



NEWS RELEASE

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FOR IMMEDIATE RELEASE

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Public Invited to Comment on Draft 2022 FGI *Guidelines*

The Facility Guidelines Institute (FGI) invites users of the FGI *Guidelines for Design and Construction* to comment on revisions and additions featured in its draft 2022 documents. Input from *Guidelines* users is a crucial step in revising the *Guidelines* documents, which provide minimum standards for design and construction of hospitals, outpatient facilities, and residential health, care, and support facilities and are used by many states to regulate design and construction of these facilities.

The public comment period will open July 1 and close on September 30, 2020. At this point in the revision cycle, only recommendations to change language that has already been added, revised, or deleted will be considered. **Complete drafts of the 2022 Hospital, Outpatient, and Residential *Guidelines* documents and information about preparing comments can be found at www.fgiguidelines.org/revision-process/comment_period.**

For the 2022 revision cycle, FGI's online comment platform has been restructured to streamline the submittal process. **Interested parties may submit comments using the platform, which can be accessed at www.fgiguidelines.net.**

The multidisciplinary, 139-member 2022 Health Guidelines Revision Committee (HGRC), the body responsible for the content of the *Guidelines*, has worked to update the documents to reflect changes in the health and residential care industries and provide clarifications that can ease adoption and compliance. Following are some of the changes proposed for the 2022 FGI *Guidelines* documents:

Revisions affecting more than one document in the 2022 *Guidelines* draft

- Use of ANSI/ASHRAE/IES Standard 90.1 in the absence of a state- or locally adopted energy code
- Requirements and considerations for palliative care design in the Hospital and Residential documents
- Requirements and considerations for use of color and light that accentuate contrast for low-vision populations in the Hospital and Residential documents
- Recommendations for noise risk assessments in the Hospital and Outpatient documents
- Provision of new emergency department (ED) clinical spaces in the Hospital and Outpatient documents
- Requirements for facilities for an intensive outpatient and partial hospitalization program for behavioral and mental health patients in the Hospital and Outpatient documents
- Clarifications on clean and sterile supply storage in operating suites in the Hospital and Outpatient documents

Hospital *Guidelines*

- Updated appendices for the behavioral and mental health risk portion of the safety risk assessment
- Minimum requirements and recommended best practices for burn units and hospice units
- Provision of an anteroom for an airborne infection isolation room predicated on an infection control risk assessment (ICRA); design considerations for anterooms added to the appendix
- New guidance on ED design to improve flexibility, accessibility, and safety

- New information to encourage small and specialty hospitals, where appropriate, to use the critical access hospital chapter; new guidance to increase flexibility of room use in critical access hospitals

Outpatient *Guidelines*

- Freestanding ED requirements now appear in Outpatient *Guidelines* only
- Removal of clear floor area requirements for several patient care stations, with clearances determining their size
- New appendix table with examples of how Chapter 2.2, Specific Requirements for General and Specialty Medical Facilities, can be applied to specialty care facilities
- Minimum size for birthing rooms reduced from 200 to 120 square feet
- Food service requirements optional for birth centers
- Multiple-patient exam room added to the urgent care center chapter
- New chapter added for extended stay centers affiliated with outpatient surgery and freestanding emergency facilities

Residential *Guidelines*

- Significant revisions to spatial requirements for resident rooms in nursing homes
- Expanded telemedicine guidance consistent with the Hospital and Outpatient documents
- Consolidated and revised sections covering kitchens and food services facilities
- Streamlined model typologies for assisted living facilities
- Revised noise level recommendations for resident rooms and kitchen spaces
- An added option for dialysis facilities in nursing homes

FGI encourages all users of the 2018 *Guidelines* documents, as well as readers who intend to use the 2022 edition of the *Guidelines*, to review the proposed changes and suggest where language could be improved for clarity or better support of clinical practices, infection prevention, and safe and effective patient and resident care. All comments will be reviewed by the HGRC, and those accepted will be incorporated into the published 2022 documents: *Guidelines for Design and Construction of Hospitals*, *Guidelines for Design and Construction of Outpatient Facilities*, and *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*.

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About the Facility Guidelines Institute

Founded in 1998, the Facility Guidelines Institute is a not-for-profit corporation that provides leadership and continuity to the *Guidelines* revision process. FGI functions as the coordinating entity for development of the *Guidelines* series of documents using a multidisciplinary, consensus-based process and for provision of ancillary services that encourage and improve their application and use. FGI invests revenue derived from sales of the *Guidelines* to fund research and the activities of the next revision cycle.

About the FGI *Guidelines for Design and Construction* Documents

The FGI *Guidelines for Design and Construction* documents are updated every four years to keep pace with new concepts, capabilities, and technologies in the delivery of health and residential care. The *Guidelines* documents are used by states to regulate health and residential care facility design and construction through adoption of the *Guidelines* as code, as a basis for state-written codes, as an adjunct to state codes, or for reference.