

CHAPTER 4675
DEPARTMENT OF HEALTH
FREESTANDING OUTPATIENT SURGICAL
CENTERS

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4675.0100 DEFINITIONS.

Subpart 1. [Repealed by amendment, L 1977 c 305 s 39]

Subp. 2. **Dentist.** "Dentist" means a person licensed by the Board of Dentistry under the provision of Minnesota Statutes, chapter 150A.

Subp. 3. **Department.** "Department" means the Minnesota Department of Health.

Subp. 4. **Facility.** "Facility" means the building or buildings, equipment, and supplies related to the operation of the center.

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

Subp. 6. **Modification.** "Modification" means alteration, remodeling, addition, or other change in a licensed facility or its services.

Subp. 7. **Physician.** "Physician" means a person licensed by the Board of Medical Examiners under the provision of Minnesota Statutes, chapter 147.

Subp. 8. **Outpatient surgical center, center.** "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.

Subp. 9. **Surgery.** "Surgery," for the purpose of parts 4675.0100 to 4675.2800, means treatment of conditions by operative means, involving incision or repair of human tissues.

Statutory Authority: *MS s 144.56*

4675.0200 LEGAL AUTHORITY.

The Minnesota Department of Health pursuant to the authority granted in Minnesota Statutes, sections 144.12 and 144.55 to 144.56 hereby adopts parts 4675.0100 to 4675.2800 for the construction, equipment, maintenance, operation, and licensure of outpatient surgical centers.

Statutory Authority: *MS s 144.56*

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4675.0300 LICENSURE.

Subpart 1. Application. 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. 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.

Subp. 2. Corporation application. 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.

Subp. 3. Out-of-state corporations. In addition to the documentation required in subpart 2 out-of-state corporations shall furnish the department with a copy of the certificate of authority to do business in the state of Minnesota.

Subp. 4. License. A license shall be issued by the commissioner of health when compliance has been made with the requirements of parts 4675.0100 to 4675.2800. It is issued for one year. Renewal of a license is subject to demonstrated compliance with parts 4675.0100 to 4675.2800. A license is not transferable. A change in ownership requires a new application. Separate licenses are required for facilities maintained on separate sites, even though operated by the same ownership. The license shall be conspicuously posted in a public area in the center. The licensee shall notify the department in writing of any change of name or address of the licensee and of the administrator.

Subp. 5. Fire safety requirements. 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.

Subp. 6. New centers. Architectural and engineering drawings and specifications for new centers or modifications of facilities in existing centers shall be submitted to and approved by the department. New centers and their staffing require approval prior to licensure.

Subp. 7. Waiver. Physical plant deficiencies relating to required area sizes or distance limits may be waived by the commissioner of health for a recognized existing center which was functioning prior to the effective date of parts 4675.0100 to 4675.2800 when such deficiencies do not constitute an unacceptable compromise in patient treatment and safety and correction would involve major remodeling and cause unusual hardship.

Subp. 8. Fees. Fees shall be paid in accordance with part 4735.0200.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4675.0400 ADMINISTRATION.

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 commissioner of health. This person shall be responsible for management, control, operation, records, and reports, as well as compliance with parts 4675.0100 to 4675.2800.

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

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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 parts 4675.0100 to 4675.2800.

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, tornadoes, or other emergencies.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4675.0500 MEDICAL STAFF.

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 anesthesiologist shall administer anesthetics other than local infiltration anesthetics.

(3) Postoperative 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 in-service 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 aftercare instructions; prescribed medications; and other progress notes. Surgery-related or anesthesia-related complications which result in

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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 to 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.

Statutory Authority: *MS s 144.56*

4675.0600 ADMINISTRATIVE AREAS.

Administrative areas shall include the following elements:

- A. a reserved access to the site for arrival and departure of patients;
- B. a supervised waiting area with reception and seating for arriving and departing patients and persons accompanying patients;
- C. a toilet room for each sex available for the waiting area;
- D. at least one public telephone for use by patients; and
- E. patient consultation room and administrative offices.

Statutory Authority: *MS s 144.56*

PATIENT TREATMENT AREAS

4675.0700 SEPARATE TREATMENT CENTERS.

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

Statutory Authority: *MS s 144.56*

4675.0800 PATIENT PREPARATION AREA.

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 post-operative 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.

Statutory Authority: *MS s 144.56*

4675.0900 SURGICAL SUITE.

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 square feet with a minimum dimension of 15 feet. Walls, ceilings, and floors shall have smooth cleanable surfaces. Equipment shall include

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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 hand washing, 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 hand washing; 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.

Statutory Authority: *MS s 144.56*

4675.1000 POSTOPERATIVE RECOVERY AREA.

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 three 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 hand washing, 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 Board of Pharmacy.

Statutory Authority: *MS s 144.56*

4675.1100 GENERAL SERVICE AREAS.

The general service areas shall include the following elements:

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

B. 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.

C. A room for the processing of soiled instruments and other reusable

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surgical items, unless such processing is provided by an outside central supply service.

D. 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.

E. The laundry, if provided, shall be designed and operated as required by the department for the processing of institutional linen.

F. A separate storage area for solid waste. Collection, storage, and disposal of regular and infectious waste shall be in accordance with parts 4675.0100 to 4675.2800.

G. 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.

H. A janitors closet with a service sink and with storage space for house-keeping items.

Statutory Authority: *MS s 144.56*

4675.1200 MEDICAL GASES AND FLAMMABLE LIQUIDS.

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. Storage or installations for flammable liquids shall comply with NFPA Standard No. 30, 1973 edition.

Statutory Authority: *MS s 144.56*

4675.1300 GENERAL MAINTENANCE.

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

Statutory Authority: *MS s 144.56*

4675.1400 MECHANICAL AND ELECTRICAL SYSTEMS.

Subpart 1. Mechanical systems. The construction of all mechanical systems shall be in accordance with chapters 1300 to 1365, the State Building Code, 1973 edition, and with parts 4675.0100 to 4675.2800. 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.

Subp. 2. Plumbing. Plumbing and other piping systems shall be designed, installed, and tested in accordance with the Minnesota Plumbing Code, 1973 edition. 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.

Subp. 3. Electrical systems. 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.

Statutory Authority: *MS s 144.56*

4675.1500 EMERGENCY ELECTRICAL SERVICE.

Subpart 1. Automatic emergency power source. An automatic emergency power source shall be provided for essential lighting, equipment, and alarm sys-

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tems which will restore the power within ten seconds in case of failure of normal power.

Subp. 2. **Essential lighting.** Essential lighting includes the following:

- A. exitways and exit signs;
- B. surgical lights in operating rooms and general illumination in surgical corridors;
- C. laboratory, recovery room, nurses station, and in elevator; and
- D. boiler room and near source of emergency electrical service within surgical center building.

Subp. 3. **Essential equipment and alarm systems.** Essential equipment and alarm systems:

- A. nurses call and/or paging system;
 - B. fire alarm system according to State Building Code's and state fire marshal's requirements;
 - C. receptacles in operating and recovery rooms;
 - D. receptacles for equipment that require continuous source of power;
- and

E. elevator — automatic or manual transfer to emergency electrical service where elevator is used for vertical transport of patients to operating rooms.

Statutory Authority: *MS s 144.56*

4675.1600 AIR CONDITIONING, HEATING, AND VENTILATION.

Subpart 1. **Temperature and humidity range.** The systems shall be designed to provide temperatures and humidities as follows:

- A. operating rooms: 70 to 76 degrees Fahrenheit (variable range), 50 to 60 percent relative humidity;
- B. recovery rooms: 75 degrees Fahrenheit (variable range), 50 to 60 percent relative humidity;
- C. other areas: 75 degrees Fahrenheit (winter design condition).

Subp. 2. **Mechanically operated.** 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 part 4675.2800 shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

Subp. 3. **Outdoor air intakes.** 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 four inches in 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 four feet above ground level, or if installed through the roof, two feet above the roof level.

Subp. 4. **Pressure.** The ventilation systems shall be designed and balanced to provide the pressure relationships as shown in part 4675.2800.

Subp. 5. **Air to operating rooms.** 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 two exhaust outlets shall be used in all operating rooms.

Subp. 6. **Air inlets.** The bottom of any room supply air inlets, recirculation and exhaust air outlets shall be located not less than three inches above the floor.

Subp. 7. **Corridors.** 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.

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Subp. 8. **Induction units.** Induction units with reheat shall not be used in the operating suite.

Subp. 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 two 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.

Statutory Authority: *MS s 144.56*

4675.1700 EXCEPTIONS.

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. 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.

Statutory Authority: *MS s 144.56*

4675.1800 FILTER EFFICIENCIES.

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.

Statutory Authority: *MS s 144.56*

4675.1900 DUCTS.

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

Statutory Authority: *MS s 144.56*

4675.2000 LININGS IN DUCTS.

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 percent efficiency per ASHRAE Standard No. 52-68 are installed downstream of linings.

Statutory Authority: *MS s 144.56*

4675.2100 SPECIAL EXHAUST SYSTEMS.

Subpart 1. **Operating rooms.** Each operating room shall be provided with a separate evacuation system for the venting of waste anesthesia gas.

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.

Subp. 2. **Laboratory.** If the air changes required in part 4675.2800 do not provide sufficient air for use by fume hoods and safety cabinets, additional air shall be provided.

Each laboratory hood shall have an independent exhaust with the fan installed at the discharge point of the system. Laboratory hoods for general use

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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.

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 ten feet from the hood and shall be equipped with washdown facilities.

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.

Statutory Authority: *MS s 144.56*

HANDLING AND DISPOSAL OF SOLID WASTE

4675.2200 INFECTIOUS WASTE.

Subpart 1. **Defined.** 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 wastes listed in subparts 2 and 3.

Subp. 2. **Hazardous infectious waste.** Hazardous infectious waste includes:

- A. all wastes originating from persons placed in isolation for control and treatment of an infectious disease;
- B. 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;
- C. laboratory and pathology waste of an infectious nature which has not been autoclaved;
- D. all anatomical waste, including human parts or tissues removed surgically or at autopsy;
- E. any other waste as defined by the commissioner of health which because of its potential infectious characteristics or hazardous nature requires handling and disposal in a manner prescribed for (a) through (d).

Subp. 3. **General infectious waste (contaminated waste).** General infectious waste (contaminated waste) includes:

- A. 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;
- B. discarded hypodermic needles and syringes, scalpel blades, and similar materials, except when suspected or identified to be of a hazardous infectious nature; and
- C. incinerator ashes from infectious waste.

Statutory Authority: *MS s 144.56*

History: *L 1977 c 305 s 39*

4675.2300 ORDINARY WASTE.

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."

Statutory Authority: *MS s 144.56*

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4675.2400 COLLECTION AND HANDLING OF WASTE.

Subpart 1. Collection of hazardous infectious waste. 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.

Subp. 2. Collection of general infectious waste. 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.

Statutory Authority: *MS s 144.56*

4675.2500 REMOVAL, STORAGE, AND DISPOSAL OF WASTE.

Subpart 1. Removal. 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.

Subp. 2. Storage. 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.

Waste accumulated in an inside storage area shall be stored in closed metal containers or in a pestproof 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.

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.

All containers shall be of noncorrodible watertight construction. Containers in patient areas must be of metal or other fireproof material. Appropriate facilities shall be provided to facilitate washing of waste containers and for cleaning of rooms used for refuse storage, compaction, or incineration.

Subp. 3. Disposal. Disposal of infectious waste shall be in accordance with the rules of the Department of Health and the Minnesota Pollution Control Agency.

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

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.

Ordinary waste shall be disposed of in accordance with state rules and local ordinances for such waste.

Statutory Authority: *MS s 144.56*

4675.2600 FREESTANDING OUTPATIENT SURGICAL CENTERS 3994**4675.2600 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.

Statutory Authority: *MS s 144.56*

4675.2700 LAUNDRY REQUIREMENTS.

Subpart 1. Application. This part applies 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.

Subp. 2. Sorting room. 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.

Subp. 3. Processing room. 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. Hand-washing facilities shall be available for the area. A two compartment laundry tub shall be provided, and it shall be of a material with a nonabsorbent, smooth, permanent finish. The laundry tub may be equipped with fittings to provide for the required hand-washing facilities.

Subp. 4. Equipment. 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.

Subp. 5. Storage. A separate enclosed clean linen room for storage and delivery. This area shall be provided with fresh air supply (positive ventilation).

Subp. 6. Venting. 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.

Subp. 7. Wash water temperature. The wash water temperature inside the washers shall be at least 160 degrees Fahrenheit during the main washing and rinsing cycles for a total time of at least 30 minutes, excluding time for filling and draining.

Subp. 8. Contaminated linen. Contaminated linen shall be thoroughly preflushed separately before being introduced to the main washing and rinsing process.

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 nondisposable. Laundry personnel shall be instructed in the safe handling of such laundry.

Statutory Authority: *MS s 144.56*

MINNESOTA RULES 1991

3995 FREESTANDING OUTPATIENT SURGICAL CENTERS 4675.2800

4675.2800 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 Part 4675.2100 for special provisions.

Statutory Authority: *MS s 144.56*