

State of Utah
Administrative Rule Analysis
Revised May 2026

NOTICE OF SUBSTANTIVE CHANGE

TYPE OF FILING: Amendment	Filing ID: OFFICE USE ONLY
Rule or section number:	R432-600
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

Title catchline:	Health and Human Services, Health Facility Licensing
Building:	Multi-Agency State Office Building
Street address:	195 N.1950 W.
City, state:	Salt Lake City, UT
Mailing address:	PO Box 141007
City, state and zip:	Salt Lake City, UT 84114-1007

2. Contact Persons

Name:	Phone:	Email:
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Please address questions regarding information on this notice to the persons listed above.

3. General Information

A. Rule or section catchline:
R432-600. Abortion Clinic Rule
B. Purpose of the new rule or reason for the change:
The purpose of this amendment is to ensure compliance for the Office of Licensing (OL), under the Department of Health and Human Services (department), with HB 417 from the 2026 General Session. The filing also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department. Additionally, the rule amendment clarifies language across multiple sections. HB 417 defines terms related to non-medical transportation and requires any health facility to allow a patient to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a patient request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the patient, and specific liability protections for the health care facility and health care providers from the originating health facility. This bill makes it necessary to add a requirement for non-medical transportation in this rule to align with these new requirements for any health care facility regulated by OL.
C. Summary of the new rule or change:
To support the implementation of legislation from the 2026 General Session, this amendment adds the requirement to allow a patient under certain circumstances to use non-medical transportation to another health care facility is added to Section R432-600-17. The filing clarifies language related to requirements throughout the rule. This filing updates the title catchline, combines the Authority and Purpose sections into one section, and adds a "Scope" section to include any applicable federal, state, or local law, rule, or ordinance the provider is required to comply with and removes those references throughout the rule. The rule amendment also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

4. Legislative Action Information

A. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
B. If yes, any bill number and session:	HB 417 (General Session)

5. Fiscal Information

Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

To support the implementation of HB 417 from the 2026 General Session that relates to this rule amendment, there is no anticipated fiscal impact as OL already regulates this type of health facility and the department notified providers about the new requirements related to implementation of HB 417 in April 2026.

The department added the new requirements for this type of regulated health facility related to the implementation of this legislative action to each applicable department inspection checklist, which will not result in any measurable cost or savings to the state budget.

Any costs associated with the implementation of HB 417 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at <https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0417.fn.pdf>.

The department does not anticipate any fiscal impact on the state budget as a result of the style and formatting changes and clarifying language changes included in this rule amendment.

B. Local governments:

To support the implementation of HB 417 from 2026 General Session, there is no anticipated impact on local governments' revenues or expenditures because these providers are regulated by OL and not local governments. There will be no change in local business licensing or any other item with which local government is involved. There are no fiscal impacts to local governments resulting from the changes in this rule content relating to this legislative action.

The department also does not anticipate any fiscal impact on local governments as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

C. Small businesses ("small business" means a business employing 1-49 persons):

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on small-businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons):

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for non-small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on non-small businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on other persons as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

F. Compliance costs for affected persons:

For implementation of HB 417, affected persons would be small and non-small businesses and persons other than small businesses, non-small businesses, state, or local government entities operating health facilities regulated by OL, under the department.

Providers who are affected persons must comply with the additional requirement for non-medical transportation outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirement, which includes allowing any patient who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule and standard operating procedure updates has been identified and considered under the state budget in the fiscal note for HB 417 (2026 General Session). The department has notified providers about the additional requirement related to this legislative action and the department does not anticipate any compliance cost for OL.

The department also does not anticipate any compliance cost as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

6. Regulatory Impact Summary Table

Enter the cost or savings in the relevant cell. If there is no cost or savings, enter, "\$0." If a cost or savings is inestimable, enter, "inestimable."

Fiscal Cost	FY2027	FY2028	FY2029	FY2030	FY2031
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Non-Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Other Persons	inestimable	inestimable	inestimable	inestimable	inestimable
Total Fiscal Cost	\$0	\$0	\$0	\$0	\$0
Fiscal Benefits	FY2027	FY2028	FY2029	FY2030	FY2031
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0	\$0	\$0

7. Regulatory Impact Analysis Approval

The Commissioner of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

8. Family Impact Information

A. The agency has considered this rule's impact on family health, stability, and formation: ☒

B. Summary of reasonable alternatives or modifications:

If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-202	Section 26B-2-902	

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until:

Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):

Date:	Time (hh:mm AM/PM):	Place (physical address or URL):
Click or tap to enter a date.		

To the agency: If more than one hearing is planned to take place, continue to add rows.

12. Effective Date Information

This rule change MAY become effective on:
(NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)

Click or tap to enter a date.

13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:

Tracy S. Gruber, Commissioner

Date:

Click or tap to enter a date.

R432. Health, ~~Family Health~~ and ~~Preparedness~~ Human Services, Health Care Facility Licensing.

R432-600. Abortion ~~Clinic~~ Facility Rule.

R432-600-1. ~~Legal Authority~~ Authority and Purpose.

~~[This rule is adopted pursuant to Title 26, Chapter 21.]~~ (1) Section 26B-2-202 authorizes this rule.

(2) This rule provides the health and safety standards for the operation and maintenance of any licensed abortion facility.

R432-600-2. Definitions.

~~[(+)]~~ The terms used in th[ese]is rule[s] are defined in [~~R432-1-3~~]Section 26B-2-201 and Section 26B-2-249. Additionally:

~~[(2)]~~ "A[~~n~~-a]bortion clinic" means a facility, including a physician's office but not including a general acute or a specialty hospital that performs abortions.

~~[R432-600-3. Purpose.~~

~~[(1)]~~ The purpose of this rule is to promote the public health and welfare through the establishment and enforcement of licensure standards. This rule sets standards for the operation and maintenance of abortion clinics for providing safe and effective facilities and services.]

R432-600-~~[4]~~3. ~~Licensure~~ Scope.

(1) Each licensee shall comply with:

(a) any applicable federal, state, or local law, rule, or ordinance, including:

(i) Rule R432-4; and

(ii) this rule.

~~[(1)2]~~ A license is required to operate an abortion clinic.]The facility shall maintain [documentation that they are members in] good standing with the National Abortion Federation or the Abortion Care Network, [which i]as a require[ed]ment for licensure.

~~[(2)3]~~ An abortion [clinic]facility is[~~may be~~] licensed as a Type I facility if the facility if it:

~~[(a)]~~ performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy; and]

~~[(b)]~~(a) does not perform abortions, as defined in section 76-7-301, after the first trimester of pregnancy[-]; and

~~[(b)]~~ performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy.

~~[(3)4]~~ An abortion facility [clinic may be] is licensed as a Type II facility if the facility:

(a) performs abortions, as defined in Section 76-7-301, after the first trimester of pregnancy; or

(b) performs abortions, as defined in section 76-7-301, during the first trimester of pregnancy and after the first trimester of pregnancy.

~~[(4)5]~~ Abortion [clinics]facilities must comply with the requirements of Title 76, Chapter 7, Part 3 Abortion.

~~[R432-600-5. Construction.~~

~~[(1)]~~ Each facility shall conform with the requirements of R432-4-1 through R432-4-22, with the exception of R432-4-8(1)(b).

~~[(2)]~~ Each facility shall conform to the functional, space, and equipment requirements of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, sections 3.1 and 3.2, with the following exceptions[-]:

~~[(a)]~~ Section 3.1 6.1.1 Vehicular Drop Off and Pedestrian Entrance is deleted;

~~[(b)]~~ Section 3.1 7.1.1.1 NFPA 101 is deleted;

~~[(c)]~~ Section 3.1 7.2.2.1 Corridor Width is deleted;

~~[(d)]~~ Section 3.1 7.2.2.3(1)(b) is deleted;

~~[(e)]~~ Section 3.1 8.2.6 Heating Systems and Equipment is deleted;

~~[(f)]~~ 3.2 6.2.4 Multipurpose Rooms is deleted; and

~~[(g)]~~ Further modifications or deletion of space and functional requirements may be made with Departmental written approval.

~~[(3)]~~ Treatment rooms shall be a minimum of 110 square feet exclusive of vestibules or cabinets.

~~[R432-600-6]5. Organization.~~

~~[(1)(a)]~~ [Each clinic shall be operated by a licensee]A licensee shall operate each clinic.

~~[(b)]~~ The facility shall organize a functioning governing body to assure accountability[~~if the licensee is other than a single individual~~[-there shall be an organized functioning governing body to assure accountability].

(2) The facility[~~licensee shall be~~] is responsible for the organization, management, operation, and control of the facility.

(3) Responsibilities shall include at least the following:

~~[(a)]~~ Comply with all applicable federal, state and local laws, rules and requirements;

~~[(b)]~~ Adopt and institute by laws, protocols, policies and procedures relative to the operation of the clinic;

~~[(c)]~~ Appoint, in writing, a qualified administrator to be responsible for the implementation of facility bylaws, policies and procedures, and for the overall management of the facility;

~~[(d)]~~ Appoint, in writing, a qualified medical director to be responsible for clinical services;

~~[(e)]~~ Establish a quality assurance committee in conjunction with the medical staff;

~~[(f)]~~ Secure contracts for services not provided directly by the clinic;

- _____ (g) Receive and respond to the semi-annual inspection report by the Department;
- _____ (h) Compile statistics on the distribution of the informed consent material as required in Section 76-7-313;]
- _____ (a) adopt and institute by-laws, protocols, policies and procedures relative to the operation of the clinic;
- _____ (b) appoint, in writing, a qualified administrator to be responsible for the implementation of facility bylaws, policies and procedures, and for the overall management of the facility;
- _____ (c) appoint, in writing, a qualified medical director to be responsible for clinical services;
- _____ (d) comply with all applicable federal, state and local laws, rules and requirements;
- _____ (e) compile statistics on the distribution of the informed consent material as required in Section 76-7-313;
- _____ (f) establish a quality assurance committee in conjunction with the medical staff;
- _____ (g) receive and respond to the semi-annual inspection report by the department; and
- _____ (h) secure contracts for services not provided directly by the clinic.

R432-600-[7]6. Clinic Protocols, Policies, and Procedures.

- (1) The [licensee]facility shall develop and implement written policies and procedures with the medical director and the administrator in accordance with State law including:
- [_____ (a) Patient eligibility criteria;
 - _____ (b) Physician competency criteria;
 - _____ (c) Informed consent;
 - _____ (d) For Type II Clinics, policy must indicate a limit on the number of weeks within the second trimester of pregnancy during which abortions can be safely performed in the clinic;
 - _____ (e) For Type II Clinics, an emergency treatment transfer plan which shall include:
 - _____ (i) patient acknowledgment of the transfer plan;
 - _____ (ii) notification to the receiving hospital when a patient requires emergency transfer;
 - _____ (iii) explanation of how information will be provided to receiving hospital for proper care and treatment of the individual transferred;
 - _____ (iv) plan for security and accountability of the personal effects of the individual transferred; and
 - _____ (v) mode of transportation for the transfer.
 - _____ (f) If an abortion is performed when an unborn child is sufficiently developed to have any reasonable possibility of survival outside its mother's womb, the medical procedure used must be that which, in the best medical judgment of the physician, will give the unborn child the best chance of survival. (Refer to Section 76-7-307.)
 - _____ (g) Pre and post counseling;
 - _____ (h) Clinic operational functions;
 - _____ (i) Patient care and patient rights policies;
 - _____ (j) A quality assurance committee;
 - _____ (k) Ongoing relevant training program for all clinic personnel;
 - _____ (l) Emergency and disaster plans;
 - _____ (m) Fire evacuation plans.]
 - _____ (a) a quality assurance committee;
 - _____ (b) facility operational functions;
 - _____ (c) emergency and disaster plans;
 - _____ (d) fire evacuation plans;
 - _____ (e) for Type II Clinics, an emergency treatment transfer plan which shall include:
 - _____ (i) explanation of how information will be provided to receiving hospital for proper care and treatment of the individual transferred;
 - _____ (ii) mode of transportation for the transfer;
 - _____ (iii) notification to the receiving hospital when a patient requires emergency transfer;
 - _____ (iv) patient acknowledgment of the transfer plan; and
 - _____ (v) plan for security and accountability of the personal effects of the individual transferred;
 - _____ (g) a Type II facility, policy must indicate a limit on the number of weeks within the second trimester of pregnancy during which abortions can be safely performed in the clinic;
 - _____ (h) if an abortion is performed when an unborn child is sufficiently developed to have any reasonable possibility of survival outside its mother's womb, the medical procedure used must be that which, in the best medical judgment of the physician, will give the unborn child the best chance of survival;
 - _____ (i) informed consent;
 - _____ (j) ongoing relevant training program for all clinic personnel;
 - _____ (k) patient care and patient rights policies;
 - _____ (l) patient eligibility criteria;
 - _____ (m) physician competency criteria; and
 - _____ (n) pre and post counseling.

R432-600-[8]7. Administrator.

- (1) Each facility shall designate, in writing, an administrator who shall have sufficient freedom from other responsibilities to be on the premises of the clinic a sufficient number of hours in the business day to permit attention to the management and administration of the facility.
- (2)(a) The administrator shall designate a person to act as administrator in his or her absence.
- _____ (b) This person shall have sufficient power, authority, and freedom to act in the best interests of patient safety and well-being.
 - _____ (c) It is not the intent to permit a de facto administrator to supplant or replace the designated facility administrator.
 - _____ (3) The facility shall only employ an administrator who is[administrator shall be] 21 years of age or older.

(4) The facility shall only employ an administrator~~[shall be]~~who is experienced in the administration and supervision of personnel, and ~~[shall be]~~is knowledgeable about the medical aspects of abortions to interpret and be conversant in medical protocols.

(5) The facility shall include the administrator's responsibilities~~[shall be included]~~ in a written job description.

(6) Responsibilities shall include at least the following:

~~_____~~ (a) Develop and implement facility policies and procedures;

~~_____~~ (b) Maintain an adequate number of qualified and competent staff to meet the needs of clinic patients;

~~_____~~ (c) Develop clear and complete job descriptions for each position;

~~_____~~ (d) Implement recommendations made by the quality assurance committee;

~~_____~~ (e) Notify the Department of Health, Bureau of Health Facility Licensing within 7 days in the event of the death of a patient;

~~_____~~ (f) Notify appropriate authorities when a reportable communicable disease is diagnosed;

~~_____~~ (g) Administrator will ensure that a fetal death certificate is filed as required in Section 26-2-14, for each fetal death of 20 weeks gestation or more calculated from the date the last normal menstrual period began to date of delivery;

~~_____~~ (h) Review all incident and accident reports and document what action was taken.]

~~_____~~ (a) develop and implement facility policies and procedures;

~~_____~~ (b) develop clear and complete job descriptions for each position;

~~_____~~ (c) ensure that a fetal death certificate is filed as required in Section 26-2-14, for each fetal death of 20 weeks of gestation or more calculated from the date the last normal menstrual period began to the date of delivery;

~~_____~~ (d) implement recommendations made by the quality assurance committee;

~~_____~~ (e) maintain an adequate number of qualified and competent staff to meet the needs of clinic patients;

~~_____~~ (f) notify appropriate authorities when a reportable communicable disease is diagnosed;

~~_____~~ (g) notify the department within seven days in the event of the death of a patient; and

~~_____~~ (h) review all incident and accident reports and document what action was taken.

R432-600-[9]8. Medical Director.

(1) The licensee of the abortion clinic shall retain, by formal agreement, a physician to serve as medical director.

(2) The medical director shall meet the following qualifications:

~~_____~~ (a) Be currently licensed to practice medicine in Utah;

~~_____~~ (b) Have sufficient training and expertise in abortion procedures to enable supervision of the scope of service offered by the clinic;

~~_____~~ (c) Be a diplomat of the American Board of Obstetrics and Gynecology or the American Board of Surgery; or submit evidence to the Department that other training and experience will qualify her or him for admission to an examination by either board; or

~~_____~~ (d) Be certified by the American College of Osteopathic Obstetricians and Gynecologists or the American Board of Osteopathic Surgeons; or submit evidence to the Department that his training and experience qualifies him or her for admission to an examination by the College or Board;

~~_____~~ (e) Be a member in good standing with the National Abortion Federation or the Abortion Care Network.]

~~_____~~ (a) be a member in good standing with the National Abortion Federation or the Abortion Care Network;

~~_____~~ (b) be either:

~~_____~~ (i) a diplomat of the American Board of Obstetrics and Gynecology or the American Board of Surgery; or submit evidence to the Department that other training and experience will qualify her or him for admission to an examination by either board; or

~~_____~~ (ii) certified by the American College of Osteopathic Obstetricians and Gynecologists or the American Board of Osteopathic Surgeons; or submit evidence to the Department that his training and experience qualifies him or her for admission to an examination by the College or Board;

~~_____~~ (c) be currently licensed to practice medicine in Utah; and

~~_____~~ (d) have sufficient training and expertise in abortion procedures to enable supervision of the scope of service offered by the clinic.

(3)(a) The medical director shall have overall responsibility for the administration of medication and treatment delivered in the facility.

~~_____~~ (b) Applicable laws relating to abortions, professional licensure acts, and clinic protocols shall govern both medical staff and employee performance.

(4) The medical director~~[shall be]~~is responsible for at least the following:

~~_____~~ (a) To develop and review facility protocols;

~~_____~~ (b) To establish competency criteria for staff physicians and personnel, including training in abortion procedures and abortion counseling;

~~_____~~ (c) To supervise the performance of the medical staff;

~~_____~~ (d) To serve as a member of the clinic's quality assurance committee;

~~_____~~ (e) To act as consultant to the director of nursing;

~~_____~~ (f) Ensure that a physician's report is filed as required in Section 76-7-313, for each abortion performed.]

~~_____~~ (a) acting as a consultant to the director of nursing;

~~_____~~ (b) ensuring that a physician's report is filed as required in Section 76-7-313, for each abortion performed;

~~_____~~ (c) the development and review of facility protocols;

~~_____~~ (d) the establishment of a competency criterion for staff physicians and personnel, including training in abortion procedures and abortion counseling;

~~_____~~ (e) to serve as a member of the clinic's quality assurance committee; and

~~_____~~ (f) to supervise the performance of the medical staff.

R432-600-[40]9. Health Surveillance.

(1) The [F]facility shall establish a personnel health program through written personnel health policies and procedures which shall protect the health and safety of personnel and clients commensurate with the service offered.

(2) The licensee shall ensure that there is a completed[A-] employee placement health evaluation~~[to]~~which includes at least a health inventory~~[shall be completed]~~ when an employee is hired.

- (3) The health inventory shall obtain at least the employee's history of the following:
 - (a) conditions that predispose the employee to acquiring or transmitting infectious diseases;
 - (b) condition which may prevent the employee from performing certain assigned duties satisfactorily;
- (4) Employee health screening and immunization components of personnel health programs shall be developed in accordance with R386-702[-]

Communicable Disease Rules;

(5)(a) ~~Employee skin testing by the Mantoux Method or other FDA approved in vitro serologic test and follow up for tuberculosis shall be done in accordance with R388-804, Special Measures for control of Tuberculosis;~~

~~(a) The licensee shall ensure that all employees are skin tested for tuberculosis within two weeks of:~~

~~(i) initial hiring;~~

~~(ii) suspected exposure to a person with active tuberculosis; and~~

~~(iii) development of symptoms of tuberculosis.~~

~~(b) Skin testing shall be exempted for all employees with known positive reaction to skin tests.]~~

The facility shall ensure employee skin testing by the Mantoux method or other Federal Drug Administration-approved in-vitro serologic test, and follow-up for tuberculosis is done per Rule R388-804 Measures for the Control of Tuberculosis.

(b) The facility shall ensure that each employee is skin-tested for tuberculosis within two weeks of:

(i) development of symptoms of tuberculosis;

(ii) initial hiring; and

(iii) suspected exposure to a person with active tuberculosis;

(c) The facility shall ensure skin testing is exempted for each employee with a known positive reaction to skin tests.

(d) The facility may exempt skin tests for each employee.

(6) Per law, the facility shall report [A] all infections and communicable diseases [reportable by law shall be reported by the facility] to the local health department [in accordance with] per Section R386-702-2.

R432-600-1[1]0. Personnel.

(1) The [A] administrator shall employ a sufficient number of professional and support staff who are competent to perform their respective duties, services, and functions.

(a) All staff ~~shall be~~ are licensed, certified or registered as required by the Utah Department of Commerce.

(b) Copies ~~shall be~~ are maintained for [D] department review that all licenses, registration and certificates are current.

(c) Failure to ensure that all personnel are licensed, certified or registered may result in sanctions to the facility license.

(2) The facility shall plan and document an [There shall be planned, documented,] in-service training program held regularly for all facility personnel.

(3) The training program shall address all clinic protocols and policies.

(4) All ~~clinic~~ facility personnel shall have access to the facility's policies and procedures manuals and other information necessary to ~~effectively perform assigned duties and carry out responsibilities~~ perform assigned duties and carry out responsibilities effectively.

R432-600-1[2]1. Contracts.

(1)(a) The ~~licensee~~ facility shall make arrangements for professional and other required services not provided directly by the facility.

(b) If the facility contracts for services, it shall complete [there shall be] a signed, dated agreement that details all services provided.

(2) The contract shall include:

~~(a) The effective and expiration dates;~~

~~(b) A description of goods or services to be provided;~~

~~(c) Copy of the professional license, if applicable.]~~

(a) a description of goods or services to be provided;

(b) copy of the professional license, if applicable; and

(c) the effective and expiration dates.

R432-600-1[3]2. Quality Assurance.

(1)(a) The administrator, in conjunction with the medical staff, shall establish a quality assurance committee and program.

(b) This committee shall review regularly clinic operations, protocols and procedures, incident reports, infection control, patient care policies and safety.

(2) The committee shall include representation ~~[a representative]~~ from ~~[the]~~:

(a) clinic administration;

(b) facility physicians; and

(c) nursing.

~~[clinic administration, a physician, and a nurse.]~~

(3)(a) The committee shall meet at least quarterly and keep minutes of the proceedings.

(b) The facility shall make meeting minutes [shall be] available for review by the [D] department.

(4) The committee shall initiate action to resolve identified quality assurance problems by filing a written report of findings and recommendations with the licensee.

R432-600-1[4]3. Emergency and Disaster.

(1)(a) Each facility has the responsibility to ~~[assure]~~ ensure the safety and well-being of patients in the event of an emergency or disaster.

(b) What constitutes [A] an emergency or disaster may include, but is not limited to: [interruption of public utilities, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.]

- _____ (i) bomb threat;
- _____ (ii) earthquake;
- _____ (iii) epidemic;
- _____ (iv) explosion;
- _____ (v) fire;
- _____ (vi) flood;
- _____ (vii) injury;
- _____ (viii) interruption of public utilities; or
- _____ (ix) windstorm.

_____ (2)(a) The administrator is in charge of facility operations during any significant emergency~~]; the administrator shall be in charge of facility operations during any significant emergency].~~

_____ (b) If not on the premises, the administrator shall make every reasonable effort to get to the facility to relieve subordinates and take charge during the emergency.

_____ (3) The ~~[licensee]~~facility and the administrator ~~[shall be]~~are responsible for the development of a plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters.

_____ (a) ~~The administrator shall ensure that~~[T]this plan ~~[shall be]~~is in writing and ~~[shall be]~~is distributed or made available to all facility staff to assure prompt and efficient implementation.

_____ (b) ~~The administrator and facility shall~~~~[plan shall be reviewed and updated]~~ review and update this plan at least annually.~~[by the administrator and the licensee.]~~

_____ (4) ~~The facility shall post the~~ names and telephone numbers of clinic staff, emergency medical personnel, and emergency service systems.~~[shall be posted.]~~

_____ (5) The facility's emergency plan shall address the following:

- _____ ~~(a) Evacuation of occupants to a safe place within the facility or to another location;~~
- _____ ~~(b) Delivery of emergency care and services to facility occupants when staff is reduced by an emergency;~~
- _____ ~~(c) The person or persons with decision-making authority for fiscal, medical, and personnel management;~~
- _____ ~~(d) An inventory of available personnel, equipment, and supplies and instructions on how to acquire additional assistance;~~
- _____ ~~(e) Assignment of personnel to specific tasks during an emergency;~~
- _____ ~~(f) Names and telephone numbers of on-call physicians and staff shall be available;~~
- _____ ~~(g) Documentation of emergency events.]~~
- _____ (a) an inventory of available personnel, equipment, and supplies, and instructions on how to acquire additional assistance;
- _____ (b) assignments of personnel to specific tasks during an emergency;
- _____ (c) delivery of emergency care and services to facility occupants when an emergency reduces staff;
- _____ (d) documentation of emergency events;
- _____ (e) evacuation of occupants to a safe place within the facility or to another location;
- _____ (f) names and telephone numbers of on-call physicians and staff shall be available; and
- _____ (g) the person or persons with decision-making authority for fiscal, medical, and personnel management.

_____ (6) The ~~[licensee]~~facility and administrator shall develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel.

_____ (a) The evacuation plan shall identify and post throughout the facility the following:

- _____ (i) emergency telephone numbers of the local fire department;
- _____ (iii) evacuation routes;
- _____ (iv) fire extinguishers; and[;]
- _____ (v) ~~the location of fire alarm boxes~~~~[, fire extinguishers, and emergency telephone numbers of the local fire department and shall be posted throughout the facility.]~~

_____ (b) The written fire emergency plan shall include fire-containment procedures and how to use the facility alarm systems and signals.

_____ (c)(i) The emergency plan shall include ~~[F]~~fire drills and documentation~~[shall be in accordance with]~~per R710-4, State of Utah Fire Protection Board.

_____ (ii) The actual evacuation of patients during a drill is optional.

R432-600-1[5]4. Patients' Rights.

_____ (1) The ~~[clinic]~~facility shall provide informed consent material, as seen in Section 76-7-305.5~~[(see Section 76-7-305.5)]~~ to any patient or potential patient.

_____ (2) The facility shall provide ~~[W]~~written policies regarding the rights of patients ~~[shall be made available]~~to the patient, public, and the ~~[D]~~department upon request.

_____ (3) Each patient admitted to the facility shall have the following rights:

- _____ ~~(a) To be fully informed, prior to or at the time of admission and during stay, of these rights and of all facility rules that pertain to the patient;~~
- _____ ~~(b) To be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of any charges for which the patient may be liable;~~
- _____ ~~(c) To refuse to participate in experimental research;~~
- _____ ~~(d) To refuse treatment and to be informed of the medical consequences of such refusal;~~
- _____ ~~(e) To be assured confidential treatment of personal and medical records and to approve or refuse release to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract;~~
- _____ ~~(f) To be treated with consideration, respect, and full recognition of personal dignity and individuality, including privacy in treatment and in care for personal needs.]~~

- (a) the assurance of confidential treatment of personal and medical records and the process to approve or refuse the release of this information to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract;
- (b) to be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of any charges for which the patient may be liable;
- (c) to be fully informed, prior to or at the time of admission and during stay, of these rights and of all facility rules that pertain to the patient;
- (d) to be treated with consideration, respect, and full recognition of personal dignity and individuality, including privacy in treatment and in care for personal needs;
- (e) to refuse to participate in experimental research; and
- (f) to refuse treatment and to be informed of the medical consequences of such refusal.

R432-600-1[6]5. General Patient Care Policies.

- (1) The facility shall treat ~~[E]~~each patient ~~[shall be treated]~~ as an individual with dignity and respect.
- (2) Each ~~[clinic]~~facility administrator or their designee shall develop, ~~[and]~~ implement, and review all facility patient care policies~~[to be reviewed annually by the administrator or designee]~~.
- (a) Each facility shall develop or revise [P]patient care policies[~~shall be developed and revised~~] through patient-care conferences with all professionals involved in patient care.
- (b) Each facility shall include ~~[A]~~admission and discharge policies~~[shall be included]~~ in general patient care policies.
- (3) The facility shall have a policy to notify next of kin in the event of serious injury to, or death of, the patient.
- (4) Each patient shall be under the care of a physician who is a member of the clinic staff.

R432-600-1[7]6. Nursing Services.

- (1) Each facility shall provide nursing services commensurate with the needs of the patients served.
- (2) The nursing director shall supervise [A]all non-medical patient services ~~[shall be under the general direction of the director of nursing,~~]except as ~~[specifically exempted]~~exempted explicitly by facility policy.
- (3) Each Type II ~~[clinic]~~facility shall employ and designate in writing a director of nursing who ~~[will be]~~is responsible for the organization and functioning of the nursing staff and related service.
- (a) The facility shall ensure that the director of nursing ~~[shall be]~~is a registered nurse who has academic or post~~[]~~graduate training acceptable to the medical director.
- (b) The director of nursing, in consultation with the medical director, shall plan and direct the delivery of nursing care by nursing staff.
- (4) Nursing service personnel shall assist the physician, plan and deliver nursing care, treatments, and procedures commensurate with the patient's needs and clinic protocols.
- (5) The facility shall provide adequate equipment in good working order to meet the needs of patients.
- (6) Disposable and single-use items shall be properly disposed of after use.

R432-600-17. Patient Interfacility Transportation.

- (1) The licensee shall allow a patient to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.
- (2)(a) A patient may request the licensee to determine if the patient is eligible for a non-medical transport for an interfacility transfer.
- (b) For any request from a patient to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the patient addressing each item in Subsection 26B-2-249(4).
- (3)(a) If a patient arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the patient for any admission or readmission cost, except as provided in (3)(b).
- (b) The receiving center may charge the insurance or health benefit plan of the patient if upon arrival, the medical staff document a change in the medical condition or mental condition of the patient.
- (4) A receiving facility shall hold and reserve the specific bed offered to the patient upon discharge from the originating facility if the patient arrives within adequate time.
- (5) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the patient prior to discharge:
 - (a) formal clinical assessment of the medical or mental condition of the patient is stable and does not require ambulance or medically supervised transportation;
 - (b) the specific type of non-medical transportation that will be used to transport the patient; and
 - (c) the expected arrival window communicated to the receiving facility.

R432-600-18. Pharmacy Service.

- (1) The facility shall provide~~[There shall be]~~ written policies and procedures, approved by the medical director and administrator, to govern the acquisition, storage, and disposal of medications.
- (2) The facility shall ensure that there is a~~[There shall be]~~ provision for the supply of necessary drugs and biologicals on a prompt and timely basis.
- (3)(a) The ~~[clinic]~~facility shall obtain reference material containing monographs on all drugs used in the facility.
- (b) The drug monographs shall include;
 - (i) available strengths;
 - (ii) dosage forms;
 - (iii) generic and brand names;
 - (iii) indications and side effects; and

- (iv) ~~[generic and brand names, available strengths, dosage forms, indications and side effects, and]~~ other pharmacological data.
- (4) The facility shall ensure that [A] all medications, solutions, and prescription items [shall be] are kept in a secure controlled storage area and separate from non-medicine items.
- (5) The facility shall maintain [A] an accessible emergency drug supply[~~shall be maintained~~] in the facility.
- (a) The medical director shall approve the [S] specific drugs and dosages [to be] included in the emergency drug supply.[~~shall be approved by the medical director.~~]
- (b) The facility shall list the [C] contents of the emergency drug supply[~~shall be listed~~] on the outside of the container.
- (c) The nursing staff shall document the use and regular inventory of the contents[~~shall be documented by nursing staff~~].
- (6)(a) The facility shall maintain [M] medications stored at room temperature[~~shall be maintained~~] within 59 degrees - 80 degrees F (15 degrees to 30 degrees C).
- (b) The facility shall maintain refrigerated[Refrigerated] medications[~~shall be maintained~~] within 36 degrees - 46 degrees F (2 degrees to 8 degrees C).
- (7) The facility shall securely store and segregate medications[Medications] and other items that require refrigeration[~~shall be stored securely and segregated~~] from food items.

R432-600-19. Laboratory and Radiology Services.

- (1) The facility shall make provisions, as appropriate, for [L] laboratory and [R] radiology services.
- (2) The facility shall guarantee that there is a [There shall be a] valid order, documented in the patient's medical record, from a physician or a person licensed to prescribe such services.
- (3) [Services shall be performed by a qualified licensed provider] A qualified licensed provider shall perform services.
- (4) If the facility provides its own laboratory service, these services shall comply with Section R432-100-23[~~in the General Hospital Facility Rules~~].
- (5) If the facility provides its own radiology services, these shall comply with Section R432-100-22.
- (6)(a) If laboratory and radiology services are not provided directly, the facility shall make provisions[~~shall be made~~] for such services.
- (b) The facility shall report or provide results [Reports or results shall be reported] promptly to the attending physician and documented in the patient's medical record.

R432-600-20. Anesthesia Services.

Anesthesia services provided in the clinic shall comply with the [General Hospital Rules] Subsection R432-100-1[5]8 and Utah Code 76-7-305.

R432-600-21. Medical Records.

- (1)(a) The facility shall ensure [M] medical records[~~shall be~~] are complete, accurately documented, and systematically organized to facilitate storage and retrieval.
- (b) The facility shall write[There shall be written] policies and procedures to accomplish these purposes.
- (2) The facility shall maintain a[A] permanent individual medical record[~~shall be maintained~~] for each patient.
- (3)(a) The facility shall guarantee that [A] all entries [shall be] are permanent and capable of being photocopied.
- (b) Entries must be authenticated, including date, name or identified initials, and title of the person making the entry.
- (4)(a) The facility shall keep records[Records shall be kept] for all patients admitted or accepted for treatment and care.
- (b) The facility shall keep records[Records shall be kept] current and shall conform to good medical and professional practice based on the service provided to each patient.
- (5) The facility shall file [A] all records of discharged patients [shall be completed and filed] as soon as possible or within 30 days of discharge.
- (6) Each patient's medical record shall include the following:
- (a) An admission record (face sheet) including the:
- (i) age;
- (ii) address;
- (iii) date of admission;
- (iv) [the] patient's name;
- (v) physician's:
- (A) address;
- (B) name; and
- (C) telephone number; and
- (vi) responsible person's:
- (A) address;
- (B) name; and
- (C) telephone number;[age; date of admission; name, address, and telephone number of physician and responsible person;]
- (b) all information indicated in Section 76-7-313;
- (c) discharge summary, which contains a brief narrative of conditions and diagnoses of the patient and final disposition;
- ~~[(b)]~~(d) [R] reports including:
- (i) laboratory tests;
- (ii) [~~of~~] physical examinations;
- (iii) ultrasounds reports; and
- (iv) [~~laboratory tests and~~] X-rays prescribed and completed[~~, including ultrasound reports~~];
- (e) signed and dated nurse's notes regarding the care of the patient, including:
- (i) medications;

- ~~_____~~ (ii) treatments;
- ~~_____~~ (iii) vital signs; and
- ~~_____~~ (iv) other pertinent information;
- ~~_____~~ ~~[(e)](f)~~ [S]signed and dated physician orders for drugs and treatments; and
- ~~_____~~ ~~[(d)]~~ Signed and dated nurse's notes regarding the care of the patient. The notes shall include vital signs, medications, treatments and other pertinent information;
- ~~_____~~ ~~[(e)]~~ Discharge summary which contains a brief narrative of conditions and diagnoses of the patient and final disposition;
- ~~_____~~ ~~[(f)](g)~~ [T]the pathologist's report of human tissue removed during an abortion;
- ~~_____~~ ~~[(g)]~~ All information indicated in Section 76-7-313.
- ~~_____~~ (7)(a) The facility shall retain medical records~~[Medical records shall be retained]~~ for at least seven years after the last date of patient care.
- ~~_____~~ (b) ~~The facility shall retain records of minors~~~~[Records of minors shall be retained]~~ until the minor reaches age 18 or the age of majority plus an additional two years.
- ~~_____~~ (c) In no case shall the facility retain a record~~[be retained]~~ less than seven years.
- ~~_____~~ (8) ~~The facility shall retain all patient records~~ ~~[All patient records shall be retained]~~ within the clinic upon change of ownership.
- ~~_____~~ (9) ~~The facility shall make provisions~~~~[Provision shall be made]~~ for filing, safe storage, security, and easy accessibility of medical records.
- ~~_____~~ (10)(a) ~~The facility shall ensure that all~~ ~~[M]~~medical record information~~[shall be]~~is confidential.
- ~~_____~~ (b) ~~The facility shall establish~~~~[There shall be]~~ written procedures for the use and removal of medical records and the release of patient information.
- ~~_____~~ ~~[(a)](c)~~ The facility may only disclose information to~~[Information may be disclosed only to]~~ authorized persons in accordance with federal and state laws, and clinic policy.
- ~~_____~~ ~~[(b)](d)~~ Requests for information which may identify the patient (including photographs) shall require the written consent of the patient.

R432-600-22. Housekeeping Services.

- (1) ~~The facility shall provide~~~~[There shall be]~~ adequate housekeeping services to maintain a clean, sanitary, and healthful environment in the facility.
- (2) ~~The facility shall develop, implement, update and review~~ ~~[W]~~written housekeeping policies and procedures~~[shall be developed and implemented]~~ by each facility~~[, and reviewed and updated as necessary]~~.
- (3) The facility shall employ housekeeping staff to maintain both the exterior and interior of the facility in a safe, clean, orderly manner.
- (4) Housekeeping equipment ~~[shall be]~~is for institutional use and properly maintained.
- (5) ~~The facility shall prepare cleaning solutions for floors~~ ~~[Cleaning solutions for floors shall be prepared]~~ in proper strengths according to the manufacturer's instructions and be checked to~~[insure]~~ ensure that the proper germicidal concentrations are maintained.
- (6)(a) ~~The facility shall ensure that there are~~~~[There shall be]~~ sufficient number of noncombustible trash containers~~[,]; and~~
- (b) ~~[L]~~lids ~~[shall be]~~are provided where appropriate.
- (7)(a) ~~The facility shall guarantee that~~ ~~[S]~~storage areas containing cleaning agents, bleaches, insecticides, or poisonous, dangerous, or flammable materials~~[, shall be]~~are stored in a locked area to prevent unauthorized access.
- ~~_____~~ (b) ~~When storing these items, the clinic shall not use~~ ~~[T]~~toilet rooms ~~[shall not be used]~~ as storage places.

R432-600-23. Laundry Services.

- (1) Each facility shall have provisions for storage and processing of clean and soiled linen as required for patient care.
- (2) ~~The facility may conduct~~ ~~[P]~~processing~~[may be done]~~ within the facility, in a separate building or in a commercial or shared laundry.
- (3) Each facility shall develop and implement policies and procedures relevant to the operation of the laundry.
- (4) The facility shall store, handle, and transport~~[Clean linen shall be stored, handled, and transported]~~ in a manner to prevent contamination.
- (a) ~~The facility shall store~~ ~~[C]~~clean linen~~[shall be stored]~~ in clean, ventilated closets, rooms, or alcoves used only for that purpose.
- (b) ~~The facility shall cover and store~~ ~~[C]~~clean linen~~[shall be covered]~~ if stored in alcoves and transported through the facility.
- (c) ~~The facility shall ensure that~~ ~~[C]~~clean linen from a commercial laundry~~[shall be]~~ is delivered to a designated clean area in a manner that prevents contamination.
- (d) ~~The facility shall ensure~~ ~~[L]~~linens ~~[shall be maintained]~~are in good condition.
- (e) ~~The facility shall supply, provide, and make available to staff enough~~ ~~[A supply of]~~ clean washcloths and towels ~~[shall be provided and available to staff]~~ to meet the care needs of patients.
- (5) Facility staff shall handle, store, and process ~~[S]~~soiled linen~~[shall be handled, stored and processed]~~ in a manner that will prevent the spread of infections.
- (a) Facility staff shall sort ~~[S]~~soiled linen~~[shall be sorted]~~ in a separate room by methods affording protection from contamination, according to facility policy and applicable rules.
- (b) ~~The clinic shall store and transport~~ ~~[S]~~soiled linen ~~[shall be stored and transported]~~ in a closed container which prevents airborne contamination of corridors, areas occupied by patients, and precludes cross contamination of clean linens.
- (6) ~~The clinic shall maintain~~ ~~[L]~~laundry chutes~~[shall be maintained]~~ in a clean sanitary state.

R432-600-24. Maintenance Services.

- (1) ~~The facility shall provide~~~~[There shall be]~~ adequate maintenance service to ensure that the facility, equipment, and grounds are maintained in a clean and sanitary condition and in good repair at all times, in accordance with manufacturer specifications for the safety and well-being of patients, staff, and visitors.
- (2) The administrator shall employ or contract with a person qualified by experience and training to be in charge of facility maintenance.
- (3) The facility shall develop and implement a written maintenance program, including preventive maintenance, to ensure continued operation and sanitary practices throughout the facility.

- (4) The facility shall maintain that [A] all buildings, fixtures, equipment and spaces [shall be maintained] are in operable condition[s].
(5) The facility shall conduct a [A] pest control program [shall be conducted] to ensure the facility is free from vermin and rodents.
(6) The facility shall provide [E] equipment that [used in the clinic shall be] is approved by Underwriter's Laboratory and meets all applicable Utah Occupational Safety and Health Act requirements in effect at the time of purchase.

(7) An abortion clinic shall maintain that the following [E] electrical systems are safe, functioning and compliant with the National Electrical Code:

- (a) [including] appliances[;];
(b) call lights;
(c) cords[;];
(d) equipment[; call lights,]; and
(e) switches [shall be maintained to guarantee safe functioning and compliance with the National Electrical Code].
(8) To maintain the systems in operating condition, the facility shall conduct regular inspections to clean or replace all filters installed in the following systems:
(a) air;
(b) heating; and
(c) ventilation. [There shall be regular inspections, to clean or replace all filters installed in heating, air conditioning, and ventilation systems, to maintain the systems in operating condition.]

R432-600-25. Emergency Electric Service.

(1) The [clinic] facility shall make provision for emergency electrical power to provide lighting and power to critical areas essential for patient safety in the event of an interruption of normal electrical power service.

(2) The method utilized for emergency electrical power is subject to [D] departmental review and approval.

(3) The facility shall ensure there is a provision [There shall be provision] for emergency exit lighting according to National Fire Protection Association (NFPA) code [NFPA] 101.

(4) The facility shall make [F] flashlights available to staff for emergency use [shall be available for emergency use by staff].

(5) The facility shall maintain that [A] all emergency electrical power systems [shall be maintained] are in operating condition and tested as follows:

- (a) [E] emergency generators [shall be] are tested in accordance with NFPA code 99[;]; and
(b) [F] transfer switches and battery []-operated equipment [shall be] are functionally tested every 30 days and load tested at least annually, for 90 minutes.
(6) The facility shall maintain [A] a written record of inspection, performance, test period, and repair of the emergency electrical system [shall be maintained] on the premises for review.

R432-600-26. Storage and Disposal of Solid Wastes.

Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques acceptable to the [Department of Environmental Quality] department of environmental quality, and the local health department having jurisdiction.

R432-600-27. Oxygen.

(1) If oxygen is utilized the facility shall:

[(1) Provision shall be made for safe handling and storage of oxygen according to the NFPA 101, Life Safety Code and referenced NFPA standards;

(2) Piped oxygen systems shall be tested and installed in accordance with NFPA 99;

(3) A written report shall be filed with the Utah Department of Health as follows:

(a) Upon completion of initial installation;

(b) Whenever changes are made to a system; and

(c) Whenever the integrity of the system has been breached.]

(a) file a report with the Utah Department of Health and Human Services as follows:

(i) upon completion of initial installation;

(ii) whenever changes are made to a system; and

(iii) whenever the integrity of the system is breached;

(b) make provisions for safe handling and storage of oxygen according to the NFPA 101, Life Safety Code, and referenced NFPA standards; and

(c) test piped oxygen systems and installed per NFPA 99.

R432-600-28. Lighting.

(1) At least 30 foot-candles of light shall illuminate reading, patient care (bed level) and working areas in patient treatment areas and not less than 20 foot-candles of light shall be provided in the rest of the room.

(2) The facility shall ensure that [A] all accessible storeroom, stairway, ramp, exit and entrance areas [shall be] are illuminated by at least 20 foot-candles of light at floor level.

(3) The facility shall ensure that [A] all corridors [shall be] are illuminated with a minimum of 20 foot-candles of light at floor level.

(4) The facility shall provide [O] other areas [shall be provided] with the following minimum foot-candles of light at working surfaces:

[(a) Operating rooms 50 Foot-candles

(b) Medication preparation areas 50 foot-candles

(c) Charting areas 50 foot-candles

- _____ (d) Reading rooms 50 foot candles
- _____ (e) Laundry areas 20 foot candles
- _____ (f) Bath and shower rooms 20 foot candles]
- _____ (a) bath and shower rooms with 20 foot candles;
- _____ (b) charting areas with 50 foot-candles;
- _____ (c) laundry areas with 20 foot candles;
- _____ (d) medication preparation areas with 50 foot candles;
- _____ (e) operating rooms with 50 foot candles; and
- _____ (f) reading rooms with 50 foot candles.

R432-600-29. Water Supply.

- (1) The facility shall maintain [P]plumbing and drainage facilities[~~shall be maintained~~] in compliance with Utah [P]plumbing [C]code.
- (2) The facility shall ensure that [B]backflow prevention devices[~~shall be maintained~~]are in operating condition and tested when required by the Utah [P]plumbing [C]code and Utah [P]public [D]drinking [W]water [R]regulations.
- (3)(a) Hot water temperature controls shall automatically regulate temperatures of hot water delivered to plumbing fixtures used by patients.
- _____ (b) The facility shall maintain hot water delivered to patient care areas at a temperature between 105 degrees and 120 degrees F.
- (4) The facility shall install[~~There shall be~~] grab bars at each toilet, bathtub, and shower used by patients.
- (5) The facility shall ensure that [T]toilet, hand washing facilities,[~~shall be maintained~~]are maintained and in operating condition and in the number and types specified in construction requirements.

R432-600-30. Smoking Policy.

The smoking policy shall comply with the ["Utah Clean Air Act", Title 26, Chapter 38,]Section 26B-2-703 and Section 20.7.4 of the Life Safety Code.

R432-600-31. Penalties.

[~~Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-7 and be punished for violation of a class A misdemeanor as provided in 26-21-16.~~]

Any person who violates this rule may be subject to penalties in Section 26B-2-208, Rule R380-600 or Title 26B, Chapter 2, Part 7, Penalties and Investigations to any facility found noncompliant with this rule.

KEY: health care facilities

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