

# Taken to Access

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**Question of the month:**

**Q. Can the Nurse Call Device be located within the required 12" clearance above grab bar? Can the lanyard drape over the grab bar or would that be consider an obstruction?**

R. In order for the cover plate to be allowed in the 12" clearance it must be a flush device. If the cover plate projects more than 1/4" from the wall then it must be installed 12" clear above the grab bar.

In the event that a person falls, the closer the lanyard is to the floor the easier it would be for the patient to call for assistance. Hence, most access specialists and building officials agree that the lanyard may project into the area above and below the grab bar to ensure that it's of adequate length.

## ACCESS TO NURSE CALL DEVICES

During a field observation visit an access specialist flagged the installation of a nurse call device in a patient room as being out of required reach range. The project team argued that the device was provided for staff use only since the patient had access to a separate device attached to the bed and therefore not required to meet accessibility requirements. The team referenced 2013 CBC Section 203 stating that **spaces and elements within employee work areas shall only be required to comply with 11B-206.2.8 (Accessible Routes, Employee work areas), 11B-207.1 (Accessible means of egress, General), and 11B-215.3 (Fire Alarm Systems, Employee work areas) and shall be designed and constructed so that individuals with disabilities can approach, enter, and exit.** Therefore they concluded, reach range requirements did not apply.

Employee work area is defined in section 11B-106.5 as **all or any portion of a space used only by employees and used only for work.** In a health care environment where the staff and patient features cannot always be clearly segregated it is difficult to determine when the exception under 11B-203 would apply. While it may be true that the patient may use the nurse call device attached to the bed it is also possible that the patient may need assistance while moving around the room or that a visitor may use the wall mounted device if ever in need of assistance.

In many of our designs a wall within the exam/patient room is designated as an employee function area. The headwall, medical gases, code blue and other elements dedicated for specific equipment may be placed on that wall and outside of required reach ranges because they are considered part of a specific work station. But if any of those elements could be used by both patients and staff, the applicable accessibility requirements may be difficult to identify. FPS PAC will issue BIN #11 providing guidance on how to apply accessibility requirements to staff spaces. Nonetheless, there are often unique and challenging circumstances to each project therefore we recommend that FPS PAC Accessibility Architect be contacted at [ZellmeB@sutterhealth.org](mailto:ZellmeB@sutterhealth.org) for specific evaluation of these conditions.

