MEMORANDUM  2001- 9

To:    Licensed Architects
       Licensed Engineers
       Louisiana Hospital Association
       Pat Day, Supervisor of Health Care Inspections
       Plan Review Staff

From:  Mark Gates
       Chief Architect/Deputy Assistant Secretary

OFFICE POLICY
RE:    MOBILE / MODULAR HEALTH UNITS

Date:  September 14, 2001

At this time, mobile/modular treatment or diagnostic units, such as Cath Lab, MRI, CAT Scan, Lithotripsy Unit, etc., are required by La. R.S. 40:1574.A and 1574.B, to undergo Plan Review prior to construction, renovation and/or occupancy. The review of these Units is based on the intended usage according to the Definitions of Occupancy Classifications, as set forth in NFPA 101, The Life Safety Code.

Facilities which are placed into operation in the State of Louisiana without a prior review of the plans by this office are in violation of State law. Those facilities which entered this state without the statutorily required plan review and inspection by this office, pursuant to La. R.S. 40:1574, et al, shall cease and desist operations and contact this office for resolution.

Most times, the operation of these Units is described as “Temporary” and full Code Compliance is RARELY provided. However, public safety may be at risk, due to the existence of possible Code deficiencies when these facilities are operating and occupied. For this reason, mobile/modular treatment and/or diagnostic units will be permitted to operate on a "temporary time-limited basis" only under the following conditions:

SATISFACTORY PLAN REVIEW AND INSPECTION

As required by state law, Plans/Specifications shall be submitted to this office for Code Review. The plans shall include, among other required drawings, a Site Plan showing the exact location of the unit in respect to other nearby structures. The submittal shall also include a Letter of Intent (as described below for “Temporary Use”). A satisfactory code review by this office must be performed and a review letter detailing any noted deficient conditions will be issued by this office to the Owner (a copy shall be issued to the Tenant). THIS DOCUMENTATION SHALL BE KEPT IN THE MOBILE/MODULAR UNIT AT ALL TIMES. A satisfactory inspection must also be performed by this office prior to occupancy.

NOTE: mobile/modular units which are identified by VIN (vehicle identification number) and which have undergone satisfactory plan review and subsequent inspection, may be permitted to be relocated elsewhere without formal review provided the following items are furnished and found to be acceptable by this office;

1. A LETTER OF INTENT (as described below for “Temporary Use”) identifying the vehicle,
2. A SITE PLAN showing the exact location of the unit in respect to other nearby structures. *(CAUTION: Units shall be physically separated from Healthcare Occupancies by a clear, unobstructed distance of at least ten feet (10'), unless the Unit complies, in full, with the provisions of the Chapter for New Healthcare Occupancies in the NFPA 101 Life Safety Code), and;

3. A copy of the original review letter.

TEMPORARY USE

A "LETTER OF INTENT" shall be filed at the time of initial plan review submittal to include the following information;

**INTENDED USE** of the unit. (I.e., MRI, CAT Scan, Cath Lab, etc.)
**VIN** (vehicle identification number).
**SITE PLAN** showing the exact location of the unit in respect to other nearby structures, and including a complete and correct address for the main facility. (Provide a copy of any previous plan review performed for the Unit, if applicable.)
**TIME SCHEDULE** indicating the duration of stay and indicating a “finite period of time” that the unit will be located at the specific location shown on the associated Site Plan.

**NOTE:** “Temporary Use” shall be defined as a time period of up to 90 days. Any installation exceeding a stay of 90 days **MUST FULLY COMPLY** with minimum code requirements, laws, rules and regulations adopted by the State.

BUILDING CONNECTORS

All construction between a Healthcare Occupancy and the Unit, such as a “covered walkway”, shall be of noncombustible or fire-resistive construction. Aluminum is not permitted unless the Unit complies in full with the provisions of the Chapter for New Healthcare Occupancies in the NFPA 101 Life Safety Code).

ACCESSIBILITY

Provide handicapped accessibility in accordance with ADA-AG (Accessibility Guidelines - September, 1994), pursuant to La. R.S. 40:1731-(Effective 8/15/95). Compliance with state regulations and requirements does not guarantee compliance with federal law.

A safe “patient lift” shall be provided in good working order and shall remain at the floor level of the Unit at all times that a patient occupies the Unit. *(CAUTION: Please be advised that the Justice Department may deem that this feature, alone, does not satisfy the requirements for accessibility.)*