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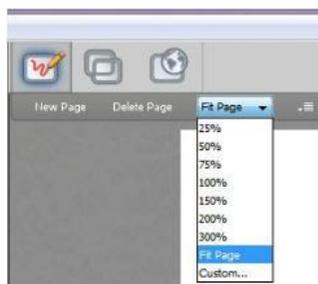
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Accessible Hospitals and Medical Care Facilities: A Refresher

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Presenters



Rex Pace
U.S. Access Board



Amy Carpenter, AIA
SFCS Architects

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AIA Codes Advocacy

- Join the AIA Codes Network:
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 - Email codes@aia.org to discuss your work!
- AIA Codes Network webinar series:
 - Many new topics! Double the learning opportunities!
 - Got a session idea? Email codes@aia.org

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Agenda

- **Covered Facilities**
- **Parking and Passenger Loading Zones**
- **Accessible Routes**
- **Employee Work Areas**
- **Communication Features**
- **Patient Sleeping Rooms**
- **Residential Care Settings and Considerations for Older Adults**
- **Other General Issues**

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Covered Facilities

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Covered Facilities



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

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Covered Facilities



- **Medical units in detention and correctional facilities**



- **Professional Offices of Healthcare Providers**

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Parking and Passenger Loading Zones

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Accessible Parking Scoping

- **§208.2.1 Hospital Outpatient Facilities: 10 % of spaces**
- **§208.2.2 Rehabilitation and Outpatient Physical Therapy Facilities: 20 %**

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Accessible Parking Scoping

- **Doctor's Offices: use table**
- **Medical Equipment Retail 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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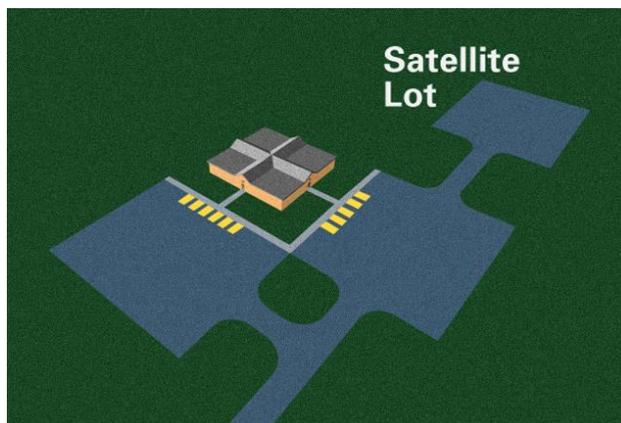
Accessible Parking Scope



hospital campus with multiple occupancies
and tenants sharing parking lots

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Accessible Parking



§208.3 Location – Exception 2

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Passenger Loading at Entrance (§209.3)

- Required where period of stay exceeds 24 hours
- Canopy not required as was in 1991 ADA Standard



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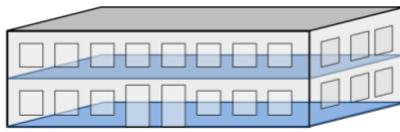
Accessible Route Between Building Levels

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Exceptions (§206.2.3)

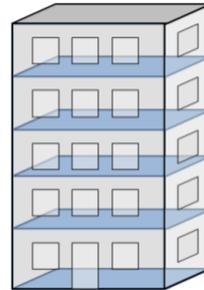
Accessible Route between floors ("elevator exception")

Private sector facilities only:



less than 3 stories

OR



less than 3,000 sf/flr)

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Vertical Access (Elevators)

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



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Employee Work Areas

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Employee Work Area (§106.5)

“All or any portion of a space used only by employees and used only for work. Corridors, toilet rooms, kitchenettes and break rooms are not employee work areas.”

Americans with Disabilities Act (ADA)

Limited access required
“approach, enter, and exit”.

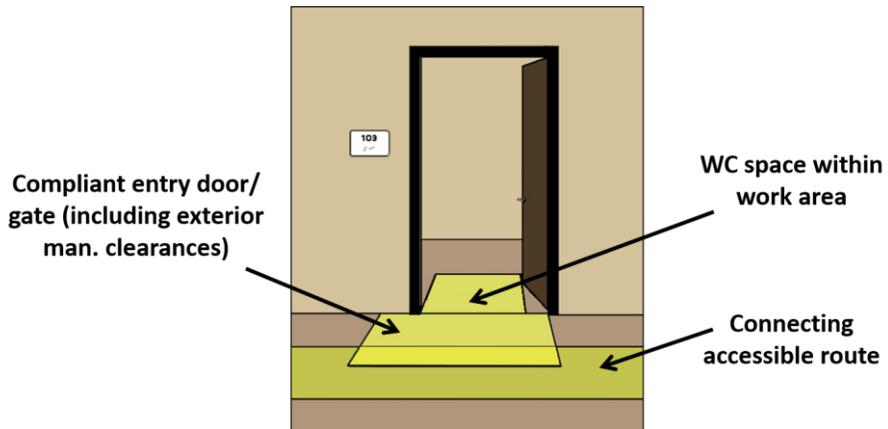
Architectural Barriers Act (ABA)

Must be accessible.

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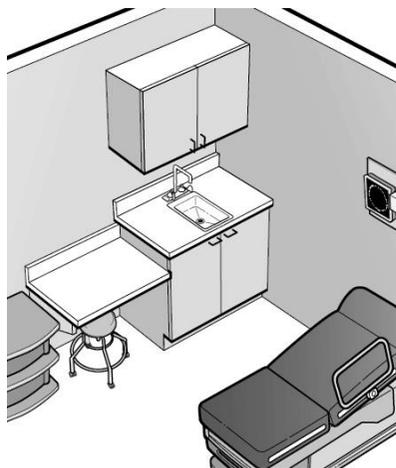
Employee Work Areas

Access for “approach, entry, & exit”



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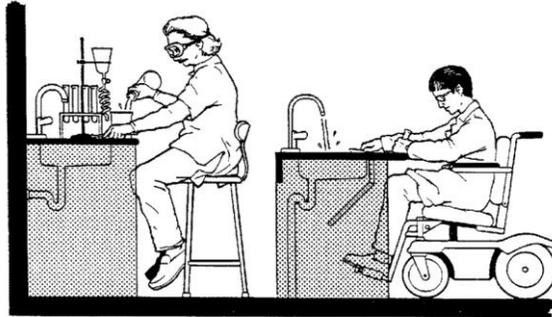
Employee Work Areas



Requirements for
hand wash sinks in
exam rooms

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Sinks (§212.3)



**Not employee work
areas where sinks are
used by students**

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Team and Medication Rooms

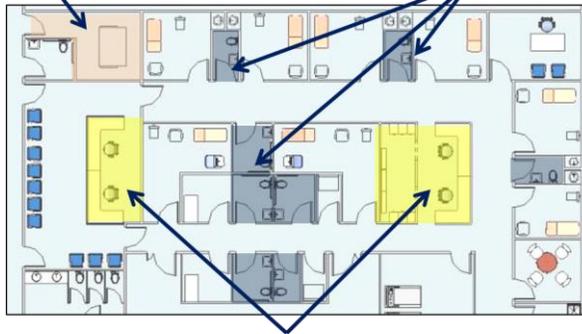


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New Construction - ADA Medical Care Suite

Mechanical (excepted)

Clustered toilet rooms
(partial scoping – 50%)



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

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Communication Features

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TTY's

§217.4.6 - Public *pay* telephones

Where provided at hospital emergency room, recovery room, or waiting room – at least one TTY

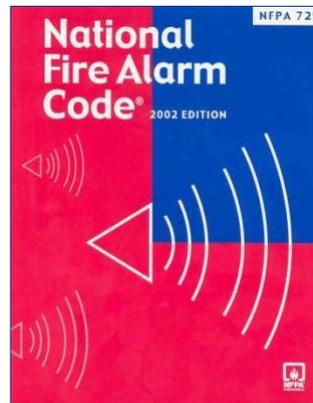


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Fire Alarms Systems

§702.1 General - NFPA 72

- NFPA 72 National Fire Alarm Code (1999 or 2002) – referenced standard
- National Fire Protection Association (www.nfpa.org)



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Fire Alarms Systems §702.1 - Medical Facilities



- **EXCEPTION:** Fire alarm systems in medical care facilities permitted to be provided in accordance with industry practice

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Auxiliary Aids and Services - Effective Communications



**ADA Regulatory Sections 35.160 (Title II)
and 36.303 (Title III)**

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Patient Sleeping Rooms

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Patient Sleeping Rooms

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

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Patient Sleeping Rooms Dispersion

Medical Care Facilities Covered by 2010 ADA Standards:

must disperse accessible patient bedrooms
in a manner that is “proportionate” by
type of medical specialty

**regulatory sections 35.151(h) and
36.406(g) incorporated by DOJ**

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Patient Sleeping Rooms Alterations and Additions

**Based on the number
altered or added until
overall number reached
– maintains dispersion**



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Long Term Care Facilities



§223 Medical Care and Long-Term Care Facilities



§223.3 Long-Term Care Facilities

“In licensed long-term care *facilities*, at least 50 percent, but no fewer than one, of each type of resident sleeping room shall provide mobility features complying with 805.”

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Residential Facilities

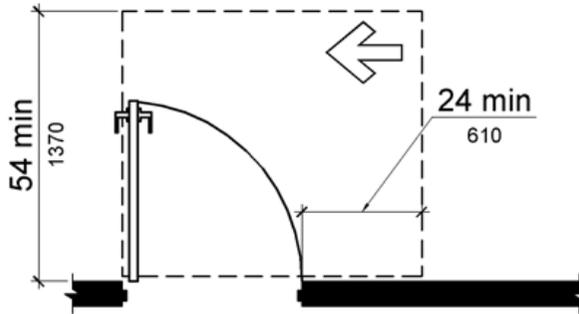


Residential Dwelling Unit (§106.5) .“A unit intended to be used as a residence, that is primarily long-term in nature. Residential dwelling units do not include transient lodging, inpatient medical care, licensed long-term care, and detention or correctional facilities.”

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Doors – §404.2.4 Exception

Entry doors to hospital patient rooms not required to provide the clearance beyond the latch side of the door.



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42-inch Door Opening Solution

Door flap open

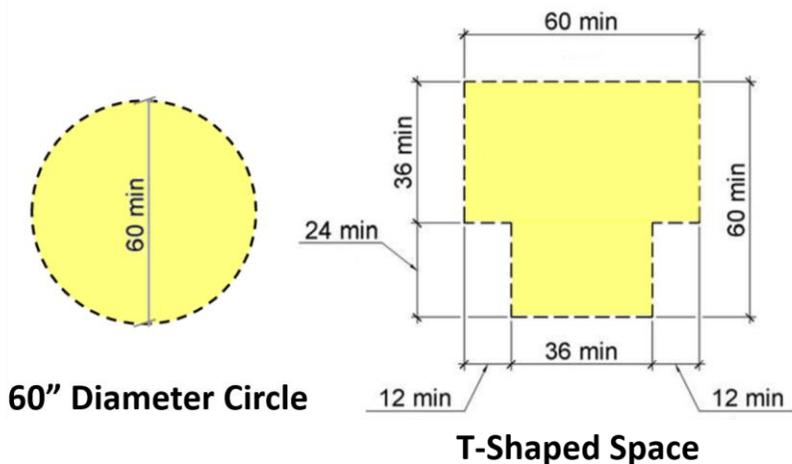


Door flap closed

Using 36" wide door for passage

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Turning Space (§805.2)



60" Diameter Circle

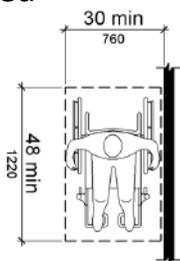
T-Shaped Space

Turning space complying with §304 must be provided within the room

49

Clear or Ground Floor Space (§805.3)

must provide a clear floor space complying with section §305 on both sides of the bed

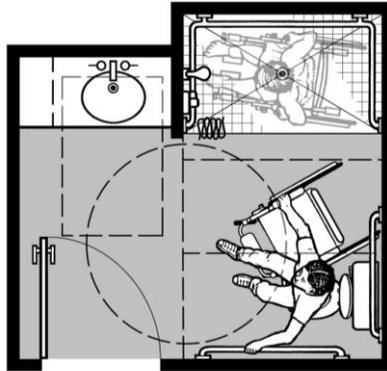


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Patient Sleeping Rooms Toilet and Bathing

Those *servicing* patient rooms
required to be acces

- Exception for toile
in critical care or
intensive care
patient rooms



Overview of Solutions



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**Opportunities for
innovative and
appealing design**



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Residential Care Settings and Considerations for Older Adults

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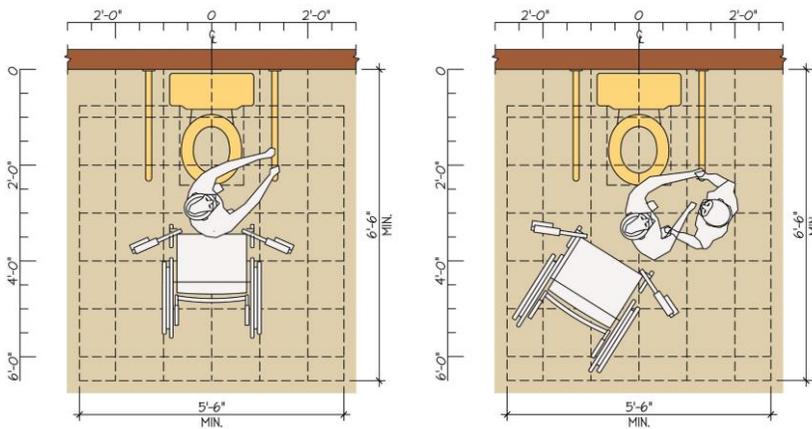
Study on Grab Bars in Residential Care Settings



independent and assisted transfers evaluated

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Older Adult Transfers



Illustrations from AIA/Rothschild Foundation white paper, August 2012

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Older Adult Transfers

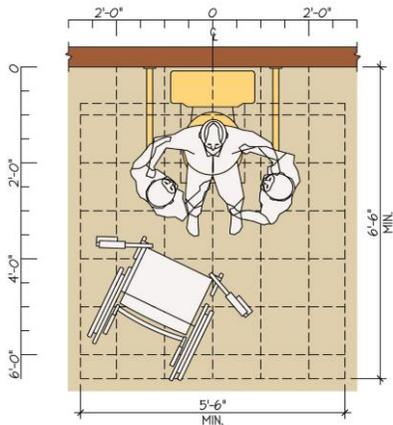


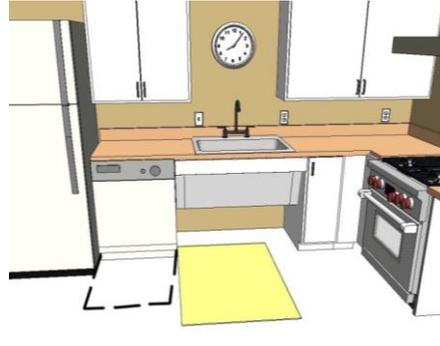
Illustration from AIA/Rothschild Foundation white paper, August 2012

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Kitchens and Kitchenettes



Parallel Approach to a Sink



§ 606.2 Clear Floor Space – EXCEPTION 1
A parallel approach permitted to a kitchen sink where
cook top or conventional range is NOT provided

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Common Use Spaces - Living



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Common Use Spaces – Kitchen/Dining



Common Use Spaces – Gardening



Other General Issues

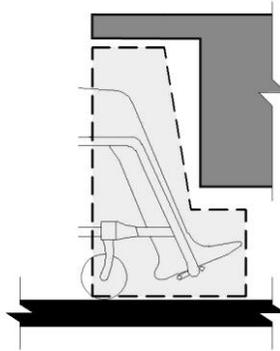
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Sales and Service Counters (§227 & §904.4)



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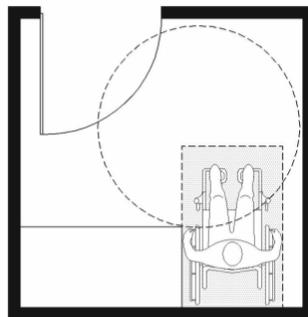
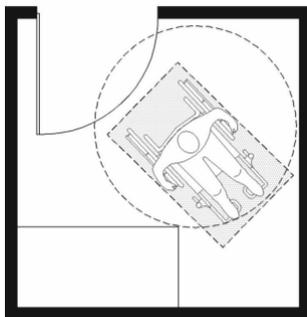
Service Counters



**Side or Forward Approach
Required**

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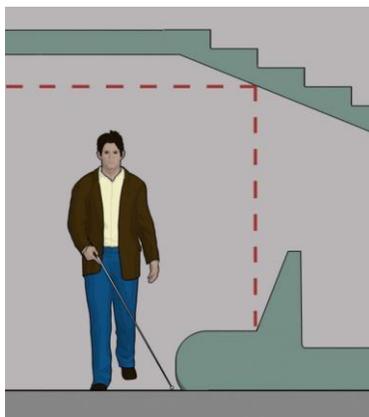
Dressing Rooms (§222 & §803)



- **Door swing into turning space
(if wheelchair space beyond swing)**
- **Compliant bench**

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Protruding Objects (§307)



Overhead Objects and Wall Mounted Objects

- 80 inches above head
- 0 to 27 inches are within cane sweep

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Protruding Objects



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

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Protruding Objects



Monitor placement over cane detectable elements.

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Maintenance and Policy



**Maintenance of accessible features
ADA regulatory sections 35.133 and 36.211**

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DOJ Guidance is Available

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

U.S. Department of Health and Human Services
Office for Civil Rights

Americans with Disabilities Act

**Access To Medical Care For
Individuals With Mobility Disabilities**



PART 4. ACCESSIBLE MEDICAL EQUIPMENT

tables. If a lift is used with multiple exam tables, the medical provider, depending on its size, may need to establish a procedure governing how the lift is shared and where it is stored. The provider should ensure that it does not schedule for the same appointment time more than one patient needing the lift. While these lifts may be less expensive than overhead lifts, they require more maneuvering space in the room and space for storage.

To properly and safely assist patients with transfers, medical staff will likely need training on how to operate the equipment and on safe patient handling techniques.



A low height, adjustable with base permits the lift to be positioned at the end of the examination table.

Assisted Transfer Utilizing a Portable Floor Lift

Rules for Portable Floor Lifts:

- The amount of clear floor space needed to maneuver will depend on the type of floor lift required.
- Portable floor lifts must be able to position the patient over the table surface, extend a motor that is compatible with the exam table and room configuration.
- A low height, adjustable with base on wheels closer to the end of the exam table and can be narrowed for transport and storage.

Movable exam tables allow additional flexibility to position table and lift for optimal patient transfer.



Clearance beneath the exam table and an angled approach of the lift allows the patient to be positioned directly over the exam table for a safe transfer.

Assisted Transfer Utilizing Both a Portable Floor Lift and Movable Exam Table

ACCESS TO MEDICAL CARE FOR INDIVIDUALS WITH MOBILITY DISABILITIES

www.ada.gov

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Standards for Accessible Medical Diagnostic Equipment (MDE)

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MDE - Examples

- Examination tables and chairs
- Weight scales, x-ray machines
- Radiological and mammography equipment



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Patient Positions the Equipment Supports

in a supine,
prone, or side-
lying position



in a
seated
position



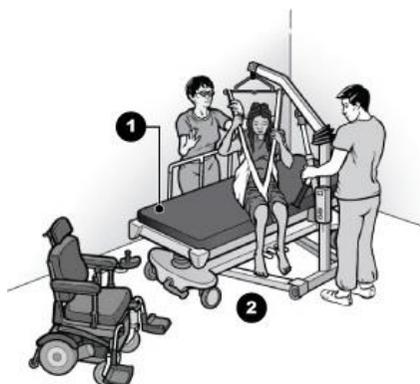
seated in a
wheelchair



in a
standing
position



Lift Compatibility



in base
clearances



around
base
clearances

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Operable Parts - M307

**Only controls operated
by the patient**

Features addressed:

- Tactilely Discernible
- Operation
- Operating Force



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Communication

Information communicated through the equipment

Information provided in at least two methods:

- audible
- visible
- tactile



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**Standards for Accessible
Medical Diagnostic Equipment**

www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking/final-standards

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Resources

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- Webpage:  www.aia.org/codes
- Twitter:  [@AIAcodes](https://twitter.com/AIAcodes)
- LinkedIn:  [AIA C&S Community](https://www.linkedin.com/groups/AIA-C&S-Community)
- AIA Members:  [KnowledgeNet](#)
- Facebook:  [AIA Advocacy](#)

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Technical Guides on the Standards

Available on the Board's website



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Technical Guides on the Standards

Animations :

- maneuvering
- entrances & doors
- toilet & bathing facilities
- protruding objects
- parking
- signs



Signs NEW



Wheelchair Maneuvering



Maneuvering at Doors



Accessible Toilet Rooms



Accessible Bathing Facilities



Protruding Objects



Parking and Passenger Loading Zones

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Questions?

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Evan Terry and Associates - Slide 70

**Quinn de Menna, AIA, City Invincible
– Slides 56 and 57 (left image)**

**SFCA Architects - Slide 32, 43, 48, 50 (right photo), 52,
53, 55 (left photo), 57 (right photo) 58, 60, 61, and 62**

Sutter Health - Slide 69

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Continuing Education



AIA Provider Number: I017

Course Title: Accessible Hospital and Medical Care Facilities-A refresher

AIA Course Number: GL20171005

Date: October 5, 2017

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