

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:	September 6, 2019	Barrier Interpretation Notice (BIN)		
Topic No.	Topic Name	Brief Description	2019 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 (2010, 2013, 2016, or 2019 CBC) requirements or where further code interpretation may be required. The following interpretation represents FPS position and should be incorporated as such.				None
2	% of Accessible ROOMS	Per 2019 CBC sections 11B-223 and 11B-805.4 <u>all</u> diagnostic and treatment rooms in new construction must meet accessibility requirements.	<p>CBC Section 11B-805.4 Examination, diagnostic and treatment rooms. Examination, diagnostic and treatment rooms shall comply with Section 11B-805.4.</p> <p>From OSHPD CAN 2-11B Page 29:</p> <p>' INTERPRETATION</p> <p>Examination, diagnostic and treatment rooms refer to all patient care areas and include, but are not limited to exam rooms, treatment rooms, imaging rooms, operating rooms, emergency rooms, post anesthesia recovery rooms/units, dialysis rooms /units and infusion 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 toilet rooms, other than those specifically exempted (i.e., non-accessible patient rooms and ICU patient rooms), must comply with Section 11B-603.'</p>	Not Applicable	<p>New Construction: All examination, diagnostic, and treatment rooms, must meet building code and ADA requirements for accessibility.</p> <p>Remodeling: All examination, diagnostic and treatment rooms <u>that are part of the project scope</u> must meet building code and ADA accessibility requirements.</p> <p>BIN 6: For clearance requirements at examination and treatment areas see BIN 6.</p>	None
3	% of Rooms to Receive Accessible Equipment	<p>"Accessible Medical Equipment". The US Access Board has developed voluntary standards for 'Accessible Medical Equipment' which are expected to be adopted by the Department of Justice, but are likely to remain voluntary.</p> <p>Sutter Policy:</p> <p>It is Sutter Health policy to provide 'Accessible Medical Equipment' in quantities and locations to provide access to medical care for people with disabilities.</p>	Not Applicable	<p>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) states 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.”</p>	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 (2019 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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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, sizes or configuration.

The Sutter FPS guidelines for Accessible Medical Equipment (AME) can be obtained from the Physical Access Compliance team, but is summarized below:

- Category 1 Services (Low Need): **10%** - Provide AME in 10% of each type of exam / treatment room (minimum of one of each type)
- Category 2 Services (Med. Need): **30%** - Provide AME in 30% of each type of exam / treatment room (minimum of one of each type)
- Category 3 Services (High Need): **75%** - Provide AME in 75% of each type of exam / treatment room (minimum of one of each type)

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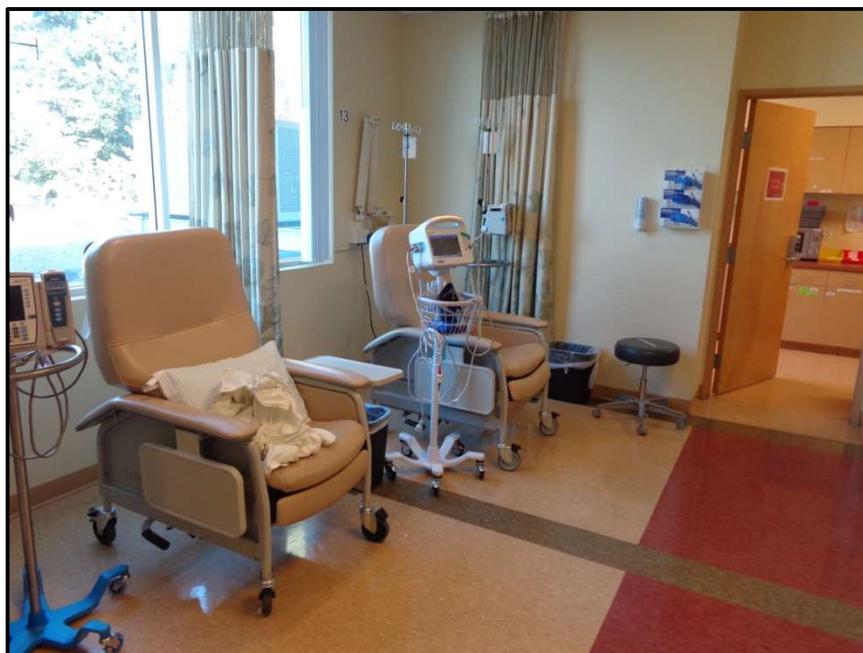
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2.2 – Non- Accessible Medical Equipment

- 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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2.3 – Existing Conditions

Existing Conditions: In compliance with the Consent Decree, each existing Sutter property has been evaluated, and the Architectural Barrier Removal Projects (ABRP) for each site have already established the appropriate number of exam and treatment rooms that must be made accessible and that must receive AME.

Alteration Requirements:

1. Work with Sutter PAC and AME Officer to confirm whether or not AME is required as part of the proposed alteration project.
2. Alteration projects that constitute 'construction' are subject to the California Building Code and must comply with all applicable requirements of the building code relative to the project scope. The CBC requires accessibility for all examination, diagnostic and treatment rooms that are part of a project scope. The specific requirements for accessibility are found in Section 11B-805.4 of the 2019 CBC and includes accessible routes, accessible door maneuvering clearances, clearances at exam tables/ and accessible turning circles.
3. Alteration projects that are COSMETIC in nature, are not subject to the requirements of the building code, and are not required to provide any accessibility compliance that does not already exist. However, all such projects must provide compliant work to the extent that it is part of the project scope. For example, a cosmetic alteration project that replaces furniture or small equipment may not be subject to the building code, but may profoundly affect the accessible routes and clearances within a room. When this occurs, the obligation of the project is to provide furniture or equipment in a manner that is consistent with accessibility requirements.