

Welcome to the AccessibilityOnline Webinar Series



A collaborative program between the
National Network of ADA Centers and the
US Access Board



The Session is Scheduled to begin at 2:30pm Eastern Time
We will be testing sound quality periodically

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Webinar Features



- **Closed captioning** – click **CC** icon (top of screen) or control-F8 and adjust your screen
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- Please do not use emoticons or hand-raising features during this session

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Presenter

U.S. Access Board



Earlene Sesker

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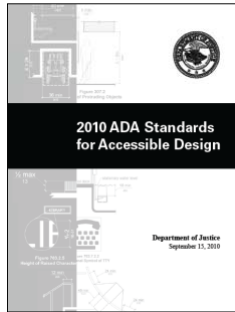
Accessible Medical Care Facilities

Session Agenda

- **Standards**
- **Covered Facilities**
- **Scoping**
- **Patient Rooms**
- **Common Use Areas**
- **Questions**

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New ADA Standards



**DOJ's 2010 standards
(mandatory March 15, 2012)**



**Based on the Board's ADA-
ABA Guidelines (2004)**



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ADA and ABA Standards

ADA :

- DOJ's standards (2010)
- DOT's standards (2006) for transit facilities



ABA (Federal Sector):

- ABA standards updated (GSA, DOD, USPS)
- Update of HUD standards still pending
- (UFAS still applies to housing covered by ABA)

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Covered Facilities



- Hospitals, Rehabilitation Facilities, Psychiatric Facilities and Detoxification Facilities
- Long-term Care Facilities

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Covered Facilities



- Professional Offices of Healthcare Providers
- Medical units in detention and correctional facilities whether, or not, licensed

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New Construction

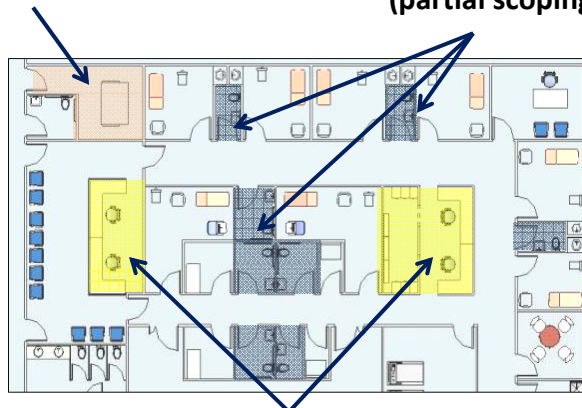
- All areas must comply except:
 - Exempted structures/ spaces
 - Work areas (ADA facilities)
 - Partially scoped spaces

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New Construction

Mechanical (exempt)

Clustered toilet rooms
(partial scoping – 50%)



Work areas (partial access) – e.g., reception area,
nurses station

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Scoping

- Parking
- Entrances
- Patient rooms
- Toilet rooms
- Accessible routes

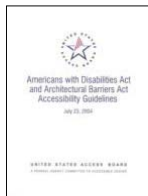
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Parking Scoping

Section 208 (Parking Spaces)



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Accessible Parking Scoping

- Hospital: 10 % of spaces
- Rehabilitation and Outpatient Physical Therapy Facilities: 20 %

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Accessible Parking Scoping

- Doctor's Offices: use table
- Medical Equipment Facilities: use table

Table 208.2 Parking Spaces

Total Number of Parking Spaces Provided in Parking Facility	Minimum Number of Required Accessible Parking Spaces
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1000	2 percent of total
1001 and over	20, plus 1 for each 100, or fraction thereof, over 1000

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Passenger Loading Zones



At least 1 for every 100 linear ft. of loading zone space provided

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Patient Rooms

- **Hospitals, Rehabilitation Facilities, Psychiatric Facilities and Detoxification Facilities**
- **Conditions Affecting Mobility**
 - Specializing **100%**
 - Not specializing **10%**
- **Long-term care** **50%**

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Dispersion

Hospitals

“Proportionate” by type of medical specialty (DOJ change)

Long-term care

By type of room e.g. private, shared, congregate space

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Toilet Rooms in Patient Rooms

- Those *servicing* patient rooms required to be accessible
 - Exception for toilets in critical care or intensive care patient rooms



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Clustered Toilet Rooms

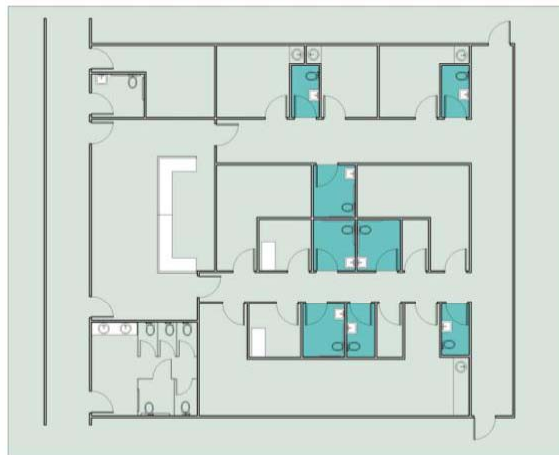
- New exception:
 - Access to at least 50% of single user toilet rooms clustered at one location that serve same users (instead of 100%)

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Clustered Toilet Rooms

- Example: medical office suite



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Patient Rooms - Alterations and Additions

Based on the number altered or added until overall number reached

- Maintains dispersion



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Common Use Areas

- All must be accessible unless otherwise stated, *including exam rooms*



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Common Use Areas

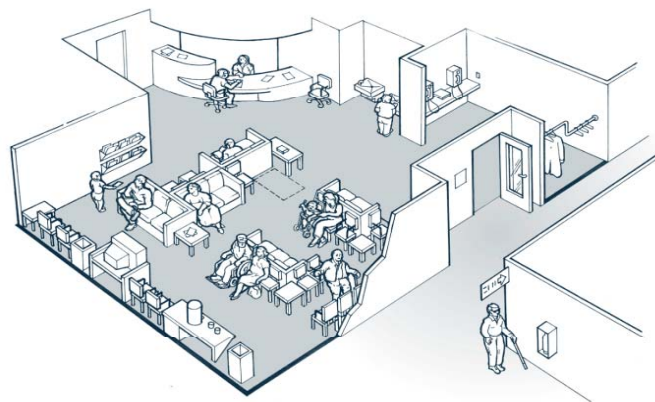
Congregate Dining Facility



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Public Use Areas



- Lobbies and Waiting Areas

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Public Use and Common Use Toilet Rooms



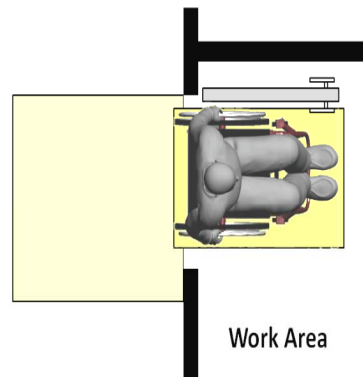
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Work Areas (ADA)

Access for “approach, entry, & exit

- Door man. clearance (exterior)
- Compliant door (clear width, hardware, opening force, etc.)
- Clear floor space
- Recommended:
- Interior door man. clearance
- Turning space



Work Area

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Employee Work Areas

- Controls and fixtures used by staff - exempt



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Accessible Routes Scoping



Connect: Boundary of site with bus stops, *accessible* parking, passenger loading zones, and entrances

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Entrances

- **At least 60% of public entrances to comply**
- **Also:**
 - **Direct access from parking structures (all)**
 - **Direct access from tunnels or elevated walkways**
 - **Entrances to different tenant spaces**
 - **Restricted or secured entrances (at least 1)**

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Accessible Routes

- **Coincident with routes used by others**
- **Same general area**

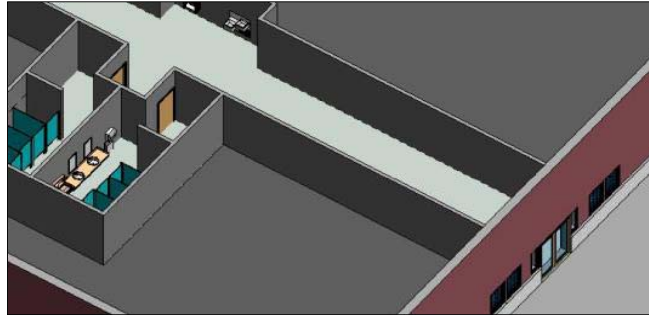


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Interior Accessible Routes

- At least one accessible route connecting accessible entrance with accessible spaces and elements (all)



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Vertical Access (Elevators) Required

- Professional Offices of a Healthcare Provider
 - Where a State-regulated professional provides physical or mental health services to the public
- Title II entities

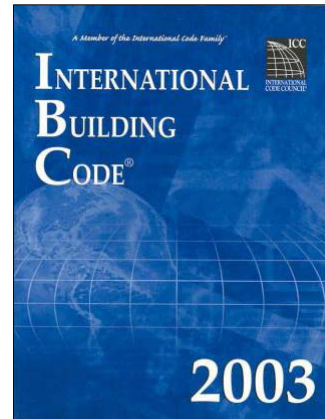


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Accessible Means of Egress

- Reference to the International Building Code (IBC)
- Standby power for platform lifts on egress routes



Wheelchair Accessible Public Telephones

- Coin-operated and coinless public pay telephones
 - Public closed-circuit telephones
 - Public courtesy phones
- 1 phone or 1 bank per floor, level, and exterior site provided, 1 per floor, level or exterior site
- 2 or more banks per floor provided, 1 per bank

Technical Requirements

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Passenger Loading at Entrance

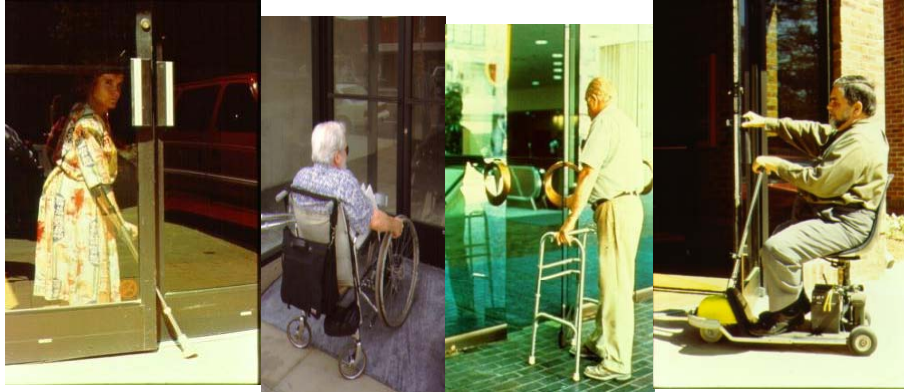
- Canopy not required (2010 ADA Standard)



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Accessible Entrances Automatic Doors Recommended



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Protruding Objects



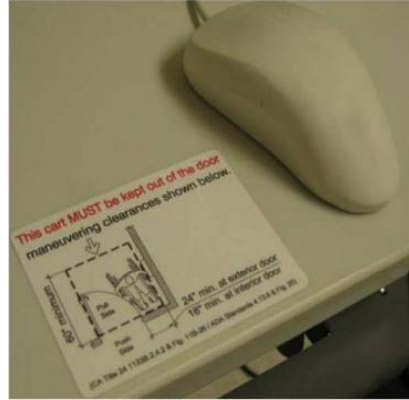
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Protruding Objects



4" max projection 27" to 80"



Fold-up after use to avoid obstacles and preserve clearances

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Protruding Objects



Alcove or wing wall removes the drinking fountain from the circulation path

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Protruding Objects



- Flag signs used in medical settings cannot protrude into circulation paths unless above 80"

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Toilet Rooms Public Use, Common Use and Accessible Patient Rooms

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Water Closet Clearance

- Not permitted in 2010 Standards

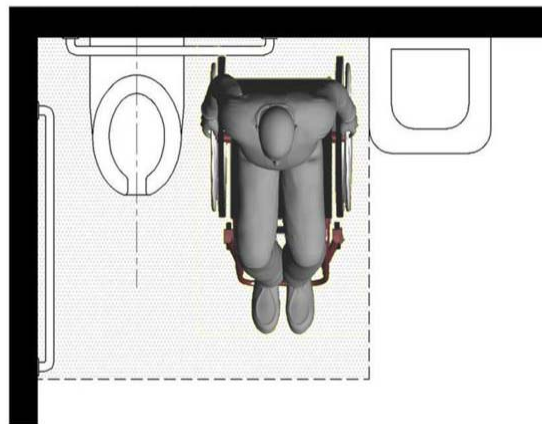


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Water Closet Clearance

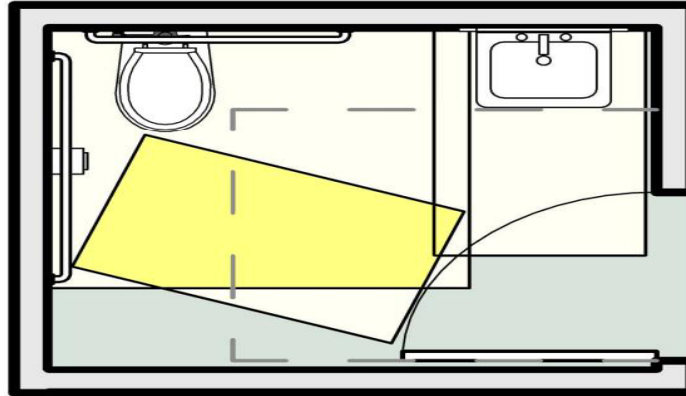
- Allows space for side transfers



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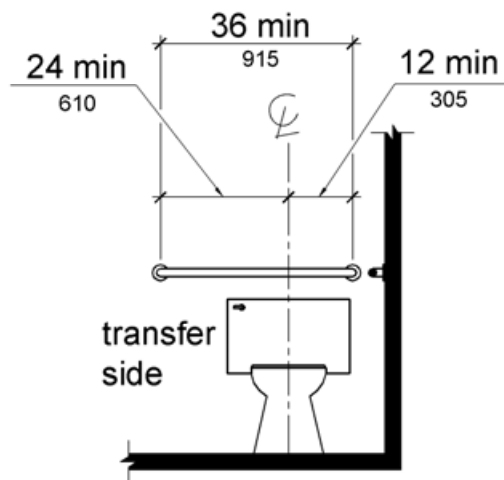
Toilet Room



- Door can swing into fixture clearances where unobstructed wheelchair space is available beyond

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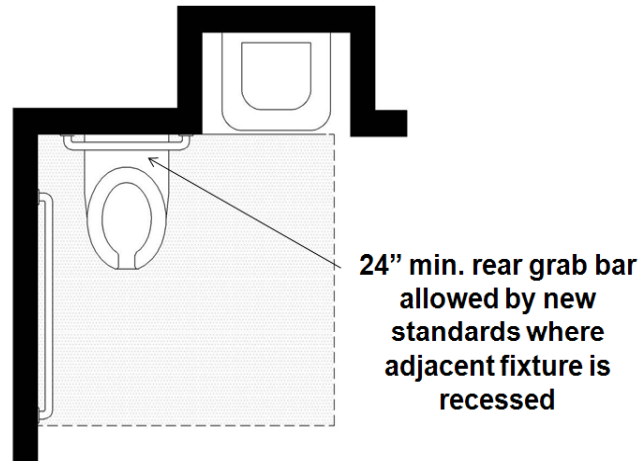
Rear Grab Bar



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Recessed Fixture Saves Space



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Rear Grab Bar



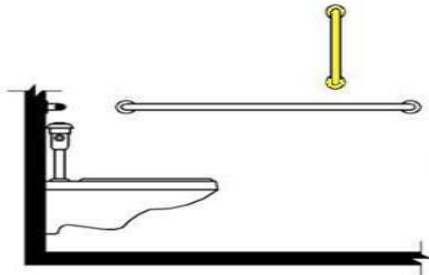
Grab bar can be split or shifted to open side to accommodate required location of flush control valves

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Grab Bars

- ANSI A117.1 requires 18" min. vertical grab bar (ADA and ABA guidelines do not)

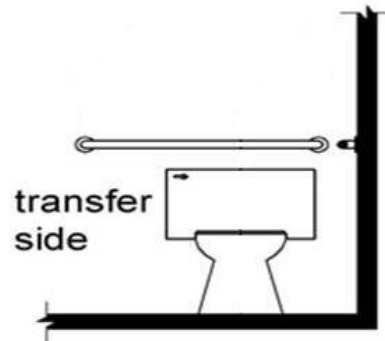


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Flush Controls

Location: open side of water closet

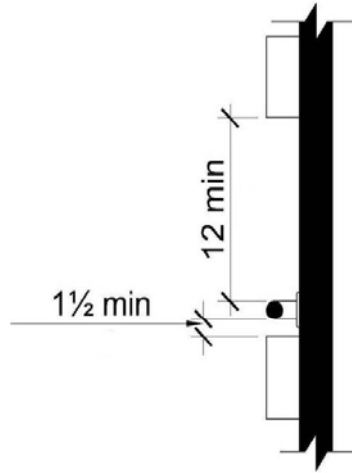
Height: 48" max.



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Grab Bars

- Clearances:
- 1 ½" behind (absolute)
- 1 ½" min. below
- *New:*
- 12" min. above



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Dispensers

Common problem: large dispensers above grab bar impact usability



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Toilets for Specimen Collection



Reminder: Clustered = 50% of each type of use in each cluster

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Specimen Cabinet



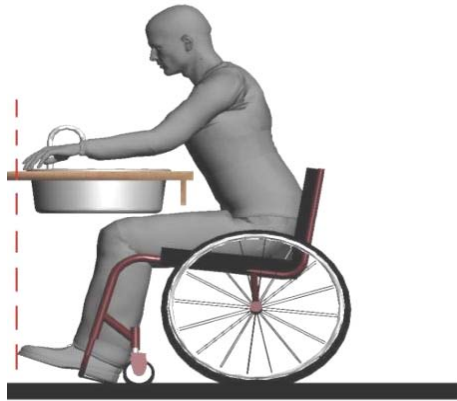
- Must be within reach from a clear floor space (parallel or forward approach)
- Note lavatory clearances and mirror height

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Lavatories

Locate controls & dispensers above, not beyond, usable CFS to be within reach



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Lavatories

Tip: Avoid hospital style lavatories with deep projections



They take up more space and require a greater reach to faucet controls and dispensers

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Children's Toilets

Alternate Specifications:

- WC centerline 12" – 18"
- WC seat height 11" – 17"
- Grab bar height 18" – 27"
- Dispenser height 14" – 19"

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Children's Toilets

Advisory information provides guidance according to age group

	Ages 3 & 4	Ages 5 - 8	Ages 9 - 12
WC Centerline	12 in	12 - 15 in	15 - 18 in
Toilet Seat Height	11 - 12 in	12 - 15 in	15 - 17 in
Grab Bar Height	18 - 20 in	20 - 25 in	25 - 27 in
Dispenser Height	14 in	14 - 17 in	17 - 19 in

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Children's Lavatories

Exceptions based on age of intended users

Ages 6 - 12:

24" high min. knee clearance allowed
(if lav 31" high max.)

Ages 5 and under:

Side approach permitted

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Patient Rooms



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Patient Room Technical Requirements

- Accessible door
 - Exception: latch side clearance at *hospital* patient room doors
 - Long-term care privacy needs may differ



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Patient Room Technical Requirements

- Turning space within the patient sleeping room
- Clear floor space on both sides of bed or between two beds
- Accessible storage



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Operable Parts

Think beyond light switches

- all controls to be operated by patient

Furniture to be addressed by DOJ



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Operable Parts



- Operable with one hand – no tight grasping, pinching twisting or wrist turning
- Recommendation: tactilely discernable buttons

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If Provided, Handrails on Walking Surfaces

- **34" min. and 38" max. high**
- **1 ½" clearance between rail and wall**
- **No sharp or abrasive edges (rail and wall)**
- **100% unobstructed gripping surfaces (tops and sides)**
- **80% unobstructed gripping surfaces (bottom), unless they are integral to crash barriers**

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Handrails on Walking Surfaces



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Sales and Service Counters

- **Information and reception counters**
- **Registration**
- **Billing, including teller windows**
- **Pharmacy**
- **Cafeteria**
- **Gift shops**
- **Nursing stations**

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Sales and Service Counters

- **Full depth of transaction counter @ 36" max.**
- **Parallel or forward approach**
 - **Knee and toe space for forward**
- **Removed: alternatives to counter access**

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Nursing Stations



Space at the
open end

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Gift Shops

- Note cash register location



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Rehab and Other Treatment Areas

Clearances between equipment



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Windows

Facilitate voice communication where security glazing separates teller and patron



Assistive listening



Talk-thru baffle

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Restaurants, Cafeterias and Congregate Dining

- Accessible tables on accessible routes
- Tray slide height – 28” min. and 34” max.
- Self-service shelves and dispensing devices for tableware, dishware, condiments, food and beverages within reach
- Accessible check-out counters

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Queues and Check-out Lines



Accessible route to each type of counter, e.g. order and pick-up

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Congregate Dining Facilities

- Ensure knee and toe space beneath tables



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Communications

- TTY's and Telephones
- Visual Alarms
- Signs
- Patient and visitor information

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TTY's and Volume Controls

- **Public *pay* telephones**
 - Banks of 4 or more units - 1/bank unless banks are within 200'
 - Where phones are provided at hospital emergency room, recovery room, or waiting room – at least one TTY
- **Volume Controls**
 - At all *public* phones



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Visual Alarms

- **Comply with NFPA 72**
 - Industry practice in medical areas
 - Visual alarms in areas served by audible alarms
 - Alterations – provide visual alarms when the system is altered or upgraded

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Signs

- All signs “designating permanent rooms and spaces must have raised letters and braille
- Informational signs must comply with provisions for low-vision access
- EXEMPT: Directories, menus, occupant names, building addresses, and company names and logos

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Types of Signs



Exempt Directory

Directional



Room Designation

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Patient and Visitor Information

- DOJ regs require covered entities to provide “effective communication” with individuals with disabilities and to provide auxiliary aids and services
 - TTY available for patient rooms
 - Information kiosks



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Section 510 of the Rehabilitation Act

Authorizes the Access Board to Develop Standards for Medical Diagnostic Equipment



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Grab Bars Swing to Side



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Operatory Chair with Support Cushions



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Articulating Headrest on Dental Chair



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Americans with Disabilities Act
Access To Medical Care For
Individuals With Mobility Disabilities



DOJ Guidance is Available

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Questions?

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“August 4, 2011 Accessible Health Clubs and Fitness Facilities”

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