experience in psychiatric nursing shall be on duty twenty-four (24) hours each day for direct patient care, for supervision of care performed by other nursing personnel and for assigning nursing care activities.

16. The nursing service departments shall have the following minimum number of administrative and educational positions. These positions are to be above and beyond patient care and program staffing requirements:

A. Registered nurse director of nursing;

B. Registered nurse director of in-service education program in hospitals of one hundred fifty (150) beds or more. In facilities of less than one hundred fifty (150) beds, there shall be a registered nurse director of in-service education on duty a minimum of twenty (20) hours per week;

C. Registered nurse assistant director of nursing for the evening shift (evening supervisor);

D. Registered nurse assistant director of nursing for the night shift (night supervisor) for any facility that has three (3) nursing units or more; and

E. In facilities of two (2) nursing units or less, the RN assistant director of nursing on the night shift (night supervisor) is the only RN required to be on duty to meet minimum care requirements.

17. The minimum personnel requirements for patient care in acute intensive care units shall be as set forth in Table II.

18. The minimum personnel requirements for patient care in general psychiatric nursing units shall be as set forth in Table III.

19. The minimum personnel requirements for patient care in children and adolescent units shall be as set forth in Table IV.

20. The minimum personnel requirements for patient care in geriatric units shall be as set forth in Table V.

(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. A medical record shall be maintained for all patients admitted to the hospital or outpatient department to provide documented evidence of ordered treatments, observations of the patients' responses to treatment and of his/her behavior.

3. All records shall be legibly prepared in ink or typewritten.



Table II—Minimum Personnel Requirements for Patient Care

(Above and beyond administrative and educational personnel listed in subparagraphs (1)(D)16.A.—E.)

Acute intensive care unit (includes children, adolescent and adult areas where special precautions must be taken because of threat to self or others. A closed unit with special security measures. Patients have limited privileges and require close supervision). Persons doing patient care:

Number of Patients	Day			Evening			Night		
	RNs	LPNs	Aides	RNs	LPNs	Aides	RNs	LPNs	Aides
1—16	2		3	1		3	1	1	1
17—20	2		4	1		4	1	1	1
21—24	2	1	4	1	1	4	1	1	2
25—28	2	1	4	1	1	4	1	1	2
29—32	2	1	4	1	1	4	1	1	2
And up to 36							1 RN per 3 nursing units 2 RN per 4 nursing units 2 RN per 5 nursing units 3 RN per 6 nursing units 3 RN per 7 nursing units 4 RN per 8 nursing units 4 RN per 9 nursing units 5 RN per 10 nursing units		

Table III—Minimum Personnel Requirements for Patient Care

(Above and beyond administrative and educational personnel listed in subparagraphs (1)(D)16.A.—E.)

General psychiatric nursing unit (Continued Care—Anything past ninety (90) day-treatment program). Persons doing patient care:

Number of Patients	Day			Evening			Night		
	RNs	LPNs	Aides	RNs	LPNs	Aides	RNs	LPNs	Aides
1—16	2		1	1		1	1		2
17—20	2		2	1		2	1		2
21—24	2		2	1		2	1		2
25—28	2		3	1		3	1		2
29—32	2		3	1		3	1		2
And up to 36							1 RN per 3 nursing units 2 RN per 4 nursing units 2 RN per 5 nursing units 2 RN per 6 nursing units 3 RN per 7 nursing units 3 RN per 8 nursing units 3 RN per 9 nursing units 4 RN per 10 nursing units		

Table IV—Minimum Personnel Requirements for Patient Care

(Above and beyond administrative and educational personnel listed in subparagraphs (1)(D)16.A.—E.)

Children and adolescent units. Persons doing patient care:

Number of Patients	Day			Evening			Night		
	RNs	LPNs	Aides	RNs	LPNs	Aides	RNs	LPNs	Aides
1—16	2	1	2	1	1	2	1	1	1
17—20	2	1	2	1	2	2	1	1	1
No children and adolescent units larger than 20 patients allowed							1 RN per 3 nursing units		
							2 RN per 4 nursing units		
							2 RN per 5 nursing units		
							3 RN per 6 nursing units		
							3 RN per 7 nursing units		
							4 RN per 8 nursing units		
							4 RN per 9 nursing units		
							5 RN per 10 nursing units		

Table V—Minimum Personnel Requirements for Patient Care

(Above and beyond administrative and educational personnel listed in subparagraphs (1)(D)16.A.—E.)

Geriatric unit. Persons doing patient care:

Number of Patients	Day			Evening			Night		
	RNs	LPNs	Aides	RNs	LPNs	Aides	RNs	LPNs	Aides
1—16	1	1	2	1		2	1	1	1
17—20	2		2	1		2	1	1	1
21—24	2	1	2	1	1	2	1	1	2
25—28	2	1	3	1	1	3	1	1	2
29—32	2	1	4	1	1	4	1	1	2
And up to 36							1 RN per 3 nursing units		
							2 RN per 4 nursing units		
							2 RN per 5 nursing units		
							2 RN per 6 nursing units		
							3 RN per 7 nursing units		
							3 RN per 8 nursing units		
							3 RN per 9 nursing units		
							4 RN per 10 nursing units		

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

5. All physicians' orders shall be preserved on the patient's record.

6. 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.

7. 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' orders, nursing records, progress notes, final diagnosis, conditions on discharge and certification as to accuracy and completeness by the attending physician.

8. All physicians and employees shall be prompt in completing any required medical record.

9. No records or excerpts 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. Patient records shall be removed from the hospital only by court order.

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

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

12. An annual report for each calendar year shall be filed with the Department of Health within sixty (60) days after the end of the year on forms provided by the Department of Health.

13. Reports of patient discharges shall be submitted as directed by the Department of Health.

14. Records are to be stored to prevent damage by water or fire and safeguarded from unauthorized use.

(F) Adjunctive Services.

1. There shall be an organized occupational and recreational therapy department preferably under the direction of a registered therapist.

2. All therapy shall be given on the written order of a member of the medical staff.

3. Complete and accurate records of treatment shall be maintained with copies being attached to the patient's record.

4. 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.

5. The department shall participate in the overall training and orientation of hospital staff.

6. The scholastic education staff shall meet all appropriate local and state certification requirements.

(G) 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 psychiatric 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 psychiatric hospital and the community which are needed by patients.

2. The department shall be directed by a qualified social worker. The director of the department should have a masters 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 treatment team, exchanging information and evaluations with the physician and other professional disciplines in order to insure a comprehensive treatment 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 treatment team and other disciplines in understanding the patient and developing an appropriate plan of treatment.

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

(H) Outpatient Services.

1. If an outpatient department is provided it shall be organized and equipped to provide diagnostic evaluation, individual or group therapy, consultation and rehabilitation. Outpatient services shall be in an integral segment of the total psychiatric treatment

program. There are to be written policies and procedures from all outpatient functions. These policies and procedures are to define the relationship with other hospital departments, with private physicians and with outside agencies. 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.

(I) Emergency Services.

1. The hospital shall develop a well-defined written plan for evaluation, care, treatment or referral of individuals requiring emergency services. The plan shall be based on the capability of the psychiatric facility.

(J) Radiology Services.

1. Radiology services shall be provided by the psychiatric hospital either on its premises or by contractual agreement with a general hospital with acceptable facilities. The contract shall be acceptable to the Department of Health.

2. If radiology services are provided on the premises, space is to be provided to accommodate the following: radiographic room with adjoining darkroom; office; toilet and storage space for records and film.

(K) Pathology Services.

1. Pathology services shall be provided by the psychiatric hospital either on its premises or by contractual agreement with a general hospital with acceptable laboratory services or an independent laboratory approved by the Commission of Inspection and Accreditation of the College of American Pathologists.

2. If pathology services are provided by a contractual agreement, the contract shall be submitted to the Department of Health for approval.

3. If necropsy services are provided in the hospital, space and equipment shall comply with 19 CSR 30-24.010.

4. If necropsy services are provided by a contractual agreement with an outside facility, the contract shall be acceptable to the Department of Health.

(L) 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 every two (2) weeks. This department shall process, assemble, sterilize, store and distribute patient care supplies and equipment as needed.

(M) Anesthesia Services.

1. When anesthetic agents are utilized in electroconvulsive therapy or in other psychiatric procedures, practices employed in the administration of anesthesia shall be consistent with the written policies of the medical staff.

2. Cardiopulmonary resuscitation equipment and supplies shall be available on the premises for emergency procedures.

3. When anesthetic agents are utilized in conjunction with surgical or obstetrical services within the psychiatric hospital, facilities and regulations for administration of anesthetic agents shall comply with the current *Standard for the Use of Inhalation Anesthetics (No. 56A)* of the National Fire Protection Association and Requirements for Surgical or Obstetrical Services in 19 CSR 30-20.021(4)(B).

(N) Dietary Department.

1. There shall be an organized dietary department.

2. The dietary department shall be directed by a full-time person qualified by training and experience in organization and administration of food service.

3. 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.

4. 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; shall be responsible for quality food production and service; and shall participate in conferences concerning the overall psychiatric treatment program.

5. Food-service personnel shall be directly available to the kitchen over a period of twelve (12) or more hours each day.

6. 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.

7. There shall be written job descriptions for all dietary positions.

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

9. There shall be an in-service training program for all dietary employees. The program shall include basic information on the psychiatric treatment program of the hospital and on the psychological aspects of food.

10. 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.

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

12. 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.

13. 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.

14. The dietitian shall record in the patient's medical chart pertinent information related to the patient's diet.

15. The dietitian shall visit and counsel patients regarding their diets. Orders for all diet instructions shall be ordered by the physician. Teaching material for diet counseling shall comply with the established principles of the approved current diet manual used.

16. 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) meal 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.

17. 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.

18. 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.

19. All food handling facilities, personnel and procedures shall comply with 19 CSR 20-2.010.

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

21. 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 shall bear an official stamp indicating that it was "inspected and passed."

22. All milk sold, offered for sale, or served for human consumption shall comply with 2 CSR 80-2.010. Only Grade A pasteurized fluid milk and fluid milk products 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.

23. Dishwashing facilities shall comply with 19 CSR 20-1.010(13).

24. Routine bacterial counts shall be made at least once a month of dishes, utensils and other equipment used to store or prepare food.

(O) 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.

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.

(P) Laundry Facilities.

1. If linens for the hospital are processed commercially, adequate and properly maintained space shall be provided for clean linen storage and for the storing and sorting of soiled linens. This space shall be located so as not to disturb the patients nor endanger their safety.

2. 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.

3. 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); and laundry processing room.

4. Commercial-type equipment shall be sufficient to take care of seven (7) days' needs within the workweek.

(Q) 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 controlled substances 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 patient's medications and for their preparation and administration.

4. There shall be a locked drug room or pharmacy provided for the storage of stock drugs.

5. 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.

6. Hospitals shall obtain a state-controlled substances registration before applying to the Federal Drug Enforcement Administration for a federal registration and shall place the state number on the federal application.

7. A hospital shall purchase Schedule II substances only from licensed manufacturers or wholesalers. These substances are to be used by or in the hospital. An official written order for the purchase is to be signed, in triplicate, by the person ordering same, and both buyer and seller must preserve their copy of the order for two (2) years. These drugs may be administered or dispensed only for scientific and medical purposes.

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

9. Reporting the loss, theft, destruction or obsolescence of controlled substances shall be accomplished in accordance with the regulations of the Federal Drug Enforcement Administration and the Department of Health.

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

11. Drugs shall be administered only on the written order of a physician duly licensed to prescribe drugs.

12. 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.

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

14. All containers shall be clearly labeled as to the name of drug and strength. Drugs shall be administered from the original container or one (1) properly labeled by a licensed pharmacist.

15. Each dose of a controlled substance administered from stock shall be recorded on a permanent record where is listed the date, name of patient, name of physician who ordered the drug, kind of drug, dose and by whom administered.

16. If the institution does not maintain a stock supply of drugs, 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.

17. All drugs classed as controlled substances by the Federal Drug Enforcement Administration or by the Department of Health shall be handled in compliance with all current applicable state and federal laws and regulations.

(R) 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. The committee shall meet at least monthly.

2. An environmental control program governing aseptic techniques and procedures in all areas of the hospital shall be developed. These procedures and techniques, particular-

ly those concerning food handling, laundry 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.

(S) Employee Health Information.

1. Information of an employee's health is to be included in the employee's records.

2. Personnel absent from duty because of any communicable disease or exposure to any communicable disease 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.

(T) Water Supply.

1. An adequate supply of water, the source of which is approved by the Department of Health, under sufficient pressure to properly serve the establishment, shall be provided at each hospital.

2. The safety of the supply shall be substantiated by satisfactory bacteriological analysis in the Department of Health laboratory.

3. Water shall be obtained only from an approved public supply, if such is available.

4. 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.

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.

7. Cool drinking water shall be available in adequate quantities for all residents at all times.

8. Drinking fountains, if provided, shall be of angle jet-type approved by the Department of Health.

(U) 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.

(V) 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 Supp. 1999. This rule was previously filed as 13 CSR 50-24.020 and also 19 CSR 10-24.020. Original rule filed Jan. 31, 1974, effective March 1, 1974. Amended: Filed June, 14, 1988, effective Oct. 13, 1988. Amended: Filed June 14, 2000, effective Jan. 30, 2001.*

**Original authority: 197.080, RSMo 1953, amended 1993, 1995.*

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 30-24.030 Preparation of Plans and Specifications for Psychiatric Hospitals

PURPOSE: The Department of Health has the authority to establish construction standards for psychiatric hospitals. This rule provides procedures to follow in the submission of plans and specifications for new construction.

(1) Preliminary Plans and Sketches.

(A) 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:

1. Site plan showing scale, orientation, street names, topography, walks, drives, fire lanes, parking areas and utilities, including fire hydrant locations;

2. Plans and elevations of the buildings at a scale of not less than one eighth-inch to one foot no inches (1/8":1' 0");

3. Rooms and corridors, designated by name and number;

4. Windows. Note wired glass where it is required;

5. Doors, including door swings. Identify fire doors by time rating and Underwriters' Laboratories label;

6. 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, etc., are advisable;

7. Plans of patient rooms shall indicate principal items of furniture accurately scaled;

8. All other principal items of equipment such as boilers, chiller, cooling tower, electrical substations, tanks and air handlers, fan-coil units, kitchen equipment, laundry equipment, cabinets, counters and any other items which take up space and affect the final layout;

9. Fire and smoke-barrier partition designations;

10. Floor lines, top ceiling line and grade lines, designated and preferably dimensioned and with basic elevations shown;

11. Ceiling heights of principal rooms and also of each room for which the regulations establish a minimum ceiling height. Only one (1) typical room of a group need be so shown;

12. 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

13. 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.

(B) 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 psychiatric 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.

(2) Working Drawings and Specifications.

(A) 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, ventilat-

ing and air conditioning; electrical work and all built-in equipment, including elevators, kitchen equipment, cabinet work, etc.

1. 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.

2. 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.

3. Each sheet of the plans and each set of specifications shall bear the date of its completion or its latest revision.

4. The plans shall be on sheets of the same size, securely bound into complete sets, with the sheets in the proper order. The specifications shall be securely bound into complete sets.

(B) The working drawings and specifications shall include the following: material required by paragraphs (1)(A)1.-12. of this rule; 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, positions and elevation of all cellars, excavations, wells, backfilled areas and the elevation of any water therein; detailed information by the city engineer or other official report as to established curbs, building lines, streets, alleys, sidewalks; all utilities including size, characteristics and location of these services; piping, mains, sewers, poles, wires, hydrants and manholes upon, over or under the site and location of high pressure gas lines within twelve hundred feet (1200') of the building; complete information as to the disposal of sanitary, storm water and subsoil drainage; official data upon which elevations are based and bench mark 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 affect 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.

AUTHORITY: section 197.080, RSMo Supp. 1993.* This rule previously filed as 13 CSR 50-24.030 and also 19 CSR 10-24.030. Original rule filed Jan. 31, 1974, effective March 1, 1974.

Original authority 1953, amended 1993.

19 CSR 30-24.040 Standards for Registration as a Hospital Infectious Waste Generator

PURPOSE: This rule establishes standards and procedures for the registration of psychiatric 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 (see 19 CSR 30-22.030).

(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 30-20.021;

2. A statement that the applicant understands and complies with sections 260.200—260.245, RSMo; 19 CSR 30-20.011; 19 CSR 30-20.021; 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. 16, 1988, effective Dec. 29, 1988.

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