

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

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***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.

spaces to satisfy the needs of the patient population, personnel, and public.

1.3.2.2 In the absence of a formal parking study, provide one space for each bed plus one space for each employee normally present on any single weekday shift.

1.3.2.3 Additional parking may be required to accommodate other services.

1.3.2.4 Separate and additional space shall be provided for service delivery vehicles, vehicles utilized for emergency services, and mobile transportable units.

2 Nursing Unit

2.1 General

2.1.1 Size

2.1.1.1 A single nursing unit shall be provided for the small inpatient primary care facility. The number of patient rooms contained in the unit shall be as determined by the functional program but shall not exceed 25 beds per unit.

2.1.1.2 An additional unit may be incorporated into the design of the facility based on a demographic analysis and the facility's demonstrated ability to provide adequate support services for the additional beds.

2.1.2 Multiple Modalities

The unit shall be designed to accommodate multiple patient modalities, with adequate support areas to accomplish the modalities referenced in the functional program.

2.1.3 Facility Requirements

Each nursing unit shall include the following:

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A2.2.2.1 In new construction, single-patient rooms should be at least 12 feet (3.65 meters) wide by 13 feet (3.96 meters) deep (approximately 160 square feet or 14.86 square meters) exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. These spaces should accommodate comfortable furniture for one or two family members without blocking staff member access to patients. Efforts should be made to provide the patient with some control of the room environment.

2.2 Typical Patient Rooms

2.2.1 Capacity

2.2.1.1 New construction. In new construction, the maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement. Approval of a two-bed arrangement shall be obtained from the licensing authority.

2.2.1.2 Renovation. Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity, with a maximum of four patients.

2.2.2 Space Requirements

Minor encroachments, including columns and hand-washing stations, that do not interfere with functions may be ignored when determining space requirements for patient rooms.

***2.2.2.1** Area. In new construction, patient rooms shall be constructed to meet the needs of the functional program and have a minimum of 100 square feet (9.29 square meters) of clear floor area per bed in multiple-bed rooms and 120 square feet (11.15 square meters) of clear floor area in single-bed rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules.

2.2.2.2 Dimensions and clearances. The dimensions and arrangement of rooms shall be such that there is a minimum of 3 feet (91.44 centimeters) between the sides and foot of the bed and any wall or any other fixed obstruction. In multiple-bed rooms, a clearance of 4 feet (1.22 meters) shall be available at the foot of each bed to permit the passage of equipment and beds.

2.2.2.3 Renovation. Where renovation work is undertaken, every effort shall be made to meet the above minimum standards. If it is not possible to meet the above minimum standards, the authorities having jurisdiction may grant approval to deviate from this requirement. In such cases, patient rooms shall have no less than 80 square feet (7.43 square meters) of clear floor area per bed in multiple-bed areas and 100 square feet (9.29 square meters) of clear floor area in single-bed rooms, exclusive of the spaces previously noted in this section.

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.

2.5 Support Areas for Nursing Unit(s)

2.5.1 Administrative Center or Nurse Station

2.5.1.1 Location. This area shall be located to control access to the nursing unit and serve as a security checkpoint for visitors and vendors entering the nursing unit. It shall have direct visual access to the entrance to the unit.

2.5.1.2 Facility requirements

- (1) This area shall have space for counters and storage.
- (2) This area shall have convenient access to hand-washing facilities.
- (2) This area may be combined with or include centers for reception and communication.

2.5.2 Documentation Area

Charting facilities shall have linear surface space to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.

2.5.3 Nurse or Supervisor Office

2.5.4 Hand-Washing Stations

2.5.4.1 Hand-washing stations shall be conveniently accessible to the nurse station, medication station, and nourishment area.

2.5.4.2. If it is convenient to each, one hand-washing station shall be permitted to serve several areas.

2.5.5 Medication Station

Provisions shall be made for the distribution of medications. This may be done from a medicine preparation room or unit, from a self contained-medicine dispensing unit, or by another approved system.

2.5.5.1 Medicine preparation room

- (1) This room shall be under visual control of the nursing staff.
- (2) This room shall contain a work counter, a hand-washing station, a lockable refrigerator, and locked storage for controlled drugs.

- (3) When a medicine preparation room is to be used to store one or more self-contained medicine-dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained medicine-dispensing unit(s) present.

2.5.5.2 Self-contained medicine dispensing unit

- (1) Location of a self-contained medicine dispensing unit shall be permitted at the nurse station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.
- (2) Convenient access to hand-washing stations shall be provided. (Standard cup sinks provided in many self-contained units are not adequate for hand-washing.)

2.5.6 Nourishment Area

2.5.6.1 A nourishment area shall have a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment. This area shall include space for trays and dishes used for nonscheduled meal service.

2.5.6.2 Provisions and space shall be included for separate temporary storage of unused and soiled dietary trays not picked up at mealtime.

2.5.6.3 Hand-washing stations shall be in or immediately accessible from the nourishment area.

2.5.7 Ice Machines

Each nursing unit shall have equipment to provide ice for treatments and nourishment.

2.5.7.1 Ice-making equipment may be in the clean workroom or the nourishment room.

2.5.7.2 Ice intended for human consumption shall be provided in the nourishment station and shall be served from self-dispensing ice makers.

2.5.8 Clean Workroom or Clean Supply Room

Such rooms shall be separate from and have no direct connection with soiled workrooms or soiled holding rooms.

2.5.8.1 Clean workroom. If the room is used for preparing patient care items, it shall contain a work counter, a hand-washing station, and storage facilities for clean and sterile supplies.

2.5.8.2 Clean supply room. If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.

2.5.9 Soiled Workroom or Soiled Holding Room

Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.

2.5.9.1 Soiled workroom. These shall contain the following:

- (1) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.
- (2) A work counter and space for separate covered containers for soiled linen and a variety of waste types.

2.5.9.2 Soiled holding room. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided in the patient toilet rooms.

2.5.10 Equipment and Supply Storage

2.5.10.1 Clean linen storage. Each nursing unit shall contain a designated area for clean linen storage.

- (1) Location of this area within the clean workroom, a separate closet or alcove, or an approved distribution system shall be permitted.
- (2) If a closed cart system is used, storage in an alcove shall be permitted. This cart storage shall be out of the path of normal traffic, under staff control, and protected from contamination.

2.5.10.2 Equipment storage room or alcove. A room or alcove shall be provided in each nursing unit appropriate for the storage of equipment necessary for patient care and as required by the functional

program. Each unit shall provide sufficient storage areas located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 10 square feet (0.93 square meters) per patient bed shall be provided.

2.5.10.3 Emergency equipment storage. Space shall be provided for emergency equipment that is under direct control of the nursing staff, such as a cardiopulmonary resuscitation (CPR) cart. This space shall be located in an area appropriate to the functional program, but out of normal traffic.

2.5.11 Housekeeping Room

A housekeeping room shall be provided for each nursing unit.

2.5.11.1 The room shall contain a service sink or floor receptor.

2.5.11.2 Provisions for storage of supplies and housekeeping equipment shall be made within the room.

2.6 Support Areas for Staff

2.6.1 Staff Lounge

2.6.1.1 Size. Facilities provided for staff shall be programmatically sized but not less than 100 square feet (9.29 square meters) in area.

2.6.1.2 Location. These facilities shall be located as close as possible to the centralized nurse station or, if the nurse station is decentralized, in close proximity to the work core of the nursing unit.

2.6.2 Staff Toilet Rooms

Toilet rooms for the exclusive use of staff shall be conveniently located in the unit.

2.6.3 Staff Storage Locations

Securable lockers, closets, and cabinet compartments for the personal articles of staff shall be located in or near the nurse station and staff lounge.

2.7 Support Areas for Patients

2.7.1 Patient Toilet Rooms

In addition to those serving bed areas, patient toilet rooms shall be conveniently located to multipurpose

rooms. Patient toilet rooms located within the multi-purpose rooms may also be designated for public use.

3 Diagnostic and Treatment Locations

As dictated by the functional program and community needs (and agreements with tertiary care centers), the following elements shall be provided for clinical services:

3.1 Examination and Treatment Rooms

3.1.1 General Purpose Examination Rooms

General purpose examination rooms for medical, obstetrical, and similar functions shall be provided.

3.1.1.1 Space requirements

- (1) Area. These rooms shall have a minimum clear floor area of 80 square feet (7.43 square meters) excluding vestibules, toilets, and closets.
- (2) Clearances. Room arrangement shall permit a minimum clearance of 2 feet 8 inches (81.28 centimeters) around the examination table.

3.1.1.2 Hand-washing station. A hand-washing sink shall be provided.

3.1.1.3 Documentation space. A counter or shelf space for writing shall be provided.

3.1.2 Special Purpose Examination Rooms

Rooms for special clinics such as eye, ear, nose, and throat examinations shall be designed and outfitted to accommodate the procedures and the equipment used.

3.1.2.1 Hand-washing station. A hand-washing station shall be provided.

3.1.2.2 Documentation space. A counter or shelf space for writing shall be provided.

3.1.3 Treatment Rooms

3.1.3.1 Space requirements. Rooms for minor surgical and cast procedures shall have a minimum floor area of 120 square feet (11.15 square meters) excluding vestibule, toilet, and closets. The minimum room dimension shall be 10 feet (3.05 meters) clear.

3.1.3.2 Hand-washing station. A hand-washing station shall be provided.

3.1.3.3 Documentation space. A counter or shelf for writing shall be provided.

3.1.4 Observation Rooms

3.1.4.1 Location. Rooms for the isolation of suspect or disturbed patients shall be convenient to a nurse or control station. This is to permit close observation of patients and to minimize the possibility that patients can hide, escape, injure themselves, or commit suicide.

3.1.4.2 Space requirements. These rooms shall have a minimum floor area of 80 square feet (7.43 square meters).

3.1.4.3 Modification of an examination room to accommodate this function shall be permitted.

3.1.4.4 Toilet room. A toilet room with hand-washing station shall be immediately accessible.

3.1.5 Support Areas for Examination and Treatment Rooms

3.1.5.1 Work station. A work station shall be provided.

- (1) The work station shall have a counter, communication system, space for supplies, and provisions for charting.
- (2) If a fully integrated electronic information management system is planned, the following shall be provided:
 - (a) A centralized work station controlling all ingress and egress to the unit
 - (b) Additional alcoves or spaces within individual rooms to accommodate the information technology equipment needed to accomplish the integration

3.1.5.2 Medication station. This may be part of the work station.

- (1) This shall include a work counter, hand-washing station, lockable refrigerator, and locked storage for controlled drugs. (Standard cup sinks in

many self-contained units are not adequate for hand-washing.)

- (2) If a self-contained medicine dispensing unit is provided, it may be located at the work station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.

3.1.5.3 Sterilizing facilities. A system for sterilizing equipment and supplies shall be provided. Sterilizing procedures may be done on or off site as long as the off-site location is monitored by the facility regularly and meets the facility's infection control criteria for sterilizing locations and transportation and handling methods for sterilized supplies. Disposable supplies may be used to satisfy the facility's needs.

3.1.5.4 Clean storage. A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that provided by cabinets and shelves.

3.1.5.5 Soiled workroom or soiled holding room. Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.

- (1) Soiled workrooms. These shall contain the following:
 - (a) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.
 - (b) A work counter and space for separate covered containers for soiled linen and a variety of waste types
- (2) Soiled holding rooms. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided elsewhere.

3.1.5.6 Wheelchair storage. Wheelchair storage spaces shall be out of the line of traffic.

3.2 Emergency Facilities

Emergency facilities for the small inpatient primary care center shall meet the criteria established for Section 2.1-5.2, Freestanding Emergency Service.

3.3 Surgical Facilities

Surgical procedures that occur in these facilities shall be limited to types that can be performed and supported in an ambulatory surgical setting.

3.3.1 Surgical facilities for the small inpatient primary care center shall meet the criteria established for Sections 2, 3, 5, and 6 of Chapter 3.7, Outpatient Surgical Facilities.

3.3.2 Such facilities shall meet all criteria established under Chapter 18 of NFPA 101, Life Safety Code.

3.4 Imaging Facilities

Facilities for basic diagnostic procedures shall be provided, including the following:

*3.4.1 Radiography Rooms

Radiography rooms shall be of a size to accommodate the functional program.

3.4.2 Support Areas for Imaging Facilities

3.4.2.1 Viewing and administrative areas shall be provided.

3.4.2.2 Film processing facilities shall be provided. (If part of a picture archiving and communication system (PACS), film processing may be retained for emergency use and film development for special cases.)

3.4.2.3 Storage facilities shall be provided for film and equipment.

3.4.3 Support Areas for Staff and Patients

3.4.3.1 Toilet rooms with hand-washing stations accessible to dressing rooms, work stations, and fluoroscopy rooms shall be provided.

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A3.4.1 Radiography rooms should be a minimum of 180 square feet (7.43 square meters). (Dedicated chest X-ray rooms may be smaller.)

3.4.3.2 Dressing rooms or booths shall be as required for services provided, with convenient toilet access.

3.5 Laboratory

Facilities shall be provided within the outpatient department or through an effective contract arrangement with a tertiary care center, for hematology, clinical chemistry, urinalysis, cytology, pathology, and bacteriology. If these services are provided on contract, the following support spaces shall be provided in the facility:

3.5.1 Stat Laboratory

3.5.1.1 A laboratory room with work counters, storage shelving and cabinets, vented flammable storage units, hand-washing station, and vacuum, gas, and electrical services shall be provided.

3.5.1.2 Blood storage facilities meeting the Clinical Laboratory Improvement Act standards for blood banks shall be provided.

3.5.2 Specimen Collection

Specimen collection facilities with pass-through toilet for collection of urine and solid samples, blood-drawing cubicles, adequate seating spaces, storage spaces for specimen collection supplies, and work counters for the preparation, labeling, and storage of specimens awaiting pick-up shall be provided.

3.6 Telemedicine Facilities

If the facility has telemedicine agreements with tertiary care centers, the following support areas for the mobile transportable units, staff, and patients shall be provided:

3.6.1 Reception and Waiting

3.6.1.1 Size. A reception and waiting area for patients and visitors shall be sized according to program needs.

3.6.1.2 Toilets. The area shall be equipped with public and staff toilets.

3.6.2 Staging Area

A staging area for privacy isolation of inpatients awaiting diagnostic treatment shall be provided.

3.6.2.1 Location. The staging area shall be located in a triage area near the patient corridor but separate from the corridor to ensure proper isolation and privacy.

3.6.2.2 Facility requirements

- (1) The staging area shall contain hand-washing stations equipped with hands-free operable controls.
- (2) Ventilation in the staging area shall provide negative air pressure to the surrounding areas.

3.6.3 Consultation Rooms

Rooms shall be provided for staff viewing and consultation with the tertiary care specialist.

3.6.3.1 Privacy and confidentiality of patients records and discussions shall be considered when designing these rooms.

3.6.3.2 Consultation rooms shall be provided at a ratio of one room per mobile transportable unit access port.

3.6.4 Support Areas for Telemedicine Facilities

In facilities where telemedicine is contemplated, adequate spaces to support the telemedicine functions shall be planned in conjunction with information technology spaces. Satellite linkages, communication and viewing rooms and consoles, consultation spaces, electronic interview rooms, and satellite hookups shall be considered when planning the spaces.

3.6.5 Support Areas for Patients

Outpatient clothing change and waiting areas shall be provided. Separate areas shall be provided for male and female patients to change from street clothing into hospital gowns and to wait for procedures.

3.6.5.1 These areas shall include lockers and clothing change or gowning area(s). Provisions for visual and sound privacy shall be made in these spaces.

3.6.5.2 A toilet for patient use shall be provided.

3.6.6 Mobile Transportable Unit Facility Requirements

3.6.6.1 Access ports

- (1) A weather enclosure to protect the transportable unit and patient from the elements shall be a main consideration when considering placement and enclosure of these spaces.

- (2) One or more ports shall be provided for use by the facility and the tertiary care center, as required by the functional program and identified community needs.

3.6.6.2 Connection to special life safety needs. The mobile transportable unit shall be integrated with all of the facility's life safety systems, including connection to the facility's fire alarm, sprinkler, security, and exiting systems.

3.7 Additional Diagnostic and Treatment Facilities

Additional diagnostic and treatment facilities for the small inpatient primary care center shall meet the criteria established in the following sections of these Guidelines:

- Section 3.1-7.2.3.1, Cough-Inducing and Aerosol-Generating Procedures
- Section 3.1-6, Special Systems
- Section 3.1-7, Building Systems
- Chapter 3.4, Freestanding Outpatient Diagnostic and Treatment Facilities
- Chapter 3.9, Gastrointestinal Endoscopy Facilities

If mobile units are used to provide these services, refer to Chapter 3.12, Mobile, Transportable, and Relocatable Units.

4 Service Areas

4.1 Materials Management

4.1.1 Waste Management

4.1.1.1 Collection and storage. Space and facilities shall be provided for the sanitary storage of waste.

4.1.1.2 Refuse chutes. If trash chutes are used, they shall comply with NFPA 82.

Note: See Section 2.2-7.1 for text on waste processing.

4.2 Environmental Services

4.2.1 Housekeeping Rooms

At a minimum, one housekeeping room per support unit or suite shall be provided. These rooms shall contain a sink and storage spaces for clean supplies and cleaning equipment.

4.3 Engineering Services and Maintenance

The following shall be provided:

4.3.1 Equipment Rooms

Equipment rooms for boilers, mechanical equipment, and electrical equipment shall have a minimum clearance around the equipment of 2 feet 6 inches (76.20 centimeters) for ease of maintenance.

4.3.2 Storage Rooms

Storage rooms shall be provided for supplies and equipment.

5 Administrative and Public Areas

5.1 Public Areas

These shall be conveniently accessible to persons with disabilities and include the following:

5.1.1 Entrance

The entrance to the small inpatient primary care center shall be located at grade level and be able to accommodate wheelchairs.

5.1.2 Reception

A reception and information counter or desk shall be located to control the entrance to the facility and to monitor visitors and arriving patients.

5.1.3 Public Waiting Spaces

5.1.4 Public Toilets

5.1.5 Public Telephones

5.1.6 Provisions for Drinking Water

5.1.7 Enclosed Vending Area

5.1.8 Wheelchair Storage Areas

These shall be provided out of the path of traffic.

5.2 Administrative Areas

5.2.1 Interview Spaces

Spaces shall be provided for private interviews related to social services, credit, patient intake, and so on. These spaces shall be designed for confidentiality and privacy.

5.2.2 General and Individual Offices

5.2.2.1 Offices shall be provided for business transactions, medical records, and administrative and professional staff.

5.2.2.2 General clerical spaces or rooms for typing, photocopying, filing, and other clerical work shall be provided. These shall be separated from the public areas for confidentiality.

5.2.3 Multipurpose Rooms

Multipurpose rooms equipped for visual aids shall be provided for conferences, training, meetings, health education programs, and community outreach activities.

5.2.4 Equipment and Supply Storage

Facilities shall be provided for storage of general supplies and equipment needed for continuing operation.

5.2.5 Employee Storage Locations

Storage spaces with locking drawers or cabinets shall be provided for the personal effects of the staff. Such storage shall be near individual work stations and under staff control.

6 Construction Standards

6.1 Building Codes

The diagnostic and treatment locations, service areas, and administrative and public areas in this chapter shall be permitted to fall under the business occupancy provisions of the applicable life safety and building codes if they are separated from the inpatient portion of the facility by two-hour construction.

6.2 General Standards for Details and Finishes

The required minimum corridor width for inpatient facilities (8 feet or 2.44 meters) shall apply to all areas where patients are housed and receive treatment.

7 Special Systems

7.1 General

Section 2.1-9 and related schedules shall apply to this chapter.

7.2 Waste Processing

Facilities shall be provided for the disposal of waste. If incinerators are used, they shall comply with NFPA 82 and all local air pollution regulations.

Note: For waste collection and storage and refuse chute requirements, see Section 2.2-6.1.1.

8 Building Systems

8.1 Plumbing

8.1.1 Hemodialysis and Hemoperfusion Piping

8.1.1.1 In facilities where hemodialysis and hemoperfusion are routinely performed, there shall be separate water supply and drainage facilities that do not interfere with required staff, visitors, and patient hand-washing functions.

8.1.1.2 If perfusion or dialysis occurs at the patient bedside, a separate outlet for de-ionized water and drainage of effluent shall be provided at the patient bedside. It shall be located to prevent contact with electrical outlets and equipment and from potential water droplet contamination of the patient, staff, and visitors.

8.2 Heating, Ventilating, and Air-Conditioning (HVAC) Systems

Section 2.1-10.2 and related schedules shall apply to this chapter.

8.3 Electrical Systems

Section 2.1-10.3 and related schedules shall apply to this chapter.

8.4 Security Systems

Consideration shall be given in the design of these facilities for active and passive security systems. Locking arrangements, security alarms, and monitoring devices shall be placed carefully and shall not interfere with the life and safety features necessary to operate and maintain a healthy and functional environment.