

**TITLE 310: OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 615. AMBULATORY SURGICAL CENTERS**

"Unofficial Version"

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[**Authority:** 63 O.S., §§ 1-104 and 2662]

[**Source:** Codified 12-31-91]

SUBCHAPTER 1. GENERAL PROVISIONS

310:615-1-1. Purpose

The purpose of this Chapter is to insure the quality of medical care in ambulatory surgical centers is the same as that required in hospitals licensed by the State of Oklahoma.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"**Ambulatory surgical center**" means an establishment with an organized medical staff of physicians, with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures,

with continuous physician services available on call, and registered professional nurse services on site, whenever a patient is in the facility, which provides services or other accommodations for patients to recover for a period not to exceed twenty-three (23) hours after surgery.

"Chief executive officer" means that individual appointed by the governing body as its on-site designee who is, in fact, responsible for the conduct of all affairs of the ambulatory surgical center and who is answerable to the governing body for the day-to-day facility operation.

"Governing body" means that person, persons, or legal entity that is legally responsible for the conduct of the facility as an institution and carries out the functions, ownership, and governance.

"Grandfathered" means the status of all ambulatory surgical centers licensed at the date of publication of this Chapter.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care of patients admitted for overnight stay or longer in order to obtain medical care, surgical care, obstetrical care, or nursing care for illness, disease, injury, infirmity, or deformity. [63 O.S. 1991, §1-701(a)]

"Organized medical staff of physicians" means a group of three or more physicians organized under bylaws approved by the governing body and responsible to the governing body for the quality of all surgical care provided patients in the facility and for the ethical and professional practices of its members.

"Physician" means a person duly licensed by the Oklahoma State Board of Medical Licensure and Supervision or the Oklahoma State Board of Osteopathy to practice medicine/osteopathy and surgery.

"Registered nurse" means a person duly licensed by the Oklahoma Board of Nursing as a registered professional nurse.

"Substantial" means 50 percent or more of the area, wing or building which must comply with these standards and the New Health Care Occupancy, NFPA 101.

"Surgical procedures" means any invasive procedure to the body, either by incision or entry into a natural body cavity, to preserve or to remove with minimal risk, diseased or injured organs, tissues, etc., but primarily restricted to the management of problems and injuries that would not require hospitalization.

"Transfer agreement" means a formally adopted mutual agreement between the ambulatory surgical center and a general hospital located no more than a twenty-minute travel distance from the ambulatory surgical center which provides for the expeditious admission of patients for whom overnight care becomes necessary.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 10 Ok Reg 1999, eff 6-1-93]

310:615-1-2.1. Applicability

All centers which are licensed on the effective date of this Chapter shall be considered grandfathered in regards to all construction requirements but shall comply with all other requirements. For any substantial renovations, the center must meet all of the requirements of this Chapter.

[**Source:** Added at 9 Ok Reg 2021, eff 6-11-92]

310:615-1-2.2 Licensure**(a) Application for licensure.**

(1) No person or entity shall operate an ambulatory surgical center without first obtaining a license from the Department. The license is not transferable or assignable.

(2) Any person, corporation, partnership, association or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate, an ambulatory surgical center in this State shall make application to the State Department of Health in such form and accompanied by such information and fee as the State Commissioner of Health shall prescribe.

(3) An application is not considered to be filed unless it is accompanied by the application fee.

(b) Licensure fees.

(1) An application for an initial license to establish or operate a new ambulatory surgical center shall be accompanied by a nonrefundable application fee of two thousand dollars (\$2,000.00).

(2) A renewal application for an existing ambulatory surgical center shall be accompanied by a nonrefundable licensing fee of five hundred dollars (\$500.00).

(c) Application filing. An initial license application or renewal application shall be filed as follows:

(1) The application for an initial license for a new ambulatory surgical center shall be filed prior to or at the time final drawings for construction are submitted to the Department for review which shall be at least thirty (30) days before a ambulatory surgical center begins operation.

(2) The application for an initial license for a change of ownership or operation, shall be filed at least thirty (30) days before the transfer. The sale of stock of a corporate licensee is not considered a change of ownership or operation. The sale or merger of a corporation that owns an operating corporation that is the licensed entity shall not be considered a change of ownership unless a majority of the governing body is replaced.

(3) The application for renewal of a license of an existing ambulatory surgical center shall be filed at least thirty (30) days before the expiration date of the current license.

(d) Where to file. The application and the license fee shall be delivered or sent to the Oklahoma State Department of Health. The date of filing of the application shall be recorded as the date the application and fee are received.**(e) Duration and posting.** A license shall be valid for a period of twelve (12) months from the date of issue and shall expire on the last day of the month of issue twelve (12) months hence.

[Source: Added at 27 OK Reg 2535, eff 7-25-2010]

310:615-1-3. General considerations and incorporations by reference**(a) The following national standards are incorporated by reference:**

(1) Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Outpatient Facilities, 2018 Edition; and

(2) National Fire Protection Association (NFPA)101: Life Safety Code (LSC), 2012 Edition, and 2012 LSC Tentative Interim Amendments (TIA)

12-1, 12-2, 12-3, and 12-4; and NFPA99 Health Care Facilities Code (HCFC), 2012 Edition, excluding chapters 7, 8, 12 and 13, and 2012 HCFC TIA 12-2, 12-3, 12-4, 12-5 and 12-6 adopted in 81 Federal Register 26871 by the Centers for Medicare & Medicaid Services on July 5, 2016.

(b) Oklahoma statutes prevail if there is conflict between the FGI Guidelines and Oklahoma statutes. For Medicare-certified ambulatory surgical centers, the Life Safety Code adopted by the Centers for Medicare & Medicaid Services prevails if there is a conflict between the Life Safety Code and this Chapter.

(c) An ambulatory surgical center may submit a request for exception or temporary waiver if the FGI Guidelines create an unreasonable hardship, or if the design and construction for the ambulatory surgical center property offers improved or compensating features with equivalent outcomes to the FGI Guidelines.

(d) The Department may permit exceptions and temporary waivers of the FGI Guidelines if the Department determines that such exceptions or temporary waivers comply with the requirements of 63 O.S. Section 2657 et seq., this Chapter, and the following:

(1) Any ambulatory surgical center requesting an exception or temporary waiver shall apply in writing on a form provided by the Department and pay the exception or temporary waiver of FGI Guidelines fee set in OAC 310:615-1-3.1. The form shall include:

- (A) The FGI Guidelines section(s) for which the exception or temporary waiver is requested;
- (B) Reason(s) for requesting an exception or temporary waiver;
- (C) The specific relief requested; and
- (D) Any documentation which supports the application for exception.

(2) In consideration of a request for exception or temporary waiver, the Department shall consider the following:

- (A) Compliance with 63 O.S. Section 2657 et seq.;
- (B) The level of care provided;
- (C) The impact of an exception on care provided;
- (D) Alternative policies or procedures proposed; and
- (E) Compliance history with provisions of the FGI Guidelines, Life Safety Code and this Chapter.

(3) The Department shall permit or disallow the exception or waiver in writing within forty-five (45) calendar days after receipt of the request.

(4) If the Department finds that a request is incomplete, the Department shall advise the ambulatory surgical center in writing and offer an opportunity to submit additional or clarifying information. The applicant shall have thirty (30) calendar days after receipt of notification to submit additional or clarifying information in writing to the Department of Health, or the request shall be considered withdrawn.

(5) An ambulatory surgical center which disagrees with the Department's decision regarding the exception or temporary waiver may file a written petition requesting relief through an individual proceeding pursuant to OAC 310:2 (relating to Procedures of the State Department of Health).

(6) The Department may revoke an exception or temporary waiver through an administrative proceeding in accordance with OAC 310:2 and the Oklahoma Administrative Procedures Act upon finding the ambulatory

surgical center is operating in violation of the exception or temporary waiver, or the exception or temporary waiver jeopardizes patient care and safety or constitutes a distinct hazard to life.

(7) The Department shall publish decisions on requests for exceptions and waivers and make them available to facilities and the public.

(e) Documentation of the ambulatory surgical center governing body's approval of the functional program shall be sufficient to meet the requirements in this Chapter relating to Department approval of the functional program.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 34 Ok Reg 1293, eff 10-1-17; Amended at 36 Ok Reg 1710, eff 9-13-19]

310:615-1-3.1. Submission of plans and specifications and related requests for services

(a) **Submission of Plans.** Before construction is begun, plans and specifications, covering the construction of new buildings or major alterations to existing buildings, shall be submitted to the Oklahoma State Department of Health as provided in OAC 310:615-1-3.2 or 310:615-1-5.

(1) Plans and specifications are required for the following alterations:

- (A) Changes that affect path of egress;
- (B) Change of use or occupancy;
- (C) Repurposing of spaces;
- (D) Structural modifications;
- (E) Heating, ventilation and air conditioning (HVAC) modifications;
- (F) Electrical modifications that affect the essential electrical system;
- (G) Changes that require modification or relocation of fire alarm initiation or notification devices;
- (H) Changes that require modification or relocation of any portion of the automatic fire sprinkler system;
- (I) Replacement of fixed medical equipment if the alteration requires any work noted in (A) through (H) of this paragraph;
- (J) Replacement of, or modifications to, any required magnetic or radiation shielding;
- (K) Changes to or addition of any egress control devices or systems.

(2) Plans and specifications are not required for the following alterations:

- (A) Painting, papering tiling, carpeting, cabinets, counter tops and similar finish work provided that the new finishes shall meet the requirements of this Chapter;
- (B) Ordinary repairs and maintenance;
- (C) Modifications to nurse call or other signaling/communication/information technology systems provided the modifications meet the requirements of this Chapter; or
- (D) Replacement of fixed or moveable medical equipment that does not affect electrical, HVAC, or shielding requirements noted above.

(b) **Fees.** Each construction project submitted for approval under OAC 310:615-1-3.2 shall be accompanied by the appropriate review fee based on

the cost of design and construction of the project. Review fees are as follows:

- (1) Project cost less than \$10,000.00: \$250.00 Fee
- (2) Project cost \$10,000.00 to \$50,000.00: \$500.00 Fee
- (3) Project cost \$50,000.00 to \$250,000.00: \$1000.00 Fee
- (4) Project cost \$250,000.00 to \$1,000,000.00: \$1500.00 Fee
- (5) Project cost greater than \$1,000,000.00: \$2000.00 Fee

(c) **Fees when greater than two (2) submittals required.** The review fee shall cover the cost of review for up to two (2) stage one and two (2) stage two submittals and one final inspection. If a stage one or stage two submittal is not approved after two (2) submissions, another review fee based on the cost of the project shall be required with the third submittal. Fast-track projects shall be allowed two reviews for each package submitted. If a fast-track stage package is not approved after the second submittal, another review fee based on the cost of the project shall be required with the third submittal of the package.

(d) **Review process.** Design and construction plans and specifications shall be reviewed in accordance with the following process.

(1) Unless otherwise provided in this Subchapter, the Department shall have ten (10) calendar days in which to determine if the filed application is administratively complete

(A) Upon determining that the application is not administratively complete, the Department shall immediately notify the applicant in writing and shall indicate with reasonable specificity the inadequacies and measures necessary to complete the application. Such notification shall not require nor preclude further review of the application and further requests for specific information. If the Department fails to notify the applicant as specified in this Paragraph, the period for technical review shall begin at the close of the administrative completeness review period. Upon submission of correction of inadequacies, the Department shall have an additional ten (10) calendar days to review the application for completeness.

(B) Upon determination that the application is administratively complete, the Department shall immediately notify the applicant in writing. The period for technical review begins.

(2) The Department shall have forty-five (45) calendar days from the date a completed application is filed to review each application for technical compliance with the relevant regulations and reach a final determination.

(A) The time period for technical review is tolled (the clock stops) when the Department has asked for supplemental information and advised the applicant that the time period is tolled pending receipt.

(B) To make up for time lost in reviewing inadequate materials, a request for supplemental information may specify that up to 30 additional calendar days may be added to the deadline for technical review, unless the request for supplemental information is a second or later request that identifies new deficiencies not previously identified

(C) An application shall be deemed withdrawn if the applicant fails to supplement an application within 90 calendar days after the Department's request, unless the time is extended by agreement for good cause.

(D) Extensions may be made as provided by law.

(e) **Fees for other services.** Fees for other services related to construction projects are as follows:

(1) Request for exception to, or temporary waiver of, FGI Guidelines fee: Five Hundred Dollars (\$500.00);

(2) Application for self-certification fee: One Thousand Dollars (\$1,000.00);

(3) Courtesy inspection, prior to final inspection for approval of occupancy, fee: Five Hundred Dollars (\$500.00);

(4) Professional consultation or technical assistance fee: Five Hundred Dollars (\$500.00) for each eight staff hours or major fraction thereof. For technical assistance requiring travel, the fee may be increased to include the Department's costs for travel.

[Source: Added at 27 Ok Reg 2534, eff 7-25-10; Amended at 34 Ok Reg 1293, eff 10-1-2017]

310:615-1-3.2. Preparation of plans and specifications

(a) **Stage one.** Preliminary plans and outline specifications shall be submitted and include sufficient information for approval by the Department of the following: scope of project; project location; required fire-safety and exiting criteria; building-construction type, compartmentation showing fire and smoke barriers, bed count and services; the assignment of all spaces, areas, and rooms for each floor level, including the basement. An ambulatory surgical center has the option, at its own risk, to bypass the stage one submittal and proceed directly to submittal of stage two documents.

(b) **Stage two.** A proposed construction document shall be submitted that includes final drawings and specifications adequate for approval by the Department. All final plans and specifications shall be appropriately sealed and signed by an architect registered by the State of Oklahoma. All construction modifications of approved documents are subject to review and approval, and shall be submitted timely.

(c) **Special submittals.**

(1) **Fast-track projects.** The fast track process applies only to stage two submittals. A stage one submittal and functional program must be approved before entering the fast track process.

(A) Equipment and built-in furnishings are to be identified in the stage one submittal.

(B) The ambulatory surgical center has the option to submit two packages: civil, landscaping and structural in stage one, and the balance of the components in stage two.

(C) Fast-track projects shall have prior approval and be submitted in no more than four (4) separate packages.

(i) Site work, foundation, structural, underslab mechanical, electrical, plumbing work, and related specifications.

(ii) Complete architectural plans and specifications.

(iii) All mechanical, electrical, and plumbing plans and specifications.

(iv) Equipment and furnishings.

(2) **Radiation protection.** Any project that includes radiology or special imaging equipment used in medical diagnosis, treatment, and therapy of patients, shall include plans, specifications, and shielding criteria, prepared by a qualified medical physicist. These plans shall be submitted and approved by the Oklahoma State Department of Health

prior to installation of the equipment.

(d) **Floor plan scale.** Floor plans are to be submitted at a scale of one-eighth (1/8) inch equals one (1) foot, with additional clarifying documents as required.

(e) **Application form.** The submittal shall be made using a Department application form which requests information required by this Chapter and specifies the number of copies and format for document submittal.

[**Source:** Added at 27 Ok Reg 2534, eff 7-25-10; Amended at 34 Ok Reg 1293, eff 10-1-2017]

310:615-1-4. Construction design

(a) **New construction.**

(1) Prior to construction commencement of a new ambulatory surgical center, or of additions, alterations, remodeling of existing facilities or of the remodeling of any facility for the purpose of establishing an ambulatory surgical center, proposed construction documents prepared by an architect licensed by the Board of Governors, State of Oklahoma, containing complete plans and specifications, shall be submitted to the Department for review and approval.

(2) All engineering requirements established for proposed projects shall be prepared by professional engineers registered to practice in the State of Oklahoma.

(3) Proposed construction documents shall be of such detail as to allow complete functional and construction evaluation, including site use.

(b) **Modernization projects.** Where modernization or replacement work is done within an existing facility, only the scope of the modernization project shall comply with applicable sections of this Chapter.

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Amended at 36 Ok Reg 1710, eff 9-13-19]

310:615-1-5. Self-certification of plans

(a) The Department shall make available professional consultation and technical assistance services covering the requirements of this section to an ambulatory surgical center considering self-certification of plans. The consultation and technical assistance is subject to the fee for professional consultation and technical assistance services set in OAC 310: 310:615-1-3.1. The consultation is optional and not a prerequisite for filing a request through the self-certification review process.

(b) The ambulatory surgical center and the project architect or engineer may elect to request approval of design and construction plans through a self-certification review process. The ambulatory surgical center and the project architect or engineer shall submit a self-certification request on a form provided by the Department, along with a self-certification application fee set in OAC 310: 310:615-1-3.1. The form shall be signed by the ambulatory surgical center and the project architect or engineer attesting that the plans and specifications are based upon and comply with the requirements of this Chapter. The form shall require information necessary to demonstrate compliance with OAC 310:615-1-5(c).

(c) To be eligible for self-certification, projects must comply with the following requirements:

(1) The project involves any portion of the ambulatory surgical center where patients are intended to be examined or treated and the total of design and construction cost is five million dollars (\$5,000,000.00) or less; or

(2) The project involves only portions of the ambulatory surgical center where patients are not intended to be examined or treated; and

(3) The project architect or engineer attesting the application has held a license to practice architecture or engineering for at least five (5) years prior to the submittal of the application, is licensed to practice in Oklahoma; and

(4) The ambulatory surgical center owner/operator acknowledges that the Department retains the authority to:

(A) Perform audits of the self-certification review program and select projects at random for review;

(B) Review final construction documents;

(C) Conduct on-site inspections of the project;

(D) Withdraw approval based on the failure of the ambulatory surgical center or project architect or engineer to comply with the requirements of this Chapter; and

(5) The ambulatory surgical center agrees to make changes required by the Department to bring the construction project into compliance with this Chapter.

(d) Within twenty-one (21) calendar days after receipt of a complete application, the Department shall approve or deny the application for self-certification and send notification to the ambulatory surgical center. If the application is denied, the ambulatory surgical center shall have thirty (30) calendar days to submit additional or supplemental information demonstrating that the application complies with the requirements for self-certification of plans and specifications. The Department shall have fourteen (14) calendar days after receipt of supplemental information to reconsider the initial denial and issue a final approval or denial of the self-certification request.

(e) After denial of the application for self-certification and prior to the start of construction, the ambulatory surgical center shall pay the applicable fee for plan review specified in OAC 310: 310:615-1-3.1. Upon receipt of the plan review fee, the Department shall review the ambulatory surgical center's plans in accordance with the process in 310:615-1-3.1.

[Source: Added at 34 Ok Reg 1293, eff 10-1-2017]

SUBCHAPTER 3. ADMINISTRATION AND ORGANIZATION

310:615-3-1. Governing body

Every ambulatory surgical center shall have a governing body which shall adopt bylaws for the governance of the center, meet at periodic intervals, at least semi-annually, provide for the systematic review of center operations, appoint or reappoint the medical staff and delineate the privileges of its individual members, appoint a chief executive officer who shall have appropriate education, training, and experience to qualify him for the management of the center.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-2. Medical staff

(a) The medical staff shall be an organized group of two or more physicians which shall initiate and adopt, with the approval of the governing body, bylaws, rules, regulations, and policies governing their professional activities in the ambulatory surgical center. Physician membership shall be limited to those physicians holding current hospital staff appointments.

(b) In addition to the minimum number of physician members of the medical staff, legally licensed dentists or podiatrists may be members of the medical staff.

(c) All members of the medical staff shall submit a written application for staff membership which shall include a summary of all education, professional training and previous appointments to institutional medical staffs.

(d) Provisions shall be made for the review and evaluation of surgical practices on a continuing basis by the establishment and operation of a Tissue Committee and/or a Professional Standards Committee which shall review pathological reports on all specimens and review the professional performance. Such Committee to be comprised of two or more members of the medical staff. When warranted by the evidence, the medical staff shall recommend to the governing body the dismissal from the medical staff or the reduction of professional privileges of any member not conforming to the adopted professional standards of the ambulatory surgical center.

(e) Physician assistants may be certified by the governing body to assist in surgery, but in no instance shall the privileges of a physician's assistant exceed those permitted by his State certification, nor shall a physician's assistant be authorized to function independently from his responsible physician.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-3. Records

(a) A medical record shall be maintained for every patient cared for in the ambulatory surgical center. The medical records shall be filed for easy access by the medical staff or representatives of the licensing agency.

(b) The medical record shall contain, as a minimum, the following:

(1) Patient identification.

(2) Patient history, physical examination, chief complaint, copies of any laboratory, X-ray, or consultation reports.

(3) Description of surgical procedures performed, observations, anesthesia records and disposition of the patient.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-4. Nursing services

(a) The center shall provide nursing services under the direction of a professional registered nurse with post-graduate training or experience in surgical nursing.

(b) The facility shall have at least one registered nurse who has professional training and competence in surgical nursing on duty in the ambulatory surgical center when patients are present.

(c) The facility shall have sufficient licensed nurses and other nursing personnel, under the direction of a registered nurse, to assure observation and nursing care of all patients in the center.

(d) The facility shall instruct all nursing personnel as to the location, operation, and use of emergency and resuscitative equipment.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-5. Anesthesia services

(a) The facility shall provide anesthesia services under the direction of an anesthesiologist or a physician with training and experience in the administration of anesthetics.

(b) An anesthesiologist or physician shall be on the premises during the post-anesthetic recovery period until all patients are alert and/or discharged.

(c) At the time of admission to the ambulatory surgical center, a history and physical examination shall be completed and recorded.

(d) All anesthesia shall be administered by an anesthesiologist, physician anesthesiologist, or certified registered nurse anesthetist (CRNA), except for those local agents which may be administered by the attending physician or surgeon.

(e) Pulse oximeters should be used during procedures and recovery.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-6. Emergency equipment

The facility shall provide sufficient emergency equipment to handle emergencies resulting from the services rendered in the facility. Such equipment shall include, but not be limited to, a portable oscilloscope, portable defibrillator, portable suction equipment, inhalation-resuscitation equipment, and equipment to open and maintain an airway.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-7. Supportive services

(a) The facility shall provide sufficient support services to assure the adequate and appropriate availability of supplies, instruments, and equipment.

(b) Sterilizers and autoclaves shall be provided of appropriate type and capacity to sterilize instruments, utensils, dressings, water, and operating-room materials. There shall be approved control and safety features, and instrument accuracy must be checked on a regular, periodic basis by an approved method.

(c) Sterile supplies must be maintained separately from unsterile supplies and must be stored in dust-proof and moisture-free, properly labeled packs.

(d) All sterile packs shall have marked on their outer surface the date of sterilization and the expiration date of such period of sterile condition.

[Source: Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92]

310:615-3-8. Medications

(a) Medications shall be administered only on the order of any person authorized by state law to so prescribe [Nurse Practice Act 59 O.S. 1981 §567.3a].

(b) The center shall provide proper storage, safeguarding, preparation, and dispensing of medications in a pharmacy or medication room which is under the supervision of a registered pharmacist who is either an employee of the center or serves as a consultant pharmacist, who shall be required to visit the ambulatory surgical center no more than one time per month.

[**Source:** Amended at 9 Ok Reg 2021, eff 6-11-92; Amended at 27 Ok Reg 2534, eff 7-25-10; Amended at 36 Ok Reg 1710, eff 9-13-19]

SUBCHAPTER 5. MINIMUM STANDARDS [REVOKED]

310:615-5-1. Administration and public areas [REVOKED]

[**Source:** Amended at 9 Ok Reg 2021, eff 6-11-92; Amended at 27 Ok Reg 2534, eff 7-25-10; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-2. Clinical facilities [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-3. Surgical facilities [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-4. Janitors' closet(s) [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-5. Employees' facilities [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-6. Details and finishes [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-7. Construction, including fire-resistive requirements [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-8. Elevators [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-9. Mechanical requirements [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-5-10. Electrical requirements [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

SUBCHAPTER 7. CODES AND STANDARDS [REVOKED]

310:615-7-1. General [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

310:615-7-2. List of referenced codes and standards [REVOKED]

[**Source:** Revoked and reenacted at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710, eff 9-13-19]

**APPENDIX A. GENERAL PRESSURE RELATIONSHIP AND VENTILATION OF CERTAIN
AMBULATORY SURGICAL CENTER AREAS [REVOKED]**

[Source: Revoked at 9 Ok Reg 2021, eff 6-11-92]

**APPENDIX B. FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR-
CONDITIONING SYSTEMS IN AMBULATORY SURGICAL CENTERS [REVOKED]**

[Source: Revoked at 9 Ok Reg 2021, eff 6-11-92]

**APPENDIX C. STATION OUTLETS FOR OXYGEN AND VACUUM (SUCTION) SYSTEMS
[REVOKED]**

[Source: Revoked at 9 Ok Reg 2021, eff 6-11-92]

**APPENDIX D. FLAME-SPREAD AND SMOKE-PRODUCTION LIMITATIONS OF INTERIOR
FINISHES IN AMBULATORY SURGICAL CENTERS [REVOKED]**

[Source: Added at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710,
eff 9-13-19]

**APPENDIX E. VENTILATION REQUIREMENTS FOR AREAS AFFECTING PATIENT CARE
IN AMBULATORY SURGICAL CENTERS [REVOKED]**

[Source: Added at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710,
eff 9-13-19]

**APPENDIX F. FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR
CONDITIONING SYSTEMS IN OUTPATIENT FACILITIES [REVOKED]**

[Source: Added at 9 Ok Reg 2021, eff 6-11-92; Revoked at 36 Ok Reg 1710,
eff 9-13-19]