FGI 101 and Rural Highlights

HOW TO USE THE *GUIDELINES* RESOURCES WELL AND 2022 RURAL HEALTH PRIORITIES

introductions

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Executive Committee Emergency Conditions
Committee and Chair of the Rural Chapter
Vice Chair 2026 Edition

FGI disclaimer

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).

Learning objectives

1. Familiarize participants with the organization of the documents and publications.

2. Sharing the revision strategy, sequence, and consensus approach to the FGI process.

3. Understanding and explaining the approach to use the *Guidelines* in MN given current legislation.

4. Review of the *Guidelines* sections on rural health requirements and highlights.

FGI story

HOW DID THIS ALL START?

History of FGI

Guidelines established in 1947 - 1984

Published by AIA until 1987-2006

ASHE took over publication 2010, 2014 editions

FGI took over publication 2018

Facilities Guidelines Institute established as a 1998 organization as a Non Profit Organization.

One book until 2010; two books until 2014; three books in 2018.

Digital format for books 2018

Structure?

Board of Directors (10)

- CEO Douglas S. Erickson, FASHE, CHFM, HFDP, CHC, Chief Executive Officer, Facilities Guidelines Institute

HGRC

- Chair
  - Executive Vice Chairs (3)
    - Steering Committee (16)
    - Health Guidelines Revision Committee (ca 100)
      - Subject matter experts (ca 40-50)

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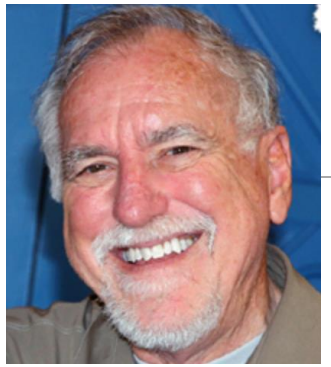

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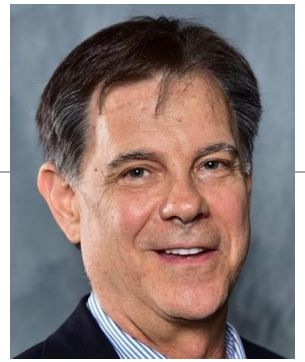

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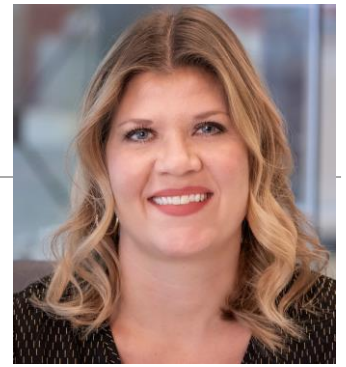

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2026 Cycle sequence – dates and milestones

2023

Public proposal period opens (February 2023)

1st full HGRC meeting (March 2023)

Public proposal period closes (July 2023)

Benefit-Cost Committee and topic groups review proposals (Summer 2023)

HGRC votes on proposals (Fall/winter 2023)

2024

2nd full HGRC meeting (April 2024)

Public comment period opens (June 2024)

Public comment period closes (September 2024)

Benefit-Cost Committee and topic groups review comments (Fall 2024)

HGRC votes on comments (Winter 2024)

2025

3rd full HGRC meeting (April 2025)

Manuscript preparation, proofreading, publishing (rest of 2025)

2026

2026 *Guidelines* are released (May 2026)

Voting and consensus

Voting in 2022: 1277 total proposals (2/3 CONSENSUS)

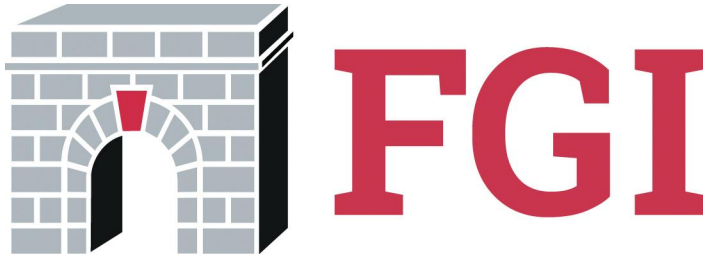
Hospital 621

- Outpatient 464
- Residential 192

Public Comments 2022: 691 comments

- Hospital 340
- Outpatient 216
- Residential 135

Using the FGI



Minimum standards not best practice

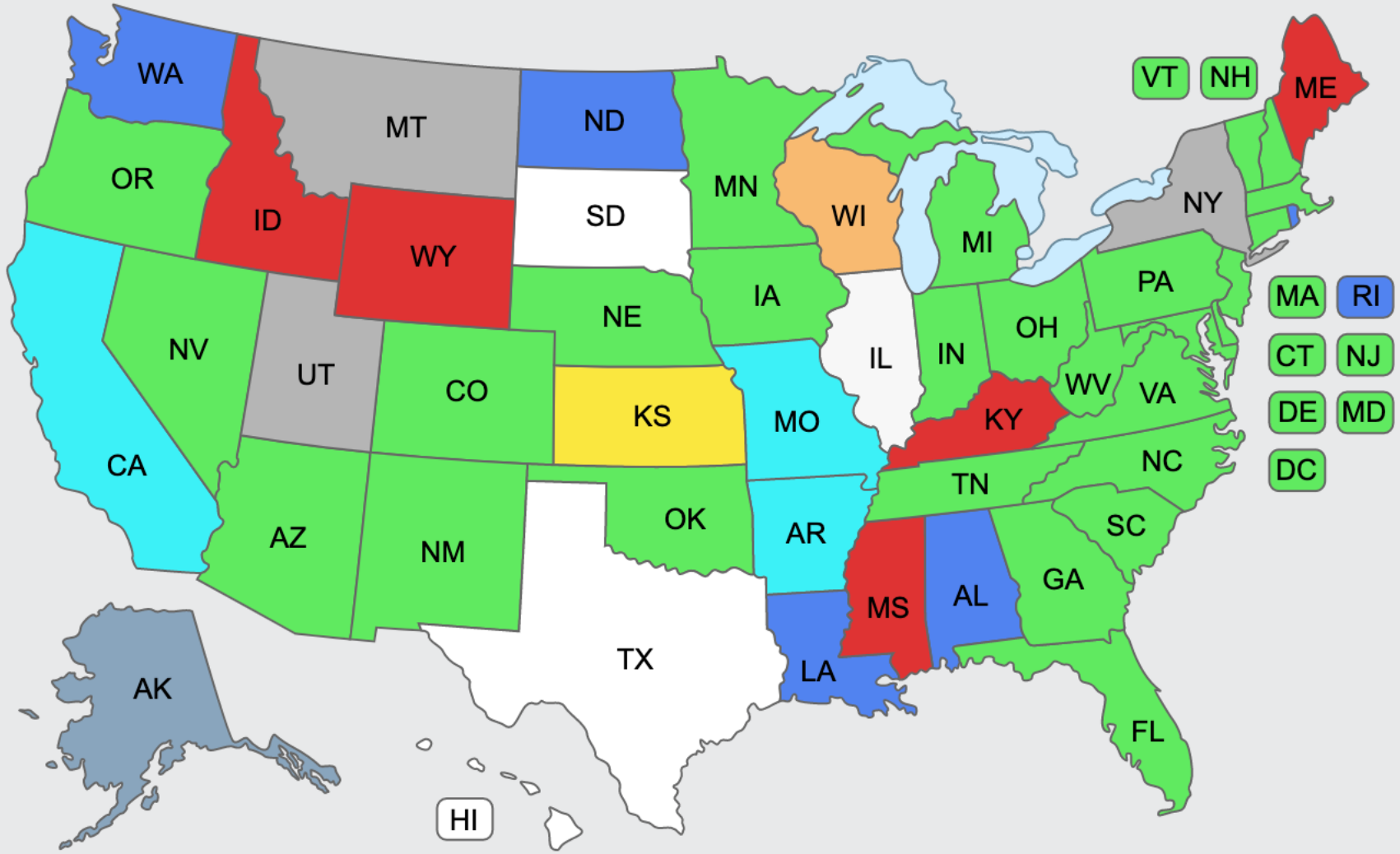
About the *Guidelines* essay – page 1

For clarity and adoptability, these standards are presented in "code language". When the Guidelines is adopted by an authority having jurisdiction, design and construction must conform to the requirements in the Guidelines.

Every proposal is evaluated by the Benefit-Cost Committee

- Committee make up: 20 people. Architects, owners, engineers, equipment planners, contractors and owner's reps.

The map below was last updated on April 13, 2022. Check back frequently to make sure you have the most current information we have.



KEY

2018	
2014	
2010	
2006	
2001	
1996–97	
Equivalency*	
HVAC only	

**Guidelines* may be applied as an equivalency to state rules.

Using the *Guidelines* in Minnesota

In Minnesota, the *Guidelines* are not legislated, so not the law.

The Minnesota Department of Health uses the *Guidelines* as a “Strong Recommendation”.

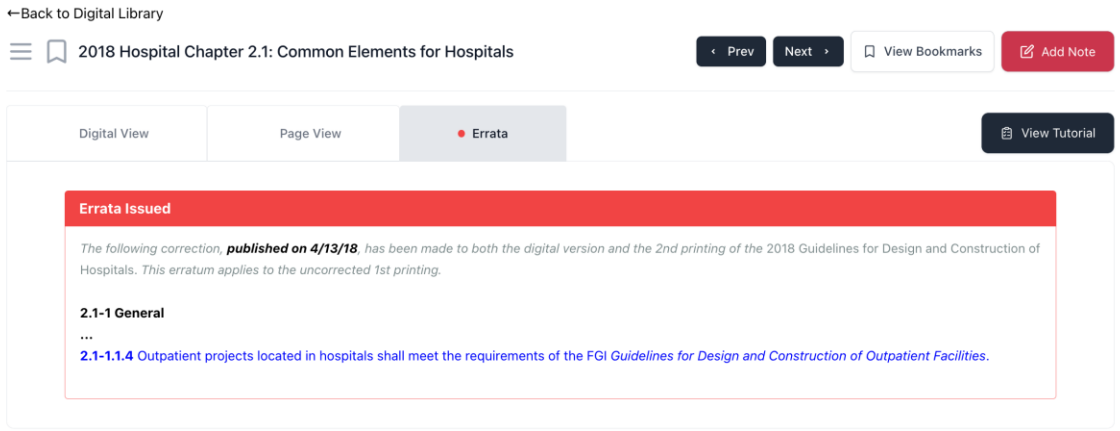
In Minnesota, the Assisted Living Chapters in the 2018 Residential document are legislated and enforceable.

Tips:

- Always use the “most restrictive code language applicable”.
- Do a complete Code Path and keep a record of it.
- Meet with your AHJ’s early to review your project code approach.

resources

- Books, digital editions, resources, white papers and website
- Webinars on 2018 are on UTube and free, new 2022 webinars forthcoming, newsletter, errata, application guidance, formal interpretations.
- Outreach by HGRC members and leadership
- HGRC education



books

Numbering system (cross reference)

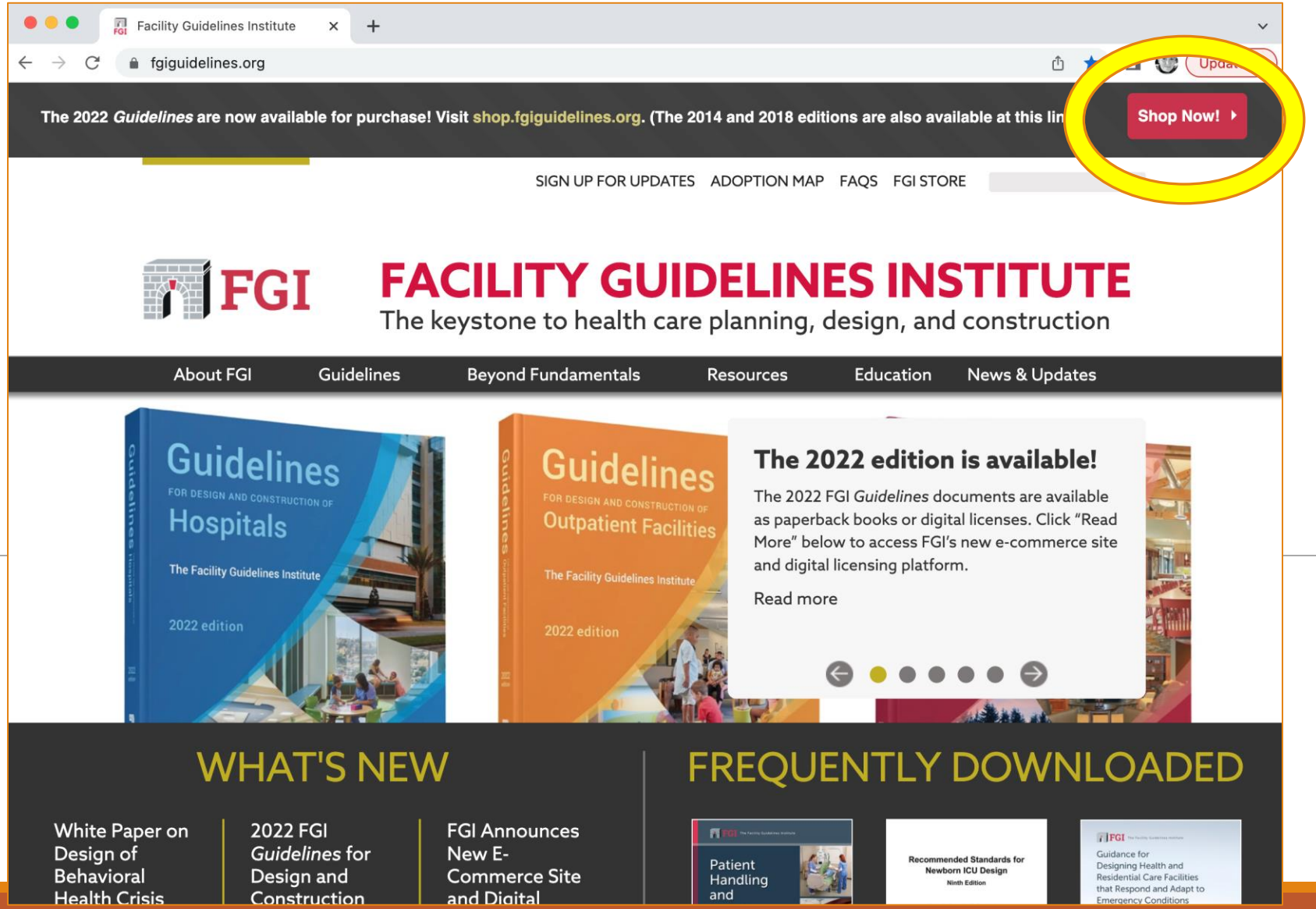
How to use the books…specialty chapter then common elements

- All of Part 1 applies to EVERY project.
- Common elements apply only when referenced
- Specific requirements (by facility type)

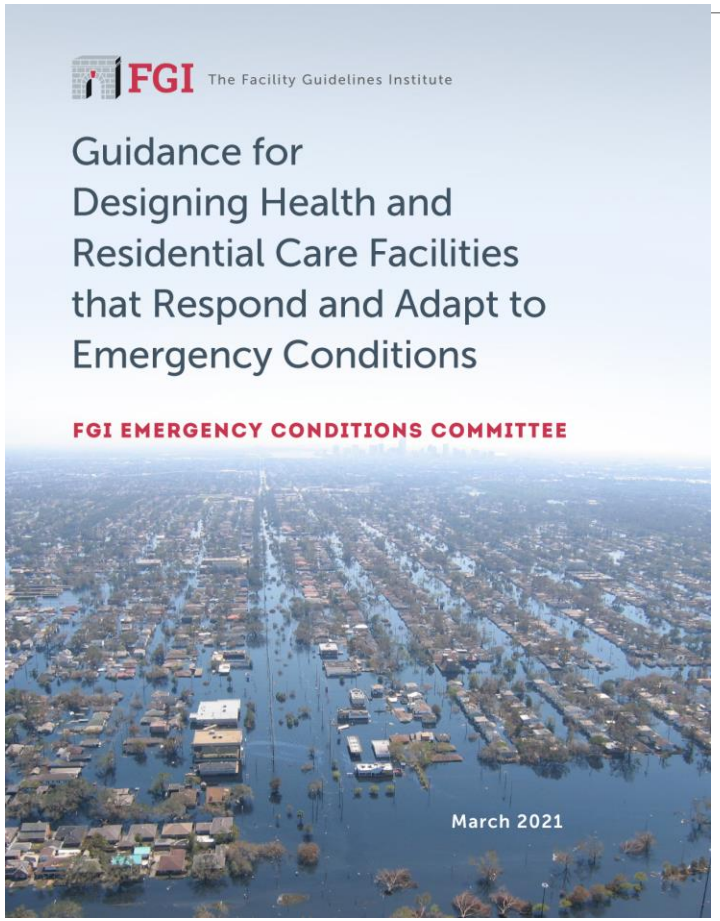
Three books

Digital options:

website: “Shop Now” link on www.fgiguidelines.org



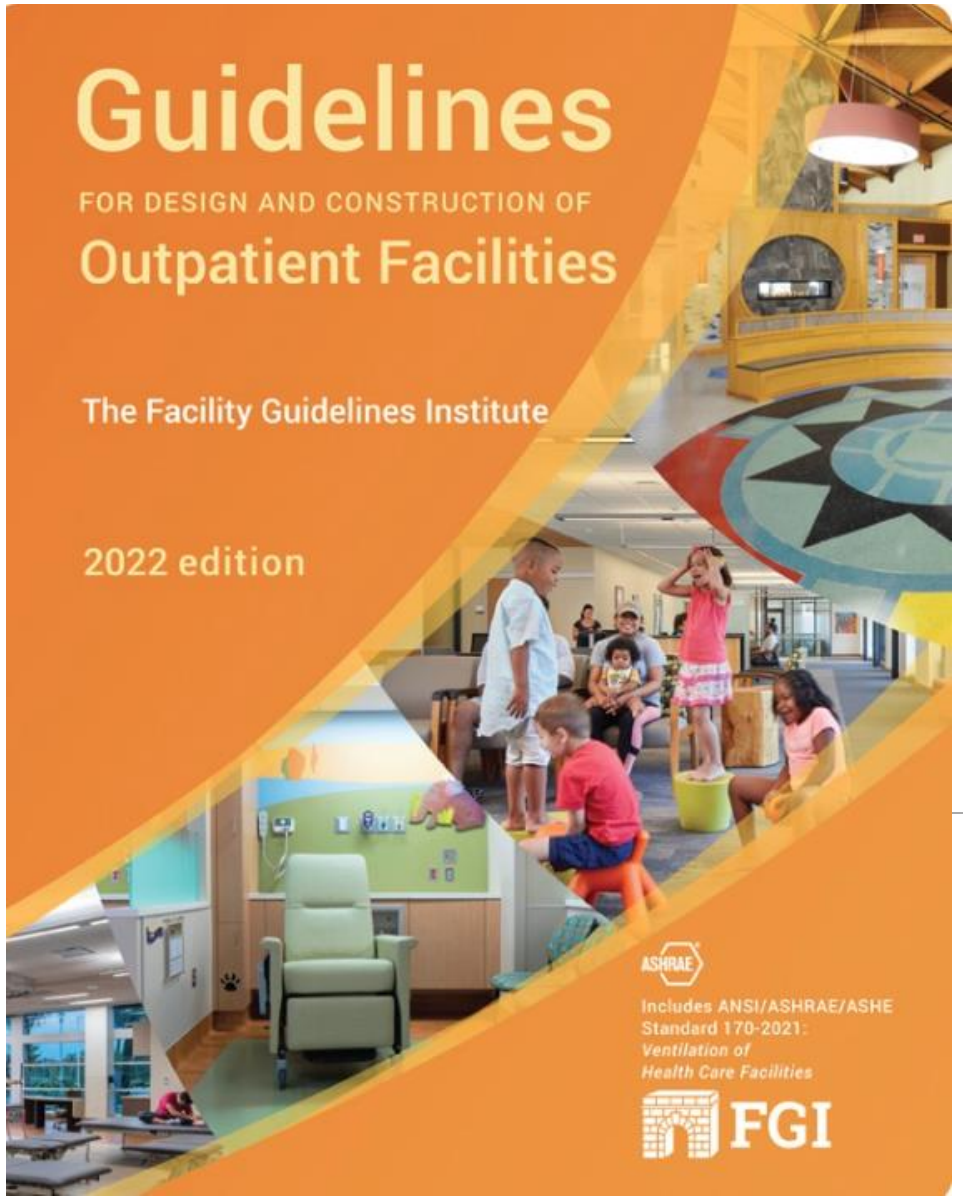
Emergency Conditions White Paper – FREE!!!



Chapter 1: Risk Assessments
Chapter 2: Surge Capacity Considerations
Chapter 3: Alternate Care Sites
Chapter 4: Resiliency
Chapter 5: Renovation and Future Facility Design
Chapter 6: Small and/or Rural Health Care Facilities
Chapter 7: Emergency Preparedness in Residential Settings
Chapter 8: Appendices

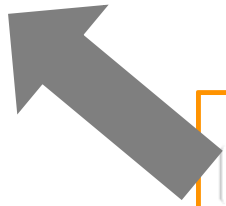
Minimum standards not best practice

For clarity and adoptability, these standards are presented in "code language". When the Guidelines is adopted by an authority having jurisdiction, design and construction must conform to the requirements in the Guidelines.



Outpatient Document: *Application of Common Elements Chapter*

1.1-1.2.2.1 The *Guidelines* text is not intended to restrict innovation and improvement in design or construction techniques. Accordingly, authorities adopting these standards as code are encouraged to approve plans and specifications that contain deviations if they determine the applicable intent or objective of the standard has been met.



1.1 Introduction

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

1.1-1 General

***1.1-1.1 Application**

The provisions of this chapter shall apply to all new construction and major renovation projects in outpatient facilities.

***1.1-1.2 Minimum Standards for New Facilities and Major Renovations**

1.1-1.2.1 Each chapter in this document contains information intended as minimum standards for design and construction of new outpatient facilities and major renovations of existing outpatient facilities.

***1.1-1.2.2** Standards set forth in the *Guidelines* shall be considered minimum and do not prohibit designing facilities and systems that exceed these requirements.

1.1-1.2.2.1 The *Guidelines* text is not intended to restrict innovation and improvement in design or construction techniques. Accordingly, authorities adopting these standards as code are encouraged to approve plans and specifications that contain deviations if they determine the applicable intent or objective of the standards has been met.

1.1-1.2.2.2 Use of new or alternate concepts shall be permitted when the requesting organization demonstrates an equal or higher operational goal is achieved, and safety is not compromised.

*1.1-2 New Construction

Projects with any of the following scopes of work shall be considered new construction and shall comply with the requirements in the *Guidelines for Design and Construction of Outpatient Facilities*:

1.1-2.1 Site preparation for and construction of entirely new structures and systems

1.1-2.2 Structural additions to existing facilities that result in an increase of occupied floor area

1.1-2.3 Change in function in an entire existing building or an entire area in an existing building

APPENDIX

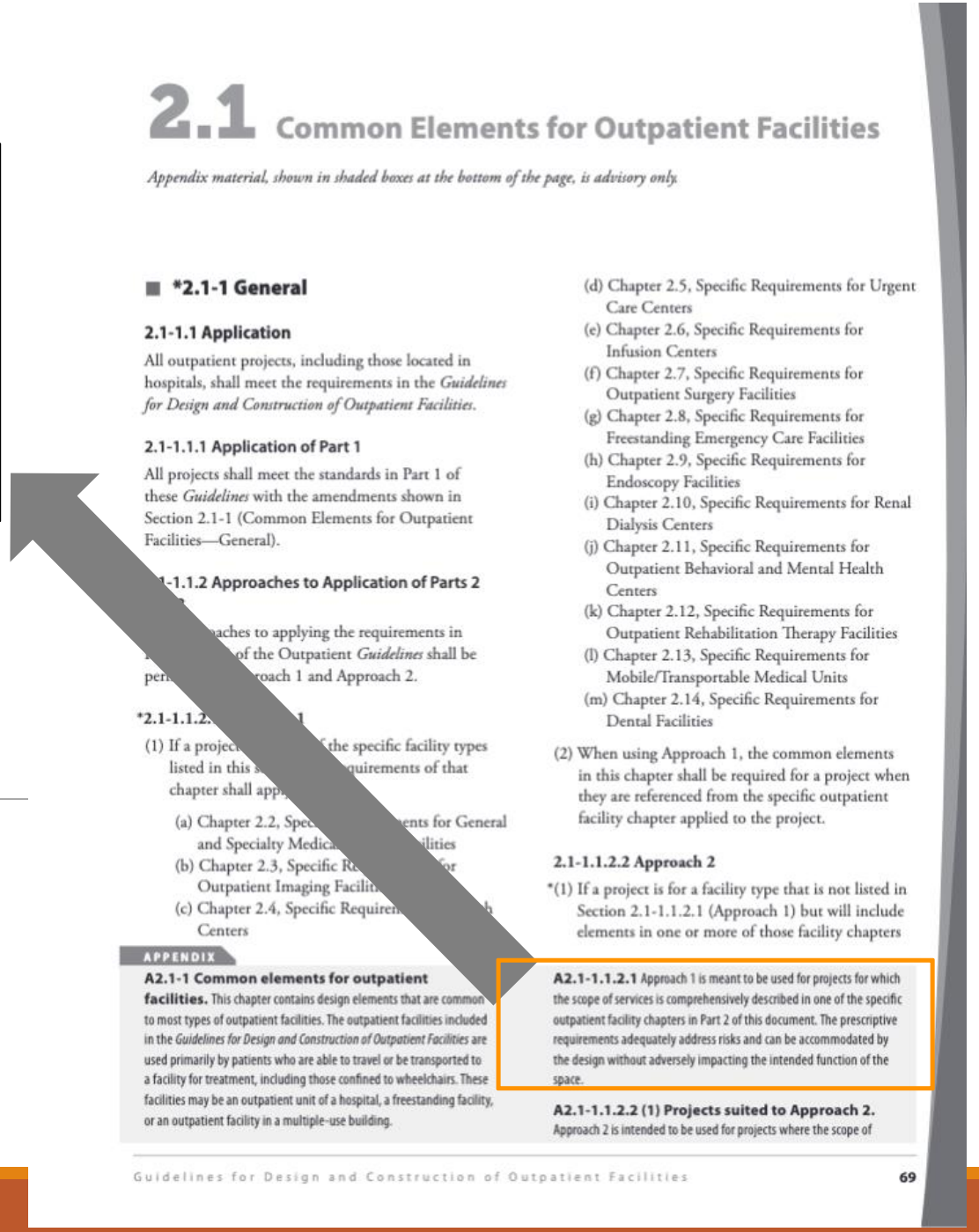
A1.1-1.1 Application. This document covers outpatient facilities common to communities in the United States. Facilities with unique services will require special consideration. However, sections herein may be applicable for parts of any facility and may be used where appropriate.

A1.1-1.2 Performance vs. prescriptive standards. The minimum standards in the *Guidelines* have been established to obtain a desired performance result. Prescriptive limitations (such as exact minimum dimensions or quantities), when given, describe a condition that is commonly recognized as a practical standard for normal operation. For example, reference to a room or area by the patient, equipment, or staff activity that identifies its use avoids the need for complex descriptions of procedures for appropriate functional programming.

A1.1-1.2.2 For more information, see sections 1.1-3.1.2 (Exceptions) and 1.1-6 (Equivalency Concepts). Final implementation of *Guidelines* requirements may be subject to decisions of the authority having jurisdiction.

A1.1-2 New construction. In addition to projects that are constructed from the ground up, the *Guidelines* standards are intended to apply to an entire existing building or an entire area in an existing building when the original use has changed to a use that is covered by the facility chapters in the *Guidelines*. Examples of such projects might be an existing nonmedical building rehabbed for a medical purpose or an existing tenant space repurposed for a dramatically different use (e.g., a space in a general business office building that is being renovated for use as an outpatient surgery facility).

A2.1-1.1.2.1 Approach 1 is meant to be used for projects for which the scope of services is comprehensively described in one of the specific outpatient facility chapters in Part 2 of this document. The prescriptive requirements adequately address risks and can be accommodated by the design without adversely impacting the intended function of the space.



2.1 Common Elements for Outpatient Facilities

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

*2.1-1 General

2.1-1.1 Application

All outpatient projects, including those located in hospitals, shall meet the requirements in the *Guidelines for Design and Construction of Outpatient Facilities*.

2.1-1.1.1 Application of Part 1

All projects shall meet the standards in Part 1 of these *Guidelines* with the amendments shown in Section 2.1-1 (Common Elements for Outpatient Facilities—General).

2.1-1.1.2 Approaches to Application of Parts 2

...aches to applying the requirements in ...of the Outpatient *Guidelines* shall be per... ...roach 1 and Approach 2.

*2.1-1.1.2...

(1) If a projec... ...the specific facility types listed in this s... ...uirements of that chapter shall app...

(a) Chapter 2.2, Spec... ...ents for General and Specialty Medica... ...ilities
(b) Chapter 2.3, Specific R... ...or Outpatient Imaging Facili...
(c) Chapter 2.4, Specific Require... ...h Centers
(d) Chapter 2.5, Specific Requirements for Urgent Care Centers
(e) Chapter 2.6, Specific Requirements for Infusion Centers
(f) Chapter 2.7, Specific Requirements for Outpatient Surgery Facilities
(g) Chapter 2.8, Specific Requirements for Freestanding Emergency Care Facilities
(h) Chapter 2.9, Specific Requirements for Endoscopy Facilities
(i) Chapter 2.10, Specific Requirements for Renal Dialysis Centers
(j) Chapter 2.11, Specific Requirements for Outpatient Behavioral and Mental Health Centers
(k) Chapter 2.12, Specific Requirements for Outpatient Rehabilitation Therapy Facilities
(l) Chapter 2.13, Specific Requirements for Mobile/Transportable Medical Units
(m) Chapter 2.14, Specific Requirements for Dental Facilities

(2) When using Approach 1, the common elements in this chapter shall be required for a project when they are referenced from the specific outpatient facility chapter applied to the project.

2.1-1.1.2.2 Approach 2

*(1) If a project is for a facility type that is not listed in Section 2.1-1.1.2.1 (Approach 1) but will include elements in one or more of those facility chapters

APPENDIX

A2.1-1 Common elements for outpatient facilities. This chapter contains design elements that are common to most types of outpatient facilities. The outpatient facilities included in the *Guidelines for Design and Construction of Outpatient Facilities* are used primarily by patients who are able to travel or be transported to a facility for treatment, including those confined to wheelchairs. These facilities may be an outpatient unit of a hospital, a freestanding facility, or an outpatient facility in a multiple-use building.

A2.1-1.1.2.1 Approach 1 is meant to be used for projects for which the scope of services is comprehensively described in one of the specific outpatient facility chapters in Part 2 of this document. The prescriptive requirements adequately address risks and can be accommodated by the design without adversely impacting the intended function of the space.

A2.1-1.1.2.2 (1) Projects suited to Approach 2. Approach 2 is intended to be used for projects where the scope of

2.1-1.1.2.2 Approach 2

*(1) If a project is for a facility type that is not listed in Section 2.1-1.1.2.1 (Approach 1) but will include elements in one or more of those facility chapters and/or elements in this common elements chapter (Chapter 2.1), those specific requirements shall be applied to the project.

2.1 Common Elements for Outpatient Facilities

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

*2.1-1 General

2.1-1.1 Application

All outpatient projects, including those located in hospitals, shall meet the requirements in the *Guidelines for Design and Construction of Outpatient Facilities*.

2.1-1.1.1 Application of Part 1

All projects shall meet the standards in Part 1 of these *Guidelines* with the amendments shown in Section 2.1-1 (Common Elements for Outpatient Facilities—General).

2.1-1.1.2 Approaches to Application of Parts 2 and 3

Two approaches to applying the requirements in Parts 2 and 3 of the Outpatient *Guidelines* shall be mitted—Approach 1 and Approach 2.

pproach 1

(1) If a one of the specific facility types listed in he requirements of that chapter shall ap

(a) Chapter 2.2, Speci nts for General and Specialty Medical S ies
(b) Chapter 2.3, Specific Requir Outpatient Imaging Facilities
(c) Chapter 2.4, Specific Requirements for Centers
(d) Chapter 2.5, Specific Requirements for Urgent Care Centers
(e) Chapter 2.6, Specific Requirements for Infusion Centers
(f) Chapter 2.7, Specific Requirements for Outpatient Surgery Facilities
(g) Chapter 2.8, Specific Requirements for Freestanding Emergency Care Facilities
(h) Chapter 2.9, Specific Requirements for Endoscopy Facilities
(i) Chapter 2.10, Specific Requirements for Renal Dialysis Centers
(j) Chapter 2.11, Specific Requirements for Outpatient Behavioral and Mental Health Centers
(k) Chapter 2.12, Specific Requirements for Outpatient Rehabilitation Therapy Facilities
(l) Chapter 2.13, Specific Requirements for Mobile/Transportable Medical Units
(m) Chapter 2.14, Specific Requirements for Dental Facilities

(2) When using Approach 1, the common elements in this chapter shall be required for a project when they are referenced from the specific outpatient facility chapter applied to the project.

2.1-1.1.2.2 Approach 2

*(1) If a project is for a facility type that is not listed in Section 2.1-1.1.2.1 (Approach 1) but will include elements in one or more of those facility chapters

APPENDIX

A2.1-1 Common elements for outpatient facilities. This chapter contains design elements that are common to most types of outpatient facilities. The outpatient facilities included in the *Guidelines for Design and Construction of Outpatient Facilities* are used primarily by patients who are able to travel or be transported to a facility for treatment, including those confined to wheelchairs. These facilities may be an outpatient unit of a hospital, a freestanding facility, or an outpatient facility in a multiple-use building.

A2.1-1.1.2.1 Approach 1 is meant to be used for projects for which the scope of services is comprehensively described in one of the specific outpatient facility chapters in Part 2 of this document. The prescriptive requirements adequately address risks and can be accommodated by the design without adversely impacting the intended function of the space.

A2.1-1.1.2.2 (1) Projects suited to Approach 2. Approach 2 is intended to be used for projects where the scope of

APPENDIX

A1.1-3.1.2 Nonconforming conditions. When renovating or expanding existing facilities, it is not always practical or financially feasible to renovate or upgrade an entire existing facility to totally conform with requirements in the *Guidelines*. Therefore, authorities having jurisdiction are permitted to grant approval to renovate portions of a structure, space, or system if facility operations and patient safety in renovated and existing areas are not jeopardized by existing features of areas retained without complete corrective measures.

This recommendation does not guarantee an AHJ will grant an exception; rather, it attempts to minimize restrictions on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety.

1.1-3 Renovation

1.1-3.1 General

1.1-3.1.1 Compliance Requirements

1.1-3.1.1.1 Where renovation or replacement work is done in an existing facility, all new work or additions or both shall comply with applicable sections of the *Guidelines* and local, state, and federal codes.

1.1-3.1.1.2 Major renovation projects. Projects with any of the following scopes of work shall be considered a major renovation and shall comply with the requirements for new construction in the *Guidelines for Design and Construction of Outpatient Facilities* to the extent possible as determined by the authority having jurisdiction:

(1) A series of planned changes and updates to an existing facility
(2) A renovation project that includes modification of an entire building or an entire area in a building to accommodate a new use or occupancy
(3) Change in function in an area of an existing building for which the *Guidelines* requirements for clinical spaces, clinical support areas, or infrastructure are different than those for the originally approved function.

1.1-3.1.1.3 Occupancy conversion projects. When a building is converted from one occupancy type to another, it shall comply with the new construction requirements.

1.1-3.1.1.4 Building system projects

(1) Only the altered, renovated, or modernized portion of an existing building system or individual component shall be required to meet the installation and equipment requirements in the *Guidelines*.
(2) When such construction impairs the performance of the balance of an affected building system, upgrades to that system shall be required beyond the limits of the project to the extent required to maintain existing operational performance.

*1.1-3.1.2 Exceptions

1.1-3.1.2.1 Where major structural elements make total compliance impractical or impossible, exceptions shall be considered.

***1.1-3.1.2.2** Minor renovation or replacement work

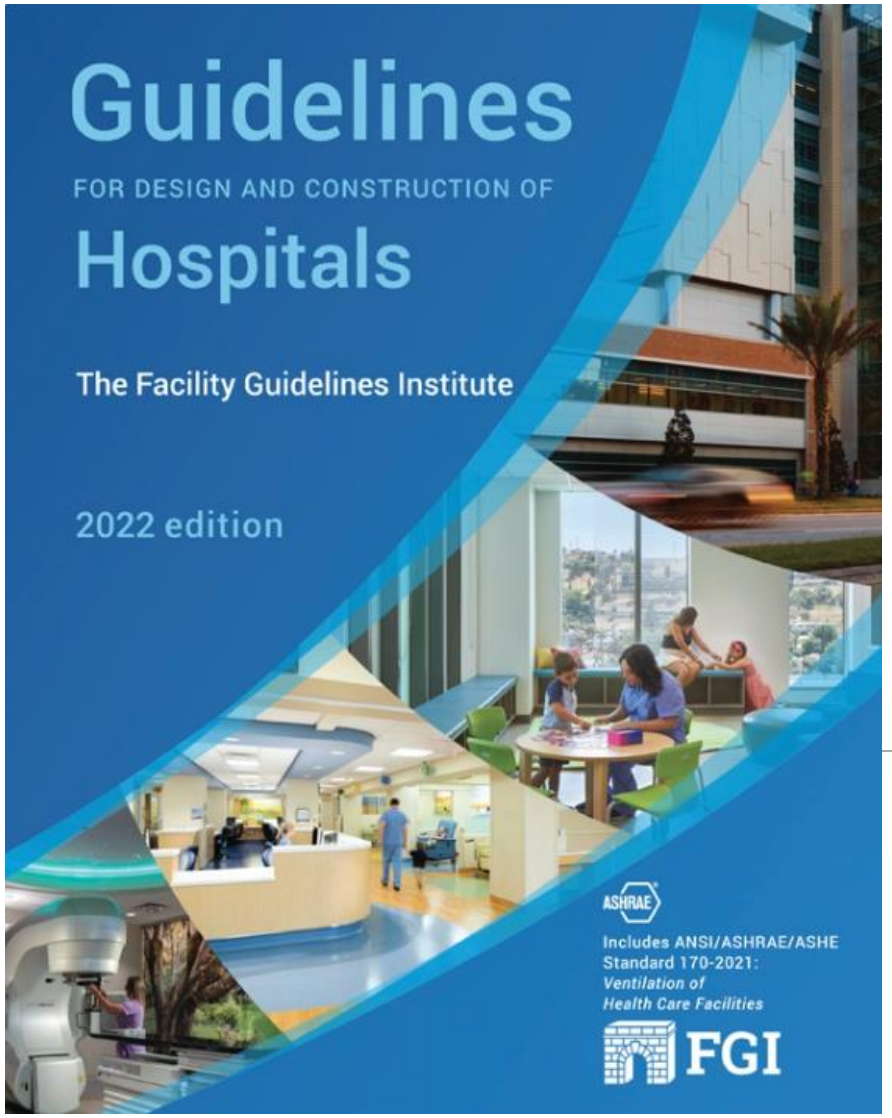
APPENDIX

A1.1-3.1.2 Nonconforming conditions. When renovating or expanding existing facilities, it is not always practical or financially feasible to renovate or upgrade an entire existing facility to totally conform with requirements in the Guidelines. Therefore, authorities having jurisdiction are permitted to grant approval to renovate portions of a structure, space, or system if facility operations and patient safety in renovated and existing areas are not jeopardized by existing features of areas retained without complete corrective measures.

This recommendation does not guarantee an AHJ will grant an exception; rather, it attempts to minimize restrictions on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety.

A1.1-3.1.2.2 Exceptions for minor renovation or replacement work. The project types described below are examples of minor renovation or replacement work that are not likely to reduce the level of health and safety in an existing facility.

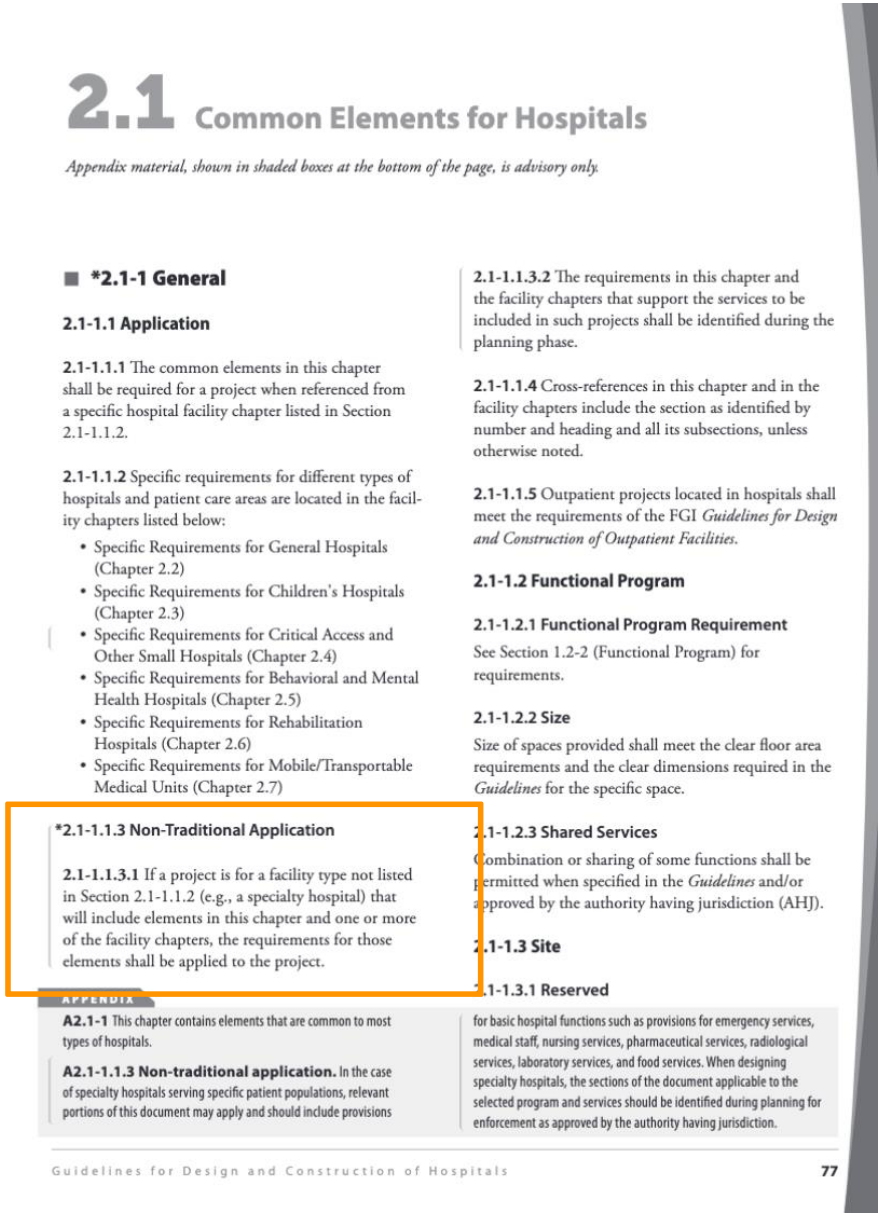
a. Routine repairs and maintenance to buildings, systems, or equipment. This project type does not require improvements to building features or systems.
b. Replacement of building furnishings and movable or fixed equipment. These projects only require improvements to building systems that serve the equipment being replaced and only to the extent necessary to provide sufficient capacity for the replacement.
c. Minor changes to the configuration of an existing space do not require upgrade of the entire space.
d. Cosmetic changes or upgrades to an existing space do not require an upgrade of the entire space.
e. Improvements to a building system or a space that cannot reasonably meet the requirements of this document should be permitted provided the improvement does not impair other systems or functions of the building.
f. Existing systems that are not in strict compliance with the provisions of this document should be permitted to continue in use, unless the AHJ has determined that such use constitutes a distinct hazard to life.
g. Replacement of mechanical, electrical, plumbing, and fire protection equipment and infrastructure for maintenance purposes due to the failure or degraded performance of the components being replaced should be permitted provided the health and safety in the facility is maintained at existing levels.



Hospital Document: *Application of Common Elements Chapter*

*2.1-1.1.3 Non-Traditional Application

2.1-1.1.3.1 If a project is for a facility type not listed in Section 2.1-1.1.2 (e.g., a specialty hospital) that will include elements in this chapter and one or more of the facility chapters, the requirements for those elements shall be applied to the project.



2.1 Common Elements for Hospitals

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

*2.1-1 General

2.1-1.1 Application

2.1-1.1.1 The common elements in this chapter shall be required for a project when referenced from a specific hospital facility chapter listed in Section 2.1-1.1.2.

2.1-1.1.2 Specific requirements for different types of hospitals and patient care areas are located in the facility chapters listed below:

- Specific Requirements for General Hospitals (Chapter 2.2)
- Specific Requirements for Children's Hospitals (Chapter 2.3)
- Specific Requirements for Critical Access and Other Small Hospitals (Chapter 2.4)
- Specific Requirements for Behavioral and Mental Health Hospitals (Chapter 2.5)
- Specific Requirements for Rehabilitation Hospitals (Chapter 2.6)
- Specific Requirements for Mobile/Transportable Medical Units (Chapter 2.7)

***2.1-1.1.3 Non-Traditional Application**

2.1-1.1.3.1 If a project is for a facility type not listed in Section 2.1-1.1.2 (e.g., a specialty hospital) that will include elements in this chapter and one or more of the facility chapters, the requirements for those elements shall be applied to the project.

2.1-1.1.3.2 The requirements in this chapter and the facility chapters that support the services to be included in such projects shall be identified during the planning phase.

2.1-1.1.4 Cross-references in this chapter and in the facility chapters include the section as identified by number and heading and all its subsections, unless otherwise noted.

2.1-1.1.5 Outpatient projects located in hospitals shall meet the requirements of the FGI *Guidelines for Design and Construction of Outpatient Facilities*.

2.1-1.2 Functional Program

2.1-1.2.1 Functional Program Requirement

See Section 1.2-2 (Functional Program) for requirements.

2.1-1.2.2 Size

Size of spaces provided shall meet the clear floor area requirements and the clear dimensions required in the *Guidelines* for the specific space.

2.1-1.2.3 Shared Services

Combination or sharing of some functions shall be permitted when specified in the *Guidelines* and/or approved by the authority having jurisdiction (AHJ).

2.1-1.3 Site

2.1-1.3.1 Reserved

APPENDIX

A2.1-1 This chapter contains elements that are common to most types of hospitals.

A2.1-1.1.3 Non-traditional application. In the case of specialty hospitals serving specific patient populations, relevant portions of this document may apply and should include provisions for basic hospital functions such as provisions for emergency services, medical staff, nursing services, pharmaceutical services, radiological services, laboratory services, and food services. When designing specialty hospitals, the sections of the document applicable to the selected program and services should be identified during planning for enforcement as approved by the authority having jurisdiction.

Rural Issues 2022 FGI

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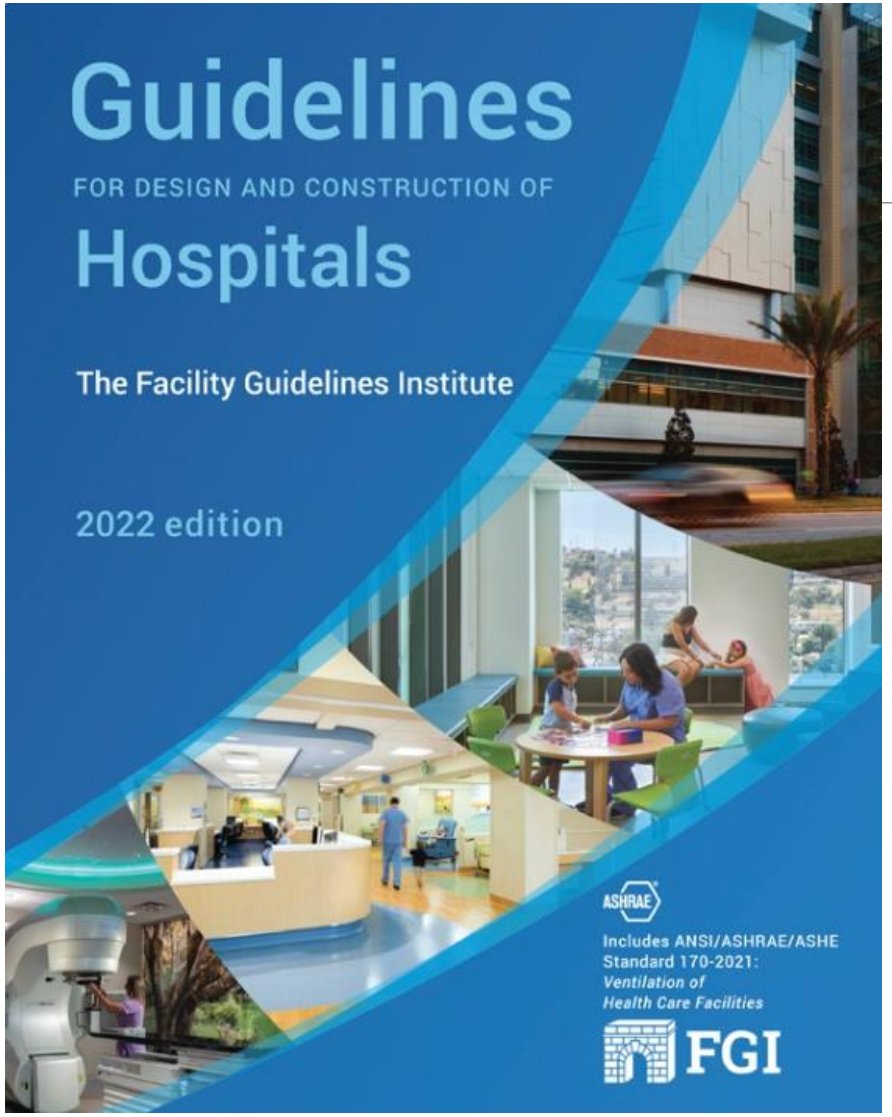

2.4 Specific Requirements for Critical Access and Other Small Hospitals

*2.4-1.1 Application

This chapter applies to hospitals designated as a federal critical access hospital (CAH) and small hospitals not designated as a CAH that have 35 beds or fewer.

2.4 Specific Requirements for Critical Access and Other Small Hospitals

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2.4-1 General

***2.4-1.1 Application**

This chapter applies to hospitals designated as a federal critical access hospital (CAH) and small hospitals not designated as a CAH that have 35 beds or fewer.

2.4-1.1 This chapter contains specific requirements for critical access hospitals; however, application of the *Guidelines* herein to any small facility with 35 beds or fewer and similar functional program requirements shall be permitted.

2.4-1.1.2 The critical access hospital or other small hospital shall meet the standards described in this chapter and the standards in Part 1 of these *Guidelines* as amended in this section.

2.4-1.1.3 Requirements in Chapter 2.1, Common Elements for Hospitals, and Chapter 2.2, Specific Requirements for General Hospitals, shall apply to the critical access hospital or other small hospital as cross-referenced in this chapter.

2.4-1.2 Functional Program

The functional program shall describe the various components planned for the critical access hospital or other small hospital and how they will interface with each other. See sections 1.2-2 (Planning, Design, Construction, and Commissioning—Functional Program) and 2.1-1.2 (Common Elements for Hospitals—Functional Program) for requirements.

***2.4-1.2.1 Size and Layout**

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A2.4-1.1 Application to critical access hospitals.
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   —*Universal care rooms.* This room type can vary from intensive care to swing bed use. Planning for the highest level of acuity for this room will provide flexibility and allow use by lower acuity patients. See Section 2.4-3.1.4 (Universal Care Room) for requirements.
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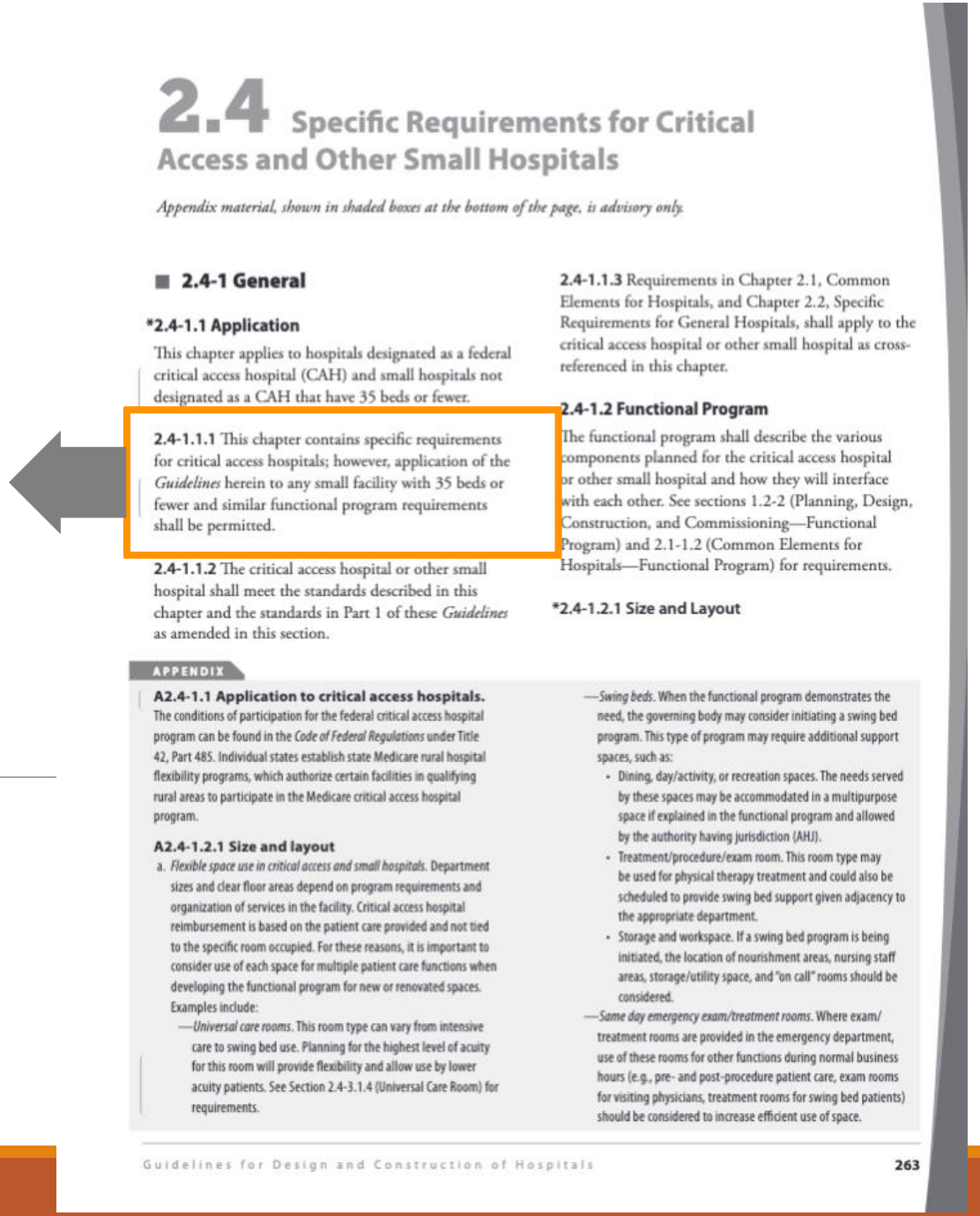

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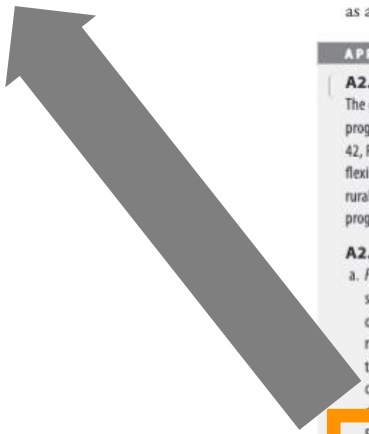

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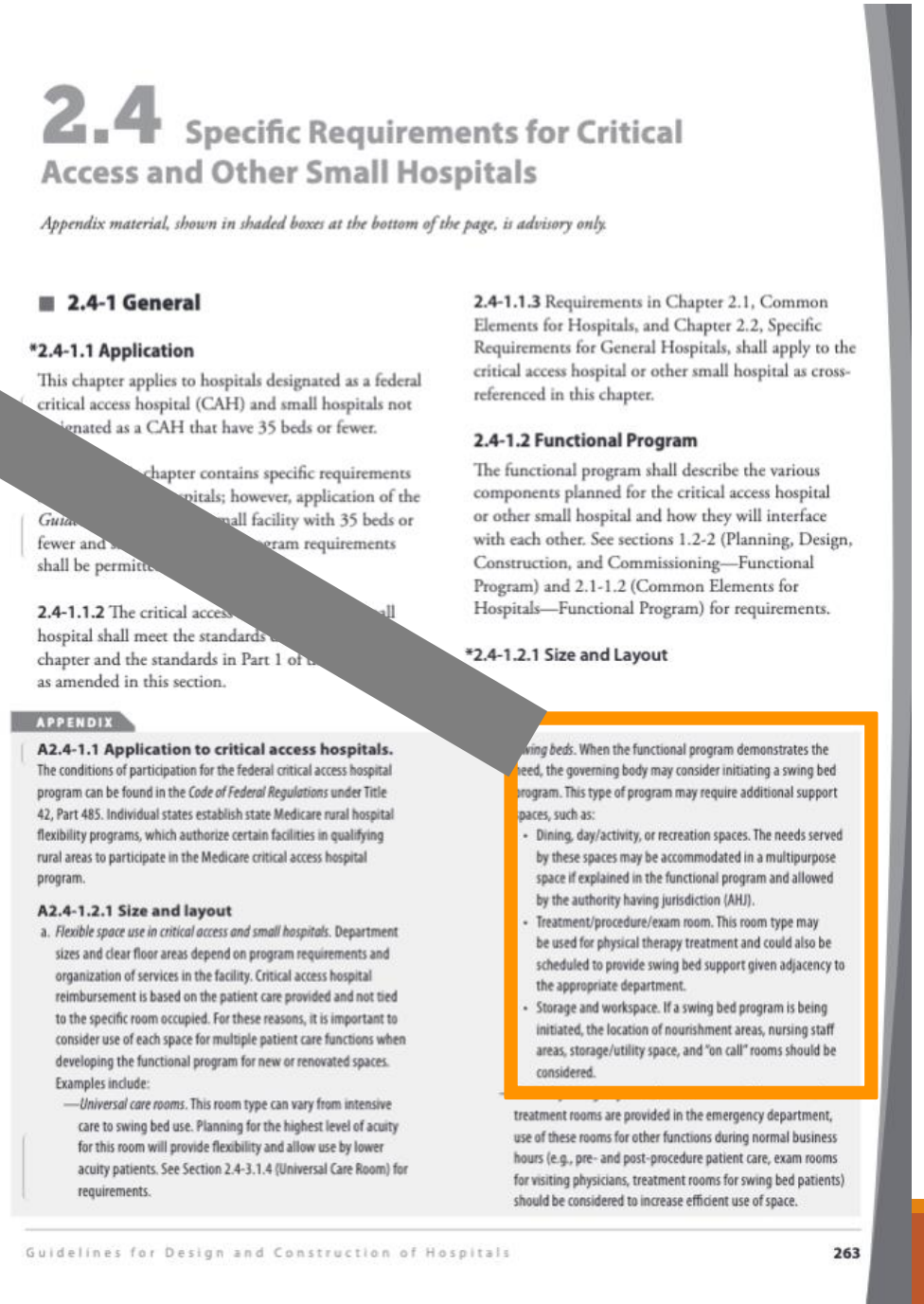

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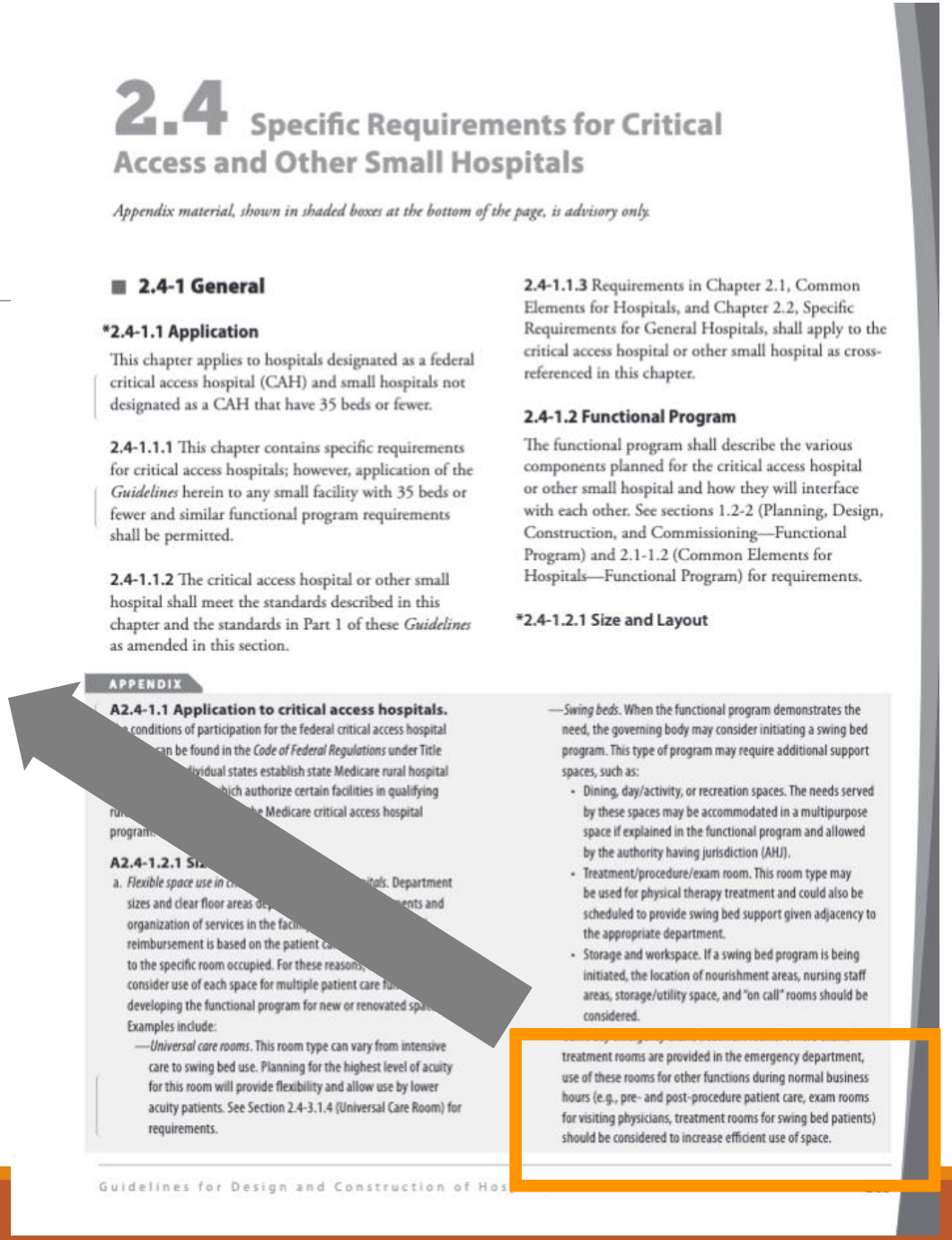

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2.4-3.3.3 Procedure Room

Where a procedure room is provided, it shall meet the requirements in Section 2.2-3.4.2 (Procedure Room).

2.4-3.3.4 Operating Room

Operating rooms shall meet the criteria for the level of care to be provided as described in Section 2.2-3.4.3 (Operating Rooms).

2.4-3.3.5 Pre- and Postoperative Patient Care

2.4-3.3.5.1 General. Where pre- and postoperative patient care area(s) are provided, they shall meet the requirements in Section 2.1-3.4 (Pre- and Post-Procedure Patient Care).

2.4-3.3.5.2 Support areas for pre- and postoperative patient care. See the following sections for requirements:

(1) Section 2.2-3.4.5.8 (Support areas for pre- and postoperative patient care areas)
(2) Section 2.2-3.4.5.9 (Support areas for staff)
(3) Section 2.2-3.4.5.10 (Support areas for patients and visitors)

2.4-3.3.6 – 2.4-3.3.7 Reserved

2.4-3.3.8 Support Areas for the Surgery Department

2.4-3.3.8.1 Support areas in the semi-restricted area. See Section 2.2-3.4.6 (Support Areas in the Semi-Restricted Area) for requirements.

2.4-3.3.8.2 Support areas directly accessible to the semi-restricted area. See Section 2.2-3.4.7 (Support Areas Directly Accessible to the Semi-Restricted Area) for requirements.

2.4-3.3.8.3 Other support areas in the surgery department. See Section 2.2-3.4.8 (Other Support Areas in the Surgery Department) for requirements.

2.4-3.3.9 Support Areas for Staff

See Section 2.2-3.4.9 (Support Areas for Surgery Department Staff) for requirements.

2.4-3.3.10 Support Areas for Patients

2.4-3.3.10.1 – 2.4-3.3.10.2 Reserved

2.4-3.3.10.3 Patient changing and preparation area

(1) Space shall be provided for patients to change from street clothing into hospital gowns and to prepare for surgery.
    (a) This changing area shall be permitted to consist of private holding rooms or cubicles and/or a separate changing area.
    (b) A patient care station in the preoperative patient care area shall be permitted to serve this function.
(2) Where a separate changing area is provided, it shall include the following:
    (a) Provisions for secure storage of patients' belongings
    (b) Access to toilet(s) without passing through a public space
    (c) Space for changing or gowning

2.4-3.3.10.4 Storage for patient belongings. Where a separate changing area is not provided, provisions shall be made for secure storage of patients' belongings.

2.4-3.4 Imaging Services

See Section 2.2-3.5 (Imaging Services) for requirements for the imaging services provided.

2.4-3.5 Telemedicine Services

2.4-3.5.1 General

Where telemedicine services are provided, spaces to support the telemedicine functions shall be planned in conjunction with information technology spaces.

2.4-3.5.2 Telemedicine Areas

2.4-3.5.2.1 Telemedicine areas shall meet the requirements in Section 2.1-3.3 (Accommodations for Telemedicine Services) as amended in this section.

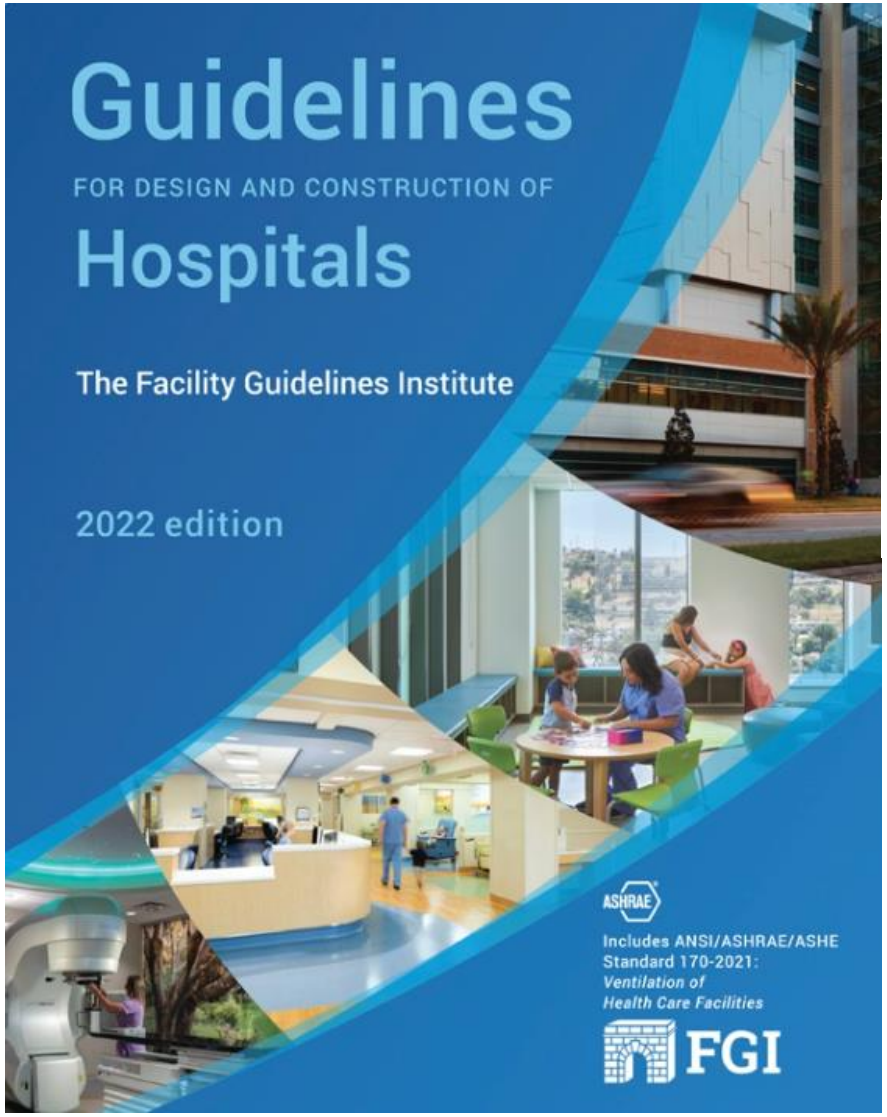
2.4-3.5.2.2 Telemedicine areas shall contain the following:

(1) Satellite linkages

2.4-3.5 Telemedicine Services

2.4-3.5.1 General

Where telemedicine services are provided, spaces to support the telemedicine functions shall be planned in conjunction with information technology spaces.



2.7 Specific Requirements for Mobile/ Transportable Medical Units

2.7-1.1.1 Applicable Medical Units

*2.7-1.1.1.1 Temporary basis

(1) This chapter shall be applied to mobile/transportable medical units that are used on a temporary basis.

*(2) In the absence of state and local standards, "temporary basis" shall be defined as a period of time not exceeding six months during any 12-month period from the time procedures commence inside the mobile/transportable unit until the time procedures cease and it is transported off the host facility's site.

2.7 Specific Requirements for Mobile/Transportable Medical Units

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■ 2.7-1 General

2.7-1.1 Application

2.7-1.1.1 Applicable Medical Units

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2.7-1.1.1.2 This chapter shall not apply to mobile/transportable units that will not remain on-site more than 96 hours.

2.7-1.1.1.3 The requirements of this chapter shall not be applied to federally funded mobile/transportable medical units designed for and placed into service to respond to a civil or local emergency or catastrophe.

***2.7-1.1.1.4** This chapter shall not be applied to modular/relocatable medical units that are prefabricated off-site and finished on-site and transported to a permanent foundation.

2.7-1.1.2 Medical Unit Type Designations

2.7-1.1.2.1 Class 1 medical units

(1) Class 1 mobile/transportable medical units shall meet the requirements of one of the following commensurate with the clinical service provided:

(a) Exam or treatment room in Section 2.1-3.2 (Exam Room or Emergency Department Treatment Room)

(b) Class 1 imaging room as described in Section 2.2-3.5.2.1 (2) (Where an imaging room will be used for Class 1 and Class 2 procedures…) and amended in this chapter

(2) Provision of medical services for both inpatients and outpatients shall be permitted in Class 1 medical units where the units meet all the *Guidelines* requirements for the services provided as modified in this chapter.

2.7-1.1.2.2 Class 2 medical units

(1) Class 2 mobile/transportable medical units shall meet the requirements of one of the following commensurate with the clinical service provided:

(a) Procedure room in Section 2.2-3.4.2 (Procedure Room)

(b) Class 2 imaging room as described in Section 2.2-3.5.2.1 (2) (Where an imaging room will be used for Class 1 and Class 2 procedures…)

APPENDIX

A2.7-1.1.1.1 The use of mobile/transportable medical units is intended to extend the reach of some health care services to otherwise underserved areas or to minimize the disruption of existing health care services when medical equipment must be taken out of service due to renovation projects, construction of additions, or equipment failure.

A2.7-1.1.1.1 (2) Additional time of use may be requested from the authority having jurisdiction.

A2.7-1.1.1.4 This type of prefabricated unit is considered a building. For such units, see the volume/chapter of the *Guidelines* that has design requirements for the services offered in the unit as well as applicable building and fire codes for requirements.

2.7-1.1.1.2 This chapter shall not apply to mobile/ transportable units that will not remain on-site more than 96 hours.

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2.7-1.1 Application

2.7-1.1.1 Applicable Medical Units

***2.7-1.1.1.1 Temporary basis**

(1) This chapter shall be applied to mobile/ transportable medical units that are used on a temporary basis.

*(2) In the absence of state and local standards, "temporary basis" shall be defined as a period of time not exceeding six months during any 12-month period from the time procedures commence inside the mobile/transportable unit until the time procedures cease and it is transported off the host facility's site.

2.7-1.1.1.2 This chapter shall not apply to mobile/ transportable units that will not remain on-site more than 96 hours.

2.7-1.1.1.3 The requirements of this chapter shall not be applied to federally funded mobile/transportable medical units designed for and placed into service to respond to a civil or local emergency or catastrophe.

***2.7-1.1.1.4** This chapter shall not be applied to modular/relocatable medical units that are prefabricated off-site and finished on-site and transported to a permanent foundation.

2.7-1.1.2 Medical Unit Type Designations

2.7-1.1.2.1 Class 1 medical units

(1) Class 1 mobile/transportable medical units shall meet the requirements of one of the following commensurate with the clinical service provided:

(a) Exam or treatment room in Section 2.1-3.2 (Exam Room or Emergency Department Treatment Room)

(b) Class 1 imaging room as described in Section 2.2-3.5.2.1 (2) (Where an imaging room will be used for Class 1 and Class 2 procedures…) and amended in this chapter

(2) Provision of medical services for both inpatients and outpatients shall be permitted in Class 1 medical units where the units meet all the *Guidelines* requirements for the services provided as modified in this chapter.

2.7-1.1.2.2 Class 2 medical units

(1) Class 2 mobile/transportable medical units shall meet the requirements of one of the following commensurate with the clinical service provided:

(a) Procedure room in Section 2.2-3.4.2 (Procedure Room)

(b) Class 2 imaging room as described in Section 2.2-3.5.2.1 (2) (Where an imaging room will be used for Class 1 and Class 2 procedures…)

APPENDIX

A2.7-1.1.1.1 The use of mobile/transportable medical units is intended to extend the reach of some health care services to otherwise underserved areas or to minimize the disruption of existing health care services when medical equipment must be taken out of service due to renovation projects, construction of additions, or equipment failure.

A2.7-1.1.1.1 (2) Additional time of use may be requested from the authority having jurisdiction.

A2.7-1.1.1.4 This type of prefabricated unit is considered a building. For such units, see the volume/chapter of the *Guidelines* that has design requirements for the services offered in the unit as well as applicable building and fire codes for requirements.

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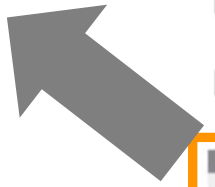

2.7 Specific Requirements for Mobile/ Transportable Medical Units

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

2.7-1 General

2.7-1.1 Application

2.7-1.1.1 Applicable Medical Units

***2.7-1.1.1.1 Temporary basis**

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2.7-1.1.2.2 Class 2 medical units

(1) Class 2 mobile/transportable medical units shall meet the requirements of one of the following commensurate with the clinical service provided:

(a) Procedure room in Section 2.2-3.4.2 (Procedure Room)

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Future focus on 2026 topics of interest:

Extended Stay Facilities

Rural Emergency Hospitals

Long Term Acute Care

Dental facilities

Procedure, operating and imaging room classification.

Emergency Conditions and Disaster Preparedness: incorporating this into the *Guidelines*. (What are the minimum standards?)

Beyond Fundamentals? “Resources”

Handbook (diagrams, etc., checklists,)

Hospice

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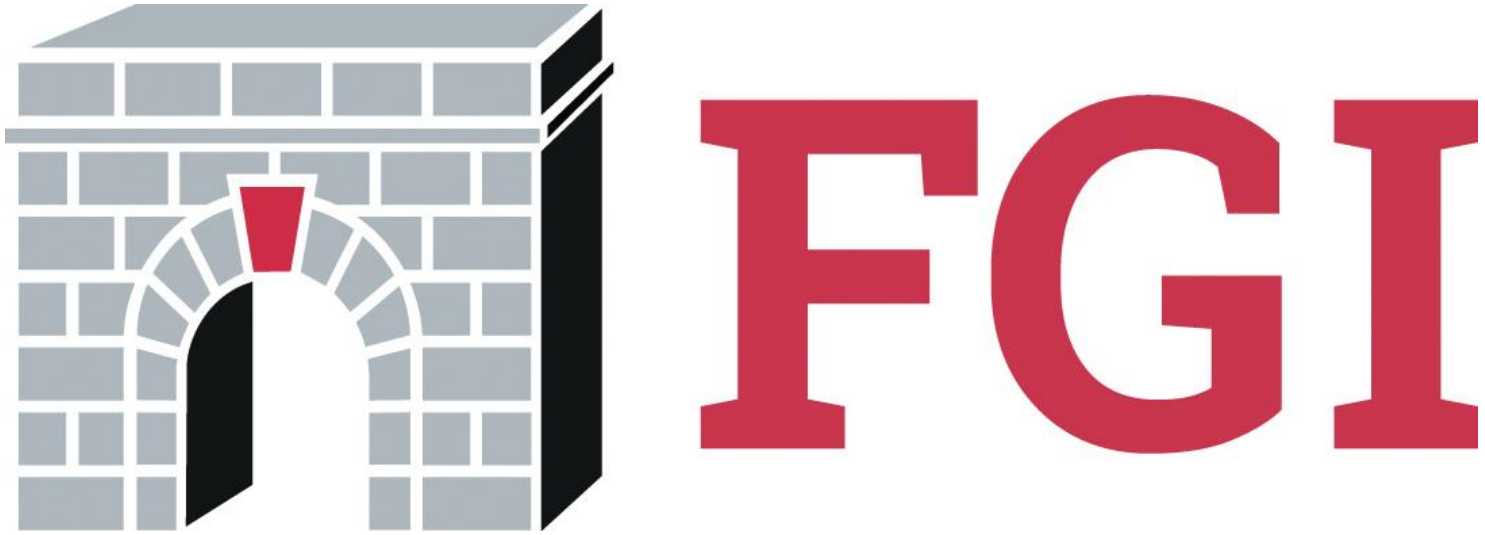

Questions?

Thank you!