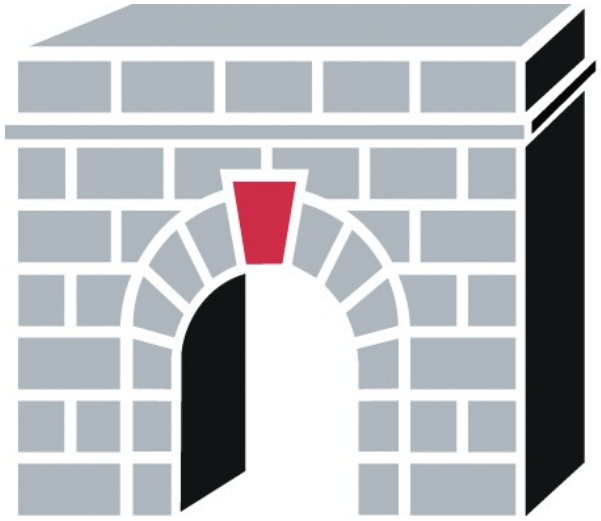


FGI

THE 2022 EDITION OF THE FGI *GUIDELINES*

INTRODUCTION

Heather Livingston, MSL
Chief Operating Officer and Managing Editor
Facility Guidelines Institute

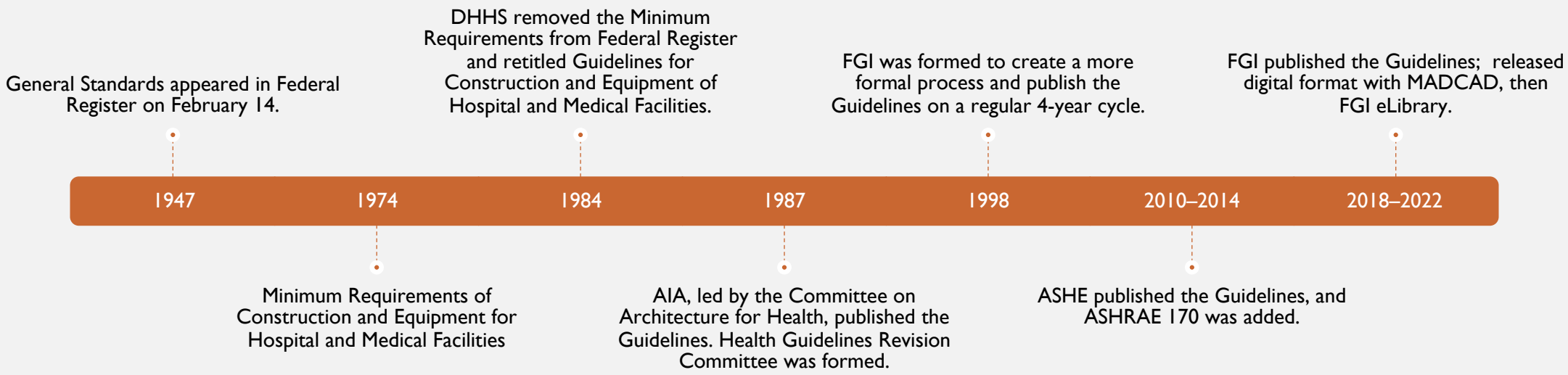
- With FGI since 2011
- 4 editions of the *Guidelines*
- American Institute of Architects
- American Architectural Foundation

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

TODAY'S OBJECTIVES

- Share the revision strategy, sequence, and consensus approach to the *Guidelines* revision process.
- Familiarize participants with the organization of the 2022 *Guidelines* documents.
- Review the major updates in the 2022 *Guidelines.*
- Discuss opportunities to participate in the 2026 revision process.

GUIDELINES HISTORY



FGI AND THE HGRC

ABOUT FGI

Mission

Establish and promote consensus-based guidelines and publications, advised by research, to advance quality health care.

Vision

FGI will be the leader in guiding the development of the health care built environment.

The main objectives of FGI

- To see that the *Guidelines* is reviewed and revised on a regular cycle with a consensus process carried out by a multidisciplinary group of experts from the federal, state, and private sectors
- To stimulate research in support of evidence-based guidelines
- To reinvest all net revenue derived from FGI's share from the sale of *Guidelines* documents in research and development for improved future editions of the *Guidelines*.

THE HEALTH GUIDELINES REVISION COMMITTEE (HGRC)

- Select multidisciplinary consensus body of about 140 clinicians, owner, architects, engineers, researchers, government agencies, and AHJs
- Experts on the many issues addressed in the *Guidelines*
- Wide range of expertise helps assure the *Guidelines*
  - Reflect a variety of clinical, administrative, engineering, and design concerns
  - Based on interdisciplinary consensus process

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

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

Rebecca J. Lewis
FAIA, FACHA, CID
DSGW Architects
Duluth, Minnesota
Vice-chair, HGRC

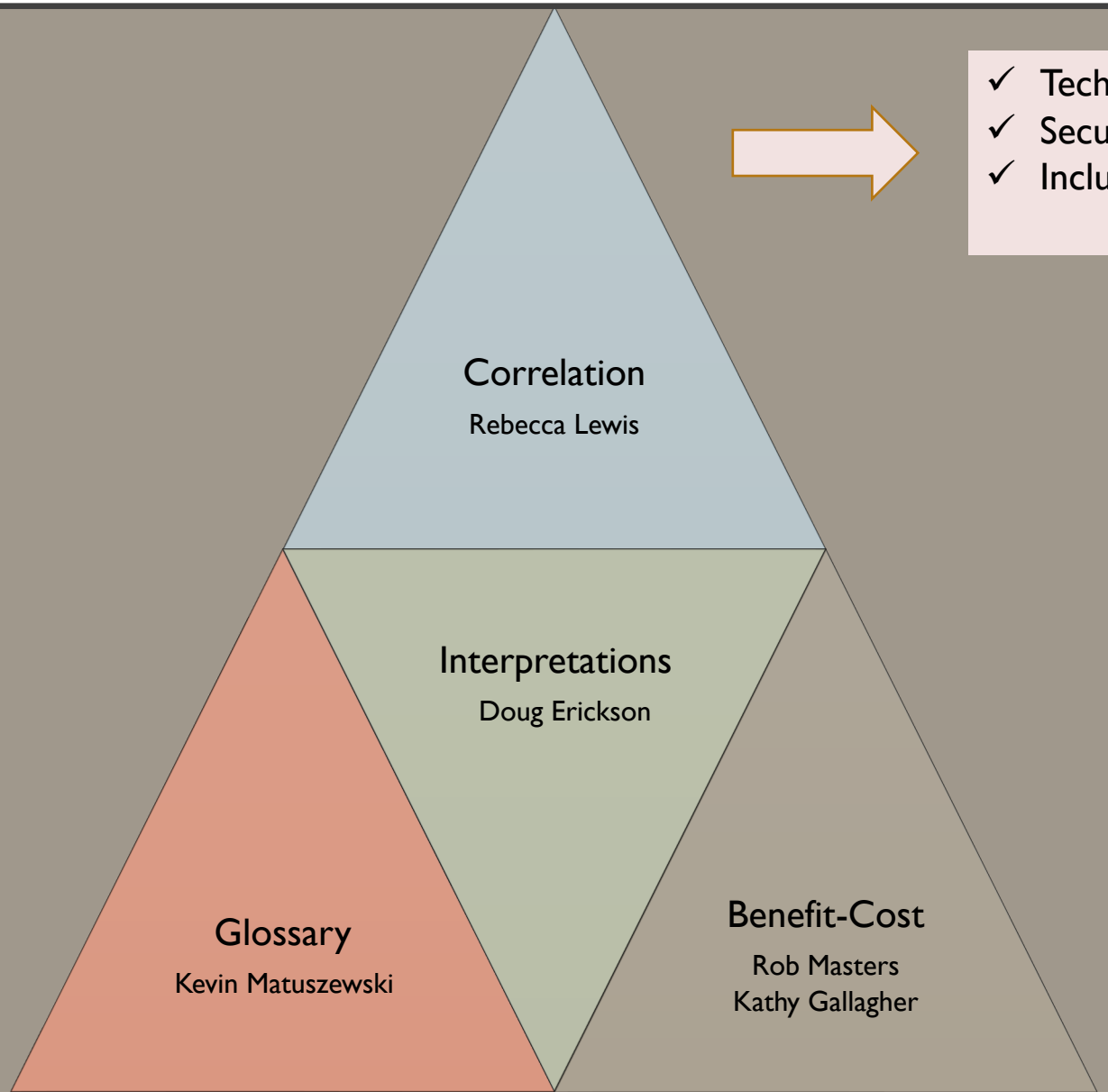
Charles Maggio
AIA, ASHE, NCARB
CBRE|Healthcare
New York, New York
Vice-chair, HGRC

2026 HGRC LEADERSHIP

GUIDELINES DOCUMENT LEADERSHIP

Hospital Document Group	Outpatient Document Group	Residential Document Group
Kirsten Waltz, AIA, ACHA, EDAC, LEED AP Johns Hopkins Baltimore, Maryland	Kevin Matuszewski, AIA, LEED AP DPR Construction Chicago, Illinois	John Shoesmith, AIA, LEED AP Shoesmith Cox Architects Seattle, Washington

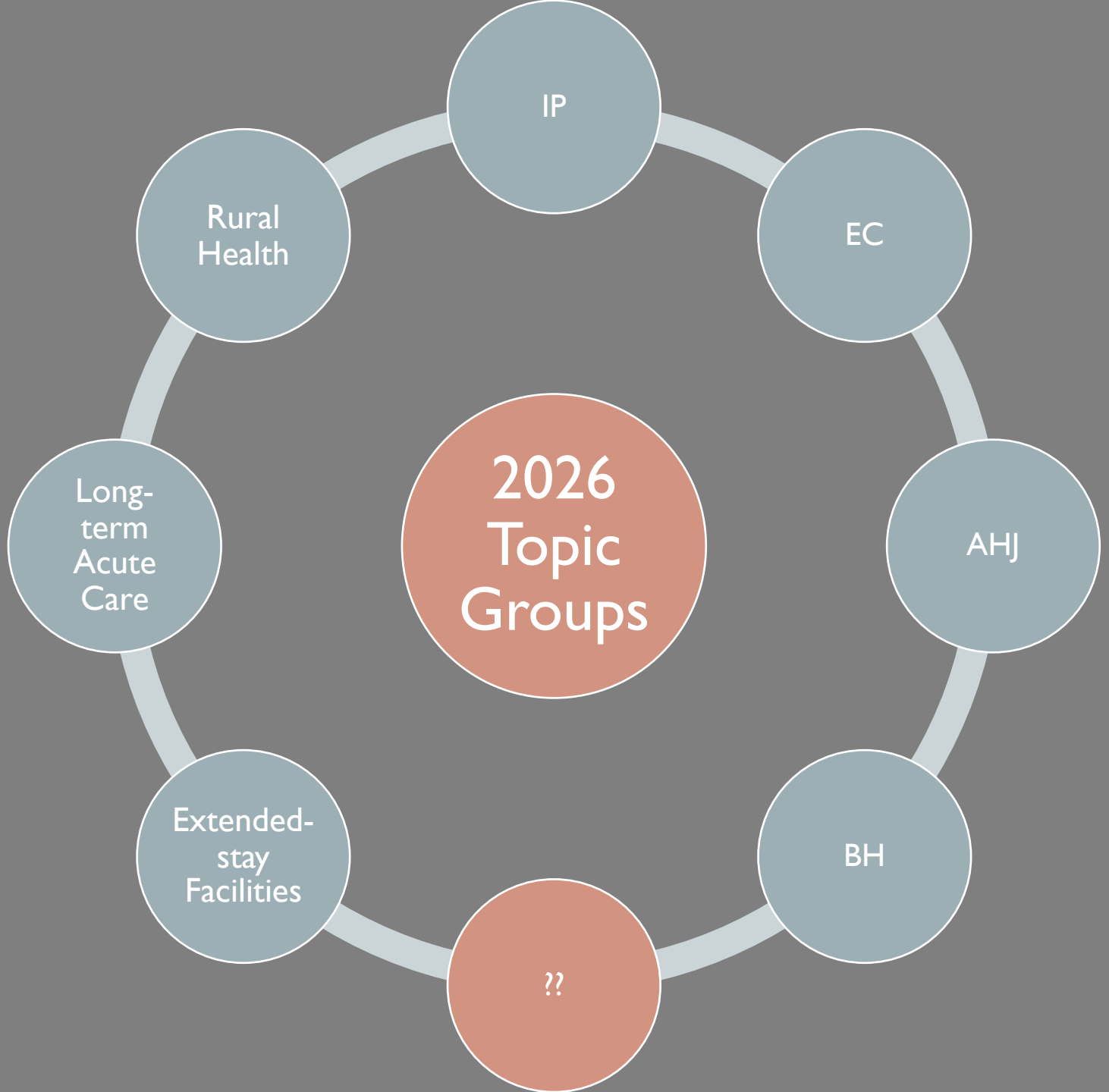
STANDING COMMITTEES



- ✓ Technology
- ✓ Security
- ✓ Inclusive Environments

TOPIC GROUPS

- Infection Prevention
- Emergency Conditions
- Authorities Having Jurisdiction
- Behavioral Health
- Rural Health
- Long-term Acute Care
- Extended-stay Facilities



TASK GROUPS

Procedure/operating room and Class 2/Class 3 imaging room use

Usability of the *Guidelines*

Plumbing

Dental facilities?

Rehab hospitals?

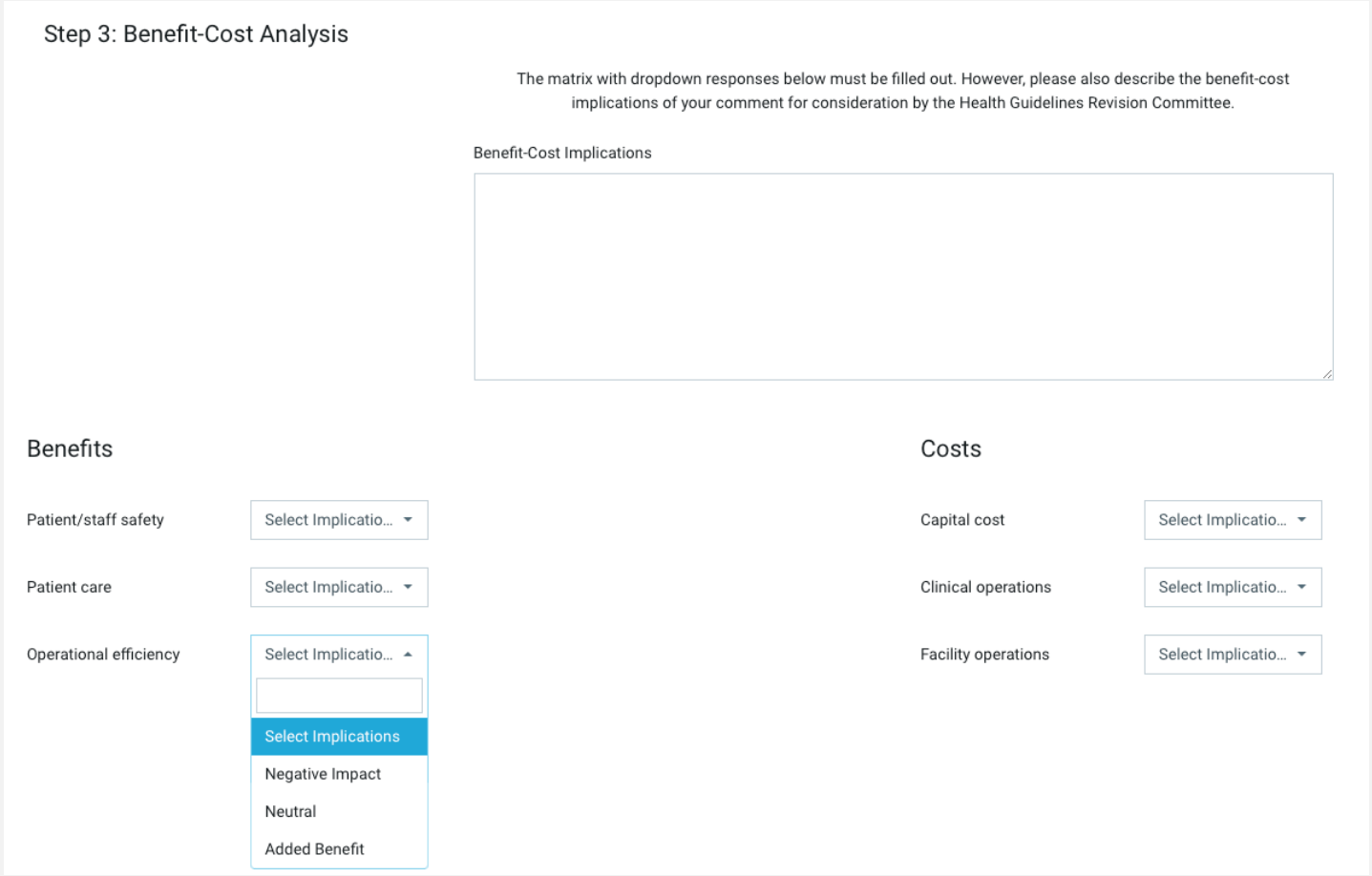
Rural emergency hospitals?

USING THE *GUIDELINES*

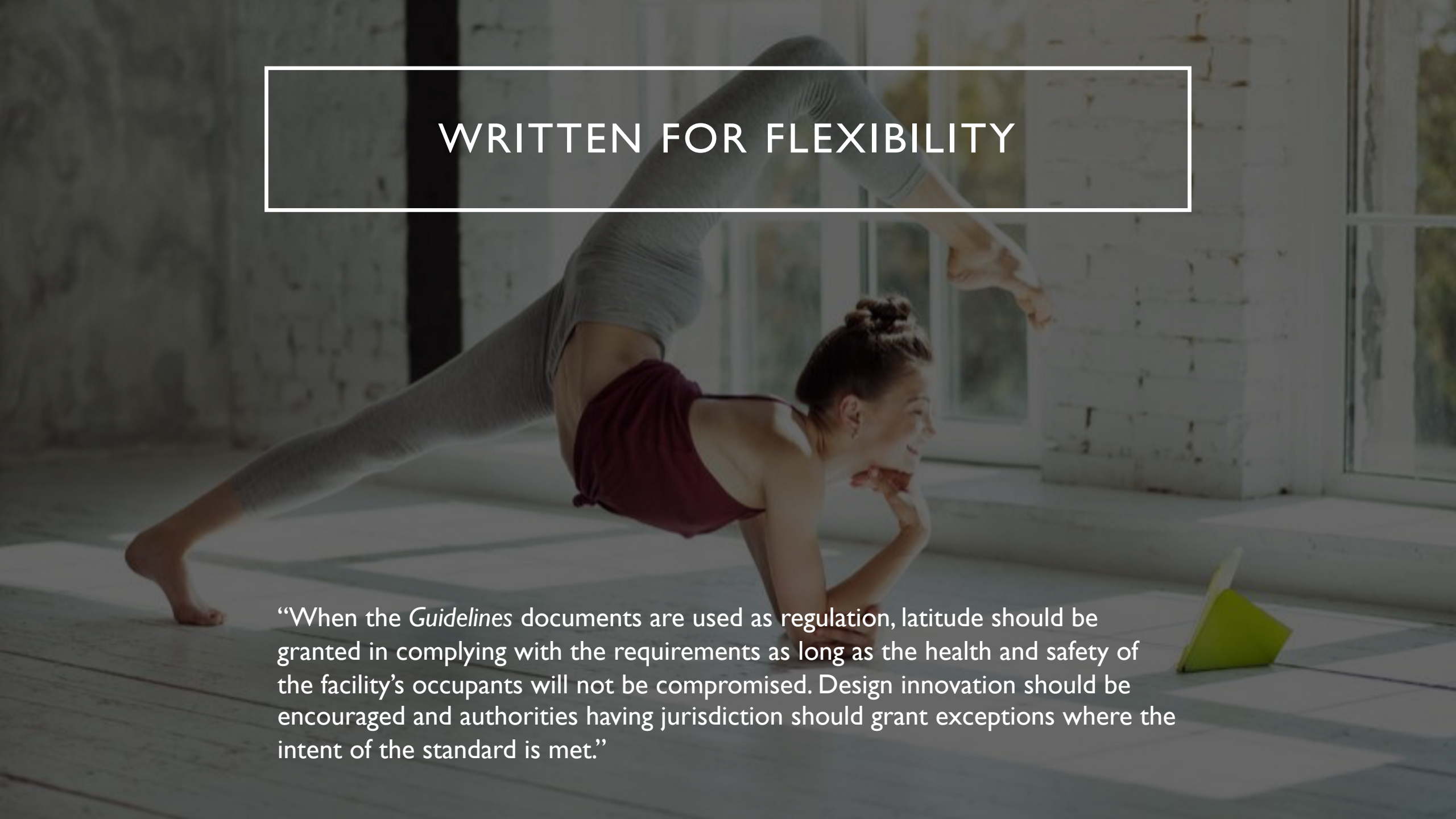
"GUIDELINES" ARE MINIMUM STANDARD

- Code language in the *Guidelines*: For clarity and adoptability, these standards are presented in "code language."
- Main body of the text = minimum requirements
- Appendix text = information to help *Guidelines* users understand and meet the requirements
- Every proposal and comment is reviewed and voted on by the HGRC.

Benefit-Cost Committee Reviews Each Proposal and Comment

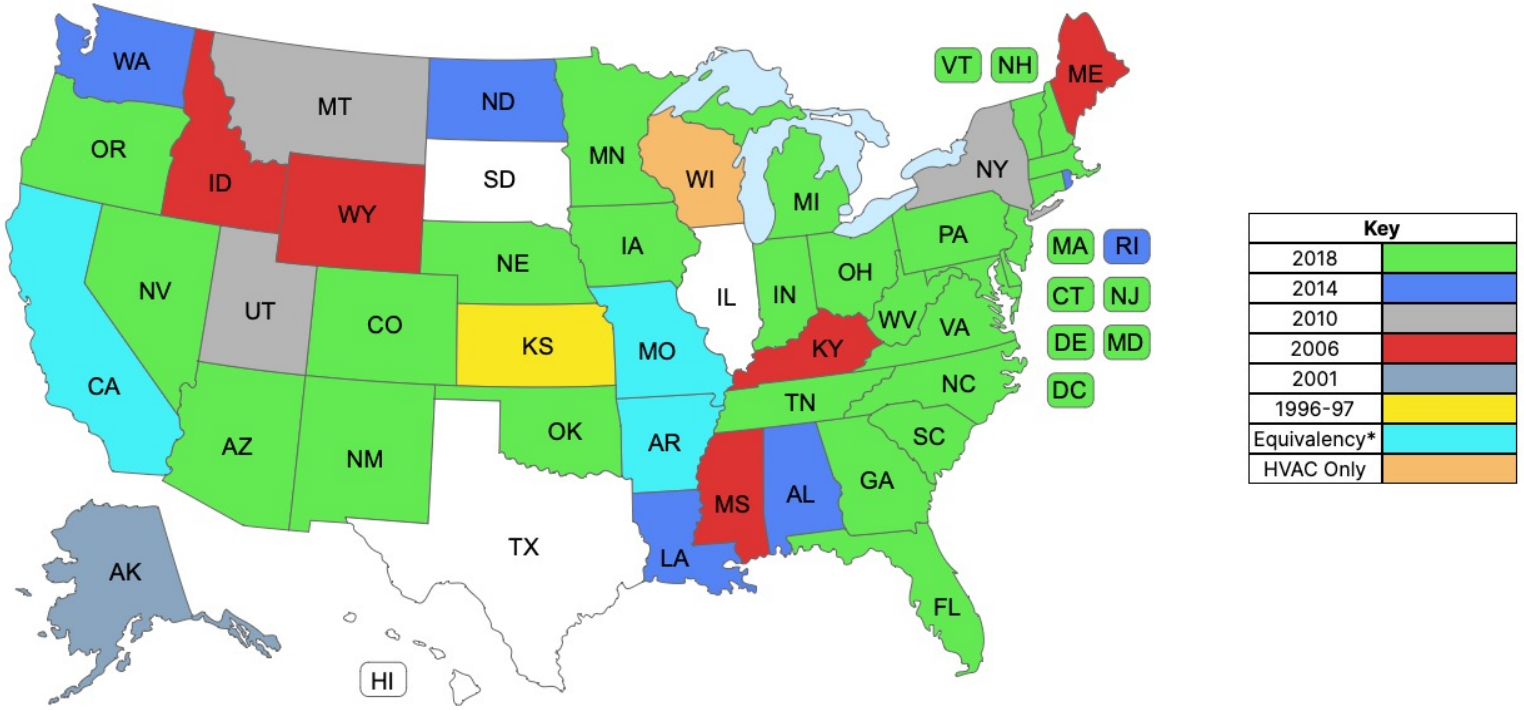


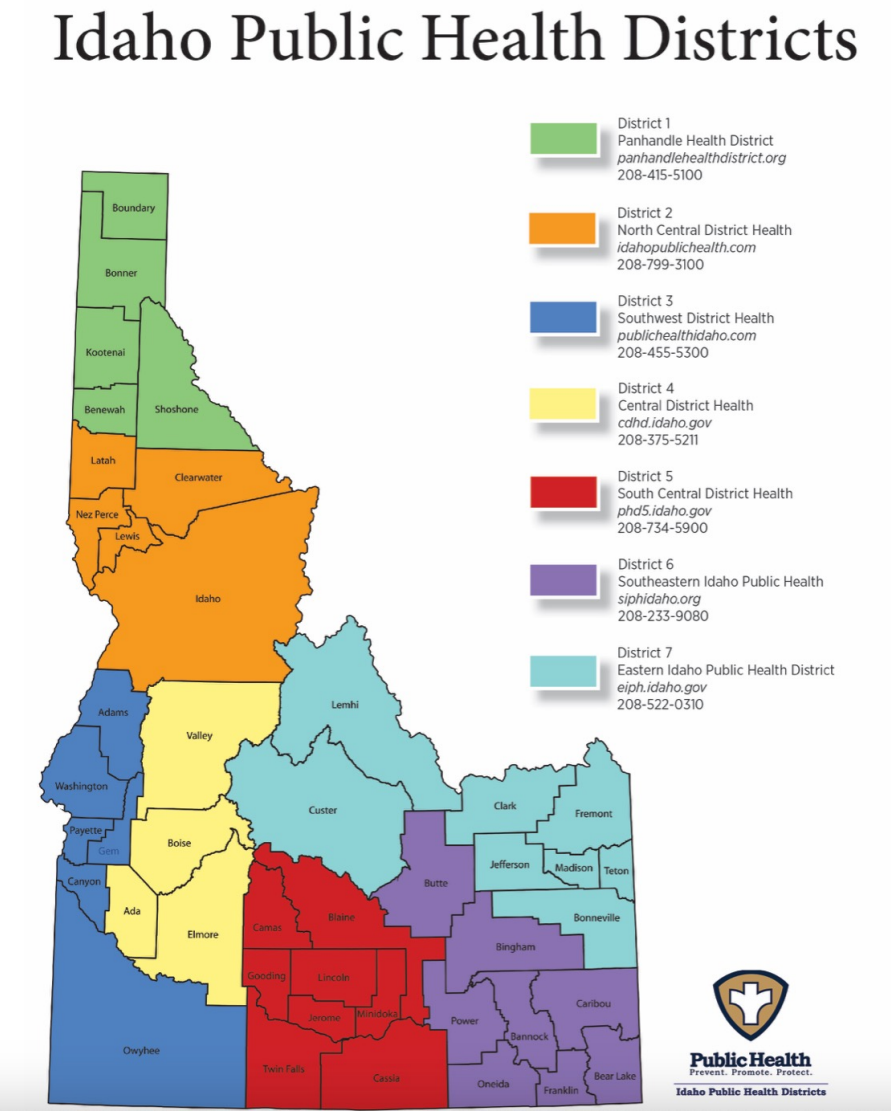
WRITTEN FOR FLEXIBILITY



"When the *Guidelines* documents are used as regulation, latitude should be granted in complying with the requirements as long as the health and safety of the facility's occupants will not be compromised. Design innovation should be encouraged and authorities having jurisdiction should grant exceptions where the intent of the standard is met."

ADOPTION OF THE GUIDELINES





USING THE GUIDELINES IN IDAHO

2006 *Guidelines for Design and Construction of Health Care Facilities*

- General hospitals
- Freestanding EDs

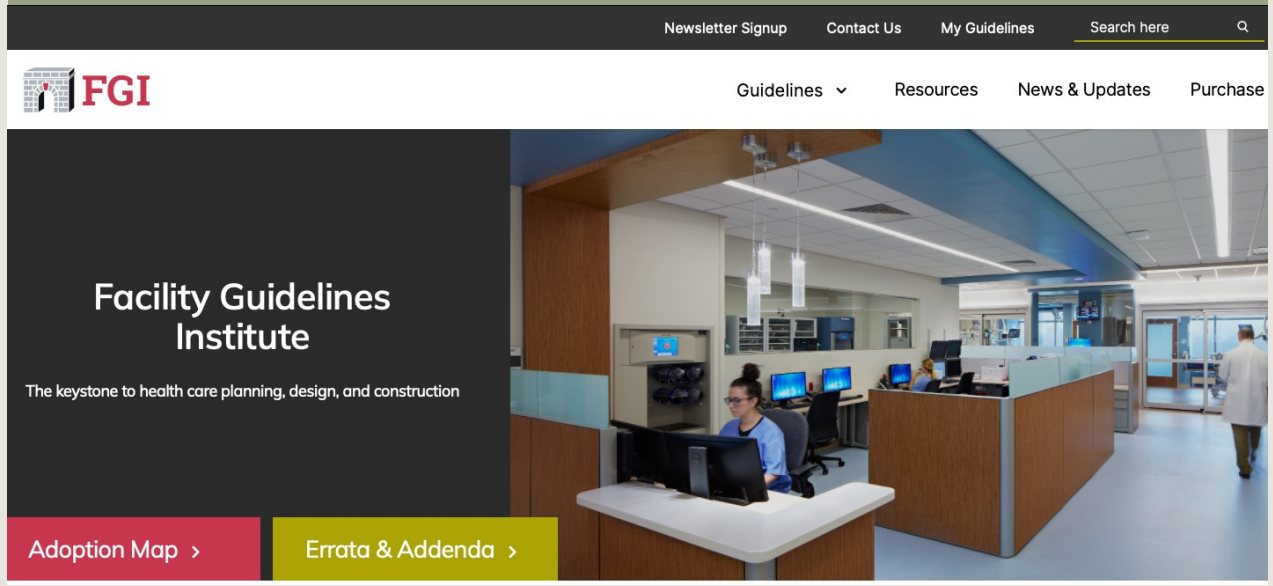
Applies to:

- New construction
- Additions
- Conversions
- Remodeling

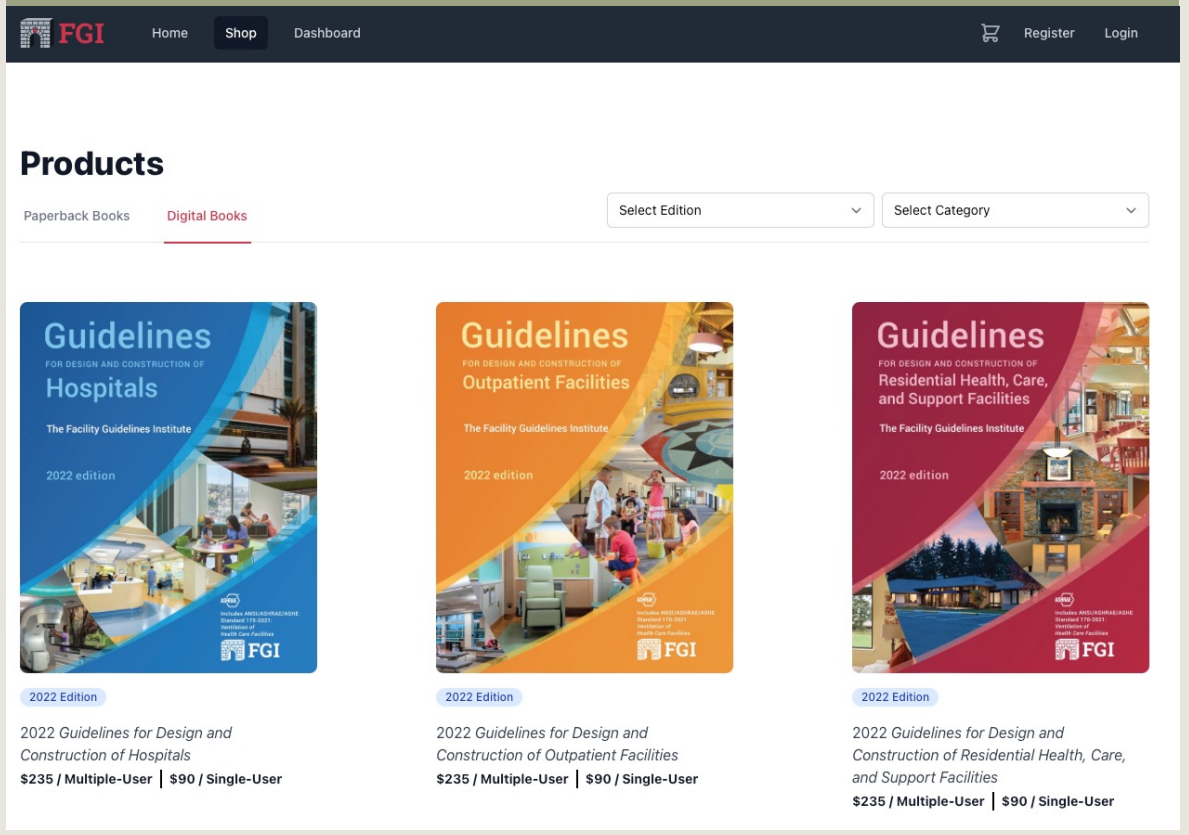
Newer version permitted at owner's request

WHERE TO FIND THE *GUIDELINES* AND SUPPORTING RESOURCES

https://fgiguidelines.org

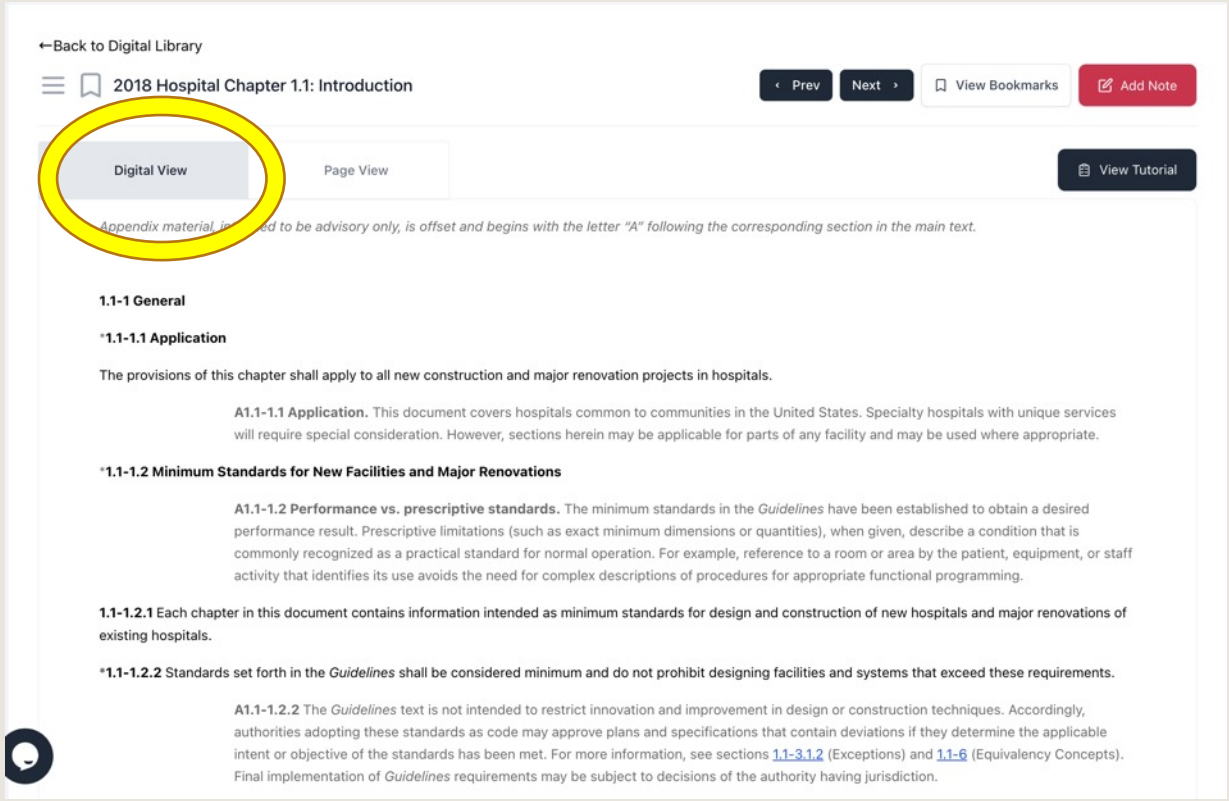


https//shop.fgiguidelines.org

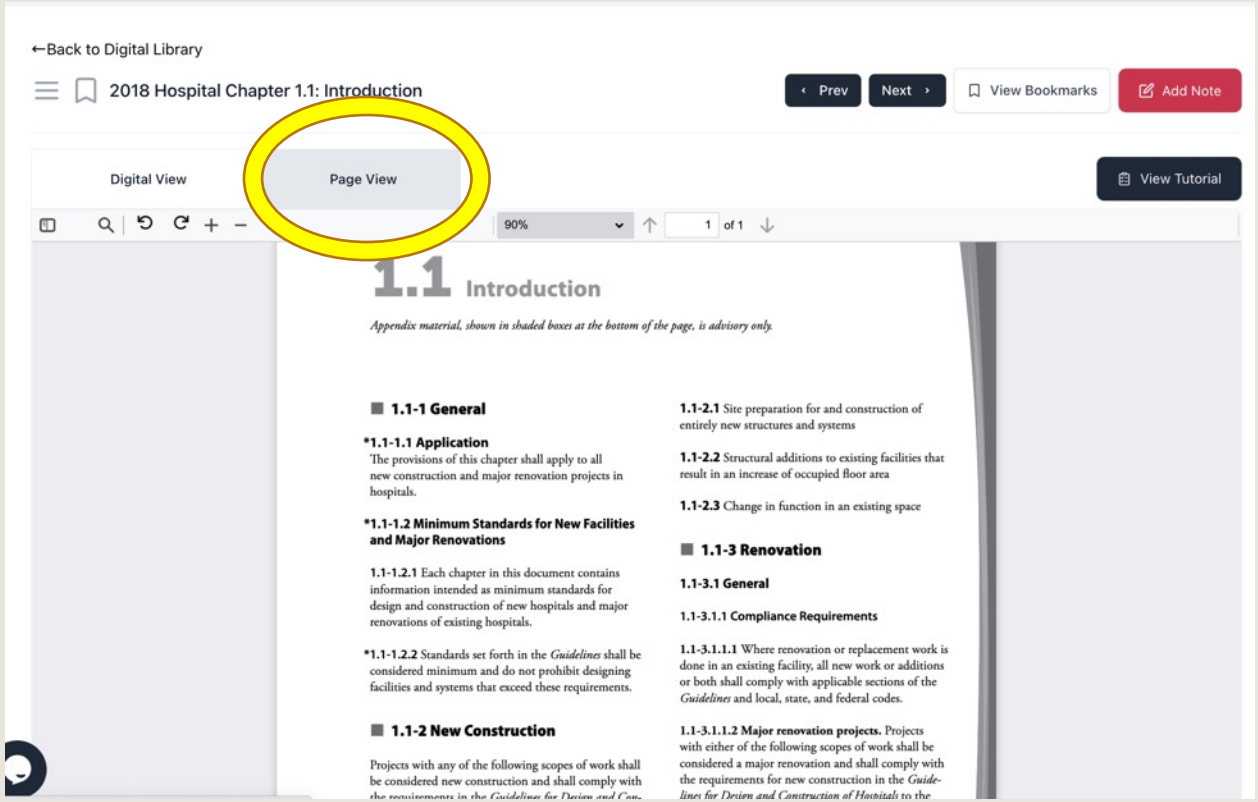


LIBRARY OF *GUIDELINES* DOCUMENTS

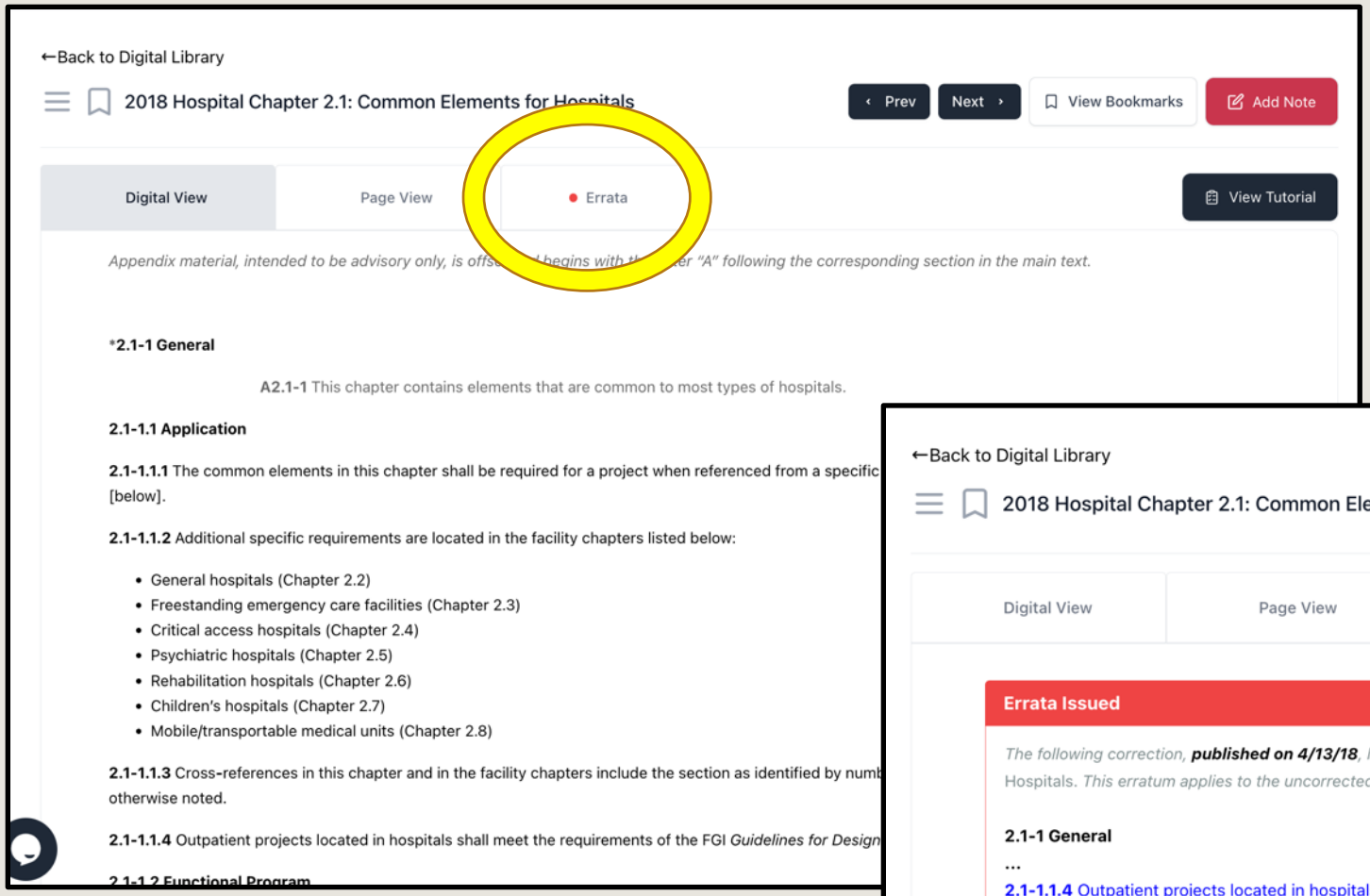
Digital view with hyperlinked sections

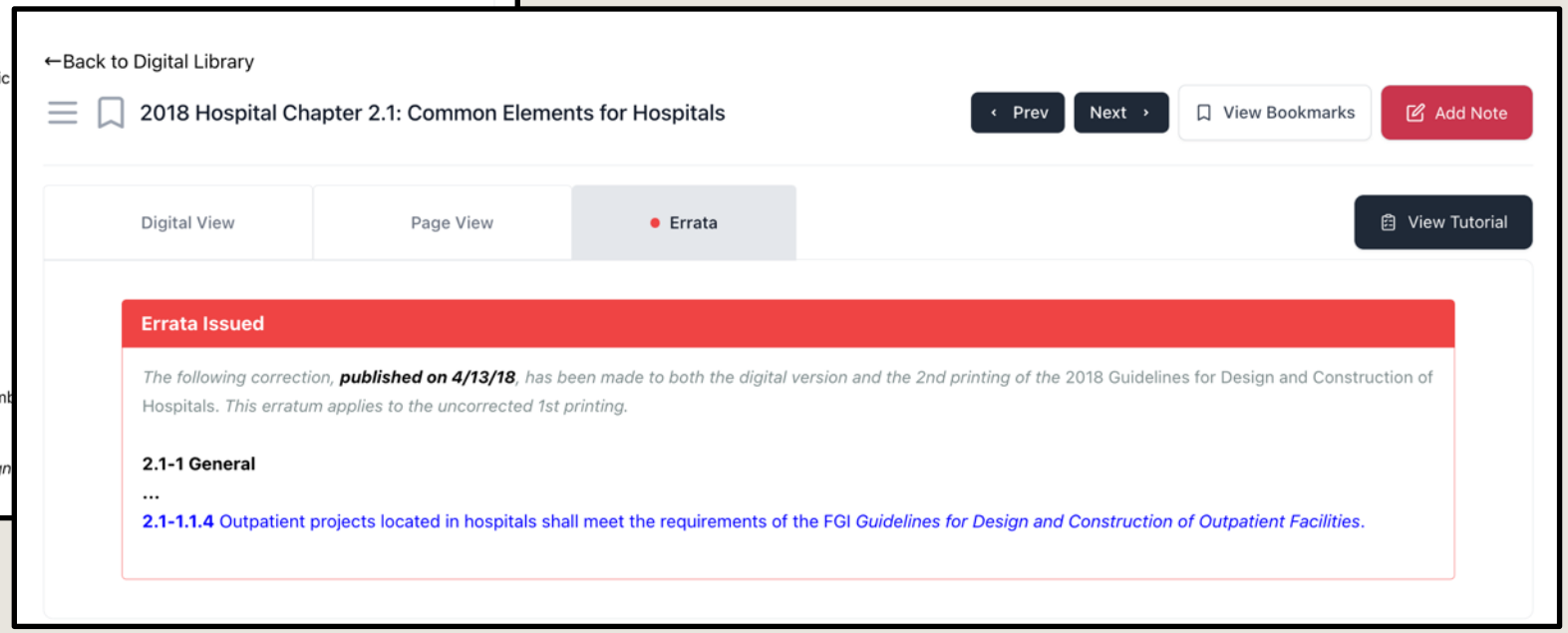


Page view with paperback layout



USEFUL FEATURES





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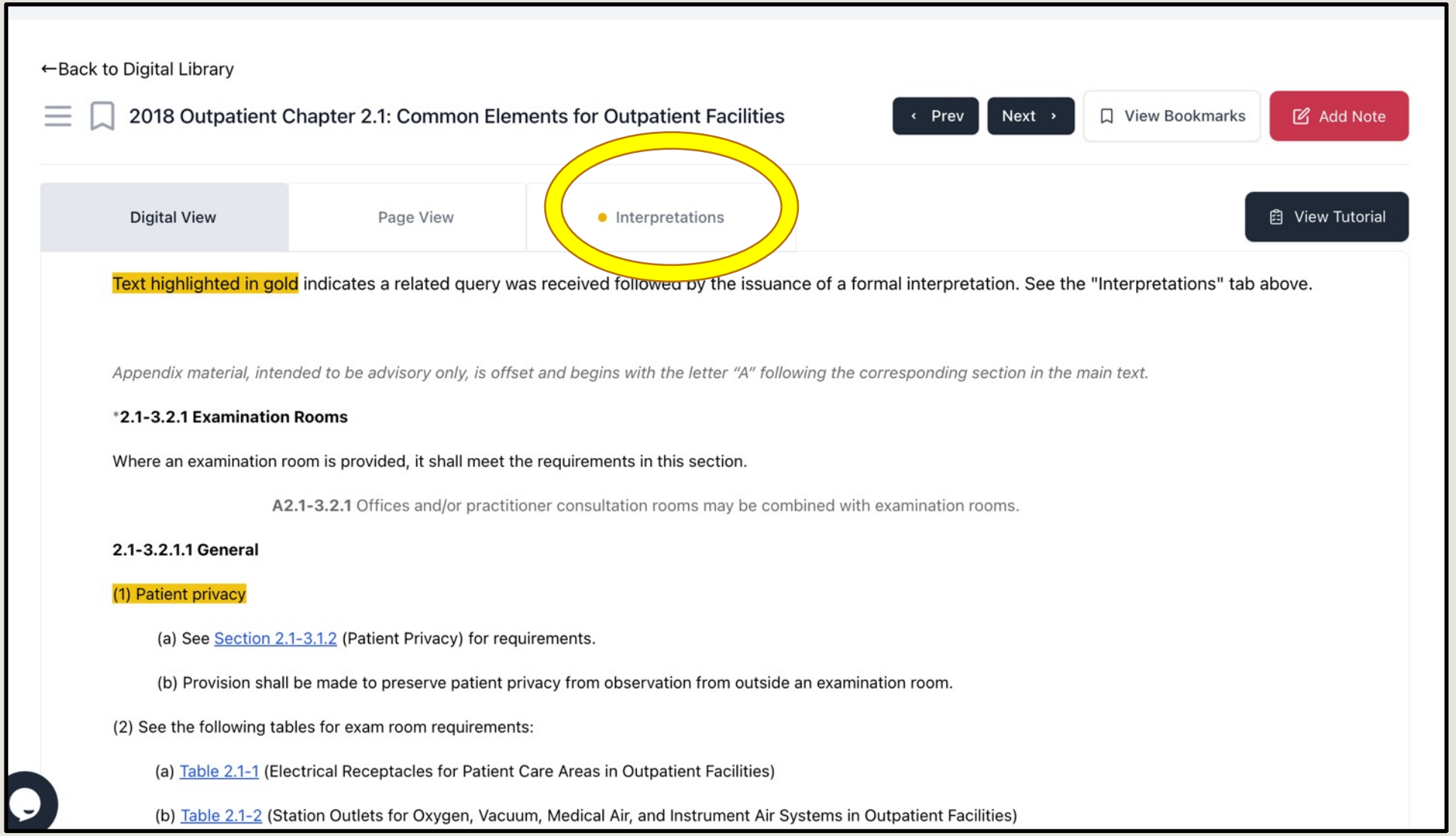
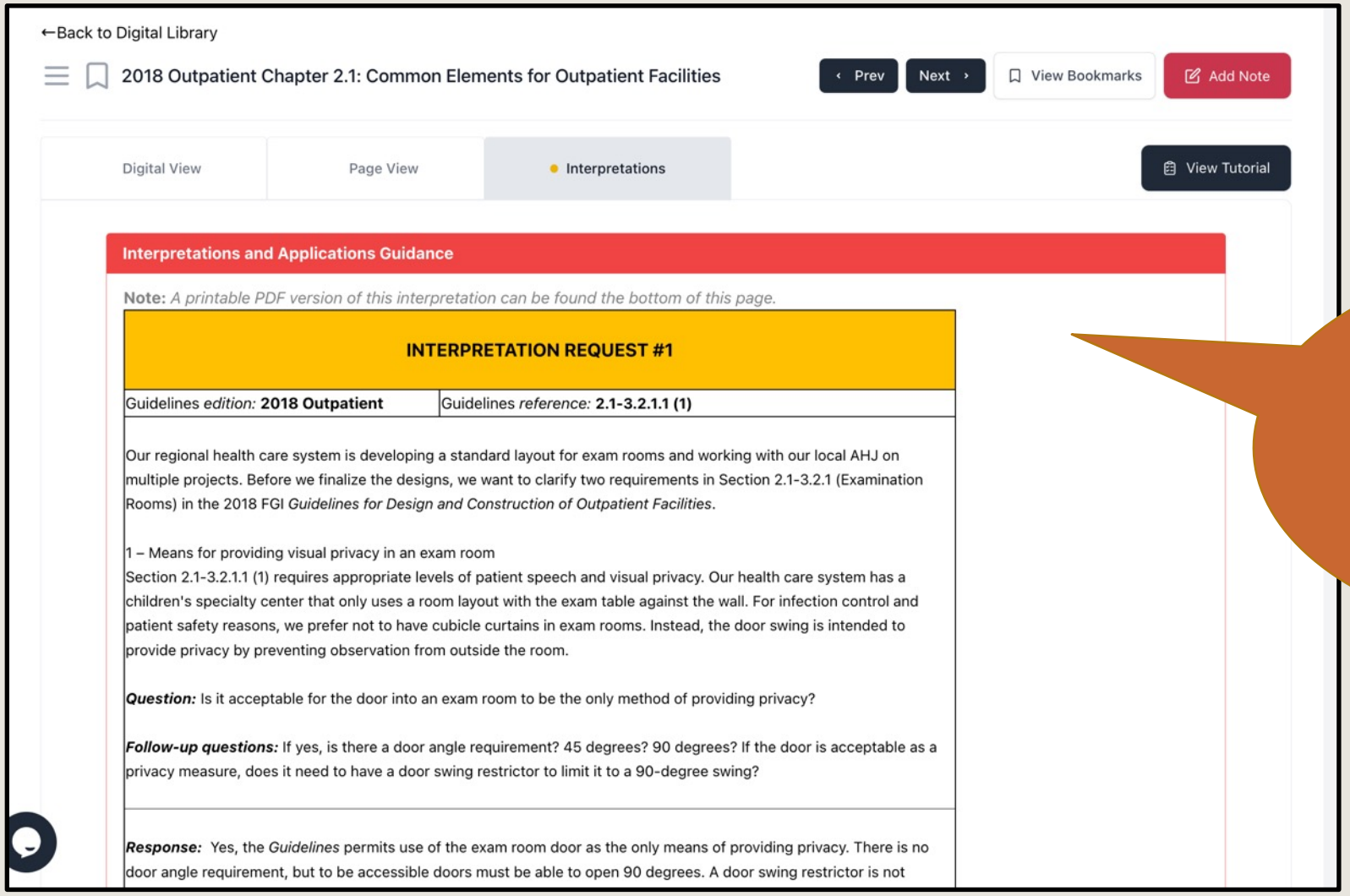


USEFUL FEATURES



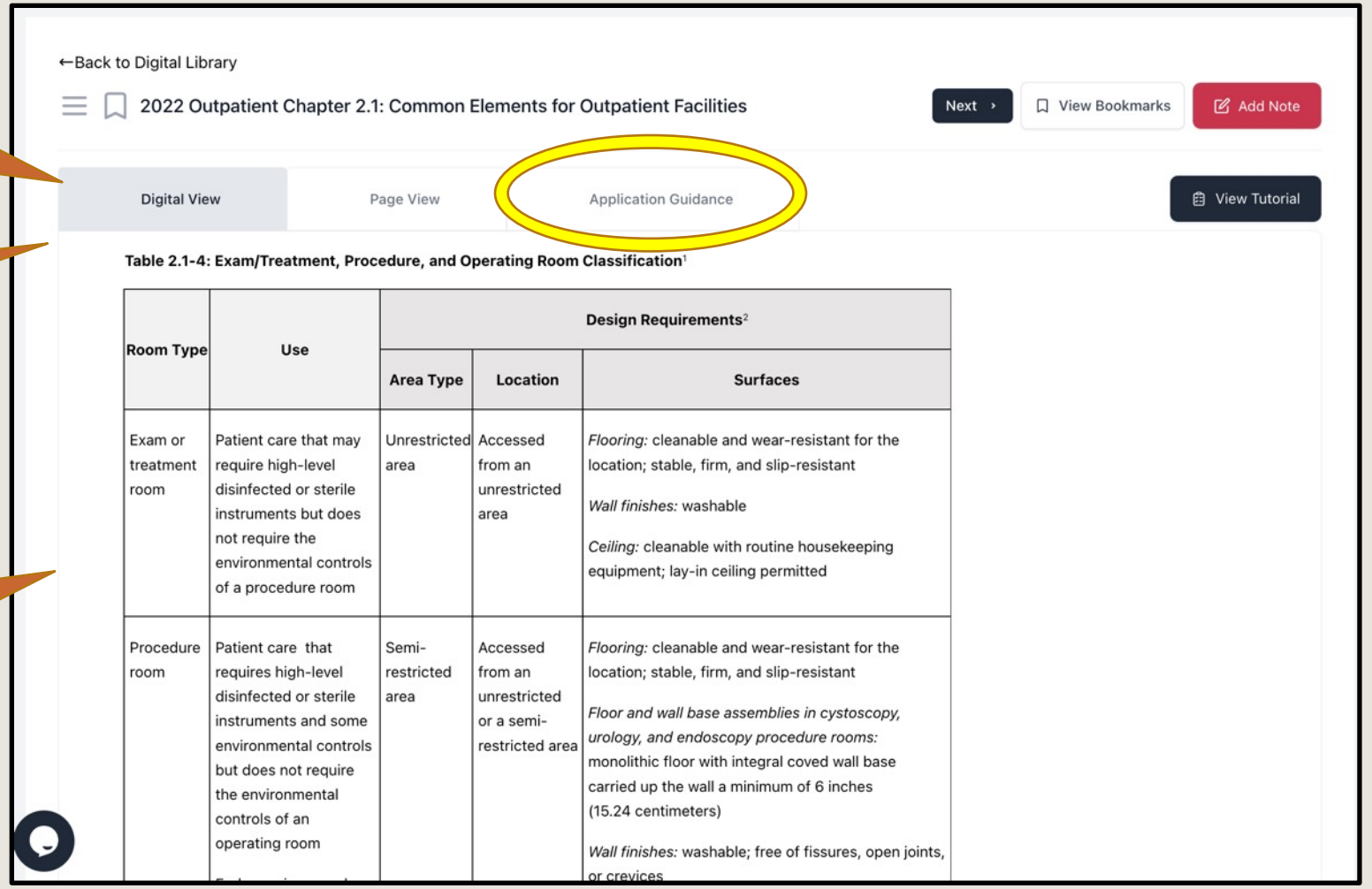
Is it acceptable for the door into an exam room to be the only method of providing privacy?

GUIDELINES LIBRARY TOOLS

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

What is considered an "invasive procedure"?

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



←Back to Digital Library

2022 Outpatient Chapter 2.1: Common Elements for Outpatient Facilities

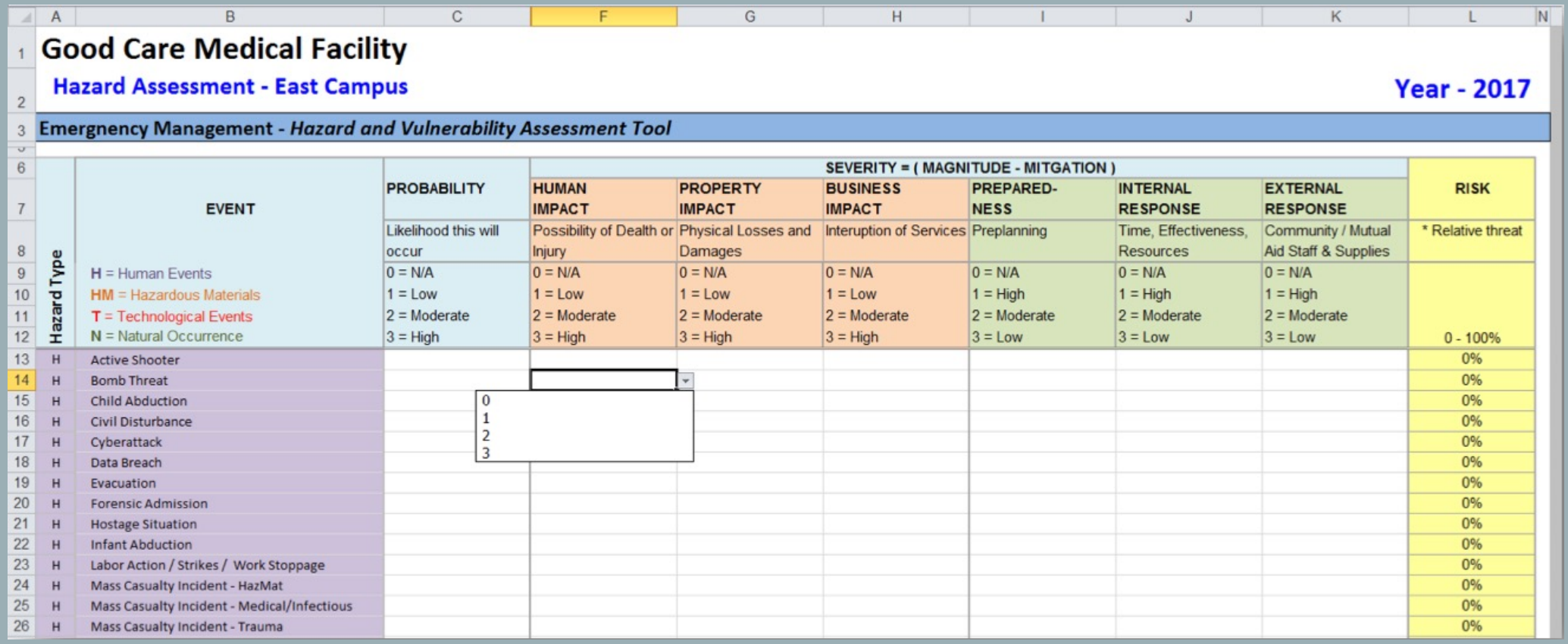
Next › | View Bookmarks | Add Note

Digital View | Page View | Application Guidance | View Tutorial

Table 2.1-4: Exam/Treatment, Procedure, and Operating Room Classification[1]

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

CHANGES TO THE 2022 HOSPITAL *GUIDELINES*



Good Care Medical Facility

Hazard Assessment - East Campus — **Year - 2017**

Emergency Management - *Hazard and Vulnerability Assessment Tool*

Hazard Type	EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITGATION)						RISK
			HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
		Likelihood this will occur	Possibility of Dealth or Injury	Physical Losses and Damages	Interuption of Services	Preplanning	Time, Effectiveness, Resources	Community / Mutual Aid Staff & Supplies	* Relative threat
H = Human Events		0 = N/A	0 = N/A	0 = N/A	0 = N/A	0 = N/A	0 = N/A	0 = N/A	
HM = Hazardous Materials		1 = Low	1 = Low	1 = Low	1 = Low	1 = High	1 = High	1 = High	
T = Technological Events		2 = Moderate	2 = Moderate	2 = Moderate	2 = Moderate	2 = Moderate	2 = Moderate	2 = Moderate	
N = Natural Occurrence		3 = High	3 = High	3 = High	3 = High	3 = Low	3 = Low	3 = Low	0 - 100%
H	Active Shooter								0%
H	Bomb Threat								0%
H	Child Abduction								0%
H	Civil Disturbance								0%
H	Cyberattack								0%
H	Data Breach								0%
H	Evacuation								0%
H	Forensic Admission								0%
H	Hostage Situation								0%
H	Infant Abduction								0%
H	Labor Action / Strikes / Work Stoppage								0%
H	Mass Casualty Incident - HazMat								0%
H	Mass Casualty Incident - Medical/Infectious								0%
H	Mass Casualty Incident - Trauma								0%

0
1
2
3

SAFETY RISK ASSESSMENT

BEHAVIORAL AND MENTAL HEALTH

RISK ASSESSMENT MATRIX				
SEVERITY / PROBABILITY	Catastrophic (1)	Critical (2)	Marginal (3)	Negligible (4)
Frequent (A)	High	High	Serious	Medium
Probable (B)	High	High	Serious	Medium
Occasional (C)	High	Serious	Medium	Low
Remote (D)	Serious	Medium	Medium	Low
Improbable (E)	Medium	Medium	Medium	Low
Eliminated (F)	Eliminated			

UPDATES TO EMERGENCY DEPARTMENT ACCESS

Change is the result of Laura's Law in Massachusetts

1. Video surveillance system for public entrances to the ED

2. Duress alarm system where entrances are locked

INFECTION PREVENTION

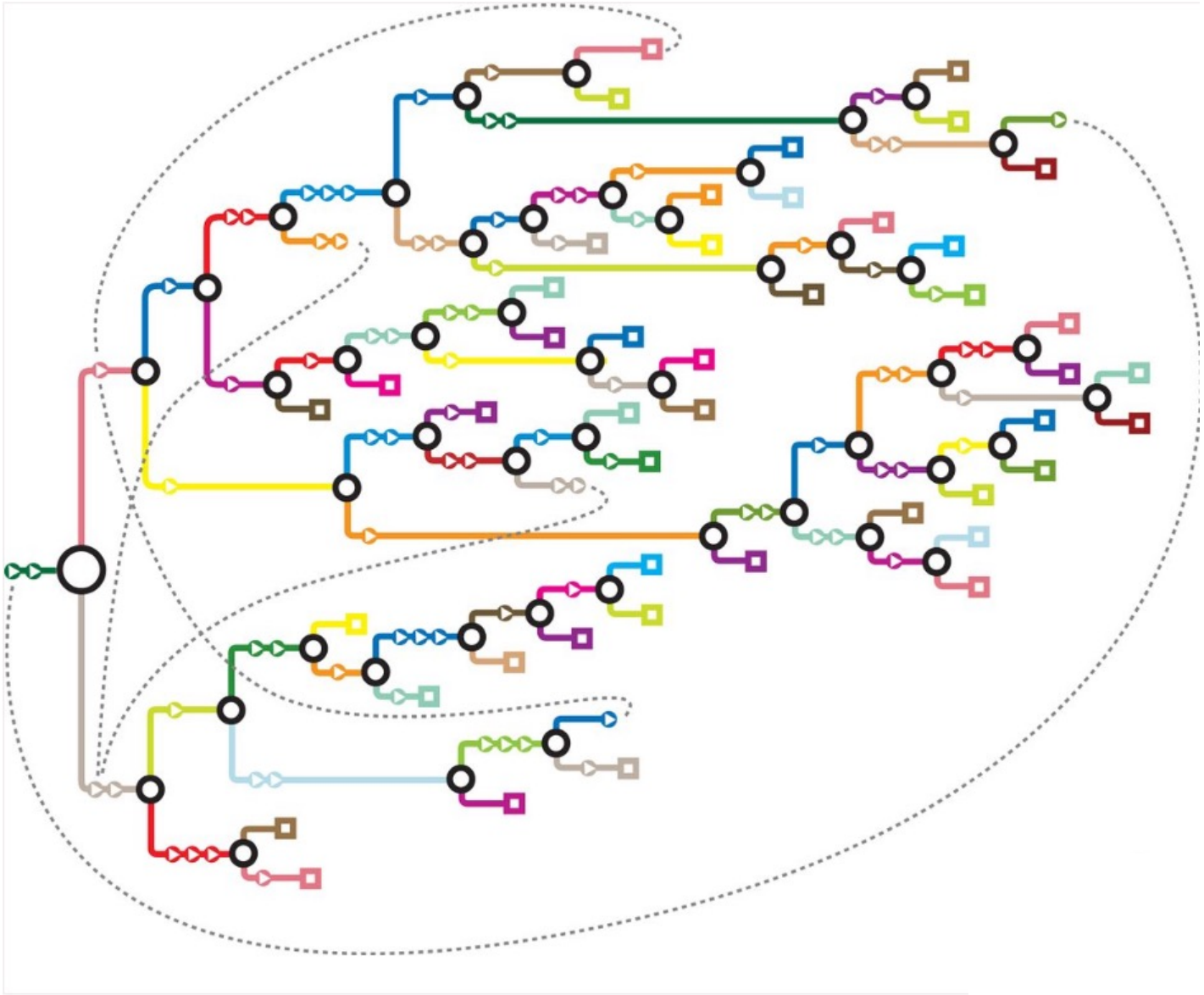
Airborne Infection Isolation Rooms, PE, AII/PE rooms

- Number required based on the ICRA

AII Anterooms

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

NEW WAYS TO APPLY REQUIREMENTS



PRE- AND POST-OP

2018: 2 stations per procedure room, OR, Class 2 imaging room, and Class 3 imaging room

2022: 1.5 per procedure room, OR, Class 2 imaging room, and Class 3 imaging room

Holy Cross Health

CEILINGS IN OPERATING ROOMS AND CLASS 3 IMAGING ROOMS

Ceilings in restricted areas

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

Modular or prefabricated laminar flow ceiling systems allowed if:

- Seams / access doors gasketed
- Structurally rated assembly
- Access for testing, maintenance, replacement
- Diffuser compliant w/ASHRAE 170
- Devices and related controls UL/ETL labeled

NURSE CALL

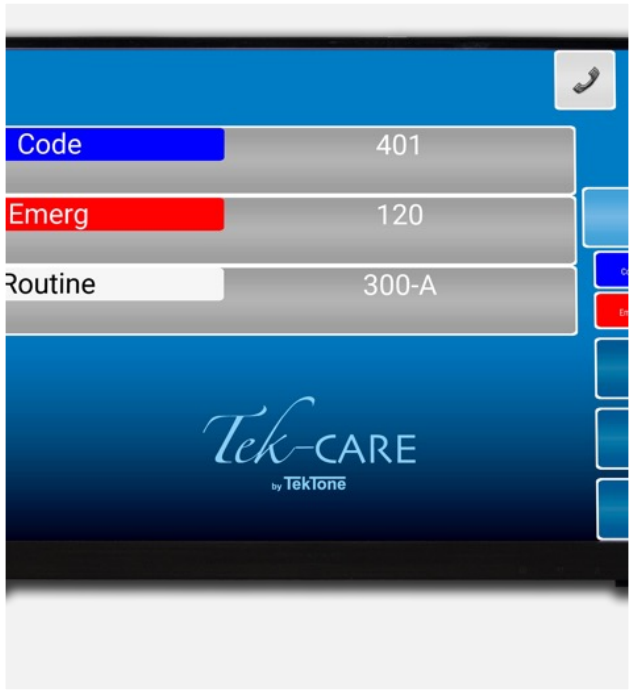
Call (nurse) systems

- Removed optional locations
- Clarified use of wireless and radiofrequency systems
- Changed terminology from “station” and to “device”

BMH pull cords

- Detachable
- No longer than 6 inches

Modernized section on Telecomm Systems



GENERAL HOSPITAL

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

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

GENERAL HOSPITAL

NICU room size

Multiple-infant rooms

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

Single-infant rooms

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

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

GENERAL HOSPITAL

NICU room type

Neonatal Couplet Care Room (300 SF) for a hospitalized mother and NICU patient

- 150 SF for bed
- 150 SF for infant station

Where combined with LDRP must have 435 SF clear floor area

HOSPICE AND/OR PALLIATIVE CARE ROOM

Minimum Room Dimensions

- ✓ 153 SF clear floor area
- ✓ Minimum 10’ at head of patient bed
- ✓ Clear floor area includes 33 SF for family support zone; provides space for overnight stay
- ✓ In renovation – may be reduced to 120 SF
- ✓ Mobile telemedicine cart permitted

BURN TRAUMA CRITICAL CARE UNIT

- Meet ICU criteria
- Maximum of one patient per room
- Patient room designed as Protective Environment (PE)
- Direct access to a patient toilet room
- Radiant heat panels over bed
- Available OR with temp of 95°

CHANGES TO THE HOSPITAL *GUIDELINES*: EMERGENCY SERVICES

<u>FSED removed from Hospital document!!</u>

Trauma/Resuscitation

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

Low-acuity pods

40 SF clear floor area

5'-6" minimum clear

Human Decontamination Facilities

Room: increased from 80 to 100 SF

Exterior structures: No min. SF

BEHAVIORAL HEALTH CRISIS UNIT

Located in or readily accessible to the ED

Single patient observation room

- 100 SF
- 10 ft. clear dimension

Multiple-patient room

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

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

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

CHANGES TO THE 2022 OUTPATIENT *GUIDELINES*

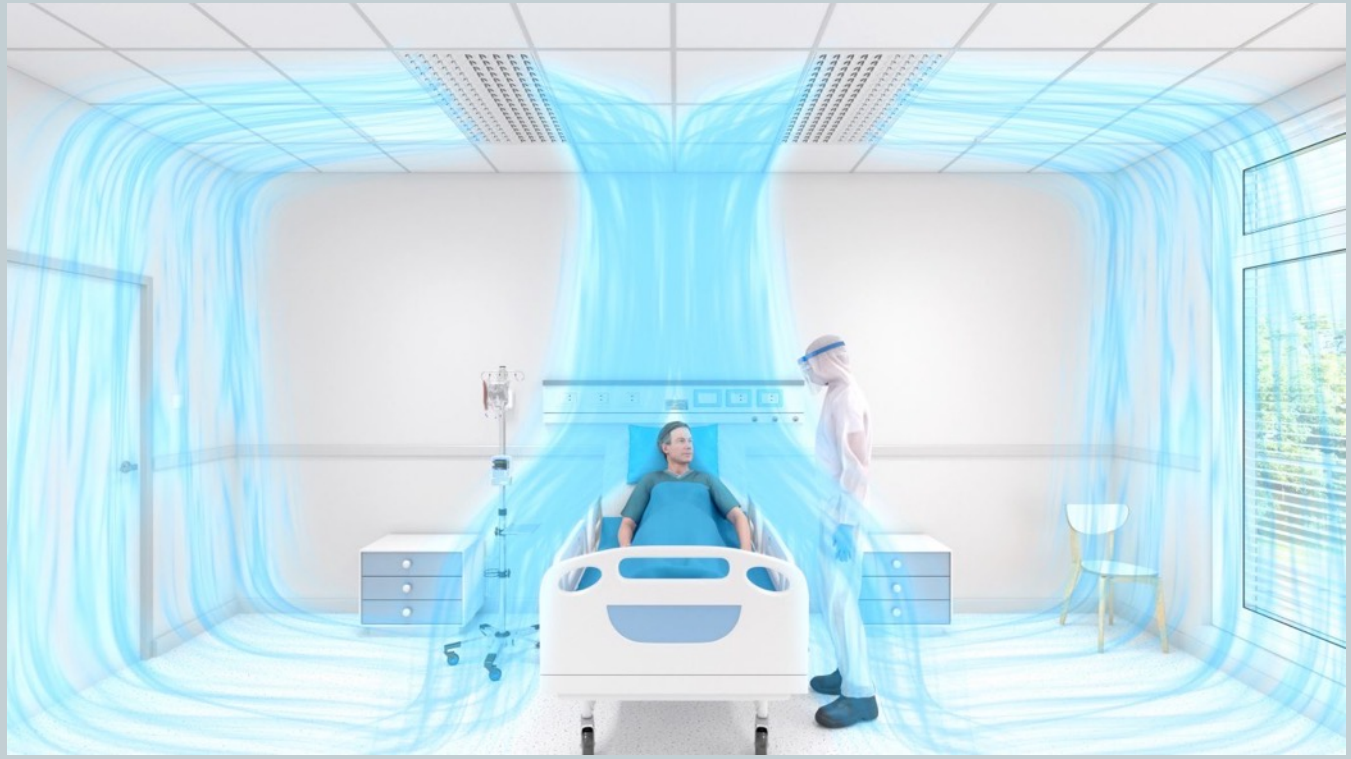
PDC & COMMISSIONING

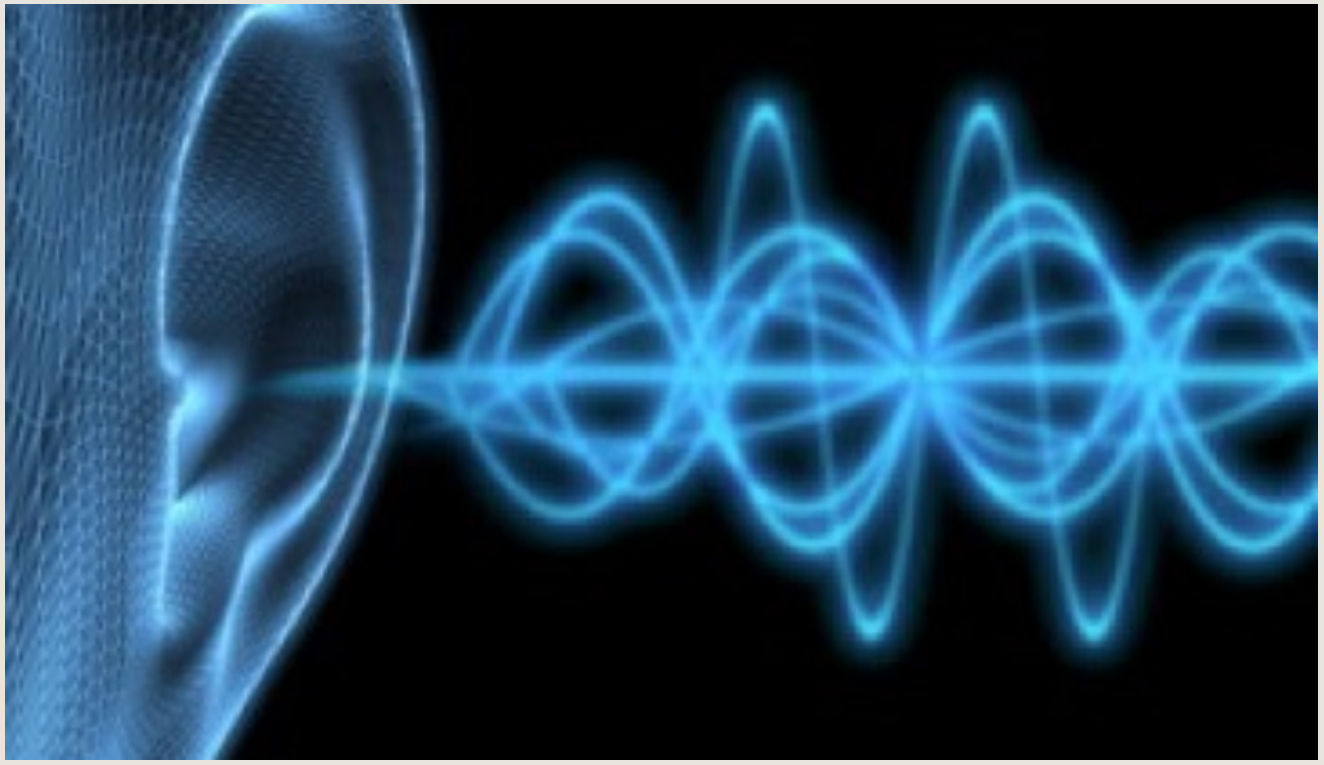
Strengthened Functional Program requirements

Airborne Infection Isolation room anteroom determined by ICRA

Considerations include:

- Define intended use
- Facility location
- Long-range infection prevention planning





PDC & COMMISSIONING

Acoustics

- Numerous room types have had an increase in sound absorption coefficients from ~~0.15~~ to 0.20 NRC:
  - Exam
  - Treatment
  - Procedure
  - Class 2 imaging
  - Corridor

Added Multipurpose/conference room and telemedicine room

OUTPATIENT *GUIDELINES*:

COMMON ELEMENTS

Single-patient exam/observation room with dual entry

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

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

OUTPATIENT *GUIDELINES*: COMMON ELEMENTS

New section on hyperbaric oxygen therapy facilities

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

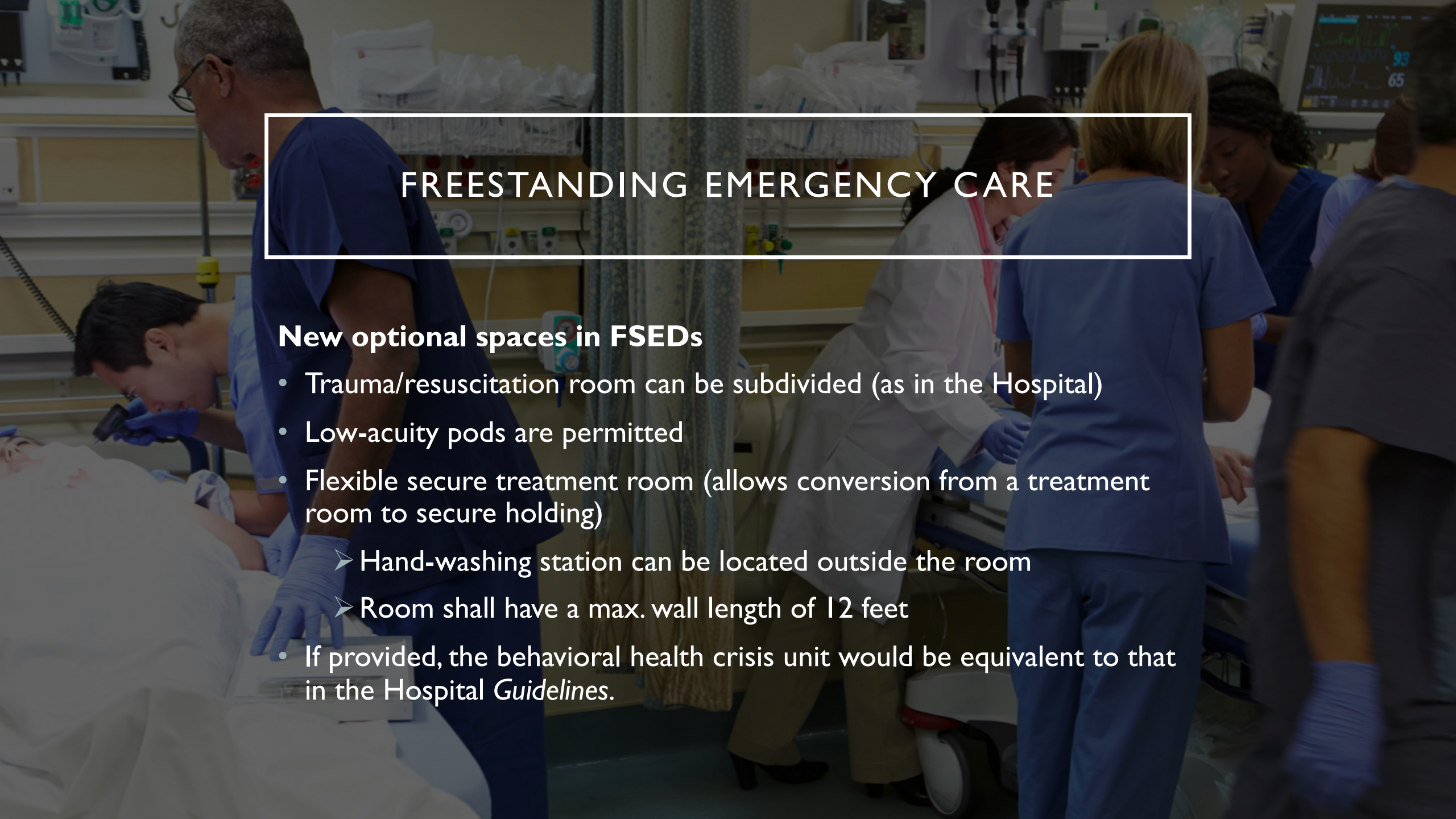
OUTPATIENT *GUIDELINES:* COMMON ELEMENTS

Security

Environmental service rooms

- A means of securing each room from unauthorized access

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



FREESTANDING EMERGENCY CARE

New optional spaces in FSEDs

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

URGENT CARE FACILITIES

At least one care station shall be a single-patient exam/treatment room.

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

DIALYSIS FACILITIES

Patient care station space requirements

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

DIALYSIS FACILITIES

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

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

DIALYSIS FACILITIES

Nurse station

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

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

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

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

OP BEHAVIORAL AND MENTAL HEALTH CENTERS

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

BIRTH CENTERS

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

Emergency safety plan for building systems is required.

DENTAL FACILITIES

Space requirements

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

HVAC requirements for laboratory

Room and pressure shall meet the requirements of ASHRAE 170.

CHANGES TO THE 2022 RESIDENTIAL *GUIDELINES*

RESIDENTIAL *GUIDELINES*

- Reorganized to match structure of Hospital & Outpatient
- Safety Risk Assessment content updated, expanded, and aligned
- Lighting coordinated with IES recommendations
- Sustainability updated to refer to existing standards where possible

RESIDENTIAL *GUIDELINES*

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

NURSING HOMES

Single-resident room	Multiple-resident room
121 sq. ft.	108 sq. ft. per bed
Min. clear dimension 11’	Min. clear dimension of 9’-6”

*Clearances must accommodate arrangement of furniture.

NURSING HOMES

Renovation

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

Dialysis services added

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

INDIVIDUALS OF SIZE

Single-resident room	Multiple-resident room
With fixed overhead lift: • 200 SF CFA	With fixed overhead lift • 197 SF CFA per resident
Without fixed overhead lift • 219 SF CFA	Without fixed overhead lift • 216 SF CFA per resident

—All require clear dimension of 13'-2"—

Clearances must accommodate resident furniture and resident mobility and transfer.

HOSPICE FACILITIES

- Hospice room is single-occupant unless need for double-occupancy is justified during planning phase.

- Hospice patient rooms in must have min. clear floor area of 153 sq. ft. to accommodate a family support zone of 33 sq. ft.

- Design criteria also provided for individuals receiving palliative care in other facility types.

RESIDENTIAL *GUIDELINES*:

ASHRAE 170-2021

STANDARD

ANSI/ASHRAE/ASHE Standard 170-2021
(Supersedes ANSI/ASHRAE/ASHE Standard 170-2017)
Includes ANSI/ASHRAE/ASHE addenda listed in Appendix F

Ventilation of Health Care Facilities

See Appendix F for approval dates by the ASHRAE Standards Committee, the ASHRAE Board of Directors, the ASHE Board of Directors, and the American National Standards Institute.

This Standard is under continuous maintenance by a Standing Standard Project Committee (SSPC) for which the Standards Committee has established a documented program for regular publication of addenda or revisions, including procedures for timely, documented, consensus action on requests for change to any part of the Standard. Instructions for how to submit a change can be found on the ASHRAE® website (https://www.ashrae.org/continuous-maintenance).

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PREPARING FOR THE 2026 GUIDELINES REVISION CYCLE

2026 REVISION CYCLE — DATES TO KNOW

- February 1, 2023 — Public proposal period begins
- June 30, 2023 — Proposal period ends
- July 1, 2024 — Public comment period begins
- September 30, 2024 — Comment period ends
- April 2026 — 2026 *Guidelines* published

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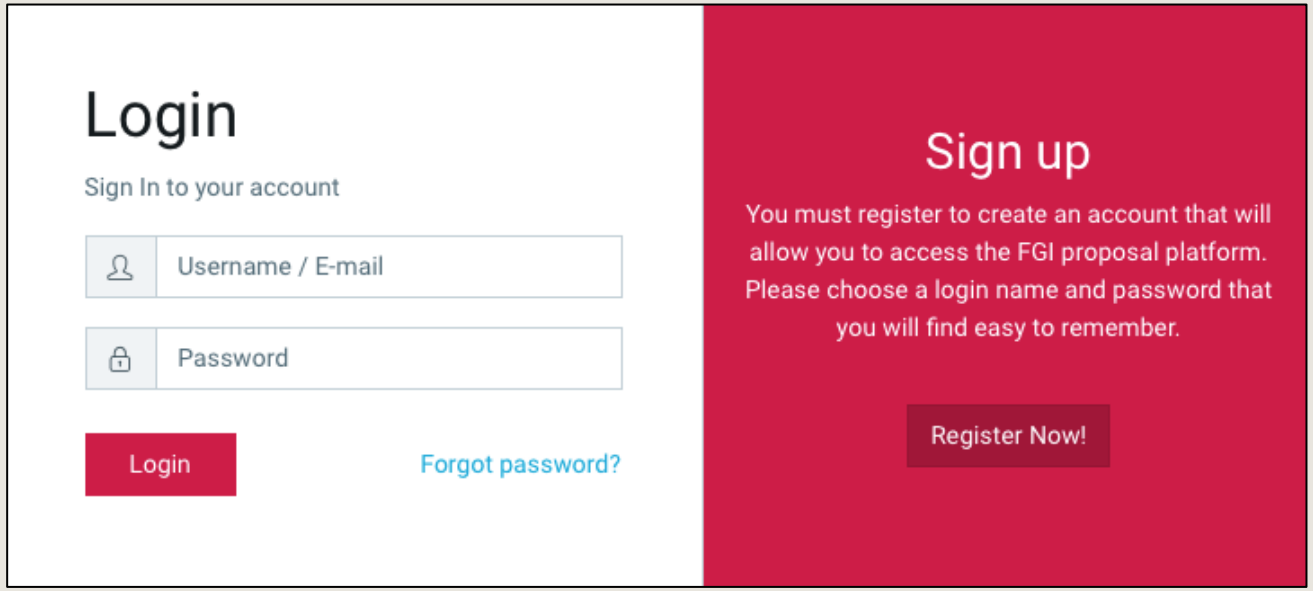

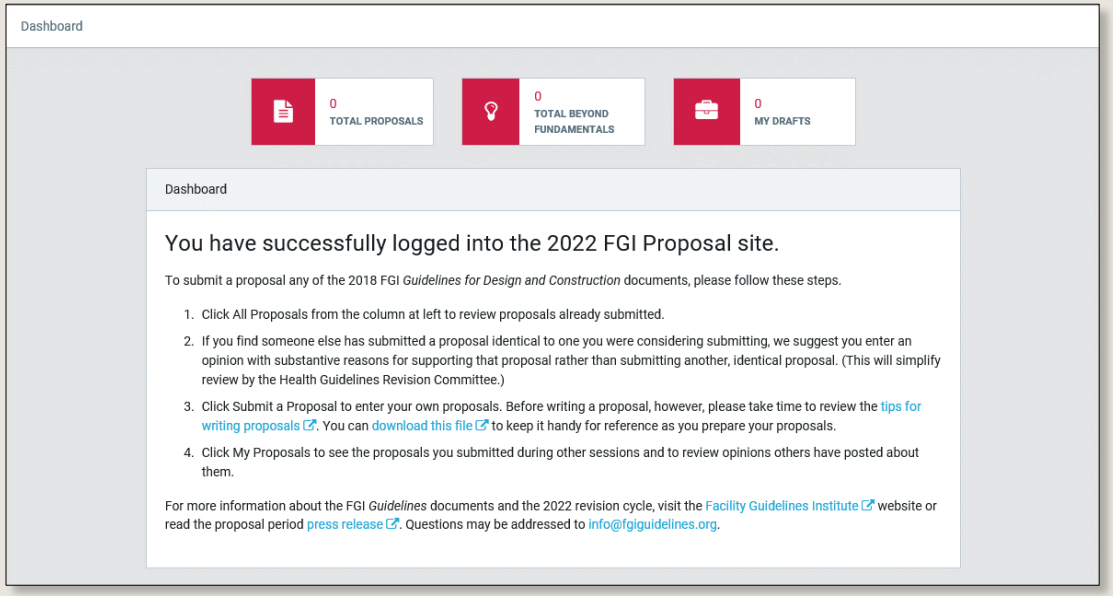

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