

reduce the effects of climate change through reduction of greenhouse gas emissions (primarily carbon dioxide) shall be considered in building design and selection of mechanical equipment.

2.2-2.6.2 Effluents

*2.2-2.6.2.1 Hazardous materials management plan

*2.2-2.6.2.2 Moisture control

APPENDIX

A2.2-2.6.2.1 Hazardous materials management plan

a. Polychlorinated biphenyl (PCB) removal

- In all building renovations and new construction, a plan should be developed for the discovery, testing, and mitigation of PCBs to assure proper removal and appropriate disposal of PCBs.
- The plan should comply with all applicable regulatory requirements for identification and proper disposal of PCBs.

b. Asbestos-containing materials (ACM) management

- In all building renovations and new construction, processes should be established and followed that fulfill the facility's policy for the discovery, testing, and mitigation of ACMs to ensure proper removal and appropriate disposal of ACMs.
- The plan should comply with all applicable regulatory requirements for identification and proper disposal of ACMs.

A2.2-2.6.2.2 Moisture control. The following actions should be taken during construction to control moisture that may damage materials or contribute to potentially harmful biological growth:

- a. Absorptive materials stored or installed on-site should be protected from moisture damage.
- b. Air-handling components, including ductwork and air handlers, should be protected from moisture and wiped down prior to installation.
- c. Building construction materials that show visual evidence of biological growth due to the presence of moisture should not be installed.

A2.2-3 Bariatric design considerations

- a. The most commonly accepted method for identifying bariatric individuals is the body mass index (BMI), a formula currently accepted by the U.S. Department of Health and Human Services. According to the BMI, being overweight is defined as having a BMI of 25.0 to 29.9. Obesity is defined as having a BMI of 30 or higher. Morbid obesity is typically defined as being 100 pounds (45.40 kilograms) or more over the ideal body weight or having a BMI of 40 or higher.
- b. Creating residential health, care, and support environments that can accommodate bariatric residents requires attention to issues that significantly affect design. To determine the number of beds per unit, dwelling units per project, or needs required in a non-residential setting that should be able to accommodate the morbidly obese

2.2-2.7 Construction and Plans for Commissioning

See Chapter 1.6 (Commissioning) for requirements.

■ *2.2-3 Bariatric Design Criteria

When it has been determined that a facility will need to accommodate bariatric residents, areas of the facility designated for bariatric accommodation and the

population, the design team should consider bariatric design issues along with an analysis of factors such as resident volume, expected length of stay, the nature of the care population, current codes, and local regulations.

- c. Accommodations for obese residents, participants, or outpatients and the equipment needed to care for them require more operational space and more storage than a traditional resident health, care, or support environment. These needs could require a larger square footage for both operational space and storage space.

Size increases will be determined by the space needs of bariatric-specific portable equipment (e.g., beds, wheelchairs, lifts) and fixed equipment (e.g., exam tables).

Any environment sized to accommodate a bariatric resident, participant, or outpatient will most likely be the largest such environment in a facility. If so, all other resident, participant, or outpatient areas will become subsets of design parameters established for this environment. Many users may need enlarged facilities to accommodate resident-operated mobility devices, transfer and toileting assistance, and bathing assistance.

Toilet fixtures need to be floor-mounted instead of wall-mounted. Sinks also need to be floor mounted, as people usually lean on a sink and its surrounds while using the bathroom. Adequate clearance should be provided on either side of the sink and toilet to accommodate a caregiver who is assisting the resident. It is also good practice to provide a handrail adjacent to the sink to give the resident a means of support other than the sink and its surrounds.

Mobility of obese residents is an issue designers must consider. If a resident is able to walk, he or she will likely need to use a handrail for support or balance. Such handrails should be designed to support and sustain a minimum concentrated load of 800 pounds (362.88 kilograms).

Another primary space driver is the staffing-per-resident ratio and associated maneuverability needed in bariatric environments. In some instances, additional caregivers are recommended for resident, participant, or outpatient transfers.

- d. Other bariatric-specific design issues to consider include ingress/egress to primary treatment and service areas. The rooms and/or destinations at the ends of these traverses also need special consideration to accommodate the obese resident, participant, or outpatient: