

Minnesota Attorney General: Administrative Rules Proceedings

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August 20, 2018

MINNESOTA STATE REGULATIONS

Notice of filing by the Commissioner of Administration

We have received on this date, stamped and filed 2 copies of Rules and Regulations pertaining to the State Board of Health
(Agency or Board)

Regulation No. M.H.D 411-425

Subject: Outpatient Surgical Centers

Department of Administration
Publication, Central Services Division
Documents Section
140 Centennial Office Building
St. Paul, Minnesota 55155
Telephone: (612) 296-2874

FILED
RICHARD L. BRUBACHER
Commissioner of Administration
JUN 30 1975 4:15PM
BY Eda Staudemaier
AUTH. SIGNATURE

Stamped and filed with the Secretary of State 6-30-75

Rev. 9-72

ADMIN 1000A (2/66)

STATE OF MINNESOTA

DEPARTMENT_____

Office Memorandum

TO : Mike Miller

DATE:

FROM : Jack Brevik

SUBJECT: Outpatient Surgical Center Regulations

Mike,

Enclosed for your review are the necessary documents pertaining to ~~the~~ some regulations the Health Department has promulgated. I don't believe that there are any legal problems with these regulations.

PROPOSED

Regulations of

THE MINNESOTA STATE BOARD OF HEALTH

for

FREESTANDING

OUTPATIENT SURGICAL CENTERS

F I N A L D R A F T

(With corrections
or revisions from
public hearing
April 1, 1975)

April 28, 1975

Minnesota Department of Health
Division of Health Facilities
717 Delaware St. S.E.
Minneapolis, Minnesota 55440

FINAL DRAFT

Proposed Regulations of
THE MINNESOTA STATE BOARD OF HEALTH

for

FREESTANDING
OUTPATIENT SURGICAL CENTERS

MHD 411 Legal Authority

(1) The Minnesota State Board of Health pursuant to the authority granted in Minnesota Statutes, Section 144.12 and Section 144.55 to 144.56 hereby adopts the following regulations for the construction, equipment, maintenance, operation and licensure of outpatient surgical centers.

MHD 412 Definitions

(1) "Outpatient surgical center" or "center", means a freestanding facility organized for the specific purpose of providing elective outpatient surgery for preexamined, prediagnosed, low risk patients. Admissions shall be limited to procedures which utilize local or general anesthesia and which do not require overnight inpatient care. It is not organized to provide regular emergency medical services and does not include the physician's and dentist's office or clinic for the practice of medicine or the delivery of primary care.

(2) "Surgery", for the purpose of these regulations, means treatment of conditions by operative means, involving incision or repair of human tissues.

(3) "Physician" means a person licensed by the Board of Medical Examiners under the provision of Minnesota Statutes, Chapter 147.

(4) "Dentist" means a person licensed by the Board of Dental Examiners under the provision of Minnesota Statutes, Chapter 150A.

(5) "Board" means the Minnesota State Board of Health.

(6) "Department" means the Minnesota Department of Health.

(7) "Licensee" means the responsible person or governing body to whom the license is issued.

(8) "Facility" means the building or buildings, equipment and supplies related to the operation of the center.

(9) "Modification" means alteration, remodeling, addition or other change in a licensed facility or its services.

MHD 413 Licensure

(1) Application for a license to establish and operate an outpatient surgery center shall be made in writing and submitted on forms provided by the Department.

(2) The application shall be made by the person or persons who will be the licensee, operate the facility and be responsible for its operation. Documentation shall be submitted which provides full disclosure of ownership.

(3) If the applicant is a corporation, the applicant shall furnish the Department names and addresses of the governing body and names of current officers of the corporation.

(4) In addition to the documentation required in MHD 413 (3) out-of-state corporations shall furnish the Department with a copy of the Certificate of Authority to do business in the State of Minnesota.

(5) A license shall be issued by the Board when compliance has been made with the requirements of these regulations. It is issued for one (1) year. Renewal of a license is subject to demonstrated compliance with these regulations.

(6) A license is not transferable. A change in ownership requires a new application.

(7) Separate licenses are required for facilities maintained on separate sites, even though operated by the same ownership.

(8) The license shall be conspicuously posted in a public area in the center.

(9) The licensee shall notify the Department in writing of any change of name or address of the licensee and of the administrator.

(10) A center which has been determined by the State Fire Marshal to be out of compliance with the fire safety requirements of the State Fire Marshal is not eligible for licensing.

(11) Architectural and engineering drawings and specifications for new centers or modification of facilities in existing centers shall be submitted to and approved by the Department. New centers and their staffing require approval prior to licensure.

MHD 413 Licensure (continued)

(12) Physical plant deficiencies relating to required area sizes or distance limits may be waived by the Board for a recognized existing center which was functioning prior to the effective date of these regulations when such deficiencies do not constitute an unacceptable compromise in patient treatment and safety and correction would involve major remodeling and cause unusual hardship.

MHD 414 Administration

(1) The person or governing body recorded as the licensee shall be responsible for its management, control and operation.

The licensee shall:

(a) Appoint an administrator, and submit name, address and qualifications to the Board. This person shall be responsible for management, control, operation, records and reports, as well as compliance with these regulations.

(b) Appoint a medical director or chief of staff who shall be a physician. This person shall be responsible for establishment, implementation and supervision of all medical policies, patients' records, procedures and services of the facility.

(c) Maintain a record of each physician and dentist on the staff. This record shall contain his or her name, qualifications, experience and present hospital affiliation, accompanied by a list of procedures and services he or she is authorized to perform.

(d) Designate a registered nurse who shall be responsible for all nursing services and assure that a registered nurse is in attendance at all times when patients are present in the facility.

(e) Provide sufficient additional professional and allied health personnel to administer diagnostic and treatment services as necessary in accordance with the services provided in the facility.

(f) Establish and maintain a program for periodic review of administrative and professional functions and services by means of utilization review and medical audit.

(g) Maintain a written agreement with at least one of the general hospitals in the immediate vicinity for the transfer of patients requiring hospital care in case that emergency or inpatient care is required.

(h) Maintain a written agreement with an emergency ambulance service to assure that such services will be available.

(i) Provide a facility which is constructed, equipped, operated and maintained to satisfy the needs of the services rendered and to maintain safe and sanitary conditions as required by accepted current practice and by these regulations.

(j) Adopt a written disaster plan with procedures for the protection and/or evacuation of all persons in the case of fire or explosion or in the event of floods, tornados or other emergencies.

(2) The medical director and the medical staff shall be responsible to the governing body for patient and staff policies and for medical procedures and services relative to admission, treatment and related emergency treatment.

The medical staff shall:

(a) Establish written policies for the admission and treatment of patients for surgery, including but not limited to:

1. Requirements for preoperative history, physical examinations and diagnostic procedures.

2. Preparation for and administration of anesthesia. Only an anesthesiologist or qualified physician and/or anesthetist shall administer anesthetics other than local infiltration anesthetics.

3. Post-operative patient observation and care.

4. Discharge examinations by physician.

5. Safe transfer to home and follow-up services.

(b) Establish written policies for surgical procedures to be performed.

(c) Establish written policies for the creation and maintenance of a program for infection control.

(d) Provide for orientation and inservice programs for all center personnel as related to their activities, including medical emergency procedures.

(e) Provide for emergency care procedures in the event of surgical complications.

(f) Establish policies for transfer of patients needing hospital care.

(g) Maintain medical records on each patient accepted for treatment. Each patient record shall include: the patient's name, address and telephone number; the operating physician, admission and discharge notes and dates; a signed consent form; pertinent medical history; tests and examinations; admitting diagnosis; surgical procedure and anesthesia report; pathology report where indicated; patient after-care instructions; prescribed medications; and other progress notes. Surgery-related or anesthesia-related complications which result in morbidity or mortality of a patient shall be recorded in detail. Patients' records shall be made available for inspection by the Department and be preserved in accordance with Minnesota Statutes, Sections 145.30-145.33.

(h) Develop and maintain a system for professional peer review.

(i) Assure that all employees, prior to employment and at least annually thereafter show freedom from tuberculosis by means of a standard Mantoux tuberculin test and/or a chest x-ray test as medically indicated. The results shall be reported in writing and made a part of each employee's personnel record.

MHD 415 Administrative Areas

Administrative areas shall include the following elements:

(1) A reserved access to the site for arrival and departure of patients.

(2) A supervised waiting area with reception and seating for arriving and departing patients and persons accompanying patients.

(3) A toilet room for each sex available for the waiting area.

(4) At least one public telephone for use by patients.

(5) Patient consultation room and administrative offices.

MHD 416 Patient Treatment Areas

Treatment areas for patient preparation, surgery and recovery shall be separate. Each area shall be equipped to accommodate its functional needs.

(1) The patient preparation area shall include the following elements:

(a) An arrangement which permits patient access to the area for initial entry and final departure from the dressing area without passing through the postoperative recovery area; and provides gowned patients access to the surgical suite without entering the recovery area or a public space or corridor.

(b) Dressing rooms which assure privacy, and space for storage and security of patients' clothing and belongings.

(c) Examination rooms, each provided with a lavatory with an open grid strainer, a wrist, knee or foot controlled mixing faucet with gooseneck spout, and a single service towel dispenser, It shall include examination table and light.

(d) A nurses office or nurse station for patient management, for directing of nursing care, and for keeping patient records, unless the nurses station for the postoperative recovery area is accessible for use.

(e) Space for clinical laboratory services, unless arrangements have been made for obtaining such services outside the center.

(f) A radiology area with equipment, required protection, and toilet room(s) as appropriate, unless such services are provided for outside the center.

(2) The surgical suite shall include the following elements:

(a) Location and arrangement shall prevent unrelated traffic through the suite.

(b) One or more operating rooms. Each operating room shall have a floor area of not less than 225 sq. ft. with a minimum dimension of 15 feet. Walls, ceilings, and floors shall have smooth cleanable surfaces. Equipment shall include an operating table, surgical light, and provision for oxygen and vacuum. Operating rooms using flammable anesthetic shall be designed in accordance with the NATIONAL ELECTRICAL CODE, 1975 Edition, for such use.

(c) A scrub sink with foot, knee or automatic controls adjacent to the entrance to each operating room, or in a central location convenient to such rooms.

(d) A clean work room for assembly and storage of clean and sterile surgical supplies and instruments. It shall contain a work counter, sink with institutional fittings for handwashing, and storage cabinets or shelving. A high speed sterilizer is required in this area if a sterilizer is not provided in the general clean and sterile supply room.

(e) A soiled work room for disposal or collection of soiled materials generated in surgery. It shall contain a flushing rim sink, work counter and sink with institutional fittings, and space for collection of waste and soiled linen. Institutional fittings shall include: mixing faucet with gooseneck spout, wrist-action controls, and open grid strainer.

(f) Space for cleaning, testing and storage of anesthetic equipment. It shall contain a work counter and sink with institutional fittings.

(g) A janitors closet with a service sink and shelving for cleaning supplies for exclusive use by the surgical suite.

(h) Gowning areas for the surgical staff, both male and female. Each area shall contain lockers; toilet; and a lavatory with open grid strainer, wrist, foot or knee control mixing faucet for handwashing; and separate storage provisions for clean and soiled gowns and boots. The areas shall be arranged to provide initial entry without entering the operating suite and shall permit direct access to the surgical suite by staff prepared for surgery.

(3) The postoperative recovery area shall include the following elements:

(a) An arrangement which permits transfer of patients direct from the surgical suite or by route of a nonpublic corridor.

(b) A recovery area that provides access and space for wheeled stretcher traffic and parking, and provides patient holding areas with privacy curtains and at least 3 feet of space on each side and foot end of stretchers or recovery beds.

(c) A nurses office or nurse station for patient management, for directing of nursing care, and for keeping patient records. It shall be arranged to offer visual control of the recovery area.

(d) Space for charting, drugs, nourishment, supplies and equipment for patient care and emergency treatment. This includes facilities for handwashing, a flushing rim sink, space for soiled linen collection, and portable or built-in provisions for oxygen and suction in the recovery area.

(e) Medications and narcotics stored in accordance with the requirements of the Minnesota State Board of Pharmacy.

MHD 417 General Service Areas

The general service areas shall include the following elements:

(1) Employee locker areas for street clothes and other belongings, with access to toilet facilities.

(2) A clean supply room for receiving, storage and assembly of clean and sterile supplies. It shall contain a sterilizer unless sterile supplies are received from a central supply service or a commercial supplier.

(3) A room for the processing of soiled instruments and other reusable surgical items, unless such processing is provided by an outside central supply service.

(4) A soiled linen collection room for collection and storage of linen which is to be processed either in an on-premise laundry or by an outside laundry service, unless an all-disposable linen service is utilized.

(5) The laundry, if provided, shall be designed and operated as required by the Department for the processing of institutional linen.

(6) A separate storage area for solid waste. Collection, storage and disposal of regular and infectious waste shall be in accordance with these regulations.

(7) An elevator of a size which can accommodate a standard stretcher and two attendants, if the facility is located at a level without direct access from street or ground level.

(8) A janitors closet with a service sink and with storage space for housekeeping items.

MHD 418 Medical Gases and Flammable Liquids

(1) Storage and distribution systems for anesthetic gases and oxygen shall be in compliance with NFPA Standard No. 56A, 1973 Edition, and NFPA Standard No. 56F, 1973 Edition.

(2) Storage or installations for flammable liquids shall comply with NFPA Standard No. 30, 1973 Edition.

MHD 419 General Maintenance

(1) Provisions shall be made for the periodic inspection, testing and calibration of systems and equipment, as appropriate, and records kept.

(2) The facility shall be clean, sanitary and in good repair at all times. Maintenance shall include procedures and program to assure the safety and comfort of patients, visitors and personnel.

MHD 420 Mechanical and Electrical Systems - General

(1) The construction of all mechanical systems shall be in accordance with the State Building Code, 1973 Edition, and with these regulations.

(2) New mechanical systems shall be tested, balanced and operated by the contractors to satisfactorily demonstrate and document to the owner and the Department that the installation and performance of these systems conform to the specified requirements.

(3) Plumbing and other piping systems shall be designed, installed and tested in accordance with the Minnesota Plumbing Code, 1973 Edition.

(4) Lavatories and sinks required in patient care or treatment areas shall be provided with a gooseneck spout or similar elevated spout and shall be trimmed with valve controls which can be operated without the use of hands. All lavatories and sinks shall be provided with a single-service towel dispenser.

(5) Electrical installations and systems shall be installed and tested in accordance with the National Electrical Code, 1975 Edition. A certificate of satisfactory testing for macro and micro shock hazards of sensitive electrical systems shall be submitted to the Department for all new installations.

MHD 421 Emergency Electrical Service

(1) An automatic emergency power source shall be provided for essential lighting, equipment and alarm systems which will restore the power within 10 seconds in case of failure of normal power.

(a) Essential lighting includes the following:

1. Exitways and exit signs.
2. Surgical lights in operating rooms and general illumination in surgical corridors.
3. Laboratory, recovery room, nurses station and in elevator.
4. Boiler room and near source of emergency electrical service within surgical center building.

(b) Essential Equipment and Alarm Systems:

1. Nurses call and/or paging system.
2. Fire alarm system according to State Building Code's and State Fire Marshal's requirements.
3. Receptacles in operating and recovery rooms.
4. Receptacles for equipment that require continuous source of power.
5. Elevator - automatic or manual transfer to emergency electrical service where elevator is used for vertical transport of patients to operating rooms.

MHD 422 Air Conditioning, Heating and Ventilation

(1) The systems shall be designed to provide temperatures and humidities as follows:

Area Designation	Temp. °F	R.H.%
Operating Rooms	70-76 (variable range)	50-60
Recovery Rooms	75 (variable range)	50-60
Other Areas	75 (winter design condition)	

(2) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table A shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(3) Outdoor air intakes shall be located as far as practical but not less than 25 feet from the exhaust from any ventilating system, combustion equipment stack, medical-surgical vacuum system, or sewer vent stack 4" diameter or greater, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes shall be located as high as practical but not less than 4 feet above ground level, or if installed through the roof, 2 feet above the roof level.

(4) The ventilation systems shall be designed and balanced to provide the pressure relationships as shown in Table A.

(5) All air supplied to operating rooms shall be delivered at or near the ceiling of the area served and all exhaust air from the area shall be removed near floor level. At least 2 exhaust outlets shall be used in all operating rooms.

(6) The bottom of any room supply air inlets, recirculation and exhaust air outlets shall be located not less than 3 inches above the floor.

(7) 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 toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(8) Induction units with reheat shall not be used in the operating suite.

(9) Filters. All ventilation or air conditioning systems serving the operating suite and all central systems serving other facility areas shall have a minimum of 2 filter beds. Filter bed #1 shall be located upstream of the air conditioning equipment and shall have a minimum efficiency of 25 percent. Filter bed #2 shall be downstream of the supply fan and any recirculating spray water systems and/or water reservoir type humidifier(s). Filter bed #2 shall have a minimum efficiency of 90 percent. The efficiency of filter bed #2 may be reduced to 80 percent for central systems using 100 percent outdoor air and serving areas other than the operating suite.

Exceptions to above:

(a) Independent air handlers serving only a laundry shall have at least one filter bed and this filter bed shall have an efficiency of at least 80 percent.

(b) Independent air handlers serving only administrative spaces and/or bulk storage areas shall have at least one filter bed and this filter bed shall have an efficiency of at least 25 percent.

(10) All filter efficiencies shall be certified by an independent testing agency and shall be based on ASHRAE Standard No. 52-68, except as noted in 7-30D-2-1(2).

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

Each filter bed serving operating room areas or central air systems shall have a manometer installed across each filter bed.

(11) Ducts which penetrate construction intended for X-ray or other ray protection shall not impair the effectiveness of the protection.

(12) Linings in air ducts and equipment shall meet the Erosion Test Method described in Underwriters' Laboratories Publication No. 181. Duct linings shall not be used in air supply systems for operating rooms unless terminal filters of at least 90% efficiency per ASHRAE Standard No. 52-68 are installed downstream of linings.

MHD 423 Special Exhaust Systems

A. Operating Rooms.

(1) Each operating room shall be provided with a separate evacuation system for the venting of waste anesthesia gas.

(2) The system shall provide a gas venting intake of the head end of the operating table, and provide exhaust of collected gas directly to the outdoors.

B. Laboratory

(1) If the air changes required in Table A do not provide sufficient air for use by fume hoods and safety cabinets, additional air shall be provided.

(2) Each laboratory hood shall have an independent exhaust with the fan installed at the discharge point of the system. Laboratory hoods for general use shall have a minimum average face velocity of 75 feet per minute. Hoods in which infectious or radioactive materials are processed shall have the following:

(a) A minimum face velocity of 100 feet per minute,

(b) Filters in the exhaust having a 99.97 percent efficiency based on the DOP (dioctyl-phthalate) test method, and

(c) Equipment and/or procedure for the safe removal and replacement of contaminated filters.

(3) Duct systems serving hoods shall be constructed of corrosion-resistant material to meet the planned usage of the hood. Duct systems serving hoods in which radioactive materials and strong oxidizing agents (e.g. perchloric acid) are used shall be constructed of stainless steel for a minimum distance of 10' 0" from the hood and shall be equipped with washdown facilities.

(4) The ventilation system for anesthesia storage rooms and for flammable liquids storage areas shall conform to the requirements of NFPA Standard No. 56A, 1973 Edition and NFPA Standard No. 30, 1973 Edition.

MHD 424 Handling and Disposal of Solid Waste

(1) Infectious Waste Definitions

Infectious waste is defined as waste which originates from the diagnosis, care or treatment of a person that has been or may have been exposed to a contagious or infectious disease. Such waste includes but may not be limited to the following:

(a) Hazardous Infectious Waste:

(1) All wastes originating from persons placed in isolation for control and treatment of an infectious disease.

(2) Bandages, dressings, casts, catheters, tubing, and the like, which have been in contact with wounds, burns, or surgical incisions of a suspected, known or medically identified hazardous infectious nature.

(3) Laboratory and pathology waste of an infectious nature which has not been autoclaved.

(4) All anatomical waste, including human parts or tissues removed surgically or at autopsy.

(5) Any other waste as defined by the State Board of Health which because of its potential infectious characteristics or hazardous nature requires handling and disposal in a manner prescribed for (a) through (d).

(b) General Infectious Waste (Contaminated Waste)

(1) Bandages, dressings, casts, catheters, tubing, and the like, which have been in contact with wounds, burns, or surgical incisions, but are not suspected or have not been medically identified as being of a hazardous infectious nature.

(2) Discarded hypodermic needles and syringes, scapel blades, and similar materials, except when suspected or identified to be of a hazardous infectious nature.

(3) Incinerator ashes from infectious waste.

(2) Ordinary Waste Definitions

All household-type trash is defined as ordinary waste. It includes uncontaminated dietary garbage, autoclaved laboratory specimens and cultures, and incinerator ashes from ordinary waste. Autoclaved laboratory waste shall be labeled "autoclaved".

(3) Collection and Handling of Waste

(a) Hazardous infectious waste as defined shall be collected separately in containers provided with moisture-proof heavy-duty or double plastic or paper bag liners for safe storage and disposal. Bags or containers shall be kept positively closed or sealed at all times, and shall be color coded or otherwise marked for easy identification.

(b) General infectious waste as defined shall be collected in containers provided with moisture-proof plastic or paper bag liners. Bags or containers shall be kept closed or sealed at all times and shall be color coded or otherwise be identifiable. Disposal of needles with the waste shall provide safety from puncture wounds to personnel. General infectious waste may be collected separately or it may be collected with the ordinary waste. Where separation of general infectious waste is not accomplished, all such mixed waste shall be considered and handled as general infectious waste.

(4) Removal, Storage and Disposal of Waste

(a) Removal of hazardous or general infectious waste from the originating points of collection shall be accomplished as needed, but at least daily in accordance with an established housekeeping program. Waste shall be

removed in the original bag liners which must be positively sealed. Waste shall not be transported through dietary or medically sensitive areas.

(b) Storage of infectious waste in a central waste collection area shall be done in a sanitary manner. Space assignment shall clearly indicate separation of hazardous waste as well as general infectious or mixed waste from ordinary waste.

(1) Waste accumulated in an inside storage area shall be stored in closed metal containers or in a pest-proof enclosed room. The room shall be provided with exhaust ventilation. If container storage is not provided for bagged waste or if a room serves a compactor unit, a floor drain must be provided for cleaning and flushing.

(2) Hazardous infectious waste accumulated in an outside refuse area shall be stored in separate metal containers with tight fitting covers. General infectious waste or mixed waste shall be stored in metal containers with tight fitting covers; or it may be stored in a closed metal dumpster or in a compactor unit if such a method of waste handling is compatible with an approved system of waste disposal.

(3) All containers shall be of non-corrodible water-tight construction. Containers in patient areas must be of metal or other fire-proof material. Appropriate facilities shall be provided to facilitate washing of waste containers and for cleaning of rooms used for refuse storage, compaction or incineration.

(c) Disposal of infectious waste shall be in accordance with the regulations of the State Board of Health and the Minnesota Pollution Control Agency.

(1) Hazardous infectious waste shall be destroyed either by on-site incineration or by contracted incinerator service.

(2) General infectious waste or mixed waste may be deposited in a sanitary landfill which has been approved by the Minnesota Pollution Control Agency without conditions. If the landfill operation does not comply with the requirements, general infectious and mixed waste must also be incinerated.

(3) Ordinary waste shall be disposed of in accordance with State regulations and local ordinances for such waste.

(5) Incineration of Infectious Waste

The incinerator shall conform with the standards of the Minnesota Pollution Control Agency for operating temperatures, retention time and smoke emission levels and shall be capable of burning institutional type waste as classified by the Incinerator Institute of America. The incinerator, if provided on the site, may be an inside or an outside installation.

Incinerators burning pathological waste require the specific approval of the Director of the Minnesota Pollution Control Agency.

MHD 425 General Laundry Requirements

The following regulations apply to all laundry services for the processing of institutional type linen. Such services may be provided by an on-premise laundry operated by the facility or by an outside laundry through contractual agreement.

(1) A soiled linen collection and sorting room shall be located at the soiled side of the laundry processing room. It shall be provided with exhaust (negative) ventilation. The door to the corridor must be kept closed. Locate chute within this room, if a chute is provided.

(2) The laundry processing room shall be arranged to allow for an orderly, progressive flow of work from the soiled to the clean area. Equipment shall be arranged to minimize linen transportation, provide the necessary floor area between operations, and avoid cross traffic contamination between clean and soiled operations. The room shall provide space for storage of laundry supplies, cleaning equipment, and for parking of laundry trucks used in the operation. Handwashing facilities shall be available for the area. A two-

compartment laundry tub shall be provided, and it shall be of a material with a non-absorbent, smooth, permanent finish. The laundry tub may be equipped with fittings to provide for the required handwashing facilities.

(3) The equipment shall be of a commercial type and shall consist of one or more washers, extractors, tumblers, or combinations of these, as well as ironers and presses. The washer installation shall be capable of meeting the necessary operating requirements.

(4) A separate enclosed clean linen room for storage and delivery. This area shall be provided with fresh air supply (positive ventilation).

(5) The air in the laundry shall be vented away from the clean storage and finishing or ironing area and toward the extracting and washing area. The general air movement shall be from the clean area to the soiled area, and shall be of sufficient volume to remove steam, odors and excessive heat. Spot ventilation for large heat-producing equipment such as dryers and ironers should be provided. Dryers shall be provided with a lint collector. Horizontal exhaust ducts shall be provided with access panels for cleaning.

(6) The wash water temperature inside the washers shall be at least 160°F. during the main washing and rinsing cycles for a total time of at least 30 minutes, excluding time for filling and draining.

(7) Contaminated linen shall be thoroughly preflushed separately before being introduced to the main washing and rinsing process.

(8) Contaminated linen, such as linen from patients with infectious drainage, dressings or pads shall be stored and sent to the laundry in separate bags which are plainly marked to indicate that their contents are contaminated.

The bags shall be tightly closed until the contents are removed from the bag and placed in the washer along with the bag, if non-disposable Laundry personnel shall be instructed in the safe handling of such laundry.

MHD 426 through 430 reserved for future use.

APPROVED AS TO FORM AND LEGALITY
JUN 30 1975 19
WARREN SPANNAUS, ATTORNEY GENERAL
BY /s/ Michael B. Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JUN 30 1975 - 4:00 pm
Joan Anderson Growe
Secretary of State

FILED
RICHARD L. BRUBACHER
Commissioner of Administration
JUN 30 1975 4:15 PM
BY Eda Staudmaier
AUTH. SIGNATURE R.S.

Table A GENERAL PRESSURE RELATIONSHIPS AND MINIMUM VENTILATION REQUIREMENTS

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air per Hour	Minimum Total Air Changes per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Waiting Areas	E	Optional	2	Optional	Optional
Corridor	E	2	4	Optional	Optional
Operating Room	P	5	12	Optional**	No*
Recovery Room	P	2	6	Optional	No*
Examination Room	E	2	6	Optional	Optional
Medication Room	P	2	4	Optional	Optional
X-ray, Fluoroscopy Room	N	2	6	Yes	No
Soiled Workroom, Soiled Utility Room	N	2	10	Yes	No
Clean Workroom, Clean Utility Room	P	2	4	Optional	Optional
Toilet Room	N	Optional	10	Yes	No
Janitors Closet	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Linen & Trash Chute Room	N	Optional	10	Yes	No
Laboratory	N	2	6	Optional**	Optional
Laundry	E	2	10	Yes	No
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No
Clean Linen Storage	P	2	2	Optional	Optional
Anesthesia Storage	E	Optional	8	Yes	No
Central Medical and Surgical Supply:					
Soiled or Decontamination Room	N	2	4	Yes	No
Clean Workroom	P	2	4	Optional	Optional
Unsterile Supply Storage	E	2	2	Optional	Optional

P - Positive
N - Negative
E - Equal
* - Recirculating room units meeting the filtering requirement for sensitive areas may be used.
** - See MHD 423 for special provisions.

5/74 HM-2866-2L

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the matter of Proposed
Rules Relating to Freestanding
Outpatient Surgical Centers

ORDER FOR HEARING

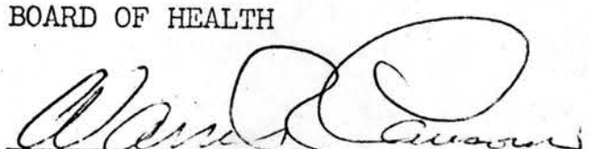
To effectively implement Minn. Stat. §§ 144.12 and 144.50 - 144.56, the Minnesota State Board of Health deems it necessary to consider adoption of the proposed rules captioned above pursuant to the authority vested in it by the above-referenced statute.

NOW, THEREFORE, IT IS ORDERED this 14th day of February, 1975 that a public hearing on the proposed rules captioned above be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota on April 1, 1975, commencing at 9:00 A.M., and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

IT IS FURTHER ORDERED, that notice of said hearing be given to all representatives of associations or other interested groups or persons who have registered their names with the Secretary of State for that purpose and all persons who are presently members of the Minnesota Legislature.

STATE OF MINNESOTA

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of Proposed
Rules Relating to Freestanding
Outpatient Surgical Centers

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to Minn. Stat. § 15.0412 subd. 4 (1971) in the above-entitled matter, in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on April 1, 1975, commencing at 9:00 A.M. and continuing until all representatives or other interested groups of persons have had an opportunity to be heard concerning adoption of the proposed rules captioned above by submitting either oral or written data, statements, or arguments. Statements or briefs may be submitted without appearing at the hearing.

The Board proposes to adopt rules relating to the following matters: Licensure of freestanding surgical centers; administrative and personnel policies and practices requirements; safety requirements and provisions for the physical plant, its equipment and maintenance.

Copies of the proposed rules are now available and may be obtained by writing to Mr. Hans Larsen, Minnesota Department of Health, Health Facilities Division, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. Additional copies will be available at the door on the date of the hearing.

A copy of the procedural rules for the hearing is attached and made a part hereof.

Testimony or other evidence to be submitted for consideration should be pertinent to the matter at hand and may be presented either orally or in writing at the public hearing or by

mailing a statement to the Secretary and Executive Officer of the Board at the Department ~~of~~ Health Building, address as above. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three (3) copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rules for twenty (20) days subsequent to the public hearing.

Under Minn. Stat. § 10A.01 Subd. 11 (1974) any individual representing persons or associations attempting to influence administrative action such as promulgation of these rules must register with the State Ethics Commission as a lobbyist within five days after the commencement of such activities by the individual.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Dated: February 14th, 1975.

STATE OF MINNESOTA
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the Proposed
Rules Relating to Freestanding
Surgical Centers

CERTIFICATE

I hereby certify that the 414 general labels and one list for the Minnesota State Health Department all of which are attached and made a part hereof, constitute the complete lists of persons, associations, and other interested groups who as of 8:45 O'clock A.M., this 24th day of February, 1975, have requested pursuant to Minn. Stat. § 15.0412 subd. 4 (1971), that their names be placed on file with the Secretary of State for the purpose of receiving notice of public hearing on proposed rules on the subject captioned above.

Joan Anderson Growe
SECRETARY OF ATATE

JOAN ANDERSON GROWE

By Gail Dion

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the Proposed Rules Relating to Freestanding Outpatient Surgical Centers

AFFIDAVIT OF MAILING

MILTON ROBERT BELLIN, being first duly sworn, deposes and says:

That on the 24th day of FEBRUARY, 1975, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the Certificate of the Secretary of State attached and made a part hereof as Exhibit A, to all persons and associations at the addresses listed on Exhibit B, attached and made a part hereof, as well as to all members of the Minnesota Legislature as of the date of mailing.

Milton R. Bellin

Subscribed and sworn to before me this 24 day of FEBRUARY, 1975.

Christine A. Kuderka

CHRISTINE A. KUDERKA
Notary Public, Ramsey County, Mn.
My Commission Expires, Nov. 4, 1978

HEALTH

Abrahamson, Dr. Dean E., 243 Space Science Center, Minneapolis 55455

Beutel, Robert, P. O. Box 1205, 103 3rd Ave S., St. Cloud 56301

Booth Cold Storage Co., St. Peter & Kellogg, St. Paul

Bush, John T., Box 611, Mayo Bldg., U of M, Mpls 55455

Cassel, Dr. Carl V.E., Minn. State Dental Ass'n., 2236 Marshall Ave., St. Paul

Deephaven Montessori School, Inc. 188 So. Circle A Drive, Wayzata, Minn. 55391

Environment Reporter, 1231 25th St., N.W., Washington D. C.

Fawley, Lyle, Graco, PO Box 1441, Minneapolis 55440

Higgins, J.C., Brotherhood Rwy. Clerks, 2317 W. 7th St., Duluth

Janke, John R., Burger Chef Systems, Inc., 250 North St., White Plains, New York 10625

Kurtz, Mrs. Kirsten, Minn. Nurses Assn., 1821 Univ. Ave., St. Paul 55104

Markham, B. B., 2250 IDS Center, 80 S. 8th St., Mpls 55402

Merck & Co., Inc. Rahway, N.J., Attn: Off of Gen. Counsel

Minneapolis & Hennepin County Mental Health Clinic, 619 S. 5th St., Minneapolis 15

Minn. Nurses Assn., Attn: Geraldine Wedel, 1821 Univ. Ave. Rm. 152, St. Paul 55104

Minn. State Pharmaceutical Ass'n., 2388 University Ave., St. Paul 55104

Parke, Davis & Company, P. O. Box 118, Detroit 32, Michigan

Patrick, Peter, 101 Central Ave., S.E., Minneapolis

Perso, E. R., 4411 Branson St, Mpls 55424

Planning and Advisory Comm. of Crow Wing County, Court House, Brainerd 56401

Roesler, Immanuel F., 6700 Portland Ave. S., Richfield 55423

Sanford, S. M., 7600 Portland Ave., Richfield, Minneapolis, Minn. 55423

Schneider, Dorothy, St.Paul Bur.Health, 555 Cedar St, St.Paul 55101

Walgreen, J.E.Krahulec, 4300 Peterson Ave, Chicago, Ill. 60646

DIV. OF ENVIRONMENTAL SANITATION

U. S. Soil Conservation Serv., 517 Red. Courts Bldg., St. Paul (Swimming pools)

HOTELS, RESORTS, RESTAURANTS

U. S. Soil Conservation Serv., 517 Red. Courts Bldg., St. Paul (trailer parks, etc)

MINN. PLUMBING CODE only

Hendricks, Manley, c/o Tyler Pipe Industries, Box 2027, Tyler, Texas 50701

Higgins, Robert G. - Room 300B, 1409 Willow St., Minneapolis 55403

Sharp, Richard H., 964 W. Cecil St., Neenah, Wisconsin 54956

CEMETERIES

Fox, Howard - 244 Dayton Ave., St. Paul 55102

STATE OF MINNESOTA
OFFICE of SECRETARY of STATE

NOTICE of HEARINGS MAILING LABEL SYSTEM

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BLOOMINGTON CITY CLERK	2215 W OLD SHAKOREE RD	BLOOMINGTON	MN	55431
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CRAVEN NORMAN	10637 THOMAS AVE S.	BLOOMINGTON	MN	55431
GENERAL MILLS INC-CORP ENG	9000 PLYMOUTH AVE N	MPLS	MN	55427
KEABLE MIKE	909 6TH AVE N	ST CLOUD	MN	56301
MILLER PAUL J PHARMACY SERV	ST MARYS HOSP	ROCHESTER	MN	55901
PFEIFER AND SHULTZ, INC	1433 UTICA AVE S	MPLS	MN	55416
WALD JEAN	5746 SANDER DR	MPLS	MN	55417

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366 JACKSON ST
ST PAUL MN
55101

AM INST PROF GEOLOGISTS
2201 PRINCETON AVE
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ANCHOR BLOCK COMPANY
PO BOX 3360
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55165

ANDERSON HAROLD
BOX 3047
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ANDERSON JAMES
7703 NORMANDALE RD
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ANTHONY R.S. E.L.M.
1222 FOURTH ST. S.E.
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55414

ARMOUR AND COMPANY
UNION STOCK YARDS
SO ST PAUL MN
55075

ARVER JOHN A
2467 COHANCY
ST PAUL MN
55113

ASMUSSEN,DENNIS,MPIRG
3036 UNIV AVE SE
MPLS MN
55414

ASSN OF MINN COUNTIES
55 SHERBURNE AVE #203
ST PAUL MN
55103

ASSN RESIDENCES FOR RETARDED
459 RICE SUITE 301
ST PAUL MN
55103

BABCOCK LOCHER NELSON ET AL
118 E MAIN ST
ANOKA MN
55303

BADALICH JOHN P
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SO ST PAUL MN
55075

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2600 109 AVE N W
COON RAPIDS MN
55433

BEUTEL ROBERT
2200 SILVER LAKE RD
NEW BRIGHTON MN
55112

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PLACEMENT BUR.J.C.BRADY
BEMIDJI MN
56601

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609 PROVIDENCE BLDG.
DULUTH MN

BEUTEL ROBERT
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~~ST CLOUD~~ MN
~~56301~~ New Brighton MN 55112

BLOMQUIST BARRY L

NORTH BRANCH MN
55056

BRIGHAM E M III
RR4
RED WING MN
55066

BROEKER JOHN
2850METRO DR. SUITE 504
BLOOMINGTON MN
55420

BRUBACHER RICHARD COMM ADM
208 ADM BLDG
ST PAUL MN
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BRUNING C.R.DEPT.CLINIC.EXP.
BURTON HALL
MPLS. MN
55455

ALTMAN MILTON H
707 DEGREE OF HONOR BLD
ST PAUL MN
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AM CAMPING ASSN MRS LEACO
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NEW BRIGHTON MN
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ANDERSON GRAHAM
951 E HENN
MPLS MN
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418 8TH ST. SO.
VIRGINIA MN
55792

ANDERSON STANFORD P
14600 MINNETONKA BLVD
MINNETONKA MN
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ANTHONY DICK WDSM RADIO
230 E. SUPR ST
DULUTH MN
55102

ARNOLD ROBERT MESPA
41 SHERBURNE
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ARROWHEAD REGIONAL DEV CO
900 ALWORTH BLDG
DULUTH MN
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910 BUILDERS EX BLDG
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NATIONAL BLDG
MPLS MN
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8100 34TH AVE SO
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10 10 1ST ST SO
HOPKINS MN

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MPLS MN
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1ST NATL BANK BLDG
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332 HAMM BLDG
ST PAUL MN
55102

BRIGGS & MORGAN - B F FRI
2200 W 1ST NATL BK BLDG
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854 MIDLAND BK BLDG
MPLS MN
55401

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IND DIST #561
GOODRIDGE MN
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BURGER ALBERT
600 DEGREE OF HONOR BLD
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BUR.ENGR.IND.DIV. MR.KIBI
219 N. 2ND ST.
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BUSCH ADEL
3131 FERNBROOK LANE N
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55016

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BENSON RADIO ARCADE BLD
BENSON MN
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1139 FRANKLIN AVE
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ST LOUIS PARK MN
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RED WING MN
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DIEHL JOHN
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PRESS RM STATE CAPITOL
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47 BLDG
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HEAD & TRUHN
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C/O BARBAROSSA R3
OSSEO MN
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COURT HOUSE
ANOKA MN
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SLEEPY EYE MN
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ROCHESTER MN
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ST CLOUD MN
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F J SCHULT BLDG
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BEMIDJI MN
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HINRICHSEN PATRICK
MANKATO FREE PRESS
MANKATO MN
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HOLDAHL SCOTT
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MPLS MN
55415

HOUSE APPROPRIATIONS COMM
RM 109 STATE CAPITOL
ST PAUL MN
55101

HOUSE ED STANDING SUB COMM
RM 109 STATE CAPITOL
ST PAUL MN
55101

HUMAN RIGHTS DEPT
60 STATE OFF BLDG
ST PAUL MN
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ST CLAF COLLEGE
NORTHFIELD MN
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JENOS INC
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BLUE EARTH MN
56013

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55107

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647 CAPITOL SQ BLDG
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LANAHAN E F - SIBLEY CO
184 E 6TH ST
ST PAUL MN
55101

LAPP LAZAR LAURIE ET AL
1200 BUILDERS EXCHANGE
MINNEAPOLIS MN
55402

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MPLS MN
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555 WABASHA
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55102

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55113

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2077 SELBY AVE
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55104

MCFADDEN G H DISPATCH-PR
55 E 4TH ST
ST PAUL MN
55101

MALONE E I COMM LABOR & I
444 LAFAYETTE RD 5TH FL
ST PAUL MN
55101

MANTHEY T J PICKANDS MATHER
1100 SUPERIOR AVE
CLEVELAND OH
44114

MASTOR & MATTSON LTD
315 PEAVEY BLDG
MPLS MN
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867 GRAND AVE
ST PAUL MN
55105

MEIEROTTO, JOAN
1794 SO LEXINGTON
ST PAUL MN
55118

METROPOLITAN COUNCIL LIBRARY
300 METRO SQUARE
ST PAUL MN
55155

MIDLAND GLASS- HD SPURLIN
PO BOX 69
SHAKOPEE MN
55379

MPLS CHAMBER COMM TRANSP DPT
15 S 5TH ST
MPLS MN
55402

MPLS CITY ATTORNEY
325M CITY HALL
MPLS MN
55415

MIDLAND GLASS-HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MINN APT ASSN
GRIGGS-MIDWAY BLDG
ST PAUL MN
55104

KOLLER MR & MRS ERWIN A
1568 DULUTH ST
ST PAUL MN
55108

KOPP MRS VERNON
2050 65TH ST E
INVER GR HGHT MN
55075

KRONLOKKEN J E
10048 NORD RD
BLOOMINGTON MN
55437

LANGVIN DAVID
7500 80TH ST S
COTTAGE GROVE MN
55016

LANSING & CAKES
400 SIBLEY ST
ST PAUL MN
55101

LARSON HANS P DIV HOSP SERV
717 DELAWARE ST SE
MPLS MN
55440

LEAGUE MN MUNIC
300 HANOVER 480 CEDAR
ST PAUL MN
55101

LINDALL & JONATHAN DEVELOP.
VILLAGE ONE CENTER
CHASKA MN
55318

LOCKNER GARY
R R 1 BOX 23
BAUDETTE MN
56623

LYNCH DONALD SIBLEY CO
184 E 6TH ST
ST PAUL MN
55102

MCKIBBON MRS SHIRLEY
11 EVERGREEN LN
BABBITT MN
55706

MCLELLAN LARKIN
215 ADM BLDG ST CAPITOL
ST PAUL MN
55101

MANKATO STAT STUDENT SENATE
CENTENNIAL STUDENT UN
MANKATO MN
56001

MANKATO STATE STUDENT ASSN
BOX 58 MANKATO COLLEGE
MANKATO MN
56001

MAUL WARREN E
320 S 4TH ST
MPLS MN
55415

MAYO FOUNDATION G ORWOLL
200 FIRST AVE NW
ROCHESTER MN
55901

MERRITT GRANT POLLUTION CONT
1935 W CO RD 32
ROSEVILLE MN
55113

MET TFR MEN ASSN A ROSENTHAL
1821 UNIV AVE
ST PAUL MN
55104

MILLER RICHARD A
1020 PLYMOUTH BLDG
MPLS MN
55402

MILLER TOM
2311 PILLSBURY AVE S
MPLS MN
55404

MPLS STAR PRESS ROOM
STATE CAPITOL
ST PAUL MN
55101

MPLS TRIBUNE CITY DESK
425 PORTLAND AVE
MPLS MN
55415

MINN ASPHALT PAVEMENT ASSN
555 WABASHA RM 209
ST PAUL MN
55102

MINN ASSN COOPERATIVES
55 SHERBURNE AVE
ST PAUL MN
55103

MINN ASSN WATERSHED DIST'S

ADA MN
56510

MINN AUTOMOBILE DEALERS A
GRIGGS MIDWAY BLDG
ST PAUL MN
55104

MINN COUNCIL STATE EMP NO 6
475 RICE ST
ST PAUL MN
55103

MINN DEPT HEALTH J C MCKA
717 DELAWARE S E
MPLS MN
55440

MINN ENV LAW INST INC
PO BOX 15076 COMM STA
MPLS MN
55415

MINN FARMERS UNION PRES O
1275 UNIV AVE
ST PAUL MN
55104

MINN. HOTEL & MTR. ASSN
2001 UNIVERSITY AVE
ST PAUL MN

MINN HOUSING INST N T CAR
7801 METRO PKWY
MPLS MN
55420

MINN LP GAS ASSN
7515 WAYZATA BLVD 106
MPLS MN
55426

MINNE MINE CREDIT UNION
3000 HUDSON PK S 100
ST PAUL MN
55119

MINN POULTRY & HATCHERY ASSN
BOX 158
MADELIA MN
56062

MINN RETAIL FEDERATION
7600 PARKLAWN STE 457
MPLS MN
55435

MINN RETAIL HARDWARE ASSN
3033 EXCELSIOR BLVD 313
MPLS MN
55416

MINN SOC CERTIFIED PUB ACCTS
1102 WESLEY TEMPLE BLDG
MPLS MN
55403

MINN STATE BAR ASSN
100 MINN FED BLDG
MPLS MN
55402

MINN STATE MED ASSN
375 JACKSON ST
ST PAUL MN
55101

MINN STATE RETIREMENT SYS
529 JACKSON ST
ST PAUL MN
55101

MINN.TURKEY GROWERS ASSN
2383 UNIV AVE
ST PAUL MN
55114

MINN VETERANS MED ASSN
24 S 6TH ST
MPLS MN
55402

MN PUB INT RESEARCH GROUP
3036 UNIV AVE SE
MPLS MN
55414

MOFFITT R.C. DIR.ENV.CONT
MPLS.CITY HALL RM 301M
MPLS MN
55415

MN. ASN.C&IND H.D.PETERSON
480 CEDAR ST.
ST.PAUL MN
55101

MINN AFL-CIO, L O LA SHOMB
414 AUDITORIUM ST
ST PAUL MN
55102

MINN ASSN ELEC COOPERATIVES
4901 W 77TH ST
MPLS MN
55435

MINN. ASSN. PET RETAILERS
1115 2ND AVE. SO.
MINNEAPOLIS MN
55403

MINN COMM FOR HANDICAPPED
METRO SQ 492 7TH & ROBT
ST PAUL MN
55101

MINN COMMUNITY DEVELOP SERV
512 ROSSMOR BLDG
ST PAUL MN
55101

MINN DENTAL HYGIENISTS
5041 YVONNE TERRACE
MPLS MN
55436

MINN ELECTRICAL ASSN INC
525 SO 7TH
MPLS MN
55415

MINN FOOD RETAILERS ASSN
555 WABASHA
ST PAUL MN
55101

MINN HEREFORD-LJ SCHAFER

BUFFALO LAKE MN
55314

MINN HWYS MANAGEMENT SERVICE
407 HWY BLDG
ST PAUL MN
55101

MINN LAND USE COMMITTEE
4344 IDS CENTER
MPLS MN
55402

MINN.MTR.TRANSP. .J.N.DENN
1821 UNIV.
ST.PAUL MN
55104

MINN PETROLEUM COUNCIL
1020 NORTHERN FED BLDG
ST PAUL MN
55102

MN REP STATE CENTRAL COMM
555 WABASHA AVE
ST PAUL MN
55102

MINN RESTAURANT ASSN
2001 UNIVERSITY AVE.
ST PAUL MN 55
104

MINN SCH BUS OPERATORS ASSN

FARIBAULT MN
55021

MINN SOCIETY ARCHITECTS AIA
NW NATL BK BLDG
ST PAUL MN
55101

MINN ST BD PHAR P G GRUSSING
1965 FORD PKWY
ST PAUL MN
55116

MINN STATE CAPITOL EMP UNION
PO BOX 3215
ST PAUL MN
55165

MINN TEAMSTERS CREDIT UNION
2021 HENN AVE E
MPLS MN
55413

MINN TBR PRODUCERS ASSN
200 CHRISTIE BLDG
DULUTH MN
55802

MINN WATER RESOURCES BD
RM 206 555 WABASHA ST
ST PAUL MN
55102

MINN-WISC BOUNDARY AREA COMM
600 2ND ST
HUDSON WI
54016

MORTON BUILDINGS INC
R #1
FOLEY MN
56329

MPIRG
BOX 45 ST MARYS COLLEGE
WINONA MN
55987

NASS GEO V HENN CO GEN HOSP
5TH AND PORTLAND AVE
MPLS MN
55415

NATL CAR RENTAL ATT D MIT
5501 GREEN VALLEY DR
MPLS MN
55437

NAT'L SOLID WASTES-R. GRASSO
1730 RHODE ISLAND AV.NW
WASHINGTON DC
20036

NCEC INC C/O DR DAHLBERG
CONCORDIA COLLEGE
MOORHEAD MN
56560

NESBITT JOHN
7851 METRO PKWY S 118
MPLS MN
55420

NEUMAN RALPH W
RT 2 BOX 125
EMBARRASS MN
55732

NORTH CENTRAL ELEC ASSN
PO BOX 202
BATTLE LAKE MN
56515

NW COUNTRY ELEVATOR ASSN
802 GRAIN EXCH BLDG
MPLS MN
55415

NW BELL TEL CO LEGAL DEPT
224 S 5TH ST RM 2000
MPLS MN
55402

NYQUIST DEAN A
3707 53RD PL N
BROOKLYN CTR MN
55429

OFFICE OF THE GOVERNOR
130 STATE CAPITOL
ST PAUL MN
55101

OLD COLONY GAS & OIL COMP
17TH AVE N AT 2ND ST
MPLS MN
55411

PATTISON ORVIS
BOX 645
WILLMAR MN
56201

PETERSON JOHN W
510 NW BK BLDG
ST PAUL MN
55101

PETERSON GARY
854 MIDLAND BK BLDG
MPLS MN
55401

POPOVICH PETER S
314 MINN BLDG
ST PAUL MN
55101

PORTER LYLE O

TRACY MN
56175

POYZER ROBT
BOX 675
FERGUS FALLS MN
56357

PRAUSE JOS.C.
2220 105TH AVE.N.W.
COON RAPIDS MN
55433

QUIRIN E W
408 HWY BLDG
ST PAUL MN
55155

MOOD R BLOOMINGTON HLTH DEPT
10200 PENN SQ
BLOOMINGTON MN
55431

MOONEY, MICHAEL A.
BOX 903, ST.JOHN'S UNIV
COLLEGEVILLE MN
56321

MUELLER SHIRLEY A
787 W COTTAGE AVE
ST PAUL MN
55117

NATL COUNCIL JEWISH WOMEN
4330 CEDAR LK RD
MPLS MN
55416

NATL FAMILY INS CO
2147 UNIV AVE
ST PAUL MN
55114

NELSON DONALD E NSP CO
414 NICOLLET AVE
MPLS MN
55401

NEDELL HAROLD - MEINEKE
6300 W LOOP S SUITE 200
BELLAIRE TX
77401

NIELSEN STOCK & BLACKBURN
415 730 BLDG
MPLS MN

NO SUB MONTESSORI-S SADDLER
2487 HELEN COURT
NO ST PAUL MN
55109

NURSING HOME ADMRS BD EXAMRS
277 W UNIV AVE
ST PAUL MN
55103

NUTTER JULIA
743 W MONTANA
ST PAUL MN
55117

O'BRIEN J.DENNIS
1100 1ST NATL.BANK BLDG
MINNEAPOLIS MN
55402

OCONNOR GREEN THOMAS ET AL
845 NW BANK BLDG
MPLS MN
55402

OSTRUM DONALD E
10213 PIERCE ST NE
BLAINE MN
55434

OTTER TAIL POWER CO.
215 S. CASCADE ST.
FERGUS FALLS MN
56537

PAYNE COL ALVIN

DEGRAFF MN
56233

PAYNE WM B
2400 FIRST NATL BK BLDG
MPLS MN
55402

PHAR MFGRS ASSN WM D PATTON
1155 15TH ST NW
WASHINGTON DC DC
20005

PHILLIPS LEGISLATIVE SERVICE
459 RICE ST
ST PAUL MN
55103

PORT AUTH CITY OF ST PAUL
330 MINNESOTA BLDG
ST PAUL MN
55101

POSS DONALD G
6301 SHINGLE CREEK PKWY
BROOKLYN CTR MN
55430

PULSCHER RBT SPRINGSTED INC
813 OSBORN BLDG
ST PAUL MN
55102

RAUENHORST CORP-C ANDERSON
7900 XERXES S. S-2200
MPLS MN
55431

RED OWL STORES INC
215 E EXCELSIOR AVE
HOPKINS MN
55343

RAMSEY CO MEDICAL SOCIETY
1500 LOWRY MEDICAL BLDG
ST PAUL MN
55102

RICHARDSON THOS
7851 METRO PKWY S 103
MPLS MN
55420

ROBBIE JOSEPH
904 CARGILL BLDG NO CTR
MPLS MN
55402

ROBERTS DAVID E
1260 NW NATL BK BLDG
ST PAUL MN
55101

SAN SIMEON DEVELOP CORP
OLD 1ST STATE BK BLDG
PAYNESVILLE MN

SAX DOVE & STENSON
310 ENDICOTT BLDG
ST PAUL MN
55101

ST PAUL ASSN PLBG HTG MEC
614 AM NATL BK
ST PAUL MN

SCARBOROUGH WILLIAM
DIV.ED. U.M.
MORRIS MN
56267

SCHLICHT REV ROBT
611 W MAIN ST
BELLE PLAINE MN
56011

SCHMIDT LARRY WCCO-TV NEWS
50 S 9TH ST
MPLS MN
55402

SCHNEIDER MAHLON
GREEN GIANT
LESUEUR MN
56058

SCHWERMAN EARL JR
1535 8TH AVE SE
ROCHESTER MN
55901

SCHWINN ROBT.P.
1400 SOO LINE BLDG.
MPLS. MN
55402

SENATE COUN OFF J ST MARIE
STATE CAPITOL
ST PAUL MN
55101

SENATE FINANCE COMMITTEE
113 STATE CAPITOL
ST PAUL MN
55101

SHARP BOB
4125 HIGHWOOD RD
ST LOUIS PK MN
55416

SHAW ROBERT M
616 MOBIL OIL BLDG
MPLS MN
55402

SKELLY OIL CO R R WELLINGTON
PO BOX 436
KANSAS CITY MO

SLOCUM CHARLES A
1203 IDS TOWER
MPLS MN
55402

SNYDER ROBERT W
248 CO B U OF M
ST PAUL MN
55101

SODERMAN ANTHONY
152 S PLAZA BLDG
MPLS MN
55416

RADMAN RICHARD-LABOR TEMPLE
418 AUDITORIUM
ST PAUL MN
55102

RANALLO CLARENCE
800 CENTRAL AVE N E
MPLS MN
55413

REID DAVID H
5633 WASHBURN AVE S
MPLS MN
55410

RENNER R.H. ST PAUL AREA CC
300 OSBORN BLDG.
ST PAUL MN
55102

RICHARDS MONTGOMERY ET AL
1430 RAND TOWER
MPLS MN
55402

RICE DAVID
175 AURORA
ST PAUL MN
55103

ROSS ALFRED
6356 WARE RD
LINO LAKES MN
55014

RUDY FLOYD
118 AVE C
CLOQUET MN
55720

SANFORD SID
7000 PORTLAND AVE
RICHFIELD MN
55423

SATHRE, HARVEY
375 MARION STREET
ST PAUL MN
55103

ST PAUL BUR HLTH DR P COX
555 CEDAR ST
ST PAUL MN
55101

ST PAUL FOOD RETAILERS ASSN
1220 ARCADE
ST PAUL MN
55106

SCHMIDT D R MN ASSN REALTORS
6101 WAYZATA BLVD
MPLS MN
55416

SCHMIDT H W TCHRS RETIREMENT
302 CAPITOL SQ BLDG
ST PAUL MN
55101

SCHUTZ LINDA
RM 328 CAPITOL BLDG
ST PAUL MN
55155

SCHWARTAU NEAL METH HOSP
201 W CENTER ST
ROCHESTER MN
55901

SCHNEIDER & NEESER
706 1ST ST SO PO BX 876
WILLMAR MN
56201

SCHROEDER ALFRED H
2172 CARROLL AVE
ST PAUL MN
55104

SENATE GOV OP COMM
RM 303 STATE CAPITOL
ST PAUL MN
55155

SHABATURA EUGENE H
2833 LAKE AVE SO
DULUTH MN
55811

SHELL OIL CO. W.A. ROQUET
ONE SHELL PLAZA BX 2463
HOUSTON TX
77001

SITE ENGINEERS INC
900 REDWELL LANE
APPLE VALLEY MN
55124

SMERIKA WM.
BOISE CASCADE PAPERS
INTL FALLS MN
56649

SNELL LYN
BOX 314
EDEN VALLEY MN
55329

STANSFIELD ARLENE LAND OLKS
PO BOX 116
MPLS MN
55440

STATE BD. BARBER EXAMINERS
555 WABASHA
ST PAUL MN
55102

STEELWORKERS CREDIT UNION
BOX 250
BABBITT MN
55706

STENSLAND M.E. PRES. MVMA
203 NW 22ND ST.
AUSTIN MN
55912

STUPKA & MOREM
MIDTOWN BLDG
AUSTIN MN
55912

SULLIVAN J KIRK
PO BOX 200
BOISE ID
83701

SWANSON BURT E
W-2162 1ST NATL BK BLDG
ST PAUL MN
55101

SWANSON DALE
P O BOX 339
FOREST LAKE MN
55025

TATE VERN 3M CO
3M CENTER 220/6W
ST PAUL MN
55101

TIMESAVERS INC ATT R S VOLD
5270 HANSON COURT
MPLS MN
55422

TOUCHE ROSS & CO K H STOCKE
780 NORTHSTAR CNTR
MPLS MN
55402

UNION STOCK YARDS
ATTN PRES
SO ST PAUL MN
55075

VAN EVERA MUNDT ET AL
700 TORREY BLDG
DULUTH MN
55802

VERRILL JOHN E
DEPT SECONDARY ED UOF M
DULUTH MN
55812

VOSS REV GORDON O
11120 NE 7TH ST
BLAINE MN
55434

VOS LERCY
2137 BURNS AVE
ST PAUL MN
55119

WALTERS THOS H
4510 W 77TH ST STE 235
MPLS MN
55435

WANQUIST ALLEN
RM 252 FEDERAL BLDG
ST PAUL MN
55101

WHITLOCK A G
ECON LAB OSBORN BLDG
ST PAUL MN
55102

WM. MITCHEL COLLEGE LAW LIB.
2100 SUMMIT AVE.
ST. PAUL MN
55105

WIS FEEDER PIG MARKET CO-OP

FRANCIS CREEK WI

WOLKERSTORTER THEODORE
676 17TH AVE NW
NEW BRIGHTON MN
55112

MILLER PAUL J,
PHARMACY SERVICES
ST MARYS HOSP
ROCHESTER, MN 55901

STATE BD VETERINARY EXAMINER
C/O DR A C SPANNAUS DVM
WACONIA MN

STD AM LIFE & ANNUITY CO
3801 W 50TH ST
MPLS MN
55410

STROBEL LOUIS
RM 1180 176 E 5TH ST
ST PAUL MN
55101

STOLPESTAD BROWN & SMITH
1550 NW BK BLDG
ST PAUL MN
55101

SUMMIT NATL BANK D L MORRILL
205 AURORA AVE
ST PAUL MN
55103

SUSSEL CO.ATTN:TED SCHWEN
1850 COMO AVE.
ST PAUL MN
55108

SWANSON GERALD H
212 CITY HALL
ROCHESTER MN
55901

SWEITZER R L HONEYWELL IN
2701 4TH AVE S
MPLS MN
55408

THOMPSON CONRAD
1107 23RD ST NW
ROCHESTER MN
55901

THOMPSON HESSIAN ET AL
1500 MIDWEST PLAZA BLDG
MPLS MN
55402

TWIN CITY RETAIL DRUGGIST AS
2388 UNIV AVE
ST PAUL MN
55104

VAN CLEVE JOHN H
2101 HENN AVE
MPLS MN
55405

VAN DRAKE STEPHEN R
BOX 353
PELICAN RAPID MN
56572

VILLAGE OF WOODBURY-F.STRONG
561 TOWER DRIVE
NEWPORT MN
55055

VOLDNESS PERRY
IDS 8TH & MARQUETTE
MPLS MN
55402

WALIGORA ROBERT
3228 SO 17TH AVE
MPLS MN
55407

WELK G V NORTHERN STATES
414 NICOLLET MALL
MPLS MN
55401

WESTIN CHAS W
220 MEDICAL ARTS BLDG
DULUTH MN
55802

WILEY ENTERPRISES
101 5TH AVE SE
OSSEO MN
55369

WILSON R GARY PDQ INDUSTR
1GATEWAY CENTER
PITTSBURGH PA
15222

WOZNIAK D D
401 FIRST FED BLDG
ST PAUL MN
55101

WYANT CLINTON W ATTY

ATKIN MN
56431

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of Proposed
Rules Relating to Freestanding
Outpatient Surgical Centers

STATEMENT OF NEED

The above-captioned rules are not amendments to existing rules of the State Board of Health.

The need to adopt these rules arises because free-standing outpatient surgical centers are presently developing in our state. Their purpose is to provide minor surgery on an outpatient as an alternative to hospitalization at a substantial reduction in cost to the patient. The Board is concerned that this service is provided in a safe, healthful and sanitarily operated facility. The Board has the statutory authority to establish rules setting standards for the licensure of an institution which provides health care for human beings under Minn. Stat. 144.12 and 144.55 to 144.56. These rules are proposed to achieve those ends.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter or Proposed
Rules Relating to Freestanding
Outpatient Surgical Centers

APPOINTMENT

David J. Giese is hereby appointed to serve as hearing officer on behalf of the State Board of Health in the above-captioned matter, said hearing to be held on April 1, 1975, and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

This appointment is made pursuant to the following authority: resolution of the State Board of Health adopted at its meeting on November 14, 1974.

STATE OF MINNESOTA

BOARD OF HEALTH

Warren R. Lawson

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Dated: February 14th, 1975.

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of the Proposed
Rules Relating to Outpatient
Surgical Centers (Freestanding)

FINDINGS OF FACT

The above-entitled matter came on for hearing before the Minnesota State Board of Health on the 1st day of April, 1975, at 9:00 A.M., in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (1974) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose [and also upon other persons, associations and groups of which the State Board of Health was aware as possibly having an interest in the above captioned rules].

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, the Board makes and enters the following findings:

1. Authority to adopt regulations pertaining to Outpatient Surgical Centers is contained in Minn. Stat. §§ 144.12 and 144.55 to 144.56 (1974). These statutes grant the Board the authority to license and adopt regulations for hospitals and other related institutions which set standards for the construction, equipment, maintenance and operation of the building and to the health, treatment, comfort,

safety and the well-being of the persons accommodated for care. Outpatient surgical centers fall within the "other public institutions" and "related institutions" provisions of these statutes since they perform many of the functions of a hospital.

2. There is a need for these regulations. The concept of outpatient surgical centers is one which is spreading throughout the nation as an attempt to reduce the cost of minor surgery. Currently, an outpatient surgical center is in operation in St. Cloud and one is planned, although not yet operational, in St. Paul. It is necessary to adopt these rules to ensure that these and other facilities to be built in the future are constructed and operated in a manner which fully protects the health and safety of the patients. The Board finds that these regulations, as adopted, are reasonable and necessary to carry out these purposes.

3. As proposed at the public hearing, the definition of an outpatient surgical center would not include a physician's office or clinic for the practice of medicine or the delivery of primary care. Dentists' offices and clinics were not specifically excluded although the rationale for excluding them is identical to that expressed for a physician's office. Thus, it was never intended that these regulations should apply to a dentist's office. The rule has been amended to correct that oversight and specifically exclude any dentist's office.

4. MHD 412 defines various words or phrases found in these regulations. This rule has been modified slightly since the hearing for purposes of clarity. It has been determined that a definition of surgery will clarify the Board's position as to the type of procedures an outpatient surgical center is to perform. It is not the intent of these regulations to control the performance of procedures

which can be and are performed safely in the practitioner's office. The intent is to assure patient safety before, during and after surgical procedures which have heretofore usually been performed in hospitals and which require the use of anesthesia and may result in blood loss. This definition is found to be reasonable and consistent with the regulation as proposed at the public hearing.

5. MHD 412 has also been amended pursuant to testimony submitted at the public hearing suggesting that provision be made for the status of dentists in the utilization of outpatient surgical centers. Pursuant to this testimony, the amendment simply states the legal definition of a dentist, that is, a person duly licensed by the Board of Dental Examiners pursuant to Minn. Stat. ch. 150A. The Board finds that this amendment goes neither to another subject matter nor to a rule fundamentally different from that contained in the notice of hearing.

6. At the public hearing, a representative of the Board testified that the intent of MHD 413 (a) is to obtain full disclosure of the ownership of an outpatient surgical center. Some language has been added to this section to more clearly demonstrate this intent. This new language is found to be consistent with the regulation as proposed at the public hearing.

7. MHD 413 (12) has been amended since the public hearing to express a concept that was implicit in the regulations as proposed in the notice of hearing. Certain physical plant deficiencies in the existing outpatient surgical center may not unduly compromise patient safety. Further, correction of deficiencies relating to area sizes or distances could involve major remodeling and undue hardship. In such instances, it is questionable whether the Board could properly make a retrospective application of the regulations. Accordingly,

this rule would allow such minor deficiencies to exist and is found, therefore, to be reasonable and necessary.

8. MHD 420 (5) in the regulations that went to public hearing required that electrical installations be installed and tested in accordance with the National Electrical Code, 1971 Edition. However, MHD 416 (2)(b) required that operating rooms using flammable anesthetic be designed in accordance with the National Electrical Code, 1975 Edition. To eliminate this inconsistency, the Board is requiring that the 1975 edition be followed in all instances and is amending MHD 420 (5) accordingly. The Board finds that this modification is necessary for uniformity in the application of safety standards among outpatient surgical centers.

9. Testimony was submitted at the public hearing which cited increasing evidence that exposure to waste gases in an operating room can adversely affect persons who are exposed to them over a long period of time. Accordingly, MHD 423 was amended to provide for the venting of the waste anesthesia gas. The Board finds this amendment to be reasonable and supported by the testimony in the record.

10. Based upon comments and suggestions made at the hearing, some modifications were made in the regulations. In no instance do these modifications go to a different subject matter or result in a rule fundamentally different from that contained in the notice of hearing.

11. Other provisions of the regulations not specifically referred to herein are found to be reasonable, necessary and supported by the record.

12. These regulations are in keeping with the legislative mandate of Minn. Stat. §§ 144.12 and 144.55-144.56 (1974). The close similarity between the type of care rendered by outpatient surgical centers and hospitals

makes it imperative that the Board regulate such centers in the interest of patient safety and care.

Dated: May 23, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH

Robert A. Willmarth

ROBERT WILLMARTH
President

CERTIFICATE OF BOARD'S

ADOPTION OF RULES RESOLUTION

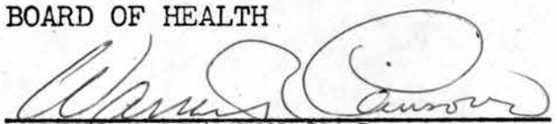
I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Health duly and properly called and held on the 8th day of May, 1975; that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that the rules relating to Outpatient Surgical Centers (Freestanding) identified as MHD 411-430 are found to be reasonable, necessary and supported by the evidence contained in the record, and are hereby approved and adopted, pursuant to authority vested in us by Minn. Stat. §§ 144.12 and 144.55-144.56 (1974) and that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and hereby is authorized to sign an order adopting those rules."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 9th day of June, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

CERTIFICATE OF BOARD'S

AUTHORIZING RESOLUTION

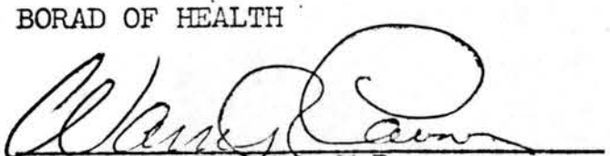
I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Health duly and properly called and held on the 14th day of November, 1974, that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and he hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Health relating to Outpatient Surgical Centers as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as acting as or appointing a presiding officer at all hearings."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14th day of February, 1975.

STATE OF MINNESOTA

BORAD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of the Proposed Rules Relating to Outpatient Surgical Centers (Freestanding).

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Minnesota State Board of Health on the 1st day of April, 1975, at 9:00 A.M. in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (1974) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, and having confirmed the need for the above-captioned rules.

NOW, THEREFORE, IT IS ORDERED that these rules identified as Rules Relating to Outpatient Surgical Centers (Freestanding) are adopted this 9th day of June, 1975, pursuant to authority vested in me by Minn. Stat. §§ 144.12 and 144.55-144.56 (1974), and by resolution of the Minnesota State Board of Health duly adopted at a meeting of the said Board on the 8th day of May, 1975.

STATE OF MINNESOTA
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATEMENT OF COMPLIANCE WITH

MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General John A. Breviu, do hereby declare that I have examined the proposed rules relating to Outpatient Surgical Centers (Freestanding) and all related documents and that, based on them and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: June 9, 1975.

John A. Breviu

JOHN A. BREVIU
Special Assistant
Attorney General

PROPOSED

Regulations of

THE MINNESOTA STATE BOARD OF HEALTH

for

OUTPATIENT SURGICAL CENTERS

(Freestanding)

F I N A L D R A F T

January 15, 1975

Minnesota Department of Health
Division of Health Facilities
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

MINNESOTA DEPARTMENT OF HEALTH
Division of Health Facilities
January 15, 1975

FINAL DRAFT

Proposed Regulations of
THE MINNESOTA STATE BOARD OF HEALTH
for
OUTPATIENT SURGICAL CENTERS
(Freestanding)

MHD 411 Legal Authority

(1) The Minnesota State Board of Health pursuant to the authority granted in Minnesota Statutes, Section 144.12 and Section 144.55 to 144.56 hereby adopts the following regulations for the construction, equipment, maintenance, operation and licensing of outpatient surgical centers.

MHD 412 Definitions

(1) "Outpatient surgical center" or "center", means a freestanding facility organized for the specific purpose of providing elective outpatient surgery for preexamined, prediagnosed, low risk patients. Admissions shall be limited to procedures which utilize local or general anesthesia and which do not require overnight inpatient care. It is not organized to provide regular emergency medical services and does not include the physician's office or clinic for the practice of medicine or the delivery of primary care.

(2) "Physician" means a person licensed by the Board of Medical Examiners under the provision of Minnesota Statutes Chapter 147.

(3) "Board" means the Minnesota State Board of Health.

(4) "Department" means the Minnesota Department of Health.

(5) "Licensee" means the responsible person or governing body to whom the license is issued.

(6) "Facility" means the building or buildings, equipment and supplies related to the operation of the center.

(7) "Modification" means alteration, remodeling, addition or other change in a licensed facility or its services.

MHD 413 Licensure

(1) Application for a license to establish and operate an outpatient surgery center shall be made in writing and submitted on forms provided by the Department.

(2) The application shall be made by the person or persons who will own and/or operate the facility and be responsible for its operation.

(3) If the applicant is a corporation, the applicant shall furnish the Department names and addresses of the governing body and names of current officers of the corporation.

(4) In addition to the documentation required in MHD 413 (a)(4), out-of-state corporations shall furnish the Department with a copy of the Certificate of Authority to do business in the State of Minnesota.

(5) A license shall be issued by the Board when compliance has been made with the requirements of these regulations.

(6) A license is issued for one (1) year. Renewal of license is subject to demonstrated compliance with these regulations.

(7) A license is not transferable. A change in ownership requires a new application.

(8) Separate licenses are required for facilities maintained on separate sites, even though operated by the same ownership.

(9) The license shall be conspicuously posted in a public area in the center.

(10) The licensee shall notify the Department in writing of any change of name or address of the licensee and of the administrator.

(11) A center which has been determined by the State Fire Marshal to be out of compliance with the fire safety requirements of the State Fire Marshal is not eligible for licensing.

(12) Architectural and engineering drawings and specifications for new centers or modification of facilities in existing centers shall be submitted to and approved by the Department. New centers and their staffing require approval prior to licensure.

MHD 414 Administration

(1) The person or governing body recorded as the licensee shall be responsible for its management, control and operation.

The licensee shall:

(a) Appoint an administrator, and submit name, adress and qualifications to the Board. This person shall be responsible for management, control, operation, records and reports, as well as compliance with these regulations.

(b) Appoint a medical director or chief of staff who shall be a physician. This person shall be responsible for establishment, implementation and supervision of all medical policies, patients' records, procedures and services of the facility.

(c) Maintain a record of each physician on the staff. This record shall contain his or her name, qualifications, experience and present hospital affiliation, accompanied by a list of procedures and services he or she is authorized to perform.

(d) Designate a registered nurse who shall be responsible for all nursing services and assure that a registered nurse is in attendance at all times when patients are present in the facility.

(e) Provide sufficient additional professional and allied health personnel to administer diagnostic and treatment services as necessary in accordance with the services provided in the facility.

(f) Establish and maintain a program for periodic review of administrative and professional functions and services by means of utilization review and medical audit.

(g) Maintain a written agreement with at least one of the general hospitals in the immediate vicinity for the transfer of patients requiring hospital care in case that emergency or inpatient care is required.

(h) Maintain a written agreement with an emergency ambulance service to assure that such services will be available.

(i) Provide a facility which is constructed, equipped, operated and maintained to satisfy the needs of the services rendered and to maintain safe and sanitary conditions as required by accepted current practice and by these regulations.

(j) Adopt a written disaster plan with procedures for the protection and/or evacuation of all persons in the case of fire or explosion or in the event of floods, tornados or other emergencies.

(2) The medical director and the medical staff shall be responsible to the governing body for patient and staff policies and for medical procedures and services relative to admission, treatment and related emergency treatment.

The medical staff shall:

(a) Establish written policies for the admission and treatment of patients for surgery, including but not limited to:

1. Requirements for preoperative history, physical examinations and diagnostic procedures.

2. Preparation for and administration of anesthesia. Only an anesthesiologist or qualified physician and/or anesthetist shall administer anesthetics other than local infiltration anesthetics.

3. Post-operative patient observation and care.

4. Discharge examinations by physician.

5. Safe transfer to home and follow-up services.

(b) Establish written policies for surgical procedures to be performed.

(c) Establish written policies for the creation and maintenance of a program for infection control.

(d) Provide for orientation and inservice programs for all center personnel as related to their activities, including medical emergency procedures.

(e) Provide for emergency care procedures in the event of surgical complications.

(f) Establish policies for transfer of patients needing hospital care.

(g) Maintain medical records on each patient accepted for treatment. Each patient record shall include: the patient's name, address and telephone number; the operating physician, admission and discharge notes and dates; a signed consent form; pertinent medical history; tests and examinations; admitting diagnosis; surgical procedure and anesthesia report; pathology report where indicated; patient after-care instructions; prescribed medications; and other progress notes. Surgery-related or anesthesia-related complications which result in morbidity or mortality of a patient shall be recorded in detail. Patients' records shall be made available for inspection by the Department and be preserved in accordance with Minnesota Statutes, Sections 145.30-145.33.

(h) Develop and maintain a system for professional peer review.

(i) Assure that all employees, prior to employment and at least annually thereafter show freedom from tuberculosis by means of a standard Mantoux tuberculin test and/or a chest x-ray test as medically indicated. The results shall be reported in writing and made a part of each employee's personnel record.

MHD 415 Administrative Areas

Administrative areas shall include the following elements:

(1) A reserved access to the site for arrival and departure of patients.

(2) A supervised waiting area with reception and seating for arriving and departing patients and persons accompanying patients.

(3) A toilet room for each sex available for the waiting area.

(4) At least one public telephone for use by patients.

(5) Patient consultation room and administrative offices.

MHD 416 Patient Treatment Areas

Treatment areas for patient preparation, surgery and recovery shall be separate.

(1) The patient preparation area shall include the following elements:

(a) An arrangement which permits patient access to the area for initial entry and final departure without passing through the postoperative recovery area; and provides gowned patients access to the surgical suite without entering the recovery area or a public space or corridor.

(b) Dressing rooms which assure privacy, and space for storage and security of patients clothing and belongings.

(c) Examination rooms, each provided with a lavatory with an open drain strainer, a wrist, knee or foot controlled mixing faucet with gooseneck spout, and a single towel dispenser. It shall include examination table and light.

(d) A nurses office or nurse station for patient management, for directing of nursing care, and for keeping patient records, unless the nurses station for the postoperative recovery area is accessible for use.

(e) Space for clinical laboratory services, unless arrangements have been made for obtaining such services outside the center.

(f) A radiology area with equipment and required protection, including toilet room(s) as appropriate, unless such services are provided for outside the center.

(2) The surgical suite shall include the following elements:

(a) Location and arrangement shall prevent unrelated traffic through the suite.

(b) One or more operating rooms. Each operating room shall have a floor area of not less than 225 sq. ft. with a minimum dimension of 15 feet. Walls, ceilings, and floors shall have smooth cleanable surfaces. Equipment shall include an operating table, surgical light, and related accessories for oxygen and vacuum shall be provided. Operating rooms using flammable anesthetic shall be designed in accordance with the NATIONAL ELECTRICAL CODE, 1975 Edition, for such use.

(c) A scrub sink with foot, knee or automatic controls adjacent to the entrance to each operating room, or in a central location convenient to such rooms.

(d) A clean work room for assembly and storage of clean and sterile surgical supplies and instruments. It shall contain a work counter, sink with institutional fittings for handwashing, and storage cabinets or shelving. A high speed sterilizer is required in this area if a sterilizer is not provided in the general clean and sterile supply room.

(e) A soiled work room for disposal or collection of soiled materials generated in surgery. It shall contain a flushing rim sink, work counter with sink for handwashing equipped with institutional fittings, and space for collection of waste and soiled linen.

(f) Space for cleaning, testing and storage of anesthetic equipment. It shall contain a work counter and sink with institutional fittings.

(g) A janitors closet with a service sink and shelving for cleaning supplies for exclusive use by the surgical suite.

(h) Gowning areas for the surgical staff, both male and female. Each area shall contain lockers; toilet; and a lavatory with open grid strainer, wrist, foot or knee control mixing faucet for handwashing; and separate storage provisions for clean and soiled gowns and boots. The areas shall be arranged to provide initial entry without entering the operating suite and shall permit direct access to the surgical suite by staff prepared for surgery.

(3) The postoperative recovery area shall include the following elements:

(a) An arrangement which permits transfer of patients direct from the surgical suite or by route of a nonpublic corridor.

(b) A recovery area that provides access and space for wheeled stretcher traffic and parking and provides patient holding areas with privacy curtains and at least 3 feet of space on each side and foot end of stretchers or recovery beds.

(c) A nurses office or nurse station for patient management, for directing of nursing care, and for keeping patient records. It shall be arranged to offer visual control of the recovery area.

(d) Space for handwashing, charting, drugs, supplies and equipment for patient care and emergency treatment. This includes a flushing rim sink, space for soiled linen collection, and portable or built-in provisions for oxygen and suction in the recovery area.

(e) Medications and narcotics stored in accordance with the requirements of the Minnesota State Board of Pharmacy.

MHD 417 General Service Areas

The general service areas shall include the following elements:

(1) Employee locker areas for street clothes and other belongings, with access to toilet facilities.

(2) A clean supply room for receiving, storage and assembly of clean and sterile supplies. It shall contain a sterilizer unless sterile supplies are received from a central supply service or a commercial supplier.

(3) A room for the processing of soiled instruments and other reusable surgical items, unless such processing is provided by an outside central supply service.

(4) A soiled linen collection room for collection and storage of linen which is to be processed either in an on-premise laundry or by an outside laundry service, unless an all-disposable linen service is utilized.

(5) The laundry, if provided, shall be designed and operated as required by the Department for the processing of institutional linen.

(6) A separate storage area for solid waste. Collection, storage and disposal of regular and infectious waste shall be in accordance with these regulations.

(7) An elevator of a size which can accommodate a standard stretcher and two attendants, if the facility is located at a level without direct access from street or ground level.

(8) A janitors closet with a service sink and with storage space for general use.

MHD 418 Medical Gases and Flammable Liquids

(1) Storage and distribution systems for anesthetic gases and oxygen shall be in compliance with NFPA Standard No. 56A, 1973 Edition, and NFPA Standard No. 56F, 1973 Edition.

(2) Storage or installations for flammable liquids shall comply with NFPA Standard No. 30, 1973 Edition.

MHD 419 General Maintenance

(1) Provisions shall be made for the periodic inspection, testing and calibration of systems and equipment, as appropriate, and records kept.

(2) The facility shall be clean, sanitary and in good repair at all times. Maintenance shall include procedures and program to assure the safety and comfort of patients, visitors and personnel.

MHD 420 Mechanical and Electrical Systems - General

(1) The construction of all mechanical systems shall be in accordance with the State Building Code, 1973 Edition, and with these regulations.

(2) New mechanical systems shall be tested, balanced and operated by the contractors to satisfactorily demonstrate and document to the owner and the Department that the installation and performance of these systems conform to the specified requirements.

(3) Plumbing and other piping systems shall be designed, installed and tested in accordance with the Minnesota Plumbing Code, 1973 Edition.

(4) Lavatories and sinks required in patient care or treatment areas shall be provided with a gooseneck spout or similar elevated spout and shall be trimmed with valve controls which can be operated without the use of hands. All lavatories and sinks shall be provided with a single-use towel dispenser.

(5) Electrical installations and systems shall be installed and tested in accordance with the National Electrical Code, 1971 Edition. A certificate of satisfactory testing for micro shock hazards of sensitive electrical systems shall be submitted to the Department for all new installations.

MHD 421 Emergency Electrical Service

(1) An automatic emergency power source shall be provided for essential lighting, equipment and alarm systems which will restore the power within 10 seconds in case of failure of normal power.

(a) Essential lighting includes the following:

1. Exitways and exit signs.
2. Surgical lights in operating rooms and general illumination in surgical corridors.
3. Laboratory, recovery room, nurses station and in elevator.
4. Boiler room and near source of emergency electrical service within surgical center building.

(b) Essential Equipment and Alarm Systems:

1. Nurses call and/or paging system.
2. Fire alarm system according to State Building Code's and State Fire Marshal's requirements.
3. Receptacles in operating and recovery rooms.
4. Receptacles for equipment that require continuous source of power.
5. Elevator - automatic or manual transfer to emergency electrical service where elevator is used for vertical transport of patients to operating rooms.

MHD 422 Air Conditioning, Heating and Ventilation

(1) The systems shall be designed to provide temperatures and humidities as follows:

Area Designation	Temp. °F	R.H.%
Operating Rooms	70-76 (variable range)	50-60
Recovery Rooms	75 (variable range)	50-60
Other Areas	75 (winter design condition)	

(2) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table A shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(3) Outdoor air intakes shall be located as far as practical but not less than 25 feet from the exhaust from any ventilating system, combustion equipment stack, medical-surgical vacuum system, or sewer vent stack 4" diameter or greater, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes shall be located as high as practical but not less than 4 feet above ground level, or if installed through the roof, 2 feet above the roof level.

(4) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in Table A.

(5) All air supplied to operating rooms shall be delivered at or near the ceiling of the area served and all exhaust air from the area shall be removed near floor level. At least 2 exhaust outlets shall be used in all operating rooms.

(6) The bottom of any room supply air inlets, recirculation and exhaust air outlets shall be located not less than 3 inches above the floor.

(7) 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 toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(8) Induction units with reheat shall not be used in the operating suite.

(9) Filters. All ventilation or air conditioning systems serving the operating suite and all central systems serving other facility areas shall have a minimum of 2 filter beds. Filter bed #1 shall be located upstream of the air conditioning equipment and shall have a minimum efficiency of 25 percent. Filter bed #2 shall be downstream of the supply fan and any recirculating spray water systems and/or water reservoir type humidifier(s). Filter bed #2 shall have a minimum efficiency of 90 percent. The efficiency of filter bed #2 may be reduced to 80 percent for central systems using 100 percent outdoor air and serving areas other than the operating suite.

Exceptions to above:

(a) Independent air handlers serving only a laundry shall have at least one filter bed and this filter bed shall have an efficiency of at least 80 percent.

(b) Independent air handlers serving only administrative spaces and/or bulk storage areas shall have at least one filter bed and this filter bed shall have an efficiency of at least 25 percent.

(10) All filter efficiencies shall be certified by an independent testing agency and shall be based on ASHRAE Standard No. 52-68, except as noted in 7-30D-2-1(2).

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

Each filter bed serving operating room areas or central air systems shall have a manometer installed across each filter bed.

(11) Ducts which penetrate construction intended for X-ray or other ray protection shall not impair the effectiveness of the protection.

(12) Linings in air ducts and equipment shall meet the Erosion Test Method described in Underwriters' Laboratories Publication No. 181. Duct linings shall not be used in air supply systems for operating rooms unless terminal filters of at least 90% efficiency per ASHRAE Standard No. 52-68 are installed downstream of linings.

MHD 423 Special Exhaust Systems

(1) If the air changes required in Table A do not provide sufficient air for use by fume hoods and safety cabinets, additional air shall be provided.

(2) Each laboratory hood shall have an independent exhaust with the fan installed at the discharge point of the system. Laboratory hoods for general use shall have a minimum average face velocity of 75 feet per minute. Hoods in which infectious or radioactive materials are processed shall have the following:

(a) A minimum face velocity of 100 feet per minute,

(b) Filters in the exhaust having a 99.97 percent efficiency based on the DOP (dioctyl-phthalate) test method, and

(c) Equipment and/or procedure for the safe removal and replacement of contaminated filters.

(3) Duct systems serving hoods shall be constructed of corrosion-resistant material to meet the planned usage of the hood. Duct systems serving hoods in which radioactive materials and strong oxidizing agents (e.g. perchloric acid) are used shall be constructed of stainless steel for a minimum distance of 10'0" from the hood and shall be equipped with washdown facilities.

(4) The ventilation system for anesthesia storage rooms and for flammable liquids storage areas shall conform to the requirements of NFPA Standard No. 56A, 1973 Edition and NFPA Standard No. 30, 1973 Edition.

MHD 424 Handling and Disposal of Solid Waste

(1) Infectious Waste Definitions

Infectious waste is defined as waste which originates from the diagnosis, care or treatment of a person that has been or may have been exposed to a contagious or infectious disease. Such waste includes but may not be limited to the following:

(a) Hazardous Infectious Waste:

(1) All wastes originating from persons placed in isolation for control and treatment of an infectious disease.

(2) Bandages, dressings, casts, catheters, tubing, and the like, which have been in contact with wounds, burns, or surgical incisions of a suspected, known or medically identified hazardous infectious nature.

(3) Laboratory and pathology waste of an infectious nature which has not been autoclaved.

(4) All anatomical waste, including human parts or tissues removed surgically or at autopsy.

(5) Any other waste as defined by the State Board of Health which because of its potential infectious characteristics or hazardous nature requires handling and disposal in a manner prescribed for (a) through (d).

(b) General Infectious Waste (Contaminated Waste)

(1) Bandages, dressings, casts, catheters, tubing, and the like, which have been in contact with wounds, burns, or surgical incisions, but are not suspected or have not been medically identified as being of a hazardous infectious nature.

(2) Discarded hypodermic needles and syringes, scapel blades, and similar materials, except when suspected or identified to be of a hazardous infectious nature.

(3) Incinerator ashes from infectious waste.

(2) Ordinary Waste Definitions

All household-type trash is defined as ordinary waste. It includes uncontaminated dietary garbage, autoclaved laboratory specimens and cultures, and incinerator ashes from ordinary waste. Autoclaved laboratory waste shall be labeled "autoclaved".

(3) Collection and Handling of Waste

(a) Hazardous infectious waste as defined shall be collected separately in containers provided with moisture-proof heavy-duty or double plastic or paper bag liners for safe storage and disposal. Bags or containers shall be kept positively closed or sealed at all times, and shall be color coded or otherwise marked for easy identification.

(b) General infectious waste as defined shall be collected in containers provided with moisture-proof plastic or paper bag liners. Bags or containers shall be kept closed or sealed at all times and shall be color coded or otherwise be identifiable. Disposal of needles with the waste shall provide safety from puncture wounds to personnel. General infectious waste may be collected separately or it may be collected with the ordinary waste. Where separation of general infectious waste is not accomplished, all such mixed waste shall be considered and handled as general infectious waste.

(4) Removal, Storage and Disposal of Waste

(a) Removal of hazardous or general infectious waste from the originating points of collection shall be accomplished as needed, but at least daily in accordance with an established housekeeping program. Waste shall be

removed in the original bag liners which must be positively sealed. Waste shall not be transported through dietary or medically sensitive areas.

(b) Storage of infectious waste in a central waste collection area shall be done in a sanitary manner. Space assignment shall clearly indicate separation of hazardous waste as well as general infectious or mixed waste from ordinary waste.

(1) Waste accumulated in an inside storage area shall be stored in closed metal containers or in a pest-proof enclosed room. The room shall be provided with exhaust ventilation. If container storage is not provided for bagged waste or if a room serves a compactor unit, a floor drain must be provided for cleaning and flushing.

(2) Hazardous infectious waste accumulated in an outside refuse area shall be stored in separate metal containers with tight fitting covers. General infectious waste or mixed waste shall be stored in metal containers with tight fitting covers; or it may be stored in a closed metal dumpster or in a compactor unit if such a method of waste handling is compatible with an approved system of waste disposal.

(3) All containers shall be of non-corrodible water-tight construction. Containers in patient areas must be of metal or other fire-proof material. Appropriate facilities shall be provided to facilitate washing of waste containers and for cleaning of rooms used for refuse storage, compaction or incineration.

(c) Disposal of infectious waste shall be in accordance with the regulations of the State Board of Health and the Minnesota Pollution Control Agency.

(1) Hazardous infectious waste shall be destroyed either by on-site incineration or by contracted incinerator service.

(2) General infectious waste or mixed waste may be deposited in a sanitary landfill which has been approved by the Minnesota Pollution Control Agency without conditions. If the landfill operation does not comply with the requirements, general infectious and mixed waste must also be incinerated.

(3) Ordinary waste shall be disposed of in accordance with State regulations and local ordinances for such waste.

(5) Incineration of Infectious Waste

The incinerator shall conform with the standards of the Minnesota Pollution Control Agency for operating temperatures, retention time and smoke emission levels and shall be capable of burning institutional type waste as classified by the Incinerator Institute of America. The incinerator, if provided on the site, may be an inside or an outside installation.

Incinerators burning pathological waste require the specific approval of the Director of the Minnesota Pollution Control Agency.

MHD 425 General Laundry Requirements

The following regulations apply to all laundry services for the processing of institutional type linen. Such services may be provided by an on-premise laundry operated by the facility or by an outside laundry through contractual agreement.

(1) A soiled linen collection and sorting room shall be located at the soiled side of the laundry processing room. It shall be provided with exhaust (negative) ventilation. The door to the corridor must be kept closed. Locate chute within this room, if a chute is provided.

(2) The laundry processing room shall be arranged to allow for an orderly, progressive flow of work from the soiled to the clean area. Equipment shall be arranged to minimize linen transportation, provide the necessary floor area between operations, and avoid cross traffic contamination between clean and soiled operations. The room shall provide space for storage of laundry supplies, cleaning equipment, and for parking of laundry trucks used in the operation. Handwashing facilities shall be available for the area. A two-

compartment laundry tub shall be provided, and it shall be of a material with a non-absorbent, smooth, permanent finish. The laundry tub may be equipped with fittings to provide for the required handwashing facilities.

(3) The equipment shall be of a commercial type and shall consist of one or more washers, extractors, tumblers, or combinations of these, as well as ironers and presses. The washer installation shall be capable of meeting the necessary operating requirements.

(4) A separate enclosed clean linen room for storage and delivery. This area shall be provided with fresh air supply (positive ventilation).

(5) The air in the laundry shall be vented away from the clean storage and finishing or ironing area and toward the extracting and washing area. The general air movement shall be from the clean area to the soiled area, and shall be of sufficient volume to remove steam, odors and excessive heat. Spot ventilation for large heat-producing equipment such as dryers and ironers should be provided. Dryers shall be provided with a lint collector. Horizontal exhaust ducts shall be provided with access panels for cleaning. 10 air changes per hour is required in the laundry processing room and in the soiled linen collection room, and in these areas the air cannot be recirculated.

(6) The wash water temperature inside the washers shall be at least 160°F. during the main washing and rinsing cycles for a total time of at least 30 minutes, excluding time for filling and draining.

(7) Contaminated linen shall be thoroughly preflushed separately before being introduced to the main washing and rinsing process.

(8) Contaminated linen, such as linen from patients with infectious drainage, dressings or pads shall be stored and sent to the laundry in separate bags which are plainly marked to indicate that their contents are contaminated.

The bags shall be tightly closed until the contents are removed from the bag and placed in the washer along with the bag, if non-disposalbe. Laundry personnel shall be instructed in the safe handling of such laundry.

MHD 426 through 430 reserved for future use.

Table A GENERAL PRESSURE RELATIONSHIPS AND MINIMUM VENTILATION REQUIREMENTS

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air per Hour	Minimum Total Air Changes per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Waiting Areas	E	Optional	2	Optional	Optional
Corridor	E	2	4	Optional	Optional
Operating Room	P	5	12	Optional	No*
Recovery Room	P	2	6	Optional	No*
Examination Room	E	2	6	Optional	Optional
Medication Room	P	2	4	Optional	Optional
X-ray, Fluoroscopy Room	N	2	6	Yes	No
Soiled Workroom, Soiled Utility Room	N	2	10	Yes	No
Clean Workroom, Clean Utility Room	P	2	4	Optional	Optional
Toilet Room	N	Optional	10	Yes	No
Janitors Closet	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Linen & Trash Chute Room	N	Optional	10	Yes	No
Laboratory	N	2	6	Optional	Optional
Laundry	E	2	10	Yes	No
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No
Clean Linen Storage	P	2	2	Optional	Optional
Anesthesia Storage	E	Optional	8	Yes	No
Central Medical and Surgical Supply:					
Soiled or Decontamination Room	N	2	4	Yes	No
Clean Workroom	P	2	4	Optional	Optional
Unsterile Supply Storage	E	2	2	Optional	Optional

P - Positive
N - Negative
E - Equal
* - Recirculating room units meeting the filtering requirement for sensitive areas may be used.