

# 2018 *Guidelines* Update – NYS Healthcare Facilities Conference Bryan Langlands NBBJ

October 8, 2019 9:15am-10:15am

#### FACILITY GUIDELINES INSTITUTE

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Questions related to specific materials, methods, and services will be addressed at the conclusion of this presentation.

#### **Course Description**

A general overview of the major changes from the FGI 2014 Edition and FGI 2018 Edition. The presentation will focus primarily on the major changes to the Hospital book.

#### Learning Objectives

- 1. Understand how FGI is organized and membership make-up, process and how each edition is developed on 4 year cycle.
- 2. Broad understanding of how the FGI 2018 Edition is organized and major revisions to both hospital and outpatient documents.
- 3. Specific focus on particular changes including clearances, clear floor areas, anesthesia zone and definition of invasiveness.
- 4. Review of status of FGI 2022 Edition, process moving forward and how to get involved.



# 2018 *Guidelines* Update – NYS Healthcare Facilities Conference



#### FACILITY GUIDELINES INSTITUTE



The views and opinions expressed in this presentation are the opinion of the speaker and may not be the official position of FGI or the Health Guidelines Revision Committee.





#### Today's objectives are...

- Provide a basic understanding of the process.
- Summarize the major changes in the 2018 *Guidelines*.







#### Who was involved in developing the 2018 Guidelines?





#### **FGI Participating Organizations**

- ACHA
- AIA-AAH
- ASHE
- ACHE
- AHRQ
- AORN
- ASHRAE
- ACS
- CHD
- NIH
- CDC
- TJC
- CMS





# 2018 HGRC

### **130+ Multidisciplinary Committee**

- 20% Architects
- 18% Medical professionals
- 16% State AHJs
- 13% Engineers
- 10% HC administrators/HC org. reps
  - 8% Federal AHJs (IHS, CMS, HUD, VA)
  - 7% Infection control experts + NIH/CDC
  - 4% Construction professionals
  - 4% Interior designers



### **FGI Process Overview**

Consensus-based process for *Guidelines* development using:

- Collective multidisciplinary experience
- Professional stakeholder consensus, including many AHJs (no manufacturers vote on proposals)
- Public review process
- Clinical and evidence-based research



Continual improvement process

Every new edition of the FGI *Guidelines* is different and an "evolution" from previous editions.



# FGI website: a way to keep current with FGI and *Guidelines* activities



# fgiguidelines.org





#### **FGI Resources**





#### **Errata**

#### Errata for the 2018 Guidelines for Design and Construction of Hospitals

#### **Content Corrections**

94466	SECTION	ERROR	CORRECTED TEXT
53	Table 1.2-6	<sup>a</sup> In cases where greater speech privacy is required between patient care rooms when both room doors <sup>e</sup> This is the performance required	<sup>3</sup> This is the performance required <sup>4</sup> In cases where greater speech privacy is required between patient rooms when both patient <u>patient</u> room doors
67	2.1-1	2.1-1 General 	2.1-1 General  2.1-1.1.4 Outpatient projects located in hospitals shall meet the requirements of the FGI Guidelines for Design and Construction of Outpatient Facilities,
132	Table 2.1-2 Nurse Call Devices	Procedure room/Class 2 imaging room Required stations: Bath, Staff assistance Optional station: Emergency cell Operating room/Class 3 imaging room Required stations: Bath, Staff assistance Electroconvulsive therapy treatment room/pre-procedure and recovery patient care stations Required stations: Bath, Staff assistance	Procedure room/Class 2 imaging room Required stotions: Staff assistance, Emergency call Optional station: <u>Nurse master</u> Operating room/Class 3 imaging room Required stations: Staff assistance, <u>Emergency call</u> Electroconvulsive therapy treatment room/pre-procedure and recovery patient care stations Required stations: Staff assistance, <u>Emergency call</u>
133	Table 2.1-3 Station Outlets	Class 1 imaging room 1 oxygen, 1 vacuum <del>, 1 modical air</del> Operating room/Class 3 imaging room 2 oxygen, 5 vacuum, 1 medical air, 1 WAGDy Liestrument air	Class 1 imaging room 1 oxygen, 1 vacuum Operating room/Class 3 imaging room 2 oxygen, 5 vacuum, 1 medical air, 1 WAGD
152	2.2-2.8.2	2.2-2.8.2 NICU Rooms and Areas 	2.2-2.8.2 NICU Rooms and Areas  2.2-2.8.2.6 Reserved 2.2-2.8.2.7 Nurse call system. A nurse call system shall be provided in accordance with Section 2.1-8.5.1 (Call Systems),

continued



#### **FGI Bulletin**

#### FGI Bulletin #7



May 16, 2018 | Category FGI BULLETIN

#### Errata Sheets Posted for 2018 Hospital and Outpatient Guidelines

The errata sheets prepared for all Guidelines editions are crucial to users of the documents. An errata sheet presents items that are errors in the published books, whether editorial oversights or discrepancies that were revealed after publication. The corrections shown in the errata sheets are considered part of the official documents and should be applied as part of the standards by all users, including authorities having jurisdiction.

Dated errata sheets are posted on the FGI website, and we recommend checking back periodically to make sure you have the most current version. We also will continue to let subscribers to the FGI Bulletin know when new errata sheets are posted. For the 2018 digital documents available on MADCAD, the goal is to identify corrections in the online version of the documents.

We appreciate hearing from Guidelines users who have questions about the content they use. This is often how errors are found. Write to us at info@fgiguidelines.org.

#### State Adoption Focus: Colorado



The State of Colorado recently adopted Chapter 4.1, Specific Requirements for Assisted Living Facilities, in the 2018 Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. Adoption of the assisted living facility standards includes applicable cross-references found in the chapter. Exceptions to the Guidelines requirements are parking and elevator standards, which defer to local regulations.

For assisted living residences applying for a new license, application of







#### **FGI Interpretations**

#### Health Guidelines

Revision Committee

nan.fgiguidelines.org ningipuidelines.org

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> doug@fgigu Chistriase

Alministrative Homoger, FG

Richard Horeis, AIA HDR, Inc. Owaha, NE

Dear Mr. Horeis:

July 11, 2018

This letters is provided in response to your request for an interpretation of Section 2.2-2.6.2.2 (2) in the 2014 PGI Hospital/Outpatient Gaide Stress.

Questions: In Section 22.2.5.2.2 (2), regrating characters for cuited care pairent care strategiment at the fixed of the bod expression constrained with fixed to the studied to maked the model of the bod studied; or is the character to be extended to maked the width (4 fixed) and now transition and width (4 fixed) and now transition and width (4 fixed).

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This correspondence is nether intended, nor should it be relied upon, to provide professional consultation or services.

and Herquital Sincereity,

Seint

Douglas S. Erickson, FASHE, CHFM, HFDP, CHC Chain, HCRC Interpretations Committee 314 400-7096 dour@fitemidelines.com

doug@igiginidelines.org





Radius

Full area



#### FGI Policy Statement Invasive vs Noninvasive



Advisory Opinion FGI Guidelines for Design and Construction Documents for Hospitale and Outpetient Pacilities

#### Applying the FGI Guidelines to Spaces Where Invasive vs. Noninvasive Patient Care is Delivered

Each year, the Facility Databalises Institute (FGC) so since summers implicits from designers, indicator preventionins, and after Chance shalf making for painters on where patient procedures can and cannot be performed in hospital experiment Schlein (States), the contraction to recognize our chancels in the second cannot be and a source where patient can importantly, the question of where patient procedures can be performed in too team for a Design and Communities can proceeding warms, not to the Databalian pages warms with the same.

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that lists some basic procedures performed in examination/treatment, procedure, and operating rooms (this list is nor enheative).

enhances; On one end of the spectrum is the appending mean (OE) environment, which is classified as a "restricted and" and mech the maximum environmental catabilit segments. At the other end is the estimated system or entropyces, the procedure room, which is the spectry system of lakely to present a common transition. Hence the shore the spectra types is the procedure room, which is the spectry system of lakely to present a common transition. The room of the entropy is the procedure room, which is the spectry system of lakely to present a common transition to the signature of the states. The room of the spectra type is the spectra transition of the spectra transition of the spectra transition of the spectra type is the spectra transition of the spectra transition of the spectra transition of the spectra type is the spectra transition of the spectre transition of the spectre transition o

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# Be a part of the *Guidelines* success – get involved!

Sign I	n to your account	Sign up You must register to create an account that wi
ß	Username / E-mail	allow you to access the FGI proposal platform Please choose a login name and password tha
8	Password	you will find easy to remember.
	nin Enrort neesword?	Register Now!

#### An Invitation to the 2022 Guidelines Revision Cycle Proposal Period

#### (The proposal period will close on July 1, 2019, 4:00 am)

BACKGROUND: The FGI Guidelines documents provide fundamental, or baseline, requirements for the design and construction of included facility types, recommending minimum program, space, and equipment needs for clinical and support areas of hospitals, numerous outpatient facility types, and rehabilitation facilities as well as nursing homes, assisted living facilities, hospice facilities, independent living settings, adult day care facilities, and wellness centers. The documents also address minimum engineering design criteria for plumbing, electrical, and heating, ventilation, and air-conditioning (HVAC) systems. The Joint Commission, many federal agencies, and state authorities having jurisdiction use the Guidelines either as a code or a reference standard when reviewing, approving, and financing facility project plans; surveying, licensing, certifying, or accrediting newly constructed facilities; or developing their own codes.







# **Functional Program**

- Owner driven
- Critical thinking and outcome driven
- Provision of executive summary



- Used by health care organization; updated accordingly
- Informs the physical space program
- Used by AHJ to evaluate design documents



### **Acoustic Requirements**

*"Unnecessary noise is the cruelest absence of care"* Florence Nightingale

#### **The Six Key Topics**

- 1. Site Exterior Noise
- 2. Acoustical Finishes and Details
- 3. Room Noise Levels
- 4. Sound Isolation & Speech Privacy
- 5. Electro-acoustics—Alarms, Sound Masking
- 6. Vibration







# **Elements of the SRA**

- Falls (including noise causing poor sleep)
- Medication errors (noise and distraction)
- Behavioral health (noise reduction impact)
- Hospital-acquired infections
- Security
- Patient handling and movement
- Patient immobility (hospital only)





# 2018 Defining Minimum



### "Minimum" Guidelines Goals

- Multidisciplinary participation
- Not controlled by special interest, for-profit manufacturing
- Non-representational participation every member expected to vote their conscience, not their organizational party line
- Rigorous consensus process
- Emphasis on evidence importance of expert opinion
- Provide minimums appendix references for beyond minimum and information for applying the requirements
- Matching design to function
- "Predicting" the future staying flexible, contemporary

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# **Minimum is Difficult to Define**

- Risk of being too minimal (creates opportunity for harm)
- Consider risk/benefit for new minimums
- The minimum benchmark changes over time
- Cost is a reality in determining *Minimum Standards*





#### **2018 Guidelines**

- Split the standard into two parts:
  - Fundamental requirements Minimum/baseline standards that can be adopted as code by AHJs.
  - Beyond Fundamentals Emerging and/or best practices that exceed basic requirements
- Focus on primary care/outpatient facilities as the trend in health care delivery is continuing to move in that direction





#### **2018 Guidelines**



#### An overview of major topics that were addressed and some of the proposed changes discussed



#### Hospital and Outpatient Guidelines Major Topics Addressed

- Design of Telemedicine Services
- Emergency preparedness
- Design/clearances to accommodate patients of size
- Pre- and post-procedure patient care areas flexibility to combine areas and correct ratios
- Procedure and operating room sizes that reflect space requirements for anesthesia team and equipment
- Classification system for imaging rooms



#### Hospital and Outpatient Guidelines Major Topics Addressed

- Guidance for when exam/treatment, procedure, and operating rooms are needed
  - Clearances and spatial relationships
  - Locations for procedure types
- Design of telemedicine spaces
- Sterile processing facilities
- Mobile/transportable medical unit revisions





### **Telemedicine Services**

- Requires telemedicine space when clinical telemedicine services are provided
- May be a bay, cubicle, or room, permitted to be used for other purposes: e.g., patient room, physician's office, conference room
- Appendix recommendations on:
  - Room features



- Placement of cameras and microphones
- Addresses privacy, acoustics, lighting, site identification (for reimbursement and orientation)



#### **Telemedicine Services**





#### **Emergency preparedness**

- The design must provide space for resources needed to respond in an emergency.
- Design supports:
  Sheltering in place
  Continuance of service



 New appendix provides guidance on creating an emergency preparedness assessment, infrastructure assessment, and resiliency plan to absorb and recover from adverse events.





#### **Accommodations for Patients of Size**

Determining "patient of size":

- Patient's weight
- Distribution of the patient's weight throughout the body
- Patient's height
- In the Hospital document: Bariatric nursing unit removed from facility



chapters and accommodations for patients of size added as a common element to address the need for serving patients of size throughout a health care facility

 Accommodations for patients of size also added to Outpatient and Residential documents



#### **Patients of Size Environment**

Minimum Clearances Required for Bed to Wheelchair Transfer Using Floorbased Full Body Sling





#### **Patients of Size Environment**

Minimum Clearances Required for Bed to Chair Transfer Using Ceiling Lift





#### **Pre- and Post-Procedure Patient Care Areas**

- Direct access to the semi-restricted area without crossing unrestricted public corridors
- Ability to combine all patient care stations (pre-, Phase I, Phase II) in one area
  - Must meet the most restrictive requirements
  - Where combined into one area, at least two patient care stations per procedure, operating, Class 2, or Class 3 imaging room





#### **Pre- and Post-Procedure Patient Care Areas**

Stations can be bays, cubicles, or single-patient rooms.

Clearances

- Bays (5 feet between gurneys, 3 feet between sides and adjacent walls, and 2 feet from foot of bed to the cubicle curtain)
- Cubicles (3 feet between sides and adjacent walls, 2 feet from foot of bed to the cubicle curtain
- Where bays/cubicles face each other, need 8-foot aisle
- Room (3 feet between sides and foot to the wall)





#### **Pre- and Post-Procedure Patient Care Areas**

- If separate pre-procedure room
  - Minimum of one patient care station per imaging, procedure, or operating room
- Phase I PACU
  - One per operating room (was 1.5)
- Phase II recovery room
  - Minimum of one per imaging, procedure, or operating room







#### **Invasive Procedure Definition**

A procedure that is performed in an aseptic surgical field and penetrates the protective surfaces of a patient's body. May fall into one or more of the following categories:

- Requires entry into or opening a sterile body cavity
- Involves insertion of an indwelling foreign body
- Includes excision and grafting of burns that cover more than 20 percent of total body area
- Does not begin as an open procedure but has a risk, as determined by the physician, of requiring conversion to an open procedure



#### Why does it matter?



Invasive – **Operating room** 

Patient care that may require sterile instruments but does not require OR environmental controls – **Procedure room** 

Non-invasive – Exam room Treatment room



#### **Operating Rooms**

Minimum clear floor area

- Hospitals: Still 400 sq. ft. or 600 sq. ft. for special procedures
- Outpatient: 255 sq. ft. unless general anesthesia administered, then 270 sq. ft.







#### **Operating Rooms**

- Clearances for 400-sq-ft OR:
  - 8 feet 6 inches on each side
  - 6 feet at the head
  - -7 feet at the foot



#### Monolithic ceilings still required



# **Clearance Zone Diagram Hospital Operating Room**

![](_page_44_Picture_1.jpeg)

![](_page_44_Picture_2.jpeg)

#### **Procedure Room Definition**

- For procedures that do NOT meet the glossary definition of "invasive procedure"
  - Can be performed outside the restricted space of the surgery department or facility
  - May require use of sterile instruments or supplies
  - Requires some environmental controls but not OR-level environmental controls

(Procedures performed in former Class A OR occur in procedure rooms.)

![](_page_45_Picture_6.jpeg)

![](_page_45_Picture_7.jpeg)

#### **Procedure Room**

- Semi-restricted area that is accessed from either semirestricted or unrestricted corridor
- Space requirements
  - Clear floor area: reduced to 130 square feet
  - Clearances: 3 feet 6 inches on sides of table and 3 feet at head and foot of table
  - EXCEPTIONS where general anesthesia administered:
    - Clear floor area: 160 square feet
    - Clearances: 6 feet at head

![](_page_46_Picture_8.jpeg)

![](_page_46_Picture_9.jpeg)

# Clearance Zone Diagram Procedure Room – Inpatient & Outpatient (NO Anesthesia Work Area)

![](_page_47_Picture_2.jpeg)

#### PROCEDURE ROOM ZONES WITHOUT ANESTHESIA WORK AREA

![](_page_47_Picture_4.jpeg)

![](_page_47_Picture_5.jpeg)

# Clearance Zone Diagram Procedure Room – Inpatient & Outpatient (Including Anesthesia Work Area)

![](_page_48_Figure_2.jpeg)

PROCEDURE ROOM ZONES WITH ANESTHESIA WORK AREA

![](_page_48_Picture_3.jpeg)

#### Endoscopy

- Endoscopy procedure rooms shall meet the requirements for procedure rooms...except as follows:
  - Minimum clear floor area of 180 sq. ft. (reduced from 200)
  - Clearance of 5 feet at each side
  - Clearance of 3 feet 6 inches at head and foot
- Endoscope processing room is a semi-restricted area
  - Both decontamination and clean work areas with one-way traffic flow
  - Entrance and exit permitted to be from the procedure room

![](_page_49_Picture_8.jpeg)

![](_page_49_Picture_9.jpeg)

#### Endoscope Processing Room Design

Reprinted with permission from *Guidelines for Perioperative Practice*. Copyright © 2016, AORN, Inc, 2170 S. Parker Road, Suite 400, Denver, CO 80231. All rights reserved.

#### FGI Guidelines

Designed to provide a **one-way traffic** of **contaminated** materials/instruments **to cleaned** materials/instruments to the sterilizer or mechanical processor.

Minimum clearance of 3 feet (91.44 cm) provided between the decontamination area and the clean work area.

![](_page_50_Figure_5.jpeg)

#### [ji] FGI

![](_page_50_Picture_7.jpeg)

#### **Classification of Imaging Room Types**

Class 1 imaging room

- Diagnostic in nature (CT, MRI, fluoroscopy)
- Services that utilize natural orifice entry
- Accessed from an unrestricted area
- Basic environmental controls (ventilation, surfaces)

![](_page_51_Picture_6.jpeg)

![](_page_51_Picture_7.jpeg)

#### **Classification of Imaging Room Types**

Class 2 Imaging room

- Procedures:
  - Diagnostic and therapeutic
  - Electrophysiology
  - Endoscopic

![](_page_52_Picture_6.jpeg)

- Accessed from an unrestricted or semi-restricted area
- Some environmental controls for procedures such as cardiac cath

![](_page_52_Picture_9.jpeg)

# **Classification of Imaging Room Types**

# Class 3 imaging room and operating room

- Invasive procedures
- Any Class 2 procedure the physician identifies with a risk of needing conversion to an open procedure
- Accessed from a semi-restricted area
- Environmental controls of an operating room

![](_page_53_Picture_6.jpeg)

![](_page_53_Picture_7.jpeg)

# **Sterile Processing**

- Sterile processing areas shall:
  - Be a semi-restricted area
  - Support a one-way traffic pattern
  - Have at least two entrances
  - Consist of a decontamination room and a clean workroom, separated by a wall with a door or pass-through

![](_page_54_Picture_6.jpeg)

![](_page_54_Picture_7.jpeg)

#### **Sterile Processing**

Facilities outside a sterile processing department shall comply with all requirements for two-room sterile processing areas unless the equipment is limited to a table-top or similar-sized

Decontamination

Entrance

sterilizer, in which case a single room is acceptable.

![](_page_55_Figure_3.jpeg)

Clean Device Exit/Entrance

![](_page_55_Picture_5.jpeg)

#### **Hospital Guidelines Other Notable Changes**

- Single-bed CCU rooms
- Sexual assault forensic exam room
- Geriatric treatment room in ED
- Technology distribution room size

![](_page_56_Picture_5.jpeg)

![](_page_56_Picture_6.jpeg)

#### **Critical Care Unit**

- Each patient care station shall be a single-patient room.
- In renovation, cubicles would be permitted.

![](_page_57_Picture_3.jpeg)

![](_page_57_Picture_4.jpeg)

#### **Sexual Assault Forensic Exam Room**

If provided, must meet the requirements of a single-patient exam room. Exam room contains:

- Pelvic examination bed/table
- Lockable storage area for forensic collection kits
- Private toilet and shower
- Readily accessible consultation room

![](_page_58_Figure_6.jpeg)

![](_page_58_Picture_7.jpeg)

#### **Geriatric Treatment Room in ED**

Focus on reducing risk of patient falls

Provides brief guidance on:

- Surfaces & furnishings
- Flooring and furniture

![](_page_59_Picture_6.jpeg)

![](_page_59_Picture_7.jpeg)

![](_page_60_Picture_0.jpeg)

#### **Technology Distribution Room Size**

All TDRs shall provide a minimum 3-foot clearance on all sides of the equipment rack(s).

![](_page_60_Picture_3.jpeg)

![](_page_60_Picture_4.jpeg)

#### **Mobile/Transportable Medical Units**

- Only applies to units being used on a temporary basis
- Does not apply to units placed into service as a result of:
  - Civil or local emergencies
  - Catastrophes
- Does not apply to modular/relocatable units

![](_page_61_Picture_6.jpeg)

![](_page_61_Picture_7.jpeg)

#### **Mobile/Transportable Medical Units**

- Designations for medical units
  - Class 1
    - Exam/Treatment room
    - Class 1 imaging room
  - Class 2
    - Procedure room
    - Class 2 imaging room
  - Class 3
    - Operating room
    - Class 3 imaging room

![](_page_62_Picture_11.jpeg)

![](_page_62_Picture_13.jpeg)

### **Outpatient Guidelines is now a separate book**

Part 1: Introduction

Part 2: Outpatient Facility Types

Chapter 2.1: Common Elements for OP Facilities

Facility type chapters:

- Include chapter on freestanding emergency departments from Hospital book
- Mobile/transportable units will also be included in both the Outpatient and Hospital documents

![](_page_63_Picture_7.jpeg)

![](_page_63_Picture_8.jpeg)

# **Outpatient Guidelines**

**Common Elements** 

- Patient care and diagnostic areas (clinical rooms, telemedicine, imaging, etc.)
- Patient support areas (pharmacy, lab, linen, sterile processing)
- Building support areas (environmental services, waste management, materials management)
- Public and administrative areas
- Architectural details, surfaces, and furnishings
- Building systems
- Acoustic tables tailored for outpatient facilities

![](_page_64_Picture_9.jpeg)

#### **Outpatient Guidelines Other Notable Changes**

- Two approaches to applying requirements to facility projects
- Attention to flexibility for small projects
- Acknowledgment some facilities may be part of larger buildings owned by others
- Adjustments to building system requirements
- Consistent waiting room requirements for outpatient facilities
- Mobile/transportable medical unit revisions

![](_page_65_Picture_7.jpeg)

![](_page_66_Picture_0.jpeg)

#### Thank you for joining us today!

![](_page_66_Picture_2.jpeg)

![](_page_66_Picture_3.jpeg)

This concludes The American Institute of Architects Continuing Education Systems Course

![](_page_67_Picture_1.jpeg)