

Pladsbehov og indretning til  
svært overvægtige personer -  
en vejledning

Adgangsforhold

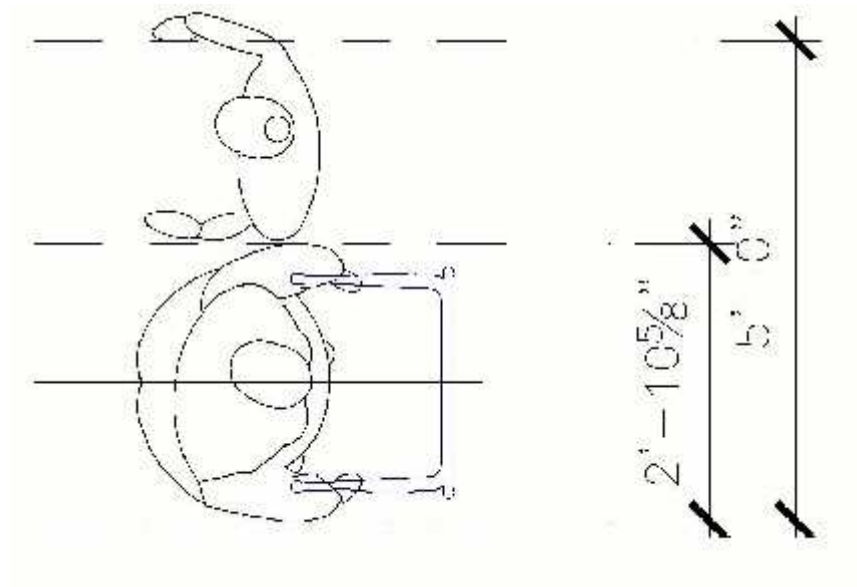
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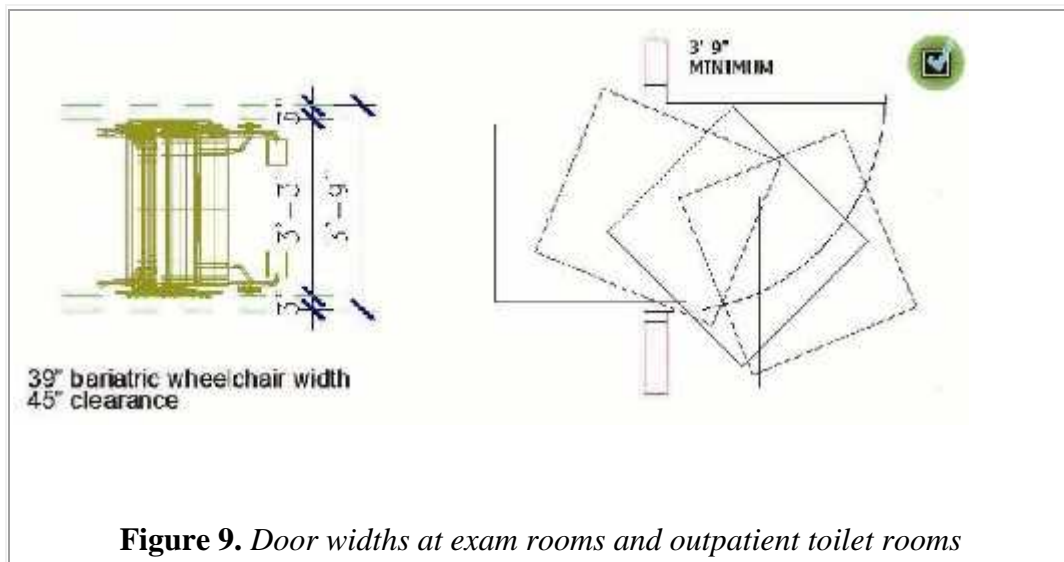
## Oversigt

Forfatter / artikel	Dørbredde	Anbefaling
Andrade, Susanne D.: <i>Planning and Design Guidelines for Bariatric Healthcare Facilities</i>	Døren til toilettet ca. 120 cm og døren til stuen 135 cm for at give plads til den bariatriske seng	Gangarealer designes til at 2 personer (én bariatrisk og én ikke bariatrisk) kan passere hinanden. Den bariatriske person skal kunne transporteres i kørestol, lift, bære, med rollator eller andet.
ASHE: <i>Guidelines for design and construction of Health Care Facilities</i> . 2006.	Alle dørbredder bør være mindst 1,12 m.	
Barista, Dave: <i>Hospital Design Acknowledges Weight Gains</i> .	Nogle hospitaler har døråbninger til 121 cm og helt op til 153 cm (dobbeltdøre).	
Collignon, Andrew: <i>Strategies for Accommodation Obese Patients in a Acute Care Setting</i> .	Døråbninger mindst 97 cm bredde.	
Harrell, James W.: <i>Big Challenge</i> .	Dørbredden til sengestuen bør være mindst 153 cm	Der kan f.eks. anvendes splitdøre, hvor den ene vinge er 107 cm og den anden vinge er 46 cm bred.
Muir, Marylou	Mindst 152,4 cm i bredde, hvis sengen ikke kan gøres smallere.	Overvej splitdøre
Region Midtjylland; <i>Pladskrav til svært overvægtige patienter/ bariatriske patienter</i> . 2010.	Dørbredde til sengestue 150 cm. Dørbredde til badeværelse 120 cm.	
Villeneuve, Jocelyn, L. Morissette, C. Gambin, P. Poulin, H. Renaud, G. Bertrand: <i>Work Injury Prevention when working with Bariatric Clients</i>	Minimum bredde på 150 cm, delt dør (bredde: 120 cm. og 30 cm.) for at imødekomme en bariatrisk seng	
Wilson, K. <i>Ergonomics and the Bariatric Patient</i>	Dørbredder mindst 122 cm	evt som splitdør hvor den ene dør er 30 – 61 cm
Thrall, Therese Hudson: <i>Design with dignity</i> .	Dørbredder på 112 cm ses ofte	Der anbefales generelt dørbredder på 107 cm. i ambulatorier for at kørestole kan komme igennem
Worksafe Victoria: <i>A Guide to Designing Workplaces for Safer Handling of People</i>	Anbefaler indgangsdøre er 130 cm eller store.	

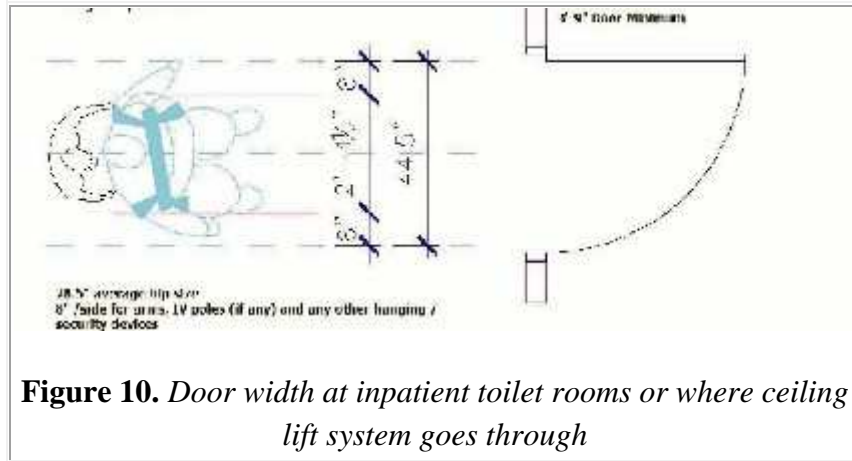
Andrade, Susanne D. *Planning and Design Guidelines for Bariatric Healthcare Facilities*. 2004.



**Figure 5.** Required width for one bariatric and one non-bariatric person in a five-foot corridor (does not affect current standard)



**Figure 9.** Door widths at exam rooms and outpatient toilet rooms





*ASHE: Guidelines for design and construction of Health Care Facilities. 2006.*

(2) Single-bed treatment room(s). Single-bed treatment rooms shall be provided in accordance with Section 2.1-3.2.1, unless otherwise noted in this section.

(a) Space requirements. Where renovation work is undertaken, every effort shall be made to meet the minimum space requirements in 2.1-3.2.1.1. Where this is not possible, a minimum clear floor area of 100 square feet (9.29 square meters) shall be permitted.

(b) In addition to the requirements listed in Section 2.1-3.2.1.3, each treatment room shall contain the following:

- (i) A work counter(s)
- (ii) A cabinet(s)
- (iii) Space for medical equipment
- (iv) A vision panel designed for patient visual privacy adjacent to and/or in the door

(3) Multiple-bed treatment room(s). Space and provisions for several patients shall be permitted in compliance with Section 2.1-3.2.2, except as noted in this section.

- (a) Where treatment cubicles are in open multiple-bed areas, cubicles shall be separated from adjoining cubicles by curtains.
- (b) Combining cubicles to accommodate bariatric patients shall be permitted.
- (c) A hand-washing station shall be provided for each three or fewer treatment cubicles and for each major fraction thereof in multiple-bed areas.

\* (4) Pediatric treatment rooms. Facilities for the treatment of pediatric cases in dedicated pediatric room(s) shall be provided as required by the functional program.

- (a) The quantity of dedicated rooms shall be based on the functional program.
- (b) Where there is a discrete pediatric emergency service, the following shall be provided:
  - (i) Space for triage, registration, and discharge. Separate triage, registration, and discharge

**APPENDIX**

**A2.2-3.1.3.6 (4)** Particular attention should be paid to the sound-proofing of pediatric treatment rooms.

areas may be provided for pediatric patients as directed by the functional program.

- (ii) A waiting area and a playroom
- (iii) At least one isolation room
- (iv) At least one room for pelvic examinations if required by the functional program
- (v) A medical staff work area
- (vi) Storage for supplies and medication

(c) Location. Treatment rooms designated for pediatric patients shall be located adjacent to a family waiting area and toilet.

(d) Space requirements

- (i) Each treatment room shall have a minimum clear floor area of 120 square feet (11.15 square meters).
- (ii) A trauma room with a minimum clear floor area of 250 square feet (23.23 square meters) shall be provided.
- (iii) Where required by the functional program, rooms shall be sized with a minimum clear floor area of more than 120 square feet (11.15 square meters) to accommodate the additional equipment and escorts that accompany pediatric cases.

(e) Each treatment and trauma room shall have the following:

- (i) A hand-washing station
- (ii) Vacuum, oxygen, and air outlets
- (iii) Examination light(s)
- (iv) A wall-column-mounted ophthalmoscope/otoscope(e) At least one X-ray illuminator and/or picture archiving and communications system (PACS) shall be provided in the pediatric treatment room(s) area.

(5) Treatment rooms for bariatric patients. All emergency centers shall provide accommodations for bariatric patients.

- (a) A treatment room for bariatric patients shall be provided with a minimum clear floor area of 200 square feet (18.58 square meters) and a minimum clear dimension of 12 feet (3.66 meters).
- (b) When not in use for a bariatric patient, a bariatric treatment room shall be permitted to be subdivided with cubicle curtains or movable

partitions to accommodate more than one non-bariatric patient if each resulting cubicle meets all electrical and medical gas requirements for emergency room treatment areas.

- (c) A minimum clear dimension of 5 feet (1.52 meters) shall be provided on both sides and at the foot of the treatment table or bed.
- (d) Accommodations for patient lift and transport shall be provided either by an overhead lifting system or by a portable lifting assist. These devices shall be designed to accommodate a weight of not less than 800 lbs. (362.87 kilograms).
- (e) All furniture, plumbing fixtures, and casework shall be floor-mounted and/or designed to accommodate 1,000 lbs. (543.59 kilograms) of weight.
- (f) Storage requirements for a bariatric treatment room. Where a portable lift is used, the minimum storage per bariatric patient treatment bed shall be 35 square feet (3.25 square meters). Where a ceiling lift system is used in the bariatric treatment room, a minimum of 25.2 square feet (2.34 square meters) of storage shall be provided.
- (g) All doorways, corridors, and vertical transportation (elevators) that are used and/or required to provide access from the building perimeter or lower floor(s) to the bariatric treatment room shall have an opening with a minimum clear width of 3 feet 8 inches (1.12 meters) to allow for movement of larger pieces of equipment.

\* (6) A trauma/resuscitation room(s) for emergency procedures, including emergency surgery, shall be provided and shall meet the following requirements:

- (a) Space requirements
  - (i) Area. Each trauma/resuscitation room shall have a minimum clear floor area of 250 square feet (23.23 square meters).
  - (ii) Clearances. A minimum clear dimension of 5 feet (1.52 meters) to any permanently

fixed object shall be provided around all sides of the stretcher.

(iii) Additional space with cubicle curtains for privacy may be provided to accommodate more than one patient at a time in the trauma/resuscitation room; however, these cubicles shall meet the minimum clearances identified in paragraph 2.2-3.1.3.6 (6)(a)(ii) just above.

(b) Facility requirements. The room shall contain the following:

- (i) Cabinets
- (ii) Emergency supply shelves
- (iii) X-ray film illuminators and/or picture archiving and communications systems (PACS)
- (iv) Examination lights
- (v) Counter space for writing or electronic documentation

(c) Patient monitoring. Provisions shall be made for monitoring the patients.

(d) Supply storage. Storage shall be provided for immediate access to personal protective equipment.

(e) Door openings. Doorways leading from the ambulance entrance to the trauma/resuscitation room shall have a minimum clear dimension of 6 feet (1.83 meters) to simultaneously accommodate stretchers, equipment, and personnel. The size of gurneys and equipment used by regional EMS personnel shall be incorporated into the design.

(f) Renovation. In renovation projects, every effort shall be made to have existing trauma/resuscitation rooms meet the above minimum standards. If it is not possible to meet the above square-foot standards, the authorities having jurisdiction may grant approval to deviate from this requirement. In such cases, doorways leading from the ambulance entrance to the room shall be permitted to be 4 feet (1.22 meters) wide.

(7) Provisions for orthopedic and cast work. These may be in separate room(s) or in the trauma/resuscitation room.

**APPENDIX**

**A2.2-3.1.3.6 (6)** Access should be convenient to the ambulance entrance.



## **Barista Dave: *Hospital Design Acknowledges Weight Gains.* US Interior Designer nov. 2007.**

**Plan for larger equipment.** Doorways and storage areas should be larger than normal to accommodate oversized wheelchairs, beds, and gurneys. At St. Vincent Carmel (Ind.) Hospital, the Building Team increased door widths from 36 inches to 42 inches to better accommodate larger patients and equipment, according to Smith, lead architect on the project. Smith also specified doors with recessed hinges to maximize the openings.

Some hospitals are specifying 48-inch doorways and even 60-inch double-leaf doors (composed of a combination of 24- and 36-inch doors) in bathrooms to allow sufficient clearance for two nurses to assist the patient into these tight spaces, said Dennis Gallant, director of Design Innovations and Programs with Hill-Rom, a Batesville, Ind.-based manufacturer of healthcare-related equipment.

**Collignon, Andrew: Strategies for Accommodation Obese Patients in a Acute Care Setting. AAH Journal. Marts 2008.**

**Elevators:**

Special elevators need to be considered for this population, especially since the growing trend is to transport obese patients in their own beds rather than stretchers. A 6,000- to 6,500-pound capacity elevator is needed to provide sufficient space for a bed that is 40” wide and 90” long. These elevators can hold the obese patient, bed, equipment, and two staff.

The elevator doors must have a minimum width of 54”, though 60” is preferable. There is a significant up-charge for this elevator vs. a pre-engineered, 5,000-pound transport elevator.

## Muir Marylou: Space Planning For the Provision of Bariatric Patient Care in Critical Care and Acute Care Settings

### **Additional Space Consideration**

**Provision for the door.** Door width needs are based on the widest piece of equipment that requires passage. There are newer beds designed to transport the patient with power drive features and or expandable features. Most of these beds will fit through a 45-inch door, as will most other equipment. If the bed is not expandable and is one of the 48-inch or 54-inch beds on the market, then the door might have to accommodate its width as part of the facility evacuation plan. In this situation, a split 60-inch door (45 inch + 15 inch) is recommended.

**Reifeldt, Kiki: *Forflytning med övervikt*. Prinfo Linderoths, Göteborg, 2008.**

Dörröppningen ska klara passage av en bred säng eller bår och bör vara minst 140-150 cm bred. Golvet får inte vara halt.

**Thrall, Therese Hudson: *Design with dignity*. Hospital Connect.com. Nov. 2005.**

Wiser also recommends widening doors in outpatient facilities, to accommodate wheelchairs up to 42 inches wide. Inpatient facilities generally don't have to widen public area doorways; they are often 44 inches wide to comply with building codes.

**Wilson, K.: *Ergonomics and the Bariatric Patient*. *Bariatric Nurs Surg Patient Care*, 2006; 1:173 – 178**

All door widths should be a minimum of 48 inches for the larger individual. It may be necessary to have a double door entry into the room to accommodate larger beds and stretchers. The second door can have a smaller width of 12–24 inches and will be used only when the primary 48-inch door is not adequate. This is quite different from the typical 36-inch door currently in most hospital rooms.

## **Worksafe Victoria: A Guide to Designing Workplaces for Safer Handling of People, 2007.**

### **Ensuite**

- Wide entrance door (e.g. 1300mm or greater) to accommodate large equipment and carers.
- Centrally located heavy capacity toilet with extra space either side and in front (e.g. 1200mm on either side and 1500mm in front) and heavy capacity drop down grab-rails.
- Large shower area (e.g. 1800mm x 1800mm) for easy access and use of large shower chairs.
- Heavy capacity overhead tracking.