

Figure: 26 TAC §511.169(f)

STATION OUTLETS FOR OXYGEN, VACUUM, AND MEDICAL AIR SYSTEMS

<u>Location</u>	<u>Station Outlets</u>		
	<u>Oxygen</u> <u>see notes 1, 4</u>	<u>Vacuum</u> <u>see notes 1, 4</u>	<u>Medical Air</u> <u>see notes 1, 2, 3, 4</u>
<u>Isolation rooms – infectious</u>	<u>1/bed</u>	<u>1/bed</u>	<u>---</u>
<u>Examination/treatment (medical, surgical care)</u>	<u>1/room</u>	<u>1/room</u>	<u>---</u>
<u>Preoperative preparation and holding</u>	<u>1/bed</u>	<u>1/bed</u>	<u>---</u>
<u>Operating room (general, cardio-vascular, neurological and orthopedic surgery)</u>	<u>2/room</u>	<u>3/room</u>	<u>1/room</u>
<u>Operating room (cystoscopic and endoscopic surgery)</u>	<u>1/room</u>	<u>3/room</u>	<u>---</u>
<u>Post-anesthetic care unit</u>	<u>1/bed</u>	<u>3/bed</u>	<u>1/bed</u>
<u>Phase II recovery (note 12)</u>	<u>1/bed</u>	<u>3/bed</u>	<u>---</u>
<u>Special procedure rooms</u>	<u>2/room</u>	<u>2/room</u>	<u>1/room</u>
<u>Special procedure recovery</u>	<u>1/bed</u>	<u>1/bed</u>	<u>---</u>
<u>Cardiac catheterization lab</u>	<u>2/room</u>	<u>2/room</u>	<u>2/room</u>
<u>Endoscopic procedure room</u>	<u>2/room</u>	<u>2/room</u>	<u>1/room</u>
<u>Endoscopy work room</u>	<u>---</u>	<u>1</u>	<u>1 (note 3)</u>
<u>Decontamination room (part of sterile processing)</u>	<u>---</u>	<u>1</u>	<u>1 (note 3)</u>
<u>Magnetic resonance imaging (MRI)</u>	<u>1/room</u>	<u>1/room</u>	<u>1/room</u>
<u>Anesthesia workroom</u>	<u>1</u> <u>/workstation</u>	<u>---</u>	<u>1/workstation</u>
<u>Holding/observation area/room</u>	<u>1/bed</u>	<u>1/bed</u>	<u>---</u>
<u>Definitive emergency care holding/observation area/room</u>	<u>1/bed</u>	<u>1/bed</u>	<u>---</u>
<u>Definitive emergency care exam/treatment room</u>	<u>1/bed</u>	<u>1/bed</u>	<u>1/bed</u>

<u>Location</u>	<u>Station Outlets</u>		
	<u>Oxygen</u> <u>see notes 1, 4</u>	<u>Vacuum</u> <u>see notes 1, 4</u>	<u>Medical Air</u> <u>see notes 1, 2, 3, 4</u>
<u>Orthopedic and cast room</u>	<u>1/room</u>	<u>1/room</u>	<u>---</u>
<u>Initial emergency management</u>	<u>1/bed</u>	<u>1/bed</u>	<u>---</u>
<u>Triage area (definitive emergency care)</u>	<u>1/station</u>	<u>1/station</u>	<u>---</u>
<u>Decontamination room (definitive emergency care)</u>	<u>1/station</u>	<u>1/station</u>	<u>---</u>
<u>Respiratory therapy clean room</u>	<u>1</u>	<u>---</u>	<u>1</u>
<u>Autopsy room</u>	<u>---</u>	<u>1/workstation</u>	<u>---</u>
<u>Laboratory (note 9)</u>	<u>(notes 4,7)</u>	<u>(note 6)</u>	<u>(notes 4,7)</u>

Notes:

1. Prohibited uses of medical gases include fueling torches, blowing down or drying any equipment such as lab equipment, endoscopy or other scopes, or any other purposes. Also prohibited is using the oxygen or medical air to raise, lower, or otherwise operate booms or other devices in operating rooms (ORs) or other areas.

2. Medical air sources shall be connected to the medical air distribution system only and shall be used only for air in the application of human respiration, and calibration of medical devices for respiratory application. The medical air piping distribution system shall support only the intended need for breathable air for such items as intermittent positive pressure breathing (IPPB) and long-term respiratory assistance needs, anesthesia machines, and so forth. The system shall not be used to provide engineering, maintenance, and equipment needs for general hospital support use. The life safety nature of the medical air system shall be protected by a system dedicated solely for its specific use.

3. Instrument air shall be used for purposes such as the powering of medical devices unrelated to human respiration (e.g., surgical tools, ceiling arms). Medical air and instrument air are distinct systems for mutually exclusive applications. Nitrogen shall be allowed for Decontamination and Endoscopy workroom uses if provided with reducing regulator. This shall be supplied from existing medical gas support nitrogen system and installed in accordance with National Fire Protection Association (NFPA) 99, 2002 edition.

4. Central supply systems for oxygen, medical air, nitrous oxide, carbon dioxide, nitrogen, and all other medical gases shall not be piped to, or used for, any other purpose except patient care applications.

5. Any laboratory (such as for analysis, research, or teaching) in an LSRH that is used for purposes other than direct support of patient therapy should preferably have its own self-supporting vacuum system, independent of the medical-surgical

vacuum system. Where only one set of vacuum pumps is available for a combined medical-surgical vacuum system and an analysis, research, or teaching laboratory vacuum system, such laboratories shall be connected separately from the medical-surgical system directly to the receiver tank through its own isolation valve and fluid trap located at the receiver. Between the isolation valve and fluid trap, a scrubber shall be permitted to be installed. A small laboratory in patient care areas used in direct support of patient therapy should not be required to be connected directly to the receiver or have fluid traps, scrubbers, and so forth, separate from the rest of the medical-surgical system.

6. Laboratory gas piping systems should not be used to pipe gas for use by LSRH patients. This applies to piping systems intended to supply gas to patients within a laboratory facility. Such a system should not be used to supply laboratory equipment other than that directly involved with the patient procedure.

7. Laboratory is a building, space, room, or group of rooms intended to serve activities involving procedures for investigation, diagnosis, or treatment in which flammable, combustible, or oxidizing materials are to be used.

8. If Phase II recovery area is a separate area from the post-anesthesia care unit (PACU), only one vacuum per bed or station shall be required.