# REQUIRED ELEMENTS FOR OUTPATIENT REHABILITATION THERAPY FACILITIES

Guidelines for Design and Construction of Hospitals and Outpatient Facilities (FGI 2014)  

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<th>Component/Requirements</th>
<th>Complies</th>
<th>Comments</th>
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<td>3.12-3.12-3</td>
<td>Diagnostic and Treatment Areas</td>
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<td></td>
<td>3.12-3.2</td>
<td>Physical/Occupational Therapy Treatment Space</td>
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<td>3.12-3.2.2</td>
<td>Treatment Areas</td>
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<td>3.12-3.2.2.1</td>
<td>Individual Therapy Room - If Provided</td>
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<tr>
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<td>3.12-3.2.2.1</td>
<td>Area</td>
<td>80 S.F. min</td>
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<td></td>
<td>3.12-3.2.2.1</td>
<td>Clearances</td>
<td>On (3) sides of treatment furniture or equipment</td>
<td>Required*</td>
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<tr>
<td></td>
<td>3.12-3.2.2.1</td>
<td>Hand-washing station *Permitted to serve several treatment spaces (1) per (4) patient care areas</td>
<td>Required*</td>
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<td>3.12-3.2.2.2</td>
<td>Individual Therapy Areas - If Provided</td>
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<td>3.12-3.2.2.1</td>
<td>Area</td>
<td>60 S.F. min</td>
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<td>3.12-3.2.2.3</td>
<td>Education Therapy Classroom - If Provided</td>
<td>Optional/NR</td>
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<td>3.12-3.2.2.3</td>
<td>Area</td>
<td>Minimum per person 30 S.F. total 150 S.F. min</td>
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<td>Exercise Area</td>
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<td>3.12-3.3.2.2</td>
<td>Size for type of equipment used</td>
<td>Required</td>
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<td>3.12-3.3.2.3</td>
<td>Hand-washing station</td>
<td>Required</td>
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<td>3.12-3.3.2.4</td>
<td>Therapeutic Pool - If Provided</td>
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<td>3.12-3.3.3</td>
<td>Other Patient Care Areas</td>
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<td>3.12-3.3.1</td>
<td>Prosthetics and Orthotics Area - If Provided</td>
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<td>3.12-3.3.1.5</td>
<td>Hand-washing station</td>
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<td>3.12-3.3.1.6</td>
<td>Clinical sink</td>
<td>Required</td>
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<td>3.12-3.3.2</td>
<td>Speech and Hearing Area - If Provided</td>
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<td>3.12-3.3.2.2</td>
<td>Acoustic privacy</td>
<td>Required</td>
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<td>3.12-3.3.2.4</td>
<td>Hand-washing station/hand sanitation dispenser</td>
<td>Required</td>
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<td>3.12-3.4.1</td>
<td>Facilities for Other Services</td>
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<td>3.12-3.4.1.1</td>
<td>Diagnostic and Treatment Area - If Provided</td>
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<td>3.12-3.4.2</td>
<td>Hand-Washing Station</td>
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<td>3.12-3.4.3</td>
<td>Documentation Area</td>
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### 3.12-3.6 Support Areas for Treatment and Other Patient Care Areas

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
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</table>
| **3.12-3.6.6, 3.1-3.6.6** | Medication Preparation Room  
  *Select medication preparation room and/or Self-contained medication dispensing unit*  
  Required * |
| • 3.1-3.6.6 | Work counter  
  Required |
| • 3.1-3.6.6 | Hand-washing station  
  Required |
| • 3.1-3.6.6 | Lockable refrigerator  
  Required |
| • 3.1-3.6.6 | Locked storage for controlled drugs  
  Required |
| • Table 7.1 | Pressure Relationship to Adjacent Areas  
  N/R |
| • Table 7.1 | Min. Outdoor Air Changes / Hour  
  2 |
| • Table 7.1 | Min. Total Air Changes / Hour  
  4 |
| • Table 7.1 | All Room Air Exhausted Directly to Outdoor  
  N/R |
| • Table 7.1 | Relative Humidity (%)  
  60 max |
| • Table 7.1 | Design Temperature (°F)  
  70-75 |
| • 3.1-3.6.6 | Self-contained medication dispensing unit  
  *Select medication preparation room and/or Self-contained medication dispensing unit*  
  Required * |
| • 3.1-3.6.6 | Work Counter  
  Required |
| • 3.12-3.6.10 | Soiled Material Storage  
  Required |
| • 3.12-3.6.10 | Separate storage for soiled linen, towels, and supplies  
  Required |
| • 3.12-3.6.11 | Equipment and Supply Storage  
  Required |
| • 3.12-3.6.11.1 | Clean Linen Storage  
  Required |
| • 3.12-3.6.11.1 | Cabinets, closets, or separate storeroom(s) shall be provided  
  Required |
| • 3.12-3.6.11.2 | Designated Storage for therapeutic equipment and safety devices  
  - if provided  
  Required |
| • 3.12-3.6.11.2 | Exercise area(s)  
  Required |
| • 3.12-3.6.11.2 | Therapy room(s) and therapy area(s)  
  Required |
| • 3.12-3.6.11.2 | Pool area(s)  
  Required |
| • 3.12-3.6.11.2 | Prosthetic, orthotic, speech, hearing, or other clinical services  
  Required |
| • 3.12-3.6.11.2 | Storage for other clinical supplies  
  Required |
| • 3.12-3.6.11.2 | Cabinets, closets, or separate storeroom(s) shall be provided  
  Required |
| • 3.12-3.6.11.3 | Wheelchair, lift, and stretcher storage  
  Required |
| **3.12-3.8 Support Areas for Patients** |  |
| • 3.12-3.8.1 | Provisions for drinking water  
  Required |
| • 3.12-3.8.2 | Patient Dressing Area for The Therapy Pool - if Provided  
  Required |
| • 3.12-3.8.2(1) | Single unisex changing rooms or group locker rooms for same sex patients  
  Required |
| • 3.12-3.8.2(2) | Changing area shall be directly accessible to the pool  
  Required |
| • 3.12-3.8.3(3) | Patient Toilet Room  
  Required |
| • ASHRAE 7.1 | Pressure Relationship to Adjacent Areas  
  Negative |
| • ASHRAE 7.1 | Min. Outdoor Air Changes / Hour  
  N/R |
| • ASHRAE 7.1 | Min. Total Air Changes / Hour  
  10 |
| • ASHRAE 7.1 | All Room Air Exhausted Directly to Outdoors  
  Yes |
| • ASHRAE 7.1 | Air Recirculated by Means of Room Units  
  No |
### Design Submission Requirements

**DSG-3.12 Outpatient Rehabilitation**  
**Therapy Facilities**

#### 3.12-3 Outpatient Rehabilitation

- **3.12-3.8.2(4) Shower**
  - Required

#### 3.12-5 General Support Facilities

- **3.12-5.5 Environmental Services**
  - **Environmental Services Room**
    - Required
  - **Service or floor mounted sink**
    - Required
  - **Storage for supplies and housekeeping equipment**
    - Required
  - **Hand-washing station or hand sanitation dispenser**
    - Required
  - **ASHRAE 7.1 Min. Outdoor Air Changes / Hour**
    - N/R
  - **ASHRAE 7.1 Min. Total Air Changes / Hour**
    - 10
  - **ASHRAE 7.1 All Room Air Exhausted Directly to Outdoors**
    - Yes
  - **ASHRAE 7.1 Air Recirculated by Means of Room Units**
    - No
  - **ASHRAE 7.1 Relative Humidity (%)**
    - N/R
  - **ASHRAE 7.1 Design Temperature (°F)**
    - N/R

- **3.12-5.5.2 Storage for Pool Chemicals**

#### 3.12-6 Public and Administrative Areas

- **3.12-6.2 Public Areas**
  - **Reception**
    - Required*  
    - *Permitted to be combined with office and clerical space*
  - **Waiting Area**
    - Required
  - **Provide wheelchair waiting spaces**
    - Negative
  - **Public Toilet Room**
    - Required
  - **Pressure Relationship to Adjacent Areas**
    - Negative
  - **ASHRAE 7.1 Min. Outdoor Air Changes / Hour**
    - N/R
  - **ASHRAE 7.1 Min. Total Air Changes / Hour**
    - 10
  - **ASHRAE 7.1 All Room Air Exhausted Directly to Outdoors**
    - No
  - **ASHRAE 7.1 Relative Humidity (%)**
    - N/R
  - **ASHRAE 7.1 Design Temperature (°F)**
    - N/R
  - **Local Telephone Access**
    - Required
  - **Provisions for Drinking Water**
    - Required
  - **Wheel Chair Storage**
    - Required

- **3.12-6.3 Administrative Areas**
  - **General or Individual Offices**
    - Required*
    - *Permitted to be combined with reception*
  - **Medical Records**
    - Required
  - **Equipment and Supply Storage**
    - Required

- **3.12-6.4 Support Areas for Staff**
  - **Storage for Personal Effects**
    - Required

- **3.12-7 Design and Construction Requirements**

  - **3.12-7.2 Architectural Details, Surfaces, And Furnishings**
    - **See NFPA LSC**
### Design Submission Requirements

**DSG-3.12 Outpatient Rehabilitation Therapy Facilities**

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<th>Section</th>
<th>Requirement</th>
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<td>Unoccupied and corridors 7'-6&quot;</td>
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<tr>
<td><strong>3.1-7-2.2.2</strong> Ceiling Mounted Equipment</td>
<td>Occupied Rooms 7'-10&quot;</td>
</tr>
<tr>
<td><strong>3.1-7-2.2.2</strong> Ceiling Mounted Equipment</td>
<td>Stowed 7'-0&quot;</td>
</tr>
<tr>
<td><strong>3.1-7-2.2.2</strong> Ceiling Mounted Equipment</td>
<td>Circulation 7'-6&quot;</td>
</tr>
<tr>
<td><strong>3.1-7-2.2.3</strong> Doors</td>
<td>width See NFPA LSC height 83.5 inches</td>
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<td><strong>3.1-7-2.3.1</strong> Roof Finishes - Unless noted otherwise</td>
<td>Cleanable and wear resistant Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Smooth transitions Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Germicide/chemical resistant Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Washable Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Smooth Required</td>
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<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Water resistant Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Germicide/chemical resistant Required</td>
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<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Monolithic Required</td>
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<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Scrubbable Required</td>
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<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Smooth/crevice free Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.2</strong> Wall Finishes - Unless noted otherwise</td>
<td>Chemical resistant Required</td>
</tr>
<tr>
<td><strong>3.1-7-2.3.4</strong> Ceiling Finishes - Unless noted otherwise</td>
<td>Scrubbable Required</td>
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<td><strong>3.1-7-2.3.4</strong> Ceiling Finishes - Unless noted otherwise</td>
<td>Smooth/crevice free Required</td>
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<td><strong>3.1-7-2.3.4</strong> Ceiling Finishes - Unless noted otherwise</td>
<td>Chemical resistant Required</td>
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<td><strong>3.1-7-2.2.2</strong> Window treatments</td>
<td>on windows to provide patient privacy Required</td>
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### 3.12-8 Building Systems

#### 3.12-8.2, 3.12.8.2 Ventilation and Space-Conditioning Requirements

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#### 1.2-5 Planning and Design Considerations and Requirements

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### 1.2-5.1.5 Design Criteria for Performance of Interior Wall and Roof/ Ceiling Constructions

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<td><strong>1.2-5.1.5</strong> Design Criteria for Performance of Interior Wall and Roof/ Ceiling Constructions</td>
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### Table 1.2-6 Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms

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<th>Requirement</th>
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<tr>
<td><strong>Table 1.2-6</strong> Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms</td>
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