

Monthly Newsletter

John W. Baumgarten Architect, P.C.

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Do You Know That...?

- As of December 2005, the International Code Council's (ICC) International Plumbing Code (IPC) is the new governing plumbing code in New York City. Further, NYC legislation will be enacted this year to adopt other ICC Codes, most prominently the International Building Code (IBC) and the International Residential Code (IRC).

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Respiratory Care Units—Making Room To Breathe

Once a health care facility has established a need for a ventilator unit within its community, it then must face the challenge of making the necessary changes to its building infrastructure. Through our project work, we have found that inventive reconfiguration of existing space is often required especially in facilities built prior to 1990.

Most vent units have 15 to 20 beds. When located on a 40-bed nursing unit, the Health Department (DOH) mandates vent unit integrity, requiring virtually complete separation from the rest of the floor. Although this is difficult to achieve, it can be accomplished with some “out of the box” planning. The DOH requires that 20% of vent beds be located in private rooms and that piped medical gases be provided in all vent rooms. The use of piped oxygen and suction eliminates the need for larger oxygen cylinders and concentrators within resident rooms which tend to take up valuable floor space needed for maneuvering and treatment.

Older facilities are generally not sufficiently barrier free and usually have a low number of private rooms. These are key areas of concern for the Department of Health in evaluating the suitability of a vent unit's design.

Respiratory residents being weaned-off of a ventilator require motorized wheelchairs for ambulation. These larger chairs are more difficult to maneuver through doorways and within smaller toilet rooms. For this reason, the DOH requires that vent bedrooms and toilets be barrier free accessible. A five foot wheelchair turning radius is required between beds in a semi-private room and within resident room toilets. Renovations to enlarge existing resident room toilets are difficult to configure in older facilities with relatively shallow room depths.

Ventilator dependent residents must remain in a reclining position while bathing. Therefore, most central bathing areas need some reconfiguration to accommodate a recumbent tub which must be positioned to allow a five foot wheelchair turning radius. Each vent bed requires one emergency power outlet. The DOH also requires emergency outlets at off-unit areas accessible to ambulatory residents such as: meditation rooms, beauty parlors, social service areas and central amenity areas. Therefore, it is important to verify the capacity of the facility's emergency generator to see whether there is sufficient capacity to handle these additional loads.

In addition, there are also a number of staff/service space upgrades that must be made to support a discrete ventilator unit. These include: respiratory staff offices, vent work room (for maintenance and repair of equipment), dedicated respiratory storage and respiratory therapy space.

John W Baumgarten Architect, P.C.: Recent Lobby Renovations

