3. SITE

In this edition appendix material appears in the main body of the document; however, it remains advisory only.

3.1 Location

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

*3.1.B. Availability of Transportation
Establish a transportation plan. Support alternatives to fossil fueled single occupancy vehicles, including preferred van/ carpool parking, bike parking and changing facilities, electric car charging and other alternative vehicle fueling stations, nearby transit access.

3.1.C. 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.

3.1.D. Availability of Utilities
Facilities shall be located to provide reliable utilities (water, gas, sewer, electricity). The water supply shall have the capacity to provide normal usage plus fire-fighting requirements. The electricity shall be of stable voltage and frequency.

3.2 Facility Site Design

3.2.A. Roads
Paved roads shall be provided within the property for access to all entrances and to loading and unloading docks (for delivery trucks). 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. Other vehicular or pedestrian traffic should not conflict with access to the emergency station. In addition, access to emergency services shall be located to incur minimal damage from floods and other natural disasters. Paved walkways shall be provided for pedestrian traffic.

3.2.B. 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.

3.3 Environmental Pollution Control

3.3.A. Environmental Pollution
The design, construction, renovation, expansion, equipment, and operation of hospitals and medical 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 statutes and regulations, thereby implementing national priorities under local jurisdiction while additionally incorporating local priorities (e.g., air quality related to incinerators and gas sterilizers; underground storage tanks; hazardous materials and wastes storage, handling, and disposal; storm water control; medical waste

storage and disposal; and asbestos in building materials.)

The principal federal environmental statutes under which hospitals and medical facilities may be regulated include, most notably, the following:

- National Environmental Policy Act (NEPA)
- Resource Conservation and Recovery Act (RCRA)
- Superfund Amendments and Reauthorization Act (SARA)
- Clean Air Act (CAA)
- Safe Drinking Water Act (SDWA)
- Occupational Safety and Health Act (OSHA)

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).

Hospital and medical 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. 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 HRA is typically determined via consultation with appropriate regulatory agency personnel and, if required, via a "scoping" meeting at which members of the interested public are invited to express their particular concerns.

Once the EIS and/or HRA scope is established, a *Protocol* document shall be prepared for agency approval. The *Protocol* shall describe the scope and procedures to be used to conduct the assessment(s). The EIS and/or HRA shall then 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.

***3.3.B. 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.~~

3.3.C. Mercury Elimination

Hospitals shall phase out the use of mercury-containing equipment, including thermostats, switching devices, and other building system elements. Hospitals shall continue to upgrade to low mercury fluorescent lamp technology. For all mercury-containing devices, hospitals shall develop protocols for collection and recycling.

3.3C.1. Many states and municipalities have enacted bans on sale of mercury containing devices and equipment. Comply with local codes and standards.

A3.1.B. 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.

A3.3.B. 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.