# DoD Space Planning Criteria for Health Facilities
# Emergency and Ambulance Services

## 3.5.1. PURPOSE AND SCOPE:

This Chapter provides guidance for space planning for the Emergency & Ambulance Services in military health care facilities.

## 3.5.2. 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.

**Ambulance Dispatch:** Space is intended to house all emergency radio communications equipment and grid maps of base/post and area supported by the regional emergency response network.

**Ambulance Garage:** Enclosed garage space is provided to protect operational ambulances (not WRM/DEPMEDS assets) from the effects of severe weather. A flammable/hazardous storage room is typically built into the garage to store supplies of oil, refrigerant, other liquids and cleaning products used for normal daily maintenance of ambulances (including washing the interior and exterior of the vehicle).

**Ambulance Reception/Team Center:** Central control point for patients brought in by ambulance, and supervision point/work center for all treatment activities. Center includes work/charting space for provider, nursing and transport personnel.

**Ambulance Service:** An ambulance service to respond to emergency calls on a military installation, to associated military family housing areas, and to designated other locations is usually established in conjunction with emergency services departments. Generally, a 24-hour ambulance service is established to support Levels I, II, and III care, while Level IV care facilities may have either 24-hour, limited hours, or no ambulance service. Typically, the ambulance service is also used to transport patients to referral facilities for more definitive care and for selected treatments or diagnostic procedures. The ambulance service may also have specific responsibilities associated with regional emergency response plans. Ambulance services are staffed by specially trained emergency care medical technicians/corpsmen who may also be required to assist with provision of emergency care in the MTF when not actively participating in an ambulance emergency response/transport.

**Ambulance Shelter:** Open, carport -style, shelters are provided to protect operational ambulances (not WRM assets) from adverse effects of weather such as rain, hot sun, etc., in locations where weather conditions are relatively mild and do not require totally enclosed protection. A flammable/hazardous materials shed is typically attached to the shelter to store supplies of oil, refrigerant, other liquids and cleaning products used for normal daily maintenance of ambulances (including washing the interior and exterior of the vehicle).

**Decontamination Suite -** Used to decontaminate, prior to treatment, a patient who has been exposed to chemical or biological hazardous substances as a result of an industrial/other accident. It is sized to allow entrance of a gurney-borne patient and attendants to the room from the exterior of the building; decontamination of the patient in the room; and exit of patient & attendants through another door into the emergency care area. The room is not intended to support mass patient decontamination as a result of acts of war or terrorism. A self-contained, independent, closed system for drainage/disposal of contaminants will be designed into this space. A negative air flow and ventilation system separate and distinct from the hospital system will be designed into the room. (See AIA Guidelines).

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**Emergency Care Reference Library:** Accommodates storage of a limited number of essential emergency care reference books and data sources (e.g., on-line poison control and emergency management/drug interaction hotlines/help lines, CD ROM references, etc.). Library may be consolidated with Ambulance Reception/Team Center or Staff Lounge**,** providing security of reference resources is assured. Telemedicine capability may be incorporated into the reference library area.

**Emergent/Critical Patient –** Patient with symptoms of an illness or injury associated with a high probability of mortality or morbidity. Quick or immediate medical intervention is required to prevent further instability. These patients are treated in a trauma room.

**Emergency Exam Room –** A multipurpose room used for the assessment, exam, minor treatment and specialty care of urgent and non-urgent patients. This room can accommodate "minor" procedures such as suturing and suture removal. This room can also be used for casting. With the addition or substitution of some equipment items, this room can be used for OB/GYN, ENT, pediatric, orthopedic and other special patient care.

**Emergency Services** – Those healthcare services provided to evaluate and treat medical conditions of recent onset and severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that urgent and/or unscheduled medical care is required.

**Emergency Services Levels of Care:**

***Level I Care:*** "A Level I emergency medical department or service offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric, gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency will be considered to exist for purposes of compliance with the requirement. Other specialty consultation must be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable (from DoD 6015.1-M)." This definition is consistent with the definition of Level I care in the Accreditation Manual for Hospitals (AMH), Joint Commission on Accreditation of Healthcare Organizations, 1994; and corresponds to the American Institute of Architects (AIA) definition for full-scale **Definitive Emergency Management** in Guidelines For Construction and Equipment of Hospital and Medical Facilities, 2001.

***Level II Care:*** "A Level II emergency department or service offers emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another facility when needed (DoD 6015.1-M)." This definition is consistent with the AMH and corresponds to the AIA definition for **Definitive Emergency Management**.

***Level III Care:*** "A Level III emergency department or service offers emergency care 24 hours a day, with at least one physician available to the emergency care area from within the hospital, who is available immediately through two-way voice communication and in person within approximately 30 minutes through a medical staff call roster. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided (DoD 6015.1-M)." This definition is consistent with the AMH and corresponds to the AIA definition for **Initial Emergency Management**, but provides for a higher level of 24-hour operation care than Level IV emergency services.

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***Level IV Care:*** A Level IV emergency department or service offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organizations that are capable of providing needed services, with at least one physician available immediately through two-way voice communication and in person within 30 minutes through a medical staff call roster. A Level IV emergency service may not necessarily operate 24 hours a day, and may not have a dedicated ambulance service supporting it. A Level IV facility may also operate as a walk-in acute care clinic. This definition is consistent with generally accepted standards of practice in DoD MTFs (DoD 6015.1-M does not include a definition of Level IV care) and the AMH, and corresponds to the AIA definition for **Initial Emergency Management**.

**Family Consultation/Interview Room:** Intended to provide a quiet, sound-controlled area for consultation with family members of critically ill/injured patients, bereavement, and sensitive interviews by Security/Military Police or other personnel authorized to conduct inquiries into possible incidents of assault, rape, child or spouse abuse. Room may also double as a Secured Holding Area.

**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.

**Isolation Suite:** Provided for seclusion of patients with infectious diseases or compromised immune systems. The suite includes an exam room and a dedicated toilet.

**Medi-Prep Room:** An enclosed space with door to accommodate preparation of medications for patients, including a limited amount of controlled drugs, as ordered by authorized providers.

**Non-Urgent Patient:** Patient with symptoms of an illness or injury that are not life-threatening with a low probability of morbidity. Near-term medical intervention is desirable but not required. After initial assessment and/or treatment, these patients could be referred to a clinic location for follow-up care. Non-urgent patients are treated in an exam room.

**On-Call Sleeping Suite:** Bedroom, with dedicated toilet/shower. Space is provided as a quiet resting space only if On-Call personnel must remain in-house for a 24-hour period, or are normally required to work more than a 15-hour shift.

**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)

**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

**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.

**Secured Holding Room:** Provided in Level I and II facilities for special patient security, patient and staff safety, and soundproofing needs. May also serves as psychiatric exam room.

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**Security/Communications Center:** Space is provided to house emergency/security and fire alarm control panels. May be combined with ambulance dispatch if full-time security personnel are not assigned to the Emergency Department and no other appropriate department is staffed 24-hours a day.

**Security Control Area:** Space provides a secure entry/control point into Emergency Departments where dedicated Emergency Department Security Personnel are authorized.

**Trauma Room:** One or more Trauma Room is required for all Emergency Services. These rooms are intended to be used for emergency trauma/cardiac arrest treatment, and are designed much like an operating room in the event that emergency surgical resuscitation is required. Trauma Rooms should be sized and designed to accommodate two patients during periods of peak demand.

**Triage/Screening Area:** Accommodates initial assessment and triage of patient condition. Initial patient history and vital signs may be taken in this space.

**Urgent Patient:** Patient with symptoms of an illness or injury that are serious by not life-threatening with a moderate probability of increasing morbidity. Near-term medical intervention is required, usually within a few hours of arrival to the ED. If wait time prior to medical treatment for these patients is excessive, some patients may migrate to emergent/critical status. Urgent patients are usually treated in an exam room.

**Walk-in Patient Reception/Control:** Area is the central reception/control point for walk-in patients and for patient/family waiting. Space provides locale for initial patient sign-in activities and technician/corpsman charting.

**3.5.3. POLICIES:**

**Exam Room Planning and Design:** A primary goal of emergency department exam room planning is to provide maximum flexibility regarding the type of patients and the care provided in each room. Exam rooms should be designed to accommodate different types of patients during peak periods with minor equipment changes in a standard exam room. Special care requirements (e.g. OB/GYN, pediatrics, ENT, orthopedics, etc.) should be accommodated in a standard exam room by modifying the equipment in the room (provide a multipurpose treatment table/bed with OB/GYN care features, provide an exchange cart with pediatric instrumentation, etc.), or by modifying the room finishes (color scheme and decorations for pediatric patients).

**Level of Emergency Care Designation:** Determining the level of emergency care to be provided at a particular location, and hours of operation of an emergency service, is the responsibility of the executive committee of the medical staff of the military medical treatment facility in consultation with appropriate higher levels of command.

**Number of Exam Rooms:** The number of exam rooms planned for an emergency department will be determined using a Poisson process with a capacity factor of 95.0 percent. The arrival rate used in the Poisson process calculation will be:

(a) 90.0 percent of the average number of projected ED patient visits per day (0.90 x the number of projected annual visits/365) or
(b) The projected average number of urgent and non-urgent patient visits per day as determined by statistical analysis of recent historical data.

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The service time used in the Poisson process calculation will be:

(a) 2.0 hours or
(b) The average exam time for urgent and non-urgent patients as determined by statistical analysis of data from the most recent one year time period. The exam time is defined as the time from patient entry to an exam room to patient disposition by the provider (Exam time does not include the initial wait time prior to patient entry to an exam room and does not include the post exam wait time from disposition to discharge).

**Number of Trauma Rooms:** There will be a minimum of one trauma room in each ED. The maximum number of trauma rooms planned for an Emergency department will be determined using a Poisson process with a capacity factor of 97.5 percent. The arrival rate used in the Poisson process calculation will be:

(a) 10.0 percent of the average number of projected ED patient visits per day (0.10 x the number of projected annual visits/365) or
(b) The projected average number of trauma patient visits per day as determined by statistical analysis of recent historical data.

The service time used in the Poisson process calculation will be:

(a) 4.0 hours or
(b) The average trauma treatment time as determined by statistical analysis of data from the most recent one year time period. The trauma treatment time is defined as the time from patient entry to a trauma room to patient disposition by the provider (Trauma treatment time does not include the post treatment wait time from disposition to discharge/admission/transfer).

**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

**Operation of Ambulance Service:** Determination of scope of ambulance service and hours of operation is the responsibility of the MTF executive staff (or governing body) and EMS director in consultation with higher levels of command and regional emergency management authorities, as appropriate.

**Patient Observation/Holding:** Establishing policies pertaining to the maximum length of time a patient may be kept in an emergency department/service observation/holding bed before being admitted as an inpatient, referred for definitive care or discharged (IAW JCAHO AMH standards) is the responsibility of the MTF executive committee of the medical staff in consultation with appropriate higher levels of command.

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**3.5.3. POLICIES: Continued**

**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).

**3.5.4. PROGRAM DATA REQUIRED:**

Will the projected ER have Level I or Level II service?
- How many 2-bed Cardiac Trauma Rooms are projected (in place of 1-bed Cardiac Trauma Rooms)?

Will the projected ER have Level III service?
Will the projected ER have Level IV service?
How many annual ER visits are projected?
- How many annual non-trauma visits are projected?
- How many annual trauma visits are projected?

How many FTE providers are projected?
How many FTE nurse managers are projected?
How many FTEs nursing staff are projected? **Note:** This information is used to calculate the size of the Nurse Workroom. Do not include nurse managers or advice nurses.
How many NCOIC/LCPO/LPO are projected?
How many officers or officer equivalents are projected? **Note:** This information is used to calculate the size of the Conference Room.
How many staff will require a private office? **Note:** Do not include providers, nurse manager, nurses, or NCOIC/LCPO/LPOs.
How many staff will require a dedicated cubicle? **Note:** Do not include providers or nursing staff.
How many staff will require a locker? **Note:** Do not include staff with offices or cubicles.
How many FTEs on peak shift are projected? **Note:** This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.
How many FTE secretaries are projected?
How many mobile x-ray carts are projected?
How many crash carts are projected?
Is interior gas cylinder storage required?
Will there be Security Personnel to the ER?
Is an Ambulance Service projected?
- How many ambulance(s) will be assigned?
- Where are ambulance(s) stationed (Shelter = 1, Garage = 2)?

How many negative pressure isolation rooms will be required?
Is a procedure room required?
Is a positive pressure isolation room required?
Will there be vending machines in the staff lounge?
Will an on-call room be required?
Is a satellite laboratory required?
Will there be a Residency Program?
- Will there be a Residency Program Director?
- Will there be a Residency Program Secretary?
- How many Residents are projected?
- How many Residency Staff require a private administrative office?
- How many Residency Administrative Staff cubicles are required?
- How many staff physicians are projected? Does not include residents.

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| FUNCTION | Room Code | AUTHORIZED $m^2$ | AUTHORIZED nsf | PLANNING RANGE/COMMENTS |
|---|---|---|---|---|

**NOTE: GP indicates that a guideplate exists for that particular Room Code.**

## 3.5.5. SPACE CRITERIA:

**RECEPTION AREAS (Functions common to ALL levels of emergency care unless otherwise noted)**

| | | | | |
|---|---|---|---|---|
| Waiting Area | WRC01 | 5.57 | 60 | Minimum. 16 nsf per space; 25 nsf per handicapped space. Program 3 spaces per exam room. 5% of total number of spaces to be dedicated to handicapped spaces. May be subdivided to segregate post-triage patients and pediatric play area. |
| Pediatric Playroom (GP) | PLAY1 | 9.29 | 100 | One per ER. |
| Reception Area | N/A | N/A | N/A | See individual Level of Emergency Care areas |
| Public Toilets | N/A | N/A | N/A | Space provided for in the Common Areas Chapter 6.1 (Common Areas). |
| Screening/Triage (GP) | EXRG5 | 11.15 | 120 | Two per every increment of 20,000 projected annual emergency visits. Minimum 2 spaces; maximum 6. |

**PATIENT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)**

| | | | | |
|---|---|---|---|---|
| Trauma Room (One-bed) | TRET3 | 37.16 | 400 | A minimum of one trauma room will be located in an Emergency department. The maximum number of trauma rooms will be determined by a Poisson process with 97.5 percent capacity factor, an arrival rate of 10 percent of the average daily visit volume (0.1. x projected annual visits/365) and an average service time of four hours. The arrival rate and service time parameters may be modified by detailed statistical analysis. **Note**: Room Code TRET1 (Two-bed) trauma room at 700 nsf is available for use. When opting to use the two-bed trauma room vice two one-bed trauma rooms, there is a difference of 100 nsf. |
| Emergency Exam Rooms | EXER1 | 13.01 | 140 | The number of exam rooms will be determined by a Poisson process with 95.0 percent capacity factor, an arrival rate of 90 percent of the average daily visit volume (0.9. x projected annual visits/365) and an average service time of two hours. The arrival rate and service time parameters may be modified by detailed statistical analysis. |

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| FUNCTION | Room Code | AUTHORIZED $m^2$ | AUTHORIZED nsf | PLANNING RANGE/COMMENTS |
|---|---|---|---|---|
| **PATIENT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted) Continued** | | | | |
| Isolation Exam (GP for EXRG6) | EXRG6 | 13.01 | 140 | Negative pressure. Minimum one, Infection Control Risk Assessment is required to determine total requirement. Subtract the number of isolation rooms from the total number of exam rooms. |
| | EXRG7 | | | Positive pressure. One per Emergency department. Do not include in the total count of exam rooms. |
| Isolation Toilet | TLTU1 | 4.65 | 50 | One per Isolation Room. |
| Staff Hand Washing Sink | SINK1 | 3.72 | 40 | Includes linen hamper and cart equipment |
| Family Consultation/Interview | OFDC2 | 11.15 | 120 | One per department. |
| Patient toilet (GP) | TLTU1 | 4.65 | 50 | May also be used as specimen toilet. Minimum of one for up to four exam rooms, two for between five and either exam room, and three maximum for nine or more exam rooms. |
| **STAFF AND ADMINISTRATION AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)** | | | | |
| Emergency Services Director | OFA01 | 11.15 | 120 | Private Office, Standard Furniture. One per projected FTE. |
| | OFA02 | | | Private Office, Systems Furniture. |
| Nurse Manager | OFA01 | 11.15 | 120 | Per projected FTE Nurse Manager. |
| | OFA02 | | | |
| NCOIC/LCPO/LPO Office | OFA01 | 11.15 | 120 | Per projected FTE. |
| | OFA02 | | | |
| Nurse Workroom | WRCH1 | 11.15 | 120 | Add 40 nsf for every additional FTE nursing staff over 4. Do not include Nurse Manager. |
| Secretary w/Visitor Waiting | SEC01 | 11.15 | 120 | Per projected FTE secretary. |
| Provider Office | OFA01 | 11.15 | 120 | Private Office, Standard Furniture. Provided only when ER has one provider. |
| | OFA02 | | | Private Office, System Furniture |
| | OFA03 | 5.57 | 60 | Cubicle, Systems Furniture. For greater than one ER provider, one per projected FTE provider. |
| 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. |

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| FUNCTION | Room Code | AUTHORIZED $m^2$ | AUTHORIZED nsf | PLANNING RANGE/COMMENTS |
|---|---|---|---|---|
| **STAFF AND ADMINISTRATION AREAS: (Functions common to ALL levels of emergency care unless otherwise noted) Continued** | | | | |
| Conference/Classroom (GP) | CRA01 | 23.23 | 250 | Minimum. If ER Residency Program projected, add 10 nsf per resident greater than 10. Consider consolidating this space with the Staff Lounge if no ER Residency Program at MTF. Maximum of 400. |
| On-Call Room (GP) | DUTY1 | 11.15 | 120 | If in Clinic Concept of Operations. |
| On-Call Toilet/Shower | TLTS1 | 5.57 | 60 | If in Clinic Concept of Operations. |
| Emergency Reference Library | LIBB1 | 3.72 | 40 | One per department. |
| Copy Room | RPR01 | 9.29 | 100 | One per department. Copier/Fax/Mailbox Distribution |
| Forms/Literature Storage | SRS01 | 9.29 | 100 | One per department |
| Medication Preparation Station | MEDP1 | 9.29 | 100 | One per department |
| Central Alarm/Security | COM03 | 4.65 | 50 | Locate either in ER or in Facility Management, 50 nsf Clinic, 200 nsf Hospital, and 300 nsf Med Center. Or may program a satellite alarm center at 50 nsf. |
| Changing Locker Room (GP)<br>Male<br>Female | LR002 | 9.29 | 100 | Minimum. Add 6.5 nsf per locker for each FTE greater than 10 projected for Emergency Services & Ambulance/Transportation Service. Divide space equally for male and female locker room. |
| Staff Shower | SHWR1 | 5.57 | 60 | Program one for each male and female staff locker room. |
| 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 300 nsf without vending machine; 320 nsf if vending machines are included. |
| Staff Toilets (GP) | TLTU1 | 4.65 | 50 | Minimum of one. Program one for each increment of 15 staff on peak shift. |

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|---|---|---|---|---|
| **CLINIC SUPPORT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)** | | | | |
| Clean Utility (GP) | UCCL1 | 11.15 | 120 | For up to 15 exam rooms. |
| | | 13.94 | 150 | If 16-30 exam rooms. |
| | | 16.72 | 180 | If greater than 30 exam rooms. |
| Soiled Utility (GP) | USCL1 | 8.36 | 90 | For up to 15 exam rooms. |
| | | 11.15 | 120 | If 16-30 exam rooms. |
| | | 13.94 | 150 | If greater than 30 exam rooms. |
| Satellite Lab w/Blood Drawing Chair (GP) | LBSP1 | 9.29 | 100 | One if in Clinic Concept of Operations. |
| Mobile Rad Unit Alcove | XRM01 | 3.72 | 40 | Per dedicated mobile x-ray cart |
| Crash Cart Alcove | RCA01 | 3.72 | 40 | Provides space for two crash carts. One pediatric and one adult. |
| Interior Gas Cylinder Storage | SRGC2 | 1.86 | 20 | Full cylinders, if required. Storage of full and empty cylinders permitted in same room, but must be clearly marks 'FULL CYLINERS' and 'EMPTY CYLINDERS'. |
| | | | | Empty cylinders. |
| Ice Machine | ICE01 | 1.86 | 20 | One per Department. |
| Additional Functions Required for **Levels I & II** Emergency Care/Full-Scale **Definitive Emergency Management** | | | | |
| Secured Holding Room | OPMH4 | 11.15 | 120 | One per Department. |
| Walk-In Patient Reception/Control (GP) | RECP1 | 22.30 | 240 | One per Department. |
| Ambulance Reception/Team Center | NSTA1 | 18.58 | 200 | One per Department. |
| Security Control Area | COM03 | 11.15 | 120 | One per Department if FTE security personnel assigned. |
| Litter/Wheelchair Storage | SRLW1 | 9.29 | 100 | One per Department. Can provide 20 nsf near patient entrance. |
| Supplies/Equipment Storage | SRS01 | 18.58 | 200 | One per Department. |
| Decontamination Suite (GP) | NBCD1 | 44.59 | 480 | One per Department |
| Additional Functions Required for **Level III** Emergency Care/24-Hour **Initial Emergency Management** | | | | |
| Walk-In Patient Reception/Control (GP) | RECP1 | 13.01 | 140 | One per Department. |
| Ambulance Reception/ Team Center | NSTA1 | 13.94 | 150 | One per Department. |
| Litter/Wheelchair Storage | SRLW1 | 5.57 | 60 | One per Department. Can provide 20 nsf near patient entrance. |
| Supplies/Equipment Storage | SRS01 | 9.29 | 100 | One per Department. |
| Decontamination Shower Room (GP) | NBCD2 | 11.15 | 120 | One per Department. |

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| FUNCTION | Room Code | AUTHORIZED | | PLANNING RANGE/COMMENTS |
|---|---|---|---|---|
| | | $m^2$ | nsf | |
| Additional Functions Required for **Level IV** Emergency Care/Limited **Initial Emergency Management/Acute Care** | | | | |
| Walk-In Patient Reception/Control (GP) | RECP1 | 13.01 | 140 | One per Department. |
| Ambulance Reception/Team Center | NSTA1 | 13.01 | 140 | One per Department, if ambulance service authorized. |
| Litter/Wheelchair Storage | SRLW1 | 3.72 | 40 | One per department. Can provide 20 nsf near patient entrance |
| Supplies/Equipment Storage | SRS01 | 9.29 | 100 | One per Department. |
| Decontamination Shower Room (GP) | NBCD2 | 11.15 | 120 | One per Department. |
| **Functions Required for Ambulance Service** | | | | |
| Ambulance Dispatch | COM02 | 9.29 | 100 | Consider consolidating with Security/Communications Center |
| Emergency Response Kits/Supply Storage | SRSE1 | 1.39 | 15 | Per assigned ambulance. |
| Flammable/Hazardous Material Storage | SRHM1 | 0.93 | 10 | Minimum for flammable storage locker. Plus 2 nsf per each additional operational ambulance assigned over one. |
| Mass Casualty Storage | SRS01 | 11.15 | 120 | Can be increased based on Mission/Concept of Operations |
| Interior Gas Cylinder Storage | SRGC2 | 1.86 | 20 | Minimum. Can be combined with main ER Interior Gas Cylinder Storage. |
| Ambulance Shelter | AMB01 | 46.45 | 500* | For first ambulance. Add 400 gsf for each additional ambulance assigned. |
| Ambulance Garage | AMB02 | 50.17 | 540* | For first ambulance. Add 420 gsf for each additional ambulance assigned. |

* Allowance is programmed as gross square feet (gsf).

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|---|---|---|---|---|

**Functions which are required for Residency Education in Emergency Medicine:**

**RESIDENCY STAFF AND ADMINISTRATIVE AREAS**

| | | | | |
|---|---|---|---|---|
| Residency Program Director (GP) | OFA01 | 11.15 | 120 | Private Office, Standard Furniture - One per Director of Residency Program. |
| | OFA02 | | | Private Office, Systems Furniture - One per Director of Residency Program. |
| Secretary w/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 | One per projected FTE Residency staff that requires a dedicated workspace but not a private office. |
| Resident Cubicle | OFA03 | 5.57 | 60 | Per projected Resident, Navy/Air Force. |
| | | 3.72 | 40 | Per projected Resident, Army. |
| Library | LIBB1 | 13.01 | 140 | One per Residency Program. Can be combined with Conference Room. |
| Resident Exam Room | EXER1 | 13.01 | 140 | Minimum of one. One per Resident minus two Monitored Exam Rooms |
| Monitored Exam Rooms - subject & observer rooms. (GP) | EXER1 | 13.01 | 140 | Provide two room per Residency Program |
| | CMP02 | 5.57 | 60 | One per Department. This room holds the video recorders. |
| Preceptor/Consult Rooms | OFDC1 | 11.15 | 120 | One per eight staff physicians per concept of operations. Do not include Residents. |