

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.1. PURPOSE AND SCOPE:**

This Chapter provides guidance for the space planning criteria for the Specialty Medical Clinical Services in military health care facilities. Specialty Medical clinics included within this chapter: Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology.

Separate sections provide information on other specialty clinics, as listed below:

<b>Specialty Medical Clinic</b>	<b>Chapter</b>	<b>Psychiatric Clinics</b>	<b>Chapter</b>
Allergy/Immunization	3.17	Mental Health/Hygiene	3.18
Dermatology	3.15	Psychiatry	3.18
Endocrinology	3.15	Child Psychiatry	3.18
Gastroenterology	3.15	Clinical Psychology	3.18
Hematology/Oncology	3.15		
Infectious Disease	3.15	<b>Women's Health</b>	<b>Chapter</b>
Internal Medicine	3.15	OB/GYN	3.6
Nephrology	3.15	Family Planning	3.6
Neurology	3.15		
Rheumatology	3.15	<b>Pediatrics</b>	<b>Chapter</b>
		Adolescent	3.3
<b>Cardiology/Pulmonary Services</b>	<b>Chapter</b>	Infectious Disease Pediatrics	3.3
Cardiology	3.16	Well Baby	3.3
Pulmonary	3.16		
<b>Preventative/Occupational Clinics:</b>		<b>Primary Care</b>	<b>Chapter</b>
Aerospace, Aviation, and Submarine Medicine	3.4	Clinic of the Future	3.2
Community Health Nursing	3.19	Emergency	3.5
Industrial Hygiene, Environmental and Bioenvironmental Sciences	3.19	Family Practice	3.1
Occupational Health/Civilian Employee Health Clinic	3.19	General Practice	3.1
Preventive Medicine	3.19	Physical Examination	3.1
<b>Eye, Ear, Nose &amp; Throat</b>	<b>Chapter</b>	<b>Specialty Surgical Clinics</b>	<b>Chapter</b>
Audiology	3.10	Colorectal	3.11
Ophthalmology/Optomety	3.13	General Surgery	3.11
Otorhinolaryngology (ENT)	3.10	Neurosurgery	3.11
Speech Therapy	3.10	Orthopedic/Podiatry	3.12
		Plastic Surgery	3.11
		Thoracic Surgery	3.11
		Pain	3.11
		Urology	3.14

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#### **3.15.2. DEFINITIONS:**

**Administrative Personnel:** Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

**Bronchoscopy:** The endoscopic examination and treatment of the tracheobronchial system.

**Dermatology:** The medical specialty concerned with the diagnosis and treatment of diseases of the skin.

**Endocrinology:** The study and treatment of diseases of the endocrine (hormonal) system and its role in the physiology of the body.

**Endoscopy:** Inspection of the interior of a canal or any air or food passage by means of an endoscope.

**Full-Time Equivalent (FTE):** A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

**Gastroenterology:** The study and treatment of diseases of the digestive system, to include the esophagus, stomach, intestines, pancreas, liver and biliary tracts.

**Hematology:** The study and treatment of diseases of the blood and blood forming tissues.

**Infectious Disease:** A disease (any deviation from or interruption of the normal structure of function of any part, organ or system of the body that is manifested by a characteristic set of symptoms and signs) that is caused by or capable of being communicated by infection (invasion and multiplication of micro-organisms in body tissues). An infectious disease specialist provides consultation and treatment for problems related to viral, bacterial, parasitic or fungal diseases.

**Internal Medicine:** Discipline encompassing the prevention, diagnosis, and nonsurgical treatment of disease in adults.

**Nephrology:** The diagnosis and treatment of the function and diseases of the kidney.

**Neurology:** That branch of medical science, which deals with the nervous system, both normal and in disease. Clinically, that specialty concerned with the diagnosis and treatment of disorders of the nervous system.

**Office:** A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03)

**Oncology:** The diagnosis and treatment of cancer, often used in conjunction with the hematology specialty as in "hematology-oncology" or "heme-onc."

**Preceptor/Consult Room:** A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

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#### **3.15.2. DEFINITIONS: Continued**

**Proctology:** The branch of medicine concerned with the study of the rectum and anus and the treatment of their diseases.

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

**Rheumatology:** The branch of medicine dealing with rheumatic disorders, their causes, pathology, diagnosis, treatment, etc. Rheumatic disorders are any of a variety of disorders marked by inflammation, degeneration, or metabolic derangement of the connective tissue structures of the body, especially the joints and related structures.

#### **3.15.3. POLICIES:**

**Clinic Composition:** Whenever the workload of any specialty does not support more than two provider FTEs, a separate clinic should not be programmed. Medical specialties that do not justify a separate clinic should be combined into the internal medicine clinic or may be combined into two or three specialty medical services in one clinic. This excludes hematology/oncology clinics, which should not be combined with other clinics.

**Diabetic Care Clinics:** space requirements are determined in a case-by-case study, base on workload.

**Hematology/Oncology Clinic:** Hematology/Oncology clinics will not be combined with other clinics.

**Offices, Private:** With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in Chapter 2.1 (General Administration), paragraph 2.1.5. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

**Office, Non-Private or Shared Space:** Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant

**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Generally, each provider (physician, physician's assistant, clinical nurse practitioner, and allied scientist) on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.). However, shared office space is encouraged and is an option if it is within the Clinic Concept of Operations.

**Public Toilets, Staff Lounges and Locker Areas:** The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

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#### **3.15.3. POLICIES: Continued**

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents, who are in a Graduate Medical Education (GME) program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these residents are not necessarily specialty medical residents only, family practice, and internist residency programs may require a rotation in the orthopedic clinic.

#### **3.15.4. PROGRAM DATA REQUIRED:**

- Number of projected Dermatology providers.
- Number of projected Endocrinology providers.
- Number of projected Gastroenterology providers.
- Number of projected Hematology/Oncology providers.
- Number of projected Infectious Disease providers.
- Number of projected Internal Medicine providers.
- Number of projected Nephrology providers.
- Number of projected Neurology providers.
- Number of projected Proctology providers.
- Number of projected Rheumatology providers.
- Are patient education cubicles in the Clinic Concept of Operations?
- Are patient education classrooms in the Clinic Concept of Operations?
- Number of provider that will see pediatric patients.
- Does the risk assessment indicate a requirement for isolation exam rooms?
- Is there a requirement for a treadmill/Stress test room?
- Number of projected nurses.
- Number of projected staff requiring a private office (see Chapter 2.1 (General Administration))
- Number of staff that require a dedicated cubicle.
- Number of staff without an office or private cubicle (staff requiring lockers).
- Total number of staff in the clinic.
- Is a Cystoscopy room required in this clinic?
- Is conscious sedation used in the clinic?
- Is a Renal Dialysis Unit in the Clinic Concept of Operations?
  - Number of patients enrolled in renal dialysis unit.
  - Number of nurses assigned to the renal dialysis.
  - Does the infection risk assessment require a isolation renal dialysis chair?
  - Does the renal dialysis have a home training program?
- Is a FTE dietician projected?
- Is a FTE Pharmacist projected?
- Is a FTE Social worker projected?
- How many chemotherapy treatments projected for each year?
- Number of projected FTE tumor registry clerks
- Is a FTE pharmacist projected for the Hematology/Oncology clinic?
- Is a Lab required in dermatology

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#### **3.15.4. PROGRAM DATA REQUIRED: Continued**

- Is an Esophageal Motility Room required in Gastroenterology?
- Is there a GME program?
- Number of residents (in all specialties).
- Is there a projected secretary?

#### **3.15.5. SPACE CRITERIA:**

**Note:** When programming a clinic that includes multiple special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas), the support areas should be located in such a way that they should be combined as opposed to duplicating the support functions.

#### **RECEPTION AREAS**

Clinic Waiting Area	WRC01	5.57	60	Minimum. Provide one per clinic. Provide three seats per exam room. Provide four seats per dermatology exam room. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Classroom (GP)	CLR01	23.23	250	Provide if in Clinic Concept of Operations includes group patient education classes. See Chapter 2.1 (General Administration).
Patient Education Cubicle	CLSC2	2.79	30	Include if in Clinic Concept of Operations. Includes a computer workstation for patient self assessment, printing educational brochures etc.
Public Toilet	NA	NA	NA	Space provided in Chapter 6.1 (Common Areas).

#### **PATIENT AREAS**

Screening, Weights and Measures, Adult (GP)	EXRG4	7.43	80	One per four providers.
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#### **PATIENT AREAS Continued**

Screening, Weights and Measures, Pediatric (GP)	EXRG5	11.15	120	One if pediatric patients seen in the clinic.
Provider Exam Room (GP)	EXRG1	11.15	120	Army - Two per projected FTE minus the Isolation Exam. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.

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	EXRG2			Navy.
	EXRG3			Air Force.
Isolation Exam Room (GP)	EXRG6	11.15	120	One per clinic, negative pressure.
Isolation Toilet	TLTU1	4.65	50	One per isolation exam room.
Consult Room	OFDC2	11.15	120	Minimum. One per eight providers of all specialties.
Patient Toilet	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.

**TREATMENT AREAS**

General Purpose Treatment Room - (GP)	TRGM1	16.26	175	Minimum of one. One per six providers. Can be used for Endocrinology, Infectious Disease, Internal Medicine, Nephrology, and Neurology providers, when not listed separately below.
Treadmill/Stress Test Room (GP)	OPTM1	20.44	220	Minimum. One for internal medicine when there is not a separate cardiology service.
EKG Testing Room (GP)	OPEC1	11.15	120	One per clinic, when not listed separately below.
EKG Work Room	OPEC2	7.43	80	One per EKG Testing Room.
Observation/Hydration Room	OOHR1	11.15	120	Provide one for Internal Medicine clinic, if Internal Medicine has empanelled patients

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**STAFF AND ADMINISTRATIVE AREAS:**

Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE provider. Do not count residents as providers. Resident's cubicles are included in the Residency Functional Area. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.
	OFD02			Navy - See above Planning Range/Comments.
	OFD03			Air Force - See above Planning Range / Comments
Nurse Manager Office	OFA01	11.15	120	Private Office, standard furniture. One per projected FTE.
	OFA02			Private Office, systems furniture. One per projected FTE.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each nurse greater than 4 assigned to the clinic.
	OFA03	5.57	60	Air Force. One per projected FTE
Private Office	OFA01	11.15	120	Private Office, Standard Furniture. One per projected FTE requiring a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			Private Office, Systems Furniture.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work-space but not a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3.
NCOIC/LCPO/LPO Office	OFA01 OFA02	11.15	120	One per projected FTE.
Advice Nurse	OFA03	5.57	60	Minimum, when one advice nurse FTE programmed. Add 60 nsf per each additional FTE programmed. Used for telephone triage/advice. Recommend floor to ceiling partition between cubicles.
Nurse Educator	OFA01 OFA02	11.15	120	One per FTE programmed.
Tumor Registry	OFA01	11.15	120	One per facility. See also Chapter 3.11 (Surgery Clinics). Provide only one for both departments.

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#### STAFF AND ADMINISTRATIVE AREAS: Continued

Patient Records Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the clinic. See Chapter 2.5 (Medical Administration) for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the clinic. See Chapter 2.5 (Medical Administration) for increase in size.
	FILE1	5.57	60	If records are stored outside of the clinic. See Chapter 2.5 (Medical Administration)
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per Department with eight to twelve officers or officer equivalents. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalent Chart.
	CRA02	27.87	300	One per Department with thirteen to sixteen officers or officer equivalents.
	CRA03	37.16	400	One per Department with greater than sixteen officers or officer equivalents.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included..
Personal Property Lockers (GP)	LR001	2.32	25	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.
Staff Toilet	TLTU1	4.65	50	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.

#### CLINIC SUPPORT AREAS

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.



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Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

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**Dermatology**

Exam Room (GP)	EXRG1	11.15	120	Army - Two per projected FTE dermatologist. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	EXRG2			Navy.
	EXRG3			Air Force.
Treatment Room	TRGS1	16.26	175	Minimum of one room. One room per every two dermatologists.
Dermatology/Cryotherapy (GP)	OPDC1	11.15	120	Minimum of one room. Add a second room if three or more FTE dermatologists are projected.
Ultraviolet Booth (GP)	OPDU1	11.15	120	Minimum of one if FTE dermatologist is projected. Add additional booth when more than five dermatologists are projected.
Laser Treatment Room	TRGS3	16.26	175	One per clinic. Based on type of laser(s) projected, provide one laser treatment room per laser type..
Dermatology Laboratory	LBDE1	5.57	60	One per clinic if in Clinic Concept of Operations

**Gastroenterology**

Digital Cystoscopy Room (GP)	XDCY1	40.88	440	One per projected FTE gastroenterologist. Includes control area. Determine if this will be located in this clinic, Radiology or Surgery.
Cystoscopy Toilet (GP)	TLTU1	4.65	50	One per cystoscopy room.
Cystoscopy Dressing Cubicle (GP)	DR001	4.65	50	One per Cystoscopy Area.
Image Reading Room (GP)	XVC01	11.15	120	One per clinic.
Proctoscopy Treatment Room (GP)	TRPE1	16.26	175	One per projected FTE proctologist.
Proctoscopy Toilet	TLTU1	4.65	50	One per proctoscopy room.
Proctoscopy Dressing Cubicle (GP)	DR001	4.65	50	One per Proctoscopy Area.
Endoscopy Treatment Room (GP)	TREE1	26.01	280	One per FTE gastroenterologist.
Endoscopy Toilet	TLTU1	4.65	50	One per endoscopy room.
Endoscopy Dressing Cubicle	DR001	4.65	50	One per Endoscopy Area.
Scope Wash Room	USCL2	11.15	120	One per clinic.
Esophageal Motility Room	TRGM1	16.26	175	If in Clinic Concept of Operations.
Subwaiting	WRC01	5.57	60	Minimum. Add 25 nsf for each procedure room greater than two.

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**Gastroenterology Continued**

Outpatient Recovery	RROP1	22.30	240	Minimum. Provides space for a two-patient recovery area at 120 nsf per patient if conscious sedation used. Add 120 nsf for each increment of two procedure rooms greater than two.
Nurse Station/Observation	NSTA4	5.57	60	For less than or equal to two procedure rooms. Increase to 120 nsf for greater than two procedure rooms.
Recovery Toilet	TLTU1	4.65	50	One for six or less procedure rooms. Provide two for greater than six procedure rooms.

**Renal Dialysis Unit**

**PATIENT AREAS (Renal Dialysis Unit)**

Waiting Area	WRC01	5.57	60	Minimum. Provide two seats per each renal dialysis station/chair. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception Station/Control Counter (GP)	RECP1	13.01	140	One per dialysis clinic.
Patient Personal Property Lockers	LR001	2.32	25	Minimum. Provides space for 10 lockers. Add 2.5 nsf per Renal dialysis station/chair over 10.
Exam Room	EXRG1	11.15	120	Army. Two per projected FTE nephrologist. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	EXRG2			Navy.
	EXRG3			Air Force.
Renal Dialysis Station/Chair	RDC01	11.15	120	One station/chair per every seven patients enrolled in renal dialysis. (See formula at 3.15.6).
Renal Dialysis Station/Chair, negative pressure	RDC02	11.15	120	One per dialysis clinic based on Infection Control Risk Assessment.
Patient Toilet	TLTU1	4.65	50	One per dialysis clinic. Locate near dialysis stations/chairs.
Renal Dialysis Home Training Room	LIBV1	11.15	120	One per dialysis clinic, if home training is provided.
Peritoneal Dialysis Exam Room	RDPD1	11.15	120	One per dialysis clinic.
Portable Renal Dialysis Storage	RDP01	7.43	80	Provide only if in hospital and performing dialysis on an inpatient ward.

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**STAFF AND SUPPORT AREAS (Renal Dialysis Unit)**

Nurse Station	NSTA4	11.15	120	One per renal dialysis unit.
Crash Cart Alcove	RCA01	1.86	20	One per renal dialysis unit. Locate near Nurse Station.
Unit Director Office	OFD01	11.15	120	Army. Determine location of Director's office, either within the Renal Dialysis Unit or elsewhere within the clinic
	OFD02			Navy.
	OFD03			Air Force.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per dialysis unit.
	OFA02			
Dietician Office	OFA01	11.15	120	One per projected FTE dietician. Standard furniture.
	OFA02			System furniture.
Pharmacist Office	OFA01	11.15	120	One per projected FTE pharmacist.
	OFA02			
Social Worker Office	OFA01	11.15	120	One per projected FTE social worker.
	OFA02			
Nourishment Room (GP)	NCWD1	9.29	100	One per unit, when nourishment is provided to patients in renal dialysis unit.
Renal Studies Laboratory	LBSC1	11.15	120	One per clinic if FTE Lab technician is projected.
Medication Preparation/Dispensing Room	MEDP1	7.43	80	One per renal dialysis unit.
Clean Utility	UCCL1	9.29	100	Minimum. Provide 40 nsf for each additional renal dialysis station/chair greater than two.
Soiled Utility	USCL1	11.15	120	One per renal dialysis unit. Add 10 nsf for each station/chair over six.
Water Treatment/Concentrate Room	RDWT1	11.15	120	Minimum. Add 30 nsf for each station/chair over four.
Forms/Literature Storage	SRS01	5.57	60	For home healthcare information. Add 15 nsf for each station/chair over four.
Equipment Storage	SRSE1	9.29	100	One per dialysis unit
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 120 nsf for each increment of four FTE nurses.
	OFA03	5.57	60	Air Force. Cubicle Systems furniture. One per projected FTE nurse.
Staff Toilet	TLTU1	4.65	50	One per dialysis unit.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per dialysis unit.
Dedicated Janitor Closet	JANC1	3.72	40	One per dialysis unit.

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**Rheumatology**

Exam Room	EXRG1	11.15	120	Army. One per projected FTE Rheumatologist.
	EXRG2			Navy
	EXRG3			Air Force
Infusion Therapy Area (GP)	RROP1	33.44	360	Minimum provides two chairs, control/observation and support. Add two chairs (120 nsf each) for each FTE rheumatologist greater than one. May be shared with Hematology/Oncology.
Synovial Fluid Analysis Room	LBSP1	11.15	120	One per clinic.

**Neurology**

EMG Room (GP)	PTEM1	11.15	120	One per clinic if FTE neurologist projected.
EEG Room (GP)	OPEE1	11.15	120	One per clinic if FTE neurologist projected. If greater than one FTE neurologist, two per clinic.
EEG Work Room	OPEE2	7.43	80	One per EEG Room.

**Hematology/Oncology**

Tumor Registry	OFA01	11.15	120	One per facility, may be provided in General and Specialty Surgical Clinics. Provide only one for both departments.
	OFA02			
Pharmacist Office	OFD01	11.15	120	Army. One per projected FTE pharmacist.
	OFD02			Navy.
	OFD03			Air Force.
Social Worker Office	OFDC1	11.15	120	One per projected FTE social worker.
Social Work Technician Office	OFDC1	11.15	120	One per projected FTE social work technician.
Group Therapy Room	OPMH1	18.58	200	One per hematology/oncology service.
Chemotherapy Medication Preparation Room	OPCT2	11.15	120	Provide when a dedicated FTE pharmacist is projected.
		5.57	60	Provide when no dedicated FTE pharmacist is projected.
Chemotherapy Treatment Area	OPCT1	27.87	300	Minimum three stations. One per oncology service, add 100 nsf for each 1,000 additional annual chemotherapy treatments above 4,000.
Chemotherapy toilet	TLTU1	4.65	50	One for the projected annual chemotherapy treatments up to 4,000. Provide two if annual chemotherapy treatments are greater than 4,000.
Treatment Room	TRGM1	16.26	175	One per FTE Hematologist/Oncologist.

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#### **Hematology/Oncology Continued**

Seated Recovery Area	RRSS3	22.30	240	Minimum (three reclining chairs with chairs for escorts). Add additional 80 nsf for every two chemotherapy treatment stations in excess of three.
Recovery Toilet	TLTU1	4.65	50	One per Seated Recovery Area.

#### **Functions which are required for Residency Education in a Specialty Medical Clinics:**

The following areas must be programmed if the MTF provides a medical specialty Residency Program. These areas are in addition to those listed under common areas above.

Residency Program Director (GP)	OFD01	11.15	120	Army. One per Residency Program Director .
	OFD02			Navy.
	OFD03			Air Force.
Secretary with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office. Do not include Resident Providers.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE administrative personnel requiring a dedicated cubicle.
Resident Cubicle	OFA03	5.57	60	Navy/Air Force. 60 nsf per projected Resident.
		3.72	40	Army. 60 nsf per projected Resident.
Residency Library	LIBB1	13.01	140	One per Residency Program. Can be combined with Conference Room.
Conference Room (GP)	CRA01	23.23	250	One per Residency Program.
Resident Exam Room (GP)	EXRG1	11.15	120	Army. One per projected Resident. Minus the two monitored exam rooms.
	EXRG2			Navy.
	EXRG3			Air Force.
Monitored Exam Room - Subject & Observer room	EXRG1	11.15	120	Amy. Provide two EXRG1 per Residency Program, and one CMP02. These rooms use cameras and videotapes.
	EXRG2			Navy. See above Planning Range/Comments.
	EXRG3			Air Force. See above Planning Range/Comments.
	CMP02	5.57	60	One room can support two exam rooms. This room holds the video recorders.
Preceptor/Consult Room	OFDC1	11.15	120	One per eight staff physicians per Clinic Concept of Operations. Do not include Residents. May use OFD01/OFD02/OFD03 if within clinical area.

**DoD Space Planning Criteria for Health Facilities**  
**Specialty Medical Clinics**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

**3.15.6 FORMULAS:**

Programming of renal dialysis stations – the criteria for 1 station (chair) per every seven patients enrolled in renal dialysis was based on the following assumptions:

- 1) Assume a 12-hour day, six- day week.
- 2) Assuming the 12-hour day, 3 patients per day will be served.
- 3) If an 8-hour day is used, only 2 patients per day can be served.
- 4) Patients typically require 2.5 to 3.5 hours per dialysis and 80% of patients require dialysis 3 times a week, while 20% require dialysis 4 times a week.

If any of these assumptions are different than the actual renal dialysis operation, the criteria should be altered accordingly.