

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
- **Questions** - type and submit questions in the Chat Area Text box or press control-M and enter text in the Chat Area
- 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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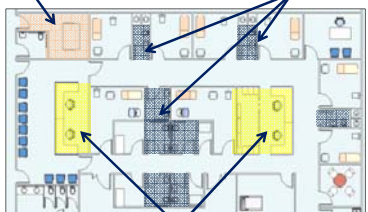
New Construction

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

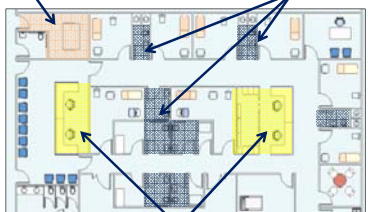
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New Construction

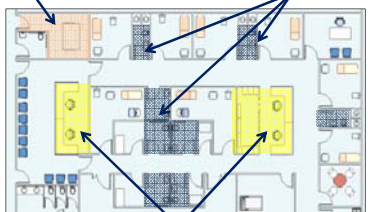
Mechanical (exempt)



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)

2018 ADA Standards
for Accessible Design

p. 65



Americans with Disabilities Act
and Architectural Barriers Act
Accessibility Standards

p. 33

SECTION TITLE	TABLE POSITION
208 PART 1 - APPLICATION AND ADMINISTRATION	0
208.101 Purpose	0
208.102 Minimum number of accessible spaces	1
208.103 Minimum number of accessible spaces	1
208.104 Minimum number of accessible spaces	1
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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

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

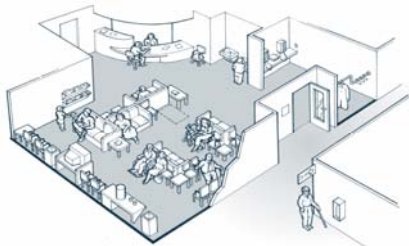
Congregate Dining Facility



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Public Use Areas



- Lobbies and Waiting Areas

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Public Use and Common Use Toilet Rooms



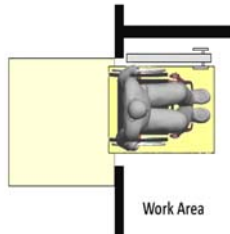
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Work Areas (ADA)

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



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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

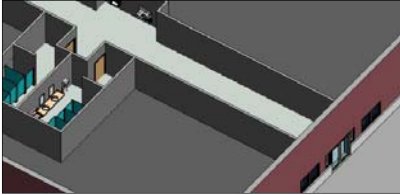


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Interior Accessible Routes

- 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

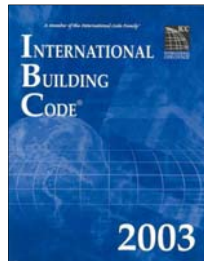


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Accessible Means of Egress

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



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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

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Technical Requirements

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Passenger Loading at Entrance

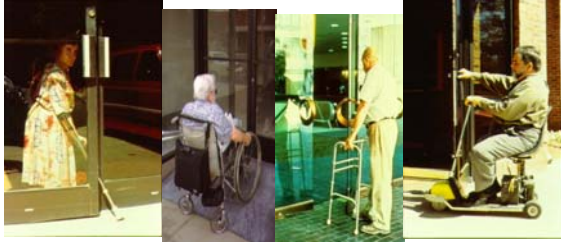
- Canopy not required (2010 ADA Standard)



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Accessible Entrances Automatic Doors Recommended



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Protruding Objects



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Protruding Objects



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

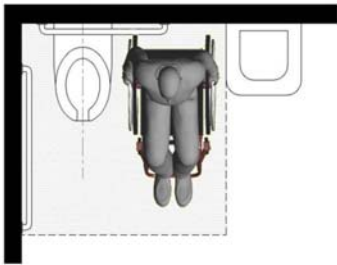


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Water Closet Clearance

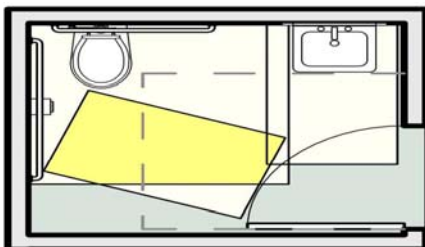
- Allows space for side transfers



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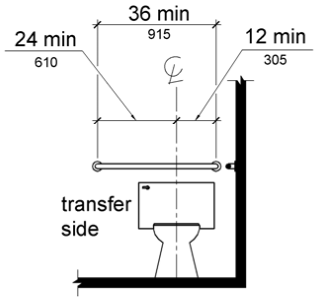
Toilet Room



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

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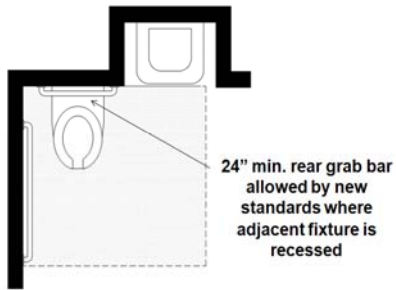
Rear Grab Bar



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Recessed Fixture Saves Space



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Rear Grab Bar



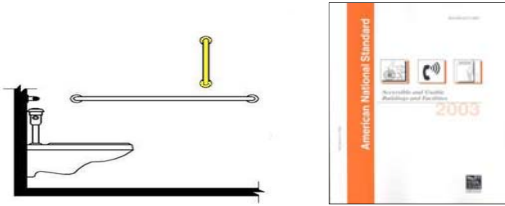
Grab bar can be split or shifted to open side to accommodate required location of flush control valves

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Grab Bars

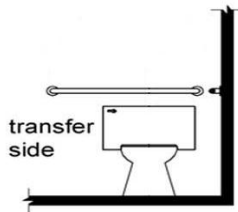
- ANSI A117.1 requires 18" min. vertical grab bar (ADA and ABA guidelines do not)



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Flush Controls

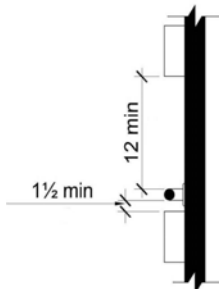
Location: open side of water closet
Height: 48" max.



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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



Loop_Symbol-Blue

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

Types of Signs



Exempt Directory



Directional



Room Designation

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





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?

You May Type and Submit questions in the Chat Area Text Box or press Control-M and enter text in the Chat Area

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(800) 872-2253 (voice)

(800) 993-2822 (TTY)

E-mail: ta@access-board.gov

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in today's webinar



Next scheduled session:

"August 4, 2011 Accessible Health Clubs and Fitness Facilities"

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