2.2.3 Windows
Each patient room shall have a window in accordance with Section 2.1-8.2.2.5.

2.2.4 Patient Privacy
Visual privacy from casual observation by other patients and visitors shall be provided. Design for privacy shall not restrict patient access to any area of the room.

2.2.5 Hand-Washing Stations
A hand-washing station for the exclusive use of the staff shall be provided to serve each patient room and shall be placed outside the patient toilet room.

2.2.6 Toilet Rooms and Bathing Facilities
A patient toilet room shall be provided and shall contain a water closet, hand-washing station, and shower. The door to the patient toilet shall swing outward or be double acting.

2.2.7 Patient Storage Locations
Each patient shall have within his or her room a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects.

2.2.8 Family/Caregiver Accommodations
2.2.8.1 Areas for overnight stay for patient's significant other or for the patient's selected family caregiver shall be provided.

2.2.8.2 Adequate spaces for sitting, lounging, and visiting shall be provided to meet the needs outlined in the functional program.

2.3 Special Patient Care Areas

2.3.1 Airborne Infection Isolation Room
If the functional program requires a dedicated airborne infection isolation room, it shall meet the criteria established in Section 2.1-3.2.2.

2.3.2 Protective Environment Room
If the functional program requires a protective environment room, it shall meet the criteria established in Section 2.1-3.2.3.

2.3.3 Seclusion Room
If the functional program requires a seclusion room, it shall meet the criteria established in Section 2.3-2.2.1.

2.3.4 Critical Care Rooms
The patient rooms described in this section shall have the capability of serving as temporary critical care patient rooms in the event a patient arrives at the facility in need of stabilization and monitoring prior to transfer to a tertiary care facility. These rooms are intended for temporary care of patients needing transportation to an intensive care setting in a higher level facility, not for active critical care treatment. These rooms shall also be capable of serving the needs of patients requiring hospice and ventilator care.

2.3.5 LDR/LDRP Rooms
When an obstetrical patient presents herself to the small inpatient primary care center, arrangements for transfer of the patient to a tertiary care center with maternity programs shall be made. However, in the event the transfer cannot be accomplished in a timely manner, the small inpatient primary care center shall include the following:

2.3.5.1 The small inpatient primary care center shall have patient rooms with the capability of serving as labor/delivery/recovery or labor/delivery/recovery/postpartum (LDR/LDRP) rooms in the event that an obstetrical patient enters arrives at the facility in need of such services. These rooms shall have a second patient station with electrical, medical gas, and vacuum services to accommodate infant resuscitation needs.

2.3.5.2 If LDR/LDRP functions are programmed for a small inpatient primary care center, a storage area with a minimum of 100 square feet (9.29 square meters) per LDR bed shall be provided for the storage of case carts, delivery equipment, and bassinets.

2.4 Support Areas—General

2.4.1 The size and location of each support area shall depend on the numbers and types of modalities served.

2.4.2 Location
Provision for the support areas listed shall be readily available in each nursing unit.

2.4.3 Identifiable spaces are required for each of the indicated functions.

(4) This lounge shall be designed to minimize the impact of noise and activity on patient rooms and staff functions.

3.1.7.2 Toilet room(s). A toilet room(s) with hand-washing station shall be located convenient to multipurpose room(s).

(1) Patient use. If the functional program calls for the toilet rooms(s) to be for patient use, it shall be designed/equipped for patient use.

(2) Public use. If called out in the functional program, the toilet room(s) serving the multipurpose rooms(s) may also be designated for public use.

3.2 Special Patient Care Areas

3.2.1 Applicability

As designated by the functional program, both airborne infection isolation and protective environment rooms may be required. Many facilities care for patients with an extreme susceptibility to infection (e.g., immunosuppressed patients with prolonged granulocytopenia, most notably bone marrow recipients, or solid-organ transplant recipients and patients with hematological malignancies who are receiving chemotherapy and are severely granulocytopenic). These rooms are not intended for use with patients diagnosed with HIV infection or AIDS, unless they are also severely granulocytopenic. Generally, protective environments are not needed in community hospitals, unless these facilities take care of these types of patients.

*3.2.2 Airborne Infection Isolation Room(s)

The airborne infection isolation room requirements contained in these Guidelines for particular areas throughout a facility should be predicated on an infection control risk assessment (ICRA) and based on the needs of specific community and patient populations served by an individual health care provider (see Glossary and Section 1.5–2.3).

3.2.2.1 Number. At least one airborne infection isolation room shall be provided in the hospital. The number of airborne infection isolation rooms for individual patient units shall be increased based upon an ICRA or by a multidisciplinary group designated for that purpose. This process ensures a more accurate determination of environmentally safe and appropriate room types and spatial needs. Special ventilation requirements are found in Table 2.1-2.

3.2.2.2 Location. Airborne infection isolation rooms may be located within individual nursing units and used for normal acute care when not required for patients with airborne infectious diseases, or they may be grouped as a separate isolation unit.

3.2.2.3 Capacity. Each room shall contain only one bed.

3.2.2.4 Facility requirements. Each airborne infection isolation room shall comply with the acute care patient room section (Section 2.1–3.1.1) of this document as well as the following requirements:

(1) Each room shall have an area for hand-washing, gowning, and storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.

(2) Construction requirements

(a) Airborne infection isolation room perimeter walls, ceiling, and floors, including penetrations, shall be sealed tightly so that air does not infiltrate the environment from the outside or from other spaces. (See Glossary.)

(b) Airborne infection isolation room(s) shall have self-closing devices on all room exit doors.

(3) Separate toilet, bathtub (or shower), and hand-washing stations shall be provided for each airborne infection isolation room.

*(4) Rooms shall have a permanently installed visual mechanism to constantly monitor the pressure

APPENDIX

A3.2.2 For additional information, refer to the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Facilities" as they appear in the *Federal Register* dated October 28, 1994, and to the CDC "Guidelines for Environmental Infection Control in Health-Care Facilities," December 2003.

2.2 Small Inpatient Primary Care Hospitals

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

* 1 General Considerations

1.1 Applicability

The small inpatient primary care hospital shall meet the general standards described herein. Such facilities shall also meet the general standards outlined in the referenced ambulatory care facilities chapters in these Guidelines.

1.2 Functional Program

The functional program shall describe the various components planned for the facility and how they will interface with each other.

1.2.1 Size and Layout

Department sizes and clear floor areas depend on program requirements and organization of services within the facility. As required by community needs, combination or sharing of some functions shall be permitted, provided the layout does not compromise safety standards and medical nursing practices.

1.2.2 Swing Beds

When the concept of swing beds is part of the functional program, care shall be taken to include requirements for all intended categories.

1.2.3 Transfer and Service Agreements

All necessary transfer and service agreements with secondary or tertiary care hospitals shall be included in the functional program.

1.3 Site

1.3.1 Transfer Support Features

1.3.1.1 Part of the facility's transfer agreements with higher care hospital providers shall include use of helicopter and/or ambulance services to ensure the timely transfer to a tertiary care center of patients presenting to the emergency room of the primary care inpatient center.

1.3.1.2 Helicopter pad and ambulance ports shall be located close to the emergency suite and the designated patient rooms holding patients requiring transfer to a tertiary care center for treatment after stabilization.

1.3.1.3 Where appropriate, features such as garages, landing pads, approaches, lighting, and fencing required to meet state and local regulations that govern the placement, safety features, and elements required to accommodate helicopter and ambulance services shall be provided.

1.3.2 Parking

1.3.2.1 Each new facility, major addition, or major change in function shall be provided with parking

APPENDIX

*A1 Since the early 1990s, the health care community has been looking at traditional hospital models (and nursing homes built under the Hill-Burton hospital model) and their delivery of care roles as established in the 1947 Hill-Burton Act. The Kellogg Foundation Report titled "Hospital Community Benefits Standards," published in the early 1990s, stated that to eliminate identified health disparities, all primary care providers should become more community responsive in their orientation and develop coalitions with local health departments, community health centers, and the communities they serve.

The purpose of the small inpatient primary care hospital is to provide a community-focused, short-term overnight stay environment designed to provide primary care to patient populations within a designated rural or underserved community based on the federal standard metropolitan statistical area (SMSA) and defined under the Code of Federal Regulations 42 CFR 5.1.

The concept of the model is to allow an adaptable facility that can meet the needs of the community it serves. It is intended to serve as a stand-alone overnight facility (stays of 96 hours or less), to provide for outpatient treatment modalities, and to serve as a small inpatient primary care center or as a satellite of an existing hospital in a rural or designated underserved population area. These facilities may be attached to and operated as part of a local health department complex or an ambulatory surgery treatment center; in fact, this is encouraged. There must be transfer, service, and reciprocity agreements with general hospitals and tertiary care hospitals as a prerequisite for using this model.

2.2.3 Windows
Each patient room shall have a window in accordance with Section 2.1-8.2.2.5.

2.2.4 Patient Privacy
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