Department of Defense
The Office of the Assistant Secretary of Defense Health Affairs
Washington, DC

DoD Space Planning Criteria
Chapter 410: Nursing Units
17 January 2013

CHAPTER 410: NURSING UNITS

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1 PURPOSE AND SCOPE

This chapter outlines space planning criteria for hospital-based inpatient nursing units for all Military Treatment Facilities (MTFs) in the Military Health System (MHS). This space planning criteria applies to the following types of nursing units: traditional acute care Medical - Surgical Units, Intensive Care / Coronary Care Units (ICU/CCU), Intermediate Care Units, Pediatric Units, Substance Abuse / Alcohol Rehabilitation Units, and Acuity-Adaptable Units. Substance Abuse / Alcohol Rehabilitation Units provide care to patients recovering from alcohol and related substance abuse.

These criteria should not be used for the following services:

A. Obstetric Units; refer to DoD 420: Labor & Delivery / Obstetric Unit

B. Nurseries; refer to DoD 460: Nursery

C. Prep and Recovery Units, and Post-Anesthesia Care Units; refer to DoD 440: Surgery

D. Inpatient Pharmacy; refer to DoD 550: Pharmacy: Inpatient & Outpatient

This space planning criteria applies to all Military Medical Treatment Facilities (MTFs). Policies and Directives, DoD's Subject Matter Experts (SMEs), established and/or anticipated best practice guidelines / standards, and TRICARE Management Activity (TMA) provide the foundation for the workload based space criteria and Net Square Footages (NSF) for each space. The latest version of DoD's UFC-4-510-01, Appendix B cites all Room Codes identified in this chapter.

2 DEFINITIONS

A. <u>Acuity Adaptable Room</u>: An acuity-adaptable patient room is a single-occupancy room that can be used as critical care, intermediate care, acute care and short stay care (23 hours or less) by altering its monitoring equipment, furnishings, and staffing levels. These patient rooms can be adapted to changing demand and patient populations over time with minimal or no renovation.

B. <u>Anteroom</u>: An enclosed ventilated room adjacent to the isolation room whose purpose is to provide a barrier against the entry/exit of contaminated air into/out of the isolation room. As well, it provides a controlled environment for donning/removal of PPE, decontaminating equipment, and handwashing. The anteroom is not required.

C. <u>Average Length of Stay (ALOS)</u>: The length of stay for an individual patient is the total amount of time that he/she stays in a healthcare facility between arrival (admission) and departure (discharge) and is determined based on the midnight census. The average length of stay for a specific patient population or facility is the total of all patient days (lengths of stay) divided by the number of patient admissions / discharges.

D. <u>Coronary Care Unit (CCU)</u>: An intensive care unit that provides care to patients with a variety of cardiovascular illnesses and related medical issues. The nursing staff receives specialized training in the care of patients with cardiac arrhythmias, chest pain, heart failure, and other critical medical conditions.

E. <u>Care Giver Workstation</u>: Workstation for nursing unit personnel. Workstations can be "centralized" or "decentralized". An example of "centralized" is the central nursing station that serves as the information hub of the unit and contains workspace for all care givers. An example of the "decentralized" workstation are care giver workstations that are distributed throughout the nursing unit, often located outside each patient

room or between every two patient rooms to allow a caregiver to work efficiently while observing and caring for patients. Additionally, decentralized "teaming" workstations or substations can be provided for several caregivers to collaborate about the patient's care.

F.   Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Additionally it may provide space to prepare patient care items. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

G.   Consult Room: This is a consultation room for family members to meet with physicians or other providers privately and is ideally located near the waiting room.

H.   Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full-time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload.

I.   Functional Area: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.

J.   Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) based on the criteria parameters set forth in this chapter. Input Data Statements could be mission related, based on the project's Concept of Operations; and they could be workload or staffing related, based on projections for the facility.

K.   Intensive Care Unit (ICU): A nursing unit that is specially staffed and equipped for the observation / monitoring, care, and treatment of high-acuity patients with life threatening illnesses or injuries. The ICU provides special expertise and facilities for the support of vital function and utilizes the skill of nurses and other staff experienced in the management of these problems.

L.   Medical - Surgical Nursing Unit: A Medical - Surgical or "Med-Surg" nursing unit provides general and acute care for patients with medical problems or for those recovering from surgery. For example, it may be a nursing unit for patients who are being served by physicians trained and/or practicing the following specialties: allergy, dermatology, pulmonary disease, cardiology, gastroenterology, communicable disease, neurology, malignant disease (oncology), telemetry, other medical specialties, gynecology, otology, thoracic surgery, neurosurgery, otorhinolaryngology, plastic surgery, orthopedics, proctology, and other surgical specialties.

M.   Medication Room: This room will include space for medication storage and supplies for automated dispensing machines.

N.   Negative Pressure Isolation Room: A type of Airborne Infection Isolation Room that is provided for the isolation of patients with airborne contagious diseases such as tuberculosis and is designed to direct air flow from outside corridors and rooms into the patient room, preventing the chance for contaminated air to flow to other parts of a building. The use of an anteroom is not mandatory; however, its need should be discussed with the facility.

O.   Net-to-Department Gross Factor (NTDG): This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square

feet (DGSF).

P. <u>Nursing Unit</u>: A group of inpatient beds with all the functions necessary to provide care to the patients on the unit.

Q. <u>Office</u>:

1. <u>Private Office</u>: Generally speaking, a private office is needed for the supervisory and/or managerial role. It may be justified for a provider or a non-provider, depending upon the nature of their work. Private offices are needed where confidential communication in person or on the telephone takes place. When private offices are justified, they are typically 120 NSF.

2. <u>Shared Office</u>: Staff may be assigned to share an office space of 120 NSF, which amounts up to 60 NSF per person. This can be a good solution for staff for whom a quiet office environment is important for conducting confidential communication in person or on the telephone.

3. <u>Cubicle</u>: A cubicle is provided in an open room. Managers and other staff with no direct reports as well as part-time, seasonal and job-sharing staff may qualify for a cubicle environment. Cubicle environments can have the benefit of being more open, airy and light, and can make more efficient use of space. Such environments are particularly conducive to team-oriented office groupings. Cubicle environments work best when they contain adequate numbers of conference and small group meeting spaces, for confidential conversations and/or group tasks. A 60 square foot cubicle is the preferred size.

R. <u>Pediatric Unit</u>: A group of inpatient beds with all the functions necessary to provide care to infants and children less than 18 years of age on the unit.

S. <u>Personal Property Lockers</u>: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.

T. <u>Playroom</u>: This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

U. <u>Point-of-Care (POC) Lab</u>: A testing room on the Nursing Unit used to conduct blood-gas analysis and provide testing with transportable, portable and handheld instruments (e.g., blood glucose testing with glucometers and urine strips). Provides space for blood gas analyzers, microscopes, small under-counter refrigerator and data drops. Generally located within close proximity to the patient care area.

V. <u>Positive Pressure Isolation Patient Room (Airborne Infection)</u>: A patient room that is designed with positive pressure / air flow to maintain a flow of air out of the room, thus protecting the patient from possible contaminants and pathogens which might otherwise enter.

W. <u>Program for Design (PFD)</u>: A listing of all of the spaces and rooms included within a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this chapter and specific information about mission, workload projections and staffing levels authorized.

X. <u>Same-handed Configuration</u>: Same handed rooms feature an identical, repeated

layout, meaning the patient bed, technology, caregiver space, family space, bathroom, and handwashing sink are in the same location in every room. Based on standardization principles used in manufacturing and the airline industry, same-handed rooms encourage intuitive processes in patient care. The opposite of same-handed rooms are mirrored rooms.

Y. Seclusion Room: A single occupancy room for a patient with behavioral and/or medical problems that requires close supervision.

Z. SEPS: Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and a Project Room Contents list (PRC) for a DoD healthcare project based on specific information entered in response to Input Data Statements.

AA. Soiled Utility Room: This space provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides temporary holding for material that will be picked up by Central Sterile or similar service. It should be accessible from the main corridor.

BB. Substance Abuse/Alcohol Rehabilitation Unit: A nursing unit that provides care to patients recovering from alcohol and related substance abuse. Patient care primarily includes individual counseling and group therapy and can be provided in a hospital or a non-hospital setting.

CC. Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold meetings.

DD. Telehealth: Telehealth is using technology, such as computers and mobile devices, to manage healthcare remotely. It includes a variety of health care services, including but not limited to online support groups, online health information and self-management tools, email and online communication with health care providers, remote monitoring of vital signs, video or online doctor visits.

EE. Telemetry: Medical telemetry is the measurement of physiological parameters and other patient-related information at a distance from the patient (e.g., cardiac data, temperature, oxygen saturation, blood pressure, and respiration). Wireless medical telemetry monitors patient physiological parameters over a distance via radio-frequency (RF) communications between a transmitter worn by the patient and a central monitoring station. These devices have the advantage of allowing patient movement without tethering the patient to a bedside monitor with a hard-wired connection.

FF. Unit: A unit is an area of patient care that includes a number of patient rooms and all of the support functions necessary to provide care to the patients on that unit. Examples include a medical - surgical unit, an intensive care unit, an obstetric ward (unit), or an LDR unit. The number of units varies and is provided in the formula below in Table 1 under Section 3: Operating Rationale and Basis of Criteria.

GG. Workload: The anticipated number of procedures or visits that is processed through a department / service area. The total workload applied to departmental operational assumptions will determine overall room requirements for a service.

3   OPERATING RATIONALE AND BASIS OF CRITERIA

A. Workload Projections, number of patient beds, and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a baseline Program for Design based on these space planning criteria. Healthcare and clinical planners working on military hospitals, medical centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.

1. Projecting bed need:

   The number of beds required drives the planning of nursing units. The program data required should include the projected average daily patient load as well as a projected occupancy rate so that the actual number of beds to be programmed can be calculated. However, determination of the average daily patient load is a complex matter and involves the calculation of annual admissions and projection of an Average Length of Stay (ALOS).

2. Projecting annual admissions:

   Annual Admissions information should be available through the facility Resource Management or Patient Administration Department. The number of annual admissions is a function of the population at risk and the admission rate. The following formula is the basis for determining annual admissions.

   Formula 1:

   $$\text{Annual Admissions} = \frac{\text{Population at Risk x Annual Admissions per 1,000 Population at Risk}}{1,000}$$

   Estimating the number of people in the service area (population at risk) should be based on an analysis of historical data, recent trends, and mission changes such as base reallocation and closure, modularity. Seasonal variations in demand may also need to be taken into account. When an existing hospital is being expanded or replaced, the historical number of admissions per 1,000 population at risk (use rate) should be analyzed along with potential changes in medical technology, physician practices, consumer demand, and other factors that may influence expected future annual patient admissions.

3. Calculating the Average Daily Patient Load:

   The Average Daily Patient Load (ADPL) is a function of the annual admissions for the population at risk and the ALOS. The ALOS should be calculated based on historical data, trends, and comparative benchmarks.

   Formula 2:

   $$\text{ADPL} = \frac{\text{Annual Admissions x Average Length of Stay (ALOS)}}{365}$$

   Annual admissions, use rate data, and average lengths of stay may be further collected and analyzed by diagnostic related groups (DRGs) to provide further

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accuracy and to determine if there will be a sufficient number of patients to warrant a specialty nursing unit like orthopedics, cardiology, or neurosciences.

Along with an estimate of the ADPL, specific numbers of patients by specialty or level of care (e.g., ICU/CCU, substance abuse / alcohol rehabilitation, pediatrics) may also be delineated as part of the required program data. Additionally, the number of same-day / observation patients that occupy inpatient beds on an average day (and not included in standard midnight census reports) should be estimated and the projected average daily patient load adjusted accordingly.

4. <u>Assigning occupancy rates to determine the number of beds to be provided:</u>

The ADPL identifies the "average" number of patients occupying a bed at a specific hospital site as determined by the midnight census but does not specify the actual number of beds to be planned to ensure that a bed is available on any given day. This requires the application of a planned occupancy rate. Occupancy rates are stated as a percentage represented as 80% or 0.80 and will vary based on:

a. Random versus scheduled nature of the admission
If admissions are scheduled and not the result of a random arrival or occurrence; higher occupancy levels can be achieved. For example random obstetrical delivery versus scheduled surgery procedure or substance abuse / alcohol rehabilitation admission.

b. Nursing unit size
Statistically, smaller units require more beds to ensure that a bed is available when needed than larger nursing units.

c. Risk of turning a patient away if a bed is not available
The risk of not having an ICU bed available when needed would be more problematic than the lack of an alcohol rehab bed.

d. Seasonal variations
If the population at risk varies significantly throughout the year due to cyclical weather related migration, then use of an "annual" occupancy rate may result in an insufficient number of beds during peak periods. For example, if the total admissions for the peak month are historically 20% higher than the monthly average (annual admissions divided by 12), a lower occupancy rate may need to be used when it is applied to the average daily patient load. Alternately, policies / procedures can be established in advance to mobilize additional beds during peak periods and/or take beds out of service during low periods.

e. Design flexibility
A lower occupancy rate can be used if one or more nursing units are designed with adequate flexibility to accommodate patient overflow (e.g., acuity-adaptable patient rooms, conversion to semi private rooms for emergency mobilization).

Small units with high-acuity patients, like ICUs, should be planned with a lower occupancy rate, particularly if overflow accommodations are not available. Substance abuse / alcohol rehabilitation units, even though they may have a greater proportion of double rooms, may be planned with a higher occupancy rate since immediate admission on demand is not as critical, a good example would

be 90%. An occupancy rate of 80% is typically used for a standard medical-surgical nursing unit.

Once the ADPL has been determined, and the appropriate occupancy rate established, the following formula should be used to estimate the actual number of beds to be programmed:

Formula 3:

$$\text{Number of Projected Beds} = \frac{\text{Average Daily Patient Load (ADPL)}}{\text{Occupancy Rate}}$$

Examples of occupancy rates include:

a. 60% occupancy for ICUs/CCUs and other specialty units with a small number of beds
b. 80% occupancy for medical-surgical nursing units with all single patient rooms.
c. 90`% for substance abuse / alcohol rehabilitation units.

Refer to Space Planning Criteria Chapter 120 for more detailed information on Occupancy Rates.

B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for the four major components of the Nursing Units: Medical-Surgical Units, Intensive Care Units (ICU)/Cardiac Care Units (CCU); Pediatric Units and Substance Abuse / Alcohol Rehabilitation Units and their relationship with other services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality heath care for Service Members and their dependents.

C. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.

D. The area for each Room (NSF) in this chapter has been provided by the Military Health System (MHS) Space Template Board.

E. Calculation of the number of Units for a project is based on the number of Patient Beds projected and the Workload Calculation Parameters in Table 1. The number and NSF of the support spaces in each Unit is determined based on the resulting number of Patient Bedrooms per unit. Spaces in each Common Functional Area are calculated based on the total number of Patient Bedrooms of the corresponding Nursing Unit. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this chapter.

TABLE 1: PATIENT UNIT CALCULATION

410: NURSING UNITS		
	NUMBER OF PATIENT BEDROOMS PER UNIT	
NURSING UNITS	MIN	MAX
Medical-Surgical Units	15	31
ICU / CCU Units	8	15
Pediatric Units	8	15
Substance Abuse / Alcohol Rehabilitation Units	8	15

F.   Section 4: Input Data Questions and Section 5: Space Planning Criteria have been implemented and tested in SEPS II.

4   PROGRAM DATA REQUIRED (Input Data Questions): MEDICAL-SURGICAL UNIT

A.   Mission Input Data Statements
1.   Are Medical-Surgical Units authorized? (M)
   a.   Are Negative Pressure Isolation Medical-Surgical Bedroom Anterooms authorized per the MTFs Infection Control Risk Assessment (ICRA)? (M)
   b.   Is a Point-of-Care Laboratory for every Medical-Surgical Unit authorized? (M)
   c.   Is Patient Records Storage in the Medical-Surgical Unit authorized? (M)
   d.   Is Sub-Waiting for the Medical-Surgical Common Staff and Administrative Area authorized? (M)
   e.   Is a Medical-Surgical Unit Graduate Medical Education / Training Program authorized? (M)
      1.   How many Medical-Surgical Resident and Student FTE positions are authorized? (S)
   f.   Is a Common Medical-Surgical Family Area is authorized? (M)

B.   Workload Input Data Statements
   a.   How many Medical beds are projected? (W)
   b.   How many Surgical beds are projected? (W)
   c.   How many Medical-Surgical Negative Isolation beds are authorized? (W)
   d.   How many Medical-Surgical Positive Pressure Isolation beds are authorized? (W)
   e.   How many Medical-Surgical Acuity Adaptable Bedrooms are authorized? (W)

C.   Staffing Input Data Statements
   a.   How many Medical-Surgical Unit CNS FTE positions are authorized for every Medical-Surgical Unit? (S)
      1.   How many Medical-Surgical Unit CNS FTE positions are authorized to have a private office in the Medical-Surgical Unit Staff and Administrative Area? (S)
      2.   How many Medical-Surgical Unit CNS FTE positions are authorized to have a shared office in the Medical-Surgical Unit Staff and Administrative Area? (S)
      3.   How many Medical-Surgical Unit CNS FTE positions are authorized to have a cubicle in the Medical-Surgical Unit Staff and Administrative Area? (S)

    b. How many Medical-Surgical Unit provider FTE positions are authorized for every Medical-Surgical Unit? (S)

        1. How many Medical-Surgical Unit provider FTE positions are authorized to have a private office in the Medical-Surgical Unit Staff and Administrative Area? (S)

        2. How many Medical-Surgical Unit provider FTE positions are authorized to have a shared office in the Medical-Surgical Unit Staff and Administrative Area? (S)

        3. How many Medical-Surgical Unit provider FTE positions are authorized to have a cubicle in the Medical-Surgical Unit Staff and Administrative Area? (S)

    c. How many Medical-Surgical Unit non-provider FTE positions are authorized for every Medical-Surgical Unit? (S)

        1. How many Medical-Surgical Unit non-provider FTE positions are authorized to have a private office in the Medical-Surgical Unit Staff and Administrative Area? (S)

        2. How many Medical-Surgical Unit non-provider FTE positions are authorized to have a shared office in the Medical-Surgical Unit Staff and Administrative Area? (S)

        3. How many Medical-Surgical Unit non-provider FTE positions are authorized to have a cubicle in the Medical-Surgical Unit Staff and Administrative Area? (S)

D. Miscellaneous Input Data Statements

    a. Is a Monitoring Room for each Medical-Surgical Unit authorized? (Misc)

5 SPACE PLANNING CRITERIA: MEDICAL-SURGICAL UNITS

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. FA 1: Medical-Surgical Unit Calculation:

1. **Number of Medical-Surgical Units (CALC1)..0 NSF**
The minimum number of patient beds, of all types, to generate one Medical-Surgical Unit is fifteen; the maximum is thirty one.

B. FA 2: Medical-Surgical Unit Common Reception Area:

1. **Waiting (WRC01)... 120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of eight Medical and Surgical, Medical-Surgical Negative and Positive Pressure Isolation and Acuity Adaptable bedrooms greater than fifteen.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area.

2. **Playroom (PLAY1) .... 120 NSF**
Provide one for the Medical-Surgical Unit Common Reception Area.

This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed

area included in or adjacent to General Waiting.

3. **Reception (RECP1)** ....**120 NSF**
Provide one for the Medical-Surgical Unit Common Reception Area.

Allocated NSF accommodates up to four Receptionists and circulation.

4. **Consult Room (OFDC2)** ....**120 NSF**
Provide one for the Medical-Surgical Unit Common Reception Area.

5. **Alcove, Wheelchair (SRLW1)**..**60 NSF**
Provide one for the Medical-Surgical Unit Common Reception Area.

C. <u>FA 3: Medical-Surgical Unit Patient Care Area</u>:

1. **Bedroom, Medical-Surgical (BRMS1)** ....**360 NSF**
Provide one per each projected Medical and Surgical bed authorized.

All Medical-Surgical Bedrooms shall be single occupancy.

2. **Toilet / Shower, Medical-Surgical Patient (TLTS2)**....................**60 NSF**
Provide one per each Medical-Surgical bedroom.

3. **Workstation, Caregiver (OFA03)** ....**60 NSF**
*Provide one for every increment of two Medical and Surgical and Acuity
Adaptable bedrooms.*

Decentralized caregiver workstations provided for every two patient rooms. These
charting stations may be designed with views to patient rooms and provide
convenient access to supply areas and computers for patient charting.

4. **Bedroom,
Negative Pressure Isolation Medical-Surgical (BRIT1)**........................**360 NSF**
*Provide one per each Negative Pressure Isolation Medical-Surgical bed
authorized.*

The number, location and type of airborne infection isolation and protective
environment rooms shall be determined by the infection control risk assessment
(ICRA), which shall be conducted during the early planning phase of a project.

5. **Anteroom,
Negative Pressure Isolation Medical-Surgical Bedroom (BRAR1)** ......**120 NSF**
*Provide one per each Negative Pressure Isolation Medical-Surgical bedroom if
authorized per the MTFs Infection Control Risk Assessment (ICRA).*

Allocated NSF accommodates Caregiver Workstation.

6. **Toilet / Shower,
Negative Pressure Isolation Medical-Surgical Patient (TLTS2)** ....**60 NSF**
Provide one per each Negative Pressure Isolation Medical-Surgical bedroom.

7. **Bedroom,
Positive Pressure Isolation Medical-Surgical (BRIT2)**........................**360 NSF**
*Provide one per each Medical-Surgical Positive Pressure Isolation bed
authorized.*

The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

8. **Anteroom,
   Positive Pressure Isolation Medical-Surgical Bedroom (BRAR2) .... 120 NSF**
   Provide one per each Positive Pressure Isolation Medical-Surgical bedroom.

   Allocated NSF accommodates Caregiver Workstation.

9. **Toilet / Shower,
   Positive Pressure Isolation Medical-Surgical Patient (TLTS2) .... 60 NSF**
   Provide one per each Positive Pressure Isolation Medical-Surgical bedroom.

10. **Bedroom,
    Medical-Surgical Acuity Adaptable (BRUN1) .... 360 NSF**
    Provide one per each Medical-Surgical Acuity Adaptable Bedroom authorized.

11. **Toilet / Shower,
    Medical-Surgical Acuity Adaptable Bedroom Patient (TLTS2) .... 60 NSF**
    Provide one per each Medical-Surgical Acuity Adaptable Bedroom.

12. **Tub Room, Adult Patient (TUB01) .... 120 NSF**
    Provide one per each Medical-Surgical Unit.

13. **Procedure Room (TRGM1) .... 180 NSF**
    Provide one per each Medical-Surgical Unit.

14. **Nurse Station (NSTA1) .... 120 NSF**
    Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

15. **Monitoring Room (NSTA3) .... 60 NSF**
    Provide one if a Monitoring Room for each Medical-Surgical Unit is authorized.

    It may be outfitted to accommodate multiple types of patient monitoring (e.g., Hemodynamic, Telemetry, Neurological, and / or Epilepsy) and accommodates workspace for one staff member. Depending on concept of operations, multiple unit monitoring rooms can be consolidated into a single room.

16. **Team Collaboration Room (WRCH1) .... 120 NSF**
    Minimum one; provide one per each Medical-Surgical Unit; provide an additional one if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional two if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

    Allocated NSF provides space for staff collaboration with touchdown computer stations for documentation and a table with chairs.

D. **FA 4: Medical-Surgical Unit Support Area:**

1. **Laboratory, Point-of-Care (LBSP1) .... 120 NSF**
   Provide one if a Point-of-Care Laboratory for every Medical-Surgical Unit is authorized.

Allocated NSF provides testing room with space for blood glucose testing, urine strips, blood gas analyzers, microscopes, small under-counter refrigerator and data drops.

2. **Medication Room (MEDP1)**..**120 NSF**
Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments. Accommodates space for automated medication dispensing machine.

3. **Nourishment Room (NCWD1)**..**120 NSF**
Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments.

4. **Utility Room, Clean (UCCL1)** ....**120 NSF**
Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

5. **Utility Room, Soiled (USCL1)** ....**120 NSF**
Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

Allocated NSF provides space to handle soiled carts as well as space for a handwashing station, a work counter, space for waste and soiled linen receptacles and provisions for disposal of liquid waste.

6. **Storage, Equipment (SRSE1)** ....**120 NSF**
Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

Ensure adequate power for equipment.

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7. **Storage, Stretcher (SRLW1)**..**60 NSF**
   Provide one per each Medical-Surgical Unit.

8. **Storage, Gas Cylinder (SRGC2)**...**60 NSF**
   Provide one per each Medical-Surgical Unit.

   Allocated NSF provides space for portable oxygen tanks.

9. **Alcove, Crash Cart (RCA01)**...**60 NSF**
   Provide one per each Medical-Surgical Unit.

   Allocated NSF provides space for two carts.

10. **Alcove, Portable Imaging (XRM01)**..**60 NSF**
    Provide one per each Medical-Surgical Unit.

E. FA 5: Medical-Surgical Unit Staff and Administrative Area:

1. **Office, Private (OFA04)**..**120 NSF**
   Provide one per each Medical-Surgical Unit CNS, provider and non-provider FTE position authorized to have a private office in the Medical-Surgical Unit Staff and Administrative Area.

2. **Office, Shared (OFA05)**..**120 NSF**
   Provide one for every increment of two Medical-Surgical Unit CNS, provider and non-provider FTE position authorized to have a shared office in the Medical-Surgical Unit Staff and Administrative Area.

3. **Cubicle (OFA03)**...**60 NSF**
   Provide one per each Medical-Surgical Unit CNS, provider and non-provider FTE position authorized to have a cubicle in the Medical-Surgical Staff and Administrative Area.

   These cubicles may be collocated in a shared space or dispersed as required.

4. **Storage, Patient Records (MRS01)**..**120 NSF**
   Provide one per each Medical-Surgical Unit if Patient Records Storage in the Medical-Surgical Unit is authorized.

   The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.

5. **Conference Room (CRA01)**...**240 NSF**
   Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 120 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01)**...**120 NSF**
   Provide one per each Medical-Surgical Unit.

   This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01)** ....**60 NSF**
   Provide one per each Medical-Surgical Unit.

   Allocated NSF provides space for office supplies, patient forms and literature.

8. **Lounge, Staff (SL001)** ....**120 NSF**
   Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 120 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 240 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

9. **Locker / Changing Room, Male Staff (LR002)** ....**120 NSF**
   Minimum NSF; provide one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional 10 NSF per each CNS, provider and non-provider FTE position authorized for every Medical-Surgical Unit if the total number of provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.

10. **Locker / Changing Room, Female Staff (LR002)** ....**120 NSF**
    Minimum NSF; provide one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional 10 NSF per each CNS, provider and non-provider FTE position authorized for every Medical-Surgical Unit if the total number of provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.

11. **Toilet / Shower, Male Staff (TLTS1)** ....**60 NSF**
    Minimum one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional one if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.

12. **Toilet / Shower, Female Staff (TLTS1)** ....**60 NSF**
    Minimum one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional one if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.

13. **Lockers, Personal Property (LR001)** ....**60 NSF**
    Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 3 NSF per each Medical-Surgical FTE position not assigned a private office, shared office, or cubicle greater than ten.

F. **FA 6: Medical-Surgical Unit Common Staff and Administrative Area:**

1. **Office, Unit Chief (OFA04)** ....**120 NSF**
   Provide one for the Medical-Surgical Common Staff and Administrative Area.

2. **Office, Executive Assistant (OFA04)** ....**120 NSF**
   Provide one for the Medical-Surgical Common Staff and Administrative Area.

3. **Sub-Waiting (WRC03)**..**60 NSF**
   Provide one if a Sub-Waiting for the Medical-Surgical Common Staff and Administrative Area is authorized.

   Allocated NSF provides space for two chairs.

4. **Office, NCOIC / LCPO / LPO (OFA04)**.......................................**120 NSF**
   Provide one for the Medical-Surgical Unit Common Staff and Administrative Area.

5. **Conference Room (CRA01)**...**240 NSF**
   Minimum NSF; provide an additional 120 NSF for every increment of two Medical-Surgical Units greater than two.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01)**...**120 NSF**
   Provide one for the Medical-Surgical Unit Common Staff and Administrative Area.

   This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01)**...**60 NSF**
   Provide one for the Medical-Surgical Unit Common Staff and Administrative Area.

   Allocated NSF provides space for office supplies, patient forms and literature.

8. **On-Call Room (DUTY1)**..**120 NSF**
   Provide one per each Medical-Surgical Unit.

9. **Toilet / Shower, On-Call Room (TLTS1)**.....................................**60 NSF**
   Provide one for each On-Call Room.

G. **FA 7: Medical-Surgical Unit Common GME Education Area / Training Area:**

1. **Office, Residency Program Director (OFA04)**.....................................**120 NSF**
   Provide one if a Medical-Surgical Unit Graduate Medical Education / Training Program is authorized.

2. **Resident Collaboration Room (WKTM1)**...**240 NSF**
   Minimum NSF; provide an additional 60 NSF per each Resident and Student FTE position authorized greater than two if a Medical-Surgical Unit Graduate Medical Education program is authorized.

   This room will contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

3. **Classroom / Conference Room (CLR01)**...**240 NSF**
   Provide one if the total number of Resident and Student FTE positions authorized is greater than five and if a Medical-Surgical Unit Graduate Medical Education / Training program is authorized.

   Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

H. **FA 8: Medical-Surgical Unit Common Family Area**:
    Locate outside / accessible to Medical-Surgical Nursing Unit(s)

1. **Lounge (SL001)**..**120 NSF**
    Provide one if a Common Medical-Surgical Family Area is authorized.

2. **Playroom (PLAY1)**...**120 NSF**
    Provide one if a Common Medical-Surgical Family Area is authorized.

    This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

3. **Kitchenette (IPK01)**...**120 NSF**
    Provide one if a Common Medical-Surgical Family Area is authorized.

4. **Storage, Family Area (SRPB1)**..**120 NSF**
    Provide one if a Common Medical-Surgical Family Area is authorized.

5. **Toilet, Visitor (TLTU1)**..**60 NSF**
    Provide two if a Common Medical-Surgical Family Area is authorized.

6. **Shower, Visitor (TLTS1)**...**60 NSF**
    Provide two if a Common Medical-Surgical Family Area is authorized.

6   PROGRAM DATA REQUIRED (Input Data Questions): INTENSIVE CARE UNITS (ICU) / CORONARY CARE UNITS (CCU)

A. Mission Input Data Statements
    1. Are Intensive Care Units (ICU) and/or Coronary Care Units (CCU) authorized? (M)
        a. Are Negative Pressure Isolation ICU / CCU Bedroom Anterooms authorized per the MTFs Infection Control Risk Assessment (ICRA)?
        b. Are Caregiver Workstations, one for two adjacent ICU / CCU Bedrooms, authorized? (M)
        c. Is a Nurse Workroom for every ICU / CCU Unit authorized? (M)
        d. Is a Point-of-Care Laboratory for every ICU / CCU Unit authorized? (M)
        e. Is a Satellite Pharmacy for every ICU / CCU Unit authorized? (M)
        f. Is a Respiratory Therapist FTE position for each ICU / CCU Unit authorized? (M)
        g. Is Storage of Patient Records in every ICU / CCU Unit authorized? (M)
        h. Is an ICU / CCU Unit Graduate Medical Education (GME) / Training Program authorized? (M)
            1. How many ICU / CCU Unit Resident and Student FTE positions are authorized? (S)
        i. Is an ICU / CCU Unit Common Family Area authorized? (M)

B. Workload Input Data Statements
        a. How many ICU / CCU beds are projected? (W)
        b. How many ICU / CCU Negative Pressure Isolation beds are authorized? (W)
        c. How many ICU / CCU Positive Pressure Isolation beds are authorized? (W)
        d. How many ICU / CCU Acuity Adaptable Bedrooms are authorized? (W)

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C. Staffing Input Data Statements
   a. How many ICU / CCU Unit provider FTE positions are authorized for every ICU / CCU Unit? (S)
      1. How many ICU / CCU Unit provider FTE positions are authorized to have a private office in the ICU / CCU Unit Staff and Administrative Area? (S)
      2. How many ICU / CCU Unit provider FTE positions are authorized to have a shared office in the ICU / CCU Unit Staff and Administrative Area? (S)
      3. How many ICU / CCU Unit provider FTE positions are authorized to have a cubicle in the ICU / CCU Unit Staff and Administrative Area? (S)
   b. How many ICU / CCU Unit non-provider FTE positions are authorized for every ICU / CCU Unit? (S)
      1. How many ICU / CCU Unit non-provider FTE positions are authorized to have a private office in the ICU / CCU Unit Staff and Administrative Area? (S)
      2. How many ICU / CCU Unit non-provider FTE positions are authorized to have a shared office in the ICU / CCU Unit Staff and Administrative Area? (S)
      3. How many ICU / CCU Unit non-provider FTE positions are authorized to have a cubicle in the ICU / CCU Unit Staff and Administrative Area? (S)

D. Miscellaneous Input Data Statements
   a. Is waiting in the ICU / CCU Unit Common Staff and Administrative Area authorized? (Misc)

7   SPACE PLANNING CRITERIA: INTENSIVE CARE UNITS (ICU) / CORONARY CARE UNITS (CCU)

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. **FA 9: ICU / CCU Unit Calculation:**

1. **Number of ICU / CCU Units (CALC1)..0 NSF**
   The minimum number of patient beds, of all types, to generate one ICU / CCU is eight; the maximum is fifteen.

B. **FA 10: ICU / CCU Unit Common Reception Area:**

1. **Waiting (WRC01)...120 NSF**
   Minimum NSF; provide an additional 60 NSF for every increment of four ICU / CCU, Negative and Positive Pressure Isolation ICU / CCU and Acuity Adaptable ICU / CCU Bedrooms greater than eight.

   Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one Bariatric bench seat at 36 NSF and circulation area.

2. **Playroom (PLAY1) .... 120 NSF**
   Provide one for the ICU / CCU Unit Common Reception Area.

   This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed area included in or adjacent to General Waiting.

3. **Reception (RECP1)…**...**120 NSF**
Provide one for the ICU / CCU Unit Common Reception Area.

Allocated NSF accommodates up to four receptionists and circulation.

4. **Consult Room (OFDC2)** ....**120 NSF**
Provide one for the ICU / CCU Unit Common Reception Area.

5. **Alcove, Wheelchair (SRLW1)**..**60 NSF**
Provide one for the ICU / CCU Unit Common Reception Area.

C. **FA 11: ICU / CCU Unit Patient Care Area**:

1. **Bedroom, ICU / CCU (BRIC1)**..**360 NSF**
Provide one per each projected ICU / CCU bed.

All ICU / CCU Unit Bedrooms shall be single occupancy.

2. **Toilet / Shower, ICU / CCU Patient (TLTS2)** ....**60 NSF**
Provide one per each ICU / CCU Bedroom.

3. **Workstation, Caregiver (OFA03)** ....**60 NSF**
Provide one for every increment of two ICU / CCU Bedrooms if use of Caregiver Workstations is authorized.

Decentralized caregiver workstations provided for every two patient rooms. These charting stations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.

4. **Bedroom,**
Negative Pressure Isolation ICU / CCU (BRII1) ....**360 NSF**
Provide one per each Negative Pressure Isolation ICU / CCU bed authorized.

The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

5. **Anteroom,**
Negative Pressure Isolation ICU / CCU Bedroom (BRAR1)..................**120 NSF**
Provide one per each Negative Pressure Isolation ICU /CCU Bedroom if authorized per the MTFs Infection Control Risk Assessment (ICRA).

Allocated NSF accommodates Caregiver Workstation.

6. **Toilet / Shower,**
Negative Pressure Isolation ICU / CCU Patient (TLTS2)..........................**60 NSF**
Provide one per each Negative Pressure Isolation ICU / CCU Bedroom.

7. **Bedroom,**
Positive Pressure Isolation ICU / CCU (BRII2) ....**360 NSF**
Provide one per each ICU / CCU Positive Pressure Isolation bed authorized.

The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

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8. **Anteroom,**
   Positive Pressure Isolation ICU / CCU Bedroom (BRAR2) .... 120 NSF
   Provide one per each Positive Pressure Isolation ICU / CCU Unit Bedroom.

   Allocated NSF accommodates Caregiver Workstation.

9. **Toilet / Shower,**
   Positive Pressure Isolation ICU / CCU Patient (TLTS2).......................... 60 NSF
   Provide one per each Positive Pressure Isolation ICU / CCU Unit Bedroom.

10. **Bedroom,**
    ICU / CCU Acuity Adaptable (BRUN1) .... 360 NSF
    Provide one per each ICU / CCU Acuity Adaptable bed authorized.

    An acuity adaptable patient room is a single-occupancy room that can be utilized
    for most any level of care including intensive care, intermediate care, and acute
    care by altering its monitoring equipment, furnishings, and staffing levels. Also
    referred to as "universal" patient rooms, these patient rooms can also be adapted
    to changing demand and patient populations over time with minimal or no
    renovation.

11. **Toilet / Shower,**
    ICU / CCU Acuity Adaptable Bedroom Patient (TLTS2) .... 60 NSF
    Provide one per each ICU / CCU Unit Acuity Adaptable Bedroom.

12. **Procedure Room (TRGM1)** .... 180 NSF
    Provide one per each ICU / CCU Unit.

13. **Nurse Station (NSTA1)** .... 120 NSF
    *Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60
    NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.*

14. **Monitoring Room (NSTA3)** .... 60 NSF
    Provide one per each ICU / CCU Unit.

    It may be outfitted to accommodate multiple types of patient monitoring (e.g.,
    Hemodynamic, Telemetry, Neurological, and / or Epilepsy) and accommodates
    workspace for one staff member. Depending on concept of operations, multiple
    unit monitoring rooms can be consolidated into a single room.

15. **Team Collaboration Room (WRCH1)** .... 120 NSF
    *Minimum one per each ICU / CCU Unit; provide an additional one if the number of
    beds in the ICU / CCU Unit is between twelve and fifteen.*

    Allocated NSF provides space for staff collaboration with touchdown computer
    stations for documentation and a table with chairs.

D. **FA 12: ICU / CCU Unit Support Area:**

1. **Laboratory, Point-of-Care (LBSP1)**.. 120 NSF
   Provide one if a Point-of-Care Laboratory for every ICU / CCU Unit is authorized.

   A testing room on the ICU / CCU Unit to conduct blood-gas analysis and provide
   point-of-care testing with transportable, portable and handheld instruments. e.g.
   blood glucose testing with glucometers, urine strips, blood gas analyzers,
   microscope, small under-counter refrigerator and data drops.

2. **Pharmacy, Satellite (PHDS3)** ....**120 NSF**
   Provide one if a Satellite Pharmacy for every ICU / CCU Unit is authorized.

3. **Workstation, Respiratory Therapist (OFA03)** ....**60 NSF**
   Provide one per each Respiratory Therapist FTE position for each ICU / CCU Unit authorized.

4. **Decontamination, Respiratory Therapy (OPRC1)** ....**120 NSF**
   Provide one per each ICU / CCU Unit.

   To accommodate decontamination of ventilators.

5. **Storage, Respiratory Therapy (SRE01)** ....**120 NSF**
   Provide one per each ICU / CCU Unit.

   To accommodate clean ventilator storage.

6. **Medication Room (MEDP1)** ....**120 NSF**
   Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

   Allocated NSF provides space for a work counter, sink, refrigerator and locked storage for biological or drugs. Accommodates space for automated medication dispensing machine.

7. **Nourishment Room (NCWD1)** ....**120 NSF**
   Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

   Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments.

8. **Utility Room, Clean (UCCL1)** ....**120 NSF**
   Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

   Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

9. **Utility Room, Soiled (USCL1)** ....**120 NSF**
   Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

   Allocated NSF provides space to handle soiled carts as well as space for a handwashing station, a work counter, space for waste and soiled linen receptacles and provisions for disposal of liquid waste.

10. **Storage, Equipment (SRSE1)** ....**240 NSF**
    Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 120 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

    Allocated NSF will include space to store dialysis equipment.

11. **Storage, Stretcher (SRLW1)** ....**60 NSF**
    Provide one per each ICU / CCU Unit.

12. **Storage, Gas Cylinder (SRGC2)**..**60 NSF**
    Provide one per each ICU / CCU Unit.

    Portable Oxygen tanks.

13. **Alcove, Crash Cart (RCA01)**...**60 NSF**
    Provide one per each ICU / CCU Unit.

    Allocated NSF provides space for two carts.

14. **Alcove, Portable Imaging (XRM01)**...**60 NSF**
    Provide one per each ICU / CCU Unit.

E. <u>**FA 13: ICU / CCU Unit Staff and Administrative Area**</u>:

   1. **Office, Private (OFA04)**..**120 NSF**
      *Provide one per each ICU / CCU Unit provider and non-provider FTE position
      authorized to have a private office in the ICU / CCU Unit Staff and Administrative
      Unit.*

   2. **Office, Shared (OFA05)**..**120 NSF**
      *Provide one for every increment of two ICU / CCU Unit provider and non-provider
      FTE position authorized to have a shared office in the ICU / CCU Unit Staff and
      Administrative Unit.*

   3. **Cubicle (OFA03)**..**60 NSF**
      *Provide one per each ICU / CCU Unit provider and non-provider FTE position
      authorized to have a cubicle in the ICU / CCU Unit Staff and Administrative Unit.*

      These cubicles may be collocated in a shared space or dispersed as required.

   4. **Storage, Patient Records (MRS01)**..**120 NSF**
      Provide one if Storage of Patient Records in each ICU / CCU Unit is authorized.

      The Military Health System is moving towards an integrated electronic medical
      record. If required, space for paper medical records for patients will be planned.

   5. **Conference Room (CRA01)**..**240 NSF**
      *Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 120
      NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.*

      Planner must determine adequacy and availability of existing Conference Room
      space and the ability to optimize resources by sharing Conference Room space
      with other departments.

   6. **Copier (RPR01)**..**120 NSF**
      Provide one per each ICU / CCU Unit.

      This is a room for the copier / printer / scanner. It may be located directly adjacent
      to the reception area or in the clinic staff support area.

   7. **Storage, Office Supplies (SRS01)**..**60 NSF**
      Provide one per each ICU / CCU Unit.

      Allocated NSF provides space for office supplies, patient forms and literature.

   8. **Lounge, Staff (SL001)**..**120 NSF**
      *Minimum NSF; provide one for every ICU / CCU Unit; provide an additional 120
      NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.*

9. **Locker / Changing Room, Male Staff (LR002) ....120 NSF**
Minimum NSF; provide one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional 10 NSF per each provider and non-provider FTE position authorized for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.

Provide locker space only for those FTE Providers without assigned office or cubicle space.

10. **Locker / Changing Room, Female Staff (LR002).....................................120 NSF**
Minimum NSF; provide one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional 10 NSF per each provider and non-provider FTE position authorized for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.

Provide locker space only for those FTE Providers without assigned office or cubicle space.

11. **Toilet / Shower, Male Staff (TLTS1)...60 NSF**
Minimum one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional one if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.

12. **Toilet / Shower, Female Staff (TLTS1) ....60 NSF**
Minimum one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional one if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.

13. **Lockers, Personal Property (LR001)..60 NSF**
Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 3 NSF per each ICU / CCU Unit FTE position not assigned a private office, shared office or cubicle greater than ten.

F. FA 14: ICU / CCU Unit Common Staff and Administrative Area:

1. **Office, Unit Chief (OFA04) ....120 NSF**
Provide one for the ICU / CCU Unit Common Staff and Administrative Area.

2. **Office, Executive Assistant (OFA04)...120 NSF**
Provide one for the ICU / CCU Unit Common Staff and Administrative Area.

3. **Sub-Waiting (WRC03) ....60 NSF**
Provide one if waiting in the ICU / CCU Unit Common Staff and Administrative Area is authorized.

Allocated NSF provides space for minimum of two seats plus circulation.

4. **Office, NCOIC / LCPO / LPO (OFA04)...120 NSF**
Provide one for the ICU / CCU Unit Common Staff and Administrative Area.

5. **Conference Room (CRA01)**.. **240 NSF**
Minimum NSF; provide an additional 120 NSF per each ICU / CCU Unit greater than one.

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01)** .... **120 NSF**
Provide one for the ICU / CCU Unit Common Staff and Administrative Area.

This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01)**.. **60 NSF**
Provide one for the ICU / CCU Unit Common Staff and Administrative Area.

Allocated NSF provides space for office supplies and patient forms and literature.

8. **On-Call Room (DUTY1)**... **120 NSF**
Provide one per each ICU / CCU Unit.

9. **Toilet / Shower, On-Call Room (TLTS1)**...................................... **60 NSF**
Provide one for each On-Call room.

G. **FA 15: ICU / CCU Unit Common GME Education / Training Area:**

1. **Office, Residency Program Director (OFA04)**...................................... **120 NSF**
Provide one if an ICU / CCU Unit Graduate Medical Education (GME) / Training Program is authorized.

2. **Resident Collaboration Room (WKTM1)** .... **240 NSF**
Minimum NSF; provide an additional 60 NSF per each Resident and Student FTE position authorized greater than two if an ICU / CCU Unit Graduate Medical Education (GME) / Training program is authorized.

This room will contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

3. **Classroom / Conference Room (CLR01)** .... **240 NSF**
Provide one if the total number of Resident / Student FTE positions authorized is greater than five and if an ICU / CCU Unit Graduate Medical Education (GME) / Training program is authorized.

Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

H. **FA 16: ICU / CCU Unit Common Family Area:**
Locate outside / accessible to ICU / CCU Nursing Unit(s)

1. **Lounge (SL001)**... **120 NSF**
Provide one if an ICU / CCU Unit Common Family Area is authorized.

2. **Playroom (PLAY1)** .... **120 NSF**
Provide one if an ICU / CCU Unit Common Family Area is authorized.

This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

3. **Kitchenette (IPK01)** ....**120 NSF**
   Provide one if an ICU / CCU Unit Common Family Area is authorized.

4. **Storage, Family Area (SRPB1)** ....**120 NSF**
   Provide one if an ICU / CCU Unit Common Family Area is authorized.

5. **Toilet, Visitor (TLTU1)**...**60 NSF**
   Provide two if an ICU / CCU Unit Common Family Area is authorized.

6. **Shower, Visitor (TLTS1)**..**60 NSF**
   Provide two if an ICU / CCU Unit Common Family Area is authorized.

8 PEDIATRIC UNITS PROGRAM DATA REQUIRED (Input Data Questions)

A. Mission Input Data Statements
   1. Are Pediatric Units authorized? (M)
      a. Are Negative Pressure Isolation Pediatric Bedroom Anterooms authorized per the MTFs Infection Control Risk Assessment (ICRA)? (M)
      b. Are Caregiver Workstations, one for two adjacent Pediatric Bedrooms, authorized? (M)
      c. Is a Monitoring Room for every Pediatric Unit authorized? (M)
      d. Is a Nurse Workroom for every Pediatric Unit authorized? (M)
      e. Is a Point-of-Care Laboratory for every Pediatric Unit authorized? (M)
      f. Is storage of Patient Records in every Pediatric Unit authorized? (M)
      g. Is a Pediatric Unit Graduate Medical Education / Training Program authorized? (M)
         1. How many Pediatric Unit Resident and Student FTE positions are authorized? (S)
      h. Is a Pediatric Unit Common Family Area authorized? (M)

B. Workload Input Data Statements
      a. How many Pediatric beds are projected? (W)
      b. How many Pediatric Negative Pressure Isolation beds are authorized? (W)
      c. How many Pediatric Positive Pressure Isolation beds are authorized? (W)

C. Staffing Input Data Statements
      a. How many Pediatric Unit provider FTE positions are authorized for every Pediatric Unit? (S)
         1. How many Pediatric Unit provider FTE positions are authorized to have a private office in the Pediatric Unit Staff and Administrative Area? (S)
         2. How many Pediatric Unit provider FTE positions are authorized to have a shared office in the Pediatric Unit Staff and Administrative Area? (S)
         3. How many Pediatric Unit provider FTE positions are authorized to have a cubicle in the Pediatric Unit Staff and Administrative Area? (S)
      b. How many Pediatric Unit non-provider FTE positions are authorized for every Pediatric Unit? (S)
         1. How many Pediatric Unit non-provider FTE positions are authorized to have a private office in the Pediatric Unit Staff and Administrative Area? (S)

2. How many Pediatric Unit non-provider FTE positions are authorized to have a shared office in the Pediatric Unit Staff and Administrative Area? (S)

3. How many Pediatric Unit non-provider FTE positions are authorized to have a cubicle in the Pediatric Unit Staff and Administrative Area? (S)

D. Miscellaneous Input Data Statements

a. How many Pediatric Patient Tub Rooms, for every Pediatric Unit, are authorized? (Misc)

b. Is a Sub-Waiting for the Pediatric Common Staff and Administrative Area authorized? (Misc)

9 SPACE PLANNING CRITERIA: PEDIATRIC UNITS

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. **FA 17: Pediatric Unit Calculation:**

1. **Number of Pediatric Units (CALC1)..0 NSF**
The minimum number of patient beds, of all types, to generate one Pediatric Unit is eight; the maximum is fifteen.

B. **FA 18: Pediatric Unit Common Reception Area:**

1. **Waiting (WRC01)...120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four Pediatric, Negative Pressure Isolation Pediatric, and Positive Pressure Isolation Pediatric bedrooms greater than eight.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area.

2. **Playroom (PLAY1) .... 120 NSF**
Provide one for the Common Pediatric Unit Reception Area.

This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed area included in or adjacent to General Waiting.

3. **Reception (RECP1) ....120 NSF**
Provide one for the Common Pediatric Unit Reception Area.

Allocated NSF accommodates up to four receptionists and circulation.

4. **Consult Room (OFDC2)..120 NSF**
Provide one for the Common Pediatric Unit Reception Area.

5. **Alcove, Wheelchair (SRLW1) ....60 NSF**
Provide one for the Common Pediatric Unit Reception Area.

C. **FA 19: Pediatric Unit Patient Care Area:**

1. **Bedroom, Pediatric (BRPB1)...360 NSF**
Provide one per each projected Pediatric Bed.

2. **Toilet / Shower, Pediatric Patient (TLTS2)**..60 NSF
   Provide one per each Pediatric bedroom.

3. **Workstation, Caregiver (OFA03)** ....60 NSF
   Provide one for every increment of two Pediatric Bedrooms if Caregiver Workstations are authorized.

   Decentralized caregiver workstations provided for every two patient rooms. These charting stations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.

4. **Bedroom,**
   Negative Pressure Isolation Pediatric (BRIT1)......................................360 NSF
   Provide one per each Negative Pressure Isolation Pediatric Bed authorized.

   The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

5. **Anteroom,**
   Negative Pressure Isolation Pediatric Bedroom (BRAR1) ....120 NSF
   Provide one per each Negative Pressure Isolation Pediatric Bedroom if authorized per the MTFs Infection Control Risk Assessment (ICRA).

6. **Toilet / Shower,**
   Negative Pressure Isolation Pediatric Patient (TLTS2)..........................60 NSF
   Provide one per each Negative Pressure Isolation Pediatric Bedroom.

7. **Bedroom,**
   Positive Pressure Isolation Pediatric (BRIT2).......................................360 NSF
   Provide one per each Positive Pressure Isolation Pediatric Bed authorized.

8. **Anteroom,**
   Positive Pressure Isolation Pediatric Bedroom (BRAR2).....................120 NSF
   Provide one per each Positive Pressure Isolation Pediatric Bedroom.

9. **Toilet / Shower,**
   Positive Pressure Isolation Pediatric Patient (TLTS2)...........................60 NSF
   Provide one per each Positive Pressure Isolation Pediatric Bedroom.

10. **Tub Room, Pediatric Patient (TUB01)**...120 NSF
    Provide one per each Pediatric Patient Tub Room authorized for every Pediatric Unit Patient Care Area.

11. **Toilet, Pediatric Patient (TLTU1)** ....60 NSF
    Provide one per each Pediatric Unit.

    Locate adjacent to Tub Room or Dayroom

12. **Playroom (PLAY1)**..120 NSF
    Provide one per each Pediatric Unit.

13. **Day Room (DAYR1)**...240 NSF
    Provide one per each Pediatric Unit.

    Teen Room

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14. **Classroom (CLR01)** .... **240 NSF**
Provide one per each Pediatric Unit.

This Room Code provides table and chairs; if writing armchairs and no conference table are to be provided use CLR02.

15. **Storage, Developmental Supplies (SRE01)** .... **120 NSF**
Provide one per each Pediatric Unit.

16. **Procedure Room (TRGM1)** .... **180 NSF**
Provide one per each Pediatric Unit.

17. **Nurse Station (NSTA1)** .... **120 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.

18. **Monitoring Room (NSTA3)** .... **60 NSF**
Provide one if a Monitoring Room for each Pediatric Unit is authorized.

It may be outfitted to accommodate multiple types of patient monitoring (e.g., Hemodynamic, Telemetry, Neurological, and / or Epilepsy) and accommodates workspace for one staff member. Depending on concept of operations, multiple unit monitoring rooms can be consolidated into a single room.

19. **Team Collaboration Room (WRCH1)** .... **120 NSF**
Minimum one per each Pediatric Unit; provide an additional one if the number of beds in the Pediatric Unit is between twelve and fifteen.

Allocated NSF provides space for staff collaboration with touchdown computer stations for documentation and a table with chairs.

D. **FA 20: Pediatric Unit Support Area:**

1. **Laboratory, Point-of-Care (LBSP1)** .... **120 NSF**
Provide one if a Point-of-Care Laboratory for every Pediatric Unit is authorized.

A testing room to provide point-of-care testing with transportable, portable and handheld instruments. e.g. blood glucose testing with glucometers, urine strips testing, etc.

2. **Medication Room (MEDP1)** .... **120 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.

Allocated NSF provides space for a work counter, sink, refrigerator and locked storage for biological or drugs. Accommodates space for automated medication dispensing machine.

3. **Nourishment Room (NCWD1)** .... **120 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.

Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments.

4. **Utility Room, Clean (UCCL1)** .... **120 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF

if the number of beds in the Pediatric Unit is between twelve and fifteen.

Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

5. **Utility Room, Soiled (USCL1)** ....**120 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.

Allocated NSF provides space to handle soiled carts as well as space for a handwashing station, a work counter, space for waste and soiled linen receptacles and provisions for disposal of liquid waste.

6. **Storage, Equipment (SRSE1)** ....**120 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.

7. **Storage, Stretcher (SRLW1)** ....**60 NSF**
Provide one per each Pediatric Unit.

8. **Storage, Gas Cylinder (SRGC2)** ....**60 NSF**
Provide one per each Pediatric Unit.

Portable Oxygen tanks.

9. **Alcove, Crash Cart (RCA01)** ....**60 NSF**
Provide one per each Pediatric Unit.

Allocated NSF provides space for two carts.

10. **Alcove, Portable Imaging (XRM01)** ....**60 NSF**
Provide one per each Pediatric Unit.

E. **FA 21: Pediatric Unit Staff and Administrative Area:**

1. **Office, Private (OFA04)** ....**120 NSF**
Provide one per each Pediatric Unit provider and non-provider FTE position authorized to have a private office in the Pediatric Unit Staff and Administrative Area.

2. **Office, Shared (OFA05)** ....**120 NSF**
Provide one for every increment of two Pediatric provider and non-provider FTE positions authorized to have a shared office in the Pediatric Unit Staff and Administrative Area.

3. **Cubicle (OFA03)** ....**60 NSF**
Provide one per each Pediatric provider and non-provider FTE position authorized to have a cubicle in the Pediatric Unit Staff and Administrative Area in the Pediatric Unit Staff and Administrative Area.

These cubicles may be collocated in a shared space or dispersed as required.

4. **Storage, Patient Records (MRS01)** ....**120 NSF**
Provide one if storage of Patient Records in every Pediatric Unit is authorized.

The Military Health System is moving towards an integrated electronic medical

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record. If required, space for paper medical records for patients will be planned.

5. **Conference Room (CRA01)**..**240 NSF**
*Minimum NSF; provide one per each I Pediatric Unit; provide an additional 120
NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.*

Planner must determine adequacy and availability of existing Conference Room
space and the ability to optimize resources by sharing Conference Room space
with other departments.

6. **Copier (RPR01)** ....**120 NSF**
Provide one per each Pediatric Unit.

This is a room for the copier / printer / scanner. It may be located directly adjacent
to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01)**..**60 NSF**
Provide one per each Pediatric Unit.

Allocated NSF provides space for office supplies, patient forms and literature.

8. **Lounge, Staff (SL001)**...**120 NSF**
*Minimum NSF; provide one per each Pediatric Unit; provide an additional 120
NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.*

9. **Locker / Changing Room, Male Staff (LR002)**...**120 NSF**
*Minimum NSF; provide one for every Pediatric Unit if the total number of provider
and non-provider FTE positions authorized for every Pediatric Unit is between five
and thirteen; provide an additional 10 NSF per each provider and non-provider
FTE position authorized for every Pediatric Unit if the total number of provider and
non-provider FTE positions authorized for every Pediatric Unit is greater than
thirteen.*

Provide locker space only for those FTE Providers without assigned office or
cubicle space.

10. **Locker / Changing Room, Female Staff (LR002)**.....................................**120 NSF**
*Minimum NSF; provide one for every Pediatric Unit if the total number of provider
and non-provider FTE positions authorized for every Pediatric Unit is between five
and thirteen; provide an additional 10 NSF per each provider and non-provider
FTE position authorized for every Pediatric Unit if the total number of provider and
non-provider FTE positions authorized for every Pediatric Unit is greater than
thirteen.*

Provide locker space only for those FTE Providers without assigned office or
cubicle space.

11. **Toilet / Shower, Male Staff (TLTS1)** ....**60 NSF**
*Minimum one for every Pediatric Unit if the total number of provider and non-
provider FTE positions authorized for every Pediatric Unit is between five and
thirteen; provide an additional one if the total number of provider and non-provider
FTE positions authorized for every Pediatric Unit is greater than thirteen.*

12. **Toilet / Shower, Female Staff (TLTS1)** ....**60 NSF**
*Minimum one for every Pediatric Unit if the total number of provider and non-
provider FTE positions authorized for every Pediatric Unit is between five and
thirteen; provide an additional one if the total number of provider and non-provider*

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FTE positions authorized for every Pediatric Unit is greater than thirteen.

13. **Lockers, Personal Property (LR001)...60 NSF**
Minimum NSF; provide one per each Pediatric Unit; provide an additional 3 NSF per each Pediatric Unit FTE position not assigned a private office, shared office or cubicle greater than ten.

F. **FA 22: Pediatric Unit Common Staff and Administrative Area:**

1. **Office, Unit Chief (OFA04) ....120 NSF**
Provide one for the Pediatric Common Staff and Administrative Area.

2. **Office, Executive Assistant (OFA04)....................................120 NSF**
Provide one for the Pediatric Common Staff and Administrative Area.

3. **Sub-Waiting (WRC03) ....60 NSF**
Provide one if a Sub-Waiting for the Pediatric Common Staff and Administrative Area is authorized.

Allocated NSF provides space for minimum of two seats plus circulation.

4. **Office, NCOIC / LCPO / LPO (OFA04)....................................120 NSF**
Provide one for the Pediatric Unit Common Staff and Administrative Area.

5. **Conference Room (CRA01) ....240 NSF**
Minimum NSF; provide an additional 120 NSF for every increment of two Pediatric Units greater than two.

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01)..120 NSF**
Provide one for the Pediatric Unit Common Staff and Administrative Area.

This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01) ....60 NSF**
Provide one for the Pediatric Unit Common Staff and Administrative Area.

Allocated NSF provides space for office supplies, patient forms and literature.

8. **On-Call Room (DUTY1) ....120 NSF**
Provide one per each Pediatric Unit.

9. **Toilet / Shower, On-Call Room (TLTS1)...................................60 NSF**
Provide one for each On-Call Room.

G. **FA 23: Pediatric Unit Common GME Education / Training Area:**

1. **Office, Residency Program Director (OFA04) .... 120 NSF**
Provide one if a Pediatric Unit Graduate Medical Education / Training program is authorized.

2. **Resident Collaboration Room (WKTM1)................................240 NSF**
Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Pediatric Unit Graduate Medical

Education (GME) / Training program is authorized.

This room will contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

3. **Classroom / Conference Room (CLR01) .... 240 NSF**
Provide one if the total number of Resident / Student FTE positions is greater than five if a Pediatric Unit Graduate Medical Education (GME) / Training program is authorized.

Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

H. **FA 24: Pediatric Unit Common Family Area:**
Locate outside / accessible to Pediatric Nursing Unit(s)

1. **Lounge (SL001).. 120 NSF**
Provide one if a Pediatric Unit Common Family Area is authorized.

2. **Playroom (PLAY1) .... 120 NSF**
Provide one if a Pediatric Unit Common Family Area is authorized.

This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

3. **Kitchenette (IPK01)... 120 NSF**
Provide one if a Pediatric Unit Common Family Area is authorized.

4. **Storage, Family Area (SRPB1) .... 120 NSF**
Provide one if a Pediatric Unit Common Family Area is authorized.

5. **Toilet, Visitor (TLTU1).. 60 NSF**
Provide two if a Pediatric Unit Common Family Area is authorized.

6. **Shower, Visitor (TLTS1) .... 60 NSF**
Provide two if a Pediatric Unit Common Family Area is authorized.

10 PROGRAM DATA REQUIRED (Input Data Questions): SUBSTANCE ABUSE / ALCOHOL REHABILITATION UNITS

A. Mission Input Data Statements
1. Are Substance Abuse / Alcohol Rehabilitation Units authorized? (M)
   a. Is a Point-of-Care Laboratory for the Substance Abuse / Alcohol Rehabilitation Unit authorized? (M)
   b. Is Patient Records storage in the Substance Abuse / Alcohol Rehabilitation Unit authorized? (M)
   c. Is a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program authorized? (M)
      1. How many Resident / Student FTE positions are authorized? (S)

B. Workload Input Data Statements
   a. How many Substance Abuse / Alcohol Rehabilitation Unit beds are projected? (W)

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1. How many projected Substance Abuse / Alcohol Rehabilitation Unit beds are authorized to be accommodated in a Double Occupancy Bedroom? (Misc) (Remainder will be accommodated in a Single Occupancy Bedroom)
2. Is an additional Seclusion Bedroom for each Substance Abuse / Alcohol Rehabilitation Unit authorized? (Misc)

C. Staffing Input Data Statements
   a. How many Substance Abuse / Alcohol Rehabilitation Unit provider FTE positions are authorized for every Substance Abuse / Alcohol Rehabilitation Unit? (S)
      1. How many Substance Abuse / Alcohol Rehabilitation Unit provider FTE positions are authorized to have a private office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area? (S)
      2. How many Substance Abuse / Alcohol Rehabilitation Unit provider FTE positions are authorized to have a shared office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area? (S)
      3. How many Substance Abuse / Alcohol Rehabilitation Unit provider FTE positions are authorized to have a cubicle in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area? (S)
   b. How many Substance Abuse / Alcohol Rehabilitation Unit non-provider FTE positions are authorized for every Substance Abuse / Alcohol Rehabilitation Unit? (S)
      1. How many Substance Abuse / Alcohol Rehabilitation Unit non-provider FTE positions are authorized to have a private office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area? (S)
      2. How many Substance Abuse / Alcohol Rehabilitation Unit non-provider FTE positions are authorized to have a shared office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area? (S)
      3. How many Substance Abuse / Alcohol Rehabilitation Unit non-provider FTE positions are authorized to have a cubicle in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area? (S)

D. Miscellaneous Input Data Statements
   a. Is Sub-Waiting for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area authorized? (Misc)

11 SPACE PLANNING CRITERIA: SUBSTANCE ABUSE / ALCOHOL REHABILITATION UNIT

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. FA 25: Substance Abuse / Alcohol Rehabilitation Unit Calculation:

1. **Number of Substance Abuse / Alcohol Rehabilitation Units (CALC1) ....0 NSF**
   The minimum number of patient beds, of all types, to generate one Substance Abuse / Alcohol Rehabilitation Unit is eight; the maximum is fifteen.

B. **FA 26: Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area**:

1. **Waiting (WRC01)**..**120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of six Substance Abuse / Alcohol Rehabilitation bedrooms (Single Occupancy and Double Occupancy) and Seclusion Bedrooms greater than fifteen.

   Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one Bariatric bench seat at 36 NSF and circulation area.

2. **Reception (RECP1)**..**120 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area.

   Allocated NSF accommodates up to four Receptionists and circulation.

3. **Consult Room (OFDC2)**..**120 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area.

4. **Alcove, Wheelchair (SRLW1)**..**60 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area.

C. **FA 27: Substance Abuse / Alcohol Rehabilitation Unit: Patient Care Area**:

1. **Bedroom, Substance Abuse /
Alcohol Rehabilitation (Single Occupancy) (BRNP1)**..........................**240 NSF**
Provide one per each projected Substance Abuse / Alcohol Rehabilitation Unit bed authorized to be accommodated in a Single Occupancy Bedroom.

2. **Bedroom, Substance Abuse /
Alcohol Rehabilitation (Double Occupancy) (BRNP2)**.........................**240 NSF**
Provide one per each projected Substance Abuse / Alcohol Rehabilitation Unit bed authorized to be accommodated in a Double Occupancy Bedroom.

3. **Toilet / Shower,
Substance Abuse / Alcohol Rehabilitation Patient (TLTP3)**..................**60 NSF**
Provide one per each Single and Double Occupancy Substance Abuse / Alcohol Rehabilitation Bedroom.

4. **Workstation, Caregiver (OFA03)**...**60 NSF**
Provide one for every increment of two Substance Abuse / Alcohol Rehabilitation bedrooms.

   Decentralized caregiver workstations provided for every two patient rooms. These charting stations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.

5. **Bedroom, Seclusion (BRNP5)**..**240 NSF**
Minimum one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional one per each Substance Abuse / Alcohol Rehabilitation Unit if authorized.

   A single occupancy room for a patient with behavioral and / or medical problems that requires close supervision.

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6. **Anteroom, Seclusion (BRNP6)**...**120 NSF**
Provide one per each Seclusion Room.

7. **Toilet, Seclusion Patient (TLTP2)**...**60 NSF**
Provide one per each Seclusion Room.

8. **Activity Room, Multipurpose (OPMH1)**...................................**240 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

9. **Dining Room, Patient (IPK01)**...**120 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

10. **Laundry Room, Patient (LAUN1)**...**120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

11. **Team Collaboration Room (WRCH1)**..**120 NSF**
Minimum one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional one if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Allocated NSF provides space for staff collaboration with touchdown computer stations for documentation and a table with chairs.

D. <u>**FA 28: Substance Abuse / Alcohol Rehabilitation Unit: Support Area**</u>:

1. **Laboratory, Point-of-Care (LBSP1)**..**120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation Unit if a Point-of-Care Laboratory for each Substance Abuse / Alcohol Rehabilitation Unit is authorized.

A testing room to provide point-of-care testing with transportable, portable and handheld instruments. e.g. blood glucose testing with glucometers, urine strips testing, etc

2. **Medication Room (MEDP1)**...**120 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Allocated NSF provides space for a work counter, sink, refrigerator and locked storage for biological or drugs. Accommodates space for automated medication dispensing machine.

3. **Nourishment Room (NCWD1)**...**120 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments.

4. **Utility Room, Clean (UCCL1)**...**120 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

5. **Utility Room, Soiled (USCL1)**...**120 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Allocated NSF provides space to handle soiled carts as well as space for a handwashing station, a work counter, space for waste and soiled linen receptacles and provisions for disposal of liquid waste.

6. **Storage, Equipment (SRSE1)**...**120 NSF**
Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

7. **Storage, Crash Cart (RCA01)** ....**120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

Allocated NSF provides space for two carts.

8. **Storage, Stretcher (SRLW1)**...**60 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

E. **FA 29: Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area:**

1. **Office, Private (OFA04)**..**120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation provider and non-provider FTE position authorized to have a private office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.

2. **Office, Shared (OFA05)**..**120 NSF**
Provide one for every increment of two Substance Abuse / Alcohol Rehabilitation provider FTE positions authorized to have a shared office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.

3. **Cubicle (OFA03)**...**60 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation provider and non-provider FTE position authorized to have a cubicle in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.

These cubicles may be collocated in a shared space or dispersed as required.

4. **Storage, Patient Records (MRS01)** ....**120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation Unit if Patient Records storage in the Substance Abuse / Alcohol Rehabilitation Unit is authorized.

The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.

5. **Conference Room (CRA01) ....240 NSF**
   Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01)..120 NSF**
   Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

   This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01) ....60 NSF**
   Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

   Allocated NSF provides space for office supplies, patient forms and literature.

8. **Lounge, Staff (SL001) ....120 NSF**
   Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

9. **Lockers, Personal Property (LR001)..60 NSF**
   Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 3 NSF per each Substance Abuse / Alcohol Rehabilitation FTE position not assigned a private office, shared office, or cubicle greater than ten.

F. **FA 30: Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area:**

   1. **Office, Unit Chief (OFA04) ....120 NSF**
      Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.

   2. **Office, Executive Assistant (OFA04)...120 NSF**
      Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.

   3. **Sub-Waiting (WRC03) ....60 NSF**
      Provide one if a Sub-Waiting for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area is authorized.

      Allocated NSF provides space for minimum of two seats plus circulation.

   4. **Office, NCOIC / LCPO / LPO (OFA04)..120 NSF**
      Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.

5. **Conference Room (CRA01)** .... **240 NSF**
   Minimum NSF; provide an additional 120 NSF for every increment of two Substance Abuse / Alcohol Rehabilitation Units greater than two.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01)** .... **120 NSF**
   Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.

   This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Office Supplies (SRS01)** .... **60 NSF**
   Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.

   Allocated NSF provides space for office supplies, patient forms and literature.

8. **On-Call Room (DUTY1)** .... **120 NSF**
   Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

9. **Toilet / Shower, On-Call Room (TLTS1)** .... **60 NSF**
   Provide one for each On-Call Room.

G. <u>**FA 31: Substance Abuse / Alcohol Rehabilitation Unit Common GME Education / Training Area**</u>:

1. **Office, Residency Program Director (OFA04)** .... **120 NSF**
   Provide one if a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program is authorized.

2. **Resident Collaboration Room (WKTM1)** .... **240 NSF**
   Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program is authorized.

   This room will contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

3. **Classroom / Conference Room (CLR01)** .... **240 NSF**
   Provide one if the total number of Resident / Student FTE positions authorized is greater than five and if a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program is authorized.

   Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

12 PLANNING AND DESIGN CONSIDERATIONS

The following design considerations are intended to provide planners and designers with guidance on how to follow world-class and evidence-based design strategies for new and renovation of existing healthcare facilities. For a more comprehensive list, refer to the

latest version of the *World Class Checklist* (https://facilities.health.mil/home/). Also refer to Section 1.2 – 6, Design Considerations and Requirements of the latest version of *Guidelines for Design and Construction of Health Care Facilities of the Facility Guidelines Institute (FGI)*.

General

A. The net-to-department gross factor (NTDG) for Nursing Units is **1.50**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area.

B. Design Nursing Units to allow for separation of adult and pediatric patients.

C. Design should reflect a patient- and family-centered model of care. Separation of patient, visitor and support traffic should be considered to the greatest extent possible, and should be considered in the placement of the bed tower and in connections to ancillary services.

D. When and where possible inpatient Nursing Units will be collocated adjacent to Outpatient Clinics with the same specialty. Integrating inpatient and outpatient programs helps provide a continuum of care.

E. Maximize non-institutional design features in order to provide a more therapeutic healing environment. Daylighting, window views of nature, access to gardens, indoor plants, and nature photography will provide positive distraction and may alleviate patient pain, stress and anxiety.

F. Clearly define patient flows and facilitate wayfinding.

G. A separate flow should be created between patients and staff ("on stage" and "off stage") to provide privacy, safety and patient/staff satisfaction.

H. Consider efficiency of layout such that walking distances of the routes staff repeatedly take are kept to a minimum.

   1. Consider providing decentralized caregiver workstations that are distributed throughout the nursing unit to allow nurses to spend more time with patients and less time walking. These workstations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.

   2. Consider patient servers or cabinets to locate frequently used supplies and linen, thus decreasing frequent trips by nursing staff to and from the clean utility room.

I. Consider designing staff lounge as a place of respite, utilizing lighting and technology. (e.g., backlit art; controllable lighting; soft, natural colors; ergonomically supportive furniture; and soft music).

J. Careful consideration should be given to both the type of hand-washing station that is installed and its placement. Hand washing sinks and alcohol-based hand-rub dispensers must be visible and accessible in patient rooms and treatment areas. Ensure convenient access to the medication station and nourishment area as well

K. Design for flexibility and adaptability to accommodate future expansion.

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L. The Medication Preparation Room should be enclosed to minimize distractions. A glass wall or walls may be advisable to permit observation of patients and unit activities.

M. Patient Room

1. Provide wardrobe and shelf space for patient's personal items, flowers, etc.

2. Consider providing overnight accommodation for one guest within the patient room and include desk, internet access, TV and locked storage.

3. Provide same-handed patient rooms where appropriate. This means that the working arrangement and features are all situated in the same place in all rooms.

4. Consider providing acuity-adaptable rooms to allow for maximum flexibility. For example, a patient bedroom can readily be converted to an ICU patient bedroom as needed. In addition, standardization of room and modular design should allow for flexibility to adapt to new technologies and respond to changes in patient volumes.

5. Consider installing ceiling lifts where needed to promote safety.

6. Control of sound transmission between rooms is a critical design consideration. Consideration for acoustic privacy must also be made wherever patient information is exchanged.

N. Team collaboration rooms and staff areas should be located so staff members may have conversations regarding patients and clinical matters without being heard by patients or visitors.

O. Provisions for bariatric patients should be included where applicable.

P. In all equipment storage rooms, assure adequate power is provided for all equipment house within these room.

Medical-Surgical Units

A. New acute medical / surgical nursing units should generally be planned with no more than 60 beds per unit. However, the optimal number of beds on a given nursing unit or floor is related to the modular divisibility of the total number. For example, a 60-bed nursing unit can be divided into two 15-bed sub-units.

B. Oncology nursing unit patient rooms should be designed to prevent environmental transmission of communicable microorganisms.

Intensive Care Units

A. Patients should be visually observed at all times. This can be achieved in a variety of ways. If a central station is chosen, it should be located to allow for complete visual control of all patient beds in the critical care unit. If a central station is not chosen, the unit should be designed to provide visual contact between patient beds so that there can be constant visual contact between the nurse and patient.

B. No through traffic to other departments should occur. Transportation of patients to and from the critical care units should be separated from public corridors and patient waiting.

C. Location should be chosen carefully so that the unit is adjacent to, or within direct elevator travel to and from, the Emergency Department, Operating Room, intermediate care units (step-down), and Radiology Department.

D. Where a traditional ICU is being planned, the number of ICU beds should ideally be based on an analysis of the unique patient population to be accommodated at the specific hospital site. Where less than six ICU beds is required, consider creating a pod / module in a larger medical-surgical unit in lieu of constructing a physically separate and isolated small ICU. If more than twelve ICU beds are required, the unit should be divided into two sub-modules. Dedicated ICUs should generally be limited to eight beds and supported by an additional ICU pod or module that is part of a larger medical - surgical nursing unit if necessary. In this case, the ICU pod could also be used for specific patients (e.g., CCU integrated with other cardiology patients, ventilator-dependent patients). Another option would be to supplement a single traditional ICU with one or more acuity-adaptable medical - surgical units that can be used for overflow of high-acuity patients as needed.

Pediatric Units

A. A dedicated Pediatrics Unit (for infants and children) will be unusual. More common is a group or pod of Medical - Surgical patient rooms designated for younger patients. Special requirements of a Pediatrics Unit include a treatment room for invasive or painful procedures; parent rooming-in accommodations; parent/family toilet and shower facilities; a parent lounge; consultation space; and storage space for beds, cribs, strollers, wagons, etc. Pediatric patient rooms should be sized and configured the same as adult patient rooms in order to accommodate either cribs or standard beds at any given time.

B. Provide a physical environment with consideration given to the Pediatric population. Select artwork that relates to adolescents and children.

C. Play, used as a therapeutic tool, reduces tension, anxiety, anger, frustration and conflict among pediatric patients and provides a means for children to "play out" frightening, stressful or frustrating experiences. Age appropriate play areas are recommended on all pediatric units. Needs and preferences of children of different age groups as well as therapy goals should be considered when designing these spaces.

D. Consider working with a Child Life Specialist to design the playroom to accommodate various child age groups.

E. Ensure nurses have visibility into all patient rooms.

F. Provide natural light in all patient rooms.

G. Provide parent areas in all patient bedrooms.

H. Ensure that all services (electrical outlets, gases, and suction) are mounted reasonably high on the wall, over the bed area, and spaced far apart.

I. Provide child proofed electrical outlets in any adjacent playground areas.

J. Provide a formula refrigerator in the nourishment station.

K. Provide access for computer services for children and families.

Substance Abuse - Alcohol Rehabilitation Units

A. Create a non-institutional, home-like environment.

B. Layout should incorporate an open and bright design.

C. Unit configuration should be based on a pod-like design and should be absent of long corridors in order to promote social engagement and interaction of patients and staff.

D. Provide space for group dining, recreation, therapy, and family visitation.

E. Layout should be free of blind corners.

F. In addition to traditional patient bedrooms, at least one seclusion room should be provided in which a patient can have therapeutic time alone without the possibility of hurting him/herself and needing restraints. Seclusion Rooms are designed to minimize the potential for self-inflicted patient injury, suicide, escape, or hiding and locate in such a way to permit staff observation of the entrance (e.g., adjacent to the nurse station). Each seclusion room requires an anteroom and a contiguous patient toilet room with entry to the patient toilet room via the anteroom.

G. Once the number and type of patients have been determined, the appropriate individual and group therapy spaces and recreation areas can be identified. The extent of daily activity and recreation spaces will depend primarily on the specific program and length of stay (10 days versus 60 days).

H. A greater proportion of double patient rooms are generally desired for Substance Abuse/Alcohol Rehabilitation Units to create the appropriate therapeutic environment. Substance abuse/alcohol rehabilitation should only be provided within an acute care hospital if no other non-hospital setting is available.

I. Indoor patient activity areas should have access to natural light and views of nature.

J. Provide attractive, secure outdoor spaces directly off the unit.

K. Consideration should be given to incorporating healing gardens.

L. Incorporate wall color, trim, accent colors, and securely-anchored artwork in common areas and patient rooms.

M. Minimize the potential for furnishings, fixtures, and equipment within the unit to be used as a weapon or anchor point for hanging.

Accommodating High-Acuity Patients
High-acuity patients who require constant clinical observation and/or treatment for unstable or critical medical-surgical conditions have been historically aggregated in intensive care units (ICUs). The layout of a traditional ICU is characterized by large, easily accessible patient rooms that are grouped so each patient is visible from a central nurse station (provider team monitoring / communication area) with support / supply areas close at hand. Patient toilet / shower rooms are typically not provided for each patient room in an intensive care unit since these patients are not generally ambulatory due to their acuity. They would be transferred to an intermediate or general care unit at such time that they are capable of using a toilet/shower room. Due to the high-tech requirements and highly-skilled staff, intensive care units are expensive to build and operate.

More recently, the proliferation of ICUs is being challenged with cost-containment pressures, new monitoring technologies, and a lack of data supporting the effectiveness of aggregating patients in a specially-configured unit. There is concern that many ICU patients are either too ill or too well to benefit from the expensive technology and highly-skilled staff. With the use of a 1:1 or 1:2 nurse-to-patient staffing ratio and common acceptance or remote patient monitoring (e.g., e-ICU concept) the historical requirement for visualization of all patients from a single, central nurse station is being debated. The following alternatives to a traditional intensive care unit should be considered:

A. High-acuity nursing pod or module as part of a larger acute care medical – surgical unit with four to six intensive care rooms/cubicles that are located proximate to the central nurse station and share support services with the nursing unit. As an option, a dedicated nurse sub-station and decentralized supply inventory could be provided for the high-acuity pod. Since the staffing for the high-acuity pod would range from a 1:1 to 1:2 nurse-to-patient staffing ratio, the inefficiencies typically associated with a small nursing unit would not be an issue.

B. Acuity-adaptable patient rooms where staffing and equipment can be readily adjusted to meet the needs of various levels of patient acuity, thereby eliminating unnecessary transfers, overstaffing, and excessive treatment based on ICU protocols. Instead, critically-ill patients, regardless of their location within the hospital, would be monitored remotely (on- or off-site) using the e-ICU concept.

C. Chronic ventilator units or nursing pods to provide care for ventilator-dependent patients who may have been traditional been traditionally care for in expensive ICUs due to the absence of alternative facilities.

D. Chest pain center or observation unit typically located in or proximate to the emergency department, to provide extended observation and evaluation of patients complaining of chest pain and to eliminate unnecessary admissions to an ICU/CCU.

E. Extended recovery room hours to accommodate surgical patients who require 12 to 24 hours of intensive post-operative observation prior to being transferred to general care units or discharged.

This section uses the term "high-acuity" to refer to any patient who requires monitoring equipment and a higher nurse-to-patient staffing ratio than provided on a traditional acute care (medical-surgical) nursing unit regardless of where observation, monitoring, or treatment of the patient occurs (e.g., traditional ICU, dedicated nursing pod, or acuity-adaptable patient rooms on a medical-surgical nursing unit with or without the e-ICU concept).

Approaches to Using Acuity-Adaptable Rooms
To promote patient-centered care and ensure future flexibility, the provision of acuity-adaptable patient rooms should be considered when planning new hospital facilities. This approach to design and construction allows the staff of each nursing unit to determine how they will provide intensive and step-down care. On some units, patients may remain in one room throughout their stays with staffing and equipment adjusted to meet their needs; on another unit, high-acuity patients may be aggregated in one area. In either cases, the basic room module can easily be adapted. With the use of remote patient monitoring, as in the e-ICU concept, there is no need to configure an intensive care unit differently from a general medical-surgical nursing unit.

Variations in applying this concept to an entire hospital include:

A. Planning all acuity-adaptable patient rooms: In this case, all beds would be accommodated in single, acuity-adaptable patient rooms. If the primary goal is to provide patient-centered care and to minimize patient transfers, specific pods or nursing units may be designated by specialty (diagnosis or organ system) and nursing resources would be adjusted to the patients' needs throughout their hospital stay. Applying the most rigid interpretation of this concept, patients would generally be discharged from the same room to which they are admitted. Alternately, one or more nursing pods or clusters of patient rooms could be designated for high-acuity patients (e.g., ICU) and these patients would be transferred to another nursing unit or pod as they recover using more traditional staffing models. However, patient transfer would generally be limited to once per stay and the designation of pods of beds for intermediate step-down care would not occur. The planning of all acuity-adaptable patient rooms should be considered for smaller healthcare facilities.

B. Hybrid model that retains a traditional ICU: In this case, a traditional ICU would be planned and staffed for the highest-acuity patients with a patient / staffing ratio of 1:1 or 1:2 nurses per patient and all other medical-surgical beds would be accommodated in acuity-adaptable patient rooms. An eight to twelve-bed ICU would accommodate the sickest patients and once full, patients would be triaged to an acuity-adaptable patient room in a medical - surgical nursing unit where they would still be monitored and receive the appropriate level of nursing care. The ICU beds would not be planned with contiguous patient toilet/shower rooms.

C. Planning a single acuity-adaptable nursing unit: In lieu of constructing a traditional ICU, a single acuity-adaptable medical-surgical nursing would be planned to accommodate high-acuity patients and all other nursing units would be designed with traditional single patient rooms. Staffing levels on the acuity-adaptable nursing unit would be adjusted to reflect individual patient needs and most patients would be transferred to a traditional medical-surgical nursing unit prior to discharge.

In some cases, the primary goal of providing acuity-adaptable patient rooms may be long-term flexibility since these patient rooms can be adapted to changing demand and patient populations over time with minimal or no renovation.

Organizing Selected Patients by Specialty Rather Than Acuity Level
As an option for hospitals providing tertiary care, the full continuum of care (i.e., intensive, intermediate step-down and acute care) may be provided for a specific patient population on a single unit. This approach reduces the number of patient transfers, administrative steps involved with each move, improves the coordination and continuity of care, and potentially decreases medical errors. The patient remains on a single specialty-based unit with related decentralized clinical / ancillary services and is cared for by a small, multidisciplinary provider team. This concept should be considered where there is sufficient patient volume to support a dedicated specialty unit with a minimum of 24 beds.

An analysis of patient days of care by diagnostic related group (DRG), with DRGs aggregated according to the specific patients that could benefit from being aggregated on a given nursing unit, is helpful in determining the actual number of beds required by specialty (e.g., cardiology, orthopedics, and neurosciences). For example, DRGs 1 to 35 represent diagnoses and the associated patient days typically accommodated on a neurosciences unit. The appropriateness of maintaining a dedicated unit (e.g., minimum

number of beds) versus assigning the patients to a general medical or surgical unit can also be determined.

Isolation facilities

Isolations rooms are used for patients requiring airborne infection (respiratory) isolation and protective environment isolation. Patients in respiratory isolation, usually for tuberculosis or chicken pox, require isolation rooms with negative air flow/pressure. Patients in protective isolation, typically patients with compromised immune systems due to chemotherapy or organ transplants, require isolation rooms with positive air flow/pressure. The number and type of isolation rooms should ideally be based on an Infection Control Risk Assessment (ICRA). At a minimum, one isolation room for airborne infection (negative pressure) should be provided on each nursing unit (including dedicated ICUs) unless more are indicated based on an ICRA. If the ICRA warrants, a separate anteroom, in addition to the patient toilet/shower room, should also be planned for each negative pressure/airborne isolation room; all positive pressure/protective isolation rooms shall be planned with an anteroom.

Emergency mobilization considerations

It is assumed that all single medical-surgical patient rooms (excluding specifically designed ICU rooms) will have the capacity to expand to two beds under emergency conditions.

Patient room size, configuration, and amenities

All of the key planning issues, described above, will ultimately impact the size, configuration, and amenities to be provided in the patient room module on any given nursing unit. The size of the standard patient room module will have the most significant **impact** on the overall nursing unit space allocation and corresponding renovation or construction costs. The patient room and adjacent area should be designed to accommodate four functional zones of activity:

A. Patient zone includes life support systems (e.g., headwall, power column, ceiling-mounted), patient bed, and over-bed table. The patient shall have access to individual controls for lighting, communication, entertainment (TV/VCR/DVD), and privacy as required, as well as a window view to the outside. Beds may be equipped with advanced computer technology that will allow the staff to record the patient's weight and other vital data without disturbing the patient. A wardrobe for the patient's personal belongings shall be provided as well as a display shelf and bulletin board at viewing distance from the patient bed.

B. Care provider zone includes a data access/input station (charting) for the care provider and convenient access to all the equipment and supplies required for the care of the patient. Data access/input (charting) and decentralized supply and equipment storage may be accommodated at a nurse sub-station serving a small pod / group of patient rooms. Alternately, a flip-down desk with a flat screen monitor and/or data port, for use with a portable or hand-held device, may be located in the patient room, in an adjacent alcove within or immediately outside the patient room, or a mobile computer cart may be provided.

C. Family / visitor zone should include a recliner/sleeper chair, a side chair, and a side table with a data port for family members and visitors. A window bench that can be converted to a bed should be considered as space allows.

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Hygiene zone includes the patient toilet/shower room with handwashing lavatories provided in both the toilet / shower room as well as within the patient room or entry alcove to accommodate staff handwashing. Handwashing facilities must be conveniently located for use by care providers upon entering/exiting each patient room. Since toilet/shower rooms are not typically provided for ICU patients, a policy for the removal of human waste must be developed.

Planning the Centralized and Decentralized Nurse Stations.
The most important role of the central nurse station is as the communication hub for the unit since the central nurse station provides a workstation for the unit clerk/secretary who answers the phone, monitors nurse call status, coordinates communication between the various providers and caregivers and families, and may also perform data entry. The central nurse station also hosts a variety of professional staff, which are not exclusive to the unit such as case managers, discharge planners, social workers, dietitians, physical therapists, pharmacists, respiratory therapists, chaplains, and other members of the interdisciplinary team. Advances in technology have enabled nursing to move away from the traditional centralized nursing stations with paper charts and supplement or replace them with decentralized caregiver workstations and substations that are located closer to the point of care. This can improve visibility of the patient and reduce time spent walking. Centralized and decentralized nurse stations are planned utilizing the number of beds in the particular unit. Also considered in planning are the walking distances, accessibility, visibility and ease of supervision.

Provision of Patient Support Services
The systems for providing patient care support services (e.g., dietary, pharmaceuticals, supplies, patient equipment, and/or linen) must be determined prior to nursing unit space planning. Perhaps the most important decision will be whether support services will be decentralized to each nursing pod/module of approximately four to eight beds and collocated with the respective decentralized nurse sub-station. Historically patient charts, supplies, medications and soiled materials were stored in central locations on the nursing unit, and nurses spent significant time walking between patient rooms and central support areas. Patient support services are generally provided according to predetermined timetables and specific guidelines (e.g., breakfast served at 6 a.m., supplies replenished once a day according to pre-established quotas).

Specific issues to be considered in the planning of new nursing units include:

A. Dietary. It is assumed that a traditional food service system will be used where hot/cold food is delivered from a central kitchen facility directly to the patients on mobile carts according to a predetermined schedule. However, unit-based nourishment centers should allow a minimal number of trays to be refrigerated, reheated, and delivered to patients at alternative times. In some cases, the meals may be stored frozen in the unit's nourishment center and microwaved upon demand.

B. Supplies. Routine supplies used on the nursing unit may be stored centrally or decentralized to support a specific pod or module of patient rooms. Patient equipment should be cleaned and dispensed from a decentralized satellite unit rather than transported to another floor level to increase responsiveness to the patient's needs and decrease the time (and labor) spent transporting supplies and equipment between floor levels. Ideally, these satellites should be connected to a central sterile processing area via a vertical cart lift or robotic system.

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C. <u>Pharmacy</u>. To enhance pharmacy responsiveness, automated medication dispensing units or satellite pharmacies on patient care floors may dispense medications.

D. <u>Access to electronic health information</u>. Access to the Composite Health Care System (CHCS) should be provided in multiple locations throughout the nursing unit to reduce the time spent by the nurse to travel back and forth between the central nurse station to review and update patient information. At a minimum, data entry and access should be provided at the central nurse station, nurse sub-stations (if provided), and outside the patient room at the decentralized care giver workstations or inside the patient room at the bedside. Alternately, mobile computer carts may be provided. The security and confidentiality of patient data must be considered in the placement and configuration of computer screens / monitors to prevent unauthorized viewing, regardless of the location on the nursing unit.

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13 FUNCTIONAL RELATIONSHIPS

Relationship of DoD 410: Medical-Surgical Units to services listed below:

TABLE 2: MEDICAL-SURGICAL UNIT FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Emergency Department	4	C, G
Radiology	3	C, G
ICU	3	G, H
Surgery (Includes Prep and Recovery)	4	C, G
PT/OT	2, 3	G, H, I
Public Entry	3	H
Pharmacy	3	B, C, G, I
Laboratory	3	B, C, G, I
Food Service	3	E
Central Sterile	3	B
On-Call Rooms	4	G

TABLE 3: ICU/CCU FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Emergency Department	3	A, B, C, G, H
Surgery (Includes Prep and Recovery)	2, 3	A, B, C, G, H
Radiology	3	A, G, H
PT/OT	3	B
Respiratory Therapy	1, 2	A,B,G,H, I
Ventilator Storage	1	B, G, I
Medical-Surgical Units	3	G, H,
Pharmacy	1,2	B, C, G, I
Laboratory	3	B, C, G, I
Cardiovascular Labs	3	C, G
Endoscopy	3	C, G
Central Sterile	3	B
On-Call Rooms	2	C

TABLE 4: PEDIATRIC UNITS FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Emergency Department	3	H, J
NICU	1,2	A, B, C, G, I
Pediatric Clinic	2,3	A, B, H, I
Surgery	3	C
Radiology	3	G, I
PT/OT	3	G, I

TABLE 5: SUBSTANCE ABUSE/ALCOHOL REHABILITATION UNIT FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Emergency Department	3, 4	C, H
ICU	3, 4	C, H
Main Entrance	3, 4	C,H
Behavioral Health Clinic	3, 4	C, G, H,

Legend:

Relationship:

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor Acceptable
4. Limited Traffic

Reasons:

(Use as many as appropriate)

A. Common use of resources
B. Accessibility of supplies
C. Urgency of contact
D. Noise or vibration
E. Presence of odors or fumes
F. Contamination hazard
G. Sequence of work
H. Patient's convenience
I. Frequent contact
J. Need for security
K. Others (specify)

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14 FUNCTIONAL DIAGRAM

Functional Diagrams show the relationship of each functional area to the whole department. In some instances it shows important spaces within a functional area and how staff and patients may flow through the department. This diagram is not intended to serve as a "bubble diagram" that the planner / designer will create for an individual project. Size and shapes of spaces do not reflect actual configuration or square footage of spaces / rooms.

Refer to Functional Diagram(s) on next page(s)

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14 FUNCTIONAL DIAGRAM: MEDICAL-SURGICAL UNITS

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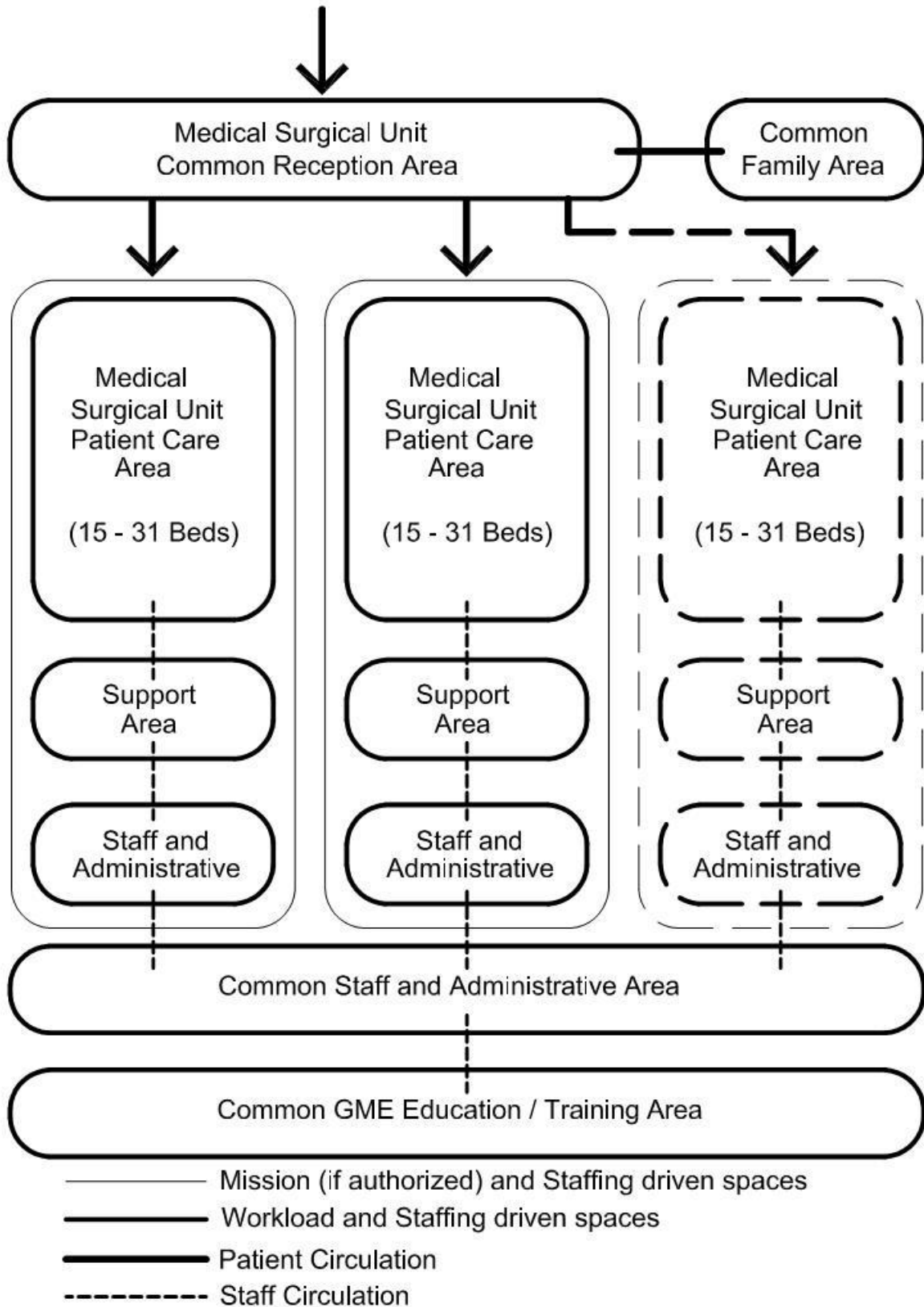
15 FUNCTIONAL DIAGRAM: ICU / CCU UNITS
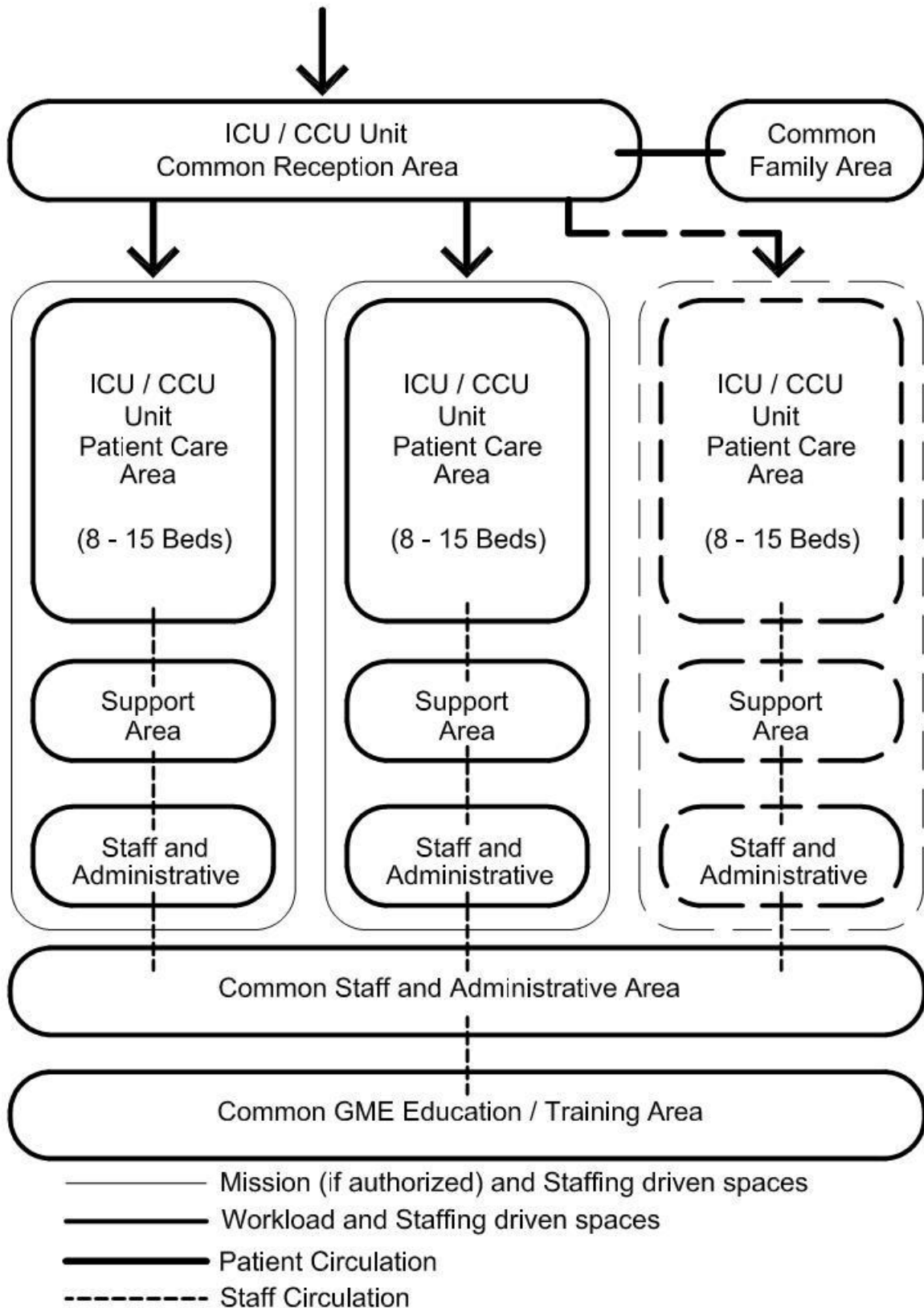
16 FUNCTIONAL DIAGRAM: PEDIATRIC UNITS

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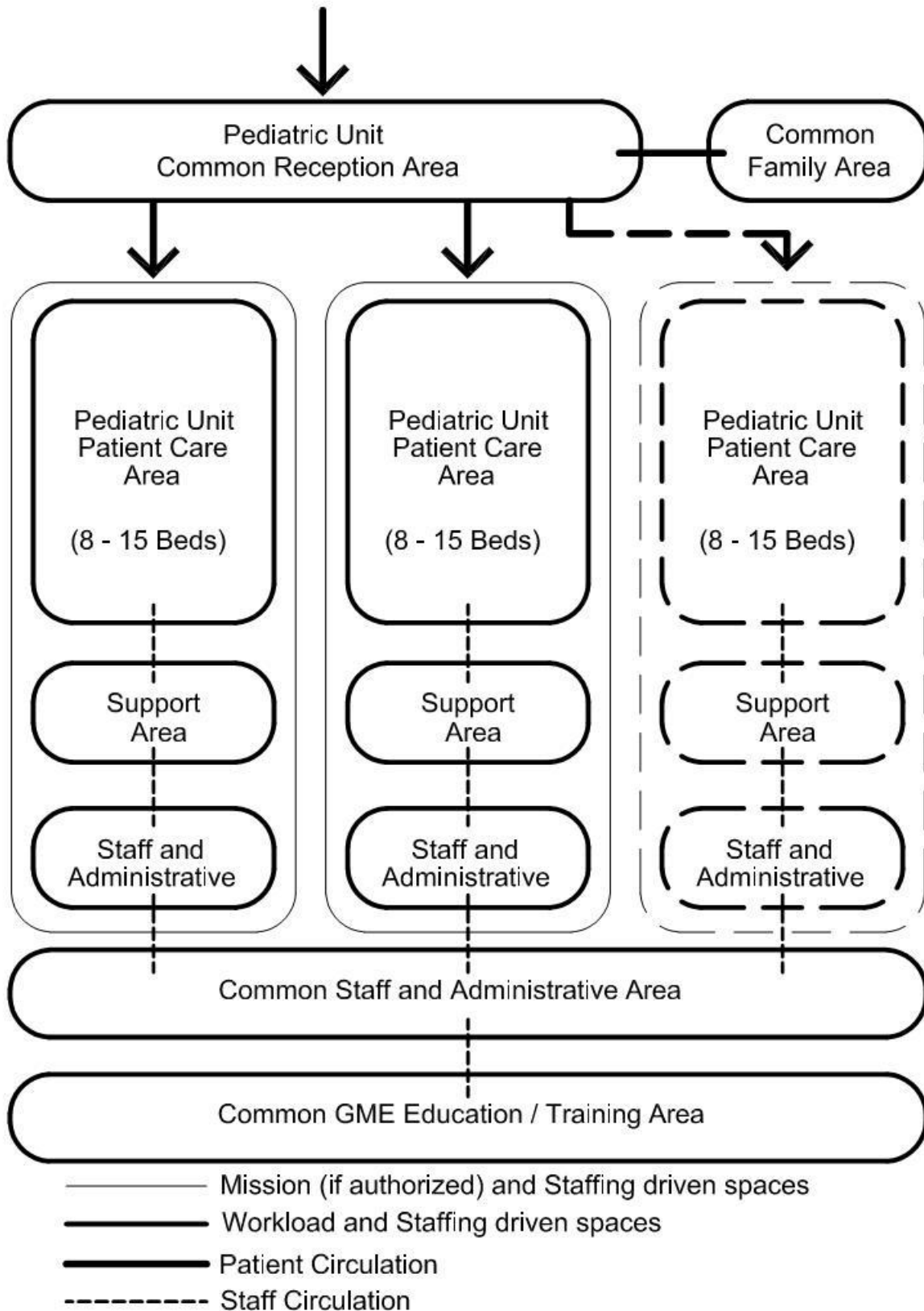
17 FUNCTIONAL DIAGRAM: SUBSTANCE ABUSE - ALCOHOL REHABILITATION UNITS

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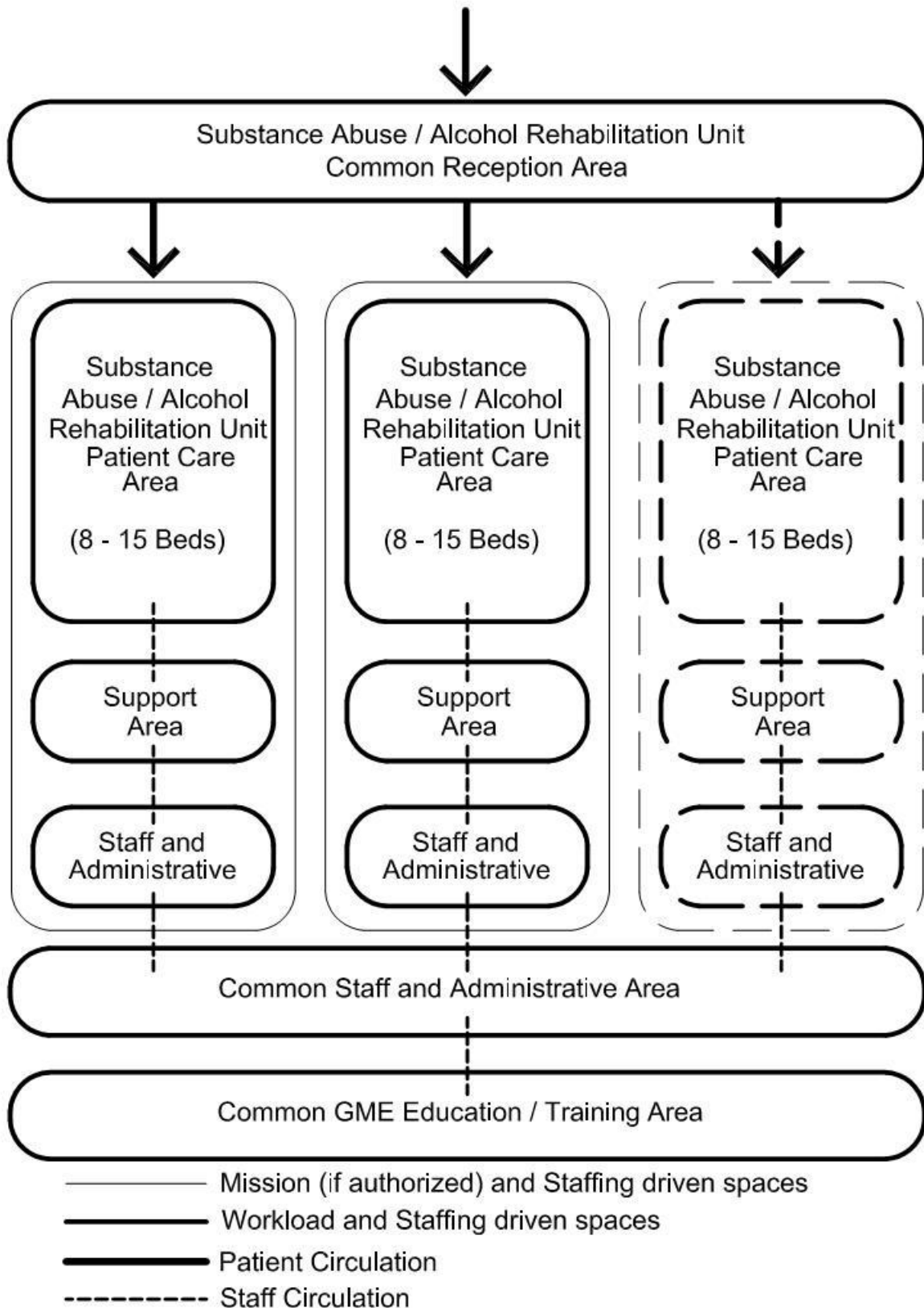
18 Appendix A: SPACE PLANNING CRITERIA SUMMARY

FA 1:Medical-Surgical Unit Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of Medical-Surgical Units	CALC1	0	The minimum number of patient beds, of all types, to generate one Medical- Surgical Unit is fifteen; the maximum is thirty one.

FA 2:Medical-Surgical Unit Common Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of eight Medical and Surgical, Medical-Surgical Negative and Positive Pressure Isolation and Acuity Adaptable bedrooms greater than fifteen.
Playroom	PLAY1	120	Provide one for the Medical-Surgical Unit Common Reception Area.
Reception	RECP1	120	Provide one for the Medical-Surgical Unit Common Reception Area.
Consult Room	OFDC2	120	Provide one for the Medical-Surgical Unit Common Reception Area.
Alcove, Wheelchair	SRLW1	60	Provide one for the Medical-Surgical Unit Common Reception Area.

FA3: Medical-Surgical Unit Patient Care Area:

Room Name	Room Code	NSF	Space Criteria
Bedroom, Medical-Surgical	BRMS1	360	Provide one per each projected Medical and Surgical bed authorized.
Toilet / Shower, Medical-Surgical Patient	TLTS2	60	Provide one per each Medical-Surgical bedroom.
Workstation, Caregiver	OFA03	60	Provide one for every increment of two Medical and Surgical and Acuity Adaptable bedrooms.

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Bedroom, Negative Pressure Isolation Medical-Surgica	BRIT1	360	Provide one per each Negative Pressure Isolation Medical-Surgical bed authorized.
Anteroom, Negative Pressure Isolation Medical-Surgical Bedroom	BRAR1	120	Provide one per each Negative Pressure Isolation Medical-Surgical bedroom if authorized per the MTFs Infection Control Risk Assessment (ICRA).
Toilet / Shower, Negative Pressure Isolation Medical-Surgical Patient	TLTS2	60	Provide one per each Negative Pressure Isolation Medical-Surgical bedroom.
Bedroom, Positive Pressure Isolation Medical-Surgical	BRIT2	360	Provide one per each Medical-Surgical Positive Pressure Isolation bed authorized.
Anteroom, Positive Pressure Isolation Medical-Surgical Bedroom	BRAR2	120	Provide one per each Positive Pressure Isolation Medical-Surgical bedroom.
Toilet / Shower, Positive Pressure Isolation Medical-Surgical Patient	TLTS2	60	Provide one per each Positive Pressure Isolation Medical-Surgical bedroom.
Bedroom, Medical-Surgical Acuity Adaptable	BRUN1	360	Provide one per each Medical-Surgical Acuity Adaptable Bedroom authorized
Toilet / Shower, Medical-Surgical Acuity Adaptable Bedroom Patient	TLTS2	60	Provide one per each Medical-Surgical Acuity Adaptable Bedroom.
Tub Room, Adult Patient	TUB01	120	Provide one per each Medical-Surgical Unit.
Procedure Room	TRGM1	180	Provide one per each Medical-Surgical Unit.
Procedure Room	TRGM1	180	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit

Room Name	Room Code	NSF	Space Criteria
			is between twenty-six and thirty-one.
Monitoring Room	NSTA3	60	Provide one if a Monitoring Room for each Medical-Surgical Unit is authorized.
Team Collaboration Room	WRCH1	120	Minimum one; provide one per each Medical-Surgical Unit; provide an additional one if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional two if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

FA4: Medical-Surgical Unit Support Area:

Room Name	Room Code	NSF	Space Criteria
Laboratory, Point-of-Care	LBSP1	120	Provide one if a Point-of-Care Laboratory for every Medical-Surgical Unit is authorized.
Medication Room	MEDP1	120	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.

Nourishment Room	NCWD1	120	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.
Utility Room, Clean	UCCL1	120	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.
Utility Room, Soiled	USCL1	120	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.
Storage, Equipment	SRSE1	120	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.
Storage, Stretcher	SRLW1	60	Provide one per each Medical-Surgical Unit.
Storage, Gas Cylinder	SRGC2	60	Provide one per each Medical-Surgical Unit.

Room Name	Room Code	NSF	Space Criteria
Alcove, Crash Cart	RCA01	60	Provide one per each Medical-Surgical Unit.
Alcove, Portable Imaging	XRM01	60	Provide one per each Medical-Surgical Unit.

FA5: Medical-Surgical Unit Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Private	OFA04	120	Provide one per each Medical-Surgical Unit CNS, provider and non-provider FTE position authorized to have a private office in the Medical-Surgical Unit Staff and Administrative Area.
Office, Shared	OFA05	120	Provide one for every increment of two Medical-Surgical Unit CNS, provider and non-provider FTE position authorized to have a shared office in the Medical-Surgical Unit Staff and Administrative Area.
Cubicle	OFA03	60	Provide one per each Medical-Surgical Unit CNS, provider and non-provider FTE position authorized to have a cubicle in the Medical-Surgical Staff and Administrative Area.
Storage, Patient Records	MRS01	120	Provide one per each Medical-Surgical Unit if Patient Records Storage in the Medical-Surgical Unit is authorized.
Conference Room	CRA01	240	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 60 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 120 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.
Copier	RPR01	120	Provide one per each Medical-Surgical Unit.
Storage, Office Supplies	SRS01	60	Provide one per each Medical-Surgical Unit.

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Lounge, Staff	SL001	120	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 120 NSF if the number of beds in the Medical-Surgical Unit is between twenty-one and twenty-five; provide an additional 240 NSF if the number of beds in the Medical-Surgical Unit is between twenty-six and thirty-one.
Locker / Changing, Male Staff	LR002	120	Minimum NSF; provide one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional 10 NSF per each CNS, provider and non-provider FTE position authorized for every Medical-Surgical Unit if the total number of provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.
Locker / Changing, Female Staff	LR002	120	Minimum NSF; provide one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional 10 NSF per each CNS, provider and non-provider FTE position authorized for every Medical-Surgical Unit if the total number of provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.

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Room Name	Room Code	NSF	Space Criteria
Toilet / Shower, Male Staff	TLTS1	60	Minimum one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional one if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.
Toilet / Shower, Female Staff	TLTS1	60	Minimum one for every Medical-Surgical Unit if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is between five and thirteen; provide an additional one if the total number of CNS, provider and non-provider FTE positions authorized for every Medical-Surgical Unit is greater than thirteen.
Lockers, Personal Property	LR001	60	Minimum NSF; provide one per each Medical-Surgical Unit; provide an additional 3 NSF per each Medical-Surgical FTE position not assigned a private office, shared office, or cubicle greater than ten.

FA6: Medical-Surgical Unit Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Unit Chief	OFA04	120	Provide one for the Medical-Surgical Common Staff and Administrative Area.
Office, Executive Assistant	OFA04	120	Provide one for the Medical-Surgical Common Staff and Administrative Area.
Sub-Waiting	WRC03	60	Provide one if a Sub-Waiting for the Medical-Surgical Common Staff and Administrative Area is authorized.

Room Name	Room Code	NSF	Space Criteria
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for the Medical-Surgical Unit Common Staff and Administrative Area.
Conference Room	CRA01	240	Minimum NSF; provide an additional 120 NSF for every increment of two Medical-Surgical Units greater than two.
Copier	RPR01	120	Provide one for the Medical-Surgical Unit Common Staff and Administrative Area.
Storage, Office Supplies	SRS01	60	Provide one for the Medical-Surgical Unit Common Staff and Administrative Area.
On-Call Room	DUTY1	120	Provide one per each Medical-Surgical Unit.
Toilet / Shower, On-Call Room	TLTS1	60	Provide one for each On-Call Room.

FA7: Medical-Surgical Unit Common GME Education Area / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one if a Medical-Surgical Unit Graduate Medical Education / Training Program is authorized.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Resident and Student FTE position authorized greater than two if a Medical-Surgical Unit Graduate Medical Education program is authorized.
Classroom / Conference Room	CLR01	240	Provide one if the total number of Resident and Student FTE positions authorized is greater than five and if a Medical-Surgical Unit Graduate Medical Education / Training program is authorized.

FA8: Medical-Surgical Unit Common Family Area:

Room Name	Room Code	NSF	Space Criteria
Lounge	SL001	120	Provide one if a Common Medical-Surgical Family Area is

Room Name	Room Code	NSF	Space Criteria
			authorized.
Playroom	PLAY1	120	Provide one if a Common Medical-Surgical Family Area is authorized.
Kitchenette	IPK01	120	Provide one if a Common Medical-Surgical Family Area is authorized.
Storage, Family Area	SRPB1	120	Provide one if a Common Medical-Surgical Family Area is authorized.
Toilet, Visitor	TLTU1	60	Provide two if a Common Medical-Surgical Family Area is authorized.
Shower, Visitor	TLTS1	60	Provide two if a Common Medical-Surgical Family Area is authorized.

FA9: ICU / CCU Unit Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of ICU / CCU Units	CALC1	0	The minimum number of patient beds, of all types, to generate one ICU / CCU is eight; the maximum is fifteen.

FA10: ICU / CCU Unit Common Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four ICU / CCU, Negative and Positive Pressure Isolation ICU / CCU and Acuity Adaptable ICU / CCU Bedrooms greater than eight.
Playroom	PLAY1	120	Provide one for the ICU / CCU Unit Common Reception Area.
Reception	RECP1	120	Provide one for the ICU / CCU Unit Common Reception Area.
Consult Room	OFDC2	120	Provide one for the ICU / CCU Unit Common Reception Area.
Alcove, Wheelchair	SRLW1	60	Provide one for the ICU / CCU Unit Common Reception Area.

FA11: ICU / CCU Unit Patient Care Area:

Room Name	Room Code	NSF	Space Criteria
Bedroom, ICU / CCU	BRIC1	360	Provide one per each projected ICU / CCU bed.
Toilet / Shower, ICU / CCU Patient	TLTS2	60	Provide one per each ICU / CCU Bedroom.
Workstation, Caregiver	OFA03	60	Provide one for every increment of two ICU / CCU Bedrooms if use of Caregiver Workstations is authorized.
Bedroom, Negative Pressure Isolation ICU / CCU	BRII1	360	Provide one per each Negative Pressure Isolation ICU / CCU bed authorized.
Anteroom, Negative Pressure Isolation ICU / CCU Bedroom	BRAR1	120	Provide one per each Negative Pressure Isolation ICU /CCU Bedroom if authorized per the MTFs Infection Control Risk Assessment (ICRA).
Toilet / Shower, Negative Pressure Isolation ICU / CCU Patient	TLTS2	60	Provide one per each Negative Pressure Isolation ICU / CCU Bedroom.
Bedroom, Positive Pressure Isolation ICU / CCU	BRII2	360	Provide one per each ICU / CCU Positive Pressure Isolation bed authorized.
Anteroom, Positive Pressure Isolation ICU / CCU Bedroom	BRAR2	120	Provide one per each Positive Pressure Isolation ICU /CCU Unit Bedroom.
Toilet / Shower, Positive Pressure Isolation ICU / CCU Patient	TLTS2	60	Provide one per each Positive Pressure Isolation ICU / CCU Unit Bedroom.
Bedroom, ICU / CCU Acuity Adaptable	BRUN1	360	Provide one per each ICU / CCU Acuity Adaptable bed authorized.
Toilet / Shower, ICU / CCU Acuity Adaptable Bedroom Patient	TLTS2	60	Provide one per each ICU / CCU Unit Acuity Adaptable Bedroom.
Procedure Room	TRGM1	180	Provide one per each ICU / CCU Unit.

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Room Name	Room Code	NSF	Space Criteria
Nurse Station	NSTA1	120	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Monitoring Room	NSTA3	60	Provide one per each ICU / CCU Unit.
Team Collaboration Room	WRCH1	120	Minimum one per each ICU / CCU Unit; provide an additional one if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

FA12: ICU / CCU Unit Support Area:

Room Name	Room Code	NSF	Space Criteria
Laboratory, Point-of-Care	LBSP1	120	Provide one if a Point-of-Care Laboratory for every ICU / CCU Unit is authorized.
Pharmacy, Satellite	PHDS3	120	Provide one if a Satellite Pharmacy for every ICU / CCU Unit is authorized.
Workstation, Respiratory Therapist	OFA03	60	Provide one per each Respiratory Therapist FTE position for each ICU / CCU Unit authorized.
Decontamination, Respiratory Therapy	OPRC1	120	Provide one per each ICU / CCU Unit.
Storage, Respiratory Therapy	SRE01	120	Provide one per each ICU / CCU Unit.
Medication Room	MEDP1	120	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Nourishment Room	NCWD1	120	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Utility Room, Clean	UCCL1	120	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.

Utility Room, Soiled	USCL1	120	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 60 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Storage, Equipment	SRSE1	240	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 120 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Storage, Stretcher	SRLW1	60	Provide one per each ICU / CCU Unit.
Storage, Gas Cylinder	SRGC2	60	Provide one per each ICU / CCU Unit.
Alcove, Crash Cart	RCA01	60	Provide one per each ICU / CCU Unit.
Alcove, Portable Imaging	XRM01	60	Provide one per each ICU / CCU Unit.

FA13: ICU / CCU Unit Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Private	OFA04	120	Provide one per each ICU / CCU Unit provider and non-provider FTE position authorized to have a private office in the ICU / CCU Unit Staff and Administrative Unit.
Office, Shared	OFA05	120	Provide one for every increment of two ICU / CCU Unit provider and non-provider FTE position authorized to have a shared office in the ICU / CCU Unit Staff and Administrative Unit.
Cubicle	OFA03	60	Provide one per each ICU / CCU Unit provider and non-provider FTE position authorized to have a cubicle in the ICU / CCU Unit Staff and Administrative Unit.
Storage, Patient Records	MRS01	120	Provide one if Storage of Patient Records in each ICU / CCU Unit is authorized.

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Conference Room	CRA01	240	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 120 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Copier	RPR01	120	Provide one per each ICU / CCU Unit.
Storage, Office Supplies	SRS01	60	Provide one per each ICU / CCU Unit.
Lounge, Staff	SL001	120	Minimum NSF; provide one for every ICU / CCU Unit; provide an additional 120 NSF if the number of beds in the ICU / CCU Unit is between twelve and fifteen.
Locker / Changing, Male Staff	LR002	120	Minimum NSF; provide one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional 10 NSF per each provider and non-provider FTE position authorized for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.
Locker / Changing, Female Staff	LR002	120	Minimum NSF; provide one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional 10 NSF per each provider and non-provider FTE position authorized for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.

Room Name	Room Code	NSF	Space Criteria
Toilet / Shower, Male Staff	TLTS1	60	Minimum one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional one if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.
Toilet / Shower, Female Staff	TLTS1	60	Minimum one for every ICU / CCU Unit if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is between five and thirteen; provide an additional one if the total number of provider and non-provider FTE positions authorized for every ICU / CCU Unit is greater than thirteen.
Lockers, Personal Property	LR001	60	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 3 NSF per each ICU / CCU Unit FTE position not assigned a private office, shared office or cubicle greater than ten.

FA14: ICU / CCU Unit Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Unit Chief	OFA04	120	Provide one for the ICU / CCU Unit Common Staff and Administrative Area.
Office, Executive Assistant	OFA04	120	Provide one for the ICU / CCU Unit Common Staff and Administrative Area.
Sub-Waiting	WRC03	60	Provide one if waiting in the ICU / CCU Unit Common Staff and Administrative Area is authorized.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for the ICU / CCU Unit Common Staff and Administrative Area.

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Room Name	Room Code	NSF	Space Criteria
Conference Room	CRA01	240	Minimum NSF; provide an additional 120 NSF per each ICU / CCU Unit greater than one.
Copier	RPR01	120	Provide one for the ICU / CCU Unit Common Staff and Administrative Area.
Storage, Office Supplies	SRS01	60	Provide one for the ICU / CCU Unit Common Staff and Administrative Area.
On-Call Room	DUTY1	120	Provide one per each ICU / CCU Unit.
Toilet / Shower, On-Call Room	TLTS1	60	Provide one for each On-Call room.

FA15: ICU / CCU Unit Common GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one if an ICU / CCU Unit Graduate Medical Education (GME) / Training Program is authorized.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Resident and Student FTE position authorized greater than two if an ICU / CCU Unit Graduate Medical Education (GME) / Training program is authorized.
Classroom / Conference Room	CLR01	240	Provide one if the total number of Resident / Student FTE positions authorized is greater than five and if an ICU / CCU Unit Graduate Medical Education (GME) / Training program is authorized.

FA16: ICU / CCU Unit Common Family Area:

Room Name	Room Code	NSF	Space Criteria
Lounge	SL001	120	Provide one if an ICU / CCU Unit Common Family Area is authorized.
Playroom	PLAY1	120	Provide one if an ICU / CCU Unit Common Family Area is authorized.

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Kitchenette	IPK01	120	Provide one if an ICU / CCU Unit Common Family Area is authorized.
Storage, Family Area	SRPB1	120	Provide one if an ICU / CCU Unit Common Family Area is authorized.
Toilet, Visitor	TLTU1	60	Provide two if an ICU / CCU Unit Common Family Area is authorized.
Shower, Visitor	TLTS1	60	Provide two if an ICU / CCU Unit Common Family Area is authorized.

FA17: Pediatric Unit Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of Pediatric Units	CALC1	0	The minimum number of patient beds, of all types, to generate one Pediatric Unit is eight; the maximum is fifteen.

FA18: Pediatric Unit Common Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four Pediatric, Negative Pressure Isolation Pediatric, and Positive Pressure Isolation Pediatric bedrooms greater than eight.
Playroom	PLAY1	120	Provide one for the Common Pediatric Unit Reception Area.
Reception	RECP1	120	Provide one for the Common Pediatric Unit Reception Area.
Consult Room	OFDC2	120	Provide one for the Common Pediatric Unit Reception Area.
Alcove, Wheelchair	SRLW1	60	Provide one for the Common Pediatric Unit Reception Area.

FA19: Pediatric Unit Patient Care Area:

Room Name	Room Code	NSF	Space Criteria
Bedroom, Pediatric	BRPB1	360	Provide one per each projected Pediatric Bed.
Toilet / Shower, Pediatric Patient	TLTS2	60	Provide one per each Pediatric bedroom.
Workstation, Caregiver	OFA03	60	Provide one for every increment of two ICU / CCU Bedrooms if Caregiver Workstations are authorized.
Bedroom, Negative Pressure Isolation Pediatric	BRIT1	360	Provide one per each Negative Pressure Isolation Pediatric Bed authorized.
Anteroom, Negative Pressure Isolation Pediatric Bedroom	BRAR1	120	Provide one per each Negative Pressure Isolation Pediatric Bedroom if authorized per the MTFs Infection Control Risk Assessment (ICRA).
Toilet / Shower, Negative Pressure Isolation Pediatric Patient	TLTS2	60	Provide one per each Negative Pressure Isolation Pediatric Bedroom.
Bedroom, Positive Pressure Isolation Pediatric	BRIT2	360	Provide one per each Positive Pressure Isolation Pediatric Bed authorized.
Anteroom, Positive Pressure Isolation Pediatric Bedroom	BRAR2	120	Provide one per each Positive Pressure Isolation Pediatric Bedroom.
Toilet / Shower, Positive Pressure Isolation Pediatric Patient	TLTS2	60	Provide one per each Positive Pressure Isolation Pediatric Bedroom.
Tub Room, Pediatric Patient	TUB01	120	Provide one per each Pediatric Patient Tub Room authorized for every Pediatric Unit Patient Care Area.
Toilet, Pediatric Patient	TLTU1	60	Provide one per each Pediatric Unit.
Playroom	PLAY1	120	Provide one per each Pediatric Unit.
Day Room	DAYR1	240	Provide one per each Pediatric Unit.
Classroom	CLR01	240	Provide one per each Pediatric

Room Name	Room Code	NSF	Space Criteria
			Unit.
Storage, Developmental Supplies	SRE01	120	Provide one per each Pediatric Unit.
Procedure Room	TRGM1	180	Provide one per each Pediatric Unit.
Nurse Station	NSTA1	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Monitoring Room	NSTA3	60	Provide one if a Monitoring Room for each Pediatric Unit is authorized.
Team Collaboration Room	WRCH1	120	Minimum one per each Pediatric Unit; provide an additional one if the number of beds in the Pediatric Unit is between twelve and fifteen.

FA20: Pediatric Unit Support Area:

Room Name	Room Code	NSF	Space Criteria
Laboratory, Point-of-Care	LBSP1	120	Provide one if a Point-of-Care Laboratory for every Pediatric Unit is authorized.
Medication Room	MEDP1	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Nourishment Room	NCWD1	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Utility Room, Clean	UCCL1	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.

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Room Name	Room Code	NSF	Space Criteria
Utility Room, Soiled	USCL1	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Storage, Equipment	SRSE1	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 60 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Storage, Stretcher	SRLW1	60	Provide one per each Pediatric Unit.
Storage, Gas Cylinder	SRGC2	60	Provide one per each Pediatric Unit.
Alcove, Crash Cart	RCA01	60	Provide one per each Pediatric Unit.
Alcove, Portable Imaging	XRM01	60	Provide one per each Pediatric Unit.

FA21: Pediatric Unit Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Private	OFA0	120	Provide one per each Pediatric Unit provider and non-provider FTE position authorized to have a private office in the Pediatric Unit Staff and Administrative Area.
Office, Shared	OFA05	120	Provide one for every increment of two Pediatric provider and non-provider FTE positions authorized to have a shared office in the Pediatric Unit Staff and Administrative Area.
Cubicle	OFA03	60	Provide one per each Pediatric provider and non-provider FTE position authorized to have a cubicle in the Pediatric Unit Staff and Administrative Area in the Pediatric Unit Staff and Administrative Area.
Storage, Patient Records	MRS01	120	Provide one if storage of Patient Records in every Pediatric Unit is authorized.

Conference Room	CRA01	240	Minimum NSF; provide one per each ICU / CCU Unit; provide an additional 120 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Copier	RPR01	120	Provide one per each Pediatric Unit.
Storage, Office Supplies	SRS01	60	Provide one per each Pediatric Unit.
Lounge, Staff	SL001	120	Minimum NSF; provide one per each Pediatric Unit; provide an additional 120 NSF if the number of beds in the Pediatric Unit is between twelve and fifteen.
Locker / Changing, Male Staff	LR002	120	Minimum NSF; provide one for every Pediatric Unit if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is between five and thirteen; provide an additional 10 NSF per each provider and non-provider FTE position authorized for every Pediatric Unit if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is greater than thirteen.
Locker / Changing, Female Staff	LR002	120	Minimum NSF; provide one for every Pediatric Unit if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is between five and thirteen; provide an additional 10 NSF per each provider and non-provider FTE position authorized for every Pediatric Unit if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is greater than thirteen.

Room Name	Room Code	NSF	Space Criteria
Toilet / Shower, Male Staff	TLTS1	60	Minimum one for every Pediatric Unit if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is between five and thirteen; provide an additional one if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is greater than thirteen.
Toilet / Shower, Female Staff	TLTS1	60	Minimum one for every Pediatric Unit if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is between five and thirteen; provide an additional one if the total number of provider and non-provider FTE positions authorized for every Pediatric Unit is greater than thirteen.
Lockers, Personal Property	LR001	60	Minimum NSF; provide one per each Pediatric Unit; provide an additional 3 NSF per each Pediatric Unit FTE position not assigned a private office, shared office or cubicle greater than ten.

FA22: Pediatric Unit Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Unit Chief	OFA04	120	Provide one for the Pediatric Common Staff and Administrative Area.
Office, Executive Assistant	OFA04	120	Provide one for the Pediatric Common Staff and Administrative Area.
Sub-Waiting	WRC03	60	Provide one if a Sub-Waiting for the Pediatric Common Staff and Administrative Area is authorized.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for the Pediatric Unit Common Staff and Administrative Area.
Conference Room	CRA01	240	Minimum NSF; provide an additional 120 NSF for every increment of two Pediatric Units

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Room Name	Room Code	NSF	Space Criteria
			greater than two.
Copier	RPR01	120	Provide one for the Pediatric Unit Common Staff and Administrative Area.
Storage, Office Supplies	SRS01	60	Provide one for the Pediatric Unit Common Staff and Administrative Area.
On-Call Room	DUTY1	120	Provide one per each Pediatric Unit.
Toilet / Shower, On-Call Room	TLTS1	60	Provide one for each On-Call Room.

FA23: Pediatric Unit Common GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one if a Pediatric Unit Graduate Medical Education / Training program is authorized.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Pediatric Unit Graduate Medical Education (GME) / Training program is authorized.
Classroom / Conference Room	CLR01	240	Provide one if the total number of Resident / Student FTE positions is greater than five if a Pediatric Unit Graduate Medical Education (GME) / Training program is authorized.

FA24: Pediatric Unit Common Family Area:

Room Name	Room Code	NSF	Space Criteria
Lounge	SL001	120	Provide one if a Pediatric Unit Common Family Area is authorized.
Playroom	PLAY1	120	Provide one if a Pediatric Unit Common Family Area is authorized.

Room Name			
Kitchenette	IPK01	120	Provide one if a Pediatric Unit Common Family Area is authorized.
Storage, Family Area	SRPB1	120	Provide one if a Pediatric Unit Common Family Area is authorized.
Toilet, Visitor	TLTU1	60	Provide two if a Pediatric Unit Common Family Area is authorized.
Shower, Visitor	TLTS1	60	Provide two if a Pediatric Unit Common Family Area is authorized.

FA25: Substance Abuse / Alcohol Rehabilitation Unit Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of Substance Abuse / Alcohol Rehabilitation Units	CALC1	0	The minimum number of patient beds, of all types, to generate one Substance Abuse / Alcohol Rehabilitation Unit is eight; the maximum is fifteen.

FA26: Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of six Substance Abuse / Alcohol Rehabilitation bedrooms (Single Occupancy and Double Occupancy) and Seclusion Bedrooms greater than fifteen.
Reception	RECP1	120	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area.
Consult Room	OFDC2	120	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area.
Alcove, Wheelchair	SRLW1	60	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Reception Area.

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Chapter 410: Nursing Units
17 January 2013

FA27: Substance Abuse / Alcohol Rehabilitation Unit: Patient Care Area:

Room Name	Room Code	NSF	Space Criteria
Bedroom, Substance Abuse / Alcohol Rehabilitation (Single Occupancy)	BRNP1	240	Provide one per each projected Substance Abuse / Alcohol Rehabilitation Unit bed authorized to be accommodated in a Single Occupancy Bedroom.
Bedroom, Substance Abuse / Alcohol Rehabilitation (Double Occupancy)	BRNP2	240	Provide one per each projected Substance Abuse / Alcohol Rehabilitation Unit bed authorized to be accommodated in a Double Occupancy Bedroom.
Toilet / Shower, Substance Abuse / Alcohol Rehabilitation Patient	TLTP3	60	Provide one per each Single and Double Occupancy Substance Abuse / Alcohol Rehabilitation Bedroom.
Workstation, Caregiver	OFA03	60	Provide one for every increment of two Substance Abuse / Alcohol Rehabilitation bedrooms.
Bedroom, Seclusion	BRNP5	240	Minimum one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional one per each Substance Abuse / Alcohol Rehabilitation Unit if authorized.
Anteroom, Seclusion	BRNP6	120	Provide one per each Seclusion Room.
Toilet, Seclusion Patient	TLTP2	60	Provide one per each Seclusion Room.
Activity Room, Multipurpose	OPMH1	240	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Dining Room, Patient	IPK01	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.
Laundry Room, Patient	LAUN1	120	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.
Team Collaboration Room	WRCH1	120	Minimum one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional one if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

28: Substance Abuse / Alcohol Rehabilitation Unit: Support Area:

Room Name	Room Code	NSF	Space Criteria
Laboratory, Point-of-Care	LBSP1	120	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit if a Point-of-Care Laboratory for each Substance Abuse / Alcohol Rehabilitation Unit is authorized.
Medication Room	MEDP1	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.
Nourishment Room	NCWD1	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Department of Defense
The Office of the Assistant Secretary of Defense Health Affairs
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Room Name	Room Code	NSF	Space Criteria
Utility Room, Clean	UCCL1	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.
Utility Room, Soiled	USCL1	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.
Storage, Equipment	SRSE1	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.
Storage, Crash Cart	RCA01	120	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.
Storage, Stretcher	SRLW1	60	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.

FA29: Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Private	OFA04	120	Provide one per each Substance Abuse / Alcohol Rehabilitation provider and non-provider FTE position authorized to have a private office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.

Office, Shared	OFA05	120	Provide one for every increment of two Substance Abuse / Alcohol Rehabilitation provider FTE positions authorized to have a shared office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.
Cubicle	OFA03	60	Provide one per each Substance Abuse / Alcohol Rehabilitation provider and non-provider FTE position authorized to have a cubicle in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.
Storage, Patient Records	MRS01	120	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit if Patient Records storage in the Substance Abuse / Alcohol Rehabilitation Unit is authorized.
Conference Room	CRA01	240	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.
Copier	RPR01	120	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.
Storage, Office Supplies	SRS01	60	Provide one per each Substance Abuse / Alcohol Rehabilitation Unit.
Lounge, Staff	SL001	120	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 60 NSF if the number of beds in the Substance Abuse / Alcohol Rehabilitation Unit is between twelve and fifteen.

Room Name	Room Code	NSF	Space Criteria
Lockers, Personal Property	LR001	60	Minimum NSF; provide one per each Substance Abuse / Alcohol Rehabilitation Unit; provide an additional 3 NSF per each Substance Abuse / Alcohol Rehabilitation FTE position not assigned a private office, shared office, or cubicle greater than ten.

FA60: Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Unit Chief	OFA04	120	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.
Office, Executive Assistant	OFA04	120	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.
Sub-Waiting	WRC03	60	Provide one if a Sub-Waiting for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area is authorized.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.
Conference Room	CRA01	240	Minimum NSF; provide an additional 120 NSF for every increment of two Substance Abuse / Alcohol Rehabilitation Units greater than two.
Copier	RPR01	120	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area.
Storage, Office Supplies	SRS01	60	Provide one for the Substance Abuse / Alcohol Rehabilitation Unit Common Staff and Administrative Area
On-Call Room	DUTY1	120	Provide one per each Substance Abuse / Alcohol Rehabilitation

			Unit.
Toilet / Shower, On-Call Room	TLTS1	60	Provide one for each On-Call Room.

FA31: Substance Abuse / Alcohol Rehabilitation Unit Common GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one if a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program is authorized.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program is authorized.
Classroom / Conference Room	CLR01	240	Provide one if the total number of Resident / Student FTE positions authorized is greater than five and if a Substance Abuse / Alcohol Rehabilitation Unit Graduate Medical Education (GME) / Training program is authorized.