

New Codes and Standards 2023
39th FPC Annual Seminar + Expo
October 1-3, 2023

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THE FGI *GUIDELINES*: CHANGES IN THE 2022 EDITION, AND WHAT'S IN STORE FOR 2026

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Credit Designation: 1 LU/HSW

AIA CES Provider Number: E240

October 2, 2023



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1

OBJECTIVE

Explain how changes in the 2022 *Guidelines* are impacting the design of clinical spaces in hospitals, outpatient clinics, and residential care facilities.

2

OBJECTIVE

Describe the major changes in the 2022 FGI *Guidelines*, and proposed changes for the 2026 *Guidelines*

3

OBJECTIVE

Identify the new clinical and patient care spaces included in the 2022 *Guidelines*.

4

OBJECTIVE

Explain how the benefit-cost process for the 2022 *Guidelines* can help health care organizations provide safe and effective patient care environments at a reasonable cost.



TODAY'S SPEAKER

Heather Livingston, MSL
Chief Executive Officer
Facility Guidelines Institute

- With FGI since 2011
- 5 editions of the *Guidelines*
- American Institute of Architects
- American Architectural Foundation

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The views expressed in this presentation are the opinion of the speakers and may not be the official position of the Facility Guidelines Institute (FGI) or the Health Guidelines Revision Committee (HGRC).

Topics to cover

1. Intro to FGI and the HGRC
2. Major changes in the 2022 Hospital, Outpatient, and Residential *Guidelines*
3. What happened to the emergency conditions document?
4. Questions



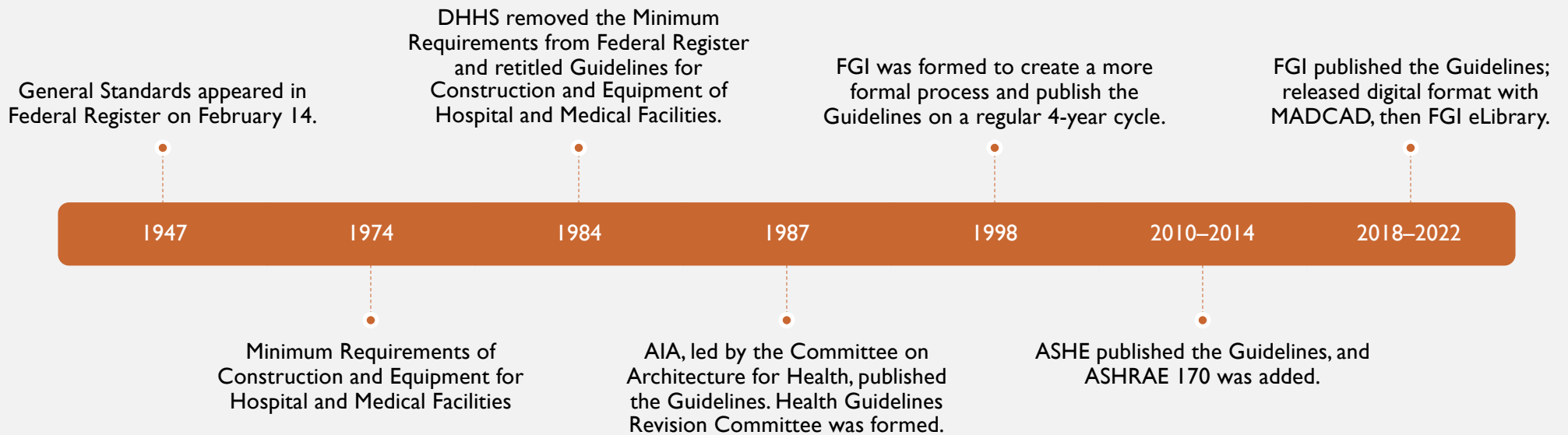
Who is FGI?



- 501(c)(3) not-for-profit
- Develops and publishes three *Guidelines* standards and various supporting resources (e.g., PHAMA white paper)
- Referenced by 43 states and federal agencies
- Manages public process for proposed changes and comments on the draft of accepted changes

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History of the *Guidelines*



2026 HGRC: 138-MEMBER MULTIDISCIPLINARY COMMITTEE

- 20% - Architects
- 18% - Medical professionals
- 16% - State AHJs
- 13% - Engineers
- 10% - HC administrators/HC org. reps
 - 8% - Federal AHJs (IHS, CMS, HUD, VA)
 - 7% - Infection control experts + NIH/CDC
 - 4% - Construction professionals
 - 4% - Interior designers



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FGI PROCESS OVERVIEW

Consensus-based process for *Guidelines* development using:

- Collective multidisciplinary experience
- Professional stakeholder consensus, including many AHJs (*no manufacturers vote on proposals*)
- Public review process
- Clinical and evidence-based research
- Continual improvement process

Every new edition is considered an interpretation of previous editions.



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2026 Health Guidelines Revision Committee Leadership



John Williams
Washington State
Department of Health
Olympia, Washington
Chair, HGRC



Ellen Taylor, PhD, AIA,
MBA, EDAC
The Center for Health
Design
Paoli, Pennsylvania
Vice-chair, HGRC



Charles Maggio
AIA, ASHE, NCARB
CBRE | Healthcare
New York, New York
Vice-chair, HGRC

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2026 Health Guidelines Revision Committee Leadership



Kirsten Waltz
AIA, ACHA, EDAC, LEED AP
Johns Hopkins
Baltimore, Maryland
*Chair, Hospital Document
Group*



Kevin Matuszewski
AIA, LEED AP
Johns Hopkins
Baltimore, Maryland
*Chair, Outpatient
Document Group*



John Shoesmith
AIA, LEED AP
Shoesmith Cox Architects
Seattle, Washington
*Chair, Residential
Document Group*

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BENEFIT-COST EVALUATION: A MULTI-STEP PROCESS

Benefit-Cost Analysis

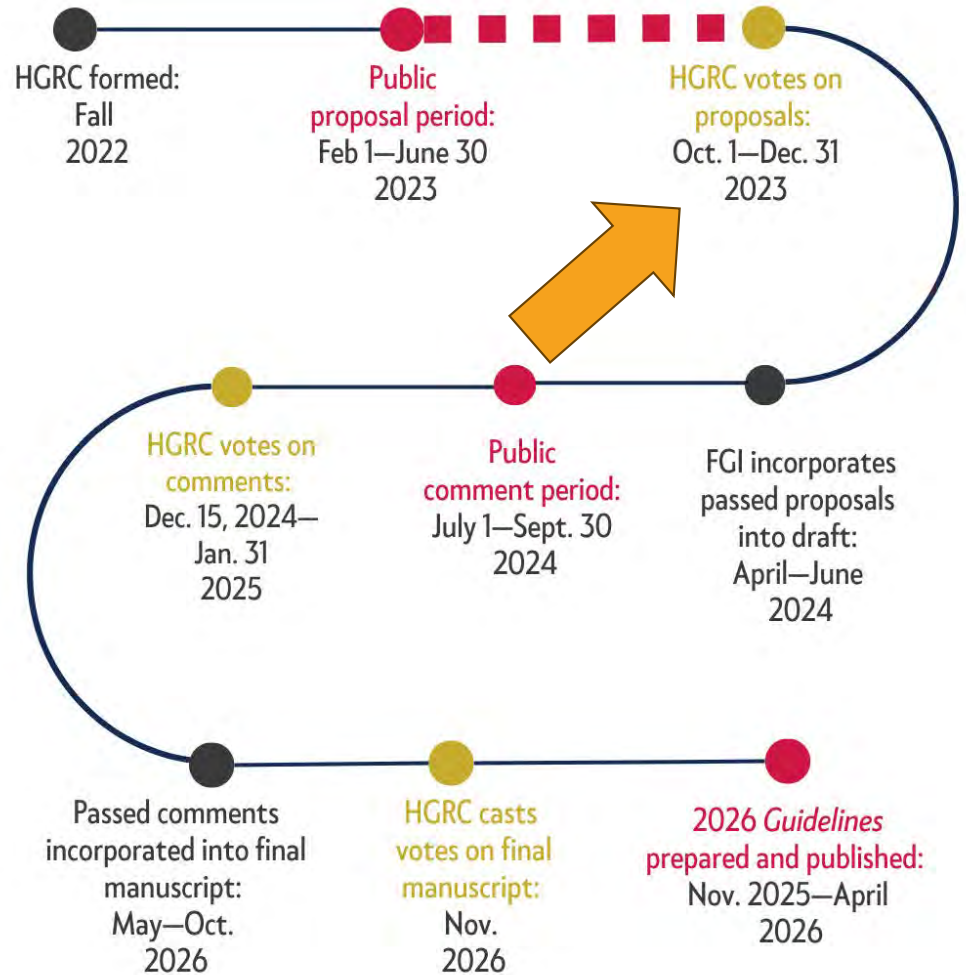
Benefit-Cost Implications This is a safety risk item for acute care patients in need of secure mobility. This will also reduce falls risk. These will also help assist staff with mobility of the patient when the patient can pull up themselves.

BENEFIT	IMPLICATION	COST	IMPLICATION
Patient/staff safety	Added Benefit	Capital cost	Increased Cost
Patient care	Added Benefit	Clinical operations	Neutral
Operational efficiency	Added Benefit	Facility operations	Neutral

Benefit-Cost Comments

Comment	Posted By	Posted On
Would generally agree with the BC analysis, however, depending on exactly what requirements could be imposed by Table 1.2.7 there could be additional capital costs.	cseckman	October 8, 2020 at 05:49 pm

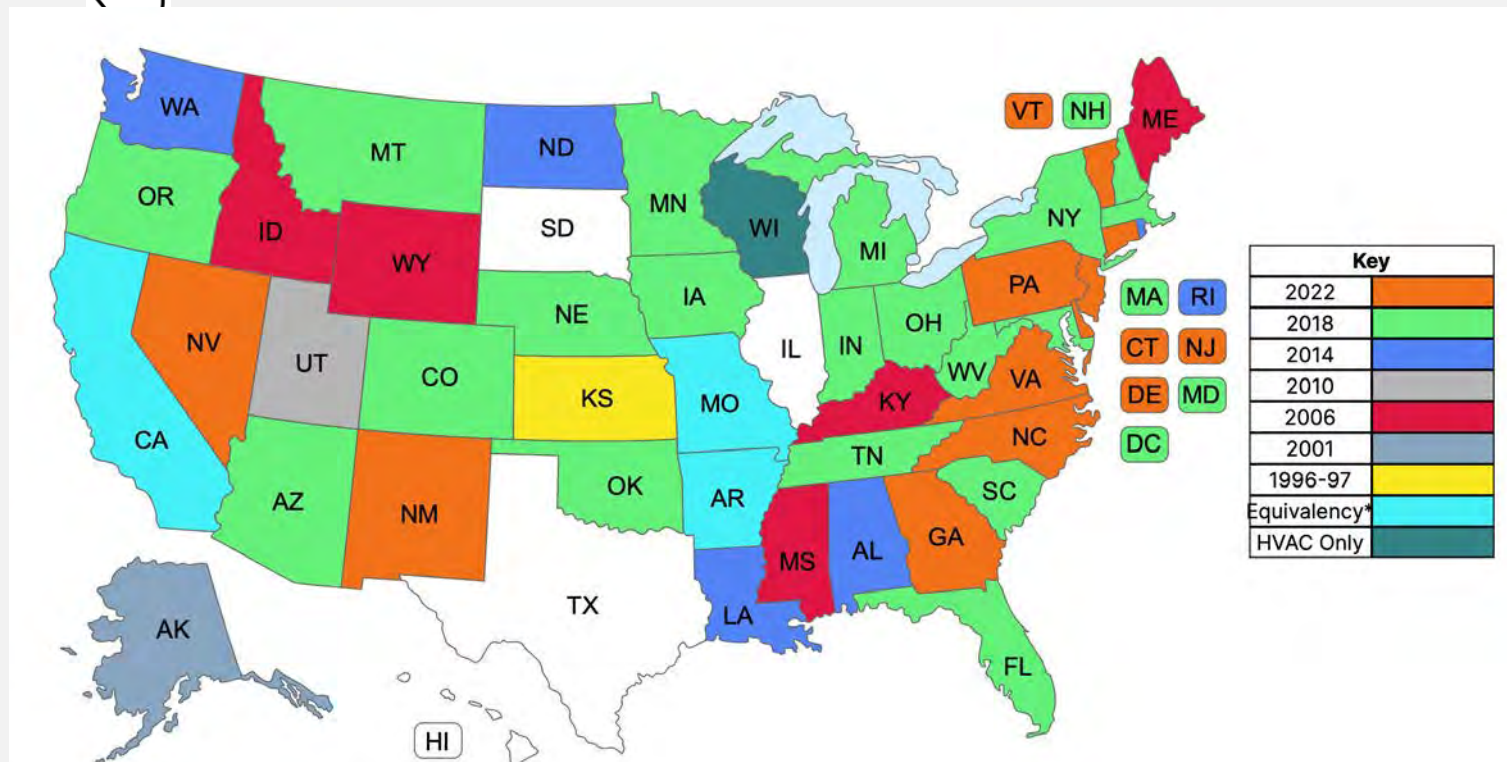
WHERE ARE WE NOW IN THE REVISION CYCLE?



ADOPTION MAP AT [HTTPS://FGIGUIDELINES.ORG](https://fgiguilines.org)



To see details on states' use, hover cursor over individual state for specific information.



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**2022
HOSPITAL
GUIDELINES**

Guidelines

FOR DESIGN AND CONSTRUCTION OF

Hospitals

The Facility Guidelines Institute

2022 edition



Includes ANSI/ASHRAE/ASHE
Standard 170-2021:
*Ventilation of
Health Care Facilities*



Changes to the Hospital *Guidelines*: Common Elements

Functional Program

Guidance on project purpose & expectations for delivery of care

Acoustics for telemedicine rooms

0.25 noise reduction coefficient
(exam room is 0.15 NRC)

Interior noise (building system) 25 NC and
30 dBA

Speech privacy requirement added

CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS

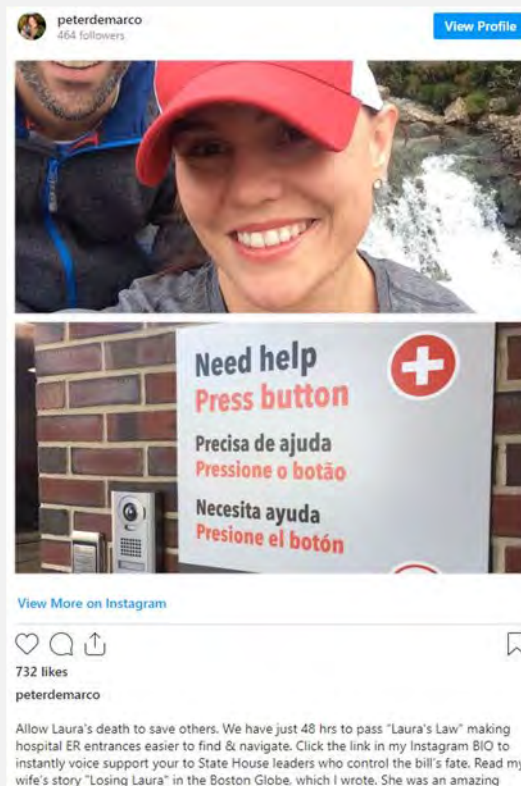


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CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS

Emergency Access (results from Laura's law)

- Video surveillance system for public entrances to the ED
- Duress alarm system where entrances are locked



CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS

Airborne Infection Isolation
Rooms, PE, All/PE rooms

- Number required based on the ICRA

Anterooms

- **An anteroom is not required**
- Inclusion determined by ICRA
- Anteroom space for doffing PPE



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CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS



Non-traditional application (i.e., 2018 OP approach)

Additional ligature resistant language in BH sections

Where features preclude continuous handrails, handrails installed on one side permitted.

Lactation rooms required for staff/volunteers; separate from public lactation rooms

CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS



Plumbing: non-recirculated fixture branch piping: 10' max.

Elevators: Minimum door opening reduced: 54" to 48"

WAGD systems

- Where inhalation anesthesia used
- Identified for OR, Class 3 imaging, and Cesarean delivery rooms (Table 2.1-3)

CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS



Ceilings in ORs & Class 3 imaging

- Modular or prefabricated laminar flow ceiling systems if:
 - Seams / access doors gasketed
 - Structurally rated assembly
 - Access for testing, maintenance, replacement
 - Diffuser compliant w/ASHRAE 170
 - Devices and related controls UL/ETL labeled

Ceilings in restricted areas

- Remain monolithic
- Added PE Rooms to the list of OR, Class 3 imaging and sterile compounding

Pre- and Post-Procedure Stations: ratio can be reduced to 1.5 per

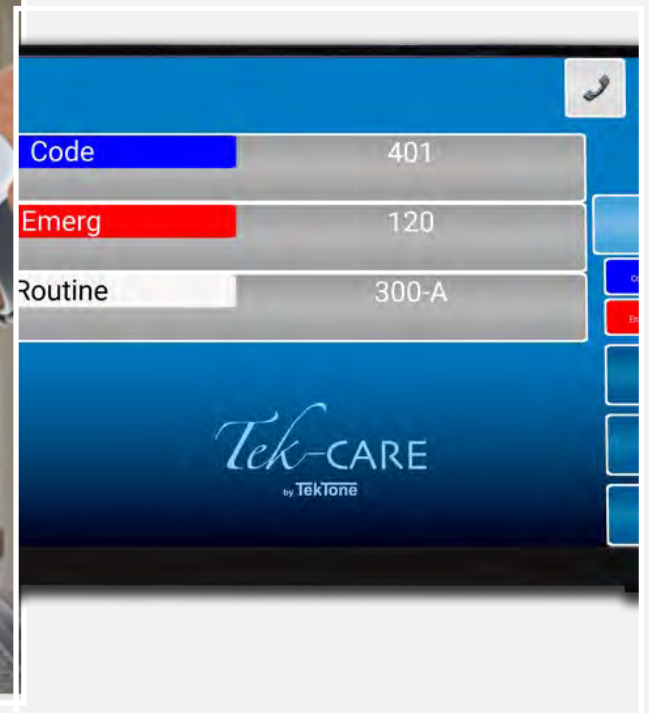
CHANGES TO THE HOSPITAL *GUIDELINES*: COMMON ELEMENTS

Call (nurse) systems

- Clarified use of wireless systems
- Clarified use of radiofrequency systems
- Getting rid of “station” and going to “device”

Modernized section on Telecom Systems

Thorough review/update of lighting requirements





CHANGES TO THE HOSPITAL *GUIDELINES*: GENERAL HOSPITAL

Classification of a hospital

A hospital with 35 or fewer licensed beds may use the chapter on Critical Access or Small Hospitals.

Medical Behavioral and Mental Health

Ceiling heights recommended: 9' to reduce potential for self-harm.

Place for meditation, bereavement and/or prayer: 1/hospital, not 1/unit.

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CHANGES TO THE HOSPITAL *GUIDELINES*: GENERAL HOSPITAL

NICU room size

Multiple-infant rooms

Minimum clear floor area ~~120~~ to
150 SF

Single-infant rooms

Minimum clear floor area ~~165~~ to
180 SF

Windows not required in individual
rooms if daylight can be viewed.



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CHANGES TO THE HOSPITAL *GUIDELINES*: GENERAL HOSPITAL

NICU room type



New Neonatal Couplet Care
Room (300 SF)

Hospitalized mother and NICU
patient

- 150 SF for bed
- 150 SF for infant station

Where combined with LDRP 435
SF clear floor area

Continuing to address noise
control

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CHANGES TO THE HOSPITAL *GUIDELINES*: HOSPICE AND/OR PALLIATIVE CARE ROOM



Minimum Room Dimensions

- 153 SF clear floor area
- Minimum 10' at head of patient bed
- CFA includes 33 SF for family support zone; provides space for overnight stay
- In renovation – may be reduced to 120 SF
- Mobile telemed. cart allowed

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CHANGES TO THE HOSPITAL *GUIDELINES*: BURN TRAUMA CRITICAL CARE UNIT



Meet ICU criteria

Available OR with
temp of 95°

Maximum of one
patient per room

Patient room
designed as
Protective
Environment (PE)

Radiant heat
panels over bed

Direct access to a
patient toilet
room

CHANGES TO THE HOSPITAL *GUIDELINES*: EMERGENCY SERVICES

Trauma/Resuscitation

- When not in use as T/R, can be subdivided with cubicle curtains

Low-acuity pods

- 40 SF clear floor area
- 5'-6" minimum clear

Human Decontamination Facilities

- Room: increased from 80 to 100 SF
- Exterior structures: No min. SF

FSED removed from Hospital document

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CHANGES TO THE HOSPITAL *GUIDELINES*: BEHAVIORAL HEALTH CRISIS UNIT



Located in or readily accessible to the ED

Single patient observation room

- 100 SF
- 10 ft. clear dimension

Multiple-patient room

- 80 SF per patient
- 4' between recliners
- 3' clearance between walls or partitions

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CHANGES TO THE HOSPITAL *GUIDELINES*: BEHAVIORAL AND MENTAL HEALTH HOSPITALS

- Added requirements for a Geriatric Patient Care Unit
- Added Transcranial Magnetic Stimulation (TMS) room
- Added Intensive Outpatient and Partial Hospitalization Program (IOP/PHP)
- New safety provisions: entrances, reception, and waiting spaces



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CHANGES TO THE HOSPITAL *GUIDELINES*: MOBILE/TRANSPORTABLE MEDICAL UNITS

- In the absence of state/local standards, “temporary basis” defined as 6 months during any 12-month period.
- Does not apply to mobile /transportable units on site for <96 hours.
- Reorganized support areas by Class 1, 2, 3



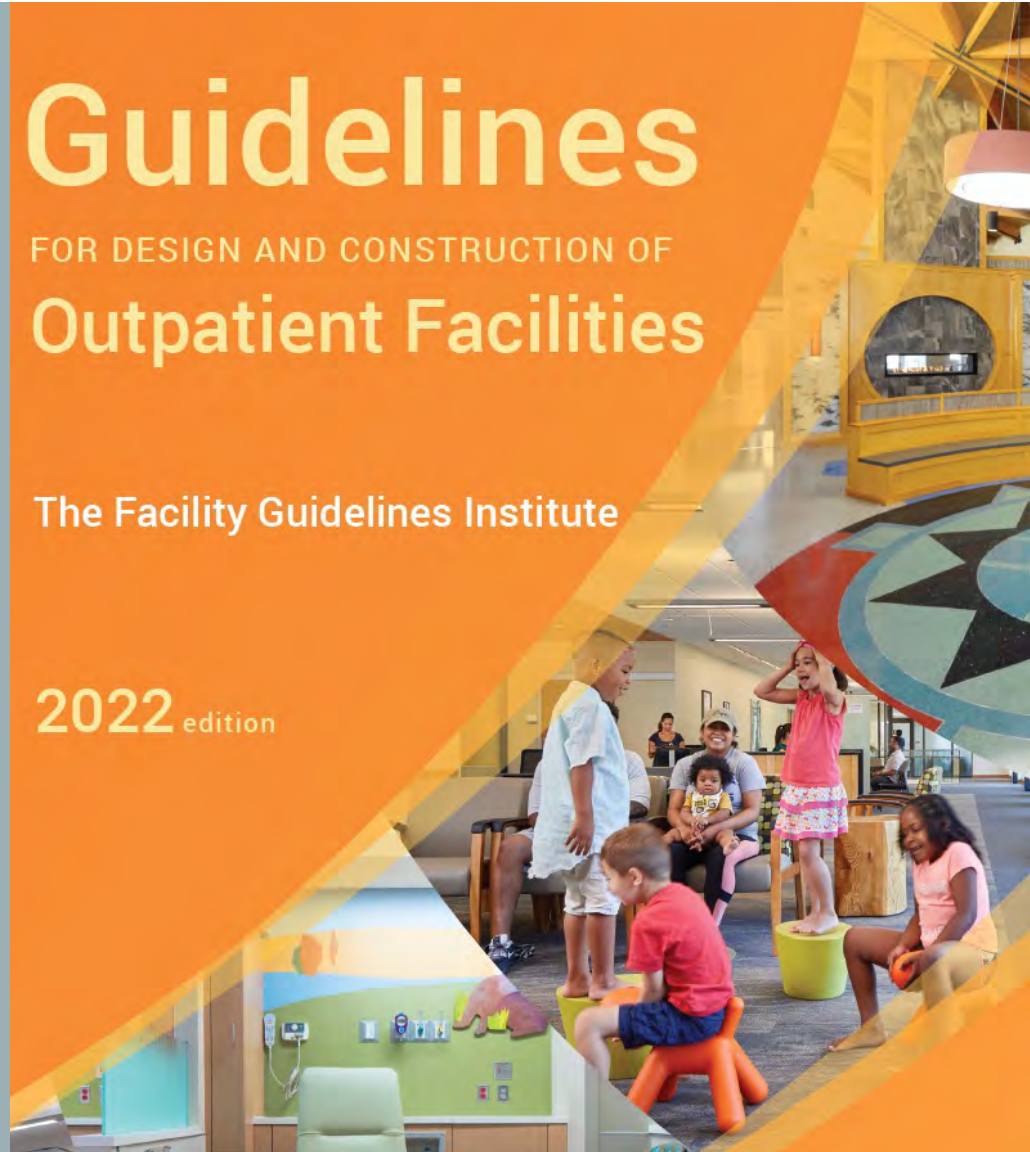
**2022 OUTPATIENT
GUIDELINES**

Guidelines

FOR DESIGN AND CONSTRUCTION OF
Outpatient Facilities

The Facility Guidelines Institute

2022 edition

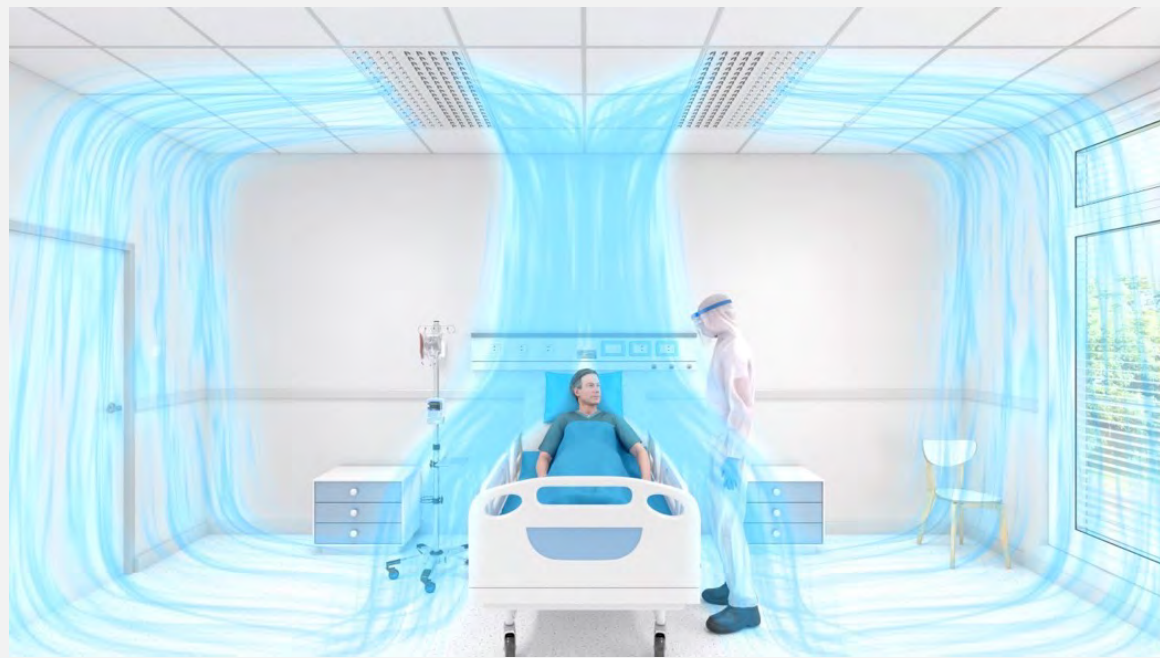


CHANGES TO THE OUTPATIENT *GUIDELINES*: PDC & COMMISSIONING

Strengthened Functional Program requirements

Airborne Infection Isolation room anteroom determined by ICRA

- Considerations include:
- Define intended use
- Facility location
- Long-range infection prevention planning



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CHANGES TO THE OUTPATIENT *GUIDELINES*: PDC & COMMISSIONING

Design for Inclusive environments

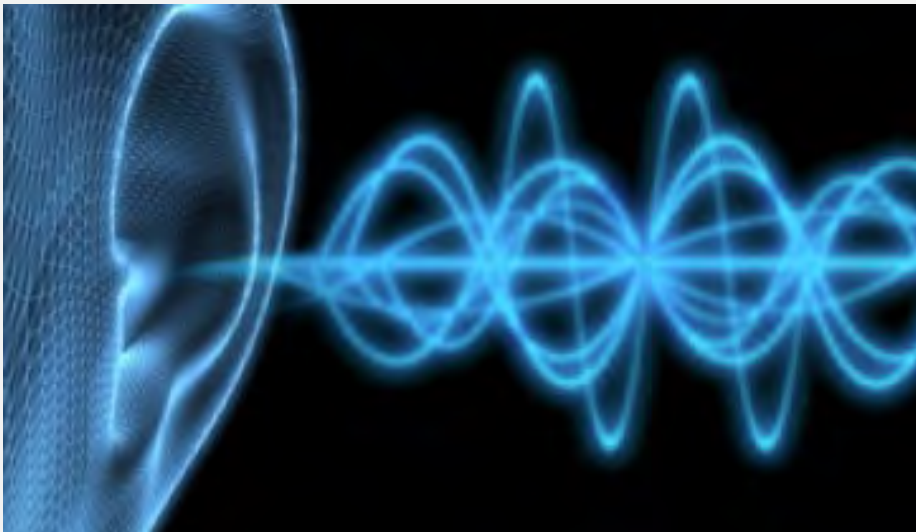
In an **inclusive environment**, people of all cultural orientations can:

- Freely express who they are, their own opinions, and points of view.
- Fully participate in teaching, learning, work, and social activities.
- Feel safe from abuse, harassment, and unfair criticism.

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CHANGES TO THE OUTPATIENT *GUIDELINES*: PDC & COMMISSIONING

Acoustics



Numerous room types have had an increase in sound absorption coefficients from ~~0.15~~ to 0.20 NRC:

- Exam
- Treatment
- Procedure
- Class 2 imaging
- Corridor

Added Multipurpose/conference room and telemedicine room

**CHANGES
TO THE
OUTPATIENT
GUIDELINES:
COMMON
ELEMENTS**

Single-patient
exam/observation
room with dual
entry

Each room shall
have 100 sq. ft. clear
floor area

Min. clearance of 2'-
8" at each side of
the patient station
and at the foot



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Changes to the Outpatient *Guidelines*: Common Elements



Sexual assault forensic exam room

- Exam bed/table
- Private toilet room with shower
- Lockable storage
- A room for consultation, family, support services, and law enforcement

CHANGES TO THE OUTPATIENT *GUIDELINES:* COMMON ELEMENTS

New section on hyperbaric oxygen therapy facilities

- Multiplace facilities
- Monoplace facilities
- Pre-procedure area
- Support areas for staff
- Support areas for patients



CHANGES TO THE OUTPATIENT *GUIDELINES*: COMMON ELEMENTS

Security

Environmental service rooms

- A means of securing each room from unauthorized access

Mechanical and electrical equipment installed outside the building shall be secured from unauthorized access.



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CHANGES TO THE OUTPATIENT *GUIDELINES*: FREESTANDING EMERGENCY CARE

New requirements:

- Trauma/resuscitation room can be subdivided as in Hosp.
- Low-acuity pods are permitted
- Flexible secure treatment room (can be used as a single-patient treatment room if appropriately designed)
 - Hand-washing station can be located outside the room
 - Room shall have a max. wall length of 12 feet
- If provided, the behavioral health crisis unit would be equivalent to that in the Hospital *Guidelines*.



CHANGES TO THE OUTPATIENT *GUIDELINES*: URGENT CARE FACILITIES

At least one care station shall be a single-patient room

- Triage area
 - Access to language translation services
 - Means to alert staff or local authorities
- Multiple-patient exam room
 - Where bays or cubicles face each other – min. 5-foot aisle required independent of the foot clearance



- Nurse station can share space with the reception and information area.
- Initial interviews can use the triage area, patient care station, or consultation room.
- Staff support areas have been added.

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CHANGES TO THE OUTPATIENT GUIDELINES: DIALYSIS FACILITIES

Patient care station space requirements

- Removed min. clear floor areas
- 2'-0" clearance at the foot of the dialysis chair when the chair is fully extended

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CHANGES TO THE OUTPATIENT *GUIDELINES*: DIALYSIS FACILITIES

Dedicated room for patients with special precautions (removed All room and added contact transmission)

- Single-patient room; min. 120 sq. ft. clear floor area
- Direct observation of patient's face AND insertion point
- Hand-washing in each room
- Fluid disposal sink
- Storage for PPE
- Door and walls need to extend to the floor—but not the ceiling



Nurse station

Direct visual observation of the patient's face and vascular access

Casework/obstructions no higher than 3'-8" in sightlines that impair visual observation

Hand-washing station can be placed at the nurse's station

Corridors: Meet NFPA or local building codes; at least one exit route sized to accommodate transporting a patient by gurney/stretchers.

CHANGES TO THE OUTPATIENT *GUIDELINES*: DIALYSIS FACILITIES





CHANGES TO THE OUTPATIENT *GUIDELINES:* OP BEHAVIORAL AND MENTAL HEALTH CENTERS

Changes are consistent with what was changed in Behavioral and Mental Health unit in the Hospital *Guidelines*.

CHANGES TO THE OUTPATIENT *GUIDELINES*: BIRTH CENTERS

The required size of a birthing room in birth centers has been reduced from 200 to 120 sq. ft. This change was influenced by a national study of birth centers which found that enough existing birth center rooms were less than 200 sq. ft. to have us reevaluate the minimum.



Emergency safety plan for building systems is required.

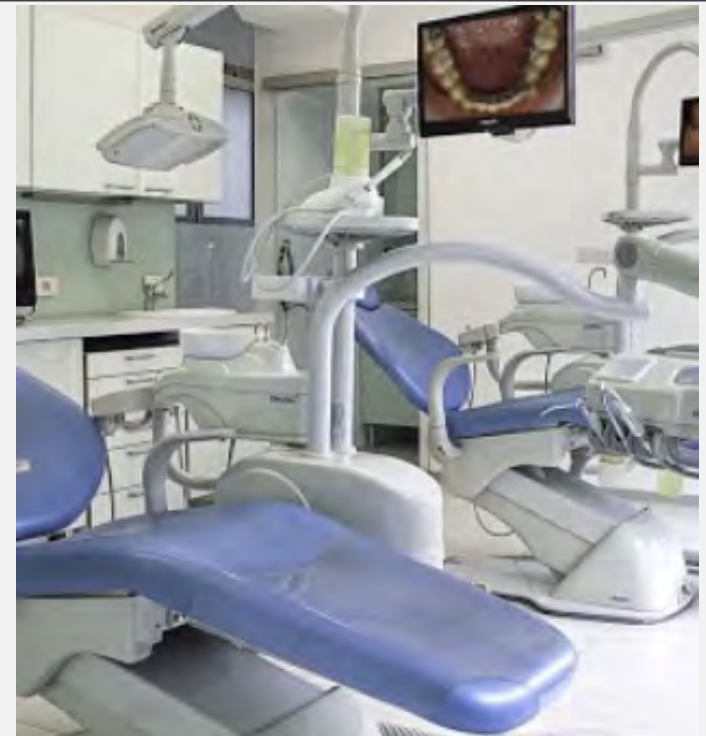
CHANGES TO THE OUTPATIENT *GUIDELINES*: DENTAL FACILITIES

Space requirements

- Removed min. floor area of 80 sq. ft.
- Retained min. clearance of dental chairs of 2'-8"

HVAC requirements for laboratory

- Room and pressure shall meet the requirements of ASHRAE 170.



CHANGES TO THE OUTPATIENT *GUIDELINES*: EXTENDED STAY CENTERS

~~New chapter for 2022 Extended stay centers are intended for patients who are stable and don't need intensive monitoring or hospital-level care.~~



2022
RESIDENTIAL
GUIDELINES

Guidelines

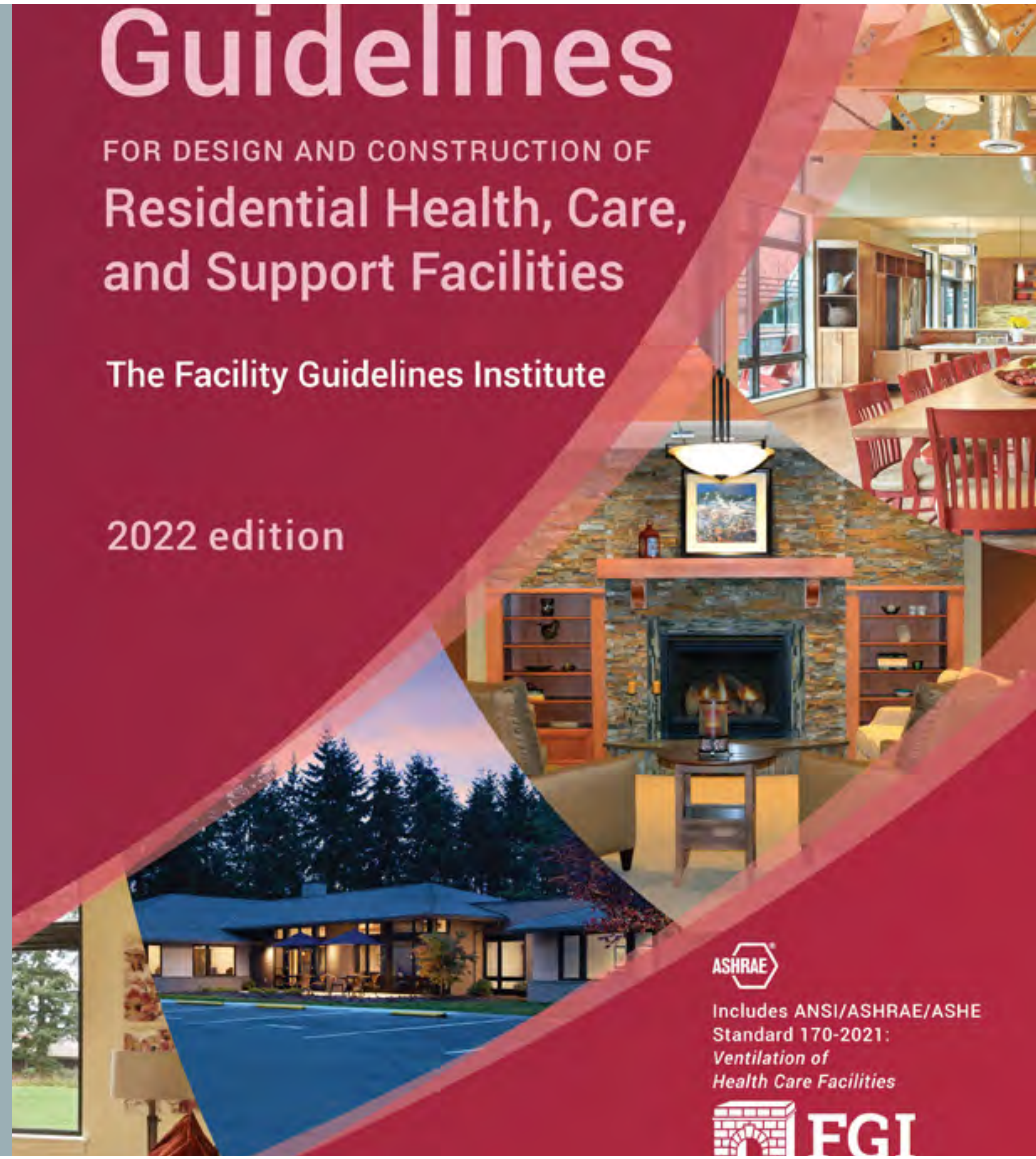
FOR DESIGN AND CONSTRUCTION OF
Residential Health, Care,
and Support Facilities

The Facility Guidelines Institute

2022 edition



Includes ANSI/ASHRAE/ASHE
Standard 170-2021:
*Ventilation of
Health Care Facilities*



CHANGES TO THE RESIDENTIAL *GUIDELINES*: COMMON ELEMENTS



Restructuring the Residential document to align with H & OP

SRA content restructured

Designed with provisions for inclusive environments

Lighting coordinated with IES recommendations

Sustainability updated to refer to existing standards where possible

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CHANGES TO THE RESIDENTIAL *GUIDELINES*: COMMON ELEMENTS



- Design criteria for palliative care added
- Accommodations for telemedicine services expanded to address privacy, acoustics, lighting, skin tone rendition, and mobile telemedicine services
- Telecommunications requirements updated to reflect current technology

Kitchen Types & Dining Areas

- Commercial kitchen
- Retail kitchen
- Household kitchen
- Social activity kitchen
- Outpatient therapy kitchen
- Warming/serving kitchen

Acoustics in dining

Distinguishes between small and large dining room requirements and provides design guidance in appendix

CHANGES TO THE RESIDENTIAL *GUIDELINES*: COMMON ELEMENTS



**CHANGES TO
THE
RESIDENTIAL
GUIDELINES:
NURSING HOMES**



Resident Rooms

Single-resident room

Multiple-resident room

121 sq. ft.

108 sq. ft. per bed

Min. clear dimension 11'

Min. clear dimension of 9'-6"

***Clearances must accommodate arrangement of furniture.**

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CHANGES TO THE RESIDENTIAL *GUIDELINES*: NURSING HOMES

Individuals of size



Single-resident room with fixed overhead lift

- 200 SF CFA and min. clear dimension of 13'-2"

Multiple-resident room with fixed overhead lift

- 197 SF CFA and min. clear dimension of 13'-2"

Single-resident room without fixed overhead lift

- 219 SF CFA and min. clear dimension of 13'-2"

Multiple-resident room without fixed overhead lift

- 216 SF CFA and min. clear dimension of 13'-2"

*Clearances must accommodate resident furniture and resident mobility and transfer.

CHANGES TO THE RESIDENTIAL *GUIDELINES*: NURSING HOMES

Renovation

- Multiple-resident rooms max. capacity is 4 residents, with no more than 2 sharing a sink and toilet

Dialysis services added

- Chair station has min. clear floor area of 80 sq. ft. with min. headwall length of 8 ft.
- Privacy screens or cubicle curtains required
- Handwashing stations within 25 ft.



CHANGES TO THE RESIDENTIAL *GUIDELINES*: HOSPICE FACILITIES



- Hospice room is single-occupant unless need for double-occupancy is justified during planning phase.
- Hospice patient rooms must have min. clear floor area of 153 sq. ft. to accommodate a family support zone of 33 sq. ft.
- Design criteria also provided for individuals receiving palliative care in other facility types.

A caregiver in a grey jacket and blue scarf is assisting an elderly person in a wheelchair. They are in a garden with pink and red roses. The caregiver is leaning over the wheelchair, and the elderly person is looking towards the camera. The background is a soft-focus garden with a white fence.

CHANGES TO THE RESIDENTIAL *GUIDELINES*: ASSISTED LIVING SETTINGS

Care models and typologies revised

- Residential Model Typology
- Household Model Typology
- Apartment-Style Community Typology
- Accommodations for overnight guests now required in household and apartment-style typologies.

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CHANGES TO THE RESIDENTIAL GUIDELINES:

ASHRAE 170-2021



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2022 EMERGENCY CONDITIONS *GUIDELINES*

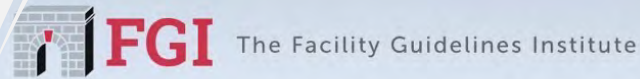
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EMERGENCY CONDITIONS GUIDANCE DOCUMENT

FGI held *public* comment period from April 1 through June 30, 2021.

Disaster, emergency, and vulnerability assessment added to 2022 *Guidelines*

HGRC topic group has been formed to review remaining proposal for inclusion in the 2026 *Guidelines*.



Guidance for Designing Health and Residential Care Facilities that Respond and Adapt to Emergency Conditions

FGI EMERGENCY CONDITIONS COMMITTEE



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WHERE TO FIND THE *GUIDELINES* & SUPPORTING RESOURCES

<https://fgiguideines.org>

The screenshot shows the homepage of the Facility Guidelines Institute (FGI). At the top, a blue banner contains the URL <https://fgiguideines.org>. Below this is a browser window showing the website's address bar and a navigation menu with links for 'SIGN UP FOR UPDATES', 'ADOPTION MAP', 'FAQS', and 'FGI STORE'. The main header features the FGI logo and the tagline 'The keystone to health care planning, design, and construction'. A secondary navigation bar includes 'About FGI', 'Guidelines', 'Beyond Fundamentals', 'Resources', 'Education', and 'News & Updates'. The central content area highlights the 2022 edition of the 'Guidelines for Design and Construction of Hospitals' and 'Outpatient Facilities'. A text box states: 'The 2022 edition is available! The 2022 FGI Guidelines documents are available as paperback books or digital licenses. Click "Read More" below to access FGI's new e-commerce site and digital licensing platform.' Below this, there are two columns: 'WHAT'S NEW' featuring a 'White Paper on Design of Behavioral Health Crisis' and '2022 FGI Guidelines for Design and Construction', and 'FREQUENTLY DOWNLOADED' featuring 'Patient Handling and' and 'Recommended Standards for Newborn ICU Design'.

<https://shop.fgiguideines.org>

The screenshot shows the online store for the Facility Guidelines Institute. The URL <https://shop.fgiguideines.org> is displayed at the top. The page has a dark navigation bar with 'FGI' logo and links for 'Home', 'Products', 'Digital Library', 'Register', and 'Login'. The main section is titled 'Products' and includes a 'Select Category' dropdown menu with 'Paperback Books' and 'Digital Books' options. Three product cards are displayed, each showing the cover of a 2022 edition guideline: 'Guidelines for Design and Construction of Hospitals' (price: \$235 / Multiple-User | \$90 / Single-User), 'Guidelines for Design and Construction of Outpatient Facilities' (price: \$235 / Multiple-User | \$90 / Single-User), and 'Guidelines for Design and Construction of Residential Health, Care, and Support Facilities' (price: \$235 / Multiple-User | \$90 / Single-User).

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NAVIGATING THE *GUIDELINES* LIBRARY

Easy to use drop-down menu with collapsible sections

- ▼ Chapter 2.1 Common Elements for Hospitals
 - Section 2.1-1 General
 - ▶ Section 2.1-2 Patient Care Units and Other Patient Care Areas
 - ▶ Section 2.1-3 Diagnostic and Treatment Areas
 - ▶ Section 2.1-4 Patient Support Facilities
 - ▶ Section 2.1-5 General Support Facilities
 - ▶ Section 2.1-6 Public and Administrative Areas
 - ▶ Section 2.1-7 Design and Construction Requirements
 - ▶ Section 2.1-8 Building Systems
 - ▶ Table 2.1 Tables

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LIBRARY OF GUIDELINES DOCUMENTS

Digital view with hyperlinked sections

← Back to Digital Library

2018 Hospital Chapter 1.1: Introduction

Prev Next View Bookmarks Add Note

Digital View Page View View Tutorial

Appendix material, intended to be advisory only, is offset and begins with the letter "A" following the corresponding section in the main text.

1.1-1 General

1.1-1.1 Application

The provisions of this chapter shall apply to all new construction and major renovation projects in hospitals.

A1.1-1.1 Application. This document covers hospitals common to communities in the United States. Specialty hospitals with unique services may require special consideration. However, sections herein may be applicable for parts of any facility and may be used where appropriate.

1.1-1.2 Minimum Standards for New Facilities and Major Renovations

A1.1-1.2 Performance vs. prescriptive standards. The minimum standards in the *Guidelines* have been established to obtain a desired performance result. Prescriptive limitations (such as exact minimum dimensions or quantities), when given, describe a condition that is commonly recognized as a practical standard for normal operation. For example, reference to a room or area by the patient, equipment, or staff activity that identifies its use avoids the need for complex descriptions of procedures for appropriate functional programming.

1.1-1.2.1 Each chapter in this document contains information intended as minimum standards for design and construction of new hospitals and major renovations of existing hospitals.

1.1-1.2.2 Standards set forth in the *Guidelines* shall be considered minimum and do not prohibit designing facilities and systems that exceed these requirements.

A1.1-1.2.2 The *Guidelines* text is not intended to restrict innovation and improvement in design or construction techniques. Accordingly, authorities adopting these standards as code may approve plans and specifications that contain deviations if they determine the applicable intent or objective of the standards has been met. For more information, see sections 1.1-3.1.2 (Exceptions) and 1.1-6 (Equivalency Concepts). Final implementation of *Guidelines* requirements may be subject to decisions of the authority having jurisdiction.

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1.1 Introduction

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

1.1-1 General

1.1-1.1 Application

The provisions of this chapter shall apply to all new construction and major renovation projects in hospitals.

1.1-1.2 Minimum Standards for New Facilities and Major Renovations

1.1-1.2.1 Each chapter in this document contains information intended as minimum standards for design and construction of new hospitals and major renovations of existing hospitals.

1.1-1.2.2 Standards set forth in the *Guidelines* shall be considered minimum and do not prohibit designing facilities and systems that exceed these requirements.

1.1-2 New Construction

Projects with any of the following scopes of work shall be considered new construction and shall comply with the requirements in the *Guidelines for Design and Construction of Hospitals*.

1.1-2.1 Site preparation for and construction of entirely new structures and systems

1.1-2.2 Structural additions to existing facilities that result in an increase of occupied floor area

1.1-2.3 Change in function in an existing space1.1-3 Renovation1.1-3.1 General1.1-3.1.1 Compliance Requirements1.1-3.1.1.1 Where renovation or replacement work is done in an existing facility, all new work or additions or both shall comply with applicable sections of the *Guidelines* and local, state, and federal codes.1.1-3.1.1.2 Major renovation projects. Projects with either of the following scopes of work shall be considered a major renovation and shall comply with the requirements for new construction in the *Guidelines for Design and Construction of Hospitals* to the

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Appendix material, intended to be advisory only, is offset. It begins with the letter "A" following the corresponding section in the main text.

***2.1-1 General**

A2.1-1 This chapter contains elements that are common to most types of hospitals.

2.1-1.1 Application

2.1-1.1.1 The common elements in this chapter shall be required for a project when referenced from a specific [below].

2.1-1.1.2 Additional specific requirements are located in the facility chapters listed below:

- General hospitals (Chapter 2.2)
- Freestanding emergency care facilities (Chapter 2.3)
- Critical access hospitals (Chapter 2.4)
- Psychiatric hospitals (Chapter 2.5)
- Rehabilitation hospitals (Chapter 2.6)
- Children's hospitals (Chapter 2.7)
- Mobile/transportable medical units (Chapter 2.8)

2.1-1.1.3 Cross-references in this chapter and in the facility chapters include the section as identified by number, otherwise noted.

2.1-1.1.4 Outpatient projects located in hospitals shall meet the requirements of the FGI Guidelines for Design and Construction of Outpatient Facilities.

2.1-1.2 Functional Program

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Errata Issued

The following correction, **published on 4/13/18**, has been made to both the digital version and the 2nd printing of the 2018 Guidelines for Design and Construction of Hospitals. This erratum applies to the uncorrected 1st printing.

2.1-1 General

...

2.1-1.1.4 Outpatient projects located in hospitals shall meet the requirements of the FGI Guidelines for Design and Construction of Outpatient Facilities.

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Text highlighted in gold indicates a related query was received following the issuance of a formal interpretation. See the "Interpretations" tab above.

Appendix material, intended to be advisory only, is offset and begins with the letter "A" following the corresponding section in the main text.

***2.1-3.2.1 Examination Rooms**

Where an examination room is provided, it shall meet the requirements in this section.

A2.1-3.2.1 Offices and/or practitioner consultation rooms may be combined with examination rooms.

2.1-3.2.1.1 General

(1) Patient privacy

(a) See [Section 2.1-3.1.2](#) (Patient Privacy) for requirements.

(b) Provision shall be made to preserve patient privacy from observation from outside an examination room.

(2) See the following tables for exam room requirements:

(a) [Table 2.1-1](#) (Electrical Receptacles for Patient Care Areas in Outpatient Facilities)

(b) [Table 2.1-2](#) (Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems in Outpatient Facilities)

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Interpretations and Applications Guidance

Note: A printable PDF version of this interpretation can be found the bottom of this page.

INTERPRETATION REQUEST #1

Guidelines edition: 2018 Outpatient	Guidelines reference: 2.1-3.2.1.1 (1)
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Our regional health care system is developing a standard layout for exam rooms and working with our local AHJ on multiple projects. Before we finalize the designs, we want to clarify two requirements in Section 2.1-3.2.1 (Examination Rooms) in the 2018 FGI *Guidelines for Design and Construction of Outpatient Facilities*.

1 – Means for providing visual privacy in an exam room

Section 2.1-3.2.1.1 (1) requires appropriate levels of patient speech and visual privacy. Our health care system has a children's specialty center that only uses a room layout with the exam table against the wall. For infection control and patient safety reasons, we prefer not to have cubicle curtains in exam rooms. Instead, the door swing is intended to provide privacy by preventing observation from outside the room.

Question: Is it acceptable for the door into an exam room to be the only method of providing privacy?

Follow-up questions: If yes, is there a door angle requirement? 45 degrees? 90 degrees? If the door is acceptable as a privacy measure, does it need to have a door swing restrictor to limit it to a 90-degree swing?

Response: Yes, the *Guidelines* permits use of the exam room door as the only means of providing privacy. There is no door angle requirement, but to be accessible doors must be able to open 90 degrees. A door swing restrictor is not

Is it acceptable for the door into an exam room to be the only method of providing privacy?

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Which type of procedures can be performed in the rooms listed in this table?

What is considered an “invasive procedure”?

What dictates the physical environment features each treatment space will need?

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Table 2.1-4: Exam/Treatment, Procedure, and Operating Room Classification¹

Room Type	Use	Design Requirements ²		
		Area Type	Location	Surfaces
Exam or treatment room	Patient care that may require high-level disinfected or sterile instruments but does not require the environmental controls of a procedure room	Unrestricted area	Accessed from an unrestricted area	<p><i>Flooring:</i> cleanable and wear-resistant for the location; stable, firm, and slip-resistant</p> <p><i>Wall finishes:</i> washable</p> <p><i>Ceiling:</i> cleanable with routine housekeeping equipment; lay-in ceiling permitted</p>
Procedure room	Patient care that requires high-level disinfected or sterile instruments and some environmental controls but does not require the environmental controls of an operating room	Semi-restricted area	Accessed from an unrestricted or a semi-restricted area	<p><i>Flooring:</i> cleanable and wear-resistant for the location; stable, firm, and slip-resistant</p> <p><i>Floor and wall base assemblies in cystoscopy, urology, and endoscopy procedure rooms:</i> monolithic floor with integral coved wall base carried up the wall a minimum of 6 inches (15.24 centimeters)</p> <p><i>Wall finishes:</i> washable; free of fissures, open joints, or crevices</p>

QUESTIONS
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Thank you for your attention!

