### DEPARTMENT OF PUBLIC HEALTH

**NOTICE OF ADOPTED AMENDMENTS**

1) **Heading of the Part**: Ambulatory Surgical Treatment Center Licensing Requirements

2) **Code Citation**: 77 Ill. Adm. Code 205

3) **Section Numbers**

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4) **Statutory Authority**: Ambulatory Surgical Treatment Center Act [210 ILCS 5]

5) **Effective Date of Rulemaking**: May 25, 2010

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this rulemaking contain incorporations by reference?** Yes

8) **A copy of the adopted rulemaking, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.**

9) **Notice of Proposal Published in Illinois Register**: January 22, 2010; 34 Ill. Reg. 1288

10) **Has JCAR issued a Statement of Objection to this rulemaking?** No

11) **Differences between proposal and final version**: Various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR?** Yes

13) **Will this rulemaking replace any emergency rulemaking currently in effect?** No

14) **Are there any amendments pending on this Part?** No
15) **Summary and Purpose of the Rulemaking:** The Ambulatory Surgical Treatment Center Licensing Requirements establish minimum standards for ASTCs in Illinois including facility maintenance, building design, construction, insulation, heating, ventilating, and air conditioning (HVAC), and other construction and life safety standards. This adopted rulemaking updated all references to the National Fire Protection Association Life Safety Standards to conform to the 2000 edition of the *Life Safety Code*.

In Section 205.115 (Incorporated and Referenced Materials), older dates are inserted for some NFPA standards. These are the dates for those standards that are referenced in Chapter 2, "Mandatory References" of the 2000 *Life Safety Code*. Other changes include correcting incorrect citations and updating the list of referenced materials to reflect current State statutes and rules.

The eight other Sections were amended to make them consistent with the changes to Section 205.115.

16) **Information and questions regarding these adopted amendments shall be directed to:**

   Susan Meister  
   Division of Legal Services  
   Department of Public Health  
   535 West Jefferson, Fifth Floor  
   Springfield, Illinois 62761  

   217/782-2043  
   e-mail: dph.rules@illinois.gov  

The full text of the Adopted Amendments begins on the next page:
# DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**  
**SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES**

### PART 205  
**AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS**

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205.1770 Equipment Installation in Special Areas
205.1780 Emergency Electric Service
205.1790 Fire Alarm System

205.TABLE A General Pressure Relationships and Ventilation Rates of Ambulatory Surgery Area

AUTHORITY: Implementing and authorized by the Ambulatory Surgical Treatment Center Act [210 ILCS 5].


SUBPART A: GENERAL

Section 205.115 Incorporated and Referenced Materials

a) The following regulations and standards are incorporated in this Part:

1) Private and professional association standards:
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A) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the National Association of American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329:

i) Standard No. 52.1: Gravimetric and Dust Spot Procedures for Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matter (1992) (see Section 205.1540(i)).

ii) Standard No. 52.2: Method of Testing General Ventilation Air Cleaning Devices for Removal Efficiency by Particle Size (1999) (see Section 205.1540(i)).

iii) Standard No. 55: Thermal Environmental Conditions for Human Occupancy and Addendum (1992) (see Section 205.1540(i)).

iv) Standard No. 58: Method of Testing for Rating Room Air Conditioner and Packaged Terminal Air Conditioner Heating Capacity (1986) (see Section 205.1540(i)).

v) Standard No. 62: Ventilation for Acceptable Indoor Air Quality (1999) (see Section 205.1540(i)).

vi) Standard No. 63.1: Method of Testing Liquid Line Refrigerant Driers (1995) (see Section 205.1540(i)).

vii) Standard No. 63.2: Methods of Testing the Filtration Capability of Refrigerant Liquid Line Filters and Filter-Driers (1996) (see Section 205.1540(i)).

viii) Standard No. 64: Methods of Testing Remote Mechanical-Draft Evaporative Refrigerant Condensers (1995) (see Section 205.1540(i)).

ix) Standard No. 68: Laboratory Method of Testing to Determine the Sound Power in a Duct (1997) (see Section
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205.1540(i)).

x) Handbook of Fundamentals (2001) (see Section 205.1540(p)).

B) The following National Fire Protection Association (NFPA) standards, which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169 02269:


iii) No. 70 (2002): National Electrical Code. (See Sections 205.1760, 205.1770 and 205.1780.)

iv) No. 80 (1999): Standard for Fire Doors and Fire Windows. (See Section 205.1400(f)).


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Life Safety:


C) The following standards of the National Council on Radiation Protection (NCRP), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Avenue, Suite 800, Bethesda, Maryland 20814-3095. (See Section 205.1400(g)).:

i) Report No. 102: Medical X-ray, Electron Beam and Gamma Ray Protection for Energies up to 50 MeV (Equipment Design, Performance, and Use (1989)).


C) Underwriters Laboratories, Inc. (UL), Publication No. 181 (1996): Factory-Made Air Ducts and Air Connectors, which may be obtained from Underwriters Laboratories, Inc., 333 Pfingsten Road, Northbrook, Illinois 60062. (See Section 205.1710.)

D) American College of Cardiology/Society for Cardiac Angiography and Interventions, Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards, published in the Journal of the American College of Cardiology, 2001; 37:2170-2214, which may be obtained from the American College of Cardiology, Educational Services, 9111 Old Georgetown Road, Bethesda, Maryland 20814-1699.

2) Federal regulations: Rules of the Centers for Medicare & Medicaid Services governing Medicare program coverage of Ambulatory Surgical Services (42 CFR 416, October 1, 2008) under the Social Security Act (42 USC 1395). (See definition of "Ambulatory Surgical Treatment Center" in Section 205.110 and Section 205.130(d).)
b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the dates specified and do not include any amendments or editions subsequent to the date specified.

c) The following statutes and State regulations are referenced in this Part:

1) State of Illinois statutes:

A) Ambulatory Surgical Treatment Center Act [210 ILCS 5]

B) Illinois Dental Practice Act [225 ILCS 25]

C) Nurse and Advanced Practice Nursing Act [225 ILCS 65]

D) Podiatric Medical Practice Act of 1987 [225 ILCS 100]

E) Safety Glazing Materials Act [430 ILCS 60]

F) Hospital Licensing Act [210 ILCS 85]

G) Nursing Home Care Act [210 ILCS 45]

H) Illinois Health Facilities Planning Act [20 ILCS 3960/3906]

I) Illinois Administrative Procedure Act [5 ILCS 100]


K) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]

L) Physician Assistant Practice Act of 1987 [225 ILCS 95]

M) Administrative Review Law [735 ILCS 5/Art. III]

2) State of Illinois rules:

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Code 890)


C) Department of Public Health, Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)


E) Pollution Control Board, Nonhazardous Special Waste Handling and the Uniform Program (35 Ill. Adm. Code 809)

F) Department of Public Health, Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)


I) Illinois Emergency Management Agency, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360)

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

SUBPART D: EQUIPMENT, SUPPLIES, AND FACILITY MAINTENANCE

Section 205.410 Equipment

Equipment shall be in good working order and shall be available in numbers sufficient to provide good patient care based on the procedures to be performed in the facility.

a) Monitoring There shall be monitoring equipment, suction apparatus, oxygen and
related items **shall be** available within the surgical and postoperative recovery areas. Cardiac pulmonary resuscitation equipment shall be available in all facilities.

b) **The facility shall have** written procedures governing the care, use, sterilization, storage and disposal of all materials to ensure that an adequate supply of sterile equipment is available for each procedure. The section on "Sterilization and Disinfection" from Infection Control in the Hospital, most recent edition, American Hospital Association, shall be used as the guideline.

c) **The facility shall have** written procedures to assure safety in storage and use of inhalation anesthetics and medical gases in accordance with NFPA Standard No. 99.

d) **The facility shall have** written procedures to assure the safety in storage and use of all narcotics and medications in accordance with State and federal law.

e) **Facilities** in those facilities using laser equipment **shall maintain** documentation that the equipment is registered with the Illinois Emergency Management Agency-Illinois Department of Nuclear Safety as is required by the Laser System Act of 1997 ([Ill. Rev. Stat. 1991, ch. 111½, par. 700 et seq.)](https://www.gpo.gov/fdsys/pkg/US-CODE-2014-title11v111/page-616.html) [420 ILCS 56/55]. The facility shall also have a written safety and maintenance program related to the use of the laser equipment.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

**SUBPART I: BUILDING DESIGN, CONSTRUCTION STANDARDS, AND PHYSICAL REQUIREMENTS**

### Section 205.1400 Details and Finishes

#### a) Corridors and Exits

1) Minimum public corridor width shall be 5'-0", except those corridors/aisles where patients are transported in stretchers or carts shall be 8'-0".

2) The facility or section shall have at least two exits **that are** remote from
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each other.

3) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

b) Doors

1) All doors to toilets that may be used by patients shall be equipped with hardware that will permit access in any emergency.

2) The minimum width of doors for patient access to examination and treatment rooms shall be 3'-0".

3) The minimum width of doors to rooms needing access for stretchers (procedure rooms, recovery) shall be 3'-8".

4) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type.

c) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within 18 inches of the floor (thereby creating the possibility of accidental breakage by pedestrian traffic) shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken, in accordance with the Safety Glazing Materials Act [430 ILCS 60]. Similar materials shall be used in wall openings unless required otherwise for fire safety.

d) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

e) Air dryers, or paper towel dispensers and waste receptacles, shall be provided at all hand-washing fixtures.

f) Where labeled fire doors are required, these shall be certified by an independent testing laboratory as meeting the construction requirements equal to those for fire doors in National Fire Protection Association (NFPA) Standard No. 80: "Standard for Fire Doors and Fire Windows. Reference to a labeled fire door shall be construed to include labeled frame and hardware.
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G) Radiation protection requirements of X-ray and gamma-ray installations shall conform to the requirements of the Illinois Emergency Management Agency's Department of Nuclear Safety's rules titled General Provisions for Radiation Protection (32 Ill. Adm. Code 310), Standards for Protection Against Radiation (32 Ill. Adm. Code 340) and Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360),--Chapter II, Subchapter b) and should follow guidelines of the National Council on Radiation Protection and Measurements (NCRP) reports No. 102 (Medical X-ray, Electron Beam and Gamma-Ray Protection for Energies up to 50 MeV (Equipment Design, Performance and Use)), and No. 49 (Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma-Rays of Energies up to 10 MeV). Provisions shall be made for testing and completed installation before use, and all defects shall be corrected before use.

H) The minimum ceiling height shall be 8'-0" with the following exceptions:

1) Boiler rooms, if provided, shall have ceiling clearance not less than 2'-6" above the main boiler header and connecting piping.

2) Radiographic and other rooms containing ceiling-mounted equipment and including those with ceiling-mounted surgical light fixtures shall have height required to accommodate the equipment and/or fixture.

3) Ceilings in corridors, storage rooms, toilet rooms, and other minor rooms may be not less than 7'-8".

4) Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than 6'-8" above the floor.

I) Flammable anesthetics are prohibited.

J) Cubicle curtains and draperies shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA Standard No. 701—Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.

K) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved.
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1) In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

2) Floors that are subject to traffic while wet shall have a nonslip surface.

l) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant.

m) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

n) Ceiling Finishes

1) Ceilings shall be cleanable, and those in sensitive areas such as surgical rooms shall be readily washable and without crevices that can retain dirt particles. These sensitive areas shall have a finished ceiling, covering all overhead ductwork and piping.

2) Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistant purposes.

3) Acoustical ceilings are recommended in corridors, multipurpose rooms, and waiting areas.

o) For dates of materials incorporated by reference, see Section 205.115.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

Section 205.1410 Construction, Including Fire-Resistive Requirements, and Life Safety

Buildings shall meet the construction requirements and life safety requirements established in Chapters 20 and 21 (New and Existing Ambulatory Health Care Occupancies) of the NFPA 101 Life Safety Code (see Section 205.115(a)(1)(B)).

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)
Section 205.1520 Thermal and Acoustical Insulation

a) Insulation shall be provided for the following within the building:

1) Boilers, smoke breeching and stacks.

2) Steam supply and condensate return piping.

3) Hot water piping above 180°F and all hot water heaters.

4) Hot water piping above 125°F that is exposed to contact by patients.

5) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point.

6) Water supply and drainage piping with fluid temperatures below ambient dew point.

7) Air ducts and casings with outside surface temperature below ambient dew point.

8) Other piping, ducts, and equipment necessary to maintain the efficiency of the system.

b) Insulation may be omitted from hot water and steam condensate piping not subject to contact by patients when such insulation is unnecessary for preventing excessive system heat loss or excessive heat gain in the surrounding space.

c) Insulation on cold surfaces shall include an exterior vapor barrier.

d) Insulation, including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment, shall have a flame spread rating of 25 or less and a smoke developed rating of 450 or less as determined by an independent testing laboratory in accordance with NFPA 255. Exception: Duct, pipe, and equipment coverings shall not be required to meet these requirements where they are located entirely outside the building, or do not penetrate a wall or roof or do not create an exposure hazard.
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e) Linings in air ducts and equipment shall meet the Erosion Test Method described in UL Pub. No. 181. These linings, including coatings and adhesives, and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenums, shall have a flame spread rating of 25 or less and a smoke developed rating of 450 or less as determined by an independent testing laboratory in accordance with NFPA 255.

f) Duct linings shall not be used in systems supplying procedure and recovery rooms unless terminal filters of at least 90 percent efficiency are installed downstream of the linings.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

Section 205.1540 Air Conditioning, Heating and Ventilating Systems

a) The systems shall be designed to provide the comfort temperatures and humidities as recommended by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Standards (see Section 205.115(a)(1)(A)).

b) Air handling systems shall conform to NFPA 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems.

c) **Heating.** For spaces not exceeding 25,000 cubic feet in volume, heating, air conditioning, and ventilating systems for spaces not exceeding 25,000 cubic feet in volume shall conform to NFPA 90B: Standard for the Installation of Warm Air Heating and Air Conditioning Systems, except that return ducts shall be constructed of materials equal to that specified for supply ducts, Chapter 2, paragraph 1.1., Duct Materials.

d) Outdoor air intakes shall be located as far as practical, but not less than 15 feet, from exhaust outlets of ventilation systems, combustion equipment stacks, medical-surgical vacuum systems, and plumbing vent stacks, or from areas that may collect vehicular exhaust and other noxious fumes.

e) All ventilation air outlets and inlets shall conform to NFPA 90A−Chapter 2, paragraph 3.2., Location of Outlets and Inlets.

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

g) The ventilation air supplied to the procedure rooms shall be delivered at or near the ceiling of the area served, and all exhaust or return air from the area shall be removed near the floor level. At least two exhaust outlets shall be used in each procedure room.

h) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies not less than those specified in the following table:

| TABLE A |
| FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN AMBULATORY SURGICAL TREATMENT FACILITIES |

<table>
<thead>
<tr>
<th>Area Designation</th>
<th>Minimum Number of Filter Beds</th>
<th>Filter Bed No. 1</th>
<th>Filter Bed No. 2</th>
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<tbody>
<tr>
<td>Procedure and Recovery Rooms</td>
<td>2</td>
<td>25</td>
<td>90</td>
</tr>
<tr>
<td>All Other Areas</td>
<td>1</td>
<td>25</td>
<td>--</td>
</tr>
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</table>

i) All filter efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with the ASHRAE Standards 52.1, 52.2, 55, 58, 62, 63.1, 63.2, 64, and 68.

j) For systems serving procedure and recovery rooms, filter bed No. 1 shall be located upstream of the air conditioning equipment, and filter bed No. 2 shall be located downstream of the supply fan and air conditioning equipment, including humidifiers.

k) Filter frames shall be durable and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.
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l) A manometer shall be installed across each filter bed serving procedure and recovery rooms.

m) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A.

n) All systems, regardless of size, that serve more than one smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically as specified in paragraph 4-3.1 of NFPA 90A.

o) The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA 99: Standard for Health Care Facilities, including the gravity option ventilation system.

p) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures in working stations to 97°F Effective Temperature as defined by the ASHRAE Handbook of Fundamentals.

q) Rooms containing heat-producing equipment, such as boiler rooms and heater rooms, shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 100°F.

r) For dates of materials incorporated by reference, see Section 205.115.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

SUBPART L: ELECTRICAL

Section 205.1760 Grounding

In areas used for patient care or treatment, all receptacles operating at over 100 volts shall be grounded by an insulated copper conductor, sized in accordance with Table 250-95 of NFPA 70: National Electrical Code (see Section 205.115(a)(1)(B)), and installed with the branch conductors supplying these receptacles.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

Section 205.1770 Equipment Installation in Special Areas
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

a) X-ray Installations. Fixed and mobile X-ray equipment installations, if installed, shall conform to Article 660 of NFPA 70—National Electrical Code (see Section 205.115(a)(1)(B)).

b) Installation in non-flammable anesthetizing locations of all electrical equipment and devices, receptacles, and wiring shall comply with NFPA 70. Exception: Isolated electrical systems are not required.

c) An "In Use" warning light or sign shall be installed immediately outside of the entrance to a procedure room in which laser equipment is used when such warning light or sign is required by the manufacturer's specifications.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)

Section 205.1780 Emergency Electric Service

a) An emergency source of electricity shall be provided.

b) Ambulatory surgical treatment centers that do not administer inhalation anesthetics in any concentration, or that have no patients requiring electrical life-support equipment, shall be permitted to use a battery system for emergency power. The following are required:


2) Illumination of procedure and recovery rooms.

3) Illumination of exit and exit directional signs.

4) Fire alarm and alarms required for nonflammable medical gas systems, if nonflammable medical gas systems are installed.

c) Ambulatory surgical treatment centers in which inhalation anesthetics are administered in any concentration to patients or that have patients requiring electrically operated or mechanical life support devices shall be provided with an emergency generator. This generator shall supply a limited amount of lighting and power service that is essential for life safety and orderly cessation of activities.
NOTICE OF ADOPTED AMENDMENTS

of a procedure during the time normal service is interrupted for any reason. The maximum time of automatic transfer is 10 seconds. The following are required:

1) Task illumination that is related to the safety of life and that is necessary for the safe cessation of procedures in progress;

2) All anesthesia and resuscitative equipment used in areas where inhalation anesthetics are administered to patients must include alarms and alerting devices;

3) Illumination of means of egress as required in the NFPA 101 Life Safety Code;

4) Illumination of exit and directional signs;

5) Fire alarm and nonflammable medical gas system alarms, if nonflammable medical gas systems are installed; and

6) General illumination and selected receptacles in the vicinity of the generator set.

(Source: Amended at 34 Ill. Reg. 7915, effective May 25, 2010)