

Guidelines for Design and Construction of Hospitals 2022 Edition Errata

Item #	FGI Page #	FGI Code Set	FGI Text to be modified	Rationale
1	xli	Glossary	Clear floor area: The floor area of a defined space that is available for functional use excluding toilet rooms, closers, lockers, wardrobes, alcoves, vestibules, anterooms, and auxiliary work areas. Note: Door swings and floor space below sinks, counters, cabinets, modular units, or other wall hung equipment that is mounted to provide usable floor space count toward "clear floor area." Space taken up by fixed encroachments that do not interfere with room functions can be included in calculating clear floor area.	The definition is contradictory (vestibule versus door swings floor areas) and some wall hung items (dependent upon what the item is and where and how it is hung) may prevent use of the floor space for movement of wheelchairs, gurneys, other equipment, and staff movements within the room.
2	5	1.1-3.1.4	When parts of an existing facility essential to continued overall facility operation cannot comply with particular standards during a renovation project, a temporary waiver of those standards shall be permitted as determined by the authority having jurisdiction if care and safety of patients and other building occupants will not be jeopardized as a result.	a. Nevada uses the verbiage of variances b. Do not want to limit to just existing facilities
3	88	2.1-2.8.8.2(2)(c)	Work areas for preparing, dispensing and administering medication. (2) Medication-dispensing units, stations and carts (c) A handwashing station or hand sanitation dispenser shall be located next to stationary medication-dispensing units or stations.	It would be best to have both handwashing station "and" hand sanitation dispenser. The hand sanitizer alone is insufficient, because it cannot accommodate visibly soiled hands or microorganisms' spores.
4	96	2.1-3.4.1.4(1)(a)	Pre- and Post-Procedure Patient Care 2.1-3.4.1.4 Number of patient care stations (1) Where pre- and post-procedure patient care stations are combined into one patient care area: (a) At least two patient care stations shall be provided for each procedure room, operating room, Class 2 imaging room, and Class 3 imaging room. (b) The number of pre- and post-procedure patient care stations shall be	Due to variability of patient volume and personnel over time, the data would change and it is better to have the patient care accommodations than not have the accommodation when needed. When working with fractions, how does one come up with a half of patient care station? This ambiguity becomes an unnecessary discussion.

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			permitted to be 1.5 for each procedure room, operating room, Class 2 imaging room, and Class 3 imaging room when volume data and surgery/procedure types validate efficiency.	
5	117	2.1-7.2.2.5(3)	<p>Windows in patient rooms.</p> <p>(3) Window size in patient rooms</p> <p>(a) The minimum net glazed area shall be no less than 8 percent of the required minimum clear floor area of the room served.</p> <p>(b) In new construction, windowsill height in a patient room shall be a maximum of 36 inches above the finished floor.</p> <p>(c) Where renovation work is undertaken and it is impractical or impossible to meet the above minimum standards, the authority having jurisdiction shall be permitted to grant approval to deviate from these requirements.</p>	Item (c) above is both “redundant” concerning the authority having jurisdiction being permitted to approve deviations, and may not “apply” to all circumstances. A new hospital building that had improperly installed patient room windowsills above 36 inches above the finished floor (AFF) would not be eligible for Medicare reimbursement per 42 Code of Federal (CFR) 482.41.
6	130	2.1-8.4.2.5(2)	<p>Heated potable water distribution systems</p> <p>(1) Provisions based on a risk management plan shall be included in the heated potable water system to limit the amount of <i>Legionella</i> bacteria and other opportunistic waterborne pathogens.</p> <p>(2) Heated potable water distribution systems serving patient care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet. Non-recirculated fixture branch piping shall not exceed 10 feet (3.05 meters) in length.</p>	It is unknown if a 10-foot distance is an acceptable distance without proper research referencing (which was not provided), and the associate complexity with the multifaceted issues related <i>Legionella</i> prevention. The FGI Appendix refers to low-flow faucets, which function with the use of aerators, which are usually contraindicated with <i>Legionella</i> prevention. The amount of water usage, water flow, and water temperature each factor into the <i>Legionella</i> growth patterns. The distance was limited to hot water piping, wherein no information related to cold water.
7	153 263 264	2.2-1.4	<p>Application.</p> <p>2.2-1.1.4 General acute care hospitals with 35 beds or fewer shall be permitted to use the requirements of Chapter 2.4, Specific Requirements for Critical Access</p>	The numerical value of 35 cannot be changed, thus this section would have to be removed. The 35 bed count conflicts with the Centers of Medicare Medicaid Services’ (CMS)

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			<p>or Other Small Hospitals, in lieu of the requirements in Chapter 2.2, Specific Requirements for General Hospitals.</p> <p>Section 2.4-1.1 Application. This chapter applies to hospitals designated as federal critical access hospital (CAH) and small hospitals not designated as a CAH that have 35 beds or fewer.</p> <p>Section 2.4-1.2.1 Size and Layout 2.4-1.2.1.2 Although a small hospital with 35 beds or fewer may not qualify for the reimbursement programs available to critical access hospitals, design of spaces to accommodate multiple care functions as described in appendix section A2.4-1.2.1 (Size and layout) shall be permitted for small hospitals.</p>	<p>Critical Access Hospital limitation for 25 acute beds, and also conflicts with Nevada Administrative Code 449.321(3)(a) where the bed count is limited to 20 beds.</p>
8	169 171 175	<p>2.2-2.9.3 2.2-2.9.8 2.2-2.9.8.14 2.2-2.10.8.14</p>	<p>Neonatal Intensive Care Unit - Section 2.2-2.9.3 Neonatal Couplet Care Room 2.2-2.9.3.4 Support areas. Support areas for the neonatal couplet care room shall be permitted to be shared with the NICU and obstetrical unit.</p> <p>- Section 2.2-2.9.8 Support Areas for NICU 2.2-2.9.8.14 Environmental services room. An environmental services room shall be provided in accordance with Section 2.1-2.8.14 (Environmental Services Room) as amended in this section. (1) The environmental services room shall not be shared with other patient care units or departments. (2) The environmental services room shall be directly accessible to the NICU.</p> <p>- 2.2-2.10 Obstetric Unit 2.2-2.10.8.14 Environmental services room. An environmental services room shall be provided in accordance with Section 2.1-2.8. 14 (Environmental</p>	<p>The Neonatal Intensive Care Unit (NICU) and the Obstetric Unit have had independent and separate environmental services rooms (ESR) from each other, historically. With this hospital edition, there appears to be ambiguity with the new regulations as written above and this is intended to clarify and simplify these two interrelated codes.</p>

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			<p>Services Room) as amended in this section.</p> <p>(1) The environmental services room shall be located in the obstetrical unit.</p> <p>(2) Sharing of the environmental services room with the nursery unit shall be permitted.</p> <p>(3) The environmental services room shall not be shared with other patient care units or departments.</p>	
9	176	2.2-2.10.11	<p>(p.176) Cesarean Delivery Suite.</p> <p>2.2-2.10.11.8 Support areas for the cesarean delivery suite</p> <p>(1) Individual rooms shall be provided for these support areas as indicated in the following requirements; otherwise, use of alcoves or other open spaces that do not interfere with traffic shall be permitted.</p> <p>(2) Support areas solely for the cesarean delivery suite. The following areas shall be provided to serve only the cesarean delivery rooms and areas:</p> <p>(a) A control/nurse station. This shall be located to restrict unauthorized traffic into the suite.</p> <p>(b) Soiled workroom or soiled holding room. This room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).</p> <p>(3) Support areas permitted to be shared. Support areas not listed in Section 2.2-2.10.11.8 (2) (Support areas solely for the cesarean delivery suite) shall be permitted to be shared with surgical facilities and the obstetrical suite.</p>	<p>Cesarian delivery rooms are generally independent of the operating suites within hospitals and found associated with the obstetric units. This is intended to clarify these sections of the code.</p>
10	198	2.2-3.1.4.3	<p>General Hospitals</p> <p>Rooms serving behavioral and mental health patients</p> <p>(2) Secure holding room</p> <p>(b)(v) Secure holding room doors shall swing out and shall have hardware on the exterior side only.</p>	<p>No hardware on the inside of the room's door would not allow for proper egress from the room. In health care, an individual cannot be locked within a room (unless it is a seclusion room) and is attended with one-on-one staff member monitoring of the patient for the duration that the patient is within</p>

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				the room, and this would only be for a very brief period of time with follow-up documentation, correct justification and physician sign off. Prisoners, that have been convicted of a crime that are visiting the hospital may be handcuffed to the gurney railing under law enforcement's authority, supervision, and responsibility.
11	200	2.2-3.2.1.2	Behavioral Health Crisis Unit - Location *(1) The unit shall be in or readily accessible to the emergency department. (2) For renovations, where it is not feasible for the unit to be in or readily accessible to the emergency department, the unit shall be permitted to be located elsewhere on the hospital campus. (3) Where the behavioral health crisis services are provided in a separate building on campus, location of the behavioral health crisis unit in that building shall be permitted.	Not all buildings on the campus conform to the Life Safety Code (LSC) building construction type allowances and would be less safe or unsafe for patients. The proximity of the other building on campus may not be readily accessible to the emergency department.
12	205	2.2-3.4.2.2(1)	Procedure Rooms. Space requirements (1) Area (a) Procedure rooms shall have a minimum clear floor area of 130 square feet (12.08) square meters). (b) Procedure rooms where anesthesia will be administered using anesthesia machine and supply cans shall have a minimum clear floor area of 160 square feet (14.86 square meters).	In Hospitals, anesthesia machines are found in operating rooms and require larger room sizes to accommodate the patient care needs. Endoscopy rooms are procedure rooms and are sized at 180 square feet.
13	206	2.2-3.4.2.2(2)	Procedure Rooms. (2) Clearances (b) Where an anesthesia machine and associated supply cart are used, 6 feet at the head to provide space for an anesthesia work zone of 6 feet x 8 feet (1.83 meters x 2.4 meters).	In Hospitals, anesthesia machines are found in operating rooms and require larger room sizes to accommodate the clearances for patient care needs.
14	237	2.2-3.10.8.2	Nurse station (Dialysis unit)	Viewing from remote, decentralized location (presumably through audiovisual equipment) is

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			<p>(2) The nurse station shall be designed to provide visual observation of all dialysis patient care stations.</p> <p>(a) Visual observation shall include the patient's face and vascular access point.</p> <p>(b) A view from a decentralized nurse station shall be permitted.</p>	<p>risky for the patients, due to nurses perceiving the patient images correctly and the added response time to get to a patient during an adverse event.</p>
15	250-251	Table 2.2-2	<p>Classification of Room Types for Imaging Services</p> <p>Class 1 Imaging Room</p> <p>Imaging services for which an anesthesia machine is used only to immobilize the patient (for the benefit of the imaging exam) See footnote #3</p> <p>Footnote #3—Use of an anesthesia machine shall be permitted in Class 1 imaging rooms in which the following criteria are met:</p> <ul style="list-style-type: none"> —Anesthesia is provided exclusively for the benefit of the patient (e.g., to assuage anxiety or claustrophobia) or to combat patient motion that may interfere with exam results. —The imaging room meets the Class 2 clearance requirements in Section 2.1-3.S.2.2 (Imaging Rooms—Space requirements). —The imaging room meets the Class 2 electrical receptacle requirements of Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Outpatient Facilities). —The imaging room meets the Class 2 medical gas and vacuum system requirements of Table 2.1-2 (Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems in Outpatient Facilities). 	<p>An anesthesia machine is typically not utilized. An Anesthesiologist would need to be readily available. Most outpatient settings either administer a sedative to the patient onsite, which entails the need for DEA license and maintaining drug management paperwork; or the patient comes into the facility with their own prescribed sedative and takes it onsite prior to treatment. The latter patient must also have a driver to get the patient home after the procedure.</p>
16	250	Table 2.2-2	<p>Classification of Room Types for Imaging Services</p>	<p>The inclusion of “such as coronary, neurological, or peripheral angiography” is for catheterization</p>

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			Class 2 Imaging Room Diagnostic and therapeutic procedures such as coronary, neurological, or peripheral angiography	procedures, which are Class 3 Imaging
17	268	2.4-3.1.4	Critical Access and other Small Hospitals. Observation Room 2.4-3.1.4 Universal Care Room 2.4-3.1.4.1 Where provided, universal care rooms shall be designed to support the services provided. 2.4-3.1.4.2 Room functions (e.g., emergency department treatment rooms and exam rooms for visiting physicians) shall be permitted to be combined in a universal care room provided the room meets the most restrictive requirements of the spaces to be combined.	The information provided is limited and ambiguous to provide any guidance or expectation.
18	282	2.5-2.5.2.6	Behavioral and Mental Health – Geriatric 2.5-2.5.2.6 Patient toilet room *(1) The toilet room shall have a clearance range of 23 to 25 inches from the side wall to the center line of the toilet. *(2) Alternative grab bar configurations shall be provided. (3) The toilet room shall meet the requirements in Section 2.1-2.2.1.2 (Fall-safe provisions). (p.78) 2.1-2.2.1.2 Fall-Safe Provisions 2,1-2.2.1.2 Fall-safe provisions. Where indicated by the safety risk assessment (SRA), full-safe provisions such as handrails and grab bars shall be included in the patient room, patient toilet room, and patient care unit corridors. See sections 2.1-7.2.2.9 (Grab bars) and 2.1-7.2.2.10 (Handrails) for information.	The FGI promotion of this section for alternative toilet room grab bar and toilet positioning for the geriatric behavioral and mental patient does not account for ligature risk associated to the drop-down grab bars. Reference to the Common Element 2.1-2.2.1.2 Fall-Safe Provisions must still be provided for the safety of the patient.
19	301	2.7-1.1	Mobile Unit - 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.	Use of temporary mobile units often extend beyond six months within a twelve-month period for internal hospital projects taking longer than six months to complete.

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			*(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.	
20	305	2.7-3.1.2.2	Mobile Units - Provision of a hand sanitation dispenser in lieu of a handwashing station shall be permitted in Class I imaging mobile/transportable units.	It would be best to have both handwashing station "and" hand sanitation dispenser. The hand sanitizer alone is insufficient, because it cannot accommodate visibly soiled hands or microorganisms' spores.
21	309	2.7-8.5.1.2	Mobile Units - Nurse call devices shall be provided in accordance with Table 2.1-2 (Locations for Nurse Call Devices in Hospitals) as amended in this section. 2.7-8.5.1.3 Omission of the emergency call station shall be permitted in a Class 1 imaging unit.	The ability to summon staff assistance must be available for patient care services.