

TABLE 1

Filter Efficiencies for Central Ventilation and Air Conditioning Systems in Health Care Facilities			
Area Designation	No. Filter Beds	Filter Bed No.1 (%)	Filter Bed No.2 (%)
All areas for patient care, treatment, and diagnosis, and those areas providing direct service or clean supplies such as sterile and clean processing.	3	30	90
Positive Protective Environment Room	2	30	99.97
Laboratories	1	80	-
Administrative, Bulk Storage, Soiled Holding Areas, Food Preparation Areas, and Laundries	1	30	-

Notes: The filtration efficiency ratings are based on dust spot efficiency per ASHRAE 52-76.

TABLE 2

Sound Transmission Limitations in Health Care Facilities		
	Airborne Sound Transmission Class (STC) ¹	
	Partitions	Floors
Patients= Room to Patients= Room	35	40
Public Space to Patients= Room ²	40	40
Service Areas to Patients= Room ³	45	45

Notes:

1. Sound transmission class (STC) shall be determined per ASTM Standard E90 and E413.
2. Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar spaces.
3. Service areas include kitchens, elevators, elevator machine rooms, laundries, and similar spaces.

TABLE 3

Temperature and Relative Humidity Requirements		
Area Designation	Design Temperatures °F	Relative Humidity (%) Minimum-Maximum
Operating Rooms, Delivery Rooms, Endoscopy, Bronchoscopy	68-73	30-60
Trauma Rooms	70-75	45-60
Recovery, Intensive Care, Radiological X-ray Surgical/Critical Care)	70-75	30-60
Nursery Units, Clean Work Room, ETO Sterilizer Room	75	30-60
Sterile Storage	68-73	70 (max)

Note: Where temperature ranges are indicated, the systems shall be capable of maintaining the rooms at any point within the range. A single figure indicates a heating or cooling capacity of at least the indicated temperature. This is usually applicable when patients may be undressed and require a warmer environment. Nothing in these guidelines shall be construed as precluding the use of temperatures lower than those noted when the patients= comfort and medical conditions make lower temperatures desirable. Unoccupied areas such as storage rooms shall have temperatures appropriate for the function intended.

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TABLE 4

Ventilation, Medical Gas, and Air Flow Requirements in Health Care Facilities¹

Area Designation	Air Movement Relationship To Adjacent Area ²	Minimum Air Changes Outside Air Per Hour ³	Minimum Total Air Changes Per Hour ⁴	Air Recirculated By Means of Room Units ⁶	All Air Exhausted Directly Outdoor ⁵	Minimum Required Medical Gas Station Outlets oxygen/vacuum/air per patient
SURGERY AND CRITICAL CARE AREAS						
Operating room all outdoor air ⁷	P	15	15	No	Yes	2/3/2
Operating room recirculating-air system ⁷	P	3	15	No	Optional	2/3/2
Delivery room all outdoor air ⁷	P	15	15	No	Yes	2/3/2
Delivery room recirculating-air system ⁷	P	3	15	No	Optional	2/3/2
Recovery room ⁷	P	2	6	No	Optional	1/3/1
Critical Care (General)	+/-	2	6	No	Optional	2/2/1
Nursery suite	P	2	6	No	Optional	1/1/1
Nursery ICU	P	2	6	No	Optional	3/3/3
Endoscopy	N	2	6	No	Optional	1/1/1
ER trauma room	P	3	15	No	Optional	2/3/1
Anesthesia storage/workroom	N	Optional	8	No	Yes	1/0/1
NURSING AREAS						
Patient room	+/-	2	2	Optional	Optional	1/1/0 ¹⁴
Toilet room	N	Optional	10	No	Yes	NA
Intensive care	P	2	6	No	Optional	2/3/1
Airborne Infectious Isolation, Bronchoscopy Room ^{10,13,15}	N	2	12	No	Yes	1/1/0
Protective isolation ^{9,16}	P	2	12	Optional	Yes	1/1/0
Isolation anteroom	see note 13	2	10	No	Yes	NA
Labor room	+/-	2	6	Optional	Optional	1/1/0
Labor/delivery/recovery/ post partum (LDRP)	+/-	2	6	Optional	Optional	1/1/0 1/1 (infant)
Activity - Dining Room (Except Psychiatric Units)	+/-	2	6	Optional (No Psych)	Optional	NA
Patient Corridor	+/-	2	2	Optional	Optional	NA

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ANCILLARY AREAS						
Radiology surgery and critical care	P	3	15	No	Optional	1/2/2
Radiology diagnostic and treatment	+/-	-	6	Optional	Optional	1/1/0
Radiology darkroom	N	-	10	No	Yes	NA
Lab general ¹¹	N	-	6	No	Yes	NA
Lab bacteriology	N	-	6	No	Yes	NA
Lab biochemistry	P	-	6	No	Yes	NA
Lab cytology	N	-	6	No	Yes	NA
Lab glass washing	N	-	10	Optional	Yes	NA
Lab histology	N	-	6	No	Yes	NA
Lab nuclear med	N	-	6	No	Yes	NA
Lab pathology	N	-	6	No	Yes	NA
Lab serology	P	-	6	No	Optional	NA
Lab sterilizing	N	-	10	No	Yes	NA
Lab media transfer	P	-	4	No	Optional	NA
Autopsy	N	-	12	No	Yes	NA
Nonrefrig. body holding room	N	-	10	No	Yes	NA
Pharmacy	P	-	4	Optional	Optional	NA
DIAGNOSTIC AND TREATMENT AREAS						
Examination room	+/-	-	6	Optional	Optional	1/1
Medication room	+/-	-	4	Optional	Optional	1/1
Treatment room	+/-	-	6	Optional	Optional	1/1
Physical therapy and hydrotherapy	N	-	6	No	Optional	1/1
Soiled workroom or soiled holding	N	-	10	No	Yes	NA
Clean workroom or clean holding	P	-	4	Optional	Optional	NA

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STERILIZING AND SUPPLY AREAS						
Sterilizer equipment room	N	-	10	No	Yes	NA
Central medical and surgical supply	P	-	6	No	Yes	NA
Soiled or decontamination room	N	-	6	No	Yes	NA
Clean workroom ¹⁷	+/-	-	4	Optional	Optional	NA
Sterile storage ¹⁷	+/-	-	4	Optional	Optional	NA
Equipment storage	+/-	-	2	Optional	Optional	NA
SERVICE AREAS						
Food preparation centers ¹²	P	-	10	No	Yes	NA
Warewashing	N	-	10	No	Yes	NA
Dietary day storage	+/-	-	2	No	Optional	NA
Laundry, general	N	-	10	No	Yes	NA
Soiled linen sorting and storage	N	-	10	No	Yes	NA
Clean linen storage	+/-	-	2	Optional	Optional	NA
Soiled Linen and trash chute room	N	-	10	No	Yes	NA
Bedpan room	N	-	10	No	Yes	NA
Bathroom	N	-	10	No	Yes	NA
Janitor=s closet	N	-	10	No	Yes	NA

TABLE 4 - NOTES

N = negative pressure, P = positive pressure, +/- = continuous directional control not required

1. Areas where specific ventilation rates are not given in the table shall be ventilated in accordance with ASHRAE Standard 62-1989, Ventilation for Acceptable Indoor Air Quality.
2. Design of the ventilation system shall provide air movement which is generally from clean to less clean areas. If any form of variable air volume or load shedding system is used for energy conservation, it must not compromise the corridor-to-room pressure balancing relationship or the minimum air changes required by the table. Except where specifically permitted by exit corridor plenum provisions of NFPA 90A, the volume of infiltration and exfiltration shall not exceed 15 percent of the minimum total air changes per hour, or 50 cfm, whichever is larger, as defined by the table.

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3. To satisfy exhaust needs, replacement air from the outside is necessary. Table 4 does not attempt to describe specific amounts of outside air to be supplied to individual spaces except for certain areas such as those listed. Distribution of the outside air, added to the system of balance required exhaust, shall be as required by good engineering practice. Minimum outside air quantities shall remain constant while the system is in operation.
4. Number of air changes may be reduced to twenty-five (25) percent of minimum occupied requirement when the room is unoccupied if provisions are made to ensure that the number of air changes indicated is reestablished any time the space is being utilized. Adjustments shall include provisions so that the direction of air movement shall remain the same when the number of air changes is reduced. Areas not indicated as having continuous directional control may have ventilation systems shut down when space is unoccupied and ventilation is not otherwise needed, if the maximum infiltration of exfiltration permitted in Note 2 is not exceeded and if adjacent pressure balancing relationships are not compromised.
5. Air from areas with contamination and/or odor problems shall be exhausted to the outside and not recirculated to other areas. Not that individual circumstances may require special consideration for air exhaust to the outside, e.g., in intensive care units in which patients with pulmonary infection are treated, and rooms for burn patients.
6. Recirculating room HVAC units refers to those local units that are used primarily for heating and cooling of air, and not disinfection of air. Because of cleaning difficulty and potential for buildup of contamination, recirculating room units shall not be used in areas marked ANo. However, for airborne infection control, air may be recirculated within individual isolation rooms if HEPA filters are used. Isolation and intensive care unit rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. Gravity-type heating or cooling units such as radiators or convectors shall not be used in operating rooms and other special care areas.
7. National Institute for Occupational Safety and Health (NIOSH) Criteria Documents regarding Occupational Exposure to Waste Anesthetic Gases and Vapors, and Control of Occupational Exposure to Nitrous Oxide indicate a need for both local exhaust (scavenging) systems and general ventilation of the areas in which the respective gases are utilized.
8. The term trauma room as used here is the operating room space in the emergency department or other trauma reception area that is used for emergency surgery. The first aid room and/or Aemergency room@ used for initial treatment of accident victims may be ventilated as noted for the Atreatment room.@ Treatment rooms used for bronchoscopy shall be treated as Bronchoscopy rooms. Treatment rooms used for cryosurgery procedures with nitrous oxide shall contain provisions for exhausting waste gases.
9. The positive protective environment room shall be solid organ transplant units, bone marrow units and other speciality units described in the written narrative program. The protective environment airflow design specifications protect the patient from common environmental airborne infectious microbes (i.e., Aspergillus spores). These special ventilation areas shall be designed to provide directed airflow from the cleanest patient care area to less clean areas. These rooms shall be protected with HEPA filters at 99.97 percent efficiency for a 0.3 um sized particle in the supply airstream. These interrupting filters protect patient rooms from maintenance-derived release of environmental microbes from the ventilation system components. Recirculations HEPA filters can be used to increase the equivalent room air exchanges. Constant volume airflow is required for consistent ventilation for the protected environment. Rooms with reversible airflow provisions for the purpose of switching between protective environment and airborne infection isolation functions are not acceptable.
10. The airborne infectious disease isolation room described in these guidelines is to be used for isolating the airborne spread of infectious diseases, such as measles, varicella, or tuberculosis. The design of airborne infection isolation (AII) rooms should include the provisions for normal patient care during periods not requiring isolation precautions. Supplemental recirculating devices may be used in the patient room, to increase the equivalent room air exchanges; however, such recirculating devices do not provide the outside air requirements. Air may be recirculated within individual isolation rooms if HEPA filters are used. Rooms with reversible airflow provisions for the purpose of switching between protective environment and AII functions are not acceptable.
11. When required, appropriate hoods and exhaust devices for the removal of noxious gases or chemical vapors shall be provided per NFPA 99.
12. Food preparation centers shall have ventilation systems whose air supply mechanisms are interfaced appropriately with exhaust hood controls or relief vents so that exfiltration or infiltration to or from exit corridor does not compromise the exit corridors restrictions of NFPA 90A, the pressure requirements of NFPA 96, or the maximum defined in the table. The number of air changes may be reduced or varied to any extent required for odor control when the space is not in use.
13. Airborne infectious isolation room alcove or anteroom shall be negative to the corridor and positive to the patient room.
14. One (1) outlet accessible to each bed.

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15. The design should prevent stagnation and short-circuiting of airflow. The supply and exhaust locations should direct clean air to areas where health care workers are likely to work, across the infectious source, and then to the exhaust, so that the health care worker is not in a position between the infectious source and the exhaust location. The design of the system should allow for easy access for scheduled preventive maintenance and cleaning.
16. Positive protective Isolation anteroom shall be negative to the corridor and negative to the patient room.
17. Maximum humidity 70%.

TABLE 5

Final Occupancy Inspection Check List

Inspector: _____ Date: _____

Facility: _____ Job: _____

General Contractor: _____

The following items shall be located at the site and copies furnished to the Division of Health Facilities Services (DHFS) prior to the final inspection and approval for occupancy of the project area(s). These items are in no specific order. Some items may not apply in every case.

Item	Yes	No	Comments
Architect/Engineer=s Certification of Substantial Completion?			
Interior finishes - smoke development and fire spread rating information?			
Portable fire extinguishers - inspected, tagged?			
Certificate of Occupancy - City Building Inspector?			
Certification - fire alarm system, smoke detection system, sprinkler system, and any other fire suppression system has been installed, tested and meets all applicable standards?			
Certification - medical gas system?			
Certification - electrical system has been installed, tested and meets all applicable standards of the NEC, NFPA?			
Certification - emergency generator has been installed, tested and meets all applicable standards of the NFPA, NEC?			
Certification - mechanical system has been installed, tested, balanced, and approved by the engineer of record?			
Certification - communication system(s) has been installed, tested and meets all applicable standards of the NEC, NFPA?			
Are there manufacturer=s operation and maintenance manuals with equipment warranties on site for all newly installed equipment or a letter from the general contractor stating that the above items will be turned over to the owner?			
Have all applicable pieces of equipment installed during the construction been incorporated into the existing preventive maintenance system? Or, have new maintenance policies and procedures been written to insure that said items are maintained per the manufacturers recommendations?			
Are there as-built drawings on site or a letter from the general contractor stating that the as-built drawings will be turned over to the owner?			
Are there copies of the Architect=s and Engineer=s final punch lists with verification that all items have been repaired or remedied?			

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TABLE 6
Behavioral Screening Exam

TEST 1		
<p><u>Initial Observation</u>: A room with minimal distraction is an appropriate test area. Allow the dog to investigate this area for several minutes without the tester present. The tester should enter the room, not speak, stand still at a discreet distance and observe the dog for about 15 seconds. Record the initial response.</p>		
ACCEPTABLE	QUESTIONABLE	OTHER
Holds Ground 9	Crouches 9	No response 9
Approaches Tester 9	Hackles Up 9	
Hackles Normal 9	Lips Puffed 9	
Lips Normal 9	Moves Stiff-Legged 9	
Sniffs Tester 9	Growls 9	
	Retreats 9	
	Barks 9	
	Avoids Eye Contact 9	
	Stares At You 9	
	Whines 9	

TEST 2		
<p><u>Approaching the Dog</u>: After initial brief observation, approach the dog with hand extended at the dog=s nose level, palm and fingers pointed downward. Do not Arush@ in, but do not approach dog in a cautious or apprehensive manner. Walk up to the dog in a normal stride until your hand is within six to 12 inches of the dog=s nose. Say nothing and wait for the dog to make the next move.</p>		
ACCEPTABLE	QUESTIONABLE	OTHER
Extends Head or Steps Forward to Sniff Hand 9	Turns Head Away or Tries to Ignore Hand 9	Stares At You 9
Seeks Attention by Nudging or Leaning into Tester 9	Pulls Back or Retreats 9	No Response 9
Acts Playful by Barks or Actions 9	Raises Hackles 9	
Licks Hand 9	Barks (Not to be Confused with Playful Barking) 9	
	Lips Puffed 9	
	Overly Exuberant 9	
	Bares Teeth (Don=t Confuse with Grin) 9	

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TEST 3		
<p><u>Handling the Dog:</u> If the dog has not been eliminated by Test 1 and 2, attempt to pet the dog starting with the top of the head. Pet the dog to determine its overall response on especially sensitive areas, such as ears and mouth.</p>		
ACCEPTABLE	QUESTIONABLE	OTHER
Enjoys the Attention 9	Pulls Back or Retreats 9	Meets You, But With Head Lowered and Eyes Averted 9
Tries to Make Friends 9	Growls 9	Attempts to Lick Your Face 9
Becomes Playful 9	Lips Puffed 9	
Enjoys Brushing 9	Raises Hackles 9	
	Quivers or Cowers 9	
	Barks 9	
	Rolls Over on Back 9	
	Submissively Urinates 9	
	Snaps, Bites 9	
	Shows Whites of Eyes 9	
	Overly Exuberant (Jumps Up) 9	
	Overly Sensitive to Grooming of Certain Areas 9	
	Aloof 9	

TEST 4
<p><u>Interacting with the Dog:</u> See if he/she will retrieve a ball. Walk away briskly, sit on floor and call dog. Lay the dog down, then roll him/her over, rub his/her belly. Will he/she allow this subordination? Have a assistant place a novel stimulus such as a large stuffed animal or mirror close behind the dog when he/she is distracted. Does he/she have the self-confidence to investigate? How does the dog react to sudden arm movement?</p>

TEST 5		
<p><u>Sound Sensitivity:</u> While casually interacting with the dog, have an assistant make a loud noise without warning (e.g., hitting a metal pan with a spoon).</p>		
ACCEPTABLE	QUESTIONABLE	OTHER
Notices, But Continues Previous Activity 9	Flees 9	9
Notices, Investigates 9	Cowers 9	
Startles, But Recovers Quickly 9	Freezes 9	
	Trembles 9	
	Urinates 9	
	Moves As If To Attack 9	

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TEST 6

Pain Threshold: While playing with dog, briefly pinch the webbing between his/her toes or pull hair from his side to determine pain tolerance.

ACCEPTABLE	QUESTIONABLE	OTHER
Tries to Pull Away, But Shows Forgiveness 9	Growls 9	9
Yelps, But is Not Aggressive 9	Snaps 9	
Trusts You, Allows Further Petting 9	Acts Fearful 9	
	Acts Distrustful 9	

TEST 7

Reacting to Unexpected Events (Choose One): Owner is to be present at all times. (Assess response using response categories from Test 5.)

- A. Have your assistant hide around a corner, out of sight, with a noisy utility shopping cart. Walk with dog toward the intersection as the assistant rolls the cart in front of the dog as close as possible. Record the dog's reaction.
- B. While the dog is playing with you and is distracted, have the assistant hide in the closet and behind the door. Lead the dog to within six feet of the hiding place and have the assistant suddenly jump out at the dog and open an umbrella. Note reactions.

TEST 8

Manners: Test the dog for basic obedience commands such as heel and sit-stay.

TABLE 7

DOG HISTORY (To be completed by owner.)					
Name:					
Address:					
Home Phone:			Work Phone:		
Name of Veterinarian/Clinic:					
Address of Veterinarian:					
Name of Pet:			Breed:		
Sex:		Age:		Weight:	
Comment on how dog relates to people:					
Men		Women		Children	
Check the behaviors the dog has exhibited:					
9	Urinates in the house.	9	Chews	9	Been in dog fight.
9	Defecates in house.	9	Jumps on people.	9	Chases cats/birds.
9	Barks excessively.	9	Digs	9	Carsickness
9	Gets on furniture.	9	Mouths people.	9	Other: _____
Does the dog dislike?					
9	Other dogs	9	Cats	9	Strange objects
9	Tile or slippery floors.	9	Loud noises	9	Other: _____
Is the dog 100% housebroken? 9 YES 9 NO					
How does the dog indicate a need to go out?					
Volunteer/Owner Signature:				Date:	

TO BE COMPLETED BY THE DOG=S REGULAR VETERINARIAN					
Date of most recent exam:					
DA2PP Vaccine			Rabies Vaccine		
Fecal Exam:		Results: Floatation		Direct Smear:	
Heartworm prevention medication:				Frequency:	
What does the owner state he/she does for flea prevention?					
Any major medical illness?					
Is the dog currently on any medication? If so, list:					
Date of last teeth cleaning:					
Veterinarian Signature:				Date:	

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TABLE 8
RECORD RETENTION TIME FRAMES

DEPARTMENT	DOCUMENT	RETENTION TIME
Administrative	Governing Body	Permanent
	Medical Staff	Permanent
	Executive Committee	Permanent
	Other Hospital Committees	2 years
Medical Records	Original/Microfilm Adult/Inpatient/Outpatient Electrocardiogram Strips/ Interpretations Electroencephalogram/ Interpretations	10 years after last discharge. Facility must maintain information in the master patient index.
	Original/Microfilm Minor/Inpatient/Outpatient Fetal Monitor Strips Electrocardiogram Strips/ Interpretations Electroencephalogram/ Interpretations	10 years after last discharge plus 2 years past majority. Facility must maintain information in the master patient index.
Radiology	Films	5 years
Nuclear Medicine	Films	5 years
Laboratory	Blood Gas Reports	2 years
	Patient Specimens	2 years
	Control Documentation	2 years
	Immunochemistry	5 years
	Immunochemistry Quality Control Records	5 years
	Cytology: Histopathology Quality Control Records	10 years
	Cytology: Slide Preparation	5 years
	Transfusions	5 years
	Blood Donor Samples	7 days post transfusion
	Quality Assurance	2 years
Pathology Lab	Pathology Reports	10 years
	Reference Pathology	2 years
	Preliminary/Corrected	Exact duplicate
Histopathology	Stained Slides	10 years
	Specimen Blocks	2 years
Pharmacy	All drug records to include: purchase invoices official records Prescription records Inventory records, etc.	2 years

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TABLE 9

REQUIRED TEMPERATURES		
MEDICATIONS	Refrigerators	36-46EF
	Medication Storage Room	59-86EF
DIETARY ¹	Temperature of Food at Bedside	Hot Foods = $\geq 140^{\circ}\text{F}$
		Cold Foods = $\leq 40^{\circ}\text{F}$
	Temperature of Heated Food Prior to Hot Holding	$\geq 160^{\circ}\text{F}$
	Temperature of Heated Leftovers Prior to Hot Holding	$\geq 165^{\circ}\text{F}$
	Temperature for Thawing Potentially Hazardous Food	Tempering Units = 45EF or less
		Refrigerator = 40EF or less
	Refrigerators	$\leq 40^{\circ}\text{F}$
	Freezers	$\leq 0^{\circ}\text{F}$
	Single Tank Stationary Rack Dual Temperature Machine	Wash Temperature = 150EF
		Final Rinse Temperature = 180EF
	Single Tank Conveyor Machine	Wash Temperature = 160EF
		Final Rinse Temperature = 180EF
	Multi-tank Conveyor Machine	Wash Temperature = 150EF
		Final Rinse Temperature = 180EF
		Pumped Rinse Temperature = 160EF
	Single Tank Pot, Pan & Utensil Washer	Wash Temperature = 140EF
		Final Rinse Temperature = 180EF
	Manual Warewashing	Wash Temperature = 110EF
		Rinse Temperature = $120^{\circ}\text{G} - 140^{\circ}\text{F}$
	Chemical Sanitation (Manual or Mechanical)	Sanitation Temperature = $\geq 171^{\circ}\text{F}$ or Immersion in 75EF water and 50 ppm of hypochlorite for at least 1 minute or other method approved by Arkansas Department of Health
	All Cutting Board Surfaces	Immersion in clean, hot water of $\geq 180^{\circ}\text{F}$ for at least 30 seconds or any other method approved.
LAUNDRY ²	Water	Nothing under 120EF
	Water with Chlorine Bleach	150 parts per million ppm (parts per million)
CLINICAL	Gallons per hour per bed ²	110°F - 120°F

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Notes:

1. Provisions shall be made to provide 180°F rinse water at warewasher. (may be by a separate booster.)
2. Provisions shall be made to provide 160°F hot water at the laundry equipment when needed. (This may be a steam jet or separate booster heater.) However, this does not imply that all water used would be at this temperature. Water temperatures required for acceptable laundry results will vary. Lower temperatures may be adequate for most procedures in many facilities but the higher 160°F should be available when needed for special conditions.

Table 10

Newborn Screening Requirements

All Newborns must be tested for:			
1. Newborn Hearing Screening			
2. Newborn Genetic Screening:			
PKU Phenylketonuria	CH Congenital Hypothyroidism	Galactosemia	Sickle Cell Anemia*
For further Information Arkansas Department of Health, Child & Adolescent Health Team Contacts: Newborn Lab Screening: 501-661-2592 Newborn Hearing Screening: 501-661-2459			

Note: Lab specimens should be mailed promptly to prevent degradation of the specimen and increase the quality of results.

Reference: Ark. Code Ann. 20-15-302,304
Ark. Code Ann. 20-15-1104
Ark. Code Ann. 20-15-1504

*Non-Caucasians

VERBAL ORDER

Basic Premise:	Verbal orders may be used when there is no reasonable alternative to obtaining a written order.
State Health Rules:	Permit licensed nurses and pharmacist (for drugs only) to take verbal orders and no one else. Section 12, Medications and Section 14, Health Information Services.
Practical Application:	Health professionals other than nurses may take verbal orders pertaining directly to their profession under specified circumstances.
Situation to Address:	<ol style="list-style-type: none">1. Doctor in the department away from nurses station.2. Doctor calls the department.
Policy Statement Parts:	<ol style="list-style-type: none">1. Who are the authorized receivers?2. Repeat order back for accuracy.3. Identify ordering doctor.4. Identify receiver by name and title.5. The receiver of the order must enter the order on the medical record, and then sign first initial, last name and title.
Hospital Administration Responsibility:	<ol style="list-style-type: none">1. Policy must be in writing, and approved by the Medical Staff and Governing Body (including identification of receivers).2. Policy must be made a part of applicable department manuals.3. Inservice training provided for all personnel involved.4. Establish an effective monitoring system.
Outpatient Department (Emergency Services is not outpatient):	<ol style="list-style-type: none">1. The therapist or other authorized receivers may take a verbal or telephone order from the doctor.2. Must document on outpatient medical record.3. Doctor must authenticate the order on his next visit.

RATIONALE

The Division of Health Facility Services has received numerous requests for a variance in the regulations relating to who may receive doctors orders for hospital inpatients and outpatients. This office realizes the communication problems involved between every expanding service departments of hospitals and the multiplicity of diagnostic treatment, therapy, and therapeutic duties necessary for coordinating of patient care. Other certification and accrediting organizations have also realized the communication difficulty.

The reason and intent of the regulation was, and still is, to coordinate all inpatient care through nursing service. The patient=s medical record must be maintained at the nurses station to coordinate and implement physician orders for patient care and services.

It is the intent of this policy to have both communication between departments and also assure all physician orders and services rendered to patients are promptly documented on the patient=s chart. In order to maintain continuity of care on an inpatient basis, it is necessary that all aspects of the patients= treatment be coordinated through the nursing service of the facility.

REUSE

THIRD PARTY REPROCESSING OF SINGLE USE ITEMS

The Office of Compliance Center of Devices and Radiological Health of the Food and Drug Administration (FDA) provides guidelines for third party reprocessing of devices labeled for single use provided the reprocessing firm complies fully with all FDA regulatory requirements.

The Arkansas Department of Health will recognize FDA guidelines.

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CERTIFICATION

This will certify that the foregoing revisions to the Rules and Regulations for Critical Access Hospitals in Arkansas were adopted by the State Board of Health of Arkansas at a regular session of said Board held in Hot Springs, Arkansas, on the 24th day of October, 2002.

Fay W. Boozman, M.D.
Secretary of Arkansas State Board of Health
Director, Arkansas Department of Health

The forgoing Rules and Regulations, copy having been filled in my office, are hereby approved.

Mike Huckabee
Governor

Date