

EXAMINATION, DIAGNOSTIC, AND TREATMENT ROOMS

BIN 2

Author:	Bill Zellmer AIA, CASp	Issue Date:	November 7, 2014	Sutter Health - Physical Access Compliance		
	Sutter PAC Group	Revisions:	This BIN applies to all projects submitted for plan review after this date.	Barrier Interpretation Notice (BIN)		
Topic No.	Topic Name	Brief Description	2013 CBC - Code Text:	2010 ADA Standards - Text:	Sutter Guidance	Additional Information
1	General	The information below is provided for instances where there may be discrepancies between the 2010 ADA Standards and applicable building code (2007, 2010, or 2013 CBC) requirements or where further code interpretation may be required. The following interpretation represents FPD's position and should be incorporated as such.				None
2	% of Accessible ROOMS	Per 2013 CBC sections 1102B, 1105B.3.1 item 1, 1105B3.2, item 4 and 1109B.6 all diagnostic and treatment rooms in new construction must meet accessibility requirements.	CBC Section 11B-805.4 Examination, diagnostic and treatment rooms. Examination, diagnostic and treatment rooms shall comply with Section 11B-805.4. From OSHPD CAN 2-11B Page 16: 'Examination, diagnostic and treatment rooms' refer to <u>all</u> patient care areas and include but are not limited to: exam rooms, treatment rooms, imaging rooms, operating rooms, post anesthesia recovery rooms,/units, dialysis rooms/units, infusion rooms/units, labor/delivery/recovery rooms and observation rooms/units. All examination, diagnostic and treatment rooms shall be accessible. Toilet rooms that are accessed from an examination, diagnostic or treatment room shall also be accessible. Note that all patient patient toilet rooms, other than those specifically exempted (i.e. non-accessible patient rooms and ICU rooms), must comply with 11B-603.	Not Applicable	New Construction: All examination, diagnostic, and treatment rooms, must meet building code and ADA requirements for accessibility. Remodeling: All examination, diagnostic and treatment rooms <u>that are part of the project scope</u> must meet building code and ADA accessibility requirements. BIN 6: For clearance requirements at examination and treatment areas see BIN 6.	None
3	% of Rooms to Receive Accessible Equipment	"Accessible Medical Equipment" exist, but there are no building standards yet adopted that define what constitutes a piece of "Accessible Medical Equipment". Therefore, both the ADA and the CBC are silent regarding how many rooms must receive 'Accessible Medical Equipment'. Consent Decree: However, the Sutter Consent Decree requires that Sutter provide patient access to 'Accessible Medical Equipment'.	Department of Justice 2010 ADA - Access to Medical Care for Individuals with Mobility Disabilities – Part 3: (http://www.ada.gov/medcare_mobility_ta/medcare_ta.pdf) state that "The number or examination rooms with accessible equipment needed by the medical care provider depends on the size of the practice, the patient population, and other factors. One such exam room may be sufficient in a small doctor's practice, while more will likely be necessary in a large clinic."	Not Applicable	Sutter will provide 'Accessible Medical Equipment' in locations and quantities as determined on a case-by-case basis. See process outlined on Detail page 2.1	See Detail Page 2.1

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4	Non-Accessible Equipment	When providing non-accessible medical equipment as part of an FPS project, access must still be considered.	Not Applicable	Not Applicable	New Construction / Remodeling: Rooms that receive 'non-accessible' medical equipment are still required to meet accessibility requirements as noted in item 2 above. Be sure to comply with accessibility requirements for doors, door clearances, turning space, accessible routes, protruding objects, and accessible handwashing fixtures.	See Detail Page 2.2 for graphic
5	Existing Conditions	When altering or remodeling existing examination, diagnostic and treatment rooms, the scope of accessibility-related work varies depending on the specific nature of the work.	11B-202.3 Alterations. Where existing elements or spaces are altered, each altered element or space shall comply with the applicable requirements of Division 2, including Section 11B-202.4 (Path of Travel). 11B-202.4 Path of travel requirements in alterations, additions and structural repairs. When alterations or additions are made to existing buildings or facilities, an accessible path of travel to the specific area of alteration or addition shall be provided. The primary accessible path of travel shall include: 1. A primary entrance to the building or facility, 2. Toilet and bathing facilities serving the area, 3. Drinking fountains serving the area, 4. Public telephones serving the area, and 5. Signs.	Not Applicable	1. All new work must comply with current standards (2013 CBC and 2010 ADA) 2. Individual elements within a room may be remodeled or replaced without triggering the entire room to be remodeled to meet accessibility requirements of current code.	See Detail Page 2.3 for graphic

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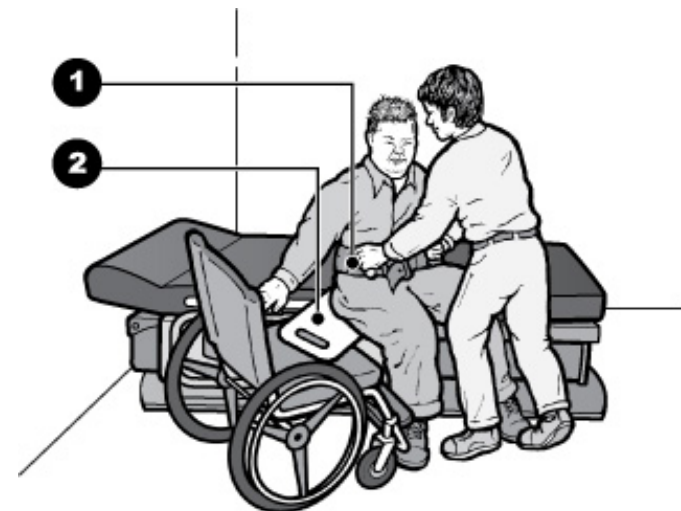
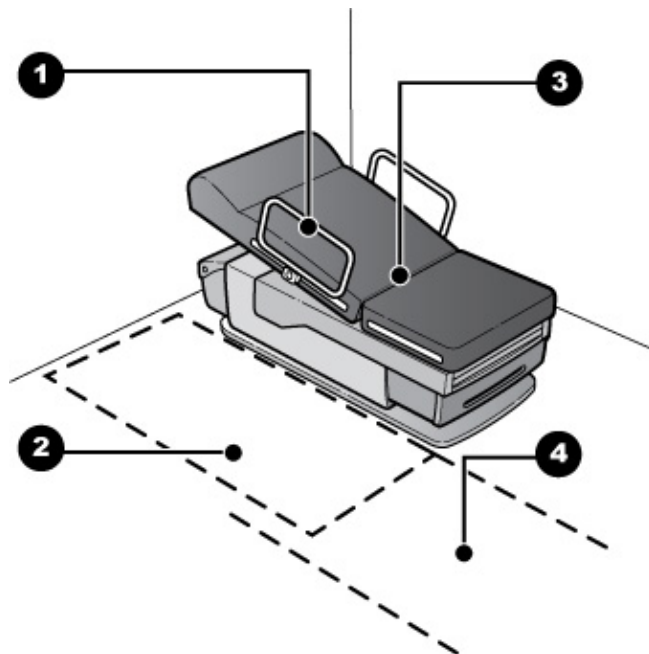
November 7, 2014

REVISIONS:

N/A

2.1 – Accessible Medical Equipment

Sutter Consent Decree: Based on the excerpt from the Department of Justice, it was agreed that FPS will work with clinical staff to determine an appropriate ratio or number of treatment or “point-of-care” spaces/rooms per designated “model-of-care”. The adoption by FPS of programming guidelines for Sutter Health denoting the most common care models and clinic profiles incorporates suggested types and quantities of exam/treatment spaces in the Sutter Space Program Standards. These standards will require Affiliate justification regarding any departure from suggested exam/treatment room quantities, size or configuration. The Planning team will develop a form that will define the accessibility function program. The project team which will include the Project Manager and/or Project Planner and Affiliate Representative will submit this form to the Executive Committee who must sign off the proposed program. This form will be submitted during the validation phase on projects larger than \$10M and at the beginning phase of smaller projects that are not required to participate in validation.



Graphics are from the Dept. Of Justice document “ Access to Medical Care for Individuals with Mobility Disabilities”

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SUTTER HEALTH - BARRIER INTERPRETATION NOTICE

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		REVISIONS:	N/A

2.2 – Non- Accessible Medical Equipment

1. **100% of Examination, Diagnostic, and Treatment rooms are required to meet accessibility requirements.**
2. **Unknown % of Examination, Diagnostic and Treatment rooms are required to be supplied with ‘Accessible Medical Equipment’.** The exact percentage of rooms required to receive medical equipment is worked out on a case-by-case basis by Sutter accessibility staff as noted in detail page 2.1 above.
3. **Therefore:** Inevitably, there will be ‘accessible’ rooms that do not receive ‘accessible medical equipment’. When this occurs, it is still required to have the rooms meet all accessibility requirements. Be sure to comply with accessibility requirements for doors, door clearances, turning space, accessible routes, protruding objects, and accessible handwashing fixtures.



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SUTTER HEALTH - BARRIER INTERPRETATION NOTICE				
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		REVISIONS:	N/A	

Existing Conditions - In existing clinics where renovations or barrier removal is occurring, it is not a requirement that 100% of existing exam rooms be made fully accessible. Note that all new construction in existing spaces must be compliant with the applicable building code (2007, 2010, or 2013 CBC) and 2010 ADA, and readily achievable barriers must be removed from existing spaces. In an existing clinic, a minimum number of exam rooms must be fully accessible, either by their existing condition, by barrier removal efforts or by renovation. The minimum number is to be based upon the recommendations of the barrier survey, or if the survey does not identify the minimum number then it will be based upon the accessibility functional program described in item 3 of the BIN 2 spreadsheet. Some illustrations of this condition:

- a. A decision is made in an existing clinic to add one new exam room. That exam room must be fully accessible and connect to an accessible route per 2013 CBC 11B-202.3.
- b. A decision is made to make cosmetic renovations to an existing non-accessible exam room. As long as the minimum number of accessible exam rooms is provided, this exam is not required to be made accessible, per 2013 CBC 11B-202.4 Exception #7.
- c. A decision is made to repair and replace a non-compliant base cabinet/sink in an existing non-accessible exam room. The new base/cabinet sink and faucet must meet accessibility requirements (height, clear space under sink, etc) Per 2013 CBC, barrier removal scope of work can be limited to the actual work of the project (specific barrier) in compliance with 2013 CBC 11B-202.4 Exception 4.
- d. 'Barrier Removal' work: Projects may 'remove barriers' within existing accessible or non-accessible rooms without triggering 'Path of Travel' obligations per 2013 CBC 11B-202.4 Exceptions 3 and 4. For example: an entire project scope for barrier removal can be: "Barrier Removal: Repair and Replace all damaged sinks and base cabinets in existing exam rooms within Suite 300". This project will not trigger a responsibility to provide accessibility to any of the other features of those rooms or address any issues of accessibility percentages of accessible exam rooms / equipment. Example #2: "Barrier Removal Project: replace all existing door hardware for all interior doors within suite 300". Anytime a non-compliant feature is demolished, it must be reconstructed to 100% compliance. Barrier removal is not required if a room or space clearly identifies "no work in this area" and it does not serve the altered area.
- e. A decision is made to add a second guest chair to an existing non-accessible exam room. This can only be accomplished if adding the chair does not create additional accessibility barriers or decrease the usability of the space.