2.2 Specific Requirements for General Hospitals

Appendix material, intended to be advisory only, is offset and begins with the letter “A” following the corresponding requirement.

2.2-1 General

2.2-1.1 Application

2.2-1.1.1 This chapter shall apply to general acute care hospitals.

2.2-1.1.2 The general acute care hospital shall meet the standards described in this chapter and the standards in Part 1 of these Guidelines.

2.2-1.1.3 Requirements in Chapter 2.1, Common Elements for Hospitals, shall apply to the general acute care hospital as cross-referenced in this chapter.

2.2-1.1.4 Designs for general acute care hospitals with fewer than 50 beds shall be permitted to use the requirements of Chapter 2.4, Specific Requirements for Critical Access or Other Small Hospitals.

2.2-2 Patient Care Units

*2.2-2.1 General

A2.2-2.1 Patient care units

a. Unit types. Most acute care hospitals are composed of some combination of the following units: medical/surgical unit, intermediate care unit, critical care unit, obstetrical unit, nursery, pediatric and adolescent unit, behavioral and mental health unit, and in-hospital skilled patient care unit.

b. Security. Security information specific to the type of patient care unit can be found in Section 02.01, Inpatient Units, in Security Design Guidelines for Healthcare Facilities, published by the International Association for Healthcare Security and Safety (IAHSS).

2.2-2.1.1 New Construction

Patient care units in general hospitals shall meet the minimum design requirements described in Section 2.2-2.2 (Medical/Surgical Patient Care Unit) as amended in the sections for other patient care units in this chapter.

2.2-2.1.2 Renovation

For renovation of patient care units in existing hospitals, see Section 1.1-3 (Renovation) for further guidance.

2.2-2.1.3 Accommodations for Care of Individuals of Size

Where accommodations for care of individuals of size are provided, they shall meet the requirements in Section 2.1-2.3 (Accommodations for Care of Individuals of Size).
2.2 Specific Requirements for General Hospitals

*2.2-2.2 Medical/Surgical Patient Care Unit

**A2.2-2.2 Patient mobility considerations for patient care unit design.** See appendix section A2.1-2.1.1 (Accommodations to encourage patient mobility) for mention of this aspect of patient care unit design.

2.2-2.2.1 Reserved

2.2-2.2.2 Patient Room

See Section 2.1-2.2 (Patient Room) for requirements in addition to those in this section.

2.2-2.2.2.1 Capacity

(1) The maximum number of beds per room in a medical/surgical patient care unit shall be one unless the necessity of a two-bed arrangement has been demonstrated. Two beds per room shall be permitted when approved by the authority having jurisdiction.

(2) Where renovation work is undertaken and the present capacity is more than one patient in each room, maximum room capacity shall be no more than the present capacity, with a maximum of two patients in each room.

2.2-2.2.2.2 Space requirements

*(1) Area

(a) Single-patient rooms shall have a minimum clear floor area of 120 square feet (11.15 square meters).

(b) Multiple-patient rooms shall have a minimum clear floor area of 100 square feet (9.29 meters) per bed.

**A2.2-2.2.2 (1) Area.** Clinical services that will be provided in patient rooms often require the room size to exceed the minimum requirements.

(2) Clearances

(a) The dimensions and arrangement of rooms shall provide a minimum clearance of 3 feet (91.44 centimeters) between the sides and foot of the bed and any wall or other fixed obstruction.

(b) In multiple-patient rooms, a minimum clearance of 4 feet (1.22 meters) shall be available at the foot of each bed to permit the passage of equipment and beds.

2.2-2.2.3 Windows. See Section 2.1-7.2.2.5 (Windows in patient rooms) for requirements.

2.2-2.2.4 Patient privacy. See Section 2.1-2.1.2 (Patient Privacy) for requirements.

2.2-2.2.5 Hand-washing stations. See Section 2.1-2.2.5 (Hand-Washing Station in the Patient Room) for requirements.

2.2-2.2.6 Patient toilet room. See Section 2.1-2.2.6 (Patient Toilet Room) for requirements.

2.2-2.2.7 Patient bathing facilities. See Section 2.1-2.2.7 (Patient Bathing Facilities) for requirements.
(1) Bathing facilities shall be provided in the following locations: [Moved to 2.1.2.7 (Patient Bathing Facilities)]

(a) In the toilet room directly accessible from each patient room or

(b) In a central bathing facility

(2) Central bathing facilities

(a) General. Each bathtub or shower shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing.

(b) Number

(i) Where individual bathing facilities are not provided in toilet rooms that are directly accessible from patient rooms, at least one shower or bathtub shall be provided for each patient care unit.

(ii) At least one bathing facility with space for an attendant shall be provided to accommodate patients on gurneys, carts, and wheelchairs. This bathing facility shall be permitted to serve multiple patient care units located on separate floors.

(c) The following shall be provided in or directly accessible to each central bathing facility.

(i) Toilet in a separate enclosure

(ii) Hand-washing sink

(iii) Storage for soap and towels

(3) Where mobile lifts, shower gurney devices, wheelchairs, and other portable wheeled equipment will be used, the following requirements shall be met:

(a) Doorways shall be designed to allow entry of portable/mobile mechanical lifts and shower gurney devices.

(b) Thresholds shall be designed to facilitate use and prevent tipping of wheelchairs and other portable wheeled equipment.

(c) Patient shower rooms shall be designed to allow entry of portable/mobile mechanical lifts and shower gurney devices.

(d) Floor drain grates shall be designed to facilitate use and prevent tipping of wheelchairs and other portable wheeled equipment.

2.2-2.2.8 Patient storage. See Section 2.1-2.2.8 (Patient Storage) for requirements.

*2.2-2.2.3 Patient/Family-Centered Care

A2.2-2.2.3 Patient/family-centered care. Where a facility chooses to provide a patient/family-centered care room, the room should be designed to meet the following requirements.

a. Capacity. The patient/family-centered room should be a single-patient room.
2.2 Specific Requirements for General Hospitals

b. **Space recommendations.** A patient/family-centered room should have a minimum clear floor area of 250 square feet (23.22 square meters) with a minimum clear dimension of 15 feet (4.57 meters).

c. **Additional area.** Additional area should be provided at a minimum clear floor area of 30 square feet (2.79 square meters) per family member permitted by the facility.

d. **Environment of care.** Consideration for a homelike atmosphere, furniture arrangement, and orientation to the patient bed and room windows should reflect the needs of the patient population.

*2.2-2.2.3.1 Family zone support features*

**A2.2-2.2.3.1 Family zone support features**

a. **Storage.** Storage should be provided for visitors’ personal belongings.

b. **Work surface.** A horizontal surface sufficient for eating, writing, and supporting a laptop should be provided that is separate and distinct from that used for clinical activities.

e. **Sleeping accommodation.** When family members or visitors are permitted to sleep overnight in the patient room, furnishing that offers a substantially horizontal, impervious sleep surface designed to accommodate an adult should be provided. Such furnishings should be sufficiently comfortable for a night’s sleep and constructed to accommodate and retain bedding. When deployed, any such accommodation should not intrude into required minimum clearances around the patient bed. [Moved to A2.2-2.2.3.1 (2)]

c. d. **Family shower and changing accommodations.** A shower and changing area should be available in the facility.

d. e. **Meal support.** Access to prepared food 24/7 and/or access to usable refrigerator space and a microwave on the patient care unit should be provided.

(1) Space shall be provided in the patient room to support visitation by family members and others, including:

(a) Space for movable seating with a minimum of one seat for a family member or visitor and one seat for the patient

(b) Space for at least one chair for long-term sitting

(2) Where family members or visitors are permitted to sleep in the patient room overnight, space shall be provided for sleeping accommodation.

**A2.2-2.2.3.1 (2) A2.2-2.2.3.1-e.** **Sleeping accommodation.** Furnishing provided for family members or visitors staying overnight should offer a substantially horizontal, impervious sleep surface designed to accommodate an adult. Such furnishings should be sufficiently comfortable for a night’s sleep and constructed to accommodate and retain bedding. When deployed, any such accommodation should not intrude into required minimum clearances around the patient bed.
(3) Public communication services shall be provided in each patient room.

**A2.2-2.2.3.1 (3)** Public communication services provided in patient rooms could include internet connections, distributed antenna systems to accommodate cell phone use, or telephones.

### 2.2-2.2.4 Special Patient Care Rooms

#### 2.2-2.2.4.1 Reserved

#### 2.2-2.2.4.2 Airborne infection isolation (AII) room

1. For requirements in addition to those in this section, see Section 2.1-2.4.2 (AII Room).

2. Number

   a. At least one AII room shall be provided in the hospital and in any other specific areas requiring an AII room as identified in the Guidelines.

   b. The number of additional AII rooms needed for individual patient care units shall be increased based on an ICRA.

#### 2.2-2.2.4.3 Reserved

#### 2.2-2.2.4.4 Protective environment (PE) room

**A2.2-2.2.4.4 PE room purpose.** The PE room is used to protect the profoundly immunosuppressed patient with prolonged neutropenia (i.e., a patient undergoing an allogeneic or autologous bone marrow/stem cell transplant) from common environmental airborne infectious microbes (e.g., *Aspergillus* spores). The differentiating factors between PE rooms and other patient rooms are the requirements for filtration and positive air pressure relative to adjoining spaces.

*(1)* General. When determined by an ICRA, special design considerations and ventilation shall be required to ensure the protection of patients who are highly susceptible to infection.

**A2.2-2.2.4.4 (1)** Many facilities care for patients with an extreme susceptibility to infection (e.g., immunosuppressed patients with prolonged granulocytopenia, most notably bone marrow recipients and patients with hematological malignancies who are receiving chemotherapy and are severely granulocytopenic). Generally, protective environments are not needed in community hospitals unless these facilities care for these types of patients.

(2) Number. The number of PE rooms shall be as required by the ICRA.

(3) Location. The location of PE rooms shall be as required by the ICRA.

(4) Each PE room shall comply with Section 2.1-2.4.2 (AII Room) as well as the requirements in this section (2.2-2.2.4.4).

(5) Special design elements
2.2 Specific Requirements for General Hospitals

(a) Surfaces. In addition to requirements in Section 2.1-7.2.3 (Surfaces), the following requirements shall be met:

(i) The ceiling shall be monolithic.

(ii) All surfaces shall be cleanable.

(b) Lighting. Lighting fixtures shall have lenses and shall be sealed.

*2.2-2.2.4.5 Combination airborne infection isolation/protective environment (AII/PE) room

**A2.2-2.2.4.5 Combination AII/PE room.** This type of room is for profoundly immunosuppressed patients with prolonged neutropenia (i.e., patients undergoing allogeneic or autologous bone marrow/stem cell transplants) who require a protective environment and have an airborne infectious disease.

(1) Number. Hospitals with PE rooms shall include at least one combination AII/PE room.

(2) Each combination AII/PE room shall comply with the requirements in 2.2-2.2.4.4 (PE room) as well as the requirements in this section.

(3) Anteroom. Combination AII/PE rooms shall be equipped with an anteroom that meets the following requirements:

*(a) The anteroom shall provide space for persons to don personal protective equipment (PPE) before entering and doff PPE after leaving the patient room.

(b) All doors to the anteroom shall have self-closing devices and/or an audible alarm arrangement that can be activated when the AII/PE room is in use as an isolation room.

**A2.2-2.2.4.5 (3)(a)** The anteroom may be used for hand hygiene and for storage of PPE (e.g., respirators, gowns, gloves) and clean equipment.

2.2-2.2.4.6 Medical behavioral and mental health psychiatric room

(1) General

(a) Safety and security for planned medical behavioral and mental health psychiatric rooms shall be provided as indicated in Section 1.2-4.6 (Behavioral and Mental Health Risk Assessment).

(b) Number. The number of rooms provided for medical care of behavioral and mental health psychiatric patients shall be as required by the behavioral and mental health risk assessment. See Section 1.2-4.6 (Behavioral and Mental Health Risk Assessment).

(c) Location. These rooms shall be permitted to be part of the behavioral and mental health psychiatric unit described in Section 2.2-2.12 (Behavioral and Mental Health Psychiatric Patient Care Unit).

(2) Where this room is part of a medical/surgical patient care unit, the provisions of Section 2.1-2.2.2 (Medical/Surgical Patient Care Unit—Patient Room) shall apply, with the following exceptions:

(a) Each room shall be for single-patient occupancy.

(b) Each room shall be located to permit staff observation of the entrance.
(c) Each patient room and adjoining patient toilet room shall be designed to minimize the potential for escape, concealment, injury, or suicide self-harm.

*i) A lay-in ceiling shall not be permitted.

A2.2-2.2.4.6 (2)(c)(i) Ceiling height. Provision of a minimum ceiling height of 9 feet (2.74 meters) should be considered.

(ii) Security film or glazing shall be provided on window(s).

(iii) Where a mirror is provided in the patient toilet room, it shall be shatterproof.

(iv) Ceiling and air distribution devices, lighting fixtures, sprinkler heads, and other appurtenances shall be a tamper-resistant type.

(d) Where view panels are used for observation of patients, the arrangement shall provide patient privacy and minimize casual observation by visitors and other patients.

2.2-2.2.5 – 2.2-2.2.7 Reserved

2.2-2.2.8 Support Areas for Medical/Surgical Patient Care Units

2.2-2.2.8.1 General. The support areas listed in this section shall be provided in or readily accessible to each patient care unit and meet the requirements in Section 2.1-2.8 (Support Areas for Patient Care Units and Other Patient Care Areas) as amended in this section.

2.2-2.2.8.2 Administrative center(s) or nurse station

2.2-2.2.8.3 Documentation area

2.2-2.2.8.4 Nurse or supervisor office

2.2-2.2.8.5 Multipurpose room

2.2-2.2.8.6 Reserved

2.2-2.2.8.7 Hand-washing station. Where hand-washing stations are required, they shall meet the requirements in Section 2.1-2.8.7 (Hand-Washing Station).

2.2-2.2.8.8 Medication safety zone

2.2-2.2.8.9 Nourishment area or room

2.2-2.2.8.10 Ice-making equipment. Each patient care unit shall have equipment to provide ice for treatments and for nourishment in accordance with Section 2.1-2.8.10 (Ice-Making Equipment).

2.2-2.2.8.11 Clean workroom or clean supply room

2.2-2.2.8.12 Soiled workroom or soiled holding room

2.2-2.2.8.13 Equipment and supply storage

2.2-2.2.8.14 Environmental services room

2.2-2.2.8.15 Examination room. An examination room shall be provided in accordance with the requirements in Section 2.1-3.2.2 (Single-Patient Examination Room).
2.2 Specific Requirements for General Hospitals

(1) Omission of this room shall be permitted if all patient rooms in the patient care unit are single-patient rooms.

(2) A centrally located examination room(s) shall be permitted to serve more than one patient care unit on the same floor.

2.2-2.2.9 Support Areas for Staff

Support areas shall be provided in accordance with Section 2.1-2.9 (Support Areas for Staff).

2.2-2.2.10 Support Areas for Patients, Families, and Visitors

2.2-2.2.10.1 Family and visitor lounge. A family and visitor lounge that meets the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge) shall be provided.

2.2-2.2.10.2 Toilet room. Toilet rooms(s) used by patients shall meet the requirements in sections 2.1-2.2.6.3 (Patient Toilet Room—Room features) and 2.1-7.2.2.3 (5) (Doors for patient bathing/toilet facilities).

(1) A toilet room(s) with hand-washing station shall be readily accessible to the multipurpose room(s) in Section 2.2-2.2.8.5 (Multipurpose room).

(2) Designation of the toilet room(s) serving the multipurpose rooms(s) for public use shall be permitted.

2.2-2.2.10.3 Reserved

2.2-2.2.10.4 Place for meditation and prayer. Where provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements. at least one dedicated quiet space to support meditation, bereavement, or prayer shall be provided.

2.2-2.3 Oncology Patient Care Unit

2.2-2.3.1 Reserved

*2.2-2.3.2 Patient Room

A2.2-2.3.2 Oncology unit patient rooms should be designed to prevent environmental transmission of communicable microorganisms and to promote a safe healing environment. Ideally, all patient rooms in an oncology unit would be designed as protective environment (PE) rooms. However, as a minimum requirement, the governing body should determine the number of PE rooms required to serve the facility’s patient population. An oncology patient care unit could have all PE rooms or some PE rooms.

2.2-2.3.2.1 Patient rooms in an oncology unit shall comply with the requirements of Section 2.2-2.2 (Medical/Surgical Patient Care Unit—Patient Room).

2.2-2.3.2.2 Protective environment (PE) rooms and AII/PE rooms

(1) Each oncology patient care unit shall have a minimum of one AII/PE room that meets the requirements of Section 2.2-2.2.4.5 (Combination AII/PE room).

(2) Additional requirements in Section 2.2-2.2.4.4 (Protective environment room) shall be met for patient rooms in an oncology patient care unit that will be used for hematopoietic cell transplantation (HCT)
patients. The number of these rooms shall be determined by the services to be provided and an infection control risk assessment.

2.2-2.3.3 Reserved

*2.2-2.3.4 Special Oncology Patient Care Unit—Bone Marrow/Stem Cell Transplant Unit

A2.2-2.3.4 Bone marrow transplant facilities. General space and staffing requirements are critical for bone marrow transplant facilities. Patients in these units may be acutely aware of the surrounding environment, which is their life support system during the many weeks they are confined in an immunosuppressed condition. Means of controlling unnecessary noise are important. At times, each patient may require individual privacy, although each is required to be under close staff supervision.

2.2-2.3.4.1 General

(1) Application

(a) Patient rooms in allogeneic/autologous bone marrow/stem cell transplant units shall meet the requirements of Section 2.2-2.2.4.4 (PE room) as well as the requirements in this section.

(b) At least one patient room in these units shall meet the requirements of Section 2.2-2.2.4.5 (Combination AII/PE room).

(c) The requirements in this section shall apply where the infection control risk assessment (ICRA) specifies that both allograft transplant patients and bone marrow/stem cell transplant patients who are not allogeneic transplants will be served.

(2) Location. Bone marrow transplant rooms shall be located in the same building as out-of-unit diagnostic and treatment equipment, particularly diagnostic imaging and radiation therapy equipment.

2.2-2.3.4.2 Each bone marrow/stem cell transplant unit shall provide space to support the following:

(1) Nurses’ administrative activities

(2) Report/conference room activities

(3) Doctors’ consultation

(4) Drug preparation and distribution

(5) Emergency equipment storage

*(6) Closed Readily accessible waiting for family members

A2.2-2.3.4.2 (6) Consideration should be given to providing patient/family visitation space outside of the patient room and separate from the family and visitor lounge.

2.2-2.3.4.3 Special design elements

(1) Architectural details

(a) All windows in the room shall have fixed sash and be sealed to eliminate infiltration.
2.2 Specific Requirements for General Hospitals

*(b) View panels shall be provided in doors or walls for nursing staff observation.

A2.2-2.3.4.3 (1)(b) Glazing should be safety glass, wire glass, or tempered clear plastic to reduce hazards from accidental breakage.

(2) Surfaces and furnishings. Curtains or other means shall be provided to cover windows and view panels when a patient requires visual privacy.

2.2-2.3.5 – 2.2-2.3.6 Reserved

2.2-2.3.7 Special Design Elements

2.2-2.3.7.1 Architectural details

(1) Decorative water features shall not be permitted. See Section 2.1-7.2.2.14 (Decorative water features).

(2) Fish tanks shall not be installed in oncology patient care units.

*(3) Decorative plant boxes or containers with live plants, dirt, or dried flowers shall not be built inside or immediately adjacent to an oncology patient care unit.

A2.2-2.3.7.1 (3) Silk or plastic flowers or plants that are easy to clean and are cleaned regularly may be used.

2.2-2.3.7.2 Surfaces and furnishings

(1) Frequently touched surfaces in the patient’s environment of care shall be planned and designed to facilitate cleaning and disinfection.

(2) Cabinetry, casework, and countertops shall have flush surfaces that are smooth, nonporous, cleanable, wipeable, and durable and that do not scratch easily.

(3) Window treatments and privacy curtains. Window treatments and privacy curtains shall be provided in accordance with Section 2.1-7.2.4.2 (Window treatments in patient rooms and other patient care areas) and Section 2.1-7.2.4.3 (Privacy curtains in patient rooms and other patient care areas) as amended in this section.

(a) Fabric drapes and privacy curtains shall not be used in oncology units.

(b) Use of wipeable window treatments and privacy curtains shall be permitted.

2.2-2.3.7.3 Lighting

(1) Light coves, non-flush surfaces, and areas that collect dust shall not be used.

(2) Lighting shall be adjustable to meet standards for high visibility during procedures and still provide for the sleep and comfort of the patient.

2.2-2.3.8 Support Areas for the Oncology Unit

2.2-2.3.8.1 The requirements for support areas for medical/surgical units described in Section 2.2-2.2.8 (Support Areas for Medical/Surgical Patient Care Units) shall apply to oncology units.
2.2-2.3.8.2 Diagnostic and treatment areas. Where provided, the following diagnostic and treatment areas shall comply with the cited sections of Section 2.2-3 (Diagnostic and Treatment Areas). Provision of these services shall be permitted from central departments or from satellite facilities.

1. Section 2.2-3.4 (Imaging Services)
2. Section 2.2-3.5 (Radiation Therapy)
3. Section 2.2-3.12 (Cancer Treatment/Infusion Therapy)

2.2-2.3.9 Support Areas for Staff

Support areas shall be provided in accordance with Section 2.1-2.9 (Support Areas for Staff).

2.2-2.3.10 Support Areas for Families, Patients, and Visitors

2.2-2.3.10.1 Family and visitor lounge. A family and visitor lounge that meets the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge) shall be provided.

(1) 2.2-2.3.10.2 Some portion of the family and visitor lounge occupied space shall permit privacy for visitors.

(2) 2.2-2.3.10.3 Space for visitor privacy shall include the following to promote interaction and resource availability:

   (a) Area for communications (e.g., cell phones, computers, wireless Internet access)

   (b) Patient-family information stations

   (c) Access to beverages and nourishment

2.2-2.3.10.2 Place for meditation and prayer. Where provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements.

2.2-2.4 Pediatric and Adolescent Oncology Patient Care Unit

2.2-2.4.1 General

Rooms and spaces in the pediatric and adolescent oncology patient care unit shall be provided in accordance with Section 2.2-2.3 (Oncology Patient Care Unit) and the additional requirements in this section.

2.2-2.4.2 Patient Room

2.2-2.4.2.1 Pediatric patient rooms shall include provisions for family support (e.g., hygiene, sleeping, and personal belongings). See appendix section A2.2-2.2.3.1 (Family zone support features) for more information.

2.2-2.4.2.2 Pediatric patient rooms shall be separated from adult populations.

2.2-2.4.3 Reserved

2.2-2.4.4 Special Patient Care Rooms
At least one combination AII/PE room shall be provided for each pediatric unit. See Section 2.2-2.2.4.5 (Combination AII/PE room) for requirements.

2.2-2.4.5 – 2.2-2.4.9

*2.2-2.4.10 Support Areas for Patients

  **A2.2-2.4.10 Additional support areas for the pediatric oncology unit**

  a. A multipurpose room/space should be provided for dining and classroom space.

  b. Space should be provided to accommodate a washing machine/dryer and a dishwasher for the purpose of laundering and/or washing plush toys and hard plastic toys.

2.2-2.4.10.1 Patient play areas. Where provided, play areas shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

*2.2-2.5 Intermediate Care Unit

  **A2.2-2.5 Intermediate care units, sometimes referred to as stepdown units, are routinely used in acute care hospitals for patients who require frequent monitoring of vital signs and/or nursing intervention that exceeds the level needed in a regular medical/surgical unit but is less than that provided in a critical care unit. Intermediate care units can be progressive care units or specialty care units such as cardiac, surgical (e.g., thoracic, vascular), neurosurgical/neurological monitoring, or chronic ventilator respiratory care units.**

2.2-2.5.1 General

2.2-2.5.1.1 Application. These standards shall apply to adult beds designated for the provision of intermediate care.

2.2-2.5.1.2 Location

  (1) In hospitals that provide intermediate care, beds shall be designated for this purpose.

  (2) These beds shall be located in a separate unit, designated as part of another unit, or designed to flex with other beds in a unit as long as the beds are designed to the requirements of the highest level of acuity.

2.2-2.5.2 Patient Room

The following shall apply to all intermediate care rooms units unless otherwise noted.

2.2-2.5.2.1 Capacity. See Section 2.2-2.2.2.1 (Medical/Surgical Unit: Patient Room—Capacity) for requirements.

2.2-2.5.2.2 Space requirements

  (1) Area
2.2 Specific Requirements for General Hospitals

(a) Patient rooms shall have a minimum clear floor area of 150 square feet (13.94 square meters) in single-patient rooms and 120 square feet (11.15 square meters) per bed in multiple-patient rooms.

(b) See Section 2.1-2.2.1 (Area) for information on minor encroachments.

(2) Clearances

(a) The dimensions and arrangement of rooms shall provide a minimum clearance of 4 feet (1.22 meters) between the sides of the beds and other beds, walls, or fixed obstructions.

(b) A minimum clearance of 4 feet (1.22 meters) shall be available at the foot of each bed to permit the passage of equipment.

(3) Renovation. Where renovation work is undertaken and it is not possible to meet the above minimum standards, authorities having jurisdiction shall be permitted to grant approval to deviate from this requirement. In such cases, patient rooms shall have a minimum clear floor area of 120 square feet (11.15 square meters) in single-patient rooms and 100 square feet (9.29 square meters) per bed in multiple-patient rooms.

2.2-2.5.2.3 Windows. Windows shall be provided in accordance with Section 2.1-7.2.2.5 (Windows in patient rooms).

2.2-2.5.2.4 Patient privacy. See Section 2.1-2.1.2 (Patient Privacy) for requirements.

2.2-2.5.2.5 Hand-washing station. See Section 2.1-2.2.5 (Hand-Washing Station in the Patient Room) for requirements.

2.2-2.5.2.6 Patient toilet room. A toilet room shall be provided in accordance with Section 2.1-2.6 (Patient Toilet Room).

2.2-2.5.2.7 Patient bathing facilities. Bathing facilities shall be provided in accordance with Section 2.2-2.2.7 (Patient bathing facilities).

2.2-2.5.2.8 Patient storage. See Section 2.1-2.2.8 (Patient Storage) for requirements.

2.2-2.5.3 Reserved

2.2-2.5.4 Special Patient Care Rooms

2.2-2.5.4.1 Reserved

2.2-2.5.4.2 Airborne infection isolation (AII) room

(1) At least one AII room shall be provided in the intermediate care unit.

(2) The number of AII rooms shall be determined on the basis of an ICRA.

(3) Each room shall comply with the requirements in Section 2.1-2.4.2 (AII Room).

2.2-2.5.5 – 2.2-2.5.7 Reserved

2.2-2.5.8 Support Areas for the Intermediate Care Unit
The support areas listed in this section shall be provided in or readily accessible to each patient care unit and meet the requirements in Section 2.1-2.8 (Support Areas for Patient Care Units and Other Patient Care Areas) in addition to the requirements in this section.

2.2-2.5.8.1 Administrative center or nurse station. There shall be direct or remote visual observation between the administrative center or nurse station, staffed documentation areas, and all patient beds in the unit.

2.2-2.5.8.2 Documentation area

2.2-2.5.8.3 – 2.2-2.5.8.6 Reserved

2.2-2.5.8.7 Hand-washing stations

2.2-2.5.8.8 Medication safety zone

2.2-2.5.8.9 Nourishment area or room

2.2-2.5.8.10 Ice-making equipment

2.2-2.5.8.11 Clean workroom or clean supply room

2.2-2.5.8.12 Soiled workroom or soiled holding room

2.2-2.5.8.13 Equipment and supply storage. An equipment storage room(s) or alcove(s), sized to provide a minimum of 20 square feet (1.86 square meters) per patient bed, shall be provided for each intermediate care unit.

2.2-2.5.8.14 Environmental services room

2.2-2.5.9 Support Areas for Staff

The support areas noted in this section shall be provided in accordance with the requirements in Section 2.1-2.9 (Support Areas for Staff) as amended in this section.

2.2-2.5.9.1 Staff lounge

(1) The lounge shall be located in or readily accessible to the intermediate care unit.

(2) This lounge shall be permitted to serve more than one patient care unit.

2.2-2.5.9.2 Staff toilet room

2.2-2.5.9.3 Storage for staff

2.2-2.5.10 Support Areas for Families and Visitors

2.2-2.5.10.1 Family and visitor lounge. A family and visitor lounge that meets the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge) shall be provided.

2.2-2.5.10.2 Place for meditation and prayer. Where provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements.

*2.2-2.6 Critical Care Unit

A2.2-2.6 Critical care unit
2.2 Specific Requirements for General Hospitals

a. Critical care units require special space and equipment considerations for safe and effective patient care, staff functions, and family participation. Families and visitors to critical care units often wait for long periods, including overnight, under highly stressful situations. Clinical personnel perform in continuously stressful circumstances over long hours. Often, they cannot leave the critical care unit, necessitating space and services to accommodate their personal and staff group needs in close proximity to the unit.

b. The design of the unit should address such issues as privacy, ambience, and aesthetics for all involved in the care and comfort of patients in critical care units.

2.2-2.6.1 General

*2.2-2.6.1.1 Application.* Provision of the following services from central departments or from satellite facilities shall be permitted:

(1) Imaging  
(2) Respiratory therapy  
(3) Laboratory services  
(4) Pharmacy services

A2.2-2.6.1 Not every hospital will provide all types of critical care. Some hospitals may have a small combined unit; others may have separate, sophisticated units for highly specialized treatments (e.g., coronary care, neurointensive, pediatric, surgical trauma).

*2.2-2.6.1.2 Location.* The following shall apply to all types of critical care units unless otherwise noted.

A2.2-2.6.1.2 Transportation of patients to and from the critical care unit should ideally be separated from public corridors and visitor waiting areas.

*(1)* The critical care unit shall be located in the same building as services and/or departments (e.g., emergency, respiratory therapy, laboratory, radiology, surgery) required to provide care to critical care patients.

A2.2-2.6.1.2 (1) The services and/or departments needed to serve critical care patients should be identified during project planning and specified in the functional program.

(2) The unit shall be located so that medical emergency resuscitation teams can respond promptly to emergency calls with minimum travel time.

(3) The location shall not permit unrelated traffic of staff, the public, or other patients through the unit except for emergency egress.

2.2-2.6.2 Critical Care Patient Care Areas

2.2-2.6.2.1 General. The following shall apply to all types of critical care units unless otherwise noted.

*2.2-2.6.2.2 Space requirements*
2.2 Specific Requirements for General Hospitals

A2.2-2.6.2.2 Space requirements in the critical care unit. In critical care units, the size of the patient care station should be determined by the intended functional use. Patient care stations in critical care units—especially those serving patients following major trauma or cardiovascular, transplant, or orthopedic procedures and medical patients who simultaneously require ventilation, dialysis, and/or treatment with other large equipment (e.g., intra-aortic balloon pump)—may be undersized if designed to the absolute minimum clear floor area indicated.

(1) Each patient care station shall be a single-patient room.

(2) Area. Each critical care patient room shall have a minimum clear floor area of 200 square feet (18.58 square meters) with a minimum headwall width of 13 feet (3.96 meters) per bed.

(3) Clearances. All adult and pediatric critical care patient rooms shall have the following minimum clearances:
   (a) 1 foot (30.48 centimeters) from the head of the bed to the wall
   (b) 5 feet (1.52 meters) from the foot of the bed to the wall
   (c) 5 feet (1.52 meters) on the transfer side
   (d) 4 feet (1.22 meters) on the non-transfer side

(4) In renovation of existing critical care units, where it is not possible to meet the above minimum standards, authorities having jurisdiction shall be permitted to grant approval for deviations from these requirements. In such cases, the following standards shall be met:
   (a) Patient care stations shall be permitted to be cubicles.
   (b) Separate rooms or cubicles for single-patient use shall have a minimum clear floor area of 150 square feet (13.94 square meters).

(5) The patient room or patient care station shall be sized to allow for a minimum of two seated visitors without interfering with providers’ access to the patient and equipment.

2.2-2.6.2.3 Windows

(1) See Section 2.1-7.2.2.5 (Windows in patient rooms) for requirements.

(2) Where cubicles are provided, there shall be no more than one intervening patient care station between any patient bed and the window(s).

(3) Windows in renovation projects
   (a) Use of clerestory windows equipped with glare and sun control shall be permitted.
   (b) Distance from the patient bed to an exterior window shall not exceed 50 feet (15.24 meters).

2.2-2.6.2.4 Patient privacy

(1) View panels to the corridor with a means to allow visual privacy shall be provided in critical care patient rooms.
In renovation projects where multiple patient care stations are provided in the same room, each patient care station shall have provisions for visual privacy from casual observation by other patients and visitors.

2.2-2.6.2.5 Hand-washing stations. For design requirements, see Section 2.1-2.8.7.2 (Hand-Washing Station—Design requirements).

(1) A hand-washing station shall be provided in each patient room.

(2) In renovation projects where cubicles are provided, the following requirements shall apply:
   (a) At least one hand-washing station shall be provided for every three cubicles in open-plan areas.
   (b) A hand-washing station shall be located near the entrance to each patient cubicle.

2.2-2.6.2.6 Toilet room or human waste disposal room

*(1) Each critical care patient room, both adult and pediatric, shall have direct access to an enclosed toilet room or human waste disposal room. (a) Where a toilet room is provided, it shall be equipped with a toilet with bedpan-rinsing device. (b) Where or a human bedpan washer-disinfector system that meets the requirements in Section 21-8.4.3.7 (Human waste disposal systems) room is provided, it shall be equipped with a flushing-rim clinical sink with bedpan-rinsing device.

A2.2-2.6.2.6 (1) Toilet room. Where a critical care patient room is designed as a universal room or a room that will operationally flex with other levels of care (e.g., intermediate care), a toilet room with shower or bathtub should be required.

*(2) A hand-washing station shall not be required in the toilet room or human waste disposal room.

A2.2-2.6.2.6 (2) For patient and staff safety, a hand-washing station in the patient room is a priority to support standard infection prevention precautions. A sink in the toilet room or human waste disposal room may be provided, but it is not to be used as the primary sink for hand hygiene during patient care.

A toilet room or human waste disposal room accessed from the critical care patient room provides for patient privacy and caregiver protection when disposing of human waste. This arrangement applies only to critical care units and is not to be interpreted as a requirement for standard patient toilet rooms or soiled workrooms.

*2.2-2.6.2.7 Nurse call system. A nurse call system shall be provided in accordance with Section 2.1-8.5.1 (Call Systems).

A2.2-2.6.2.7 The staff emergency assistance system should be located so it can be reached easily. The system should annunciate at the nurse station with backup from another staffed area from which assistance can be summoned.

2.2-2.6.3 Reserved

2.2-2.6.4 Special Patient Care Areas

2.2-2.6.4.1 Reserved

2.2-2.6.4.2 Airborne infection isolation (AII) room
2.2 Specific Requirements for General Hospitals

(1) At least one AII room shall be provided in the critical care unit, unless one is provided in another critical care unit. The number of additional AII rooms needed shall be based on an ICRA.

(2) Each AII room shall comply with the requirements in Section 2.1-2.4.2 (AII Room) except that the bathtub or shower is not required.

2.2-2.6.5 – 2.2-2.6.7 Reserved

2.2-2.6.8 Support Areas for the Critical Care Unit

2.2-2.6.8.1 General The following shall be provided for all types of critical care units unless otherwise noted.

2.2-2.6.8.2 Administrative center or Nurse station

(1) An administrative center or nurse station shall be provided in accordance with Section 2.1-2.8.2 (Administrative Center or Nurse Station).

*(2) Visual observation. There shall be direct or remote visual observation between the administrative center, nurse station, or staffed charting stations and all patient care stations in the critical care unit. Such observation shall provide a view of the patient while the patient is in bed.

A2.2-2.6.8.2 (2) Visual observation. Critical care patients should be visually observed at all times. This can be achieved in a variety of ways.

a. If a central station is chosen, it should be located to allow for complete visual observation of all patient beds in the critical care unit. It should be designed to maximize efficiency in traffic patterns. Patients should be oriented so they can see the nurse but cannot see other patients. There should be an ability to communicate with the clerical staff without having to enter the central station.

b. If a central station is not chosen, the unit should be designed to provide visual observation between nurse and patient. This can be accomplished by positioning sub-charting stations either between patient rooms or in a location that allows staff to observe a group of rooms. Chairs or equipment at sub-charting stations should not infringe on the required corridor width.

*2.2-2.6.8.3 Documentation and information review areas. Space shall be provided in the critical care unit to accommodate the recording of patient information.

A2.2-2.6.8.3 Documentation and information review areas. The requirements for providers to document patient information are substantial. As providers and others often review patient records in critical care units, supporting confidentiality of patient information is important.

a. Separate areas need to be designed for unit clerical staff and for staff charting. Planning should consider the potential volume of staff (both medical and nursing) that could be present at any one time and translate that to adequate charting surfaces.

b. The clerical documentation and review area should be accessible to all. However, the charting areas may be somewhat isolated to facilitate concentration.
c. Storage for supplies should be readily accessible to a multidisciplinary team area.

d. Space for computer terminals and printer and conduit for computer hookup should be provided where automated information systems are in use or planned for the future.

e. Patient records should be readily accessible to clerical, nursing, and physician staff.

(1) A documentation area shall be provided for each patient in or adjacent to the patient care station.

(2) There shall be a space in the unit for information review located to facilitate concentration.

**2.2-2.6.8.4 Nurse or supervisor office**

(1) Office space for critical care medical and nursing management/administrative personnel shall be immediately accessible to the critical care unit.

(2) The offices shall be linked with the unit by telephone or an intercommunications system.

**2.2-2.6.8.5 Multipurpose room.** Multipurpose room(s) shall be provided in accordance with Section 2.1-2.8.5 (Multipurpose Room).

**2.2-2.6.8.6 – 2.2-2.6.8.7 Reserved**

**2.2-2.6.8.8 Medication safety zone.** See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

2.2-2.6.8.9 Nourishment area

(1) The nourishment area shall be provided in accordance with Section 2.1-2.8.9 (Nourishment Area or Room).

(2) More than one critical care unit shall be permitted to share the nourishment area provided access is available from each unit without travel through a public corridor.

**2.2-2.6.8.10 Ice-making equipment**

(1) Each unit shall have equipment to provide ice for treatment and nourishment.

(2) Ice-making equipment shall be provided in accordance with Section 2.1-2.8.10 (Ice-Making Equipment).

**2.2-2.6.8.11 Clean workroom or clean supply room.** A clean workroom or clean supply room shall be provided in each critical care unit.

(1) The clean workroom or clean supply room shall meet the requirements in Section 2.1-2.8.11 (Clean Workroom or Clean Supply Room).

(2) The room shall be permitted to serve more than one critical care unit provided access is available from each unit without travel through a public corridor.

**2.2-2.6.8.12 Soiled workroom or soiled holding room.** A soiled workroom or soiled holding room shall be provided in each critical care unit.
(1) The soiled workroom or soiled holding room shall meet the requirements in Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).

(2) The room shall be permitted to serve more than one critical care unit provided access is available from each unit without travel through a public corridor.

2.2-2.6.8.13 Equipment and supply storage

(1) Clean linen storage. Clean linen storage shall be available in each critical care unit.

   (a) Clean linen storage shall be provided in accordance with Section 2.1-2.8.13.1 (Clean linen storage).

   (b) A clean linen storage area shall be permitted to serve more than one critical care unit provided access is available from each unit without travel through a public corridor.

*(2) Equipment storage room or alcove. Equipment room(s) or alcove(s) shall be provided for each critical care unit.

   A2.2-2.6.8.13 (2) Equipment storage room or alcove

   a. Work areas and storage of critical care supplies should be immediately accessible for use by clinical staff.

   b. Electrical outlets should be provided in sufficient quantity to permit recharging of stored battery-operated equipment.

   c. Alcoves are often provided for storage and rapid retrieval of crash carts and portable monitor/defibrillator units.

      (a) Equipment storage room(s) or alcove(s) shall be sized to provide a minimum of 20 square feet (1.86 square meter) per patient care station in the critical care unit.

      (b) Equipment storage room(s) shall contain space and provisions for recharging equipment.

(3) Wheelchair and gurney storage. Space to store gurneys and wheelchairs shall be provided.

(4) Emergency equipment storage. Space for emergency equipment storage shall be provided in the unit in accordance with Section 2.1-2.8.13.4 (Emergency equipment storage).

2.2-2.6.8.14 Environmental services room. An environmental services room(s) shall be provided that meets the requirements in Section 2.1-2.8.14 (Environmental Services Room).

*2.2-2.6.8.15 Examination room. Where an examination room is provided, it shall meet the requirements in Section 2.1-3.2.2 (Single-Patient Examination Room).

   A2.2-2.6.8.15 An examination room may be located outside the critical care unit.

2.2-2.6.8.16 Patient-monitoring equipment

(1) Each unit shall contain equipment for physiological monitoring, with visual displays for each patient at the bedside and at the nurse station or centralized monitoring area.

(2) Monitors shall be located to permit easy viewing and access but shall not interfere with access to the patient.
2.2 Specific Requirements for General Hospitals

2.2-2.6.8.17 Image-viewing capability. The unit shall have image-viewing capability, which shall be permitted to serve more than one critical care unit.

2.2-2.6.9 Support Areas for Staff

The following shall be provided for all types of critical care units.

2.2-2.6.9.1 Staff lounge facilities. Staff lounge facilities shall be provided in accordance with Section 2.1-2.9.1 (Staff Lounge Facilities).

*(1) The lounge shall be located in or adjacent to the critical care unit.

A2.2-2.6.9.1 (1) Proximity to the critical care unit allows staff to be recalled to the patient care area quickly in an emergency.

(2) One lounge shall be permitted to serve adjacent critical care units.

(3) The lounge shall have telephone or intercom and emergency call station connections to the critical care unit it serves.

(4) Furnishings, equipment, and space for seating shall be provided.

(5) The staff lounge shall not be the same space as the multipurpose room required in Section 2.2-2.6.8.5 (Multipurpose room).

2.2-2.6.9.2 Staff toilet room. A staff toilet room(s) that meets the requirements of Section 2.1-2.9.2 (Staff Toilet Room) shall be readily accessible to the staff lounge.

2.2-2.6.9.3 Storage for staff. Facilities for personal use of staff shall be provided in accordance with Section 2.1-2.9.3 (Staff Storage Facilities).

2.2-2.6.9.4 Staff accommodations. Sleeping and personal care accommodations shall be provided for staff on 24-hour, on-call work schedules. These accommodations shall include the following:

(1) Accommodations for sleeping and rest
   (a) Space for a chair
   (b) Space for a bed

(2) Individually secured storage for personal items

(3) A communication system

(4) Accommodations for personal hygiene. At least one toilet, shower, and hand-washing station shall be provided.

2.2-2.6.10 Support Areas for Families and Visitors

2.2-2.6.10.1 Family and visitor lounge. A family and visitor lounge shall be provided in accordance with the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge).

2.2-2.6.10.2 Place for meditation and prayer. Where provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements.
2.2 Specific Requirements for General Hospitals

2.2-2.7 Pediatric Critical Care Unit

2.2-2.7.1 General

2.2-2.7.1.1 Application. Pediatric critical care units shall meet the requirements set forth for a general critical care unit in Section 2.2-2.6 (Critical Care Unit) as well as the requirements in this section.

2.2-2.7.1.2 Location. All entries to the pediatric critical care unit shall be secured with controlled access.

2.2-2.7.2 Pediatric Critical Care Patient Care Rooms and Areas

2.2-2.7.2.1 Reserved

*2.2-2.7.2.2 Space requirements

A2.2-2.7.2.2 Patient rooms designed for specialized procedures requiring additional equipment (e.g., extracorporeal membrane oxygenation) may require clear floor area in addition to that in Section 2.2-2.6.2.2 (2) (Area). [Moved to 2.2-2.7.2.2 (3).]

(1) To accommodate parents/families/visitors

(a) Space shall be provided at each bedside for families and visitors in addition to the space provided for staff. The space provided for parental accommodations and for movable furniture shall not limit or encroach on the minimum clearance requirements for staff and medical equipment around the patient’s bed station.

*(b) (2) Space shall be provided for recumbent sleep of a parent/visitor. Where the sleeping area is separate from the patient area, a communication system shall be provided.

A2.2-2.7.2.2 (1)(b) (2) Parent/visitor sleeping accommodations should be provided in the patient room.

(2) For specialized procedures. Pediatric critical care patient rooms designed for specialized procedures that require additional equipment space (e.g., extracorporeal membrane oxygenation, or ECMO) shall have a minimum clear floor area of 300 square feet (27.87 square meters), may require clear floor area in addition to that in Section 2.2-2.6.2.2 (2) (Area).

2.2-2.7.3 Reserved

2.2-2.7.4 Airborne Infection Isolation (AII) Room

2.2-2.7.4.1 At least one AII room shall be provided in the pediatric critical care unit. The number of additional AII rooms needed shall be based on an ICRA.

2.2-2.7.4.2 Each AII room shall comply with the requirements in Section 2.1-2.4.2 (AII Room), except that the bathtub or shower is not required.

2.2-2.7.5 – 2.2-2.7.7 Reserved

2.2-2.7.8 Support Areas for the Pediatric Critical Care Unit

2.2-2.7.8.1 General. Support areas shall be provided to meet the requirements in Section 2.2-2.6.8 (Support Areas for the Critical Care Unit) and the requirements in this section.
2.2 Specific Requirements for General Hospitals

2.2-2.7.8.2 – 2.2-2.7.8.3 Reserved

2.2-2.7.8.4 Consultation/demonstration room. A room for consultation and demonstration shall be provided in the pediatric critical care unit.

2.2-2.7.8.5 – 2.2-2.7.8.12 Reserved

*2.2-2.7.8.13 Equipment and supply storage. Provisions shall be made for storage of formula and human milk.

A2.2-2.7.8.13 Equipment and supply storage

a. Space allowances for pediatric beds and cribs are greater than those for adult beds because of the variation in bed/crib sizes to accommodate varying patient sizes. Therefore, the pediatric critical care unit may require more general storage than the minimum in Section 2.2-2.6.8.13 (2) (Equipment storage room or alcove).

b. Formula storage may be located outside the unit but should be available for use at all times.

2.2-2.7.8.14 Reserved

2.2-2.7.8.15 Examination room. Where provided, examination rooms shall meet the requirements in Section 2.2-2.6.8.15 (Examination room).

2.2-2.7.9 Support Areas for Staff

Support areas shall be provided in accordance with Section 2.2-2.6.9 (Support Areas for Staff).

2.2-2.7.10 Support Areas for Families and Visitors

2.2-2.7.10.1 Family and visitor lounge. A family and visitor lounge shall be provided in accordance with the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge).

2.2-2.7.10.2 Place for meditation and prayer. Where provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements.

2.2-2.8 Neonatal Intensive Care Unit

2.2-2.8.1 General

2.2-2.8.1.1 Application

(1) The requirements in this section shall apply to the neonatal intensive care unit (NICU).

(2) In addition, the requirements in Section 2.2-2.6.1.1 (Critical Care Unit—Application) shall apply to the NICU.

2.2-2.8.1.2 Location

*(1) All entries to the NICU shall be secured with controlled access by door locking or by direct or indirect visual observation.
2.2 Specific Requirements for General Hospitals

A2.2-2.8.1.2 (1) There should be efficient access to the unit from the labor and delivery area and emergency department or other referral entry points.

(2) The family entrance and reception area shall be clearly identified.

(3) The reception area shall permit visual observation and contact with all traffic entering the unit.

*(4) The NICU shall be designed to protect the physical security of infants, parents, and staff and to minimize the risk of infant abduction.

A2.2-2.8.1.2 (4) Security. See Section 1.2-4.8 (Security Risk Assessment) for information on this aspect of the safety risk assessment.

2.2-2.8.2 NICU Rooms and Areas

2.2-2.8.2.1 Reserved

*2.2-2.8.2.2 Space requirements

A2.2-2.8.2.2 Space requirements. Infant beds designed for specialized procedures, such as extracorporeal membrane oxygen (ECMO), should contain a minimum clear floor area of 225 square feet (20.9 square meters) in multiple-infant areas and 300 square feet (27.87 square meters) in single-infant rooms.

(1) Area

(a) In multiple-infant rooms, including ones with bays, cubicles, or movable cubicle partitions, each infant care station shall contain a minimum clear floor area of 120-150 square feet (11.15-13.9 square meters) per infant care bed.

(b) Rooms intended for the use of a single infant shall contain a minimum clear floor area of 165-180 square feet (15.3-16.7 square meters).

(2) Aisles

(a) In multiple-infant rooms, there shall be an aisle adjacent to each infant care station with a minimum width of 4 feet (1.22 meters).

(b) Where fixed cubicle partitions are part of the design, an adjacent aisle with a minimum clear width of 8 feet (2.44 meters) shall be provided to permit the passage of equipment and personnel.

(3) Clearances

(a) In multiple-infant rooms, a minimum clearance of 8 feet (2.44 meters) shall be provided between infant care beds.

(b) In all infant care stations, the following minimum clearances shall be provided:

(i) 1 foot (30.48 centimeters) at the head of the infant care bed

(ii) 4 feet (1.22 meters) between the sides of infant care beds and any wall or other fixed obstruction

*2.2-2.8.2.3 Window(s).
A2.2-2.8.2.3 Windows in the NICU.

a. Transparent windows, clerestory windows, and skylights are acceptable sources of light and view.

Where provided, shading devices should be a neutral color or opaque to minimize color distortion from transmitted light. [Moved to A2.2-2.8.2.3 (2)(c).]

b. While windows are often provided for staff and family views, they are not required in individual patient rooms as long as daylight can be viewed from the infant care station itself or from an adjacent area, in compliance with this standard. The daylight is primarily for the benefit of family and staff. Infant circadian rhythm can be supported through other lighting provisions in both new construction and renovation.

(1) At least one source of daylight shall be visible from infant care areas, either from the infant care station itself or from an adjacent area.

(2) Where a window(s) is provided, the following requirements shall be met:

   (a) Exterior windows in infant care areas shall be glazed with insulating glass to minimize heat gain or loss.

   (b) Exterior windows in infant care areas shall be situated at least 2 feet (60.96 centimeters) from any part of an infant bed and sized to minimize radiant heat loss from the infant.

   *(c) All daylight sources shall be equipped with shading devices.

   A2.2-2.8.2.3 (2)(c) Where provided, shading devices should be a neutral color or opaque to minimize color distortion from transmitted light.

2.2-2.8.2.4 Patient privacy. Each infant care station shall be designed to allow visual privacy for the infant and family.

2.2-2.8.2.5 Hand-washing stations. For design requirements, see Section 2.1-2.8.7.2 (Hand-Washing Station—Design requirements).

(1) In a multiple-infant room, every bed position shall be within 20 feet (6.10 meters) of a hand-washing station.

(2) Where infant care stations are single-infant rooms, a hand-washing station shall be provided in each room.

2.2-2.8.2.6 Reserved

2.2-2.8.2.7 Nurse call system. A nurse call system shall be provided in accordance with Section 2.1-8.5.1 (Call Systems).

2.2-8.3 Reserved Neonatal Couplet Care Room

A2.2-2.8.3 Neonatal couplet care room. This room accommodates a hospitalized mother and a NICU patient to be cared for in the same room.

Where a neonatal couplet care room is provided, it shall meet the requirements in this section.
2.2 Specific Requirements for General Hospitals

### 2.2-2.8.3.1 Space requirements

1. **Area.** A minimum clear floor area of 300 square feet (27.87 square meters) shall be provided, including 150 square feet (13.9 square meters) for the infant care station and 150 square feet (13.9 square meters) for the mother’s bed.

2. **Clearances**
   
   (a) Clearances for the adult bed shall meet the requirements in Section 2.1-2.3.2.2 (Accommodations for Care of Individuals of Size—Space requirements).
   
   (b) Clearances for the infant care station shall meet the requirements in Section 2.2-2.8.2.2 (Space requirements) paragraphs (2) (Aisles) and (3) (Clearances).

### 2.2-2.8.3.2 Each room accommodating an adult shall meet the requirements in the following sections:

1. Section 2.1-2.2.3 (Windows)
2. Section 2.1-2.2.4 (Patient Privacy)
3. Section 2.1-2.2.5 (Hand-Washing Station in the Patient Room)
4. Section 2.1-2.2.6 (Patient Toilet Room)
5. Section 2.1-2.2.8 (Patient Storage)

### 2.2-2.8.3.3 Where the neonatal couplet care room is combined with an LDRP, the following requirements shall be met:

1. **Area.** The minimum clear floor area shall be 435 square feet (40.4 square meters).

2. **Clearances.** Clearances for the LDRP and NICU patients shall be met. See these sections for requirements:
   
   (a) Section 2.2-2.9.3.2 (2) (LDR and LDRP Rooms—Clearances)
   
   (b) Section 2.2-2.8.2.2 (3) (NICU Rooms and Areas—Clearances)

### 2.2-2.8.3.4 Support areas.** Support areas for the neonatal couplet care room shall be permitted to be shared with the NICU and the obstetrical unit.

### 2.2-2.8.4 Special Patient Care Rooms

2.2-2.8.4.1 Reserved

2.2-2.8.4.2 Airborne infection isolation (AII) room.** An AII room shall be provided.

1. The room shall have provisions for observation of the infant from adjacent area(s) of the NICU.

2. All AII rooms in the NICU shall comply with the requirements of Section 2.1-2.4.2 (AII Room) except the requirements for separate toilet, bathtub, or shower.

2.2-2.8.5 – 2.2-2.8.6 Reserved

2.2-2.8.7 Special Design Elements
2.2 Specific Requirements for General Hospitals

2.2-2.8.7.1 Architectural details

*(1) Ceilings

**A2.2-2.8.7.1 (1) Ceilings in NICUs**

a. Since sound abatement is a high priority in the NICU, use of acoustic ceiling systems is desirable. Acoustic ceiling systems should be selected and designed carefully to meet this standard. In most NICUs, the ceiling offers the largest available area for sound absorption. The standard for ceiling finishes includes areas that communicate with infant rooms and adult sleep areas (e.g., hallways, corridors, storage, and staff work areas) when doors are opened in the course of daily activity.

Ceilings with high acoustic absorption (i.e., high NRC ratings) do not have a significant barrier effect (in other words, they do not offer protection from sounds transmitted between adjacent areas). A CAC-29 rating provides a moderate barrier effect and allows use of a broad range of ceiling products. Poor barrier effects can result if room-dividing partitions are discontinued above the ceiling, allowing room-to-room cross talk, or if there are noise-producing elements in the ceiling plenum. If the ceiling plenum contains noise sources such as fan-powered boxes, in-line exhaust fans, variable air volume devices, etc., then a CAC rating higher than CAC-29 may be necessary.

b. High-performance mineral fiber ceiling tiles achieving NRC 0.70 or greater have high sound absorption properties in speech frequencies (500 Hz to 1000 Hz). It is very difficult to achieve NRC 0.95 and CAC-29 in the same ceiling tile, and only a small number of foil-backed glass fiber tiles meet this requirement. The requirement of NRC 0.95 and CAC-29 can be achieved by composite panels that consist of glass fiber facing the occupied space with a mineral fiber backing, but these are not commodity tiles and are more expensive than regular tiles.

c. VOCs and PBTs such as cadmium are often found in paints and ceiling tiles and should be avoided. Specify low- or no-VOC paints and coatings.

(a) Ceilings shall be easily cleanable and nonfriable.

(b) Ceiling construction shall limit passage of particles from above the ceiling plane into the clinical environment.

*(2) Walls. For wall sound isolation requirements, see Section 1.2-6.1.5 (Design Criteria for Performance of Interior Wall and Floor/Ceiling Constructions).

**A2.2-2.8.7.1 (2) Walls in NICUs.** Acoustically absorptive surfaces reduce reverberation and thus reduce sound levels at a distance from the sound source. Where possible, two perpendicular walls should be covered with sound-absorptive surface materials with an NRC of at least 0.65. Where this is not possible, the upper portions of all four walls (i.e., areas high enough they are unlikely to be damaged by movement of equipment) should be covered with such material. Glass should be limited to the area actually required for sight to leave wall surface available for absorptive surface treatment.
2.2 Specific Requirements for General Hospitals

*(3) Floors. For floor sound isolation requirements, see Section 1.2-6.1.5 (Design Criteria for Performance of Interior Wall and Floor/Ceiling Constructions).

A2.2-2.8.7.1 (3) Floors in NICUs. Although a variety of flooring materials can limit impact noise somewhat, specialized carpeting offers the most protection. Carpeting used in infant areas must have impermeable backing, be monolithic or have chemically or heat-welded seams, and be tolerant of heavy cleaning (including the use of bleach).

2.2-2.8.7.2 Lighting

(1) Provisions shall be made for indirect lighting and high-intensity lighting in the NICU.

(2) Electric light sources shall have a color rendering index of no less than 80, a full-spectrum color index of no less than 55, and a gamut area of no less than 65 and no greater than 100.

(3) Controls shall be provided to enable lighting to be adjusted over individual patient care spaces.

(4) Darkening for transillumination shall be available.

(5) Direct ambient lighting

   (a) No direct ambient lighting shall be permitted in the infant care station.

   (b) Any direct ambient lighting used outside the infant care station shall be located or framed to avoid a direct line of sight from the infant to the fixture.

   (c) These requirements do not exclude the use of direct procedure lighting.

(6) Lighting fixtures shall be cleanable.

*2.2-2.8.7.3 Noise control. The following spaces in the NICU—and the spaces opening onto them—shall be designed to meet the requirements in Section 1.2-6.1 (Acoustic Design): comply with room noise criteria in Table 1.2-5 (Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems).

(1) Infant rooms (including airborne infection isolation rooms)

(2) Staff work areas

(3) Family areas

(4) Staff lounge and sleeping areas

A2.2-2.8.7.3 Noise control in the NICU. When designing NICUs, it is imperative to consider the decades of research on the significant effect that sound has on infants. For the preterm infant, early auditory development is taking place in the hospital rather than in the mother's womb. Sound is one of the most pervasive stimuli in the NICU and can affect not only auditory development, but also cognitive development, physiological stress, sleep quality, and length of hospitalization.

Because of the importance of building design and operations on managing sound for NICU infants, use of the current edition of the “Recommended Standards for
Newborn ICU Design” is recommended for designing NICUs. This document includes the most current research and design information on NICU planning, sound isolation, appropriate background sound levels from internal and external sources, sound absorption, medical and non-medical equipment sound levels, and operational sound control.

a. The intention is to produce minimal background noise and to contain and absorb much of the transient noise that arises in these spaces. For more information, see Section 1.2-6.1 (Acoustic Design).

— Fire alarms in the infant area should be restricted to flashing lights without an audible signal. The audible alarm level in other occupied areas should be adjustable.

— Telephones audible from the infant area should have adjustable announcing signals.

— Water supply and faucets selected for infant areas should be types that minimize noise and provide instant warm water to minimize time “on.”

— Loudspeakers located in sensitive areas should be outfitted with adjustable volume controls.

— Noise-generating activities and areas (e.g., linen and supply carts, conference areas, clerks’ areas, multiple-person work stations, and travel paths not essential to infant care), permanent equipment, and office equipment should be acoustically isolated from the infant area. Vibration isolation pads are recommended under leveling feet of permanent equipment and appliances in noise-sensitive areas and areas in open or frequent communication with them.

— With space at a premium, many incompatible adjacencies are possible in NICU designs (e.g., break area, meeting room, or mechanical room sharing a wall with an infant or adult sleep room). Specialized wall and floor/ceiling treatments will help to meet noise criteria in these non-optimal conditions.

— The criteria given in Table A2.2-a (Sound Transmission Loss or Attenuation Through Horizontal and Vertical Barriers in NICUs) are for sound transmission loss (TL) or attenuation through horizontal barriers (e.g., walls, doors, windows) and vertical barriers (e.g., between floors). The sound transmission class (STC) rating spans speech frequencies and is relevant for separation of spaces with conversational and other occupant-generated noise. The recommended criteria for TL given here apply to barriers between adjacent spaces and infant areas or adult rest or sleep rooms.

— Sound transmission from the exterior of the building should meet the noise criteria inside all spaces identified in the Recommended Standards for Newborn ICU Design.

— To achieve the required noise levels in NICU areas, building mechanical systems and permanent equipment should conform to a maximum of NC-25 in infant and adult sleep areas and a maximum of NC-30 in staff work areas, family areas, and staff lounge areas.
— Building mechanical systems include heating, ventilation, and air conditioning systems (HVAC) and other mechanical systems (e.g., plumbing, electrical, and vacuum tube systems and door mechanisms). Permanent equipment includes refrigerators, freezers, ice machines, storage/supply units, and other large non-medical equipment that is rarely replaced.

— Acoustic seals should be provided for doors and exterior openings (e.g., windows, skylights) to meet STC criteria for demising assemblies separating infant rooms, on-call and sleep rooms, family transition rooms, and conference rooms or offices in which sensitive staff and patient-related information is discussed.

— The acoustic environment is a function of both the physical environment (e.g., building mechanical systems and permanent equipment, intrusion of exterior sounds, sound containment afforded by doors and walls, and sound absorption afforded by surface finishes) and operations (e.g., the activities of people and function of medical equipment and furnishings).

— The acoustic conditions of the NICU should favor speech intelligibility, normal or relaxed vocal effort, speech privacy for staff and parents, and physiologic stability, uninterrupted sleep, and freedom from acoustic distraction for infants and adults. Such favorable conditions encompass more than the absence of noise and require specific planning to be achieved. Speech intelligibility ratings in infant areas, parent areas, and staff work areas should be “good” to “excellent” as defined by the International Organization for Standardization in ISO 9921: Ergonomics—Assessment of speech communication. Speech intelligibility for non-native but fluent speakers and listeners of a second language requires a 4 to 5 dBA improvement in signal-to-noise ratio for similar intelligibility with native speakers. The $L_{eq}$, $L_{10}$, and $L_{max}$ limits will safeguard this intelligibility and also protect infant sleep.

— Sound level descriptors should be measured using slow sound level meter response.

— It is advisable to enlist the services of a qualified acoustics expert from the onset of a project through post-construction validation. This specialty service can assist in program and design development, design of mechanical systems, specification of equipment and building construction, and test and balance validation. Enlistment of acoustic services late in the design process often results in fewer and more costly options for meeting performance standards.

b. The combination of continuous background sound and operational sound in infant bed rooms and adult sleep areas should not exceed an hourly $L_{eq}$ of 45 dBA and an hourly $L_{10}$ of 50 dBA. The $L_{max}$ (transient sounds) should not exceed 65 dBA in these rooms/areas.

The permissible noise criteria of an hourly $L_{eq}$ of 45 dBA in infant rooms and adult sleep areas is more likely to be met in a fully operational NICU if building mechanical systems and permanent equipment in those areas and areas in open communication with them are rated to conform to NC-25 or less (see Recommended Standards for Newborn ICU Design of the Committee to Establish Recommended Standards for Newborn ICU Design). NC-25 translates to
approximately 35 dBA of facility noise. A realistic addition of 10 dBA of operational noise above this background will result in a $L_{eq}$ of about 45 dBA. Limiting operational noise to only 10 dBA above the background will require conscientious human effort.

Post-construction validation of specifications for the building mechanical systems and permanent equipment should include noise and vibration measurement, reporting, and remediation. Measurement of NC levels should be made at the location of the infant or adult bed or at the anticipated level of the adult head in other areas. Each bed space must conform to the Recommended Standards for Newborn ICU Design.

c. The combination of continuous background sound and operational sound in staff work areas, family areas, and staff lounge areas should not exceed an hourly $L_{eq}$ of 50 dBA and an hourly $L_{10}$ of 55 dBA. Transient sounds as determined using the $L_{max}$ should not exceed 70 dBA in these areas.

2.2-2.8.8 Support Areas for the NICU

2.2-2.8.8.1 General. The following spaces shall be provided:

2.2-2.8.8.2 Administrative center or nurse station. For requirements, see Section 2.1-2.8.2 (Administrative Center or Nurse Station).

2.2-2.8.8.3 Documentation area. See Section 2.1-2.8.3 (Documentation Area) for requirements.

2.2-2.8.8.4 Nurse/supervisor office or station. See Section 2.2-2.6.8.4 (Nurse or supervisor office).

*2.2-2.8.8.5 Multipurpose room

A2.2-2.8.8.5 In the NICU, multipurpose rooms are used by staff, patients, and patients’ families for patient conferences, reports, education, training sessions, and consultation.

(1) The multipurpose room(s) shall meet the requirements in Section 2.1-2.8.5 (Multipurpose Room) as amended in this section.

(2) A multipurpose rooms shall be readily accessible to each patient care unit.

2.2-2.8.8.6 – 2.2-2.8.8.7 Reserved

2.2-2.8.8.8 Medication safety zone. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

2.2-2.8.8.9 – 2.2-2.8.8.10 Reserved

*2.2-2.8.8.11 Clean workroom or clean supply room. A clean workroom or clean supply room shall be provided in accordance with Section 2.1-2.8.11 (Clean Workroom or Clean Supply Room).

A2.2-2.8.8.11 Wherever possible, supplies should flow through special supply entrances from external corridors to eliminate traffic through the patient care area.

*2.2-2.8.8.12 Soiled workroom or soiled holding room. A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).

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A2.2-2.8.8.12 Soiled materials should be sealed and stored in a soiled holding workroom or holding room until removed. This holding area should be located where there will be no need to pass back through the patient care area to remove the soiled materials.

2.2-2.8.8.13 Emergency equipment storage. Space for storage of emergency equipment shall be provided in accordance with Section 2.1-2.8.13.4 (Emergency equipment storage).

2.2-2.8.8.14 Environmental services room. An environmental services room shall be provided in accordance with Section 2.1-2.8.14 (Environmental Services Room) as amended in this section.

1. The environmental services room shall not be shared with other patient care units or departments.
2. The environmental services room shall be directly accessible to the NICU.

2.2-2.8.8.15 Diagnostic, treatment, and service areas. Support space shall be provided in the same building for the following when these activities are routinely performed on the unit:

1. Respiratory therapy
2. Blood gas lab
3. Developmental therapy
4. Social work
5. Laboratory services
6. Pharmacy services
7. Radiology services
8. Other ancillary services

2.2-2.8.8.16 Lactation support space

1. Space shall be provided immediately accessible to the NICU for lactation support and consultation.

*(2) The following support areas shall be provided:

(a) Hand-washing station. A hand-washing station and counter shall be provided in the lactation support space.

A2.2-2.8.8.16 (2) Where lactation devices may be cleaned in this room, a minimum of two sinks should be provided (one for hand-washing and one for cleaning the devices).

(b) Equipment and supply storage. Provisions shall be made for the following immediately accessible to the NICU:

(a) Refrigeration and freezing

(b) Storage for pump and attachments

(c) Storage for educational materials
*2.2.8.17 Infant feeding preparation facilities

**A2.2.8.17 Infant feeding preparation facilities.** The requirements in the text of this section are based on the Academy of Nutrition and Dietetics Pediatric Nutrition Practice Group publication *Infant Feedings: Guidelines for Preparation of Human Milk and Formula in Health Care Facilities.*

The size of infant feeding preparation locations should be determined by the total number of dispensing units (i.e., bottles, cans, feeding containers) kept in inventory, the types and number of feedings to be prepared, the type of equipment to be used, and staffing levels.

The cleanliness of the floor surface, walls, and ceilings in infant feeding preparation spaces or rooms should be easy to maintain. Floor drains are not recommended unless required by local code. Adequate sinks, electrical outlets, and storage should be provided based on individual hospital needs.

Whether to use a laminar flow hood is a decision each hospital should make. Pharmacies are not required to use laminar flow hoods to prepare oral medications. Powdered formulas are not sterile, and preparing them under a laminar flow hood does not improve the sterility of the product.

As recommended in *Infant Feedings,* all water supplied for feeding preparation should meet federal standards for drinking water and be commercially sterile. Commercially sterile water is preferred because it has eliminated pathogenic and other organisms that, if present, could grow in the product and produce spoilage under normal handling and storage conditions.

*(1) General

**A2.2.8.17 (1) The preparation area and all product storage areas, cabinets, and refrigerators should be securable.**

(a) Location. Space for preparation and storage of formula and additives to human milk and formula shall be provided in the unit or other location away from the patient bedside.

(b) Layout. Work area and equipment layout shall be designed to provide for a flow of materials from clean to soiled to maintain an aseptic preparation space.

(2) Where infant feedings are prepared on-site, the following requirements shall be met:

(a) A feeding preparation room with the following spaces shall be provided:

*(i) Anteroom or anteroom area

**A2.2.8.17 (2)(a)(i) Anteroom or anteroom area.** The main purpose of the anteroom or anteroom area is to serve as a buffer zone between the infant feeding preparation room or area and the rest of the health care facility. It can accommodate both hand hygiene and office procedures and can serve as a location for receiving and storing infant feeding supplies as long as the supplies do not pass through the clean area. For more information, see the Academy of Nutrition and Dietetics publication *Infant Feedings: Guidelines for Preparation of Human Milk and Formula in Health Care Facilities.*
(ii) Preparation area
(iii) Storage space
(iv) Cleanup area

(b) Provision of separate rooms for one or more of these functions shall be permitted.

A2.2-2.8.8.17 (2)(b) If each function is housed in a separate room, an anteroom area should be provided in the preparation room.

(3) Where only liquid formula is used, a space for mixing additives into the formula or human milk shall be provided in the unit or in another location away from the patient bedside.

(4) Provisions for human milk storage. Storage for human milk, separate from formula storage, shall be provided in a designated space in the infant feeding preparation room or in designated spaces on the patient care unit. See Section 2.2-2.8.8.16 (2) (Lactation support space—Equipment and supply storage).

(5) Special design elements. Surfaces in infant feeding preparation rooms or areas shall comply with the requirements in these sections:

(a) Section 2.1-7.2.3.1 (6) (Surfaces: Flooring and wall bases—Food and nutrition areas)
(b) Section 2.1-7.2.3.2 (3) (Surfaces: Walls and wall protection—Food and nutrition areas)

2.2-2.8.9 Support Areas for Staff

2.2-2.8.9.1 Staff lounge, storage facilities, and toilet. A lounge, locker room, and staff toilet shall be provided in or adjacent to the NICU for staff use.

2.2-2.8.9.2 Staff accommodations

(1) Sleeping and personal care accommodations for staff shall be provided in accordance with Section 2.2-2.6.9.4 (Staff accommodations).

(2) Location of these accommodations outside the NICU shall be permitted.

2.2-2.8.10 Support Areas for Families, Patients, and Visitors

2.2-2.8.10.1 Family and visitor lounge

(1) A family and visitor lounge shall be provided in accordance with the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge).

(2) This lounge shall be immediately accessible to the NICU.

2.2-2.8.10.2 Parent/infant room. A room(s) shall be provided in the NICU that allow(s) parents and infants extended private time together.

(1) The parent/infant room shall have the following:

(a) Direct, private access to sink, shower, and toilet facilities
(b) Communication linkage with NICU staff
2.2 Specific Requirements for General Hospitals

(c) Electrical and medical gas outlets as specified for other NICU beds

(d) Sleeping facilities for at least one parent

(e) Sufficient space for the infant’s bed and equipment

(2) Use of the room for other purposes shall be permitted when it is not required for family use.

(3) Where all NICU rooms are single-infant, omission of this room shall be permitted.

**2.2-2.8.10.3 Place for meditation and prayer.** Where provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements.

2.2-2.9 Obstetrical Unit

*2.2-2.9.1 General*

**A2.2-2.9.1** Obstetrical program models vary widely in their delivery methodologies. The models are essentially of two types. The following narrative describes the organizational framework of each model.

a. Labor-Delivery-Recovery Model

Labor-delivery-recovery rooms (LDRs) are designed to accommodate the birthing process from labor through delivery and recovery of mother and baby. They are equipped to handle most complications, with the exception of cesarean deliveries.

After the mother and baby have recovered in the LDR, they are transferred to a mother-baby care unit for postpartum stay.

b. Labor-Delivery-Recovery-Postpartum Model

Single-room maternity care in labor-delivery-recovery-postpartum rooms (LDRPs) adds a “P” to the LDR model. Room design and capability to handle most emergencies remain the same as for LDRs. However, the LDRP model eliminates a move to postpartum after delivery. LDRP uses one private room for labor, delivery, recovery, and postpartum stay.

Equipment is moved into the room as needed, rather than moving the patient to the equipped room. Certain deliveries are handled in a cesarean delivery room (i.e., surgical operative room) should delivery complications occur.

**2.2-2.9.1.1 Location**

(1) The obstetrical unit shall be designed and located to prohibit nonrelated traffic through the unit and shall be secured with controlled access.

(2) Location of LDR/LDRP rooms shall be permitted in any of the following spaces:

(a) A separate LDR/LDRP suite

(b) A cesarean delivery suite

(c) A postpartum unit
(3) Where cesarean delivery rooms are located in the obstetrical suite, access and service arrangements shall be such that neither staff nor patients must travel through the cesarean delivery area to access other services.

2.2-2.9.1.2 Newborn nursery. A newborn nursery shall be provided in the obstetrical unit. For requirements, see Section 2.2-2.10.3.1 (Newborn nursery).

2.2-2.9.1.3 Renovation. Except as permitted otherwise herein, existing facilities being renovated shall, as far as practicable, provide all the required support services.

*2.2-2.9.2 Antepartum and Postpartum Unit

A2.2-2.9.2 Separation of postpartum and antepartum beds is recommended; however, in some obstetrical services there is a need to use these beds flexibly and to combine them in one unit.

2.2-2.9.2.1 Antepartum room. For requirements, see Section 2.2-2.2 (Medical/Surgical Patient Care Unit—Patient Room).

2.2-2.9.2.2 Postpartum room

(1) The postpartum room shall meet the requirements in Section 2.2-2.2.2 (Patient Room) with the exception of Section 2.2-2.2.2.2 (1) (Patient Room—Area).

(2) Space requirements. Patient rooms in the postpartum unit shall have the following minimum clear floor areas:

(a) 150 square feet (13.94 square meters) in single-patient rooms

(b) 124 square feet (11.52 square meters) per bed in multiple-patient rooms.

2.2-2.9.3 LDR and LDRP Rooms

2.2-2.9.3.1 Capacity. Each LDR or LDRP room shall be single occupancy.

2.2-2.9.3.2 Space requirements

*(1) Area. LDR and LDRP rooms shall have a minimum clear floor area of 325 square feet (30.19 square meters) with a minimum wall width at the head of the bed of 13 feet (3.96 meters). This clear floor area includes an infant stabilization and resuscitation space with a minimum clear floor area of at least 40 square feet (3.7 square meters).

A2.2-2.9.3.2 (1) A minimum clear dimension of 15 feet (4.57 meters) is preferable to accommodate the equipment and staff needed for complex deliveries.

(a) The infant stabilization and resuscitation space shall be an area in the room that is distinct from the mother’s area.

(b) Where a crib and a reclining chair for a support person are provided in the LDR or LDRP room, additional space to accommodate them shall be included.

(2) Clearances. LDR and LDRP rooms shall have minimum clearances while the bed is being used for deliveries as follows:
(a) 6 feet (1.52 meters) from the foot of the extended bed to a wall or fixed obstruction

(b) 5 feet (1.52 meters) on the transfer side of the extended bed to a wall or fixed obstruction

(c) 4 feet (1.22 meters) on the non-transfer side of the extended bed to a wall or fixed obstruction

(3) Where renovation work is undertaken and it is not possible to meet the above minimum square-footage standards, existing LDR or LDRP rooms shall be permitted to have a minimum clear floor area of 240 square feet (22.3 square meters).

2.2-2.9.3.3 Window

*(1) See Section 2.1-7.2.2.5 (Windows in patient rooms) for requirements for LDRP rooms.

(2) Omission of the window shall be permitted in LDR rooms.

A2.2-2.9.3.3 (1) The postpartum use of the LDRP room makes it a patient room, which requires a window.

2.2-2.9.3.4 Patient privacy. For patient privacy requirements, see Section 2.1-2.1.2 (Patient Privacy).

*2.2-2.9.3.5 Hand-washing station. Each room shall be equipped with a hand-washing station.

A2.2-2.9.3.5 Hand-washing stations are acceptable for scrubbing in the LDR/LDRP room.

2.2-2.9.3.6 Patient bathroom. Each LDR or LDRP room shall have direct access to a private toilet room with shower or tub.

2.2-2.9.3.7 – 2.2-2.9.3.8 Reserved

2.2-2.9.3.9 Special design elements

(1) Finishes shall be selected to facilitate cleaning and to withstand strong detergents.

(2) Portable examination lights shall be permitted, provided they are immediately accessible.

(3) Medical gas and vacuum systems

(a) See Table 2.1-3 (Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems in Hospitals) for station outlet requirements.

(b) These outlets shall be located in the room, so they are accessible to the mother’s delivery area and the infant resuscitation area.

2.2-2.9.4 Special Patient Care Rooms

2.2-2.9.4.1 Reserved

2.2-2.9.4.2 Airborne infection isolation (AII) room. An AII room is not required for the obstetrical unit. Provisions for the care of the perinatal patient with an airborne infection shall be determined by an ICRA.

2.2-2.9.5 – 2.2-2.9.7 Reserved

2.2-2.9.8 Support Areas for the Obstetrical Unit
2.2.9.8.1 General. The support areas in this section shall be provided for the obstetrical unit.

2.2.9.8.2 Nurse station. See Section 2.1-2.8.2 (Administrative Center or Nurse Station) for requirements.

2.2.9.8.3 Documentation area. See Section 2.1-2.8.3 (Documentation Area) for requirements.

2.2.9.8.4 Nurse office

2.2.9.8.5 – 2.2.9.8.7 Reserved

2.2.9.8.8 Medication safety zone. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

2.2.9.8.9 Nourishment area. A nourishment area shall be provided in accordance with Section 2.1-2.8.9 (Nourishment Area or Room).

2.2.9.8.10 Reserved

2.2.9.8.11 Clean workroom or clean supply room

(1) A clean workroom or clean supply room shall be provided in accordance with Section 2.1-2.8.11 (Clean Workroom or Clean Supply Room).

(2) A clean workroom shall be provided where clean materials are assembled in the obstetrical suite prior to use.

2.2.9.8.12 Soiled workroom or soiled holding room

(1) A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).

(2) This room shall not be permitted to be shared with other patient care units.

2.2.9.8.13 Equipment and supply storage

(1) Clean linen storage. This shall be provided in accordance with Section 2.1-2.8.13.1 (Clean linen storage).

(2) Equipment storage area. Each unit shall provide storage area(s) on the patient floor.

(a) This storage area(s) shall provide a minimum of 10 square feet (0.93 square meter) per postpartum room and 20 square feet (1.86 square meters) per labor-delivery-recovery (LDR) or labor-delivery-recovery-postpartum (LDRP) room.

(b) This storage area(s) shall be in addition to any storage in patient rooms.

(3) Storage space for gurneys and wheelchairs shall be provided in addition to the equipment storage listed in Section 2.2-2.9.8.13 (2) (Equipment storage area).

(4) Emergency equipment storage. Emergency equipment storage shall be provided in accordance with Section 2.1-2.8.13.4 (Emergency equipment storage).

2.2.9.8.14 Environmental services room
2.2 Specific Requirements for General Hospitals

(1) An environmental services room shall be provided in accordance with Section 2.1-2.8.14 (Environmental Services Room) as amended in this section.

(2) The environmental services room shall be located in the obstetrical unit.

(3) Sharing of the environmental services room with the nursery shall be permitted, but it shall not be shared with other patient care units or departments.

2.2-2.9.8.15 Examination/treatment room and/or multipurpose diagnostic testing room

(1) Location. Where this room is used for obstetric triage, it shall be immediately accessible to the spaces where births occur (LDR, LDRP, and cesarean delivery rooms) and not in the postpartum unit.

(2) Space requirements

(a) This Single-patient examination rooms shall have a minimum clear floor area of 120 square feet (11.15 square meters) be provided in accordance with Section 2.1-3.2.2 (Single-Patient Examination Room) unless otherwise noted in this section.

(b) Where used only as a multipurpose diagnostic testing room, a minimum clear floor area of 80 square feet (7.43 square meters) per patient shall be permitted.

(3) Patient toilet room

(a) A patient toilet room shall be directly accessible from the examination room.

(b) Where a patient toilet room serves more than one examination room, measures shall be provided to limit patient access to other examination rooms.

2.2-2.9.9 Support Areas for Staff

The following support areas shall be provided for the obstetrical unit in accordance with Section 2.1-2.9 (Support Areas for Staff) as amended in this section.

2.2-2.9.9.1 Staff lounge_2.2-2.9.11.9_ (1) A lounge for obstetrical staff shall be immediately accessible to labor, delivery, and recovery areas.

2.2-2.9.9.2 Staff toilet room_2.2-2.9.11.9_ (2) A staff toilet room shall be immediately accessible to labor, delivery, and recovery areas.

2.2-2.9.9.3 Storage for staff

2.2-2.9.9.4 2.2-2.9.11.9 (5) Staff accommodations

(1) Sleeping and personal care accommodations for staff shall be provided in accordance with Section 2.2-2.6.9.4 (Staff accommodations), except for the requirement for a shower.

(2) Location of these accommodations elsewhere in the facility shall be permitted.

2.2-2.9.10 Support Areas for Families, Patients, and Visitors

2.2-2.9.10.1 Family and visitor lounge. A family and visitor lounge shall be provided for the obstetrical unit. See in accordance with the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge) for requirements.
2.2 Specific Requirements for General Hospitals

2.2-2.9.10.2 Place for meditation and prayer. Where this space is provided, see Section 2.1-6.2.5 (Place for Meditation or Prayer) for requirements.

2.2-2.9.11 Cesarean Delivery Suite

2.2-2.9.11.1 Cesarean delivery room

(1) General. The cesarean delivery room shall meet the requirements of an operating room in Section 2.2-3.3.3 (Operating Rooms) as amended in this section.

(a) Number

(i) A minimum of one cesarean delivery room shall be provided for every obstetrical unit.

(ii) Omission of the cesarean delivery room shall be permitted in small facilities where direct access to operating rooms is provided for cesarean delivery procedures.

(b) An infant resuscitation space shall be provided in the cesarean delivery room and in operating rooms where cesarean delivery procedures are performed.

(2) Space requirements

(a) A cesarean delivery room shall have a minimum clear floor area of 440 square feet (40.85 square meters) with a minimum clear dimension of 16 feet (4.88 meters). This includes an

(b) The infant resuscitation space with in the cesarean delivery room and in operating rooms where cesarean delivery procedures are performed shall have a minimum clear floor area of 80 square feet (7.4 square meters).

(b) Where an infant resuscitation space is provided in a separate but immediately accessible room (e.g., where cesarean deliveries are performed in an operating room instead of a cesarean delivery room), it shall have a minimum clear floor area of 150 square feet (13.94 square meters).

(3) Hand scrub facilities. Hand scrub facilities shall be provided for cesarean delivery rooms. See Section 2.1-2.8.6 (Hand Scrub Facilities) for requirements.

(4) Electrical receptacles. Receptacles shall be provided for the infant care station in addition to the receptacles required for the mother in accordance with Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Hospitals).

2.2-2.9.11.2 – 2.2-2.9.11.7 Reserved

2.2-2.9.11.8 Support areas for the cesarean delivery suite

(1) Individual rooms shall be provided for these support areas as indicated in the following requirements; otherwise, use of alcoves or other open spaces that do not interfere with traffic shall be permitted.

(2) Support areas solely for the cesarean delivery suite. The following areas shall be provided to serve only the cesarean delivery rooms and areas:

(a) A control/nurse station. This shall be located to restrict unauthorized traffic into the suite.

(b) Soiled workroom or soiled holding room. This room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).
(3) Support areas permitted to be shared. Support areas not listed in Section 2.2-2.9.11.8 (2) shall be permitted to be shared with surgical facilities and the obstetrical suite.

(a) A supervisor office or station

(b) Hand scrub facilities shall be provided for cesarean delivery rooms in accordance with Section 2.1-2.8.6 (Hand Scrub Facilities).

(c) Medication safety zone. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

(d) Clean workroom or clean supply room

   (i) Clean workroom. A clean workroom that meets the requirements in Section 2.1-2.8.11.2 (Clean workroom) shall be provided where clean materials are assembled in the obstetrical suite prior to use.

   (ii) Clean supply room. If clean materials are not assembled in the obstetrical suite, provision of a clean supply room for storage and distribution of clean and sterile supplies shall be permitted. See Section 2.2-2.9.11.8 (3)(e) for sterile storage requirements.

(e) Equipment and supply storage. Storage room(s) shall be provided for equipment and supplies used in the obstetrical suite. Equipment and supply storage rooms shall include the following:

   (i) A clean sterile storage area readily available to the delivery room. The size shall be based on the level of usage, functions provided, and supplies received from the hospital central distribution area.

   (ii) Medical gas storage facilities. See Section 2.2-3.3.8.13 (5) (Medical gas storage) for requirements.

   (iii) An area for storing gurneys out of the path of normal traffic

(f) Environmental services room. An environmental services room shall be provided in accordance with Section 2.1-2.8.14 (Environmental Services Room).

(g) Sterile processing room. Where sterilization processes are conducted in the obstetrical suite, sterile processing facilities that meet requirements in Section 2.1-5.1.2 (Facilities for On-Site Sterile Processing) shall be provided.

2.2-2.9.11.9 Support areas for staff—cesarean delivery suite.

(1) The following support areas shall be permitted to be shared with surgical facilities. Where shared, areas shall be arranged to avoid direct traffic between the delivery and operating rooms.

   (1) Staff lounge facilities. A lounge for obstetrical staff that meets the requirements in Section 2.1-2.9.1 (Staff Lounge Facilities) shall be immediately accessible to the labor, delivery, and recovery areas. [Moved to 2.2-2.9.9.1.]

   (2) Staff toilet room. A staff toilet room that meets the requirements in Section 2.1-2.9.2 (Staff Toilet Room) shall be immediately accessible to the labor, delivery, and recovery areas. [Moved to 2.2-2.9.9.2.]

   (3) Staff changing area
(a) A staff changing area(s) shall be provided.
(b) The staff changing area shall contain:
   (i) Lockers
   (ii) Showers
   (iii) Toilets
   (iv) Hand-washing stations
   (v) Space for donning and doffing scrub suits and booties

(4) Support person changing areas. Changing areas, designed as described above, shall be provided for male and female support persons accompanying the mother. [Moved to 2.2-2.9.11.10 (2).]

(5) Staff accommodations [Moved to 2.2-2.9.9.4.]
   (a) Sleeping and personal care accommodations for staff shall be provided in accordance with Section 2.2-2.6.9.4 (Staff accommodations), except the requirement for a shower.
   (b) Location of these accommodations elsewhere in the facility shall be permitted.

2.2-2.9.11.10 Support areas for families, patients, and visitors—cesarean delivery suite

(1) Family and visitor lounge
   (a) A family and visitor lounge shall be provided in accordance with the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge).
   (b) This lounge shall be permitted to be shared with surgery facilities.

(2) Support person changing area. A changing area(s) designed as described above, that meets the requirements in Section 2.2-2.9.11.9 (3)(b) (The staff changing area shall contain...) shall be provided for male and female support persons accompanying the mother.

2.2-2.9.11.11 Recovery spaces for the cesarean delivery suite

(1) Number
   (a) A minimum of two recovery patient care stations shall be provided.
   (b) Where labor-delivery-recovery (LDR) or labor-delivery-recovery-postpartum (LDRP) rooms are located in or directly accessible to the cesarean delivery suite, they shall be permitted to serve as the required recovery patient care stations.

(2) Area. Each patient care station shall meet the requirements in Section 2.1-3.4.2.2 (Patient Care Station Design—Space requirements) have a minimum clear floor area of 80 square feet (7.43 square meters).

(3) Hand-washing station. Each recovery room shall include a hand-washing station that meets the requirements in Section 2.1-2.8.7 (Hand-Washing Station).

2.2-2.9.11.12 Support areas for recovery rooms—cesarean delivery suite
2.2 Specific Requirements for General Hospitals

(1) Reserved

(2) Nurse station and documentation area. The recovery room shall have a nurse station with documentation area located to permit visual observation of all patient care stations.

(3) – (7) Reserved

(8) Medication safety zone. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

(9) – (12) Reserved

(13) Equipment and supply storage. Storage for equipment and supplies shall be available.

(14) Clinical sink. A clinical sink with a bedpan-rinsing device shall be directly accessible to the recovery patient care area room.

2.2.10 Nursery Unit

2.2.10.1 General

Infants shall be housed in nurseries that comply with the standards in this section.

2.2.10.1.1 Location. Nurseries shall be located in the obstetrical unit or immediately accessible to the NICU.

2.2.10.1.2 Layout

(1) Nurseries shall be located and arranged to preclude the need for unrelated pedestrian traffic.

(2) No nursery shall open directly into another nursery.

2.2.10.1.3 Safety and security

(1) All nurseries shall be designed to protect the physical security of infants, parents, and staff and to minimize the risk of infant abduction.

(2) All entries to the nursery shall be controlled.

2.2.10.2 Requirements for All Nursery Types

2.2.10.2.1 General. The requirements in this section shall apply to all nurseries in Section 2.2-2.10 (Nursery Unit).

*2.2.10.2.2 Space requirements to accommodate parents. Space shall be provided for parents to stay 24 hours.

A2.2.10.2.2 Family zone support features. For more information on providing patient/family-centered care, see appendix section A2.2-2.2.3.1 (Family zone support features).

2.2.10.2.3 Viewing windows. Where viewing windows are provided, a means to provide visual privacy shall be provided.

2.2.10.2.4 Hand-washing station. At least one hand-washing station shall be provided for each eight or fewer infant care stations.
2.2 Specific Requirements for General Hospitals

2.2-2.10.2.5 Storage for infant supplies. Storage for linens and infant supplies shall be provided at each nursery room.

2.2-2.10.3 Requirements for Specific Nursery Types

2.2-2.10.3.1 Newborn nursery

(1) Capacity

(a) Each newborn nursery room shall contain no more than 16 infant care stations.

*(b) Where a rooming-in program is used, the total number of infant care stations in these units shall be permitted to be reduced, but the newborn nursery shall not be omitted in its entirety from any facility that includes delivery services.

A2.2-2.10.3.1 (1)(b) For facilities that use a rooming-in program in which all infants are returned to the nursery at night, a reduction in nursery size may not be practical.

(2) Area. The minimum clear floor area shall be 24 square feet (2.23 square meters) per infant care station, exclusive of auxiliary work areas.

(2) Clearances. A minimum clearance of 3 feet (91.44 centimeters) shall be provided between bassinets and between bassinets and adjacent walls.

*2.2-2.10.3.2 Continuing care nursery

A2.2-2.10.3.2 Some hospitals provide continuing care for infants requiring close observation (e.g., low birth-weight babies who are not ill but require more hours of nursing care than normal infants). Multiple levels of step-down care exist and are based on the availability of specialized equipment and staff.

(1) General

(a) In hospitals with step-down care for infants, a continuing care nursery or continuing care infant care stations that meet the requirements in this section shall be provided to meet the needs of the step-down care offered.

(b) Location of continuing care infant care stations in a defined area in the hospital NICU shall be permitted.

(c) Sharing of support areas with adjacent nurseries shall be permitted.

(2) Space requirements

(a) Area. A continuing care nursery shall have a minimum clear floor area of 120 square feet (11.2 square meters) per infant care station.

(b) Clearances. The following minimum clearances shall be provided:

(i) 8 feet between adjacent bassinets/infant beds

(ii) 4 feet between the sides of bassinets/infant beds and walls or other fixed obstructions objects

(iii) 1 foot at the head of bassinets/infant beds
2.2 Specific Requirements for General Hospitals

(iv) 4 feet between the foot of bassinets/infant beds and cubicle curtains

2.2-2.10.4 Special Patient Care Rooms

2.2-2.10.4.1 Reserved

2.2-2.10.4.2 Airborne infection isolation room. An airborne infection isolation room shall be immediately accessible to provided in or near at least one level of nursery care.

(1) The room shall be enclosed and separated from the nursery unit with provisions for observation of the infant from adjacent nurseries or control area(s).

(2) Airborne infection isolation rooms shall comply with the requirements of Section 2.1-2.4.2 (AII Room) except the requirements for separate toilet, bathtub, or shower.

2.2-2.10.5 – 2.2-2.10.7 Reserved

2.2-2.10.8 Support Areas for Nurseries

2.2-2.10.8.1 General. The requirements in this section shall apply to nurseries.

2.2-2.10.8.2 Reserved

2.2-2.10.8.3 Documentation area. This area shall be provided in accordance with Section 2.1-2.8.3 (Documentation Area).

2.2-2.10.8.4 Reserved

*2.2-2.10.8.5 Workroom. Each nursery room shall be served by a connecting workroom.

A2.2-2.10.8.5 Where a mother-baby couplet approach to nursing care is practiced, the workroom functions described above may be incorporated into the nurse station that serves the postpartum patient rooms.

(1) The workroom shall contain the following:

   (a) Hand-washing station and gowning facilities at the entrance for staff and families

   (b) Work counter

   (c) Refrigerator

   (d) Storage for supplies

(2) One workroom shall be permitted to serve more than one nursery room.

(4) Provision shall be made for storage of emergency cart(s) and equipment out of traffic.

(5) Provision shall be made for the sanitary storage and disposal of soiled waste.

(6) Visual control shall be provided via view panels between the workroom and each nursery.

(3) Omission of the workroom serving the newborn and continuing care nurseries shall be permitted if equivalent work and storage areas and facilities, including those for scrubbing and gowning, are
2.2 Specific Requirements for General Hospitals

provided in that nursery. Space required for work areas located in the nursery is in addition to the area required for infant care.

2.2-2.10.8.6 – 2.2-2.10.8.7 Reserved

2.2-2.10.8.8 Medication safety zone. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

2.2-2.10.8.9 – 2.2-2.10.8.11 Reserved

2.2-2.10.8.12 Soiled workroom or soiled holding room

(1) A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).

(2) A flushing-rim clinical service sink shall not be required in nurseries where only disposable diapers are used.

2.2-2.10.8.13 Reserved

2.2-2.10.8.14 Environmental services room.

(1) An environmental services room that meets the requirements in Section 2.1-2.8.14 (Environmental Services Room) shall be provided in the nursery.

(2) The environmental services room shall be permitted to be shared with the obstetrical unit not be shared with other patient care units or departments.

2.2-2.10.8.15 Infant examination areas. Where an infant examination area is provided, it shall contain the following:

(1) Work counter

(2) Storage facilities

(3) Hand-washing station

2.2-2.10.8.16 Lactation support space. Space for lactation support and consultation shall be immediately accessible to the nursery or to the obstetrical unit served by the nursery.

(1) The lactation support space shall meet the requirements in Section 2.2-2.8.8.16 (Lactation support space).

(2) This ancillary area shall be permitted to be shared for other purposes.

*2.2-2.11 Pediatric and Adolescent Patient Care Unit

The pediatric and adolescent patient care unit shall meet the standards in this section.

A2.2-2.11 In view of their unique physical and developmental needs, pediatric and adolescent patients—to the extent their condition permits—should be grouped together in distinct units or distinct areas of general units separate from adults.
2.2 Specific Requirements for General Hospitals

2.2-2.11.1 Reserved

2.2-2.11.2 Patient Room

2.2-2.11.2.1 Capacity

(1) The maximum number of beds per room shall be one unless the necessity of a two-bed arrangement has been demonstrated. Two beds per room shall be permitted where approved by the authority having jurisdiction.

(2) Where renovation work is undertaken and the present capacity is more than one bed, the maximum room capacity shall be two beds.

2.2-2.11.2.2 Space requirements. The space requirements for pediatric patient beds shall be the same as for adult beds due to the size variation and the need to change from cribs to beds and vice-versa. See Section 2.2-2.2.2.2 (Medical/Surgical Patient Care Unit: Patient Room—Space requirements) for requirements.

2.2-2.11.2.3 Window. See Section 2.1-7.2.2.5 (Windows in patient rooms) for requirements.

2.2-2.11.2.4 Patient privacy. See Section 2.1-2.1.2 (Patient Privacy) for requirements.

2.2-2.11.2.5 Hand-washing station. See Section 2.1-2.2.5 (Hand-Washing Station in the Patient Room) for requirements.

2.2-2.11.2.6 Patient toilet room. See Section 2.1-2.2.6 (Patient Toilet Room) for requirements.

2.2-2.11.2.7 Patient bathing facilities. See Section 2.2-2.2.2.7 (Patient bathing facilities) for requirements.

*2.2-2.11.3 Family Support Requirements

Additional provisions for hygiene, toilets, sleeping, and personal belongings shall be made where parents will be allowed to remain with children. See Section 2.2-2.7.2.2 (Pediatric Critical Care Patient Rooms and Areas: Space requirements—To accommodate parents/families/visitors) for pediatric critical care units and Section 2.2-2.10.2.2 (Requirements for All Nursery Types: Space requirements to accommodate parents) for more information.

A2.2-2.11.3 Family support spaces, including family sleep rooms, pantry, toilets, showers, washers and dryers, and access to computers, phones, and copy machines, should be provided. See appendix section A2.2-2.2.3.1 (Family zone support features) for more information.

2.2-2.11.4 Special Patient Care Rooms

2.2-2.11.4.1 Reserved

2.2-2.11.4.2 Airborne infection isolation room

(1) At least one AII room shall be provided in each pediatric unit. The total number of infection isolation rooms shall be determined by an ICRA.

(2) Airborne infection isolation room(s) shall comply with the requirements in Section 2.1-2.4.2 (AII Room).
2.2 Specific Requirements for General Hospitals

2.2-2.11.5 – 2.2-2.11.7 Reserved

2.2-2.11.8 Support Areas for Pediatric and Adolescent Units

2.2-2.11.8.1 General. Support areas in pediatric and adolescent patient care units shall conform to the requirements in Section 2.2-2.2.8 (Support Areas for Medical/Surgical Patient Care Units) and shall also meet the requirements in this section.

2.2-2.11.8.2 – 2.2-2.11.8.4 Reserved

*2.2-2.11.8.5 Multipurpose activity room. Multipurpose activity room(s) for dining, education, and developmentally appropriate play and recreation shall be immediately accessible to areas serving pediatric and adolescent patients.

**A2.2-2.11.8.5 Individual activity room.** Provision of an individual room to allow for confidential parent/family comfort, consultation, and teaching should be considered.

1. These rooms shall provide access and accommodate equipment for patients with physical restrictions.
2. Insulation, isolation, and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of multipurpose rooms.

2.2-2.11.8.6 – 2.2-2.11.8.8 Reserved

2.2-2.11.8.9 Human milk and formula storage. Storage for human milk and formula shall be provided.

2.2-2.11.8.10 – 2.2-2.11.8.12 Reserved

2.2-2.11.8.13 Equipment and supply storage

1. Storage closets or cabinets shall be provided for toys and educational and recreational equipment.
2. Storage space shall be provided in the facility to permit exchange of cribs and adult beds.
3. Provisions shall also be made for storage of equipment and supplies (including cots or recliners, extra linen, etc.) for parents who stay with the patient overnight.

2.2-2.11.8.14 Reserved

2.2-2.11.8.15 Examination room

1. An examination room(s) shall be provided for pediatric and adolescent patients in accordance with Section 2.1-3.2.2 (Single-Patient Examination Room).
2. Omission of this room shall be permitted if the patient care unit has all single-patient rooms.

2.2-2.11.9 Support Areas for Staff

Staff support areas in pediatric and adolescent patient care units shall meet the requirements in Section 2.1-2.9 Support Areas for Staff.

2.2-2.11.10 Support Areas for Patients
2.2 Specific Requirements for General Hospitals

2.2-2.11.10.1 Support areas for patients shall meet the requirements in Section 2.2-2.2.10 (Medical/Surgical Patient Care Units—Support Areas for Patients, Families, and Visitors).

2.2-2.11.10.2 Patient toilet room. In addition to toilet rooms serving bed areas, toilet room(s) with hand-washing station(s) shall be immediately accessible to multipurpose room(s) and to each central bathing facility.

2.2-2.12 Behavioral and Mental Health Psychiatric Patient Care Unit

2.2-2.12.1 General

2.2-2.12.1.1 Provisions shall be made in the design to adapt this patient care unit for the types of medical and behavioral and mental health therapies described in the behavioral and mental health elements of the safety risk assessment. For requirements, see Section 1.2-4.6 (Behavioral and Mental Health Risk Assessment).

*2.2-2.12.1.2 Environment of care. A therapeutic environment appropriate for the planned treatment programs shall be provided in the behavioral and mental patient care unit.

A2.2-2.12.1.2 The physical environment should be characterized by a feeling of openness with emphasis on natural light. In every aspect of building design and maintenance it is essential to make determinations based on the potential risk to the specific patient population served.

*2.2-2.12.1.3 Safety and security. Safety and security appropriate for the planned treatment programs shall be provided. See Section 1.2-4.6 (Behavioral and Mental Health Risk Assessment).

A2.2-2.12.1.3 Safety and security

a. A safe environment is critical in the behavioral and mental health patient care unit; however, no environment can be entirely safe and free of risk. Each organization will need to determine the appropriate environment for the treatment programs it provides and the patients it serves.

The majority of persons who attempt self-harm suicide suffer from a treatable mental disorder, a substance abuse disorder, or both. Patients of inpatient behavioral and mental health treatment facilities are considered at high risk for suicide; the environment should avoid physical hazards while maintaining a therapeutic environment. The built environment, no matter how well designed and constructed, cannot be relied on as an absolute preventive measure. Staff awareness of their environment, latent risks of that environment, and the behavior risks and needs of the patients served in the environment are absolute necessities. Different organizations and different patient populations will require greater or lesser tolerance for risk.

a. In behavioral and mental health patient care unit design, consideration should be given to visual control (including electronic surveillance) of corridors, dining areas, and social areas such as dayrooms and activity areas. Hidden alcoves and blind corners or areas should be avoided.

b. The openness of the nurse station in a behavioral and mental health patient care unit will be determined by the planned treatment program. Consideration should be given to patient privacy and also to staff safety.
2.2.12.14 Shared facilities. In no case shall adult and pediatric patient populations be mixed. This does not exclude sharing of nurse stations or support areas, as long as the separation and safety of the units can be maintained.

2.2.12.2 Behavioral and Mental Health Psychiatric Patient Room

See Section 2.5-2.2.2 (Specific Requirements for Psychiatric Behavioral and Mental Health Hospitals—Patient Bedroom) for requirements.

2.2.12.3 Reserved

2.2.12.4 Special Patient Care Areas

2.2.12.4.1 Electroconvulsive therapy (ECT) facilities. Where ECT therapy is provided in the hospital, it shall meet the requirements in Section 2.5-3.4 (Electroconvulsive Therapy).

2.2.12.4.2 Reserved

2.2.12.4.3 Seclusion rooms. A seclusion room shall be provided. See Section 2.1-2.4.3 (Seclusion Room) for requirements.

2.2.12.5 – 2.2.12.6 Reserved

2.2.12.7 Special Design Elements

For requirements, see sections 2.5-7.2 (Architectural Details, Surfaces, and Furnishings) and 2.5-8 (Building Systems).

2.2.12.8 Support Areas for the Psychiatric Behavioral and Mental Health Patient Care Unit

See Section 2.5-2.2.8 (Support Areas for the Psychiatric Behavioral and Mental Health Patient Care Unit) for requirements.

2.2.12.9 Support Areas for Staff

See Section 2.5-2.2.9 (Support Areas for Staff) for requirements.

2.2.12.10 Support Areas for Patients and Visitors

See Section 2.5-2.2.10 (Support Areas for Patients and Visitors) for requirements.

*2.2.13 In-Hospital Skilled Nursing Patient Care Unit

A2.2.13 In-hospital skilled nursing patient care unit. These extended stay unit beds are licensed hospital beds for patients requiring skilled nursing care as part of their recovery process. Many of these facilities are intended for elderly patients undergoing various levels of rehabilitation and recuperating stroke victims or brain trauma victims requiring rehabilitation.

2.2.13.1 General

*2.2.13.1.1 Location. The unit shall be located in the same building as the rehabilitation therapy department.
2.2 Specific Requirements for General Hospitals

A2.2-2.13.1.1 Location of skilled nursing patient care unit. Wherever possible, the unit should be located to provide access to outdoor spaces that can be used for both respite and therapeutic purposes.

2.2-2.13.1.2 Layout. The unit shall be located to control unnecessary and unrelated staff, public, or patient traffic through the unit.

2.2-2.13.2 Patient Room

The requirements contained in Section 2.2-2.2.2 (Medical/Surgical Patient Care Unit—Patient Room) shall apply to patient rooms in the in-hospital skilled nursing patient care unit.

2.2-2.13.3 – 2.2-2.13.6 Reserved

2.2-2.13.7 Special Design Elements

For handrail requirements, see Section 2.1-7.2.2.10 (Handrails).

2.2-2.13.8 Support Areas for In-Hospital Skilled Nursing Patient Care Units

2.2-2.13.8.1 General. In addition to the support areas required in Section 2.2-2.2.8 (Support Areas for Medical/Surgical Patient Care Units), the following rooms and support elements shall be provided:

2.2-2.13.8.2 – 2.2-2.13.8.12 Reserved

2.2-2.13.8.13 Storage for patient transport devices and walking aids

(1) At least 5 square feet (0.46 square meters) of storage per bed shall be provided.

(2) Storage spaces shall be immediately accessible to the unit to accommodate walking aids, portable mechanical patient lifting devices, and other patient transport devices as indicated in the patient handling and mobility assessment (PHAMA). See appendix section A1.2-4.3.2.2 (8) (Storage for patient-handling and mobility equipment and accessories) for recommendations.

2.2-2.13.8.14 – 2.2-2.13.8.15 Reserved

2.2-2.13.8.16 Physical rehabilitation area

(1) Where the patient care unit is not readily accessible to the facility’s rehabilitation therapy department, a physical rehabilitation area shall be provided for the use of the skilled nursing patient care unit.

(2) The size of this rehabilitation area shall accommodate the treatment provided and equipment used.

2.2-2.13.9 Support Areas for Staff

The support areas required in Section 2.1-2.9 (Support Areas for Staff) shall be provided.

2.2-2.13.10 Support Areas for Families, Patients, and Visitors

2.2-2.13.10.1 Dining and recreation spaces

*(1) Space requirements

A2.2-2.13.10.1 (1) Space requirements for dining and recreation spaces
2.2 Specific Requirements for General Hospitals

a. The following factors should be considered in determining the space needed for dining and recreation:

— The needs of patients who use adaptive equipment and mobility aids and receive assistance from support and service staff

— The extent to which support programs are centralized or decentralized

— The number of patients to be seated for dining at one time

b. Additional space may be required for outpatient day care programs in both new construction and renovation projects.

(a) New construction

(i) The total area for dining, patient lounges, and recreation/rehabilitation functions shall be no less than 25 square feet (2.32 square meters) per bed with a minimum total area of 225 square feet (20.90 square meters).

(ii) No less than 20 square feet (1.86 square meters) per bed shall be available for dining.

(b) Renovation. Where renovation work is undertaken and it is not possible to meet the above minimum standards, deviation from this requirement shall be permitted if approved by the authority having jurisdiction. In such cases, at least 14 square feet (1.30 square meters) per bed shall be available for dining.

2.2-2.13.10.2 Private space. Where private space is provided in the unit for individual patients, family, and caregivers to discuss the specific patient’s needs or private family matters, it shall meet the following requirements:

(1) This space shall have a minimum clear floor area of 250 square feet (23.23 square meters).

(2) This space shall be permitted to be considered part of the square footage per bed outlined in Section 2.2-2.13.10.1 (1) (Dining and recreation spaces—Space requirements).

2.2-2.13.10.3 Patient grooming room. Where a room for patient grooming is provided, it shall meet the following requirements:

(1) The area in this room shall not be considered part of the aggregate area outlined in Section 2.2-2.13.10.1 (1) (Dining and recreation spaces—Space requirements).

(2) This room shall provide spaces for hair-washing station(s), hair clipping and hair styling, and other grooming needs.

(3) This room shall include the following:

   (a) Hand-washing station

   (b) Mirror

   (c) Work counter(s)

   (d) Storage shelving

   (e) Sitting area(s) for patients
2.2-2.14 Bariatric Patient Care Unit

Where a bariatric patient care unit is provided, it shall meet the requirements in Section 2.2-2.2 (Medical/Surgical Patient Care Unit) and the requirements in Section 2.1-2.3 (Accommodations for Care of Individuals of Size).

2.2-2.15 Hospice Patient Care Unit

Where a hospice patient care unit is provided, it shall be designed to produce a supportive environment to promote privacy and dignity for those receiving hospice care and to enhance quality of life for individuals receiving care and their families and friends.

A2.2-2.15 Person-centered care in a hospice unit or room. Person-centered care in a hospice care unit or hospice room should allow for the provision of homelike amenities for families, friends, and individuals receiving care. This design approach provides flexibility and allows customization of the immediate environment for the individual receiving care. It goes beyond a typical medical model to address the emotional and spiritual needs of patients and their loved ones. Many individuals receiving hospice care are in advanced stages of illness with weeks, days, or even hours to live, but a number of individuals gain extended life and even in rare cases are discharged from a hospice facility due to improved health and quality of life as a result of the care received.

*2.2-2.15.1 General

During the project planning phase, the health care organization shall determine their need to provide spaces designed to enable care for those receiving hospice services.

A2.2-2.15.1 Hospice service models. Hospice care service models vary in their delivery methodologies. The models are primarily these types:

a. Freestanding hospice facilities

b. Separately licensed hospice units that are part of other health, care, and support settings

c. Individual hospice care services provided by a third-party care provider in a setting that may or may not be intended to provide the formal or licensed delivery of hospice care

d. Inpatient hospice care

2.2-2.15.1.1 Application. Patient care areas designated for hospice care shall meet the requirements in this section.

2.2-2.15.2 Location

(1) Spaces designated for care of individuals receiving hospice care shall be provided where they are needed to accommodate the population expected to be served in the facility.

(2) Where hospice care is provided, the designated spaces shall meet the following requirements:

(a) The hospice unit shall be designed and located to prohibit nonrelated traffic through the unit.
2.2 Specific Requirements for General Hospitals

(b) Location of hospice rooms shall be permitted in any of the following spaces:

(i) Where hospice services may be provided by a third party

(ii) Where hospice services may be provided in the facility

(iii) Where a dedicated hospice facility is provided

(c) Where hospice rooms are located, access and service arrangements shall be such that staff, care providers, and visitors can access other services without traveling through the hospice area.

2.2-2.15.1.3 Renovation. Except as permitted otherwise herein, existing facilities being renovated shall, as far as practical, provide all the required support services.

2.2-2.15.2 Hospice and/or Palliative Care Room

2.2-2.15.2.1 General

(1) Number. The number of hospice rooms to be provided shall be determined by the health care organization during the project planning phase.

(2) Capacity. The maximum number of beds per room shall be one.

*2.2-2.15.2.2 Space requirements

A2.2-2.15.2.2 Space requirements

a. Hospice care rooms should be sized, arranged, and furnished to maximize safe patient mobility and weight-bearing exercise and ambulation potential while minimizing risk to caregivers. Designated clearances should not be obstructed by any object that does not qualify as movable according to Section 1.5-4.2 (Movable Equipment). This recommendation should apply to all populations being cared for and served.

a. To facilitate planning, minimum clearances around beds, bed type, and bed size should be established during project planning and recorded in the functional program. These considerations include accommodating an additional bed for couples. Bed placement should be chosen by individuals receiving care and their families to satisfy the needs and desires of the patient. In general, ideal patient-room layout is intended to provide a line-of-sight view of nature from the bed and rest chair. Use of a variety of furniture should be anticipated to flexibly accommodate a comfortable family presence surrounding the bed and rest chair.

b. Provision of bed clearances to support patient safety should include the following:

— Standard patient room:

• 48 inches (121.92 centimeters) on the transfer side

• 36 inches (91.44 centimeters) on the non-transfer side of the bed

• 36 inches (91.44 centimeters) at the foot of the bed

— Patient room for individuals of size with a ceiling lift:
2.2 Specific Requirements for General Hospitals

- 72 inches (182.88 centimeters) from the bed by 120 inches long (304.8 centimeters) on the transfer side
- 36 inches (91.44 centimeters) on the non-transfer side of the bed
- 66 inches (167.64 centimeters) at the foot of the bed

--- Patient room for individuals of size without a ceiling lift to accommodate use of a mobile lift:

- 84 inches (213.36 centimeters) from the bed by 120 inches long (304.8 centimeters) on the transfer side
- 36 inches (91.44 centimeters) on the non-transfer side of the bed
- 66 inches (167.64 centimeters) at the foot of the bed

c. Sizing of hospice rooms should accommodate clearances for patient chairs, recliners, wheelchairs, or other devices; these clearances may overlap with the bed clearances. The size of each room should allow unimpeded clearance on at least one side and at the front of any patient chair, etc., as follows:

- 48 inches (121.92 centimeters) on the transfer side of the chair
- 36 inches (91.44 centimeters) for the approach to the chair for a standard room
- 66 inches (167.64 centimeters) for the approach to the chair for a room accommodating an individual of size

*(1) Space requirements

A2.2-2.15.2.2 (1) Minimum clear dimension. A minimum clear dimension of 11 feet (4.57 meters) is preferable to accommodate the equipment and staff needed.

(a) Area

(i) Hospice rooms shall have a minimum clear floor area of 153 square feet (30.19 square meters) with a minimum wall width at the head of the bed of 10 feet (3.96 meters).

(ii) This clear floor area includes a family support zone with a minimum clear floor area of at least 33 square feet (3.7 square meters). See Section A2.2-2.2.3.1 (Family zone support features) for more information.

(iii) Where renovation work is undertaken and it is not possible to meet the above minimum square-footage standards, existing hospice care rooms shall be permitted to have a minimum clear floor area of 120 square feet (22.3 square meters).

*(b) Space needs for the family support zone. Space shall be provided in the hospice care room for the following:
A2.2-2.15.2.2 (1)(b) Family support zone function. The family support zone in the hospice care room is provided to support visitation by family members and others.

(i) Movable seating with a minimum of one seat for a family member or visitor and one seat for the individual receiving care

*(ii) At least one chair for long-term sitting

A2.2-2.15.2.2 (1)(b)(ii) Hospice rooms should have ample space for at least one chair to provide an alternative to bed-stay for individuals receiving care. Chairs should be evaluated for provision of the following:

— Comfort sufficient for long-term sitting
— Cervical support and support for the patient’s head (backrest)
— Opportunity to recline the backrest and elevate legs to enable periodic redistribution of body weight during long periods of sitting (recliner)
— Armrests for ease of entry and exit

(c) Space for family member overnight stay. Where family members or visitors are permitted to sleep in the hospice room overnight, space shall be provided for sleeping accommodation.

2.2-2.15.2.3 Window. Each hospice care room shall have an outside window. See Section 2.1-7.2.2.5 (Windows in patient rooms) for requirements.

2.2-2.15.2.4 Patient privacy. See Section 2.1-2.1.2 (Patient Privacy) and Table 1.2-7 (Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces) for requirements.

2.2-2.15.2.5 Hand-washing station

(1) The hospice care room shall be equipped with a hand-washing station in accordance with Section 2.1-3.8.7 (Hand-Washing Station).

(2) Where a mirror is provided in the hospice care room, it shall not be in the direct line of sight to the bed of the individual receiving care.

2.2-2.15.2.6 Patient toilet room. A toilet room that meets the requirements in Section 2.1-2.2.6 (Patient Toilet Room) shall be provided.

2.2-2.15.2.7 Patient bathing facilities. Bathing facilities that meet the requirements in Section 2.2-2.2.7 (Patient bathing facilities) shall be provided.

*2.2-2.15.2.8 Storage. Storage shall be provided for necessary mobility and medical equipment.

A2.2-2.15.8.13 (3) Equipment should be concealed in the room or be brought into the room as needed, rather than moving the patient to an equipped room.

2.2-2.15.2.9 Special design elements for the hospice care room

A2.2-2.15.2.9 Environment of care. Considerations for creating a homelike atmosphere, including furniture arrangement and orientation to the patient bed and room windows, should reflect the needs of the patient population.
(1) Finishes shall be selected to facilitate cleaning and withstand strong detergents.

(2) Portable examination lights shall be permitted, provided they are immediately accessible to the hospice care room.

(3) Building system components

*(a) Electrical receptacles. Receptacles shall be provided for the patient care station in accordance with Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Hospitals).

A2.2.15.2.9 (3)(a) In new construction, there should be USB ports on both sides of the bed within 5 feet (1.5 meters) of the center of the bed.

*(b) Medical gas and vacuum systems. Where provided, medical gas and vacuum systems shall meet the following requirements:

A2.2.15.2.9 (3)(b) Medical gas and vacuum systems should be concealed in the room or brought into the room as needed, rather than moving the patient to an equipped room.

(a) See Table 2.1-3 (Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems in Hospitals) for station outlet requirements.

(b) These outlets shall be located in the room, so they are accessible to the individual receiving care, the care providers, and the family support zone.

*(4) Public communication services shall be provided in each hospice care room.

A2.2.15.2.9 (4) Public communication services provided in patient rooms could include internet connections, distributed antenna systems to accommodate cell phone use, or telephones.

2.2.15.3 Reserved

2.2.15.4 Special Patient Care Rooms

2.2.15.4.1 Reserved

2.2.15.4.2 Airborne infection isolation (AII) room

(1) The need for an AII room shall be determined by an ICRA.

(2) Where an AII room is provided, see Section 1.2-4.2 (Infection Control Risk Assessment) for requirements.

2.2.15.4.3 Mobile Telemedicine Services

*(1) Where telemedicine services are provided in the hospice unit, a mobile cart for telemedicine equipment shall be permitted.

A2.2.15.4.3 (1) It is recognized that moving the person receiving hospice care to a telemedicine room is impractical or impossible. Therefore, in a hospice care room or unit, telemedicine services will likely take place in the hospice care room via a telemedicine cart and not in a dedicated telemedicine room.
2.2 Specific Requirements for General Hospitals

*(2) Where a mobile cart is used for telemedicine equipment, it shall have space for a monitor, camera, microphone, and related telemedicine equipment to be installed on the cart.

A2.2-2.15.4.3 (2) Electrical receptacles for mobile telemedicine carts. Depending on the complexity of equipment used, multiple electrical receptacles may be required for equipment. Electrical receptacles should be located near the optimal telemedicine cart position to avoid wires/cables stretched across the floor.

2.2-2.15.5 – 2.2-2.15.7 Reserved

2.2-2.15.8 Support Areas for the Hospice Unit

2.2-2.15.8.1 General. The support areas in this section shall be provided for this unit.

2.2-2.15.8.2 Staff work area. Staff work area(s) with counters and space for storage shall be provided.

2.2-2.15.8.3 Documentation area. See Section 2.1-2.8.3 (Documentation Area) for requirements.

2.2-2.15.8.4 – 2.2-2.15.8.6 Reserved

2.2-2.15.8.7 Hand-washing station. See Section 2.1-2.8.7 (Hand-Washing Station) for requirements.

2.2-2.15.8.8 Medication safety zone. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

*2.2-2.15.8.9 Nourishment area. A nourishment area shall be provided in accordance with Section 2.1-2.8.9 (Nourishment Area or Room).

A2.2-2.15.8.9 Space to accommodate patient food storage, refrigeration, and reheating may be located in the hospice care room.

2.2-2.15.8.10 Ice-making equipment. Ice-making equipment shall be provided in accordance with Section 2.1-2.8.10 (Ice-Making Equipment).

2.2-2.15.8.11 Clean workroom or clean supply room

(1) A clean workroom or clean supply room shall be provided in accordance with Section 2.1-2.8.11 (Clean Workroom or Clean Supply Room).

(2) Where clean materials are assembled in the hospice unit prior to use, a clean workroom shall be provided.

(3) The clean workroom or clean supply room shall be permitted to be shared with other units.

2.2-2.15.8.12 Soiled workroom or soiled holding room

(1) A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).

(2) This room shall not be permitted to be shared with other patient care units.

2.2-2.15.8.13 Equipment and supply storage

(1) Clean linen storage. This shall be provided in accordance with Section 2.1-2.8.13.1 (Clean linen storage).
(2) Storage space for gurneys and wheelchairs shall be provided.

2.2.15.8.14 Environmental services room

(1) An environmental services room shall be provided in accordance with Section 2.1-2.8.14 (Environmental Services Room) as amended in this section.

(2) The environmental services room shall be located in the hospice unit but shall be permitted to be shared with other patient care units or departments.

2.2.15.8.15 Examination room

(1) Location. Where this room is provided, it shall be immediately accessible to the unit.

(2) Space requirements

   (a) The examination room shall have a minimum clear floor area of 120 square feet (11.15 square meters).

   (b) Where used only as a consultation room, a minimum clear floor area of 80 square feet (7.43 square meters) per patient shall be permitted.

(3) Patient toilet room. A patient toilet room shall be provided adjacent to the examination room.

2.2.15.9 Support Areas for Staff

The following support areas shall be provided for the hospice unit in accordance with Section 2.1-2.9 (Support Areas for Staff) as amended in this section.

2.2.15.9.1 Staff lounge. The staff lounge shall be permitted to be shared with other patient care units.

2.2.15.9.2 Staff toilet room

2.2.15.9.3 Storage for staff. Securable lockers, closets, and/or cabinet compartments shall be provided for the personal effects of staff.

2.2.15.10 Support Areas for Families, Patients, and Visitors

2.2.15.10.1 Family and visitor lounge. A family and visitor lounge shall be provided in accordance with the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge).

2.2.15.10.2 Meditation and/or bereavement room. A room shall be provided for consultation, meditation, and/or bereavement.

2.2.16 Burn Trauma Critical Care Unit

2.2.16 Burn trauma critical care units. Burn patients typically have long lengths of stay, are highly susceptible to infection, and have special needs and treatment. These patients typically remain in the unit for critical care while improving to general acute care. They frequently cannot regulate their body temperature and need radiant heating to avoid hypothermia. Resuscitative fluids, long routes to treatment spaces, and long treatment times can increase the risk of hypothermia. Pre-warming and postoperative warming of patients is desired. Routes between patient rooms and treatment spaces should minimize exposure to infection risks and public use areas.
2.2 Specific Requirements for General Hospitals

2.2-2.16.1 General

2.2-2.16.1.1 Where a burn trauma critical care unit (BTCCU) is provided, it shall meet the requirements in Section 2.2-2.6 (Critical Care Unit) as amended in this section.

2.2-2.16.1.2 Airborne infection isolation (AII) room. An AII room shall not be provided in the BTCCU.

2.2-2.16.1.3 Hydrotherapy room. Where a hydrotherapy room is provided, it shall be readily accessible to the BTCCU.

*2.2-2.16.1.4 Operating room. For new construction, an operating room that meets the requirements in Section 2.2-3.3.3 (Operating Rooms) shall be readily accessible to the BTCCU.

A2.2-2.16.1.3 Operating room temperature. The temperature in operating rooms used for burn patients should be able to be increased to a temperature of 95°F because burn patients are unable to regulate their body temperature and are susceptible to hypothermia.

2.2-2.16.2 Patient Room

2.2-2.16.2.1 Capacity. The maximum number of beds per room shall be one.

*2.2-2.16.2.2 Protective environment. The patient room shall be designed as a protective environment room. See Section 2.2-2.2.4.4 (Protective environment room) for requirements.

A2.2-2.16.2.2 Protective environment (PE) room purpose. Burn patients require a protective environment because of their high risk of infection. The PE room is used to protect the profoundly immunosuppressed patient with prolonged neutropenia (i.e., a patient undergoing an allogeneic or autologous bone marrow/stem cell transplant) or a burn patient from common environmental airborne infectious microbes (e.g., Aspergillus spores). The differentiating factors between PE rooms and other patient rooms are the requirements for filtration and positive air pressure relative to adjoining spaces.

*2.2-2.16.2.3 Radiant panels

A2.2-2.16.2.3 Radiant panels. Burn patients commonly have an inability to regulate their body temperatures and become hypothermic.

(1) The BTCCU patient rooms shall have radiant heating panels located over the bed.

(2) Radiant heat panels shall be individually controlled in each patient room.

2.2-2.16.2.4 Patient toilet room

(1) Each BTCCU patient rooms shall have direct access to an enclosed toilet room.

(2) Provision of a human waste disposal room instead of a patient toilet room shall not be permitted.

*2.2-2.17 Behavioral Health Crisis Unit

A2.2-2.17 Behavioral health crisis unit. This service unit is for hospitals creating a dedicated emergency services unit to respond to behavioral health patients presenting in a state of crisis. Advantages of such a unit are that staffing...
can be tailored to the needs of this population and the physical environment can be controlled to help alleviate stressors for patients and staff.

2.2-2.17.1 General

2.2-2.17.1.1 Application. Where a behavioral health crisis unit is provided, the unit shall comply with the requirements in this section.

*2.2-2.17.1.2 Location

A2.2-2.17.1.2 Location. The final location determinant should be the safety risk assessment. See Section 1.2-4 (Safety Risk Assessment) for requirements.

*(1) The unit shall be in or readily accessible to the emergency department.

A2.2-2.17.1.2 (1) Where it is feasible for this unit to be immediately accessible to the emergency department, that location is preferred. The unit can then share multiple support functions with the emergency department as noted in this section. Elopement concerns should be addressed as determined by the safety risk assessment.

(2) Where the behavioral health crisis services are provided in a separate building on campus, location of the behavioral health crisis unit in that building shall be permitted.

(3) For renovations, where it is not feasible for the unit to be in or readily accessible to the emergency department, the unit shall be permitted to be located elsewhere on the hospital campus.

2.2-2.17.1.3 Shared services. Where the behavioral health crisis unit is in or readily accessible to the emergency department, shared ancillary and clinical services shall be permitted when these shared services are located and configured to accommodate programmatic requirements for safety, security, and other clinical considerations. See Section 1.2-4.6 (Behavioral and Mental Health Risk Assessment) and Section 1.2-4.8 (Security Risk Assessment) for additional requirements.

2.2-2.17.1.4 Environment of care

(1) Patient care areas of the behavioral health crisis unit shall meet the requirements in Section 2.5-1.5 (Specific Requirements for Behavioral and Mental Health Hospitals: Environment of Care) as amended in this section.

(2) Visual observation

(a) Means for visual observation of unit corridors and patient care areas shall be provided.

(b) Electronic surveillance shall be permitted but shall not be the only means of visual observation.

2.2-2.17.2 Patient Care Stations

The type of patient care stations provided shall be determined during the planning phase based on the services provided and a safety risk assessment.

2.2-2.17.2.1 Examination/treatment room

(1) An examination/treatment room shall be provided for medical assessment or triage of patients in the unit.
(2) Location of this examination/treatment room in the emergency department shall be permitted provided the room meets the requirements in Section 2.2-2.17.1.4 (Environment of care) and is immediately accessible to the behavioral health crisis unit.

*2.2-2.17.2.2 Single-Patient Observation room

(1) General. Where provided, the observation room(s) shall meet the requirements in this section.

A2.2-2.17.2.2 Patient observation rooms

a. Observation rooms are for temporary accommodation of behavioral health patients until they can be discharged or transferred to an appropriate facility.

b. Confirm with the local and state regulations for length of stay, observation, and licensure requirements and third-party payer requirements.

c. A patient who has a co-morbidity with a primary diagnosis of an emergent medical condition would remain in the emergency department.

d. Providing access to nature and daylighting is recommended.

(a) Number. The number of observation rooms in the behavioral health crisis unit shall be determined by the health care organization during the planning phase.

(b) Capacity. The maximum number of beds per room shall be one.

(2) Space requirements

(a) Area. Each single-patient observation room shall have a minimum clear floor area of 100 square feet (9.29 square meters) with a minimum clear dimension of 10 feet (3.05 meters).

(b) Clearances

(i) Room size shall permit a room arrangement with a minimum clearance of 3 feet (91.44 centimeters) on each side and at the foot of the examination table.

(ii) A room arrangement in which an examination table, recliner, or chair is placed at an angle, closer to one wall than another, or against a wall to accommodate the type of patient being served shall be permitted.

(3) Hand-washing station. A hand-washing station shall be provided. See Section 2.1-2.8.7.2 (Hand-Washing Station—Design requirements) for requirements.

(4) Toilet room. At least one toilet room shall be provided for each six single-patient observation rooms and for each major fraction thereof.

(5) Shower room. See Section 2.2-3.2.2.7 (Shower room) for requirements.

*2.2-2.17.2.3 Multiple-patient observation area. Where provided, a multiple-patient observation area shall meet the requirements in this section.

(1) Space requirements

(a) Area. A minimum clear floor area of 40 square feet per patient care station shall be provided.
2.2.17.2.3 (1)(a) Observation patient care station size. Additional space may be required for equipment and furnishings.

(b) Clearances

(i) A minimum clearance of 5 feet 6 inches (1.52 meters) shall be provided between recliners.

(ii) A minimum clearance of 3 feet (91.44 centimeters) shall be provided between walls or partitions and the sides of recliners in an open multiple-patient observation area.

(2) Hand-washing station. A hand-washing station(s) shall be provided that meets the requirements of Section 2.1-7.2.2.8 (Hand-washing stations).

(3) Patient toilet room. At least one toilet room shall be provided for each six patient care stations and for each major fraction thereof.

(4) Shower room

(a) One shower room shall be provided.

(b) Combination of the shower room and toilet room in the same room shall be permitted.

2.2.17.2.4 Quiet room. A quiet room shall be provided for a patient who needs to be alone for a short period of time, but does not require a seclusion room or secure holding room.

(1) A minimum of 80 square feet (7.43 square meters) shall be provided.

(2) The quiet room shall be permitted to serve as a consultation room. See Section 2.2-2.17.4.2 (Consultation room) for requirements.

2.2.17.2.5 Secure holding room

(1) Where a secure holding room is provided, it shall meet the requirements in Section 2.2-3.1.4.3 (2) (Secure holding room).

(2) Use of a secure holding room located in the emergency department shall be permitted.

2.2.17.3 Support Areas for the Behavioral Health Crisis Unit

2.2.17.3.1 Nurse station. A nurse station positioned and sized to meet the behavioral health programmatic requirements shall be provided to allow staff to observe patient care areas.

2.2.17.3.2 Medication safety zone. A medication safety zone shall be provided. See Section 2.1-2.8.8 (Medication Safety Zones) for requirements.

2.2.17.3.3 Outdoor areas. Where outdoor areas are provided, see Section 2.5-2.2.3 (Outdoor Areas) for requirements.

2.2.17.4 Other Behavioral Health Crisis Unit Support Areas

The behavioral health crisis unit shall contain the following support rooms or areas. Unless otherwise noted, sharing these spaces with the emergency department shall be permitted where the spaces are readily accessible to the behavioral health crisis unit.

*2.2.17.4.1 Intake room or area. An intake room or area shall be provided.
A2-2.17.4.1 Intake room or area. An intake room or area is intended to be a dedicated room or area for intake processing, security screening, and turnover of patient property.

(1) A lockable storage room or locker shall be provided for the storage of patients’ personal property.

(2) The consultation room shall be permitted to serve as the intake room.

2.2-2.17.4.2 Consultation room. Where provided, the consultation room(s) shall meet the following requirements:

(1) Space requirement. The consultation room shall have a minimum clear floor area of 100 square feet (9.29 square meters).

(2) The consultation room shall be designed for acoustic and visual privacy. See Table 1.2-6 (Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms) for acoustic requirements.

(3) Where a consultation room located in an emergency department is adjacent to the behavioral health crisis unit, it shall be permitted to be shared with the behavioral health crisis unit.

2.2-2.17.4.3 Nourishment area. A nourishment area that meets the requirements in Section 2.1-2.8.9 (Nourishment Area or Room) shall be provided.

2.2-2.17.4.4 Clean workroom or clean supply room. A clean workroom or clean supply room that meets the requirements in Section 2.1-2.8.11 (Clean Workroom or Clean Supply Room) shall be provided.

2.2-2.17.4.5 Soiled workroom or soiled holding room. A soiled workroom or soiled holding room that meets the requirements in Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room) shall be provided.

2.2-2.17.4.6 Equipment and supply storage. Equipment and supply storage that meets the requirements in Sections 2.1-2.8.13.1 through 2.1-2.8.13.3 (Equipment and Supply Storage) shall be provided.

2.2-2.17.4.7 Environmental services room. An environmental services room that meets the requirements in Section 2.1-2.8.14 (Environmental Services Room) shall be provided.

2.2-2.17.5 Staff Support Areas

A minimum of one staff toilet room shall be directly accessible to the behavioral health crisis unit.

2.2-2.17.6 Support Areas for Families, Patients, and/or Visitors

A family and visitor lounge that meets the requirements in Section 2.1-2.10.1 (Family and Visitor Lounge) shall be readily accessible to the behavioral health crisis unit.