



Division of Health Facility Planning Bureau of Architectural & Engineering Review

Drawing Submission Guidelines: DSG-04 for Residential Health Care Facilities

Effective immediately, the Bureau of Architectural & Engineering Review (BAER) is revising the drawing review requirements per 10 NYCRR (New York State Hospital Code) as described below. These changes are intended to facilitate the timeliness of mandatory drawing submittal and review for Article 28 projects by identifying the specific components necessary for review. Rather than a full set of construction documents, this protocol seeks a “focused” submittal based on definitive Article 28 requirements.

State Hospital Code (SHC) Drawings shall be submitted during the design development phase (60% completion) to provide the opportunity to accommodate any document review comments into the final project documents.

After review and approval of the State Hospital Code (SHC) Drawings, any substantial changes should be discussed with BAER staff prior to the submission of the final construction documents (100% completion).

Submission Requirements for Approval of State Hospital Code (SHC) Drawings

- A. The following documents shall be submitted to the BAER for review during the design development phase (60% completion) when required for approval.
- B. The drawings shall identify all pertinent code references and technical standards utilized for project design. For example: the applicable sections of 10 NYCRR, the applicable chapters of the referenced edition of NFPA 101 and the referenced edition of FGI Guidelines for Design and Construction of Hospital and Health Care Facilities, 2010 Edition.
- C. Prescriptive Standards
 - a. Prescriptive limitations (such as exact minimum dimensions or quantities), when given, describe a condition that is commonly recognized as a practical standard and shall be clearly indicated on the submission drawings and documents.
- D. Provide one hard copy legible full-sized set of architectural/engineering drawings to scale.
 - a. Complete with title block information.
 - b. CON Number provided in the title block with SHC submission indicated as the phase of the project.
 - c. Minimum 1/8” scale for the areas of work general areas of work. Enlarged plans shall be minimum ¼” scale.
 - d. Overall building plans may be sized to fit the sheet.

1) SHC-1: Access and Parking Plan(s)

- a) Comply with FGI 1.3 Site, (1.3-3.3.2 and 1.3-3.3 Parking) requirements.
- b) Indicate access to the facility by people with disabilities.
- c) Indicate location of adjacent buildings and roadways.
- d) The facility shall provide a minimum of one space for every four beds.

2) SHC-2: Program Plan(s)

- a) Shall provide a functional program for the facility.
 - i) The health care provider shall supply a functional program for each facility project. (Projects that only involve equipment replacement, fire safety upgrades, or minor renovations that will not change the function or character of the facilities shall not require a functional program.)
- b) For **any and all project types** the Program Floor Plan shall include all required program functions for the specific facility type as defined in 10 NYCRR and /or the FGI Guidelines.
- c) Shall consist of the following:
 - i) Existing Condition floor plans for renovation projects:
 - (1) Complete existing use areas labeled, dimensioned and square foot totals per use area indicated clearly.
 - ii) Proposed Floor Plans
 - (1) All proposed use areas labeled with square footages and completely dimensioned.
 - (2) Square foot totals for each use area shall be provided.
 - (3) Circulation patterns for staff, patients and or residents clearly indicated.
 - (4) Identify Unrestricted, Semi-Restricted areas and restricted areas where applicable. Including access control points.
 - (5) Major Items of fixed equipment.
 - (6) Clearances between beds, chairs, walls, sides and related equipment for the function of the program area.
 - (7) Corridors, staff passageways and public corridor widths. (FGI requirement)
 - (8) Handicap maneuvering clearances.
 - iii) Reflected ceiling plans indicating the following;
 - (1) Ceiling and soffit heights.
 - (2) Exit and Emergency Lighting
 - (3) Sprinkler Head Locations
 - (4) Ceiling Materials and Finishes.
 - (5) Smoke Detectors
 - iv) Floor finish plans.
 - (1) Floor finish plans may be excluded if a finish schedule is provided.
 - v) Door Schedules
 - (1) Door and Frame Schedules
 - (2) Door and Frame Types including fire rated assemblies
 - (3) Glazing designations for side lights.
 - vi) Window Schedules (if applicable)
 - (1) Indicate window areas
 - (2) Glazing types

- vii) Wall types
 - (1) Provide Fire Rated assembly designation including UL types.
 - (2) STC ratings and intended location use.
 - (3) Blocking details for heavily loaded wall mounted fixtures and accessories.
- viii) Building elevations if applicable
- ix) Building Sections
 - (1) Indicating walls and or construction assemblies that are part of a fire rated assembly.
- x) Walls Sections
 - (1) Indicate window sill heights.
- xi) Interior Elevations
 - (1) Handicap Fixtures and Accessories Mounting Heights

3) State Hospital Code Life Safety Plans

- a) Document submission shall comply with Guidelines for Design and Construction of Healthcare Facilities, FGI, 2010 Edition. The following information shall be provided for the appropriate facility chapters as a minimum. Identify the specific sections of the FGI Guidelines applicable to each program area on the submission documents and drawings.
 - i) Building Occupancy Classification;
 - (1) Chapter 18 New Health Care
 - (2) Chapter 19 Existing Health Care
 - (3) Chapter 20 New Ambulatory Health Care
 - (4) Chapter 21 Existing Ambulatory Health Care
 - (5) Chapter 38 New Business
 - (6) Chapter 39 Existing Business
 - (7) Chapter 42 Storage (42.8 Special Provisions for Parking Structures.)
 - ii) Construction Classification
 - iii) Sprinklered or Unsprinklered
 - iv) Occupant Loads
 - v) Means of Egress Components
 - (1) Egress capacity width
 - (2) Door swings in direction of egress
 - (3) Doors required to be self-closing
 - vi) Stairs
 - (1) Dimensional Criteria New Stairs
 - (2) Dimensional Criteria Existing Stairs
 - (3) Guards and Handrails
 - (4) Handrail Details
 - (5) Guard Details
 - vii) Enclosure and Protection of Stairs
 - viii) Stair pressurization.
 - ix) Horizontal Exits
 - x) Smoke compartments and smoke barriers
 - xi) Fire Barriers and Fire Walls
 - xii) Location of all required smoke and fire rated dampers.
 - xiii) Ramps

- (1) Table 7.2.5.2.(a) New Ramps
- (2) Table 7.2.5.2 (b) Existing Ramps
- (3) Ramp Details
- (4) Ramp Landings
- (5) Guards and Handrails
- (6) Enclosure and Protection of Ramps
- xiv) Exit Passageways
 - (1) Stair Discharge
 - (2) Width
- xv) Areas of Refuge
 - (1) Accessibility
- xvi) Capacity of Means of Egress
 - (1) Table 7.3.1.2 Occupant Load factor
 - (2) Egress Capacity
 - (3) Minimum Width
- xvii) Number of Means of Egress
- xviii) Arrangement of Means of Egress
 - (1) Travel distance to exits from the most remote point in the most remote room on the floor
 - (2) Length of dead-end corridors
 - (3) Length of common path of travel
- xix) Measurement of Travel Distance to Exits
- xx) Discharge from Exits
 - (1) For additions to existing buildings, indicate exit discharge locations through the existing building. Provide verification the existing exit ways can accommodate the increased number of occupants.
- xxi) Marking means of Egress
- xxii) Room notes identifying pressure relationships between rooms with air changes per hour noted.
- xxiii) Location of sprinkler heads and standpipe system.

4) State Hospital Code Drawings

- a) Document submission shall comply with Guidelines for Design and Construction of Healthcare Facilities, FGI, 2010 Edition. The following information shall be provided for the appropriate facility chapters as a minimum.

i) **PLANNING, DESIGN, CONSTRUCTION, AND COMMISSIONING**

- (1) 1.2-6.1 Acoustic Design
 - a. *1.2-6.1.1 General
 - b. *1.2-6.1.2 Site Exterior Noise (See Table A1.2a).
 - c. *1.2-6.1.2.3 Exterior noise classifications.
- (2) 1.2-6.1.5 Design Criteria for Performance of Interior Wall and Floor/Ceiling Constructions
 - a. *1.2-6.1.5.2 (See table 1.2-3).
 - b. 1.4-1.3.2.1 Design development documents.

ii) **RESIDENT AREAS**

- (1) 4.1-2.2.2 Resident Room
 - a. 4.1-2.2.2.3 Window
 - b. Each room shall have a window(s).

- (2) 4.1-2.2.2.4 Resident privacy
- (3) 4.1-2.2.2.5 Hand-washing station
- (4) 4.1-2.2.2.6 Toilet room.
- (5) 4.1-2.2.2.7 Resident storage locations.
- (6) *4.1-2.2.2.8 Resident bathing facilities
- (7) *4.1-2.2.2.9 Medical gases.
- (8) 4.1-2.2.6 Support Areas for Resident Units and Diagnostic and Treatment Locations
 - a. *4.1-2.2.6.1 Staff work area(s).
 - b. 4.1-2.2.6.6 Medication distribution locations (centralized and decentralized).
 - c. 4.1-2.2.6.7 Resident food area.
 - d. 4.1-2.2.6.8 Ice-making equipment.
 - e. *4.1-2.2.6.9 Clean workroom or clean supply room
 - f. *4.1-2.2.6.10 Soiled utility or soiled holding room.
 - g. 4.1-2.2.6.11 Equipment and supply storage
 - h. 4.1-2.2.6.14 Personal laundry

iii) **4.1-2.2.7 Support Areas for Staff**

- (1) 4.1-2.2.7.1 Staff lounge area.
- (2) 4.1-2.2.7.2 Staff storage.
- (3) 4.1-2.2.7.3 Toilet room.
- (4) 4.1-2.2.8.1 Storage for resident needs.

iv) **Physical/Occupational Rehabilitation Therapy Provisions**

- (1) 4.1-3.1.1.1
- (2) 4.1-3.1.1.2
- (5) 4.1-3.1.2 Therapy Area
- (6) 4.1-3.1.2.2 Space requirements.
- (7) 4.1-3.1.2.4 Resident privacy.
- (8) 4.1-3.1.2.5 Hand-washing stations.

v) ***4.1-2.3.2 Resident Dining and Recreation Areas**

- (1) 4.1-2.3.2.2 Dining areas

vi) **4.1-7.2.2 Architectural Details**

- (1) *4.1-7.2.2.2 Ceiling height.
- (2) 4.1-7.2.2.5 Windows.
- (3) *4.1-7.2.2.8 Hand-washing stations
- (4) 4.1-7.2.2.9 Grab bars
- (5) 4.1-7.2.2.10 Handrails

vii) **Specific Requirements for Nursing Facilities**

- (1) 4.2-2.2.1.2 Resident Unit Size
- (2) 4.2-2.2.2 Resident Room
 - a. *4.2-2.2.2.2 Space requirements
- (3) *4.2-2.2.3.3 Pediatric facilities

5) 2010 ADA Standards for Accessible Design

I) Medical Care Facilities

- a. Medical care facilities that are subject to this section shall comply with the provisions of the 2010 Standards applicable to medical care facilities, including, but not limited to, sections 223 and 805. In addition, medical care facilities that do not specialize in the treatment of conditions that affect mobility shall disperse the accessible patient bedrooms required by section 223.2.1 of the 2010 Standards in a manner that is proportionate by type of medical specialty.

II) 223 Medical Care and Long-Term Care Facilities

- a. 223.1 General. In licensed medical care facilities and licensed long-term care facilities where the period of stay exceeds twenty-four hours, patient or resident sleeping rooms shall be provided in accordance with 223. [See additional requirements at 28 CFR 35.151(h) and 28 CFR 36.406(g).]
- b. **EXCEPTION:** Toilet rooms that are part of critical or intensive care patient sleeping rooms shall not be required to comply with 603.
- c. Advisory 223.1 General. Because medical facilities frequently reconfigure spaces to reflect changes in medical specialties, Section 223.1 does not include a provision for dispersion of accessible patient or resident sleeping rooms. The lack of a design requirement does not mean that covered entities are not required to provide services to people with disabilities where accessible rooms are not dispersed in specialty areas. Locate accessible rooms near core areas that are less likely to change over time. While dispersion is not required, the flexibility it provides can be a critical factor in ensuring cost effective compliance with applicable civil rights laws, including titles II and III of the ADA and Section 504 of the Rehabilitation Act of 1973, as amended. Additionally, all types of features and amenities should be dispersed among accessible sleeping rooms to ensure equal access to and a variety of choices for all patients and residents.
- d. **223.1.1 Alterations. Where sleeping rooms are altered or added, the requirements of 223 shall apply only to the sleeping rooms being altered or added until the number of sleeping rooms complies with the minimum number required for new construction.**
- e. Advisory 223.1.1 Alterations. In alterations and additions, **the minimum required number is based on the total number of sleeping rooms altered or added instead of on the total number of sleeping rooms provided in a facility.** As a facility is altered over time, every effort should be made to disperse accessible sleeping rooms among patient care areas such as pediatrics, cardiac care, maternity, and other units. In this way, people with disabilities can have access to the full-range of services provided by a medical care facility.

III) **223.2 Hospitals, Rehabilitation Facilities, Psychiatric Facilities and Detoxification Facilities.** Hospitals, rehabilitation facilities, psychiatric facilities and detoxification facilities shall comply with 223.2.

- a. 223.2.1 Facilities Not Specializing in Treating Conditions That Affect Mobility. In facilities not specializing in treating conditions that affect mobility, **at least 10 percent, but no fewer than one**, of the patient sleeping rooms shall provide mobility features complying with 805.
- b. 223.2.2 Facilities Specializing in Treating Conditions That Affect Mobility. In facilities specializing in treating conditions that affect mobility, 100 percent of the patient sleeping rooms shall provide mobility features complying with 805.
- c. Advisory 223.2.2 Facilities Specializing in Treating Conditions That Affect Mobility. Conditions that affect mobility include conditions requiring the use or assistance of a brace, cane, crutch, prosthetic device, wheelchair, or powered mobility aid; arthritic, neurological, or orthopedic conditions that severely limit one's ability to walk; respiratory diseases and other conditions which may require the use of portable oxygen; and cardiac conditions that impose significant functional limitations. Facilities that may provide treatment for, but that do not specialize in treatment of such conditions, such as general rehabilitation hospitals, are not subject to this requirement but are subject to Section 223.2.1.

IV) **805 Medical Care and Long-Term Care Facilities**

- a. 805.1 General. Medical care facility and long-term care facility patient or resident sleeping rooms required to provide mobility features shall comply with 805.
- b. 805.2 Turning Space. Turning space complying with 304 shall be provided within the room.
- c. 805.3 Clear Floor or Ground Space. A clear floor space complying with 305 shall be provided on each side of the bed. The clear floor space shall be positioned for parallel approach to the side of the bed.
- d. 805.4 Toilet and Bathing Rooms. Toilet and bathing rooms that are provided as part of a patient or resident sleeping room shall comply with 603. Where provided, no fewer than one water closet, one lavatory, and one bathtub or shower shall comply with the applicable requirements of 603 through 610.