Critical Access Hospital

*2.4-1 General

*2.4-1.1 Application

2.4-1.1 This chapter is intended to be used for the federal program for critical access hospitals; however, the guidelines herein may be applied to any small facility with similar functional program requirements as approved by the authority having jurisdiction (AHJ). The AHJ shall determine the number of beds applicable to facilities using this chapter.

2.4-1.1.2 When this chapter is applied to a hospital, the general standards described herein shall be met. Where appropriate, such facilities shall also meet the general standards outlined in Chapter 2.1, General Hospital, and in the referenced chapters on ambulatory care facilities in Part 3 of these Guidelines.

2.4-1.2 Functional Program

The functional program shall describe the various components planned for the facility and how they will interface with each other.

*2.4-1.2.1 Size and Layout

Department sizes and clear floor areas depend on program requirements and organization of services within the facility. As required by community needs, combination or sharing of some functions shall be permitted, provided the layout meets all life safety standards, construction requirements, and safe nursing practices for each function.

2.4-1.2.2 Swing Beds

When swing beds are part of the functional program, each swing bed room shall meet the requirements for general nursing patient rooms in 2.4-2.2 (Critical Access Nursing Unit). In addition, the critical access hospital shall provide the following areas:

2.4-1.2.2.1 Dining, recreation, and day spaces. A total of 55 square feet (5.11 square meters) per bed shall be provided for dining, recreation, and day spaces (areas may be in separate or adjoining spaces).

2.4-1.2.2.2 Physical therapy treatment room(s). The size of the therapy space shall depend upon the requirements of the functional program. Space requirements shall be designed to permit access to all equipment and be sized to accommodate equipment for physical therapy.

(1) Privacy. For thermotherapy, diathermy, ultrasonics, hydrotherapy, etc., cubicle curtains shall be provided around each individual treatment area.

(2) Hand-washing station(s) shall also be provided. One hand-washing station shall be permitted to serve more than one cubicle.

(3) Facilities for collection of wet and soiled linen and other material shall be provided.

(4) As a minimum, one individual treatment area shall be enclosed within walls and have a door for access—minimum size 80 square feet (7.43 square meters). Curtained treatment areas shall have a
minimum size of 70 square feet (6.51 square meters).

2.4-1.2.2.3 Access to outdoor areas

2.4-1.2.2.4 Other swing bed services. The critical access hospital shall either provide or include provisions for the following services according to its functional program.

(1) Transitional living units shall be provided by the critical access hospital if required by the functional program. Transitional living units may be designed with inoperable residential-type equipment and fixtures.

(2) A room for patient grooming shall be provided when required by the functional program.

(3) Patient laundry facilities with an automatic washer and dryer shall be provided.

2.4-1.2.3 Transfer and Service Agreements
All necessary transfer and service agreements with secondary or tertiary care hospitals shall be included in the functional program.

2.4-1.3 Site

2.4-1.3.1 Parking

2.4-1.3.1.1 The critical access hospital shall comply with the general requirements of 1.3-3.3 (Parking) and the following specific requirements:

*2.4-1.3.1.2 In the absence of local codes governing parking space requirements, one space shall be provided for each bed plus one space for each employee normally present on any single weekday shift.

2.4-1.3.1.3 Additional parking may be required to accommodate other services.

2.4-1.3.2 Transfer Support Features

2.4-1.3.2.1 Part of the facility’s transfer agreements with higher care hospital providers shall include use of helicopter and/or ground ambulance services to ensure the timely transfer to a tertiary care center of patients who require services beyond those provided by the critical access hospital.

*2.4-1.3.2.2 Where appropriate, features such as garages, landing pads, approaches, lighting, and fencing required to meet state and local regulations that govern the placement, safety features, and elements required to accommodate helicopter and ambulance services shall be provided.

2.4-2 Nursing Unit

2.4-2.1 General

2.4-2.1.1 Size
The number of patient rooms contained in the nursing unit shall be as determined by the functional program but shall not exceed 25 beds.
2.4-2.1.2 Multiple Functions
Nursing units shall be permitted to accommodate multiple patient modalities, but the design of such units shall provide adequate support areas to accomplish the goals and functions referenced in the functional program.

2.4-2.2 Critical Access Nursing Unit

2.4-2.2.1 General

2.4-2.2.1.1 Where required by the functional program, areas for overnight stay for patient’s significant other or for the patient’s selected family caregiver shall be provided.

2.4-2.2.1.2 Spaces for sitting, lounging, and visiting shall be provided to meet the needs outlined in the functional program.

2.4-2.2.2 Patient Room

2.4-2.2.2.1 Capacity

(1) The maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement. Approval of a two-bed arrangement shall be obtained from the licensing authority.

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

*2.4-2.2.2.2 Space requirements

(1) Area. In new construction, patient rooms shall be constructed to meet the needs of the functional program and have a minimum clear floor area of 120 square feet (11.15 square meters) in a single-bed room and 100 square feet (9.29 square meters) per bed in a multiple-bed room.

(2) Clearances

*(a) The dimensions and arrangement of rooms shall be such that there is a minimum clear dimension of 3 feet (91.44 centimeters) between the sides and foot of the bed and any wall or any other fixed obstruction.

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

(3) Where renovation work is undertaken, every effort shall be made to meet the above minimum standards. If it is not possible to meet the above minimum standards, authorities having jurisdiction may grant approval to deviate from this requirement. In such cases, patient rooms shall have a minimum clear floor area of 100 square feet (9.29 square meters) in a single-bed room and 80 square feet (7.43 square meters) per bed in a multiple-bed room.

2.4-2.2.3 Window. Each patient room shall be provided with natural light by means of a window to the outside. For further requirements, see 2.1-7.2.2.5.

2.4-2.2.4 Patient privacy. For requirements, see 2.1-2.2.4.
2.4-2.2.2.5 **Hand-washing stations.** A hand-washing station for the exclusive use of the staff shall be provided to serve each patient room.

(1) Location. This hand-washing station shall be placed outside the patient toilet room.

(2) Design requirements
   
   (a) For hand-washing station design details, see 2.1-7.2.2.8 (Hand-washing stations).
   
   (b) For sinks, see 2.1-8.4.3.2 (Hand-washing stations).

2.4-2.2.2.6 **Patient toilet room.** For requirements, see 2.1-2.2.6.

(1) A patient toilet room shall be provided and shall be sufficient in size to allow staff to assist patients as necessary.

(2) The patient toilet room shall contain a toilet, a hand-washing station, and a shower.

(3) The door to the patient toilet room shall swing outward or be double-acting.

2.4-2.2.2.7 **Patient bathing facilities.** For requirement, see 2.4-2.2.2.6 (2).

2.4-2.2.2.8 **Patient storage.** Each patient shall have within his or her room a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects.

*2.4-2.2.3 Family/Caregiver Accommodations*

2.4-2.2.4 **Special Patient Care Rooms**

2.4-2.2.4.1 **Reserved**

2.4-2.2.4.2 **Airborne infection isolation (AII) room.** If the functional program requires a dedicated AII room, it shall meet the criteria established in 2.1-2.4.2 (Airborne Infection Isolation Room).

2.4-2.2.4.3 **Reserved**

2.4-2.2.4.4 **Protective environment (PE) room.** If the functional program requires a PE room, it shall meet the criteria established in both 2.1-2.4.2 (Airborne Infection Isolation Room) and 2.2-2.2.4.4 (Protective environment room).

2.4-2.2.4.5 **Critical care rooms.** Consideration shall be given for a number of patient rooms to have the capability of serving as temporary critical care patient rooms in the event a patient arrives at the facility in need of stabilization and monitoring prior to transfer to a tertiary care facility.

2.4-2.2.4.6 **LDR/LDRP rooms.** In accordance with the functional program, a specific number of patient rooms shall be provided with the capability of serving as labor/delivery/recovery (LDR) or labor/delivery/recovery/postpartum (LDRP) rooms in the event an obstetrical patient arrives at the facility in need of such services.

(1) Space requirements
(a) LDR and LDRP rooms shall have a minimum clear floor area of 340 square feet (31.57 square meters) with a minimum dimension of 13 feet (3.96 meters). This includes an infant stabilization and resuscitation space with a minimum clear floor area of at least 40 square feet (3.7 square meters).

(i) The infant stabilization and resuscitation space shall be an area within the room that is distinct from the mother's area.

(ii) Where required by the functional program, there shall be enough space for a crib and reclining chair for a support person.

(b) When renovation work is undertaken, every effort shall be made to meet the above minimum standards. If it is not possible to meet the above square-footage standards, existing LDR or LDRP rooms shall be permitted to have a minimum clear area of 200 square feet (18.58 square meters).

*(2) Storage. If LDR/LDRP functions are programmed for a critical access hospital, a storage area for case carts, delivery equipment, and bassinets shall be provided.

2.4-2.2.4.7 Cesarean delivery room. A minimum of one cesarean delivery room shall be provided per 2.2-2.11.9 (Cesarean Delivery Room) with immediate access to LDR/LDRP-capable rooms, unless immediate access for cesarean delivery procedures is provided in surgical operating rooms as defined by the functional program.

2.4-2.2.5 Support Areas for Patient Care—General

2.4-2.2.5.1 For general requirements, see 2.1-2.5.

2.4-2.2.6 Support Areas for Patient Care for the Critical Access Nursing Unit

2.4-2.2.6.1 Administrative center or nurse station

2.4-2.2.6.2 Documentation area. Charting facilities shall be located within the nursing unit have linear surface space to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.

2.4-2.2.6.3 Nurse or supervisor office

2.4-2.2.6.4 Multipurpose room(s)

2.4-2.2.6.5 Hand-washing stations. For design requirements, see 2.1-2.6.5.

(1) Hand-washing stations shall be conveniently accessible to the centralized nurse station, medication station, and nourishment area.

(2) If it is convenient to each, one hand-washing station shall be permitted to serve several areas.

2.4-2.2.6.6 Medication dispensing location. Provisions shall be made for distribution of medications. Distribution shall be permitted from a medicine preparation room or unit, from a self contained-medicine dispensing unit, or by another approved system.

(1) Medicine preparation room
(a) This room shall be under visual control acceptable to the state authorities.
(b) This room shall contain a work counter, a hand-washing station, a lockable refrigerator, and locked storage for controlled drugs appropriate for the level of drugs being stored.
(c) When a medicine preparation room is to be used to store one or more self-contained medicine-dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained medicine-dispensing unit(s) present.

(2) Self-contained medicine dispensing unit
   (a) Location of a self-contained medicine dispensing unit shall be permitted at the nurse station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.
   (b) Convenient access to hand-washing stations shall be provided. (Standard cup sinks provided in many self-contained units are not adequate for hand-washing.)

2.4-2.2.6.7 Reserved

2.4-2.2.6.8 Reserved.

2.4-2.2.6.9 Clean workroom or clean supply room. Such rooms, if required, shall be separate from and have no direct connection with soiled workrooms or soiled holding rooms.

(1) Clean workroom. If the room is used for preparing patient care items, it shall contain a work counter, a hand-washing station, and storage facilities for clean and sterile supplies.

(2) Clean supply room. If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.

2.4-2.2.6.10 Soiled workroom or soiled holding room. Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.

(1) Soiled workroom. These shall contain the following:
   (a) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.
   (b) A work counter and space for separate covered containers for soiled linen and a variety of waste types.

(2) Soiled holding room. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided in the patient toilet rooms.

2.4-2.2.6.11 Equipment and supply storage

(1) Clean linen storage. Each nursing unit shall contain a designated area for clean linen storage.
   (a) Location of this area within the clean workroom, a separate closet or alcove, or an approved distribution system shall be permitted.
   (b) If a closed cart system is used, storage in an alcove shall be permitted. This cart storage shall be
2.4-2.2.6.12 Environmental services room. An environmental services room shall be available to each service unit based on the functional program.

(1) The room shall contain a service sink or floor receptor.

(2) Provisions for storage of supplies and housekeeping equipment shall be made within the room.

2.4-2.2.6.13 Reserved

2.4-2.2.6.14 Waiting room(s)

(1) Location. This area shall be located to control access to the nursing unit and serve as a security checkpoint for visitors and vendors entering the nursing unit. It shall have the ability to monitor the entrance to the unit.

(2) This area shall have space for counters and storage.

(3) This area shall have convenient access to hand-washing facilities.

(4) Combination of this area with centers for reception and communication shall be permitted.

2.4-2.2.7 Support Areas for Staff

2.4-2.2.7.1 Staff lounge facilities

(1) Size. Facilities provided for staff shall be programmatically sized.

(2) Location. These facilities shall be located as close as possible to the centralized nurse station or, if the nurse station is decentralized, in close proximity to the work core of the nursing unit.

2.4-2.2.7.2 Staff toilet room. Toilet rooms for the exclusive use of staff shall be conveniently located in the unit.

2.4-2.2.7.3 Staff storage locations. Securable lockers, closets, and cabinet compartments for the personal articles of staff shall be located in or near the nurse station and staff lounge.

2.4-2.2.8 Support Areas for Families, Visitors, and Patients
2.4-2.2.8.1 Reserved

2.4-2.2.8.2 Patient toilet rooms. In addition to those serving bed areas, patient toilet rooms shall be conveniently located to multipurpose rooms. Patient toilet rooms located within the multipurpose rooms may also be designated for public use.

2.4-2.3 through 2.4-2.13 Reserved

*2.4-2.14 General Psychiatric Nursing Unit

2.4-2.14.1 General

2.4-2.14.1.1 Functional program. Provisions shall be made in the design for adapting the area for various types of medical and psychiatric therapies as described in the functional program.

*2.4-2.14.1.2 Environment of care. The facility shall provide a therapeutic environment appropriate for the planned treatment programs.

2.4-2.14.1.3 Security. Security measures designed to prevent injury to both patients and staff appropriate for the planned treatment programs shall be provided.

2.4-2.14.1.4 Shared facilities. In no case, shall adult psychiatric and pediatric/adolescent psychiatric clients be mixed. This does not exclude sharing of nursing stations or support areas, as long as the separation of units and safety of the patients can be maintained.

2.4-2.14.2 Psychiatric Patient Room

Each patient room shall meet the following standards:

2.4-2.14.2.1 Reserved

2.4-2.14.2.2 Space requirements

(1) Patient rooms shall have a minimum clear floor area of 100 square feet (9.29 square meters) for single-bed rooms and 80 square feet (7.43 square meters) per bed for multiple-bed rooms.

(2) The areas noted herein are intended as minimums and do not prohibit use of larger rooms where required by the functional program.

2.4-2.14.2.3 Window. Each patient room shall have a window complying with the following:

(1) Operable windows. Operable windows are not required in patient rooms. If operable windows are provided in patient rooms or suites, operation of such windows shall be restricted to inhibit possible escape or suicide.

(2) All glazing (both interior and exterior), borrow lights, and glass mirrors shall be fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.

2.4-2.14.2.4 Reserved
2.4-2.14.2.5 Reserved

2.4-2.14.2.6 Patient toilet room

(1) Each patient shall have access to a toilet room without having to enter the general corridor area. (This direct access requirement may be disregarded if it conflicts with the supervision of patients as required by the functional program.)

(2) One toilet room shall serve no more than four beds and no more than two patient rooms.

(3) The toilet room shall contain a toilet and a hand-washing station.

(4) The door to the toilet room shall swing outward or be double-acting.

2.4-2.14.2.7 Patient bathing facilities

(1) Based on the functional program, provisions for bathing shall be provided within the unit.

(2) At least one roll-in shower shall be provided (not in a patient room). This room may be located outside the unit and jointly used by other patients.

2.4-2.14.2.8 Patient storage

(1) Based on the functional program, each patient shall have a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects. (This may be located outside the patient room.)

(2) Adequate storage shall be available for a daily change of clothes for seven days.

(3) If the expected stay is seven or more days, the facility shall provide personal laundry facilities.

2.4-2.14.2.9 Desk. There shall be a desk or writing surface in each room for patient use.

2.4-2.14.3 Reserved

2.4-2.14.4 Special Patient Care Rooms

2.4-2.14.4.1 Reserved

2.4-2.14.4.2 Reserved

2.4-2.14.4.3 Seclusion treatment rooms. If the functional program requires a seclusion treatment room for short-term occupancy, it shall meet the criteria established in 2.1-2.4.3.

2.4-2.14.5 Support Areas for Patient Care—General

2.4-2.14.5.1 General. For general requirements, see 2.1-2.5 (Support Areas for Patient Care—General).
2.4-2.14.5.2 Location

(1) Support areas intended for patient use, or for staff support functions necessary for direct patient care, shall be located within, or be directly accessible to, the nursing unit.

(2) Support areas intended for patient use shall not be shared with other patient units or departments in the hospital.

(3) Staff support areas necessary for the direct medical/clinical care of patients may be shared consistent with 2.4-2.14.1.4.

(4) Staff support areas that are not necessary for the direct medical/clinical care of patients may be shared with other patient units and departments in the hospital, provided the space is located outside the psychiatric patient care unit.

2.4-2.14.6 Support Areas for the Psychiatric Nursing Unit
All psychiatric unit support areas, in accordance with the functional program, shall meet the criteria established in 2.5-2.2.6 (Support Areas for the Psychiatric Nursing Unit).

2.4-2.14.7 and 2.4-2.14.8 Reserved

2.4-2.15 Child Psychiatric Unit

2.4-2.15.1 General
Child psychiatric unit patient areas shall be separate and distinct from any adult psychiatric unit patient areas. The requirements of 2.5-2.2 (General Psychiatric Nursing Unit) shall apply to child units with the following exceptions:

2.4-2.15.2 Patient Room

2.4-2.15.2.1 Capacity. Maximum room capacity shall be four children.

2.4-2.15.2.2 Space requirements. Patient room areas (with beds or cribs) shall meet the following space requirements:

(1) For single-bed rooms, a minimum of 100 square feet (9.29 square meters)

(2) For multiple-bed rooms, a minimum of 80 square feet (7.43 square meters) per bed and 60 square feet (5.57 square meters) per crib

2.4-2.15.2.3 Storage. Storage space shall be provided for toys, equipment, extra cribs and beds, and cots or recliners for parents who may stay overnight.

2.4-2.15.3 Activity Areas

2.5-2.15.3.1 Space requirements

(1) The combined area for social activities shall be 35 square feet (3.25 square meters) per patient.
(2) The total area for social activities and dining space shall be a minimum of 50 square feet (4.65 square meters) per patient.

(3) If a separate dining space is provided, it shall be a minimum of 15 square feet (1.39 square meters) per patient.

*2.4-2.15.4 Outdoor Areas

2.4-2.16 Geriatric, Alzheimer's, and Other Dementia Unit

2.4-2.16.1 Application
The requirements of 2.5-2.2 (General Psychiatric Nursing Unit) shall be applied to geriatric units with the following exceptions:

2.4-2.16.2 Patient Rooms

2.4-2.16.2.1 Space requirements. Patient room areas shall have a minimum of 120 square feet (11.15 square meters) in single-bed rooms and 200 square feet (18.58 square meters) in multiple-bed rooms.

2.4-2.16.2.2 Bathing facilities. Patients shall have access to at least one bathtub in each nursing unit.

2.4-2.16.2.3 Linen storage. Each patient bedroom shall have storage for extra blankets, pillows, and linen.

2.4-2.16.3 through 2.4-2.16.5 Reserved

2.4-2.16.6 Support Areas for Geriatric, Alzheimer’s, and Other Dementia Units

2.4-2.16.6.1 Wheelchair storage. Storage space for wheelchairs shall be provided in the nursing unit.

2.4-2.16.7 Reserved

2.4-2.16.8 Support Areas for Patients

2.4-2.16.8.1 Social spaces. The requirements of 2.5-2.2.8.2 (social spaces for the general psychiatric nursing unit) shall apply, except that the combined area for social activities shall have a minimum of 30 square feet (2.79 square meters) per patient.

2.4-2.16.9 Special Design Elements

2.4-2.16.9.1 Doors. Doors to patient rooms shall be a minimum of 3 feet 8 inches wide (1.12 meters).

2.4-2.16.9.2 Nurse call system

(1) A nurse call system shall be provided in accordance with the standards in 2.1-8.3.7 (Call Systems).

(2) Provisions shall be made for easy removal of or for covering call button outlets.

(3) Call cords or strings in excess of 6 inches (15.24 centimeters) shall not be permitted.
2.4-2.17 Forensic Psychiatric Unit

2.4-2.17.1 General

2.4-2.17.1.1 The requirements of 2.5-2.2 (General Psychiatric Nursing Unit) shall apply to forensic units.

2.4-2.17.1.2 Forensic units shall have security vestibules or sally ports at the unit entrance.

2.4-2.17.1.3 Areas for children, juveniles, and adolescents shall be separated from adult areas.

2.4-2.17.2 Space Requirements

Specialized program requirements may indicate the need for additional treatment areas, police and courtroom space, and security considerations.

2.4-3 Diagnostic and Treatment Services

2.4-3.1 General

2.4-3.1.1 Application

As dictated by the functional program and community needs (and agreements with tertiary care centers), the elements in this section (2.4-3, Diagnostic and Treatment Services) shall be provided for clinical services:

2.4-3.1.2 Examination and Treatment Rooms

Where provided, examination and treatment rooms shall meet the requirements in Section 2.1-3.2 and in this section.

2.4-3.1.2.1 Single-bed examination/treatment room or area. For requirements, see 2.1-3.2.1.

2.4-3.1.2.2 Multiple-bed examination/treatment room or area. For requirements, see 2.1-3.2.2.

2.4-3.1.2.3 Observation Room

*(1) Location

(a) Rooms for the isolation of suspect or disturbed patients shall be convenient to a nurse or control station.

(b) Modification of an examination room to accommodate this function shall be permitted.

(2) Space requirements. These rooms shall have a minimum floor area of 80 square feet (7.43 square meters).

(3) Toilet room. A toilet room with hand-washing station shall be immediately accessible.

*2.4-3.1.2.4 Secure holding room

If the functional program requires a secure holding room as an element of the emergency service, it shall meet the criteria established in Section 2.2-3.1.4.4 (Secure holding room).
2.4–3.1.2.5 Support Areas for Patient Care—General
For requirements, see 2.1-2.5.

2.4-3.1.2.6 Support Areas for Examination and Treatment Rooms
In accordance with the functional program, support areas may be shared with other program elements of the critical access hospital, where physical and functional adjacencies are provided.

(1) Work station. A work station shall be provided. It can be included in the nurse or control space.
   (a) The work station shall have a counter, communication system, space for supplies, and provisions for charting.
   (b) If a fully integrated electronic information management system is planned, the following shall be provided:
       (i) A work station controlling all ingress and egress to the unit
       (ii) Additional alcoves or spaces within individual rooms to accommodate the information technology equipment needed to accomplish the integration

(2) through (5) Reserved

(6) Medication station. This may be part of the work station.
   (a) This shall include a work counter, hand-washing station, lockable refrigerator, and locked storage for controlled drugs. (Standard cup sinks in many self-contained units are not adequate for hand-washing.)
   (b) If a self-contained medicine dispensing unit is provided, it may be located at the work station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.

(7) Reserved

(8) Reserved

(9) Clean storage. A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that provided by cabinets and shelves.

(10) Soiled workroom or soiled holding room. Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.
    (a) Soiled workrooms. These shall contain the following:
       (i) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.
       (ii) A work counter and space for separate covered containers for soiled linen and a variety of waste types.
    (b) Soiled holding rooms. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided elsewhere.

(11) Equipment and supply storage
    (a) Wheelchair storage. Wheelchair storage spaces shall be provided out of the line of traffic.
(12) Reserved

(13) Reserved

(14) Sterilization facilities. A system for sterilizing equipment and supplies shall be provided. Sterilizing procedures may be done on or off site as long as the off-site location is monitored by the facility regularly and meets the facility’s infection control criteria for sterilizing locations and transportation and handling methods for sterilized supplies. Disposable supplies may be used to satisfy the facility’s needs.

*2.4-3.2 Emergency Services

2.4-3.2.1 General

2.4-3.2.1.1 Reserved

2.4-3.2.1.2 Application. If required by the functional program, emergency facilities for the critical access hospital shall meet the requirements for general hospital emergency services in Section 2.2-3.1 (Emergency Services), except as noted in this section.

2.4-3.2.2 Facility Requirements

2.4-3.2.2.1 General. For requirements, see 2.2-3.1.1.

2.4-3.2.2.2 Initial emergency management. For requirements, see 2.2-3.1.2.

2.4-3.2.2.3 Definitive emergency care. For requirements, see 2.2-3.1.3.

2.4-3.2.2.4 Support areas. For requirements, see 2.2-3.1.5 through 2.2-3.1.7.

2.4-3.2.3 Additional Facility Requirements
The emergency care facility shall have the following capabilities and/or functions within the facility:

2.4-3.2.3.1 Diagnostic and treatment areas

(1) Observation beds. At least one of these shall have full cardiac monitoring.

(2) Diagnostic imaging. This shall include radiography and fluoroscopy.

2.4-3.2.3.2 Patient support services

(1) Laboratory. These facilities shall accommodate those functions described in 2.2-4.1 (Laboratory Services).

(2) Pharmacy

(3) Dietary facilities. Provision for serving patient and staff meals shall be provided. A kitchen or a satellite serving facility shall be permitted.
2.4-3.2.3.3 General support services and facilities. Support services and functions shall include environmental services, laundry, general stores, maintenance and plant operations, and security.

2.4-3.3 Surgical Services
Surgical facilities for the primary care critical access hospital shall meet the criteria established for sections 3.7-3 (Diagnostic and Treatment Locations), 3.7-5 (General Support Services and Facilities), 3.7-7 (Design and Construction Requirements), and 3.7-8 (Building Systems) in Chapter 3.7, Outpatient Surgical Facilities, and Section 2.2-3.3 (Surgical Services) in Chapter 2.1, General Hospitals, in the 2010 Guidelines.

2.4-3.4 Diagnostic Imaging Services
The diagnostic imaging department commonly provides procedures such as fluoroscopy, radiography, mammography, tomography, computerized tomography scanning, ultrasound, magnetic resonance, angiography, and similar techniques.

2.4-3.4.1 General

2.4-3.4.1.1 Application. Equipment and space shall be provided as necessary to accommodate the functional program. Facilities for basic diagnostic procedures shall be provided, including those in this section.

2.4-3.4.1.2 Location. Beds and stretchers shall have ready access to and from other departments of the institution.

2.4-3.4.1.3 Radiation protection. Most imaging requires radiation protection. A certified physicist or other qualified expert representing the owner or appropriate state agency shall specify the type, location, and amount of radiation protection to be installed in accordance with the final approved department layout and equipment selections.

(1) Where protected alcoves with view windows are required, a minimum of 3 feet 6 inches (1.07 meters) shall be provided between the exposure control and the outside partition edge.

(2) Radiation protection requirements shall be incorporated into the specifications and the building plans.

2.4-3.4.1.4 Special design elements

(1) Floor. Floor shall be adequate to meet load requirements.

(2) Ceiling. A lay-in type ceiling shall be permitted to be considered for ease of installation, service, and remodeling.

2.4-3.4.2 Computerized Tomography (CT) Scanning

2.4-3.4.2.1 Space requirements. CT scan rooms shall be sized in compliance with manufacturers’ recommendations for installation and maintenance.

(1) The room shall be sized to allow a minimum clear dimension of 3 feet (91.44 centimeters) on three sides of the table for access to the patient and to facilitate transfer.
(2) The door swing shall not encroach on the equipment, patient circulation, or transfer space.

2.4-3.4.2.2 Control room. A control room shall be provided that is designed to accommodate the computer and other controls for the equipment.

(1) A view window shall be provided to permit full view of the patient.

(2) The angle between the control and equipment centroid shall permit the control operator to see the patient’s head.

(3) The control room shall be located to allow convenient film processing.

2.4-3.4.2.3 Patient toilet. A patient toilet shall be provided. It shall be convenient to the procedure room and, if directly accessible to the scan room, arranged so a patient can leave the toilet without having to reenter the scan room.

2.4-3.4.3 Diagnostic X-Ray

2.4-3.4.3.1 Space requirements. Radiography rooms shall be of a size to accommodate the functional program.

2.4-3.4.3.2 Tomography and radiography/fluoroscopy rooms. Separate toilets with hand-washing stations shall be provided with direct access from each dedicated gastrointestinal fluoroscopic room and to an adjacent passage so that a patient can leave the toilet without having to reenter the fluoroscopic room.

2.4-3.4.3.3 Mammography rooms

2.4-3.4.3.4 Shielded control alcoves

(1) Each x-ray room shall include a shielded control alcove. For mammography machines with built-in shielding for the operator, omission of the alcove shall be permitted when approved by the certified physicist or state radiation protection agency.

(2) This area shall be provided with a view window designed to provide full view of the examination table and the patient at all times, including full view of the patient when the table is in the tilt position or the chest x-ray is in use.

2.4-3.4.3.5 Hand-washing station. A hand-washing station shall be provided within the procedure room unless the room is used only for routine screening such as chest x-rays where the patient is not physically handled by the staff.

2.4-3.4.4 Magnetic Resonance Imaging (MRI)

2.4-3.4.4.1 Space requirements

(1) Space within the overall MRI suite shall be provided as necessary to accommodate the functional program and to meet the minimum technical siting requirements provided by the MRI equipment.
manufacturer.

(2) MRI suites as well as spaces around, above, and below (as applicable) shall be designed and configured to facilitate adherence to U.S. Food and Drug Administration requirements established to prevent unscreened individuals from entering the 5-gauss (0.5 millitesla) volume around the MRI equipment.

(3) The MRI scanner room shall be large enough to accommodate equipment and to allow clearance in accordance with manufacturers’ recommendations.

2.4-3.4.4.2 Design configuration of the MRI suite

(1) Suites for MRI equipment shall be planned to conform to the four-zone screening and access control protocols identified in the American College of Radiology’s “Guidance Document for Safe MR Practices.”

(2) The layout shall include provisions for the following functions:
   (a) Patient interviews and clinical screening
   (b) Physical screening and changing areas (as indicated)
   (c) Siting of ferromagnetic detection systems
   (d) Access control
   (e) Accommodation of site-specific clinical and operational requirements

(3) An anteroom visible from the control room shall be located outside the MRI scanner room so that patients, health care personnel, and other employees must pass through it before entering the scanning area and control room. This room shall be outside the restricted areas of the MRI’s magnetic field.

(4) Any area in which the magnetic field strength is equal to or greater than 5 gauss (0.5 millitesla) shall be physically restricted by the use of key locks or pass-key locking systems.

2.4-3.4.4.3 Control room

(1) A control room shall be provided with a full view of the patient within the MRI scanner.

(2) The control console shall be positioned so the operator has a full view of the approach and entrance to the MRI scanner room.

2.4-3.4.4.4 Hand-washing station. Hand-washing stations shall be provided convenient to the MRI scanner room, but need not be within the room.

2.4-3.4.4.5 Patient preparation, holding, and recovery area or room. This shall comply with Section 2.2-3.5.6.2, requirements for the same area or room under Section 2.2-3.5 (Interventional Imaging Services).

2.4-3.4.4.6 Computer room. A computer room shall be provided.

2.4-3.4.4.7 Equipment installation requirements
(1) Power conditioning shall be provided as indicated by the MRI manufacturer’s power requirements and specific facility conditions.

(2) Magnetic shielding shall be provided at those sites where magnetic field hazards or interferences cannot be adequately controlled through facility planning.

(3) For super-conducting MRI equipment, cryogen venting, emergency exhaust, and passive pressure relief systems shall be provided in accordance with the original equipment manufacturer's specifications.

2.4-3.4.4.8 Special design elements for the MRI scanner room

(1) General. Use of ferromagnetic materials that may interfere with the operation of the MRI scanner shall be avoided or minimized in MRI scanner rooms.

(2) Architectural details
   (a) The floor structure shall be designed to support the weight of MRI scanner equipment and to prevent disruptive environmental vibrations. Floor loading along the pathway required for equipment removal and replacement shall also be considered.
   (b) Wall, floor, and ceiling assemblies shall accommodate the installation of required radio frequency (RF)-shielded assemblies. All doors, windows, and penetrations into the RF-shielded enclosure shall be RF-shielded.
   (c) In addition to RF shielding, individual sites may also require magnetic shielding on some or all surfaces to contain portions of the magnetic field not contained by the RF shield.
   (d) A knock-out panel or roof hatch is recommended for delivery and removal of the MRI scanner.
   (e) MRI rooms shall be marked with a lighted sign with a red light to indicate when the magnet is on.

(3) Surfaces, fixtures, and equipment
   (a) Because of the dangers of magnetic fields, servicing finishes, fixtures, and equipment within the MRI scanner room is potentially hazardous. Finishes, fixtures, and equipment should be selected to minimize the need for maintenance and servicing.
   (b) Facilities may wish to use finishes or markings to identify the critical values of the magnetic field surrounding the MRI scanner, including the 5-gauss exclusion zone or other magnetic field strength values that may impair the operation of equipment.
   (c) Because MRI scanners are increasingly being used as an interventional platform for image-guided biopsies and procedures, changes in infection control provisions, equipment, and finishes brought about by changes in clinical use shall be considered.

(3) Ventilation requirements. An insulated cryogen quench exhaust pipe as well as room exhaust and pressure equalization shall be provided where superconducting MRI scanners are installed to protect occupants in the event of a cryogen breach.

2.4-3.4.5 Ultrasound

2.4-3.4.5.1 Space requirements. Space shall be provided as necessary to accommodate the functional program.
(1) Area. Rooms used for ultrasound examination/treatment shall have a minimum clear floor area of 120 square feet (11.15 square meters).

(2) Clearances. A minimum clear dimension of 3 feet (91.44 centimeters) shall be provided on three sides of the table/stretcher.

2.4-3.4.5.2 Hand-washing station. A hand-washing station shall be provided within the procedure room.

2.4-3.4.5.3 Patient toilet

(1) A patient toilet, directly accessible from the procedure room, shall be provided.

(2) The patient toilet shall be permitted to serve more than one procedure room.

2.4-3.4.6 Support Areas for Diagnostic Imaging Services

2.4-3.4.6.1 Reserved

2.4-3.4.6.2 Viewing and administrative areas shall be provided.

2.4-3.4.6.3 through 2.4-3.4.6.11 Reserved

2.4-3.4.6.12 Film processing facilities shall be provided.

(1) If a picture archiving and communication system (PACS) is not planned, film processing may be retained for emergency use and film development for special cases.

(2) Storage facilities shall be provided for film and equipment. Storage for PACS equipment shall be provided, if planned, appropriate for the equipment manufacturer’s requirements.

2.4-3.4.7 Support Areas for Staff
Toilet rooms with hand-washing stations shall be provided accessible to work stations.

2.4-3.4.8 Support Areas for Patients

2.4-3.4.8.1 Dressing rooms or booths shall be as required by the approved functional program for services provided.

2.4-3.4.8.2 Toilet rooms with hand-washing stations shall be provided accessible to dressing rooms and procedure rooms.

2.4-3.5 Telemedicine Facilities

2.4-3.5.1 General
In facilities where telemedicine is contemplated, adequate spaces to support the telemedicine functions shall be planned in conjunction with information technology spaces.

2.4-3.5.2 Telemedicine Areas
Satellite linkages, communication and viewing rooms and consoles, consultation spaces, electronic
Interview rooms, and satellite hookups shall be considered when planning the spaces. In newer facilities, and when considering patient-focused care delivery models, sufficient conduit should be run to allow maximum flexibility for telemedicine cart (equipment) use.

*2.4-3.7 Mobile Transportable Unit Facility Requirements*

If mobile units are used to provide services, refer to Chapter 5.1, Mobile, Transportable, and Relocatable Units, in the 2010 Guidelines.

3.7.1 Connection to Special Life Safety Needs

The mobile transportable unit shall be integrated, where the mobile transportable unit allows, with the appropriate facility’s life safety systems.

2.4-4 Patient Support Services

2.4-4.1 Laboratory Services

2.4-4.1.1 General

2.4-4.1.1.1 Application. Laboratory facilities for hematology, clinical chemistry, urinalysis, cytology, pathology, and bacteriology shall be provided either in the critical access hospital or through an effective contract arrangement with a tertiary care center.

2.4-4.1.1.2 On-site facilities

(1) If laboratory services are provided on contract, the support spaces included in this section (2.4-4.1) shall be provided in the critical access hospital.

(2) If specific laboratory services are provided in the critical access hospital, see 2.2-4.1 (Laboratory Services) for facility requirements.

2.4-4.1.2 Stat Laboratory

2.4-4.1.2.1 A laboratory room with work counters, sinks, hand-washing station, emergency equipment (e.g., flood shower and eyewash station), and tele/data and electrical services shall be provided.

2.4-4.1.2.2 Blood storage facilities meeting the Clinical Laboratory Improvement Act standards for blood banks shall be provided.

2.4-4.1.2.3 Proper storage for reagents, specimens, flammable materials, acids, bases, and other supplies shall be provided as necessary.

2.4-4.1.3 Specimen Collection Facilities

2.4-4.1.3.1 Toilet for collection of urine and solid samples

2.4-4.1.3.2 Blood-drawing cubicles

2.4-4.1.3.3 Adequate seating spaces
2.4-4.1.3.4 Storage spaces for specimen collection supplies

2.4-4.1.3.5 Work counters for the labeling and storage of specimens awaiting pick-up

2.4-5 General Support Services and Facilities

2.4-5.1 through 2.4-5.3 Reserved

2.4-5.4 Waste Management
For requirements, see 2.1-5.4.

2.4-5.5 Environmental Services

2.4-5.5.1 Reserved

2.4-5.5.2 Environmental Services Rooms

2.4-5.5.2.1 At a minimum, one environmental services room per support unit or suite shall be provided.

2.4-5.5.2.2 These rooms shall contain a sink and storage spaces for clean supplies and cleaning equipment.

2.4-5.6 Engineering and Maintenance Services

2.4-5.6.1 General
Sufficient space shall be included in all mechanical and electrical equipment rooms for proper maintenance of equipment. Provisions shall also be made for removal and replacement of equipment.

2.4-5.6.2 Equipment Locations
Room(s) or separate building(s) shall be provided for boilers, mechanical, and electrical equipment, except:

2.4-5.6.2.1 Rooftop air conditioning and ventilation equipment installed in weatherproof housings

2.4-5.6.2.2 Emergency generators where the engine and appropriate accessories (i.e., batteries) are properly heated and enclosed in a weatherproof housing

2.4-5.6.2.3 Cooling towers and heat rejection equipment

2.4-5.6.2.4 Electrical transformers and switchgear where required to serve the facility and where installed in a weatherproof housing

2.4-5.6.2.5 Medical gas parks and equipment

2.4-5.6.2.6 Air-cooled chillers where installed in a weatherproof housing

2.4-5.6.2.7 Trash compactors and incinerators
2.4-5.6.2.8 Site lighting, post indicator valves, and other equipment normally installed on the exterior of the building

2.4-5.6.3 Equipment and Supply Storage
Storage rooms shall be provided for supplies and equipment.

2.4-6 Public and Administrative Areas

2.4-6.1 Public Areas
These shall be conveniently accessible to persons with disabilities and include the following:

2.4-6.1.1 Entrance
For requirements, see 2.1-6.1.1.

2.4-6.1.2 Lobby
For requirements, see 2.1-6.1.2.

2.4-6.1.2.1 The reception and information counter or desk shall be located to control the entrance to the facility and to monitor visitors and arriving patients.

2.4-6.1.3 Enclosed Vending Area

2.4-6.1.4 Wheelchair Storage Areas
These shall be provided out of the path of circulation.

2.4-6.2 Administrative Areas

2.4-6.2.1 Reserved

2.4-6.2.2 Interview Space
Spaces shall be provided for private interviews related to social services, credit, and admissions. These spaces shall be designed for confidentiality and privacy.

2.4-6.2.3 General or Individual Office
Office(s) shall be provided for business transactions, medical and financial records, and administrative and professional staff.

2.4-6.2.4 Multipurpose Room
Multipurpose rooms equipped for the use of visual aids shall be provided for conferences, training, meetings, health education programs, and community outreach activities.

2.4-6.2.5 Reserved

2.4-6.2.6 Equipment and Supply Storage
Facilities shall be provided for storage of general supplies and equipment needed for continuing operation.

2.4-6.3 Support Areas for Employees and Volunteers
Storage spaces with locking drawers or cabinets shall be provided for the personal effects of the staff. Such storage shall be near individual work stations and under staff control.

2.4-7 Design and Construction Requirements

2.4-7.1 Building Codes and Standards
The diagnostic and treatment locations, service areas, and public and administrative areas in this chapter shall be permitted to fall under the business occupancy provisions of the applicable life safety and building codes if they are separated from the inpatient portion of the facility by two-hour construction.

2.4-7.1.1 Building Codes
For additional requirements, see 2.1-7.1.1.

2.4-7.1.2 Construction Requirements
For additional requirements, see 2.1-7.1.2.

*2.4-7.1.3 Provisions for Disasters
The facility shall have a disaster preparedness plan. The plan shall include physical environment requirements such as, but not limited to, storage of supplies, evacuation, and security.

2.4-7.2 Architectural Details
The required minimum corridor width for inpatient facilities (8 feet or 2.44 meters) shall apply to all areas where patients are housed and receive treatment.

2.4-8 Building Systems

2.4-8.1 Reserved

*2.4-8.2 Heating, Ventilation, and Air-Conditioning (HVAC) Systems
Section 2.1-8.2 and related schedules in the 2010 Guidelines shall apply to this chapter.

2.4-8.3 Electrical Systems
Section 2.1-8.3 and related schedules in the 2010 Guidelines shall apply to this chapter.

2.4-8.4 Plumbing Systems
Section 2.1-8.4 and related schedules in the 2010 Guidelines shall apply to this chapter.

2.4-8.5 Reserved

2.4-8.6 Electronic Safety and Security Systems
In design of critical access hospitals, consideration shall be given for active and passive security systems. Locking arrangements, security alarms, and monitoring devices shall be carefully placed and shall not interfere with the life safety features necessary to operate and maintain a healthy and functional environment.
A2.4.1 Since the early 1990s, the health care community has been looking at traditional hospital models (and nursing homes built under the hospital model) and their delivery of care roles as established in the 1947 Hill-Burton Act. Legislation enacted as part of the Balanced Budget Act of 1997. Due to their size of 25 beds or less, most replacement critical access hospitals are being constructed as single-story facilities because, with few exceptions, costs tend to be less for a one-story building. Multistory construction involves vertical lift expense (elevators), additional life safety code considerations, and increased difficulty in transporting patients. Exceptions to the single-story advantages are in locations where land acquisition is extremely expensive or where topography makes a larger footprint impractical. Also, when replacement involves renovation of existing facilities, a multi-story plan may be warranted and necessary.

Individual states establish state Medicare rural hospital flexibility programs, which authorize certain facilities in qualifying rural areas to participate in the Medicare critical access hospital program.

A2.4.1.1 Application
Excerpted from the Federal Register, Title 42, Part 485 (http://ecfr.gpoaccess.gov):
§ 485.723 Condition of participation: Physical environment.
The building housing the organization is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public and provides a functional, sanitary, and comfortable environment.

(a) Standard: Safety of patients. The organization satisfies the following requirements:
   (1) It complies with all applicable State and local building, fire, and safety codes.
   (2) Permanently attached automatic fire-extinguishing systems of adequate capacity are installed in all areas of the premises considered to have special fire hazards. Fire extinguishers are conveniently located on each floor of the premises. Fire regulations are prominently posted.
   (3) Doorways, passageways and stairwells negotiated by patients are:
      (i) Of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs),
      (ii) free from obstruction at all times, and
      (iii) in the case of stairwells, equipped with firmly attached handrails on at least one side.
   (4) Lights are placed at exits and in corridors used by patients and are supported by an emergency power source.
   (5) A fire alarm system with local alarm capability and, where applicable, an emergency power source, is functional.
   (6) At least two persons are on duty on the premises of the organization whenever a patient is being treated.
   (7) No occupancies or activities undesirable or injurious to the health and safety of patients are located in the building.

(b) Standard: Maintenance of equipment, building, and grounds. The organization establishes a written preventive maintenance program to ensure that—
   (1) The equipment is operative, and is properly calibrated; and
   (2) The interior and exterior of the building are clean and orderly and maintained free of any defects that are a potential hazard to patients, personnel, and the public.
(c) Standard: Other environmental considerations. The organization provides a functional, sanitary, and comfortable environment for patients, personnel, and the public.

(1) Provision is made for adequate and comfortable lighting levels in all areas; limitation of sounds at comfort levels; a comfortable room temperature; and adequate ventilation through windows, mechanical means, or a combination of both.

(2) Toilet rooms, toilet stalls, and lavatories are accessible and constructed so as to allow use by nonambulatory and semiambulatory individuals.

(3) Whatever the size of the building, there is an adequate amount of space for the services provided and disabilities treated, including reception area, staff space, examining room, treatment areas, and storage.

A2.4-1.2.1 Size and Layout

When developing the functional program for new or renovated spaces, it is important to consider use of each space for multiple patient care functions. CAH reimbursement must be based on patient care provided and not tied to the specific room occupied. Examples may be:

a. Universal care rooms. This room type can vary from ICU to swing bed use. Planning for the highest level of acuity for this room will build in flexibility and use by lower acuity patients would be acceptable.

b. Family/caregiver accommodations. See 2.4-2.2.3.

c. Swing beds. When the functional program demonstrates the need, the facility may consider initiating a swing bed program. This type of program may require additional support space, such as
   - Dining, day/activity, or recreation spaces. This may be accomplished in a multipurpose space if defended within the functional program and allowed by the authority having jurisdiction (AHJ).
   - Treatment/procedure/exam room. If described in the functional program, this room type may be used for physical therapy treatment. This room could also be scheduled to provide swing bed support given adjacency to the appropriate department.
   - Storage and work space. If a swing bed program is being initiated, consider the position of nutrition space, nursing staff areas, storage/utility space and “on call” rooms.

d. Same day surgery/emergency/exam room(s). When the functional program requires exam room(s) within the emergency department, consider adaptable uses for these rooms during normal business hours (e.g., prep rooms for outpatient surgery, clinic exam rooms for visiting physicians, treatment rooms for swing bed patients) to increase efficient use of the rooms.

A2.4-1.3.1.2 Separate and additional space shall be provided for service delivery vehicles; vehicles providing emergency services, including but not limited to ambulances, law enforcement vehicles, and mass casualty equipment; and mobile transportable units.

A2.4-1.3.2.2 Refer to FAA Heliport Design Advisory Circular 150/5390-2B for more information.

A2.4-2.2.2.2 In new construction, single-patient rooms should be at least 12 feet (3.65 meters) wide by 13 feet (3.96 meters) deep (approximately 160 square feet or 14.86 square meters). These spaces should accommodate comfortable furniture for one or two family members without blocking staff member access to patients.

A2.4-2.2.2.2 (2)(a) Consideration should be given to providing more than three feet at the physician side of the bed.
A2.4-2.2.3 Family/Caregiver Accommodations
Where possible, and with the support of the functional program, provisions should be made within the
patient room to accommodate space for the patient’s family or caregiver. These provisions may include
sleeping accommodations, access to toilet room and Internet access or other forms of communication. If
the functional program describes a need (especially in remote areas) for accommodations for extended
family stay, consideration may be given to the use of portions of an existing facility as sleep rooms for
family members. Examples may be “on call” rooms or patient rooms taken out of service.

A2.4-2.2.4.6 (2) Storage in the room, behind closed doors for case carts, delivery equipment, and
bassinets.

A2.4-2.14 Psychiatric Nursing Unit
At the time of publication of this article, the federal requirements limit inpatient psychiatric services to 10
beds in a critical access hospitals. The beds are required to be a distinct part of the facility and not mixed
with the general nursing or swing beds.

The hospital psychiatric care staff and the hospital administration, in consultation with the project
architects, should develop a patient and staff safety assessment to address security and safety design
features and devices. A copy of this assessment should accompany the construction documents submitted
to the licensing plans review program.

The patient and staff safety assessment should include at least the following elements:

a. A statement explaining the psychiatric population groups served

b. A discussion of the need for staff visual supervision of patient ancillary areas and corridors

c. A discussion of the potential risks to patients, including self injury, and the project solutions employed
to minimize such risks

d. A discussion of building features and equipment, including items that may be used as weapons, which
are intended to minimize risks to patients, staff, and visitors

e. A statement explaining how potentially infectious patients will be managed

f. A discussion of outdoor areas used by patients that covers, but is not limited to, the number of patients
each outdoor area will serve at one time, staffing, security, shifts, etc.

A2.4-2.14.1.2 Environment of care. Patient and staff safety features, security, and safety devices should
not, to the extent practicable, be presented in a manner that attracts or invites tampering by patients.
Finishes, and furnishings should be designed and installed to minimize the opportunity for patients to
cause injury to themselves or others.

Special design considerations for prevention of self injury and injury to staff and others should include the
following:

a. Visual control of nursing unit corridors, passive activity areas, and outdoor areas should be provided.
b. Hidden alcoves should be prohibited.

c. Non-patient areas, including staff support rooms and mechanical and electrical spaces, should be secured from patients.

d. Door closers and door and cabinet hardware, including hinges in patient areas, should be designed to prevent attachment of other articles and to limit possible patient or staff injury.

e. Doors to patient toilet and shower rooms should not swing into the room. These doors should either not be lockable from within the room or should be provided with privacy locks that can be opened by staff with a key or tool. Hardware should be designed to prevent occupants from tying the door closed.

f. Furnishings, movable equipment, and accessories should be addressed by the Patient and Staff Safety Assessment.

g. Windows, including interior and exterior glazing, should not be operable and should be of break-resistant material (i.e., material that will not shatter).

h. Windowsills and curtains and blinds should be constructed to prevent attachment of other articles.

i. Curtains and blinds should be constructed to break away with a vertical load of more than 40 pounds.

j. Ceilings in patient bedrooms, toilet rooms, and shower rooms should be of continuous bonded construction. T-bar ceilings with lay-in tiles should not be permitted.

k. Ceiling and air distribution devices, lighting fixtures, sprinkler heads, smoke detectors, and other appurtenances should be designed and installed to be tamper resistant and non-breakable, to prevent the attachment of other articles, and to limit possible patient or staff injury in patient rooms, toilet rooms, and shower rooms.

l. Flooring base in patient rooms, toilet rooms, and shower rooms should be installed to preclude removal by patients.

m. Shower, bath, toilet, sink, and other plumbing fixture hardware and accessories, including grab bars and toilet paper holders, should be designed to prevent attachment of other articles and removal by patients. Shutoff valves under patient sinks should be covered and secured to prevent patient access.

n. Grab bars, if provided, should be contiguous to the wall so that nothing can pass between the edge of the rail and the wall.

o. Toilet flush valves should be recessed or of the push-button type.

p. Hand-washing station faucet hardware should be recessed or of the push-button type to preclude patient or staff injury.

q. Shower curtains, if provided, should have a breakaway maximum of 40 pounds and be supported on curtain tracks attached or flush to the ceiling.

r. Shower heads should be sloped or otherwise designed to prevent attachment of other articles.
s. Fire extinguisher cabinets and fire alarm pull stations should be located or installed to prevent inappropriate use.

t. Electrical outlets in patient areas should be of a ground-fault interrupter type (GFI) or should be protected by GFI breakers at electrical panels.

u. Patient mirrors should be non-breakable and shatterproof.

v. Medical gas outlets, if provided, should be located or installed to prevent patient access.

w. All devices attached to walls, ceilings, and floors and all door and window hardware should be tamper-resistant and securely fastened with tamper-proof screws.

x. All exit door hardware should have concealed rods, if any exit door hardware is used, these should not be removable by patients. Door closure and panic bars, if provided, shall not allow attachment of other articles.

y. Time delay closers should not be used on locked doors.

z. Outdoor areas should be secured in accordance with the patient and staff safety assessment.

A2.4-2.15.4 Outdoor areas should be protected to allow children to have easy access to secure outdoor areas for play and therapy in facilities where length of stay is two weeks or greater.

A2.4-3.1.2.3 (1) Locating observation rooms convenient to a nurse or control station permits close observation of patients and minimizes the possibility that patients can hide, escape, injure themselves, or commit suicide.

A2.4-3.1.2.4 A secure holding room may be required in the emergency department for short-term observation and assessment of patients who may be deemed inappropriate for the emergency department’s standard care and treatment areas and other patients being treated therein. Rooms for secured holding should be designed to accommodate the physical separation of such patients from the balance of the emergency department until such time as a reasonable assessment can be made regarding the patient’s potential for physical harm or disruption from behaviors resulting from the patient’s condition, including but not limited to mental health issues and substance abuse. While a major goal for such space is physical separation of the patient, strong consideration should also be given to ease of staff observation and monitoring, preventing unauthorized patient elopement, and safety of the patient. Some or all of the considerations applicable to the design of seclusion rooms may be necessary. Depending upon the functional program assumptions for frequency of use, such space or spaces may be shared with other limited frequency of use functions the requirements of each programmed use are compatible.

A2.4-3.2 Emergency Services
Excerpted from the Federal Register, Title 42, Part 485:
§ 485.618 Condition of participation: Emergency services.
The CAH provides emergency care necessary to meet the needs of its inpatients and outpatients.
(a) Standard: Availability. Emergency services are available on a 24-hours a day basis.
(b) Standard: Equipment, supplies, and medication. Equipment, supplies, and medication used in treating emergency cases are kept at the CAH and are readily available for treating emergency cases. The items
available must include the following:

(1) Drugs and biologicals commonly used in life-saving procedures, including analgesics, local
anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrythmics,
cardiac glycosides, antihyptensives, diuretics, and electrolytes and replacement solutions.

(2) Equipment and supplies commonly used in life-saving procedures, including airways, endotracheal
tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints,
IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling
urinary catheters.

(c) Standard: Blood and blood products. The facility provides, either directly or under arrangements, the
following:

(1) Services for the procurement, safekeeping, and transfusion of blood, including the availability of
blood products needed for emergencies on a 24-hours a day basis.

(2) Blood storage facilities that meet the requirements of 42 CFR part 493, subpart K, and are under
the control and supervision of a pathologist or other qualified doctor of medicine or osteopathy. If
blood banking services are provided under an arrangement, the arrangement is approved by the
facility’s medical staff and by the persons directly responsible for the operation of the facility.

(d) Standard: Personnel.

(1) Except as specified in paragraph (d)(2) of this section, there must be a doctor of medicine or
osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist, with training or
experience in emergency care on call and immediately available by telephone or radio contact, and
available onsite within the following timeframes:

(i) Within 30 minutes, on a 24-hour a day basis, if the CAH is located in an area other than an area
described in paragraph (d)(1)(ii) of this section; or

(ii) Within 60 minutes, on a 24-hour a day basis, if all of the following requirements are met:
(A) The CAH is located in an area designated as a frontier area (that is, an area with fewer than six
residents per square mile based on the latest population data published by the Bureau of the
Census) or in an area that meets the criteria for a remote location adopted by the State in its rural
health care plan, and approved by CMS, under section 1820(b) of the Act.
(B) The State has determined, under criteria in its rural health care plan, that allowing an
emergency response time longer than 30 minutes is the only feasible method of providing
emergency care to residents of the area served by the CAH.
(C) The State maintains documentation showing that the response time of up to 60 minutes at a
particular CAH it designates is justified because other available alternatives would increase the
time needed to stabilize a patient in an emergency.

(2) A registered nurse satisfies the personnel requirement specified in paragraph (d)(1) of this section
for a temporary period if—

(i) The CAH has no greater than 10 beds;

(ii) The CAH is located in an area designated as a frontier area or remote location as described in
paragraph (d)(1)(ii)(A) of this section;

(iii) The State in which the CAH is located submits a letter to CMS signed by the Governor,
following consultation on the issue of using RNs on a temporary basis as part of their State rural
healthcare plan with the State Boards of Medicine and Nursing, and in accordance with State law,
requesting that a registered nurse with training and experience in emergency care be included in
the list of personnel specified in paragraph (d)(1) of this section. The letter from the Governor
must attest that he or she has consulted with State Boards of Medicine and Nursing about issues
related to access to and the quality of emergency services in the States. The letter from the
Governor must also describe the circumstances and duration of the temporary request to include
the registered nurses on the list of personnel specified in paragraph (d)(1) of this section; (iv)
Once a Governor submits a letter, as specified in paragraph (d)(2)(iii) of this section, a CAH must
submit documentation to the State survey agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provide adequate coverage as specified in this paragraph (d).

3. The request, as specified in paragraph (d)(2)(iii) of this section, and the withdrawal of the request, may be submitted to us at any time, and are effective upon submission.

(e) Standard: Coordination with emergency response systems. The CAH must, in coordination with emergency response systems in the area, establish procedures under which a doctor of medicine or osteopathy is immediately available by telephone or radio contact on a 24-hours a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients to the CAH or other appropriate locations for treatment.

A2.4-3.7 Mobile Transportable Unit Facility Requirements

Mobile units must meet the space requirements that are indicated in the specific chapter for the service that is intended. Critical Access Hospitals may solely depend on the services of a mobile unit for imaging or possibly even surgical services. Some regions have taken advantage of mobile unit services by sharing the costs of the unit among regional hospitals and taking the scheduled services where they are needed.

A2.4-7.1.3 Provisions for Disaster

Excerpted from the Federal Register, Title 42, Part 485 at http://ecfr.gpoaccess.gov:

§ 485.727 Condition of participation: Disaster preparedness.
The organization has a written plan, periodically rehearsed, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (patients and personnel) arising from a disaster.

(a) Standard: Disaster plan. The organization has a written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts, and includes:

1. Transfer of casualties and records;
2. The location and use of alarm systems and signals;
3. Methods of containing fire;
4. Notification of appropriate persons; and
5. Evacuation routes and procedures.

(b) Standard: Staff training and drills. All employees are trained, as part of their employment orientation, in all aspects of preparedness for any disaster. The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out his assigned role in case of a disaster.

A2.4-8.2 Efforts should be made to provide the patient with some control of the room environment. The CAH provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient.