



## **PLAN REVIEW APPLICATION Functional Program Rehabilitation Hospitals**

Hospitals must comply with the Adopted Regulations of the State Board of Health, Nevada Administrative Code (NAC) 449. NAC 449.3154.2 of that document requires that the hospital's proposed new or renovated construction be in accordance with the standards within the current edition (1996-1997) of "The Guidelines for Design and Construction of Hospital and Healthcare Facilities."

A copy of the guidelines may be obtained from AIA (American Institute of Architects), 175 New York Ave., NW, Washington, D.C. 20006. The telephone number is (800) 242-3837.

Within those Guidelines, there is a requirement (Section 10.1.A, page 128) that each construction project must submit a "functional program" in accordance with Section 1.1.F (below). There are other "programs" and an "infection control risk assessment" that the facility must determine that augment the functional program and would have an impact upon the design of the proposed facility, addition, or renovation. These programs have been identified and are listed below. Also given are the reference page numbers, section numbers, and the involved areas to assist in one's effort to satisfy and complete the plan review submission.

You will need to supply this information to our office to allow for better assessment of your proposed project for its level of compliance and to allow our office to complete your project's plan review. Please correlate the reference number with your response and address all items. Those items that are not part of your project please indicate as N/A (Not Applicable).

Page 1, Section 1.1.F. "The health care provider shall supply for each project a functional program for the facility that describes the purpose of the project, the projected demand or utilization, staffing patterns, department relationships, space requirements, and other basic information relating to the fulfillment of the institution's objectives. The functional program shall include a description of those services necessary for the complete operation of the facility. The program shall address the size and function of each space and any special design features. Include the project occupant load, numbers of staff, patients, residents, visitors, and vendors. In treatment area, describe the types and projected numbers of procedures. Describe the circulation patterns for staff, patients or residents, and the public. Describe also the circulation patterns for equipment and clean and soiled materials. Address equipment requirements; describe building service equipment and fixed and movable equipment. Where circulation patterns are a function of asepsis control requirements, note these features. The program shall use the same names for spaces and departments as used in the Guidelines. If acronyms are used, they shall be clearly defined. The functional program shall address the potential future expansion that may be needed to accommodate increased demand. The approved functional program shall be made available for use in the development of project design and construction documents. The functional

program shall be retained by the facility with the other design data to facilitate future alterations, additions, and program changes.”

### **Rehabilitation Hospital Functional Program:**

<u>Ref.</u>	<u>Page</u>	<u>Section</u>	<u>Area</u>
1.	128	10.1.A2	Required Service Areas
2.	128	10.1.A3	Optional Units
3.	129	10.2.E	Imaging Facilities
4.	129	10.7.A	Dietary Department
5.	131	10.15.A1	Patient Rooms
6.	133	10.15.E	Airborne Infection Isolation Rooms (see below, 7.2.C)
7.	133	10.16	Sterilizing Facilities
8.	133	10.17.G	Wheelchair/Stretcher Storage
9.	133	10.18.E	Patient Dressing Areas
10.	134	10.21	Dental Unit
11.	134	10.22.A	Imaging
12.	134	10.23	Pharmacy Unit – functional program
13.	134	10.24.A4	Door Widths
14.	134	10.24.A7	Window Screens
15.	137	10.30.C1	Waste Processing Service
16.	142	10.31.E8	Hemodialysis
17.	143	10.32.G2	Nurse Call Systems

### **Infection Control Risk Assessment**

The number and placement of the isolation rooms and protective environment rooms are determined by the facility’s infection control risk assessment (defined on page 22, Sections 7.2.C). The acceptance of the facility’s decision for the inclusion or exclusion of these rooms in the areas identified below would need to be supported by this document.

### **Other Programs:**

<u>Ref.</u>	<u>Page</u>	<u>Section</u>	<u>Area</u>
18.	140	10.31.D17	Sputum Room (Appendix A)