- El Paso Children's Hospital 8th Floor Tenant Improvement is scheduled for Substantial Completion on June 27, 2024
    - Architectural Review Unit Application
    - WSP Design Narrative
    - Functional Program

- El Paso Children's Hospital Pharmacy Renovation is scheduled for Substantial Completion on October 17, 2024
    - Architectural Review Unit Application

- El Paso Children's Hospital Emergency Expansion is currently in the Preliminary Design Phase
    - Project Application has not been submitted Project Application has not been submitted hence Functional Program to be developed

- UMC Sterile Processing Renovation is schedule for Substantial Completion on October 14, 2024
    - Functional Program

- UMC Thomason Tower 8th Floor Observation Unit is currently in the Preliminary Design Phase
    - Project Application has not been submitted hence Functional Program to be developed

- UMC Core Lab Construction Documents are scheduled to be issued for Bid on April 29, 2024
    - Project is not regulated by the Architectural Review Unit hence Application is not required

TEXAS Health and Human Services

Form 3242
May 2021-E

Regulatory Services Division

Architectural Review Unit Application

Service Code: 529201038
Budget ID: ZZ122 Fund: 152

Application Type:	If revising information for your application, provide application number and then revise form and click the submit by email at the bottom of this form.	Application No.(if revising):
Major		

Section 1, Facility and Project Information

Facility Name:	Facility License No.:	Medicare No.:
EL PASO UMC CHILDREN'S HOSPITAL	100133	453313
Physical Address and Suite:	**City:**	**ZIP Code:**
4845 ALAMEDA AVE	EL PASO	79905
Type of Facility (select one):	**Type of Project (select one):**	
General Hospital	Renovation to facility	

Brief Description of Project (for example, New ASC):
26,300 SQFT Interior fit out of the 8th floor of an existing hospital bed tower. The intended floor plan will house 26 patient beds with accompanied support spaces. The 8th floor is currently shelled. The project will require new mechanical systems - which will be housed on the roof of the bed tower.

Square Footage of Project:	Total Phase(s):	Project's Start Date:	Project's Completion Date:
25,113	1	08/14/2023	

Project's Estimated Construction Cost:	Application Fee Amount Submitted:	Check No.:
11,043,383	$5,000	

Note: The application fee is based on the Fee Schedule. Refer to Section 8, Application Fee Schedule, of this form. If no fee is required, enter N/A after Check No.

Section 2, Facility Contact

Facility Contact Name:		Title:
GERALD AKIN		Assistant Administrator Planning, Design & Construction
Area Code and Phone No. (Direct):	**Area Code and Phone No. (Mobile):**	**Email Address:**
915.235.5122		gerald.akin@umcelpaso.org

Section 3, Professional Design Firm Contact for Architect or Engineer

Firm Name:		
HKS, INC		
Physical Address and Suite:	**City:**	**ZIP Code:**
999 18TH ST STE 2255N	DENVER	80202

Contact Name:	Title:	Area Code and Phone No. (Direct):
MACKENZIE MCHALE	PRINCIPAL	720.661.2080
Area Code and Phone No. (Mobile):	**Email Address:**	
	MMCHALE@HKSINC.COM	

Note: Application to be completed and submitted by owner or designee facility staff member or an architect or engineer.

Section 4, Licensed Hospital Bed or End Stage Renal Disease (ESRD) Station Count

Does your entire project result in any changes to the total number of licensed hospital beds or licensed ESRD stations? ◉ Yes ○ No

If yes, complete the chart below. For an initial license and relocation of a license, the existing count must be 0.

Hospital Bed Type	Existing Beds	Plus/Minus Beds	Final Bed Count
Medical/Surgical (If less than 15 pediatric beds, include in the Medical/Surgical bed count.)			
ICU/CCU/PCCU	22		22
Intermediate Care		10	10
Universal Care			
Neonatal ICU	26		26
Continuing Care Infant Care Station	24		24
Antepartum			
Labor, Delivery, Recovery and Postpartum – LDRP (Maternity)			
Postpartum (Maternity)			
Pediatric (15 or More)	50	16	66
In-Hospital Skilled Nursing			
Comprehensive Medical Rehabilitation			
Mental Health			

ESRD Station Type	Existing Station	Plus/Minus Station	Final Count
In-Center Treatment			
Isolation Treatment			
Peritoneal Training (PD)			
Hemo Training (HH)			
Dual PD/HH Training (One station/chair performs both peritoneal training and hemo training.)			

Section 5, Brief Construction Description

Describe the physical plant aspect of your project. This section is required to be completed and it is unacceptable to defer to functional program.

No significant demolition will take place on the 8th floor. Shutdowns will happen overhead on 7th floor (and RTU's on roof) to allow for connections for 8th floor to be made. The rest of construction will take place over one phase. 8th floor layout is similar to 7th floor, creating an additional 26 patient beds. Smoke compartments will be modified for new floor with patient beds. Existing RTU's will serve this renovation, new exhaust fans will be added for ventilation.

Section 6, Self-Certification Agreement Terms

The architect and engineer signing below hereby certifies:

- They have created the architectural and engineering contract construction documents and specifications which were submitted to the Architectural Review Unit for the referenced project hereto regarding any construction, erection, repair, remodeling, renovations, additions, alterations, removal, upgrading equipment and building systems, conversion, change of service(s), change of function (including changing licensed bed types or ESRD treatment and training station types or change of facility's departments), conversion of a licensed or previously licensed facility to a different designation of licensed facility, demolition, initial facility license or reopening of a closed facility that occurs for the below listed types of facilities;
- They have reviewed the submitted contract construction documents for compliance with Texas Health and Human Services Commission:
  - Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133); or
  - End Stage Renal Disease Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 507); or
  - Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 26 Texas Administrative Code, Chapter 510); or
  - Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code, Chapter 135); or
  - Freestanding Emergency Medical Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 509); or
  - Special Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 506).
- To the signed representative's knowledge, information and belief, the contract construction documents meet the requirements of the licensing rules in all material aspects.

The Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member) signing below understands and agrees:

- That notwithstanding the contract construction documents approval self- certification process undertaken pursuant to the submitted documents.
- The Architectural Review Unit shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto and (b) withdraw its approval.
- Facility will make changes for compliance with standards and regulations.
- The Facility Administrator/CEO has a continuing obligation to make any changes required by the Architectural Review Unit to comply with the licensing rules whether the physical plant construction or alterations have been completed; and the Facility Administrator/CEO is ultimately responsible for compliance with:
  - Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133); or
  - End Stage Renal Disease Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 507); or
  - Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 26 Texas Administrative Code, Chapter 510); or
  - Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code, Chapter 135); or
  - Freestanding Emergency Medical Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 509); or
  - Special Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 506).
- Facility Administrator/CEO or design firm's representative shall notify the Architectural Review Unit (ARU) to schedule a final inspection (and intermediate inspection, if deemed required) prior to occupancy or performing services.

Section 7, Self-Certification Attestation

GERALD AKIN		4-5-2023
Facility Contact Name	Facility Contact Signature	Date

(Facility Administrator/CEO or Designee Facility Staff Member Signature Name shall match Facility's Contact Name on first page of this application.)

Mackenzie McHale	Mackenzie Allyn Bauer McHale, AIA 2023.04.03	04/03/2023	21293
Architect Name	Architect Signature	Date	License No.

Architect Seal below

Jessica Navarro	Navarro, Jessica (jessican)	03/23/2023	92745
Engineer Name	Engineer Signature	Date	License No.

(This is the primary engineer of contact who stamped either the mechanical/plumbing drawings or electrical drawings.)

Engineer Seal below

Section 8, Application Fee Schedule

The application fee (plan review fee) is based upon the estimated construction project costs which are the total expenditures required for a proposed project from initiation to completion, including at least all the items listed in the applicable Ruleset. No construction project shall be increased in size, scope or cost unless the appropriate fees are submitted with the proposed changes.

Major Application and **Fast Track** Application **Note:** Fee based on Rules	**General Hospital** **Special Hospital** **Private Psychiatric Hospital** **Crisis Stabilization Units**	See fee schedule below See fee schedule below See fee schedule below See fee schedule below

Cost of Construction	Application Fee Required
$100,000 or less	$300
$100,001 to $600,000	$850
$600,001 to $2,000,000	$2,000
$2,000,001 to $5,000,000	$3,000
$5,000,001 to $10,000,000	$4,000
$10,000,001 and over	$5,000

Minor Application	**General Hospital** **Special Hospital** **Private Psychiatric Hospital** **Crisis Stabilization Units**	No ARU application fee No ARU application fee No ARU application fee No ARU application fee

Any Application Type for	**Ambulatory Surgical Centers** **End Stage Renal Disease Facilities** **Freestanding Emergency Medical Care**	No ARU application fee No ARU application fee No ARU application fee

Major Application — **Special Care Facility**

Note: Fee based on Rules. Minor applications do not require a fee.

Cost of Construction	Application Fee Required
$150,000 or less	$200
$150,001 to $600,000	$500
$600,001 to $2,000,000	$850
$2,000,001 to $5,000,000	$1,500
$5,000,001 to $10,000,000	$2,000
$10,000,001 and over	$3,000

Section 9, Application Submittal Steps

Step 1:

Email completed application with at least the below mentioned required documents to: ApplicationARU@hhs.texas.gov
Subject line: Minor Application for (enter address of facility) or
Subject line: Major Application for (enter address of facility) or
Subject line: Fast Track Application for (enter address of facility).

Notes:

1. All items shall be submitted as PDFs and titled accordingly.
2. Each item indicated by the bullet points shall be a separate PDF.
3. All items shall be attached to one email. If the drawings are too large to attach to one email, then divide the drawings by disciplines and title accordingly, such as "Mechanical drawings."

Minor Application Required Documents:

Verify that the project is justified as a minor project per definition in the Application Instructions on the HHS webpage.

- Application, which includes Self-Certification's attestation and terms
  - Title it: "Application"
- Functional program (narrative) on facility letterhead signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member)
  - Title it: "Narrative"
- Life safety overall floor plan with scope of project clouded
  - Title it: "Life Safety Plan." If multiple plans are needed to represent the project's scope, group all drawings into one PDF.
- Sketch of design
  - Title it: "Plan." If multiple plans are needed to represent the project's scope, group all drawings into one PDF.
- When a feasibility conference occurs, approved feasibility meeting notes and sign-in sheet
  - Title it: "Feasibility notes"

Major Application and Fast Track Application Required Documents:

Fast Track application is for an exceptionally large initial hospital or an exceptionally large addition to an existing hospital. Fast track applications must have approval for submission by our Department.

- Application, which includes Self-Certification's attestation and terms
  - Title it: "Application"
- Functional program (narrative) on facility letterhead signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member)
  - Title it: "Narrative"
- Life safety overall floor plan with scope of project clouded
  - Title it: "Life Safety Plan." If multiple plans are needed to represent the project's scope, group all drawings into one PDF.
- Contract construction documents in electronic format
  - Title it: "Drawings or Specs." If files are too large to send electronically in one email, then divide the drawings by disciplines and title accordingly, such as "Mechanical drawings."
- When a feasibility conference occurs, approved feasibility meeting notes and sign-in sheet
  - Title it: "Feasibility Notes"
- Copy of the check for the application fee, where applicable
  - Title it: "Application Fee, Check No. (enter number on check)"
- Where phasing occurs, include the phasing plan
  - Title it: "Phasing Plan(s)"

Step 2:

Mail check (payable to Texas Health and Human Services Commission) and Pages 1 through 4 of this form directly to the Fiscal Department at either mailing address below. Do **not** mail other required application documents to the below address (Fiscal Department). Do **not** mail application documents to the Architectural Review Unit (no duplicates).

Payment Mailing Address:	**Payment Overnight Address:**
HHSC AR Mail Code 1470	HHSC AR Mail Code 1470
P.O. Box 149055	1100 W. 49th St.
Austin, TX 78714-9055	Austin, TX 78756

Step 3:

End of submitting the application package. If ARU requires further or revised documents, we will reach out to the contacts on this application form.

Any incomplete application form or any missing required application documents will prolong the process. When revisions or additional documents are necessary, or when self-certification has been denied, we will email you notifications. ARU will only keep the incomplete application on file for 30 calendar days before it is discarded. Where a fee is required, it will be **not** be refunded. You will then be required to resubmit the application package in its entirety.

If you have not received an application number (excluding plan reviews) in 30 calendar days, contact the application specialist at 512-243-4833 or by email at ApplicationARU@hhs.texas.gov.

Applications are processed in order received. Allow at least 10 business days after initial submission if you wish to call about if your application was received.

Step 4:

For further information on our process, go to our website and click on the "Architectural Review Process" tab and refer to website's Application Instructions.

Submit by Email

TEXAS
Health and Human Services

Cecile Erwin Young
Executive Commissioner

June 8, 2023

GERALD AKIN, ASSISTANT ADMINISTRATOR PLANNING, DESIGN & CONSTRUCTION
EL PASO CHILDRENS HOSPITAL
4845 ALAMEDA AVE
EL PASO, TX 79905

Re: EL PASO CHILDRENS HOSPITAL
EL PASO, TX
INTERIOR FIT 8TH FLOOR BED TOWER
Application #17799

Dear MR. AKIN:

This will acknowledge our receipt of self-certification plan for the referenced project. This letter will serve as approval to begin construction.

By signing the Architect/Engineer and Licensee Certification form, required by the self-certification plan review process, you have indicated your understanding and agreement to the following:

- that not withstanding the plan approval self-certification process undertaken pursuant to this and the accompanying documents, the Regulatory Licensing Unit (division) shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto;

- the licensee/applicant has a continuing obligation to make any changes required by the division to comply with the licensing rules whether or not physical plant construction or alterations have been completed; and

- the licensee/applicant is ultimately responsible for compliance with the licensing statute and rules, including fire protection, safety, and physical plant and construction requirements.

Please note the following important information concerning the project:

- *Inspections required for project:* __√__ at 80% completion
__√__ at 100% completion

- ***Any changes relative to the structural, mechanical, electrical, plumbing and heating, ventilating and air conditioning shall be submitted for approval by this division.***

- ***Please inform this agency in writing when construction of the project begins.*** If the start of the project has been delayed for more than one year, the project must be resubmitted with all applicable construction documents, specifications, and forms.

- ***Use the enclosed Application for Inspection to request inspections for this project.*** The completed form must be submitted at least three weeks in advance of the required inspection date. *Hospitals only*: If the inspection fee has not been paid previously, attach a check for appropriate amount to the form and mail to the address on the form. You may also fax a copy of the application and a copy of the check to us at 512/834-6620 to expedite the scheduling of the inspection.

- ***Do not install acoustical tiles in the suspended ceiling grid until the 80% inspection***, if an 80% inspection is required.

For future assistance, please contact me at 512/834-6649.

Sincerely,

Rebecca Read, Manager
Architectural Review Unit
Regulatory Services Division
Health and Human Services Commission
512-834-6667 (Direct)
512-834-6649 (Main)
Rebecca.Read@hhsc.state.tx.us

Enclosures

Cc: MACKENZIE MCHALE, PRINCIPAL
HKS, INC.

Functional Program
EPCH 8th Floor TI
HKS Project No. 23376.000
4/5/2023

Renovation Summary
EPCH occupies several floors at University Medical Center El Paso. The building is nine floors total. The existing 23,700 SF tenant space on the 8th floor is to be converted from a shelled floor into a 26 Inpatient Bed Unit to include 10 Intermediate Peds licensed beds and 16 Peds Med/Surg licensed beds. The layout is similar to the existing 7th floor.
The occupancy is I-2, with construction type of I-B, sprinklered. This is an essential facility. Program includes 4 isolation rooms: three negative pressure and 1 positive pressure. ADA rooms are provided for each type: Isolation, M/S, Intermediate. A third-party reviewer, ABYD, has conducted a plan review.
Through early conversation with Rebecca Read, it was understood a Feasibility conference is not needed. The project will be a major construction project.

Project Scope
This project will consist of 26 inpatient beds, approximately 9,500 square feet. 16 of these beds will be pediatric, and 10 will be intermediate care. Four nurse stations evenly distributed across the floor will aid in providing patient care. Two meds rooms, with supply, nourishment, and soiled utility will comprise most of the rest of the floor. A corner of the floor, approximately 2000 square feet, will be renovated to administrative offices and break room for staff on this floor. The balance of the floor space has been designed for storage, support, waiting and restrooms. Please reference A0.02 for complete size of occupancy types.

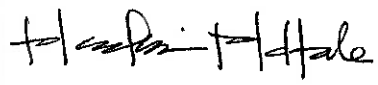
Life Safety
Existing smoke compartment to be modified for new patient floor configuration. Partition and barrier ratings are compliant. Function, travel distances, and exiting are similar to other patient floors. Total occupant load is calculated at 189. Circulation to this floor was already established with two sets of stairs and multiple elevators. Longest travel distance is under 196'.

MEP Systems
WSP Denver is the MEP Consulting and Design Engineer. Existing RTUs to remain. They serve the north and south ends of the 7th floor In Patient unit and the 8th floor patient unit. New fan coils to be provided. Pre-TAB and site analysis was completed in December of 2020 to confirm pressure differentials duct construction will accommodate increased supply. New exhaust fans to serve isolation rooms to be added outside of penthouse on the roof above. Connections to medgas, wastewater, fire sprinkler, PTS, and domestic water are all existing, stubbed to shell space. Additionally, 7th floor TAB to be completed.

Phasing
Phasing plans show coordinated shutdowns for connections to plumbing overhead on the 7th floor and RTU shutdowns to allow for most of the existing beds to remain operable.

Construction to be completed in a single phase and anticipate only 1 80% and 100% inspection before turning over the entire floor for occupancy. As all major construction will be taking place on an unoccupied floor asepsis control is limited to stairwell entries and MEP penetrations. Construction start date is middle to end of August 2023. Drawings are currently out to bid. When a GC is selected a more detailed phasing and construction plan can be provided.

Thank you,



Mackenzie McHale, AIA, EDAC, LEED AP BD+C
Denver Office Director , Principal
999 18th St, #2255N, Denver, CO 80202

5613 DTC Parkway
Suite 500
Greenwood Village, Colorado 80111
p: 303.694.4755
f: 303.694.5125
www.wsp.com

El Paso Children's Hospital Level 8 – Infill
Schematic Pricing Package
El Paso, Texas

Issued July 15, 2020

Building Systems Narrative

OVERVIEW:

The project consists of a fit out of the 8th floor in the existing El Paso Children's Hospital, which is approximately 23,000 square feet (GSF). Currently the 8th floor of the facility is empty and has never been occupied and fit out. The project will include 26 bed medical / surgical units, physician offices, and common support functions.

The MEP narrative accounts for the following items to be provided within the Infill portion of the 8th floor of the project.

MECHANICAL

MECHANICAL HVAC SYSTEM DESIGN PARAMETERS:

A. Codes and Standards

Mechanical systems will be designed in accordance with all applicable Codes, Standards and Authorities having jurisdiction, the Underwriter's Laboratory and in accordance with current engineering practices.

1. 2007 Texas Department of State Health Services, Chapter 133 Hospital Licensing Rules.
2. 2015 International Building Code (IBC) with City of El Paso Local amendments.
3. 2015 International Mechanical Code (IMC) with City of El Paso Local amendments.
4. 2015 International Plumbing Code (IPC) with City of El Paso Local amendments.
5. 2015 International Energy Conservation Code (IECC) with City of El Paso Local amendments.
6. 2014 National Electric Code (NEC)
7. Sheet Metal and Air Conditioning Contractors National Association (SMACNA)
8. ASHRAE 111- (latest edition) Standard entitled "Practices for Measurement, Testing, Adjusting, and Balancing of Building Heating, Ventilation, Air-Conditioning, and Refrigeration Systems."
9. ASHRAE 62 - (latest edition) Standard entitled "Ventilation of Acceptable Indoor Air Quality."

10. ASHRAE 55 - (latest edition) Standard entitled "Thermal Environmental Conditions for Human Occupancy."
11. ASHRAE 15 - (latest edition) Standard entitled "Safety Standard for Refrigeration Systems."
12. ASHRAE 90.1 - (latest edition) Standard entitled "Energy Efficient Design of New Buildings Except New Low-Rise Residential Buildings."
13. ASHRAE 170 – Ventilation of Health Care Facilities
14. Air Movement and Control Association (AMCA)
15. Air Conditioning and Refrigeration Institute (ARI)
16. National Fire Protection Association (NFPA)
17. Underwriters Laboratories (UL)
18. City of El Paso Fire Department Requirements.
19. ADA Standards for Accessible Design.

B. Design Criteria:

All of the occupied spaces and mechanical spaces will be air conditioned.

C. Design Parameters:

1. Indoor Design Conditions
   i. Administrative & circulation areas: 75°F cooling, 73°F RH heating
   ii. Patient care areas: 73°F and 20% RH cooling, 73°F and 20% RH heating
2. Outdoor design conditions
   i. Loads will be determined with the following recommended outdoor design conditions:
      1. Exterior Winter: 21˚F.DB
      2. Exterior Summer: 101˚F.D.B./64˚F W.B.

HEATING, VENTILATION AND AIR CONDITIONING:

A. The central heating and cooling system for the upper east tower is comprised of a four (4) AHUs; AHU-7E, AHU-8E, AHU-9E & AHU-10E located in the penthouse on Level 11. These AHUs are 30,800 CFM, 30,800 CFM, 36,600 CFM and 36,600 CFM respectively. These AHUs serve common shafts that supply air to the upper four levels within the hospital tower.

B. The HVAC system shall be an overhead supply ducted distribution system served from the base building AHU's located in the penthouse on the roof. The ductwork shall be extended from the existing shaft stub out locations within the 8th floor. The base building AHUs are not expected to be able to provide the necessary supply air to serve the 8th floor, which is estimated to be approximately 30,000 CFM. Existing AHU-8E and AHU-9E, serving the 7th and 8th floors, have supply fans operating at a range of 55% to 75% of available fan speed, which does not leave enough spare capacity to accommodate the 8th floor build-out. An investigative pre-TAB will be

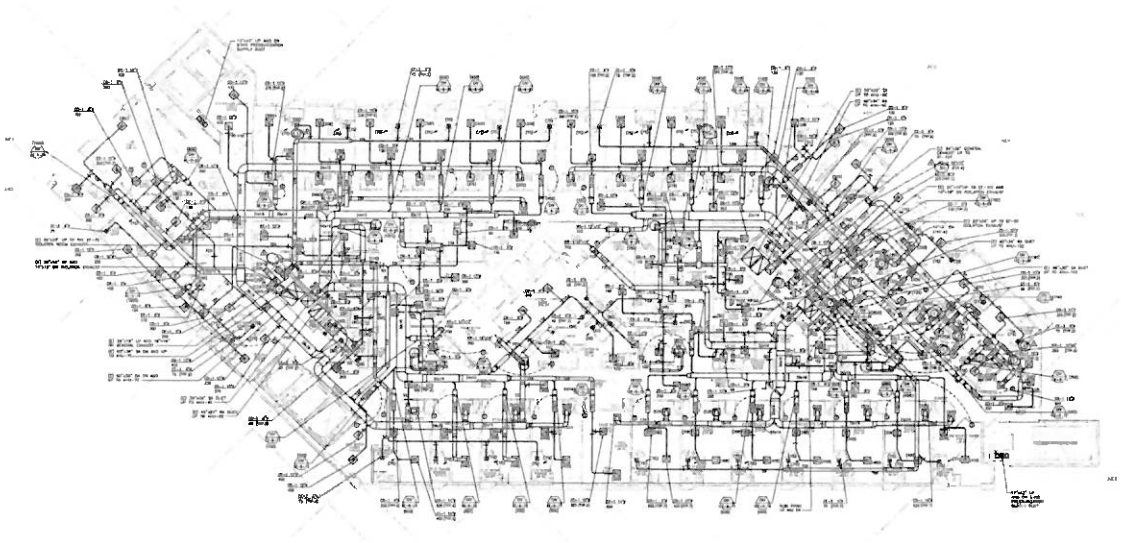
required to check for sources of system airflow deficiencies. Also, in light of the present COVID pandemic, the Owner is interested in being able to isolate the entire 8th floor. So, the following options will be priced:

i. Modify Air Handling Units AHU-8E and AHU-9E supply fan sections. Replacing each existing fan with a fan array, VFDs, power circuit, local disconnect and breaker. Alone, this item does not isolate the 8th floor, but is considered minimum base scope necessary for the 8th floor build-out.

ii. Reconfigure ductwork in the penthouse and chases, so that AHU-8E and AHU-9E each supply a single floor instead of two half-floors. Also, modify supply fan sections as described above. Need to verify sufficient space in chases for new duct risers. This item isolates the 8th floor and avoids adding a new AHU.

iii. Provide new AHU to serve 8th floor, including new duct risers in chase, VFDs, electrical power circuits, breakers and local disconnects. Need to verify sufficient space in chases for new duct risers. Need to have structural evaluation. This isolates the 8th floor and avoids modifying existing systems.

C. Variable air volume terminal units will provide primary air downstream to the ceiling mounted diffusers to cool and heat the space. Hot water heating coils are equipped to the VAV terminal units for heating at perimeter spaces. It is anticipated the 8th floor space will have a similar layout and zoning to the 9th floor build-out in the facility.



Existing 9th Floor HVAC layout

D. Terminal boxes shall have 1-1/2"- 1lb/cf flexible, fiberglass blanket insulation with vapor barrier.

E. Outside air for ventilation requirements will be provided through the existing central air handling units in quantities necessary for code compliance and offset of exhaust air quantities for pressurization balancing. The rooftop unit will have a fully ducted return air path.

F. Conference rooms and high density spaces will be provided with VAV terminal units controlling to CO2 levels within the zone.

G. Return air for all spaces will be fully ducted back to the rooftop unit serving space.

H. The duct systems will be constructed from galvanized sheet steel. It will be shop fabricated or prefabricated to SMACNA Standards. Low-pressure ducts will be fabricated for 2-inch static pressure and medium pressure ducts will be fabricated for 4-inch static pressure. All primary medium pressure ductwork and low-pressure supply air ducts downstream of terminal boxes shall receive 2 inches of 1 ½ lbs./cf. density fiberglass duct wrap with vapor barrier. All duct joints and seams will be sealed to a minimum SMACNA Class "B".

I. Two smoke compartments will be added to the floor. Life safety dampers shall be provided at code required locations where ducts pass through rated walls and shafts.

J. IT/Electrical room cooling will be by dedicated cooling only VAV terminal boxes.

K. Exhaust shall be ducted from all shower, restroom, soiled laundry and isolation room areas back to the central building exhaust system. The exhaust for the isolation rooms shall be a separate exhaust system. There are exhaust stub outs on the floor to connect the new general exhaust and the isolation room exhaust. ~~Existing fan airflow capacity is being confirmed;~~ However, ~~if~~ the existing exhaust fans do not have sufficient capacity to serve the new build out. ~~then modifications or replacement of fans will be required to perform at total air flow quantities.~~ Provide separate new exhaust fans and duct risers to serve general exhaust and to serve isolation rooms on the 8th floor. Isolation rooms will each include a supply VAV and a return VAV with a fast-acting actuator. Each isolation room will be provided with a TSI pressure differential sensor/controller, which will directly control the exhaust VAV box, with BAS monitoring. This is considered minimum base scope necessary for the 8th floor build-out.

L. Airside Sizing Criteria

The following criteria will be used to size air side system components unless otherwise indicated. Velocities shown are in feet per minute (FPM).

1. Medium Pressure Ductwork:
    ii. Maximum friction loss: 0.20 in w.g. / 100ft duct
    iii. Maximum velocity: 1800 FPM (occupied spaces)
    iv. Maximum velocity: 2000 FPM (vertical shafts)
2. Low Pressure Ductwork:
    v. Maximum friction loss: 0.10 in w.g. / 100ft duct
    vi. Maximum velocity: 1500 FPM
3. Return/Exhaust/Relief Ductwork:
    vii. Maximum friction loss: 0.10 in w.g. / 100ft duct
    viii. Maximum velocity: 1800 FPM
4. Non-powered Transfer Ducts:
    ix. Maximum velocity: 300 FPM

STEAM/HUMIDIFICATION:

A. The existing building does not include humidification, so even though outside air at winter conditions when warmed approaches the 20% relative humidity lower limit in ASHRAE 170, it is assumed that return air carries enough latent load to keep mixed/supply air stream moist enough to keep rooms above the lower limit. Humidification will not be included unless directed by Owner.

B. If humidification is included, then space humidification would be provided to ensure compliance with ASHRAE 170. Equipment would include Armstrong Series EHU electric steam generator humidifiers with integral drain coolers and duct mounted dispersion grids. Humidifiers would be wall mounted, canister type. Humidifiers would be located in service spaces with dedicated drain cooler with discharge routed to indirect connection at nearest sanitary piping.

BUILDING AUTOMATION SYSTEM:

A. The automatic temperature control system is a microprocessor-based Direct Digital Control System (DDC) by Automatic Logic to match the existing hospital control system. The DDC control system will control all equipment including, terminal boxes, exhaust systems and domestic hot water systems, and be capable of allowing low voltage systems integration. The DDC control system will monitor all set points and alarms and will be programmable as necessary to accommodate the schedule required for this facility.

B. System shall be expandable to accommodate integration of terminal boxes, exhaust fans, supplemental A/C equipment, space pressure control devices and smoke evacuation equipment provided at TI fit-out.

PLUMBING

DOMESTIC COLD WATER SYSTEM:

A. The existing domestic cold water piping serving the Hospital distributes cold water through-out the building from a vertical riser. Domestic water piping shall be distributed throughout the space from connection to existing taps.

B. The domestic water system will be provided with vacuum breakers, trap primers, shock arrestors, combination thermostatic, pressure balance mixing valves, etc.

C. Domestic cold water system distribution piping shall be Type L copper pipe with wrought copper fittings and soldered joints. At the contractor's option, copper pressure fitting/joint system may be used contingent upon Owner acceptance.

D. Domestic cold water system shall be insulated with a minimum of 1/2" thickness fiberglass preformed insulation or cellular glass insulation dependent upon application.

E. Backflow preventers shall be provided where required by code prior to any domestic water equipment connections.

F. A branch of the domestic cold water system isolated by a reduced pressure backflow preventer will supply non-potable cold water to humidifiers serving the MRI area and MRI cold water bypass equipment. Refer to imaging vendor documents for required piping appurtenances and piping diagrams regarding MRI cooling water bypass.

DOMESTIC HOT WATER SYSTEM:

A. 140°F domestic hot water is generated by the existing hospital system. It is assumed the existing domestic hot water heaters have sufficient capacity to serve the Level 8 buildout. The hot water shall be routed through a tempering, central mixing valve to supply domestic hot water at 110°F.

B. Isolation valves shall be installed at each bathroom grouping or set of fixtures to allow maintenance without affecting service to other fixtures.

C. The existing hot water system is provided with hot water return piping systems. The new recirculation piping shall connect to the existing recirculation risers. It is assumed the existing recirculation system has sufficient capacity to serve the new L8 build out.

D. Multiple "fixed flow" control valves to be utilized for hot domestic water return balancing.

E. Domestic hot water system distribution piping shall be Type L copper pipe with wrought copper fittings and soldered joints. At the contractor's option, copper pressure fitting/joint system may be used contingent upon Owner acceptance.

F. Domestic hot water system shall be insulated with a minimum of 1" thickness fiberglass

preformed insulation or cellular glass insulation dependent upon application.

G. Domestic hot water and hot water return will be connected at provided capped valves and distributed to tenant plumbing fixtures.

SANITARY AND VENT SYSTEM:

A. The existing sanitary drainage system consists of a gravity system for all plumbing fixtures, air conditioning waste, etc., which can drain by gravity. All fixtures will be separately trapped and provided with vents.

B. Sanitary piping has been routed under each space for tie in to tenant plumbing fixtures. Pipes will be sized at 4" diameter minimum.

C. Floor drains, floor sinks, area drains, cleanouts, drip pans will be provided throughout the project. Trap primers shall be provided for all floor drains.

D. The sanitary waste and vent system shall be Hub and Spigot, cast iron underground and cast iron no-hub with heavy duty stainless steel clamps above ground.

E. Sanitary pipe will be routed from tenant fixtures to provided sanitary mains. Tenant vent piping shall be routed to existing vent to roofs.

MEDICAL GASES

A. Oxygen, Medical Air and Medical Vacuum piping, zone valve boxes and area alarm panels shall be provided for new Level 8 buildout. Piping shall be extended from existing medical gas risers to new headwall locations.

B. Piping shall be medical gas grade piping, using Smart Taps to connect to existing piping without interrupting existing medical gas services.

PLUMBING FIXTURES:

A. Plumbing fixtures such as water closets, urinals, and lavatories will be of vitreous china to match the fixtures on the 9th floor build out. The glazed and vitreous china fixtures shall be white. All wall mounted fixtures shall be provided with fixture supports.

B. Sinks in treatment and exam rooms, etc. shall be 18-gauge stainless steel, self-rimming type.

C. Sinks and water closets in public areas shall be ADA compliant.

D. Mop sink basin will be enameled cast iron type complete with wall hung faucet with bucket hook and hose threads.

E. Specialized fixtures, faucets and other fittings will be provided in tenant spaces as required.

STORM/EMERGENCY DRAINAGE SYSTEM:

A. The storm drainage/emergency storm drainage system is existing. No modifications are anticipated as part of the tenant build-out.

FIRE PROTECTION

FIRE PROTECTION SYSTEMS:

A. The fire sprinkler system shall be provided and designed by a licensed fire protection engineer in the State of Colorado.

B. Sprinkler heads, in finished areas with suspended ceiling, will be quick response, semi-recessed chrome type and positioned in the center of the tile. Exposed heads in non-finished areas such as Mechanical Equipment Rooms, Electrical Rooms, etc., will be quick response brass devices.

C. The fire protection systems will conform to the requirement of the International Building Code and with all applicable provisions of NFPA Standards 13.

D. Fire protection piping 2" and smaller shall be threaded end, black standard-weight steel pipe, with cast- or malleable- iron threaded fittings and threaded joints. Fire protection piping 2-1/2" and larger shall be plain-end, black standard-weight steel pipe, with steel welding fittings and welded joints OR grooved-end, black standard-weight steel pipe, with grooved-end fittings, couplings, and joints.

ELECTRICAL

NORMAL ELECTRICAL DISTRIBUTION:

A. The 8th floor electrical room houses an existing 480/277, 100A, 3-phase, 4-wire branch panelboard '8NH1' with 41 spare circuits that will be used for lighting and misc. non-emergency equipment loads throughout the floor. The existing 75KVA transformer 'T8NL1' and associated panel '8NL1' will be demoed and replaced with a new 112.5 KVA transformer to feed (2) 84 pole, 208/120V, 3-phase, 4-wire, 400A panels '8NL1' and '8NL2'. The transformer will be fed from the existing Normal power busway system via an I-line, 3-phase, 4-wire 225A breaker buss plug rated at 22KAIC.

CRITICAL ELECTRICAL DISTRIBUTION:

A. The 8th floor electrical room houses an existing 480/277, 100A, 3-phase, 4-wire branch panelboard '8CH1' with 41 spare circuits that will be used for lighting and misc. emergency equipment loads throughout the floor. The existing 75KVA transformer 'T8CL1' and associated panel '8CL1' will be demoed and replaced with a new 112.5 KVA transformer 'T8CL1' to feed (2) 84 pole, 208/120V, 3-phase, 4-wire, 400A panels '8CL1' and '8CL2'. The transformer will be fed from the existing Critical power busway system via an I-line, 3-phase, 4-wire, 225A ET breaker buss plug rated at 22KAIC.

B. An existing 208/120, 100A, 3-phase, 4-wire, branch panelboard '8IT1' in the existing LV room has capacity to serve any additional equipment being added to the LV room.

EQUIPMENT EMERGENCY ELECTRICAL DISTRIBUTION:

A. The 8th floor electrical room houses an existing 208/120, 225A, 3-phase, 4-wire branch panelboard '8QL1', which contains 35 spare circuits for serving equipment power branch circuits throughout the floor.

B. Fans for the existing building exhaust systems have the potential to increase in size. Power in the event that fans increase in size will be provided from the existing equipment panel '11QH1' located on the 11th floor.

C. Humidifiers are not utilized in the existing HVAC building system. In the event that humidifiers are needed power will be provided from existing equipment panel '11QH1' located on the 11th floor for any 480/277V equipment and '8QL1' for any 208/120V equipment.

LIFE SAFETY ELECTRICAL DISTRIBUTION:

A. The 8th floor electrical room houses an existing 480/277, 100A, 3-phase, 4-wire branch panelboard '8LH1' with 41 spare circuits that will be used for lighting and misc. non-emergency equipment loads throughout the floor. The room also contains existing 208/120, 100A, 3-phase, 4-wire branch panelboard '8LL1', which contains 38 spare circuits which will be used for fire alarm and egress branch circuits throughout floor.

MISCELLANEOUS BRANCH POWER REQUIREMENTS:

A. Receptacle devices will be red for emergency power, match hospital standard for normal power, 20 amp, hospital grade. All devices layouts shall be in compliance with FGI Guidelines and NFPA 99 Requirements. Provide tamper-resistant devices within all waiting rooms, corridors, business offices, and pediatric care locations.

B. All circuiting serving patient care areas (as defined by NEC 517) shall utilize conduit or HCF-MC Cable.

C. Wall plates shall be engraved indicating the circuit and panel from which it is served.

D. Provide required circuits, disconnects, and receptacles for misc. mechanical equipment.

E. Provide (1) 20A, duplex receptacle every 40' within corridors.

F. Special Receptacles - Wet or damp areas will have ground fault protection type devices.

G. Direct connections to equipment will be provided when specifically required by the manufacturer. Flexible connections will be provided for rotation or vibrating equipment.

GROUNDING SYSTEM:

A. A "green wire" equipment grounding conductor shall be installed within each feeder and branch circuit raceway, whether metallic or non-metallic, to form a complete and continuous grounding path.

B. A ground bar has been provided in the existing main electrical room, all existing branch electrical rooms, and all existing LV rooms and a grounding conductor should be extended from the existing LV rooms to the tenant IT systems.

C. Test the continuity of, and the proper connection of; each ground conductor and system to assure that the grounding system is complete and uninterrupted.

INTERIOR LIGHTING:

A. All lighting shall be installed in accordance with the International Energy and Conservation Code (IECC).

B. Lighting shall be provided throughout the facility in all spaces occupied by people, machinery, or equipment. General area lighting will be designed with LED sources operating at 277 volts. Areas requiring varying light levels will be provided with dimmed LED drivers.

C. Egress lighting will be provided in all corridors and egress pathways and be fed from the life safety power branch to ensure a minimum of 1 fc of lighting in the event of loss of power in the building.

D. All lighting shall be provided with 4000K color temperature with a minimum CRI of 85.

E. Exit signage shall be edge-lit, LED, located along the egress path, and in accordance with NFPA 110.

F. The nurse stations, staff use spaces, and corridors shall be provided with 6" recessed, LED downlights, 2x2, 2x4s, and decorative fixtures to match facility standards and in coordination with architectural RCPs.

LIGHTING CONTROL SYSTEM:

A. Corridor and general staff spaces will be controlled via low voltage switches and time clocks as directed by facility during user meetings and to match with existing patient floors.

B. Patient room lighting will have controls at both the room entrance and patient headwall to provide function for Exam, Ambient, and reading light functions. Toggle switch for patient room night light will be located at the room entrance.

C. All requirements of the 2015 International Energy Conservation Code will be adhered to during the design of the lighting, this will include the use of automatic shut-off via time of day schedule, vacancy sensors, daylighting zones, and/or dual level switching.

D. Interior lighting, where natural lighting is available, will be automatically controlled on/off via photocells to respond to available ambient light.

FIRE ALARM SYSTEM:

A. General - The existing fire alarm system is a multiplexed, addressable system designed in accordance with NFPA-72 and NFPA -101 and provide coverage for the entire facility. The audible signals will be chimes. Visual flashing strobes will be provided throughout and comply to ADA

requirements. Pull stations will be provided at all means of egress. Smoke detectors will be located throughout corridors, equipment storage, clean supply, and all other spaces identified in NFPA-72. New devices will be tied into the existing fire alarm control panel previously serving the floor.

B. The new system shall be zoned consistent with smoke compartments.

LABELING AND IDENTIFICATION:

A. A complete labeling and identification system shall be provided. The labeling and identification system shall include:

B. Labeling raceways, junction and pull boxes.

C. Labeling of each item of electrical equipment with nameplates.

D. Labeling switchgear, panelboards, disconnect switches, pushbuttons and equipment with nameplate identifying the item, the circuit number and the panelboard serving same.

E. Wire tags for wiring.

F. Labeling of three phase motors with rotation tag.

FAULT CURRENT & OVERCURRENT PROTECTIVE DEVICE COORDINATION:

A. General: All power distribution will be properly sized for short circuit fault conditions. WSP will provide a preliminary short circuit evaluation for proper pricing of equipment withstand ratings. However, the contractor will be responsible for running fault current calculations, and an overcurrent protective device coordination study to determine settings that achieve a fully coordinated system down to 0.1 seconds. The contractor will also be required to evaluate the arc flash hazards associated with the coordinated settings and provide labels for all equipment according to NFPA 70E.

SECURITY SYSTEMS:

A. General - Empty conduits and 120V service receptacles connected to critical essential system power shall be provided for Owner provided security systems. (Door alarms, card readers, etc.) Locations of conduit to support security devices shall be as directed by the Owners representative.

TEXAS
Health and Human Services

Form 3242
May 2021-E

Regulatory Services Division

Architectural Review Unit Application

Service Code: 529201038
Budget ID: ZZ122 Fund: 152

Application Type:	If revising information for your application, provide application number and then revise form and click the submit by email at the bottom of this form.	Application No.(if revising):
Minor		

Section 1, Facility and Project Information

Facility Name:	Facility License No.:	Medicare No.:
El Paso CHildren's Hospital Pharmacy Renovation - UMC	263	450024.

Physical Address and Suite:	City:	ZIP Code:
4845 Alameda Avenue.	EL Paso	79905

Type of Facility (select one):	Type of Project (select one):
General Hospital	Renovation to facility

Brief Description of Project (for example, New ASC):
Renovation of existing children's hospital pharmacy. All existing walls will remain in place, new clean room suite interlocking doors for clean room suite. New finishes. New roof mounted air handler unit to meet USP 797 and UPS 800 pharmacy regulations

Square Footage of Project:	Total Phase(s):	Project's Start Date:	Project's Completion Date:
2,500 SF.	One	Sept 2023	February 2024

Project's Estimated Construction Cost:	Application Fee Amount Submitted:	Check No.:
$1,250,000.00	No Fee Required	

Note: The application fee is based on the Fee Schedule. Refer to Section 8, Application Fee Schedule, of this form. If no fee is required, enter N/A after Check No.

Section 2, Facility Contact

Facility Contact Name:		Title:
Gerald Akin		Assistant administrator planing, design & construction
Area Code and Phone No. (Direct):	**Area Code and Phone No. (Mobile):**	**Email Address:**
915-235-5122	713-204-9972	gerald.akin@umcelpaso.org

Section 3, Professional Design Firm Contact for Architect or Engineer

Firm Name:		
Carl Daniel Architects		
Physical Address and Suite:	**City:**	**ZIP Code:**
305 Leon Street	El Paso	79901

Contact Name:	Title:	Area Code and Phone No. (Direct):
Carl V. Daniel Jr.	President	915-533-2700
Area Code and Phone No. (Mobile):	**Email Address:**	
915-539-1321	cdaniel@cdaelpaso.com	

Note: Application to be completed and submitted by owner or designee facility staff member or an architect or engineer.

Section 4, Licensed Hospital Bed or End Stage Renal Disease (ESRD) Station Count

Does your entire project result in any changes to the total number of licensed hospital beds or licensed ESRD stations? ○ Yes ◉ No

If yes, complete the chart below. For an initial license and relocation of a license, the existing count must be 0.

Hospital Bed Type	Existing Beds	Plus/Minus Beds	Final Bed Count
Medical/Surgical (If less than 15 pediatric beds, include in the Medical/Surgical bed count.)			
ICU/CCU/PCCU			
Intermediate Care			
Universal Care			
Neonatal ICU			
Continuing Care Infant Care Station			
Antepartum			
Labor, Delivery, Recovery and Postpartum – LDRP (Maternity)			
Postpartum (Maternity)			
Pediatric (15 or More)			
In-Hospital Skilled Nursing			
Comprehensive Medical Rehabilitation			
Mental Health			

ESRD Station Type	Existing Station	Plus/Minus Station	Final Count
In-Center Treatment			
Isolation Treatment			
Peritoneal Training (PD)			
Hemo Training (HH)			
Dual PD/HH Training (One station/chair performs both peritoneal training and hemo training.)			

Section 5, Brief Construction Description

Describe the physical plant aspect of your project. This section is required to be completed and it is unacceptable to defer to functional program.

Since the construction of the El Paso Children's Hospital Pharmacy in 2010 the Pharmacy Regulations USP 797 and USP 800 have been updated and the existing Pharmacy is out of compliance. This Pharmacy Renovation Project when completed will address the new regulations. In the Clean Room Suite, the existing room and wall partitions will remain in place. All floor to wall surfaces will be coved including the wall to wall corners and wall to ceiling intersections to comply with requirement for easy wipe down. All ceilings will be removed to allow for new duct work and then new ceiling will be installed, hard ceiling in the clean room suite and lay in ceiling in the dispensing area. In order to control the required room pressures, doors 01, 02, 03 will need to be replaced with doors that are specifically designed for this purpose. The three doors will have an interlock control that allows only one door to be open at a time. Roof top air handling unit No. 3N that supplies the Anti-Room, the Work Room and the Chemo Room will be replaced with a larger roof top air handling unit to meet current pharmacy regulations. Existing movable equipment will be removed and reinstalled by owners' subcontractors.

Section 6, Self-Certification Agreement Terms

The architect and engineer signing below hereby certifies:

- They have created the architectural and engineering contract construction documents and specifications which were submitted to the Architectural Review Unit for the referenced project hereto regarding any construction, erection, repair, remodeling, renovations, additions, alterations, removal, upgrading equipment and building systems, conversion, change of service(s), change of function (including changing licensed bed types or ESRD treatment and training station types or change of facility's departments), conversion of a licensed or previously licensed facility to a different designation of licensed facility, demolition, initial facility license or reopening of a closed facility that occurs for the below listed types of facilities;
- They have reviewed the submitted contract construction documents for compliance with Texas Health and Human Services Commission:
  - Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133); or
  - End Stage Renal Disease Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 507); or
  - Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 26 Texas Administrative Code, Chapter 510); or
  - Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code, Chapter 135); or
  - Freestanding Emergency Medical Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 509); or
  - Special Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 506).
- To the signed representative's knowledge, information and belief, the contract construction documents meet the requirements of the licensing rules in all material aspects.

The Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member) signing below understands and agrees:

- That notwithstanding the contract construction documents approval self- certification process undertaken pursuant to the submitted documents.
- The Architectural Review Unit shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto and (b) withdraw its approval.
- Facility will make changes for compliance with standards and regulations.
- The Facility Administrator/CEO has a continuing obligation to make any changes required by the Architectural Review Unit to comply with the licensing rules whether the physical plant construction or alterations have been completed; and the Facility Administrator/CEO is ultimately responsible for compliance with:
  - Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133); or
  - End Stage Renal Disease Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 507); or
  - Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 26 Texas Administrative Code, Chapter 510); or
  - Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code, Chapter 135); or
  - Freestanding Emergency Medical Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 509); or
  - Special Care Facilities Licensing Rules (Title 26 Texas Administrative Code, Chapter 506).
- Facility Administrator/CEO or design firm's representative shall notify the Architectural Review Unit (ARU) to schedule a final inspection (and intermediate inspection, if deemed required) prior to occupancy or performing services.

Section 7, Self-Certification Attestation

Gerald Akin — Facility Contact Name
Facility Contact Signature
7-14-2023 — Date

(Facility Administrator/CEO or Designee Facility Staff Member Signature Name shall match Facility's Contact Name on first page of this application.)

Carl V. Daniel Jr — Architect Name
Architect Signature
05/01/2023 — Date
4183 — License No.

Architect Seal below

Fernando Luna — Engineer Name
Engineer Signature
07/13/2023 — Date
#120684 — License No.

(This is the primary engineer of contact who stamped either the mechanical/plumbing drawings or electrical drawings.)

Engineer Seal below

Section 8, Application Fee Schedule

The application fee (plan review fee) is based upon the estimated construction project costs which are the total expenditures required for a proposed project from initiation to completion, including at least all the items listed in the applicable Ruleset. No construction project shall be increased in size, scope or cost unless the appropriate fees are submitted with the proposed changes.

Major Application and **Fast Track** Application Note: Fee based on Rules	**General Hospital** **Special Hospital** **Private Psychiatric Hospital** **Crisis Stabilization Units**	See fee schedule below See fee schedule below See fee schedule below See fee schedule below

Cost of Construction	Application Fee Required
$100,000 or less	$300
$100,001 to $600,000	$850
$600,001 to $2,000,000	$2,000
$2,000,001 to $5,000,000	$3,000
$5,000,001 to $10,000,000	$4,000
$10,000,001 and over	$5,000

Minor Application	**General Hospital** **Special Hospital** **Private Psychiatric Hospital** **Crisis Stabilization Units**	No ARU application fee No ARU application fee No ARU application fee No ARU application fee

Any Application Type for	**Ambulatory Surgical Centers** **End Stage Renal Disease Facilities** **Freestanding Emergency Medical Care**	No ARU application fee No ARU application fee No ARU application fee

Major Application — **Special Care Facility**

Note: Fee based on Rules. Minor applications do not require a fee.

Cost of Construction	Application Fee Required
$150,000 or less	$200
$150,001 to $600,000	$500
$600,001 to $2,000,000	$850
$2,000,001 to $5,000,000	$1,500
$5,000,001 to $10,000,000	$2,000
$10,000,001 and over	$3,000

Section 9, Application Submittal Steps

Step 1:

Email completed application with at least the below mentioned required documents to: ApplicationARU@hhs.texas.gov
Subject line: Minor Application for (enter address of facility) or
Subject line: Major Application for (enter address of facility) or
Subject line: Fast Track Application for (enter address of facility).

Notes:

1. All items shall be submitted as PDFs and titled accordingly.
2. Each item indicated by the bullet points shall be a separate PDF.
3. All items shall be attached to one email. If the drawings are too large to attach to one email, then divide the drawings by disciplines and title accordingly, such as "Mechanical drawings."

Minor Application Required Documents:

Verify that the project is justified as a minor project per definition in the Application Instructions on the HHS webpage.

- Application, which includes Self-Certification's attestation and terms
  - Title it: "Application"
- Functional program (narrative) on facility letterhead signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member)
  - Title it: "Narrative"
- Life safety overall floor plan with scope of project clouded
  - Title it: "Life Safety Plan." If multiple plans are needed to represent the project's scope, group all drawings into one PDF.
- Sketch of design
  - Title it: "Plan." If multiple plans are needed to represent the project's scope, group all drawings into one PDF.
- When a feasibility conference occurs, approved feasibility meeting notes and sign-in sheet
  - Title it: "Feasibility notes"

Major Application and Fast Track Application Required Documents:

Fast Track application is for an exceptionally large initial hospital or an exceptionally large addition to an existing hospital. Fast track applications must have approval for submission by our Department.

- Application, which includes Self-Certification's attestation and terms
  - Title it: "Application"
- Functional program (narrative) on facility letterhead signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member)
  - Title it: "Narrative"
- Life safety overall floor plan with scope of project clouded
  - Title it: "Life Safety Plan." If multiple plans are needed to represent the project's scope, group all drawings into one PDF.
- Contract construction documents in electronic format
  - Title it: "Drawings or Specs." If files are too large to send electronically in one email, then divide the drawings by disciplines and title accordingly, such as "Mechanical drawings."
- When a feasibility conference occurs, approved feasibility meeting notes and sign-in sheet
  - Title it: "Feasibility Notes"
- Copy of the check for the application fee, where applicable
  - Title it: "Application Fee, Check No. (enter number on check)"
- Where phasing occurs, include the phasing plan
  - Title it: "Phasing Plan(s)"

Step 2:

Mail check (payable to Texas Health and Human Services Commission) and Pages 1 through 4 of this form directly to the Fiscal Department at either mailing address below. Do **not** mail other required application documents to the below address (Fiscal Department). Do **not** mail application documents to the Architectural Review Unit (no duplicates).

Payment Mailing Address:	**Payment Overnight Address:**
HHSC AR Mail Code 1470	HHSC AR Mail Code 1470
P.O. Box 149055	1100 W. 49th St.
Austin, TX 78714-9055	Austin, TX 78756

Step 3:

End of submitting the application package. If ARU requires further or revised documents, we will reach out to the contacts on this application form.

Any incomplete application form or any missing required application documents will prolong the process. When revisions or additional documents are necessary, or when self-certification has been denied, we will email you notifications. ARU will only keep the incomplete application on file for 30 calendar days before it is discarded. Where a fee is required, it will be not be refunded. You will then be required to resubmit the application package in its entirety.

If you have not received an application number (excluding plan reviews) in 30 calendar days, contact the application specialist at 512-243-4833 or by email at ApplicationARU@hhs.texas.gov.

Applications are processed in order received. Allow at least 10 business days after initial submission if you wish to call about if your application was received.

Step 4:

For further information on our process, go to our website and click on the "Architectural Review Process" tab and refer to website's Application Instructions.

https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/architectural-review

El Paso Children's
HOSPITAL

July 20, 2023

Carl Daniel
Carl Daniel Architects
305 Leon St.
El Paso, Texas 79901

Dear Mr. Daniel,

The Inpatient Pharmacy at El Paso Children's Hospital provides a high level of neonatal and pediatric pharmacy care. The pharmacy services a level IV advanced neonatal intensive care unit, a pediatric intensive care unit, an emergency department, a pediatric floor, a radiology and cardiac unit, the pediatric blood and cancer center, an inpatient pediatric oncology unit, and a perioperative services unit. Currently, our staff performs specialized low- and medium-risk sterile compounding to meet the needs of our unique pediatric population. Examples of the specialized sterile compounding include total parenteral nutrition, chemotherapy, and filling of reservoirs of injection and infusion devices. Additionally, our pharmacy staff is trained to prepare non-sterile compounds to meet the often customized needs of pediatric patients. Furthermore, the pharmacy services the pediatric oncology infusion clinic and prepares sterile and non-sterile hazardous drugs daily.

The United States Pharmacopeia (USP) has published updated guidelines to ensure the highest quality sterile and non-sterile preparations are being met. The pharmacy renovations would allow us to meet and exceed these standards. Furthermore, USP standards in compounding have been updated to include handling hazardous drugs safely. The renovations to the sterile compounding area will additionally improve the overall safety of the environment for our patients and staff.

Sincerely,

Maria Hines, Pharm D.
Compliance and Regulatory Pharmacist
El Paso Children's Hospital

UNIVERSITY MEDICAL CENTER
OF EL PASO

April 9, 2024

Texas Department of State Health Services
Regulatory Licensing Unit, Architectural Review Group
Architect/Engineer and Licensee Certification
1100 West 49th Street
Austin, Texas 78756

Re: Sterile Processing Equipment Replacement – Basement Level
University Medical Center of El Paso
Functional Program Narrative

Ms. Read,

The following Functional Program Narrative pertains to the existing Sterile Processing Department. The suite is currently located in the basement level below the surgery wing at the north end of the hospital. The existing equipment is reaching the end of its life cycle and will be replaced with new washers, a cart washer, and sterilizers. Upon doing the equipment replacement there is a need to upgrade the existing infrastructure that will be serving all the new modules. Improvements to this project will include a new air handler, upgraded sewer system, steam piping, water treatment and other mechanical, plumbing, and electrical enhancements.

The proposed construction work consists of removing the existing washers and sterilizers from the suite. The replacement will consist of 4 new washers, 4 new sterilizers, 1 cart washer, 2 height adjusting processing sinks and a new pass thru window. The adjacent Sterile Storage area will remain operational for the duration of the project. This area will be sectioned off and curtained with ICRA partitioning to always protect the sterile storage of the construction activity. The existing Suite will continue to have all the support services required for this type of operation as there is no modification to those service areas. The existing HVAC system will be replaced/upgraded to serve the suite meeting all the requirements set by the Texas Administrative Code, Chapter 133.

On January 25, 2024, a discussion and small presentation was held with Mr. Mark Antilley to talk about the project's work scope and details. The minutes about this discussion are attached to this application.

University Medical Center is classified as a Level One Trauma hospital. The existing construction type is NFPA 1-332, and any new construction will follow the same requirements to maintain the

integrity of the code requirements. The energy costs and efficiencies will keep the hospital environmentally friendly and energy efficient. Energy conservation remains a constant consideration throughout the facility. With the new space addition/remodel that will be performed.

Mechanical, Plumbing, and Electrical Narrative

Mechanical Systems

HVAC scope of work include:

- HVAC systems are designed in compliance with 2021 IMC and HHS regulations.
- SPD suite shall be served by a new indoor air handling unit. Unit will have a 30% prefilters and a 90% FINAL filter bank.
- SPD zone temperature control handled by single inlet VAV terminal units with hot water reheat coils.
- Each VAV reheat coil will limit high humidity in the space to a maximum of 60% RH.
- Humidity will be added to the entire suite at air handler supply duct system via a duct dispersion tube system served by a direct injected steam dispersion tube.
- Room pressure control will be handled via single inlet VAV modulating/limiting airflow to maintain offset between supply and return system.
- The sterilizer equipment room will be 100% exhausted per HHS regulations.
- The cart washer will be exhausted per Steris installation manual.
- The decontamination room will be 100% exhausted per HHS regulations.
- Clean work room will be ventilated using the existing exhaust fan located at the penthouse mechanical room.

Plumbing Systems

Plumbing systems scope of work to include.

- Plumbing systems are designed in compliance with 2021 IPC and HHS regulations.
- Cold water supply line comes from the basement mechanical room located at the North Tower.
- A new heat exchanger will be installed to control cold water supply temperature to the Steris equipment under 70F.
- Domestic hot water will be generated at the new Water treatment mechanical room, using a hot water to hot water heat exchanger. The system will provide 140F to SPD equipment.
- RO water piping system will be installed to serve washer disinfector, cart washer and reprocessing sink.
- The suite is getting a new 8" dedicated sanitary sewer system that extend to connect to basement lift station.
- Lift station is getting upgraded to handle the new peak flow discharge from cart washer, washer disinfector, reprocessing sinks, and sterilizers.
- The new steam piping system will be extended from the basement mechanical room to serve the sterilizers, washer disinfectors and steam humidifier.
- Steam condensate will be returned to the North Tower basement mechanical room using the existing condensate return piping.

- New steam quality monitor will be installed.
-

Medical Gas Systems

New Instrument air infrastructure includes:

- Instrument air designed per NFPA 99-2012
- Dedicated non-medical instrument air system to serve reprocessing sinks and washer/disinfectors. Piping will be connected to an existing instrument air compressor located at the Zone A basement mechanical room.
- New Zone valve at main corridor. New area alarm panel will be installed at Directors office.

Fire Protection System

The existing fire protection system shall be reconfigured to meet the latest NFPA 13 edition and the 2021 IFC. New concealed pendent type sprinkler heads will be utilized through the suite.

Electrical Distribution System

A new 90A, 277/480V-3ϕ-4W emergency equipment branch feeder will be extended from existing General Electric 600Amp, 277/480V, emergency equipment panelboard 'DP4' in basement electrical room to feed new 225Amp, 120/208V, 3PH, 4W emergency equipment panelboard 'BLEB3' via 75KVA dry type transformer. New panelboard 'BLEB3' will be used for power to new equipment.

Existing 225Amp, 120/208V, 3PH, 4W, emergency equipment branch panelboard 'BLEB2' located in basement electrical room to be utilized for power to (2) new washer/disinfectors and (2) small sterilizers. (2) 50Amp/3 pole circuit breakers to be installed for the washer/disinfectors and (2) 15Amp/3 pole circuit breakers to be installed for the small sterilizers.

Telecom Systems

New data boxes to be provided for network connectivity to the new washer/disinfectors. Coordinate with UMC IT personnel for requirements.

Power Systems

New emergency equipment branch circuits to be provided for power to the new SPD equipment and accessories.

Medical Equipment Electrical Connections

Make final electrical power connections to the sterilization equipment as described in electrical plans. Coordinate with manufacturer installation instructions and/or equipment installer for connection requirements before doing any work. Coordinate location of disconnecting means, wire connections, and other additional equipment requirements.

HVAC & Plumbing Systems Electrical Connections

Make final electrical power connections to new and relocated HVAC and plumbing equipment as described in electrical plans. Coordinate with manufacturer installation instructions and/or equipment installer for connection requirements before doing any work. Coordinate location of disconnecting means, wire connections, and other additional equipment requirements.

Lighting Systems

New LED clean room rated gasket light fixtures to be installed to replace existing. Make connections to new light fixtures utilizing the existing normal, critical, or life safety branch lighting circuits as indicated in lighting plans. New LED light fixtures to be installed at the same location of existing and connected to the existing lighting connection maintained during demolition. Some wiring might need be extended or rewired to accommodate new lighting work.

Fire Alarm System

A few existing notification and detection fire alarm devices are to be relocated or removed to accommodate new work. Relocation or removal of fire alarm devices to be performed by a licensed fire alarm contractor.

Demolition Work

The existing portions of ceilings are to be removed to accommodate all new Mechanical and Plumbing work. All existing electrical and special system devices that are mounted on the ceiling to be identified and carefully removed and stored for reinstallation to new ceilings. Existing connections must be maintained, identified, protected, and prepared to make reconnections to reinstalled devices.

All light fixtures located within limits of ceiling demolition work must be removed. Existing associated lighting connection must be maintained, identified, protected, and prepared to make reconnections to reinstalled or new light fixtures. Some wiring might need be extended or rewired to accommodate new lighting work.

Remove all electrical devices, raceways, and wiring associated with equipment being removed back to source or to nearest remaining device as applicable.

Relocate existing boxes, raceways, cable trays, and associated wiring located above ceilings as necessary to accommodate new Mechanical and Plumbing work.

END OF FUNCTIONAL NARRATIVE PROGRAM

Sincerely,

Gerald S. Akin
Assistant Administrator Planning, Design and Construction
University Medical Center of El Paso

Appendix: General Information

Attachments

Cc: Maria Zampini, UMC El Paso
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Jorge Silva, P.E – AEG Mechanical Engineers, Inc.
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