#### The 2022 FGI Guidelines for the Design and Construction of Residential Care Facilities

#### David B. Uhaze, RA

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#### Fall Conference September 10, 2021





#### Introduction

- The Facility Guidelines Institute
- FGI Resources
- The Residential Document Committee
- The 2022 FGI Guidelines
- Beyond Fundamentals
- Emergency Conditions Guidelines



#### The FGI Website:

A way to keep current with FGI and Guidelines activities





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#### The FGI Website:

- Access to :
  - Interpretations
  - Previous Editions
  - FGI Supported Research
  - FGI White Papers
  - Educational Links
  - News & Updates
- Order info at the bottom of each page







#### FACILITY GUIDELINES INSTITUTE

The keystone to health care planning, design, and construction About FGI Guidelines **Revision Process** Resources News & Updates RESOURCES Most of the research and knowledge we gatherfor each FGI Guidelines edition is incorporated into the documents. And some of it is published in papers and reports that can help you go beyond fundamentals to make reliable, longer-lasting decisions. Search by: CATEGORY START DATE END DATE III KEYWORD **Health Care Facillity Data Resources Referenced in NICU Design Standards** Standards or Supporting the FGI Guidelines Data Standards for Health Care Facility Recommended Standards for Newborn FGI Guidelines Glossary Definitions Management and Design ICU Design 2018 Guidelines Benefit-Cost Analysis Applying the Guidelines to Spaces Where Invasive vs. Noninvasive Patient Care is Delivered **Center for Health Design** Other Resources Knowledge Repository Behavioral and Mental Health Design The Center for Health Design Knowledge Repository Toolbox Simulation-Based Tool for Evaluating Health Care Designs Environment of Care and Health Care-Associated Infections  $\leftarrow$ Find Out What's Happening at FGI Find out more  $\rightarrow$ WHAT'S NEW FGI Bulletin #15 Data Standards for Health Care FGI Recognizes Outstanding **Facilities Posted** Leaders with the Pioneer Award

#### **FGI Resources**

- Access to :
  - FGI Associated Resources
  - Guidelines Updates
  - Beyond Fundamentals
  - FGI Supported Research
  - FGI White Papers
  - Educational Links
  - Additional Resources





#### Safety Risk Assessment Toolkit

Developed a tool for integrating patient and staff safety into the design process.

#### Design Guide for Long Term Care Homes

This guide offers designers guidance for creating personal care homes for elders, particularly those with cognitive challenges.

#### Designing End of Life Care Settings

This report presents straightforward design guidance for settings in which end-of-life care is delivered.

#### Cost Estimate Report

**EVERY** proposal for change is reviewed by the HGRC for clinical and operational benefit, first cost, and life cycle cost.



#### The Safety Risk Assessment Tool Kit

- Funded by the Agency for Healthcare Research and Quality (AHRQ) and developed by the Facility Guidelines Institute (FGI) and the Center for Health Design (CHD)
- Developed a tool for integrating patient and staff safety into the design process
- Questionnaire format
- Interdisciplinary teams from across the U.S.
- Initial presentation at the ASHE PDC
   March 2015 preconference program





# **Design Guide for Long Term Care Homes**

- The author's goal is to help designers provide spaces that encourage socialization, offer easier navigation, support better cognitive function, and set the stage for predictable care outcomes.
- The design guide emphasizes the deinstitutionalization of these facilities and applies the process of evidenced-based design to their development, including practical explanations of a number of design issues.
- Use of the small household model to create environments in which elders can live out their later years with purpose and fulfillment is exemplified in six short case studies.
- Also included is a "master list of design interventions" for addressing basic design attributes. The design guide is periodically updated.





# Designing End of Life Care Settings to Enhance Quality of Life

- Focused on accommodating the unique and unfamiliar changes experienced during the end-of-life journey.
- The research reflected here examined four primary design elements of the built environment that profoundly influence end-of-life care settings.
- The material in this document can be used to inform conversations among designers, users, and stakeholders to support creation of custom design solutions that support residents, families, and caregivers.





#### **Benefit / Cost Impact Review**



**EVERY** 2022 proposal for change was reviewed by the HGRC for clinical and operational benefit. This report will be issued with the new edition

Benefit-Cost Analysis

	also help assist staf	nobility of the patient when the patient can pull up	themselves.		
BENEFIT	IMPLICATION	COST	IMP	IMPLICATION Increased Cost Neutral	
Patient/staff safety	Added Benefit	Capital cost	Incr		
Patient care	Added Benefit	Clinical operations	Neu		
Operational efficiency	Added Benefit	Facility operations	Neu	tral	
enefit-Cost Commer Comment	its		Posted By	Posted On	
		on avaatly what requirements could be		October 8, 2020	



#### **Guidelines Adoption Map**

- 42 states adopt some edition of the Guidelines
- 27 states currently use the 2018 edition, with at least 5 other states working on adoption
- 6 states (Colorado, Idaho, Kansas, Maine, Mississippi, New York) that adopted earlier editions of the *Guidelines* permit use of a more recent edition than that adopted.
- 5 states do not use the *Guidelines* officially but do use the documents for reference.





#### **Residential Document Group**

Jane Rohde	Tri-Chair
John Shoesmith	Tri-Chair
Addie Abushousheh	Tri-Chair
Gaius Nelson	Tri-Chair (elect)
David Alvarez	US Dept of Veterans Affairs
Linda Bump	Action Pact
Marshall Cook	Colorado AHJ
Quinn DeMenna	SpiezleArchitectural Group, Inc.
Steve Heaney	NCAL / Brandywine Living
Migette Kaup	Kansas State University
Josh Kelly	Ross Baruzzini, Inc.
Steve Lindsey	Leading Age / Garden Spot Village
Robert Pfauth	SAGE / Erdman
Michelle Pinkowski	Pinkowski Law
Eric Rosenbaum	Jensen Hughes
Jill Schroeder	Pennsylvania AHJ
James Scott	Pope Architects
Deborah Weigand	Michigan AHJ -Retired
Fred Worley	The Green House Project





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- 20 members
- 6 areas of primary expertise

#### Residential Design Guidelines Committee





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#### **Residential Document Group Geographic Distribution**



Colorado	2
Colorado	Z
Dist. of Columbia	1
Illinois	1
Kansas	1
Maryland	2
Michigan	1
Minnesota	2
Missouri	1
New Jersey	1
Pennsylvania	3
Texas	1
Washington	1
Wisconsin	3





#### Why we do what we do: person-centered care!



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### **Overview of FGI 2022 Changes**



# Changing to Keep Pace with Clinical Practices



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#### **Residential Guidelines Revisions**

- Significant revisions to spatial requirements for resident rooms in nursing homes – min. dimensions added to satisfy requests from regulatory agencies
- Expanded telemedicine guidance consistent with the Hospital and Outpatient documents – includes requirements for lighting, acoustics, privacy & finishes
- Consolidated and revised sections covering kitchens and food services facilities



#### **Residential Guidelines Revisions**

- Streamlined model typologies for assisted living facilities
- Revised noise level recommendations for resident rooms and kitchen spaces
- New language for dialysis facilities in nursing homes was added to cover size, layout and engineering requirements
- Added requirements and guidance for Palliative Care



### **Food Service Types**

The type and size of the nursing home facility shall determine the dietary environment and the food service facilities provided.

- Commercial kitchen
- Retail kitchen
- Household kitchen
- Social activity kitchen
- Outpatient therapy kitchen
- Warming/serving kitchen





#### **Commercial Kitchen**

The purpose of a commercial kitchen is to support meal services for a home or community. Preparation and production of meals (typically in large quantities) is performed in the commercial kitchen and then transported to other kitchen or dining spaces.

- Where a commercial kitchen is provided, it shall not be permitted to serve as a household, social activity, or outpatient therapy kitchen.
- The commercial kitchen shall be designed to prevent access by residents and visitors





#### **Retail Kitchen**

The retail kitchen provides a café or bistro setting adding variety and alternative dining options for residents, or central dining facility

- The retail kitchen shall not be permitted to serve as a social activity or outpatient therapy kitchen.
- Physical access to the retail kitchen shall be restricted to staff.





#### **Household Kitchen**

The household kitchen supports resident and participant involvement in activities of daily living and has an important role in supporting a positive visual and olfactory connection for residents. It is used for:

- Provision of nourishment between meals
- Cooking activities for residents and participants
- Food preparation by family members
- Prep of meals by staff with or without assistance from residents, completion of meal preparation begun in a commercial kitchen, and serving/distribution of meals





#### **Social Activity Kitchen**



- Shall be designed to support life enhancement activities related to food preparation that are not central to regular meal delivery.
- An area for practicing activities of daily living shall be provided.
- The social activity kitchen shall be located immediately accessible to social activity spaces.



# Warming Kitchen



Also known as a satellite kitchen, supports meal services by facilitating the final preparation, plating, and presentation of meals that have been prepared in a commercial kitchen and transported to the warming/serving kitchen prior to serving. It may also provide space for dishwashing items such as glassware, china, and silverware that will not be returned to the commercial kitchen for washing.

- The warming/serving kitchen shall be secured to prevent unauthorized access.
- Located directly accessible to the dining room, household kitchen, or similar space where meals will be served to residents



# **Outpatient Therapy Kitchen**



Outpatient therapy kitchen facilities are used for training of involvement in activities of daily living. The purpose of a therapy kitchen is to replicate a kitchen in a participant's home.

 The outpatient therapy kitchen shall be located immediately accessible to occupational and physical therapy services.



#### **Resident Room Sizes**

- The 2018 Residential Guidelines were intentionally silent on square footage requirements for sizing resident rooms. This was a choice made because of concern that, if a minimum size was provided, it would be taken as an absolute that would then become the base size of the space in which a resident would live, regardless of whether the size fully met resident needs.
- The unfortunate side effect of that choice has been that states have had difficulty implementing the Residential Guidelines.



Thus, for the 2022 Edition, the Residential Document Group reconsidered its position and agreed that basing a minimum resident room size on clearances would serve the needs of both states and nursing home residents.





### **Single Resident Room**

Single resident rooms shall be sized to accommodate the functional placement of required furnishings and equipment essential to resident comfort and safety.

- Minimum clear floor area of 120 square feet, excluding the bathroom, vestibule entry, and closet or wardrobe
- Minimum clear dimension of 11 feet

- 48 inches on the transfer side
- 36 inches on the non-transfer side of the bed
- 36 inches at the foot of the bed in single-resident rooms





#### **Multi-Resident Room**

Multi-resident rooms shall be sized to accommodate the functional placement of required furnishings and equipment essential to resident comfort and safety.

- Minimum clear floor area of 108 square feet per bed, excluding the bathroom, vestibule entry, and closet or wardrobe
- Minimum clear dimension of 9 feet per bed

- 48 inches on the transfer side
- 36 inches on the non-transfer side of the bed
- 48 inches at the foot of the bed in multi-resident rooms



# Single Resident of Size Rm.

Single resident of size rooms shall be sized to accommodate the functional placement of required furnishings and equipment essential to resident comfort and safety. Sizes will be based on the use of overhead or non-overhead lifts

- Minimum clear floor area of 200/219 square feet per bed, excluding the bathroom, vestibule entry, and closet or wardrobe
- Minimum clear dimension of 10ft 9in/13 feet

- 66/84 x 126 inches on the transfer side
- 66 inches on the non-transfer side of the bed
- 60 inches at the foot of the bed in multi-resident rooms





### Multi-bed Resident of Size Rm.

Single resident of size rooms shall be sized to accommodate the functional placement of required furnishings and equipment essential to resident comfort and safety. Sizes will be based on the use of overhead or non-overhead lifts

- Minimum clear floor area of 176/192 square feet per bed, excluding the bathroom, vestibule entry, and closet or wardrobe
- Minimum clear dimension of 10ft 9in/13 feet

- 66/84 x 126 inches on the transfer side
- 66 inches on the non-transfer side of the bed
- 60 inches at the foot of the bed in multi-resident rooms





### **Dialysis Services**

Where dialysis services are provided in the facility, the requirements of this section shall be met:

- Ea. station shall have a min. clear floor area of 80 s.f.
- Min. headwall length of 8 ft.
- 4 ft. min. shall be provided between treatment chairs.
- Treatment areas shall have privacy screens or cubicle curtains.
- Handwashing within **25 ft.** of ea. treatment location.





### **Dialysis Services**

- Sufficient storage shall be provided for ea. resident's dialysis supplies and dialysis machine when not in use.
- Dialysis areas shall be separate from day, dining, and activity space.
- An illumination level of 500 lux (50 foot-candles) shall be provided at the dialysis treatment area.
- Where water is supplied to portable reverse osmosis machines at the dialysis station, the facility water supply shall be protected by a reduced pressure principal backflow preventer or a pressure vacuum breakers



- Remote communications via electronic equipment, although not a replacement for in-person care, may be offered as a supplement where in-person care is not available or medically necessary.
- Care should be taken to remove technological barriers and provide telemedicine endpoints that facilitate natural communication for the widest range of participants.
- Facilities should strive to maintain the level of safety, privacy, quality of care, and participant experience that would be expected of in-person communication.



Where clinical telemedicine services are provided, telemedicine spaces to accommodate those services shall meet the following requirements :



#### A room shall be provided for telemedicine services.

- Where participant volume does not justify provision of a dedicated telemedicine room, an office, exam room, or conference room shall be permitted to be used for this purpose.
- A room where clinical telemedicine services are provided shall meet the requirements of the section of the Guidelines that directly relates to the services provided and the participant population served.







Where used for examination purposes, the telemedicine room shall be sized to accommodate the following:

- An examination table situated within view of the camera
- Telemedicine equipment (fixed or mobile)
- Peripheral devices
- An on-site caregiver or participant presenter
- A hand-washing station that meets the requirements in Section 2.4-2.2.8 (Hand-Washing Stations) where hands-on participant examinations will be conducted.
- A documentation area



The telemedicine room shall provide speech and visual privacy with adjacent spaces based on the room's clinical function, as indicated in Table 2.5-6 (Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces).

- Space shall permit arrangement of monitors, screens, or other projections of images or data so they are not visible to casual observers outside the telemedicine room.
- The room shall provide the ability for direct frontal lighting.
- Means for controlling glare from natural and artificial light sources shall be provided
- Telemedicine room finishes and colors shall be selected to maintain natural rendition of color and pattern.
- Backdrop wall color shall have a light reflectance value of 30 to 40 percent.





- Terms commonly applied to assisted living settings are congregate housing, personal care homes, residential care, adult congregate care, boarding home, domiciliary car, homes for the aged, or group homes.
- The design of assisted living settings supports the care program by providing privacy and personal space for residents on a scale that residents perceive as small and manageable.
- Care model typologies and characteristics will vary depending on the size of the facility and whether provision of services is centralized or decentralized.





**Residential model typology**. Typically located in a single-family residential neighborhood. Has many characteristics of a single-family home.

- Family-style dining and living spaces that may be combined with an open residential kitchen to create a "great room.
- Variety of private and shared bedroom and bathroom spaces to support residents' personal choice
- Direct visual and physical access to natural areas or landscaped outdoor spaces





Household model typology. Typically located in residential neighborhoods or on the campus of a larger retirement community. Offers a communal atmosphere that fosters group cohesiveness, companionship, and nurturing relationships

- A variety of spaces typical of home such as an open, functional kitchen at its hub and dining and living areas.
- A mixture of private and shared bedroom spaces to accommodate resident choice, with private bathrooms being the most prevalent.
- A den or similar type of family room provided for multiple uses (e.g., private meeting, quiet space, etc.)
- Resident room bathrooms with a toilet, sink, and often a shower
- Accessible outdoor spaces that serve as an extension of daily routines





Apartment-style community typology. May be a freestanding building(s) or located in a multifamily, mixed-use, or retirement community. Includes residential living accommodations with centralized amenity and support spaces

- Centralized services and amenities. Shared amenity spaces for activities, recreation, and/or health and wellness.
- Residential-style living with private or double-occupancy units, each with private bathrooms.
- Kitchenettes with or without cooking appliances
- A commercial kitchen with communal dining and multiple venues.
- Direct visual and physical access to natural areas or landscaped outdoor spaces. May be provided by means of courtyards, indoor gardens, roof gardens, accessible roofs, etc.







#### **Palliative Care**

#### **Design Considerations for Palliative Care**

- Palliative care is an approach to clinical care that focuses on symptom management and accommodations for and support of quality of life for residents, their family/friends, and their caregivers.
- Palliative care may be provided in a variety of locations as a service or within a designated setting, including a hospice facility.
- Palliative care spaces should feature residential characteristics in a home-like setting to promote quality of life and living with dignity.



#### **Palliative Care**

# The following design elements should be considered based upon the care population being served:

- Site features, including indoor and outdoor activity areas
- Clinical spaces, resident rooms, common spaces, and administrative areas
- Group meeting, educational, and therapy spaces
- Quiet rooms (to support sensory stabilization).
- Positive auditory, olfactory, visual, and tactile elements enhanced by lighting and acoustical systems





#### **Palliative Care**

- The care area shall be designed and located to deter unrelated traffic through the unit or setting.
- Provision of single-occupant rooms should be considered to support occupant and visitor privacy.

#### Design for palliative care that supports comfort and well-being should:

- Minimize the institutional aspects of care and create a comfortable environment with furniture, furnishings, and fixtures that are functional, safe, and residential in appearance.
- Enable personalization of spaces for individuals receiving care.
- Provide restorative break spaces for family/friends and caregivers. Exterior and interior spaces that support respite should be included.







### **Hospice Patient Care Unit**

- Minimum clear floor area of 153 sf with a min wall width at the head of the bed of 10 ft
- Family support zone with a minimum clear floor area of at least 33 sf
- Movable seating with a minimum of one seat for a family member or visitor and one seat for the individual receiving care
- At least one chair for long-term sitting
- Space for family member overnight stay
- Patient Toilet Room) shall be provided.



#### **Hospice Patient Care Unit**

- Designed and located to prohibit nonrelated traffic through the unit
- Access and service arrangements shall be such that staff, care providers, and visitors can access other services without traveling through the hospice area
- Each hospice care room shall have an outside window
- Bathing facilities shall be provided
- Considerations for creating a homelike atmosphere, including furniture arrangement and orientation to the patient bed and room windows, should reflect the needs of the patient population





- Noise criteria are applied to the average level in the room, recognizing there is some variation to be expected. ANSI/ASA S12.2: American National Standard Criteria for Evaluation Room Noise defines how noise criteria are determined.
- Additional spaces identified in the functional program that have similar characteristics to those listed in Table 2.5-2 shall use the similar space criteria as a baseline for maximum noise criteria.
- For rooms using non-central PTAC units, HVAC units shall be selected based on the A-weighted sound level (dBA) including noise generated from the compressor cycling on and off.

Table 2.5-2 Design Criteria for noise in In	iterior Spaces Generat	ted by			
Building Systems					
Room Type NC / RC(N) / RNC dBA					
Resident, Participant, and Outpatient Areas					
Resident room/dwelling unit 40-35 45-40					
Diagnostic and Treatment Areas					
Telemedicine room	25	30			
Teleconferencing room 25 30					
Public Areas					
Communal dining room with open kitchen	<del>-35</del> -45	<del>-40</del> 50			
Communal dining room with closed kitchen	Communal dining room with closed kitchen 40 45				





- Appendix section A2.5-8.3 provides recommendations on acoustic treatment for dining rooms.
- Additional spaces identified in the functional program having similar characteristics to those in Table 2.5-4 shall use the criteria for the similar space as a baseline for sound absorption.
- If an acoustic finish is attached using mechanical means, that surface is considered permanent.
- Use the noise reduction coefficient (NRC) rating for estimating the design room-average sound absorption coefficient when using this table.

Table 2.5-4: Minimum Design Room Sound-Average Absorption Coefficients ( $\bar{\alpha}$ )		
Space	Design Coefficient	
Diagnostic and Treatment Areas		
Examination room	<del>0.15</del> 0.20	
Telemedicine room	0.25	
Support Areas		
Office	<del>0.15</del> 0.20	
Public Areas		
Dining room with 40 or fewer occupants	0.25	



#### **Inclusive Environments**

- In long term care settings, a large percentage of residents are older adults with varying degrees of health concerns that may impair mobility or vision
- Provision of inclusive design principles supports quality outcomes for these care populations.
- It is well known that the built environment can be a limiter or a supporter of persons with various abilities.
- Evaluation of care populations in residential health, care, or support facilities provides an opportunity to apply universal design principles (i.e., those appropriate to any age or ability) to design variables such as walking distances, use of color, value contrast, lighting, wayfinding, and selection of finishes.





#### **Inclusive Environments**

#### Design recommendations for inclusive environments include identification of:

- Formal and informal resident needs in health, care, and support settings and the related physical elements that support these needs.
- Needs of front line, management, and service staff to support the care of residents, outpatients, and participants
- The physical environment considerations necessary to provide circulation, storage, and other physical elements that support these needs
- Features that provide ease of access, direction, and utilization of space. These features should be unobtrusive and integrated in a manner that does not stigmatize any user of the physical environment.
- Access within the physical environment—both interior and exterior—to supportive health and wellness opportunities as well as access to amenities and services.





# **Lighting Considerations**

Additional information regarding proper lighting levels has been added to the Guidelines via 2 publications, developed by IES that apply to healthcare settings:

- ANSI/IES RP28: Lighting and the Visual Environment for Seniors and the Low Vision Population to address the special lighting needs of older adultcare populations.
- ANSI/IES RP-29: Lighting for Hospitals and Health Care Facilities addresses recommended practices for lighting for the general population in health care facilities and special lighting for medical procedures.





### Sustainability

Extensive appendix language recommending the use of the following for formulating a sustainability stratagy:

- International Green Construction Code (IgCC), developed by the International Code Council
- ASHRAE 189.1 with adapted and changed criteria specifically utilized for health care facilities
- Fitwel 1.2 Planning/Predesign Process developed by the CDC and the GSA to promote building design and operations that support health and wellness.
- The WELL Building Institute developed and administers the WELL Building Standard to promote building design and operations that support health and wellness.
- Sustainable Facilities Tool. GSA-developed open-source tool provides information, research, and case studies on many aspects of sustainable building and operations. To learn more, visit https://sftool.gov/learn/about/576/buildings-health





#### ASHRAE 170 - 2021

#### Changes to the Residential *Guidelines*: ASHRAE 170-2021

- Residential Document Group worked with the ASHRAE 170 committee to coordinate requirements for residential health, care, and support settings.
- FGI to include Standard 170 with Addendum(s) in the 2022 Residential Guidelines –reference for Nursing Homes and Hospice –Assisted Living alignment with MERV 8 and recirculating PTAC requirements.
- Revised references for ASHRAE 62.1 and 62.2 "nontransient" vs. "transient" residents.





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- Conceived as a way to stay current with trends that will impact health care facility design
- A digital library featuring new and unique content that reaches beyond the minimum requirements to reflect the latest health care design thinking
- Best practices, design recommendations, evidence-based research, and new applications of technology.



- Provides access to a growing collection of health care design resources, including white papers and reports, checklists, design recommendations in response to emerging trends in practice, and access to the experiences of industry change-makers
- The Beyond Fundamentals content will be updated and supplemented continually, unlike the FGI *Guidelines for Design and Construction* documents, which are static documents published every four years.





- Patient Handling and Mobility Assessments
- Virtual Care: An Issue Brief on Designing for Telemedicine
- FGI Study of Clearances Needed to Provide Safe Care for Patients of Size
- A look at forces likely to affect the future of health care delivery in and how anticipated changes in the delivery of care might affect health care facilities.
- Testing Sustainable Flooring: A Johns Hopkins Health Systems Report





- Illustrated Guide to the FGI Guidelines
- Diagrams for:
  - Room configurations
  - Clearances
  - Equipment locations

#### Provides:

Document, Chapter & Section references

REFERENCE GUIDE			REFERENCE GUIDE		
ENCE GUIDE			DOCUMENT	CHAPTER	SECTION
ral Hospital atient fential Healthcare	3.1 Specific Requirements for Nursing Homes	3.1-2.2.2 Resident Roo 3.1-2.2.2.2 Space Req A3.1-2.2.2.2(2) Determ	<ul> <li>General Hospital</li> <li>Outpatient</li> <li>Residential Healthcare</li> </ul>	3.1 Specific Requirements for Nursing Homes	3.1-2.2.2 Resident Room 3.1-2.2.2.2 Space Requuirements A3.1-2.2.2.2(2) Determining Space Needs



#### **Guidelines for Emergency Conditions**

- FGI received numerous requests for guidance on setting up temporary facilities and adapting existing facilities in response to the COVID-19 pandemic
- FGI assembled a special committee to formulate design guidance for facilities during emergency situations caused by not only the COVID-19 emergency but weather, other pandemics, wildfires, and other emergency situations
- The committee was hand picked by FGI reaching out to individuals from around the country who had extensive experience in emergency response





#### **Guidelines for Emergency Conditions**

- The committee has created a white paper which includes draft Guidelines requirements and lessons learned from past local and national emergencies such as COVID-19
- The white paper was made available for public review and comment from April 1 to June 30, 2021 was revised per those comments and is now in the FGI resource library.
- Many of the recommendations in this white paper will be used as the basis for changes to the next edition of the Guidelines



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Providing consultation and guidance with regard to Building Codes & FGI Guidelines requirements for health care facilities

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