

* (2) Buildings and interior spaces

(a) Residential health, care, and support areas

- (i) Security design considerations shall address the particular risks associated with the resident care population and demographics, facility needs expressed in the functional program, and other environmental factors.
- (ii) The project design shall include a comprehensive security plan that indicates a layered approach to access control, including zones, control points, circulation routes, and required egress paths.

(b) Protected health information

- (i) The design of residential health, care, and support facilities shall address handling of all forms of confidential resident information commonly referred to as protected health information (PHI).
- (ii) The design shall address ways in which this information could be compromised and shall apply integrated physical and electronic security systems (e.g., access and audit features), as appropriate, to locations for charting, care planning and management, record storage, and waste collection/disposal as well as in data systems (e.g., electronic health records).

(c) Utility, mechanical, and infrastructure-related spaces

- (i) The design of utility, mechanical, and infrastructure-related spaces in residential health, care, and support facilities shall be based on the recognition that such spaces, along with the mechanical, electrical, plumbing, and communication systems located in them, are critical assets for residential care providers and should support uninterrupted resident care, basic building comfort, and extraordinary emergency response capabilities.
- (ii) See Chapter 2.5 (Building Systems) for additional information and requirements.

(d) Biological and chemical materials

- (i) The design of residential health, care, and support facilities shall address the unique security risks presented by the presence of hazardous materials, including biological and chemical materials.
- (ii) Facilities shall be designed and constructed to provide integrated physical security, protect the internal and external environment and the surrounding community, and assist in the audit of materials in accordance with policy, regulation, best practices, and assessed risk.

***1.2-3.8 Disaster Risk and Emergency Preparedness**

***1.2-3.8.1 Provisions for Disaster Preparedness**

c. A potential risks approach to the design should be applied to help the care provider prepare for, respond to, and recover from man-made events and natural disasters.

A1.2-3.8.1 Provisions for disaster preparedness

- a. Design for continued operation. For those facilities that must remain operational in the aftermath of a disaster, special designs are required to protect systems and essential building services such as power, water, medical systems, and, in certain areas, air conditioning systems. In addition, special consideration must be given to the likelihood of temporary loss of externally supplied power, gas, water, and communications.
- b. Wind- and earthquake-resistant design for new buildings
—Facilities should be designed to meet the requirements of American Society of Civil Engineers/Structural Engineering

APPENDIX

A1.2-3.7.1.4 (2) The physical design of buildings and integration of electronic security systems in the built environment are important components of the facility protection plan and the resident, family, visitor, and staff experience.

A1.2-3.8 Disaster risk and emergency preparedness.

Residential health, care, and support facilities generally are expected to be functional, safe, and secure for residents, family members, visitors, and staff while remaining prepared for natural and man-made emergencies 24 hours a day/7 days a week.

- a. An evaluation of potential risks from disasters informs the emergency preparedness plan.
- b. Design of the facility should consider emergency management practices that allow for the flexibility and resilience required to manage emergency events.