

# 1.3 Site

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

## 1 General Considerations

### 1.1 Applicability

The provisions of this chapter shall apply to all health facility projects.

## 2 Location

### 2.1 Access

The site of any health care facility shall be convenient both to the community and to service vehicles, including fire protection apparatus, etc.

### \*2.2 Availability of Transportation

A transportation plan shall be established.

### 2.3 Security

Health facilities shall have security measures for patients, families, personnel, and the public consistent with the conditions and risks inherent in the location of the facility.

### 2.4 Availability of Utilities

Facilities shall be located to provide reliable utilities (water, gas, sewer, electricity).

### 2.4.1 Water Supply

The water supply shall have the capacity to provide for normal usage and to meet fire-fighting requirements.

### 2.4.2 Electricity

The electricity shall be of stable voltage and frequency.

## 3 Facility Site Design

### 3.1 Roads

Paved roads shall be provided within the property for access to all entrances and to loading and unloading docks (for delivery trucks).

### 3.2 Pedestrian Walkways

Paved walkways shall be provided for pedestrian traffic.

### 3.3 Parking

Parking shall be made available for patients, families, personnel, and the public, as described in the individual sections for specific facility types. Signage shall be provided to direct people unfamiliar with the facility to appropriate parking areas.

### \*3.4 Emergency Access

**3.4.1** Hospitals with an organized emergency service shall have the emergency access well marked to facilitate entry from the public roads or streets serving the site.

**3.4.2** Access to emergency services shall be located to incur minimal damage from floods and other natural disasters.

## \*4 Environmental Pollution Control

### 4.1 Environmental Pollution

The design, construction, renovation, expansion, equipment, and operation of health care facilities are all subject to provisions of several federal environmental pollution control laws and associated agency regulations. Moreover, many states have enacted substantially equivalent or more stringent

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### A2.2 Availability of Transportation

Facilities should be located so they are convenient to public transportation where available, unless acceptable alternate methods of transportation to public facilities and services are provided. The transportation plan should support alternatives to fossil-fueled single-occupancy vehicles, including preferred van/carpool parking, bike parking and changing facilities, alternative vehicle fueling stations, and nearby transit access.

**A3.4** Other vehicular or pedestrian traffic shall not conflict with access to the emergency station.

### A4 Release of Toxic Substances from Equipment

Equipment should minimize the release of chlorofluorocarbons (CFCs) and any potentially toxic substances that may be used in their place. For example, the design of air conditioning systems should specify CFC alternatives and recovery systems as may be practicable.

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statutes and regulations, thereby implementing national priorities under local jurisdiction as well as incorporating local priorities (e.g., air quality related to incinerators and gas sterilizers; underground storage tanks; hazardous materials and waste storage, handling, and disposal; storm water control; medical waste storage and disposal; and asbestos in building materials).

### 4.1.1 Federal Regulations

The principal federal environmental statutes under which health care facilities may be regulated include, most notably, the following:

4.1.1.1 National Environmental Policy Act (NEPA)

4.1.1.2 Resource Conservation and Recovery Act (RCRA)

4.1.1.3 Superfund Amendments and Reauthorization Act (SARA)

4.1.1.4 Clean Air Act (CAA)

4.1.1.5 Safe Drinking Water Act (SDWA)

4.1.1.6 Occupational Safety and Health Act (OSHA)

### 4.1.2 State and Local Regulations

Consult the appropriate U.S. Department of Health and Human Services (DHHS) and U.S. Environmental Protection Agency (EPA) regional offices and any other federal, state, or local authorities having jurisdiction for the latest applicable state and local regulations pertaining to environmental pollution that may affect the design, construction, or operation of the facility, including the management of industrial chemicals, pharmaceuticals, radionuclides, and wastes thereof, as well as trash, noise, and traffic (including air traffic).

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### A4.2 Mercury Elimination

Health care facilities should collect and properly store, recycle, or dispose of mercury encountered during construction or demolition (such as mercury accumulated in P-traps, air-handling units, sumps, etc.).

### 4.1.3 Permits

Health care facilities regulated under federal, state, and local environmental pollution laws may be required to support permit applications with appropriate documentation of proposed impacts and mitigations.

4.1.3.1 Such documentation is typically reported in an Environmental Impact Statement (EIS) with respect to potential impacts on the environment and in a Health Risk Assessment (HRA) with respect to potential impacts on public health. The HRA may constitute a part or appendix of the EIS. The scope of the EIS and the HRA is typically determined by consultation with appropriate regulatory agency personnel and, if required, a “scoping” meeting at which members of the interested public are invited to express their particular concerns.

4.1.3.2 Once the EIS and/or HRA scope has been established, a Protocol document shall be prepared for agency approval.

- (1) The Protocol shall describe the scope and procedures to be used to conduct the assessment(s).
- (2) The EIS and/or HRA shall be prepared in accordance with a final Protocol approved by the appropriate agency or agencies. Approval is most likely to be obtained in a timely manner and with minimum revisions if standard methods are initially proposed for use in the EIS and/or HRA. Standard methods suitable for specific assessment tasks are set forth in particular EPA documents.

## \*4.2 Mercury Elimination

### 4.2.1 Applicability

4.2.1.1 New construction. In new construction, health care facilities shall not use mercury-containing equipment, including thermostats, switching devices, and other building system sources.

4.2.1.2 Renovation. For renovation, health care facilities shall develop a plan to phase out mercury-containing sources and upgrade current mercury-containing lamps to low or no mercury lamp technology.

#### 4.2.2 Local Codes and Standards

Many states and municipalities have enacted bans on the sale of mercury-containing devices and equipment. Health care facility projects shall comply with local codes and standards.