

**CHAPTER 33-07-02.1**  
**GENERAL STANDARDS OF CONSTRUCTION AND EQUIPMENT FOR HOSPITALS**

Section

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**33-07-02.1-01. Site.**

The site of the hospital must be away from nuisances that may be detrimental to the proposed services, such as commercial or industrial developments, or other types of facilities that produce noise or air pollution. A site plan must be submitted to the department.

**History:** Effective April 1, 1994.

**General Authority:** NDCC 23-01-03(3)(4), 28-32-02

**Law Implemented:** NDCC 23-16-05

**33-07-02.1-02. Plans and specifications.**

1. Hospitals shall contact the department prior to any substantial changes in or alterations to any portion of the structure to determine to what extent they are subject to review. A substantial change must include any alterations affecting the fire safety or structural integrity of the building, changes in service areas or services provided within a service area, changes in bed capacity, or any other changes that may be governed by the standards of this article. The department may request plans, specifications, or other information as may be required and shall make the final determination on those areas subject to review.
2. Hospitals shall submit plans and specifications to the department for all construction, remodeling, and installations subject to review. The plans and specifications must be prepared by an architect or engineer, as appropriate, licensed in North Dakota.
3. Start of construction prior to completion and approval by the department of the final plans and specifications is not permitted.
4. Routine maintenance does not require the submission of plans and specifications. For purposes of this subsection, "routine maintenance" includes repair or replacement of existing equipment, room finishes, and furnishings and similar activities.
5. All construction, remodeling, and installations must be in accordance with the final plans and specifications as approved by the department. Modifications or deviations from the approved plans and specifications must be submitted to and approved by the department.
6. The department may make inspections of construction, remodeling, or installations and arrange conferences with the hospital to assure conformance with the approved plans and specifications.
7. The construction specifications must require the contractor to perform tests to assure that all systems conform to the approved plans and specifications.

**History:** Effective April 1, 1994.

**General Authority:** NDCC 23-01-03(3)(4), 28-32-02

**Law Implemented:** NDCC 23-16-05

**33-07-02.1-03. Codes and standards.**

1. Hospitals must be designed, constructed, equipped, maintained, and operated in compliance with:
  - a. This chapter.
  - b. The Guidelines for Hospitals and Outpatient Facilities, 2014 edition, compiled by the facility guidelines institute.
  - c. The national fire protection association 101 Life Safety Code, 2012 Edition.
  - d. North Dakota Century Code section 54-21.3-04.1, relating to accessibility for disabled persons.
  - e. The requirements for food and beverage establishments issued by the department.
  - f. Article 62-03.1 relating to plumbing standards.
  - g. Article 24-02 relating to electrical wiring standards.
  - h. Article 45-12 relating to boiler rules and regulations.
  - i. Article 33-15 governing air pollution control, relating to incinerators.
  - j. Article 33-10 relating to radiological health.
2. Hospitals shall comply with all applicable building codes, ordinances, and rules of city, county, or state jurisdictions.
3. These minimum standards are established to bring about a desired performance result. If specific limits are prescribed, equivalent solutions will be acceptable if they are approved in writing by the department as meeting the intent of these standards.

**History:** Effective April 1, 1994; amended effective July 1, 2015.

**General Authority:** NDCC 23-01-03(3)(4), 28-32-02

**Law Implemented:** NDCC 23-16-05

**33-07-02.1-04. Special considerations.**

1. Hospitals with a capacity of fifty beds or less may qualify for special consideration of these standards. Some functions allotted separate spaces or rooms in these standards may be combined, provided the resulting arrangement does not compromise safety and medical and nursing practices. In all other respects, these standards apply, including the space requirements.
2. If services are to be shared or purchased, modifications or deletions in space requirements may be allowed by the department. However, the services to be shared or purchased must be approved in writing by the department.

**History:** Effective April 1, 1994.

**General Authority:** NDCC 23-01-03(3)(4), 28-32-02

**Law Implemented:** NDCC 23-16-05

**33-07-02.1-05. Patient rooms.**

Each patient room must meet the following requirements:

1. A patient room may not be located on a floor unless a portion of the floor is at or above grade level. A patient room may not have its floor more than thirty inches [.76 meter] below the adjacent grade.
2. Patient rooms must have adequate space to conveniently house necessary furniture and equipment, to provide for efficient patient care, to provide for convenient movement of stretchers, and for the transfer of patients to and from beds.
3. The smallest dimension of a rectangular single patient room may not be less than ten feet [3.05 meters] free of fixed obstructions and the floor area may not be less than one hundred twenty-five square feet [11.61 square meters].
4. The smallest dimension of a rectangular multiple patient room may not be less than eleven feet six inches [3.51 meters] free of fixed obstructions, except in specially arranged rectangular rooms such as toe-to-toe arrangements where the minimum clear width may not be less than ten feet [3.05 meters] free of fixed obstructions.
5. In other than rectangular-shaped rooms, the principles of space allocation specified by the minimum dimensions and floor area requirements in rectangular-shaped rooms must be adhered to.
6. Each patient room must have an outside wall with natural light provided by a window. The area of the glazing material in the window may not be less than one-tenth of the floor area of the patient room.
7. Multiple patient rooms must be designed to permit no more than two beds side by side parallel to the window wall.
8. A patient room may not be located more than one hundred twenty feet [36.58 meters] from the nurses station, the clean workroom, and the soiled workroom.
9. Patient toilet rooms must be functionally accessible and usable by the patients whom they serve.

**History:** Effective April 1, 1994.

**General Authority:** NDCC 23-01-03(3)(4), 28-32-02

**Law Implemented:** NDCC 23-16-05

### **33-07-02.1-06. Details.**

1. At least one room must be provided for toilet training. It must be accessible from the corridor and may also serve the bathing area, and must provide three feet [.91 meter] clearance at the front and both sides of the water closet.
2. Ceilings must be acoustically treated in patient area corridors, nurses stations, labor rooms, dining areas, and dayrooms.
3. All lavatories and sinks required in patient care areas must have the water supply spout mounted so that its discharge point is a minimum distance of five inches [12.7 centimeters] above the rim of the fixture.
4. Flush valves installed on plumbing fixtures must be of quiet operating type equipped with silencers.

**History:** Effective April 1, 1994.

**General Authority:** NDCC 23-01-03(3)(4), 28-32-02

**Law Implemented:** NDCC 23-16-05

**33-07-02.1-07. Conflict with federal regulations.**

If any part of this chapter is found to conflict with federal requirements, the more stringent shall apply. Such a finding or determination shall be made by the department and shall not affect the remainder of this chapter.

**History:** Effective July 1, 2015.

**General Authority:** NDCC 23-01-03, 28-32-02

**Law Implemented:** NDCC 23-16-05