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County Judge

**CANDA REESE**  
County and Circuit Clerk

**JOHN MONTGOMERY**  
Sheriff

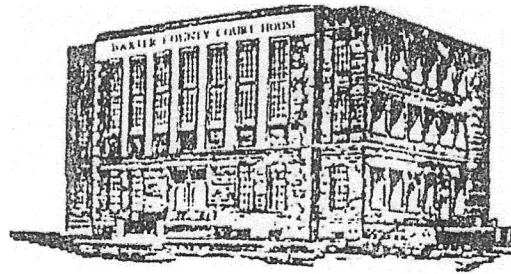
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Collector

**JENAY MIZE**  
Treasurer

**JAYME NICHOLSON**  
Assessor

**CHARLES L. SLATER, JR.**  
County Surveyor

**BRADLEY HAYS**  
County Coroner

**COUNTY OF BAXTER**

ONE EAST SEVENTH STREET  
MOUNTAIN HOME, ARKANSAS 72653

**QUORUM COURT**

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District 1

**ANGELA DEGROOTE**  
District 2

**RICK STEINER**  
District 3

**WILLIAM DIRK WALDROP**  
District 4

**MARYANNE EDGE**  
District 5

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District 6

**CHARLES OSGOOD**  
District 7

**ROGER STEELE**  
District 8

**CAMERON DAVIS**  
District 9

**SHANNON WALKER**  
District 10

**TY CHAPMAN**  
District 11

**NOTICE TO ARCHITECT AND/OR  
CONSTRUCTION MANAGEMENT – ADVISOR TEAMS  
REQUEST FOR QUALIFICATIONS  
BAXTER COUNTY  
MARCH 1, 2023**

In accordance with A.C.A. 19-11-801-805, et. seq., Baxter County, Arkansas, is requesting statements of qualifications for the possible design and construction of a new Health Department Building. Written statements of qualifications will not be considered if received later than 4:00 P.M. on Monday, April 3, 2023.

Written responses should contain the following information. However, in accordance with A.C.A. 19-11-801-805, competitive bidding shall not be used for the procurement of professional services, and respondents submitting cost data in response to this RFQ will be disqualified from the selection process.

1. Contact information including telephone and email for the company
2. Firm profile and history
3. The firm's current resources
4. The specialized experience and technical competence of the firm with respect to the type of professional services required
5. The capacity and capability of the firm to perform the work in question, including specialized services, within the time limitations fixed for the completion of the project
6. The past record of performance of the firm with respect to such factors as control of costs, quality of work, and ability to meet schedules and deadlines
7. The firm's familiarity with the project and the area in which the project is located
8. State of Arkansas license
9. References, including current and past clients

Please send three copies of the response to: Baxter County Judge's Office,  
Attention: Kevin Litty, 1 E. 7<sup>th</sup> St. Mountain Home, AR 72653

**ARKANSAS DEPARTMENT OF HEALTH (ADH)  
LOCAL HEALTH UNIT  
FACILITY STANDARDS**

**REVISED JANUARY 1, 2023**

**CENTER FOR LOCAL PUBLIC HEALTH**

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## **PREFACE**

The Local Health Unit Facility Standards are designed to be followed for the lease, purchase and design of all public health facilities for the state of Arkansas; to improve the condition, size, design and equipment of local health units; and to maintain these capital assets in good condition.

In planning and preparing for local health unit construction, expansion, or renovation, the Department of Health will use the standards provided herein. Questions on individual facilities will be resolved by the Agency after consultation with the applicant/owner.

The standards included are considered to be the benchmark for public health facilities. The standards do not mandate nor imply that a particular job classification has the right to a specific square footage or type of office/work space. Deviations may be made on a case-by-case basis with the concurrence of the applicant/owner.

The standards serve as the basis for determining facility and equipment needs, as well as modernization and construction projects. All applicants are expected to comply with these standards in renovation/expansion and new construction.

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Nathaniel Smith, MD, MPH  
Director and State Health Officer,  
Arkansas Department of Health

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DATE

## **PURPOSE**

The Department of Health has determined a need exists to have a planning process for the development of site plans and design of local health units. Therefore, it was mandated that facility standards be developed, maintained and updated for appropriate facilities in which to conduct programs.

These facility standards have been developed using surveys of existing facilities, technical data from Arkansas Building Authority, and input from a private architect, engineer, physician, regional management, local health and central office personnel. These facility standards should provide those individuals and agencies responsible for procuring public health facilities the guidance necessary to accomplish their task and thus help contribute to the ongoing provision of public health services.

## **I. DESIGN CRITERIA**

The design criteria established through the facility standards for local health units is general in nature due to the diversity of the units' sizes and the locations they serve. Although there are specific criteria stated, the main intent of the design criteria that follows is to provide general guidelines to be used when constructing, renovating or expanding a local health unit.

### **A. Location**

A local health unit is intended to serve the community as a whole. Ideally, the unit is located as close as is reasonably possible to the population it seeks to serve. The location of a health unit is critical to its ability to accomplish its mission. Planning should include evaluation of barriers, such as distance and transportation concerns, which might prevent clientele from accessing the services. Ideally, the local health unit should be located at a site which:

1. Enables easy access from major thoroughfares.
2. Is near or within reasonable distance of the population served.
3. Is near other health care providers or human service agencies used by the target population.
4. Is near public transportation, if available in the city.

5. Has adequate off-street, paved parking spaces for colleagues and patients.
6. Has adequate lighting outside the building and in the parking area.
7. Has fire hydrants in close proximity of the site. If not, fire control measures must be adequately planned.
8. Has space sufficient for building expansion to one-half times the existing space (single story building) or; if existing space is not sufficient, vacant adjoining space must be available. Parking space must also be expandable to one-half times the existing space.
9. Meets Americans with Disabilities Act requirements (ADA) for the physically impaired.

Deviations from the criteria listed above must be reviewed and approved by the Agency.

**B. Earthquake Specifications**

Each local health unit shall be earthquake-resistant based upon the zone where the facility is located.

**C. Renovations/Expansions**

All renovations/expansions will follow these facility standards with exceptions approved only on an individual basis by the Agency.

**D. Facility Standards Not Met**

Any deviations from the standards must be documented by the applicant/owner in: phase two of Local Grant Trust Fund (LGTF) grant, ADED project development process, if applicable, or in the planning/development stage of a facility financed with any other funds. This documentation must be forwarded to the ADH Center for Local Public Health (CLPH).

**E. Directional Signs**

Signs indicating directions to local health units should be located at strategic points on main highways and streets (in conformance with rules of the Arkansas Highway and Transportation Department and local ordinances).

The local health unit should be identified by a sign on or in front of the facility. The sign must be large enough to be easily seen from the street and is a high quality presentation of the unit's name.

The interior of large units should have signs directing the public to specific service locations.

**F. Parking**

Paved parking for all staff and clients must be provided for the facility at the time of completion. The finish must be black topped to provide a smooth, well drained, clean surface. This surface cannot be completed with just gravel or SB-2 base. It is recommended the applicant/owner provide this as match to the grant. The parking must have lighting for the safety and protection of the patients and staff.

## **G. Mechanical Requirements**

### **1. General**

All systems shall be designed to provide comfort. Due consideration should be given to installation costs, energy consumption, ease of maintenance and operation, and minimization of ambient and structural borne noise generation/transmission to occupied space. It is recommended the mechanical room open to the inside of the building.

### **2. Ventilation/Heating/Cooling**

All spaces shall be provided with a mechanically operated ventilation system. The HVAC system shall provide ventilation air to all spaces in accordance with the current Arkansas Mechanical Code.

- a. Heating and air conditioning equipment and systems must meet the current standards in place of the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) or the Arkansas Mechanical Code which ever is more stringent.
- b. Heating/cooling systems must have energy efficient features, e.g., automatic temperature controls located in appropriate areas of the building. Geo-Thermal or other high-efficiency equipment should be considered. The supply and return ducts should be installed within climate-controlled areas wherever possible and insulated in accordance with the Arkansas Mechanical Code.
- c. All rooms requiring mechanical exhaust shall meet all requirements of the current Arkansas Mechanical Code. Exhaust terminals must be located in each exam/counseling room, sputum collection room, laboratory, toilet, janitor's closet,

and elsewhere as required. Additional consideration shall be made for laboratory equipment such as refrigerators, which have special exhaust requirements.

- d. To reduce noise generation inside the facility, the air-handling unit should not be located in the attic. The condenser must be located outside the facility.
- e. Insulation provided in the facility must meet the latest issue of the Arkansas Rules and Regulations for Energy Efficiency Standards for New Building Construction. Full cavity cellulose insulation within the walls and blown cellulose insulation above the ceilings is recommended. Duct insulation shall be in compliance with current Arkansas Mechanical Code.

### 3. Plumbing

- a. All plumbing must meet the Arkansas State Plumbing Code.
- b. Water pressure - hot and cold - must be at least 20 psi at all fixtures. A pressure regulator is required for building water pressure more than 75 lbs. to reduce air hammer noise and extend the working life of the fixtures.
- c. Hot water equipment must be adequate to maintain a hot water temperature between 105° and 120°F for all exam/counseling rooms, laboratories and restrooms. If Geo-Thermal equipment is used, the hot water should be supplied through this system.
- d. A lavatory with hot and cold water must be provided in each exam/counseling and other rooms as required.
- e. All plumbing fixtures must be non-absorbent and acid-resistant.

- f. At least one ADA-compliant water fountain must be provided.
- g. Blade handles are required on all lavatories in exam/counseling rooms, laboratories.
- h. Electric dryers are required in all public restrooms. Paper towel dispensers are provided for all other sink locations.

#### 4. Electrical

All local health units must be designed to conform to the latest building, fire and electrical codes. All materials used in the building must be Underwriter Laboratory (U.L.) labeled. The building must have adequate lighting as recommended by Illuminating Engineering Society (IES). Emergency power must be provided as required to select circuits, emergency lighting fixtures, exit signs and the fire alarm system. Recommend fluorescent fixtures with minimum of two bulbs, and mirrors.

- a. Rooms must have an adequate number of electrical receptacles for current operations and for any proposed additional equipment.
- b. If a security system is installed, switches are provided at all exterior doors and windows. Motion detectors may be located in the main corridors and other critical areas.
- c. U-V lights should be installed in the following areas:

Waiting Room: 1 U-V light is mounted facing up near the center of a long wall if the room is under 300 sq. ft. 2 U-V lights are needed if room is larger than 300 sq. ft. Mount on short walls.



Chest Clinic Room: 1 U-V light near center of long wall

Bathroom: 1 corner mount U-V light in laboratory to be used for sputum collection.

Room where CXRs are performed: 1 U-V light near center of long wall.

U-V light fixtures must be installed 7 feet from the floor and at least 1 foot from the ceiling. Outlet for U-V light fixtures must be located adjacent to the U-V light. U-V lights cannot be used if ceiling height is less than 8 feet. The more room above the fixture, the better it functions.

- d. Wiring for telephone system must be adequate for the facility (includes wiring for future usage).
- e. Data Racks and Telephone boards and systems shall not be installed in rooms where water is present. When installed in electrical closets, code-required clearances shall be maintained between electrical and electronic equipment.

##### 5. Electronic Data System

Adequate conduit, outlet boxes, wiring and terminations for the electronic data system shall be installed. A good "Rule of Thumb" is to install a power receptacle beside every planned data port. Additional data ports shall be installed in the clerical, clinical rooms and In-Home Services areas for printers. This system must be expandable for up to five years in the future to address additional staff and data terminal requirements. Each data port shall be identified and labeled.

The specifications for all Electronic Data System wiring shall be:

A. Wiring

All wiring runs shall be a minimum of Cat 5e rating.

B. Use Cat 5e connector with T568B configuration at the wall termination located on the drawing. Faceplates must be at least duplex to accommodate phone or additional data outlet. Blanks shall be provided where needed.

C. Use at least Cat 5e patch panel with T568B configuration wiring for the network service patch panel located in the telephone equipment room. Provide patch panels in quantities necessary for a complete installation.

D. Conduit

Conduit shall be provided from each data outlet box to a minimum distance of 6" in to the attic space or suspended ceiling. Installation to be provided according to the construction plans.

E. Wiring Systems

All terminations shall be labeled at both ends. Test all cables to Cat 5 specifications (100 MHZ) with results of all tests per cable listed at the patch panel. The report of the test and wire mapping shall be furnished by the installer for configuration and later review.

F. Shelving

A 16"D X 24"W data equipment rack shall be provided and attached to the telephone backboard near the Cat 5 patch panel.

6. Telephone System

The telephone system must be adequate to provide clients, patients and the general public accessibility to the unit through telephone communications. This system must be expandable for up to five years in the future in order to address additional staff and data terminal requirements.

7. Fire Safety

Smoke detectors/fire alarms and fire extinguishers must be installed in the facility. A written and schematic evacuation plan must be developed based upon the design of the facility. The design of the facility must be such that evacuation of the building can be accomplished without clients or staff having to make more than one turn to get to a corridor leading to an exit. Panic bars must be installed on all exterior doors. The facility must meet all applicable fire codes.

H. Energy Efficiency

The design of the facility should include the following energy efficiency construction items: (a) Geo-Thermal heating and air system, if possible (b) supply and return ducts installed within climate control areas wherever possible, (c) full cavity cellulose insulation within the walls, (d) blown cellulose insulation above the ceiling, (e) if Geo-Thermal equipment is used, the hot water should be supplied through this system, (f) low "e" type glass, insulated-double pane windows, (g) attic ventilation to remove moisture.

## **II. CONCEPTUAL LAYOUTS**

Facility standards are intended to serve as a general prototype design with respect to the proper layout of the local health unit. The prototype designs enclosed provide the design professional with the layout that must be incorporated into the final design.

The standards provide for basic proximity relationships between rooms such as exam/counseling rooms and the laboratory, clerical and waiting areas, etc. These and other rooms have strong functional relationships and require immediate adjacency.

The prototype designs are generic in nature, expressing an "ideal plan", but do not dictate this plan be followed exactly. The standards serve as a graphic planning guide to be used in the design of and space utilization for the local health unit.

## **III. ORGANIZATIONAL FACTORS**

The following section discusses specific functional factors that help determine the size of local health units. Rationale for determining the unit's basic size, room groupings and the organizational factors within each unit is given.

### **A. Size Rationale**

Facility standards have been developed to standardize the size of local health units. Size is determined by the utilization and purpose of given rooms, the number of staff housed in the unit, number of visitors/patients, the clinic flow and the formula that follows:

1. Minimum clinical space: 3,000 square feet \*
2. Minimum floor space:  
(120 square feet x # of staff)
3. Space for expansion:  
(1+2x10%)
4. Total floor space:  
(1+2+3)

\*For units serving greater than 9,000 annual visits (encounters), the minimum clinical space will be adjusted up (from 3,000) by CLPH. (For every 1,000 encounters or parts thereof, 1,000-sq. ft. will be added to the minimum clinical space).

The design professional must consider size in terms of individual space and how to aggregate these individual spaces into groups: 1) clerical area-waiting areas, 2) exam/counseling rooms-laboratory, 3) waiting areas-patient education areas, 4) administrative office-clerical area. These standards have identified minimum required square footage for certain spaces regardless of the size of the local health unit. Other individual spaces are identified as requiring more or less space depending on the unit's total size.

## **B. Room Groupings**

Facility standards have determined that certain rooms must be immediately adjacent to each other for the proper management of services provided to clients/patients.

The prototype designs illustrate the required groupings that must be addressed in the final design. Some examples are as follows: clerical-waiting areas, exam/counseling rooms-laboratory, waiting room-patient education, administrative-clerical, sanitation or In-Home Services office-secondary entrance/exit.

### **C. Arrangement Factors**

Arrangement factors in local health unit's design depend on the total size of the unit.

The design of the facility must take into account staff office privacy, offices, clerical area, clinical area, easy access to outside exits, staff and patient accessibility to the clerical area and clinic area. The unique space requirements of each individual local health unit must be factored into the final design.

### **D. Prototype Design**

The facility standards have established basic prototype designs (see attachments A & B) for local health units. This design is general due to the unique nature of programs offered, constant state of flux precipitated by service demands, changing nature of state and federal funding and changes in personnel utilization and availability. Size is determined by the utilization and purpose of the rooms, the number of staff housed in the unit, number of clients/patients served and the clinic flow patterns.

## **IV. SPACE DESCRIPTION AND EQUIPMENT**

### **A. General**

These facility standards are intended to serve as effective planning tools for the construction of new facility or the renovation/expansion of existing facilities. One of the specific goals of the standards is to establish space standards, which support public health activities at the least cost to the state.

These standards identify square footage allowances for staff (includes those officially housed, float staff and regional providers) in the local health units. Some square footage allowances are taken from Arkansas Building Authority Standards and Criteria. In other cases, unique health unit space requirements have been determined by the CLPH.

The need for flexibility is well understood in the standards. The standards must allow for each contingency and type of operation, which will be encountered, and must be applied carefully to each individual local health unit. The advantages of standardization would be lost if the needs and operations of each unit were not considered individually in applying the standards.

## **B. Material Specifications**

Room detail data specify minimum performance considerations that must be met in the design of the facility. To the extent practical, the following assumptions can be used to effectively translate those qualities into actual materials. In all cases, these are listed in assumed order of expense - the least expensive listed first.

1. Walls
  - a. Durable - painted gypsum wall board
  - b. Durable - Paneling
  - c. Washable wall paper

Wall protection (chair rail or floor guard) in all waiting areas.

2. Ceilings
  - a. Acoustical - applied acoustical tile, suspended acoustical tile
  - b. Cleanable - enamel painted gypsum wall board
  - c. Durable - enamel painted gypsum wall board

3. Floors

- a. Durable - sheet vinyl, quarry tile.
- b. Cleanable - Vinyl tile, quarry tile.
- c. Non-Slip - Adhesive strips, indoor/outdoor carpeting, rubber mats.
- d. Carpet (commercial grade office type) can be used in administrative and clerical areas.

4. Doors

- a. Outside doors - either solid metal doors or metal/glass doors; panic bar must be installed on all doors.
- b. Securable - all locks to be keyed unless otherwise specified (e.g., privacy lock, latch set).
- c. Solid core wood or metal clad doors are provided for all exam/counseling rooms, consultation rooms, supply storage areas, laboratories and administrator's office.

5. Windows

- a. Insulated - double pane
- b. Low "e" type glass



## **V. CONDITION OF FACILITY**

### **A. Condition and Appearance of Exterior**

The condition of the building's exterior must be sound and present a clean, aesthetically acceptable appearance. The shrubbery and lawn shall be neat and the grounds well kept. Outdoor signs must be in good condition and appropriate for a local health unit. Other buildings, such as storage and office units, shall be in good condition and also aesthetically acceptable. Curbing is desirable for the facility to assist with the drainage around the building. Sidewalks must extend from all exterior doors to the appropriate parking areas. The site must be located on a well-drained property to preclude the possibility of flooding. Flat roofs are prohibited for local health units.

### **B. Condition and Appearance of Interior**

The interior of the building must present a clean, pleasant appearance. Interior finishes should be resistant to abuse, particularly in high traffic areas, such as the waiting room and public restrooms. Floor and wall coverings must allow for efficient cleaning.

- Carpet, if used (only in the office portion of the building) must be commercial grade office type, flame retardant, easily cleanable, resistant to stains and colored to reduce the visibility of any stains that might occur. Carpet must not be used in exam/counseling, laboratory, other clinical rooms and waiting areas.
- Lighting fixtures must produce bright illumination in all areas where artificial lighting is needed.

- The building is free of asbestos, unless the asbestos can be encapsulated as determined by the Arkansas Department of Environmental Quality. The applicant/owner must have the facility inspected by a certified asbestos contractor and an abatement plan developed if any asbestos is found. This must be completed before any renovations are begun.

### **C. Space Design and Equipment**

General building support spaces are considered common to all health units, although the requirements for size and configuration will vary from facility to facility according to their size.

- Space available must be adequate to avoid overcrowding of colleagues, patients and promote efficient operations.
- Interior design supports efficient operations.
- Interior partitions may be constructed of materials, which can be removed or replaced, as interior functional needs change.

### **D. Waiting Area**

The central waiting area size is determined by a minimum of one-fourth the average number of patients/visitors served during the day with a minimum seating for 20 patients at any given time. The local health unit colleagues will have input into the design of this area. This area is adjacent to the clerical area and does not interfere or obstruct passage to exit doors and corridors to other parts of the building. A small area may be provided for children with small chairs and play toys or television.

- Education display or video equipment should be provided so the patients may view pertinent educational material while waiting.
- The design of the display or video equipment shall be such as to prevent patients from disrupting the equipment and children from playing with the material.
- Sub-waiting areas are required in the clinical area.
- Seating is made of durable, safe material and is movable for efficient floor cleaning.
- Wall protection (chair rail or floor guard) is provided in all waiting/sub-waiting areas to protect the wall from scratches, scrapes, etc.

**E. Clerical Area**

The clerical area is in close proximity to the clinical area and has visual control over the facility's entrance and central waiting area. This area is clearly marked and visible as people enter the facility. A counter with sliding glass window (minimum 4' in width) with writing space for patients is provided.

- The clerical area must be secured at the end of each workday to provide security for patient records. All openings or windows must be able to be locked.
- Private interview space is provided for patient information intake. This space may be interview rooms, booths, or in the clerical office. This space must be easily accessible to the clerical staff. Acoustical treatment must be utilized to control noise.

- In large units, a separate reception area may be utilized and be separate from the clerical area. This area must be clearly marked and visible as people enter the facility. A counter with sliding glass window (minimum 4' in width) with writing space for patients is required.
- Workspace provided for clerical staff must be flexible for future increase in the number of staff in the unit. It is not necessary for each clerk to have an assigned desk. Counter (min. 30" deep) or other space at the front window or reception area shall be used as clerical workspace. If windows are used, visual-screening devices such as window treatments should be used to allow privacy at each workspace.
- The workspace must provide for typewriter and/or computer location so clerical staff has easy access and can interact with patients on data collection. Retractable keyboard shelves should be provided. Workstations should be designed so that a common printer can be used by multiple computer terminals.
- At least two electrical duplex receptacles, one telephone jack and one computer terminal jack are provided for each workspace.
- At least two electrical duplex receptacles are provided in each wall.
- Filing space provided must be adequate for the unit. This is based upon the number of staff and caseload served. The design must include the use of lateral or open filing from floor to ceiling for both active and inactive files as the best utilization of space.
- Form storage is provided in close proximity to the clerical area. Also form storage is provided for each workspace so the clerk can keep frequently used forms on hand.

- Copy machines are located in the clerical/file area (area of easiest accessibility to the staff). If required, additional copy machines are located in area of the high usage.
- Workspace for clerical staff is provided in the In-Home Services staff area. This space will meet the specifications noted previously.
- Pass-through windows to transfer patient records/information to the clinical area; administrative papers to the office section are highly recommended.

#### **F. Clinical Area**

The clinical area is located in close proximity to the central waiting room and the clerical/receptionist area. It is designed to promote efficient operations and can be expanded to address increased patient demand.

The clinical area contains the following rooms: (a) exam/counseling (b) patient restrooms (c) laboratory (d) sputum room (if required for services) (e) vision/hearing screening room (f) sub-waiting area (g) locked drug storage (h) clinical equipment and supply storage (i) restroom adjacent to laboratory and (j) x-ray room (if required for services).

**NOTE:** All exam/counseling rooms are designed as exam rooms, but can be utilized as counseling, vision/hearing, or immunization rooms. All exam/counseling rooms, laboratories and vision/hearing rooms will have acoustical treatment in the walls.

1. Exam/Counseling Room

- a. A minimum of four exam/counseling rooms are provided in any local health unit. Additional rooms are based upon the staff (public health nurse, nurse practitioner, nurse midwife, physician) working in the unit and number of patients served in the unit.
- b. The exam/counseling rooms must be at least 10' x 12' in dimension.
- c. Doors must be solid core to provide some privacy. The location shall be adjacent to perpendicular walls and where the exam table is protected from exposure.
- d. Counter space shall be sufficient for all equipment required and allow placement convenient to the provider. Space must be provided for patient and provider seating. Counter can be used for provider to complete any notes, records, etc. Additional office or workspace outside the exam/counseling area must be provided for completion of notes, records, etc. Adequate lighting for writing and telephone jack must be provided at this workspace.
- e. Locked drug and medical device storage is provided adequate to handle all supplies received. The door on this room must be self-locking. Locked drug storage is also provided in the exam/counseling rooms used as patient counseling/checkout rooms. This space is only to be used as a day's supply storage.

- f. Equipment includes:
- Adequate examination table. Multi-use exam tables should be used for either pediatric or women's health examinations in the rooms used for pediatric examinations.
  - Wall mounted blood-pressure cuffs
  - Flexible-neck exam light or equivalent
  - Adjustable stool
  - Chair for patient
  - Telephone jack
  - Computer jack
  - Stethoscope
  - At least one doppler in the clinical area
- g. Single compartment (square with deep basin) stainless steel sink with hot and cold water is located away from the writing space. Blade handles are provided. Soap and towel dispensers are provided.
- h. Windows must be located high enough to pose no threat to patient privacy. They must be opaque glass or shaded and can be opened for ventilation.
- i. Dressing space is located in the exam/counseling rooms. A small built-in seat or chair is provided. Clothes hook or hanger is provided for patient to use. Privacy screens will be provided for this space.
- j. A restroom is located in close proximity to the exam/counseling rooms for patients. In women's health clinic area, it is recommended the restroom be located between the exam/counseling rooms.

- k. Exhaust fan is provided in each exam/counseling room for proper ventilation.

The fan is operated by a separate switch from the lights.

## 2. Laboratory

- a. The laboratory must be located in the patient flow of the unit, easily accessible by patients, nursing staff and technicians.
- b. Adequate lockable drug storage space is provided in close proximity to the laboratory. The door to this space must be self-locking.
- c. A double (square with deep basin) stainless steel sink with hot and cold water is provided. Blade handles are provided. Adequate hand towels are provided.
- d. Adequate counter workspace must be provided for the hematocrit, centrifuge, incubator (location identified for proper counter height), microscope (desk height) and any other equipment.
- e. Electrical outlets are located every three feet of counter space for equipment.
- f. Space for refrigerator is provided.
- g. Space for adult scales is provided.
- h. Workspace for public health technicians is provided. Counter is at desk height for baby weighing and measuring (board) if done in the laboratory.



- i. Built-in counter for contact with patients is provided. Arm board or counter is provided to draw blood specimens.
- j. This room may double as immunization clinic in small units.
- k. Two laboratories may be required in large units. This will be determined by the caseload of the unit.
- l. At least one telephone jack and one computer terminal jack are provided.

3. Clinical Restroom

- a. A restroom is provided at the laboratory. A "pass-through" for specimens is provided in the restroom if a direct door into the lab is not accessible. This restroom can serve as the clinical restroom in small units as long as it is accessible from the corridor.
- b. A separate restroom is provided adjacent to exam/counseling rooms for patient use.

4. Clinical Storage

- a. Adequate storage for clinic supplies accessible for clinic staff to store, as well as retrieve supplies for clinics.
- b. A separate locked storage area for drugs, medicine and syringes is provided. This should be a closet with one door that is self-locking.

c. Adequate storage for medical waste must be provided.

5. X-Ray Room

a. The x-ray unit must be placed so the x-rays are directed on outside masonry exterior wall or an interior wall that contains a lead shield.

b. If X-Ray development is done, the room must have adequate ventilation and safe equipment.

c. U-V light is located in the room.

G. Office Space

1. Administrative

A private office is provided for the LHU Administrator. This office must be adequate for private colleague conference and small group meetings.

The minimum size is 140 square feet.

2. Environmental

a. Separate offices or space are provided for sanitarian staff. This is determined by the number of staff in the local health unit. The office or workspace must be a minimum of 10' x 10'.

b. Separate storage is provided for sanitarian equipment. This storage is a closet in the sanitarian office or easily accessible to the sanitarian. A single compartment sink is optional.

- c. The office should be located near an exit to provide easy access to the office.
- d. Outside hosebibb (T-handle operated) is provided for sanitarian to clean any equipment.
- e. At least one electrical duplex receptacle, one telephone jack and one computer terminal jack are provided.

3. Nursing Staff

a. Clinic

- 1. A separate office must be provided for the nurse coordinator where applicable. This office must be located adjacent to the clinic nurse workspace. The minimum size shall be 10' x 10'.
- 2. Workspace is provided for each public health nurse. This space is provided in a large room with individual work areas for each PHN. The minimum size of the work area is 44" x 60".
- 3. At least one electrical duplex receptacle, one telephone jack and one computer terminal jack are provided at each workspace.
- 4. Privacy is provided with the individual work areas by using partitions to separate each work area.
- 5. Individual offices can be utilized in small units where there is only one clinic nurse. This office must be a minimum of 140 square feet for future expansion of staff.

b. In-Home Services

1. A separate office must be provided for the Team Leader where applicable. This office must be located adjacent to the In-Home Services work area. The minimum size shall be 10' x 10'.
2. Workspace is provided for each In-Home Services nurse. This space is provided in a large room with individual work areas for each HHN. The minimum size of the work area is 44" x 60".
3. At least one electrical duplex receptacle, one telephone jack and one computer terminal jack are provided for each workspace.
4. Privacy is provided with the individual work areas by using partitions to separate each work area.
5. Individual offices can be utilized in small units where there is only one In-Home Services nurse. This office must be a minimum of 140 square feet for future expansion of staff.
6. Workspace is provided for aides to complete their paper work.
7. Work space for In-Home Services clerical staff is located adjacent to the In-Home Services nursing staff. This space will meet the specifications noted previously.

4. Other Staff

Workspace is provided for other personnel/regional staff (sanitarian, social worker, nutritionist, RNP, PHN, PHI, PHE, WIC administrative assistant, HVACR, plumbing inspectors) who are housed or work in the unit. This space must be a minimum of 100 square feet for three staff.

5. General Storage

- a. A storage room large enough to store all supplies required for the operation of the unit must be provided. This storage is separate from the clinic supply storage.
- b. Adequate storage is provided for In-Home Services supplies adjacent to the In-Home Services nursing work areas located for easy delivery and retrieval of supplies by staff.
- c. Access to the building is provided for the Central Supply van.

6. Conference/Meeting Room

- a. A room is provided to be used for patient education, staff meetings, public meetings, etc. This room must be adequate to seat a minimum of 1 ½ times the number of staff officially housed in the unit. The room shall be a minimum of 160 sq. ft.
- b. The room must be located convenient for the patient and the general public who may use it. If the conference/meeting room has outdoor access, provision shall be made to allow the remainder of the unit interior to be secured separately

- c. The room should be equipped with comfortable, durable seating, and adequate educational equipment. Locked storage areas are provided to store all video equipment.

7. Janitor's Closet

A lockable janitor's closet is provided with utility sink and storage space for all cleaning supplies and equipment. It is recommended the closet have built-in shelves.

8. Staff Break Room

A separate area is provided for a staff break area. The area must be 170 square feet or adequate for one-fourth of the staff to utilize it at one time. It should be equipped with double sink, space for refrigerator and cook top unit, storage space and adequate electrical outlets.

## LHU

1. Clinic Rooms = 8. 4 Vaccine / 4 FP/STD. Minimum 10'x 12'
2. Offices:
  - a. Administrator
  - b. Clinic Coordinator
  - c. General (open)
  - d. Specialist
  - e. Regional Staff – Libby
  - f. Open office for visiting staff
  - g. EHS – 1 – Richard
  - h. EHS – 2 – Luke
  - i. EHS – 3 – vacant
  - j. EHS – 4 – Marine Sanitation
  - k. Regional Director
  - l. Regional Staff
3. Bathrooms: multiple
  - a. men/womens in lobby
  - b. men/womens in regional staff office area
  - c. staff bathrooms – by clerical
  - d. between offices
  - e. extra anywhere it will fit
  - f. clinic room bathrooms = 2 between FP/STD rooms
  - g. bathroom with pass-through to lab
  - h. WIC toilet
4. WIC
  - a. Breastfeeding Room - 1
  - b. WIC Certification room – 1
  - c. WIC Nutritionist room – 1
  - d. Toilet – noted above
5. Isolation Room with ante room
6. COVID/flu vaccination room – sub waiting room adjacent to main lobby
7. Lab / Pharmacy Rooms
  - a. Vaccine storage / Medication - 1
  - b. Lab with nurse station
  - c. Weight and Scale area – 2 – back wall of waiting room
8. File / Storage rooms:
  - a. EHS storage room – same size as the one we have now.
  - b. Office Supplies

- c. Clinic Supply
  - d. Clerical / File Room
  - e. Seasonal/Flu Supply
  - f. Administrative Files
9. Conference Rooms
- a. Large Conference room
  - b. Regional Staff /EHS Conference room
  - c. Clinic/Education Conference Room
10. Breakroom
11. Clerical Area
12. Waiting Room
13. Janitor closet
14. Mechanical / Electrical closet/hot water