Pacific ADA Center
Emergency Management and Preparedness-Inclusion of Persons with Disabilities
Thursday, July 23, 2020
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>> LEWIS KRAUS: Welcome to the Health Care and the ADA: Inclusions of Persons with Disabilities Webinar Series. I'm Lewis Krauss from the Pacific ADA Center, your moderator for this series. This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made of 10 regional centers that are the federally funded to provide training, technical assistance and other information as needed on the Americans with Disabilities Act. You can reach your regional ADA center by dialing 1-800-949-4232.
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I do want to remind everyone the webinar is being recorded and it will be able to be accessed on the ADA presentations.org website. Next week in the archives sections of the health care area. This webinar series is intended to share issues in promising practices in health care for people approximate disabilities. The topics comfy effective communication and reasonable modification of policy issues under the ADA, the Americans with Disabilities Act of 1990. Upcoming sessions are available at ADApresentations.org under the "schedule" tab and then follow to "health care." These monthly webinars occur on the fourth Thursday of the month at 2:30 eastern, 1:30 central, 12:30 mountain and 11:30:00 a.m. Pacific time. By being here you're on the list to receive notices for future webinars in this series. Those notices go out two weeks before the next webinar and open that webinar to registration. You can follow along on the webinar platform with the slides. If you are not using the web and a half platform you can download a copy of today's PowerPoint presentation at the health care schedule webpage, ADA presentations.org . At the conclusion of today's presentation there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform and the speakers and I will address them at the end of the

session. So feel free to submit them as they come to your mind during the presentation. And there on your screen you can see you can type your questions in the chat textbooks area or if you are using keystrokes only press ALT-H and check chat. If you're listening by phone and not logged into the webinar you may ask your questions by emailing them to ADATECH@ADAPACIFIC.org . If you experience any technical difficulties during the webinar send a private chat message to the host by typing in the chat window. And again type your comment in the text bottom and hit enter. If you are using keyboard only, you do ALT-H to access the chat box and enter your comment. You can also email us@adatech@adapacific.org or call 510-285-5600.

Today's ADA national network learning session is entitled physical access in health care. The Americans with Disabilities Act, the ADA, is a civil rights law that enhances equal opportunity for people with disabilities. In this session, two members of the ADA national network will provide an overview of the physical access requirements for different types of health care facilities. Physical access elements addressed will include general ADA requirements, parking, passenger loading zones and drive-thru medical testing, building and office accessibility. Accessible exam rooms and waiting areas and accessible medical diagnostic equipment. Today's speakers are Jan Garrett. Jan is program manager for the Pacific ADA center. And Emily Schumann, the deputy director for the Rocky Mountain ADA center. Jan and Emily, I'm going to turn it over to you now.
>> Jan: Emily, I believe you start.
>> Emily: Yeah. I think we can go to the next slide. All right. Thank you, Luis and that you everyone for beak here. As you just heard, my name is Emily Schumann and I'm the deputy director of the Rocky Mountain ADA center. So we have quite a bit a get through today and hopefully leave time for questions. Today's agenda we're going to be covering ADA general concepts and applicability. Parking, passenger loading zones and drive-thru medical testing. Building and office accessibility. Accessible exam rooms and waiting areas. And squiggle medical diagnostic equipment.
Next slide.
Next slide.
Next slide, please.
Our learning objectives today are^ going to be to understand how the ADA applies to health care facilities; identify areas of health care facilities in which physical accessibility is required; and learn how to address common barriers to access in health care facilities. Next slide. So we really can't over state ensuring physical accessibility in health care. Accessibility of doctor's offices, clinics and other facilities are essential for providing medical care to people with disabilities. Due to barriers, individuals with disabilities are less likely to get routine preventative medical care than people without disabilities. Accessibility is not only legally required; it is important medically to minor problems can be detected and treated before turning into major and possibly life-threatening problems. Next slide. I'm sure this group

already knows a lot about the basics of the Americans with Disabilities Act but for those who may not be familiar I want to give a brief overview of the law and requirements that apply to health care.
The Americans with Disabilities Act of 1990 is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities including medical services.
A person with a disability is S1 with a physical or mental impairment that substantially limits one or more major life activity; a person who also a history or record of such an impairment; or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered. The ADA ensures access to the built environment for people with disabilities. While the Department of Justice enforces accessibility standards. When the law was first passed in 1990, the ADA included standards for accessible stein which were amended in 2010. These new standards are referred to as the 2010 standards for accessible design. Next slide. The 2010 standards for accessible design are not outlined in the ADA law itself. Rather, these guidelines are developed and updated by the U.S. access board.
These standards apply to places of public accommodation, commercial facilities and state and local governments. The 2010 standards became enforceable in 20-12-6789 for all new construction, alterations, program accessibility and barrier removal. Much what we will talk about today came directly from the 2010 standards for accessible design. Next slide: In most cases health care facilities are going to be subject to the ADA requirements out lined in Title II and III. Title II applies to state and local government entities and includes public hospitals, clinics and medical offices operated by the state or local government. Title III applies to public accommodations and includes private hospitals clinics or other medical offices. Under titles II and III of the ADA, medical care providers must provide individuals with disabilities full and equal access to their health care services and facilities and reasonable modifications to policies, practices and procedures when necessary to make health care services fully available. Next slide.
Next slide.
Next slide, please.
>> All buildings I never including those built before the ADA went into effect are subject to existing facility accessibility requirements. Under Title II a public entity must ensure its program as a whole is accessible. This may entail removing architectural barriers or adopting alternative measures. Under title three existing barriers must be removed. Barrier removal is able to be carried without much -- readily achieve in. The entity must make services available through alternative methods. If those methods are readily achievable. So that's what you need to know as far as the general ADA requirements. So now we can move on to the specifics and we will start with parking.
>> The 2010 parking requirements include parking lots and parking structures. The number of spaces required to be accessible is calculated separately for each parking facility and no not based on the total number of parking spaces provided

in all of the parking facilities provided on the site.
Next slide.
Here you can see the chart found in the 2010 standards that outlines how many accessible parking spaces are required based often the total number of parking spaces provided in a parking facility. A common misconception is that the requirement is a certain percentage of the total applied across the board. It but that's not the case. You have to consult this table to come up with the correct number of squiggle spaces.
Next slide.
The 2010 standards have additional requirements for hospital outpatient facilities. It requires 10 percent of patient and visitor parking spaces provided to serve hospital outpatient facilities are accessible. Now, the 2010 standards does not define outpatient facilities but it does note this sections is intended to cover facilities or units located in hospitals and that provide regular and continuing medical treatment without an overnight stay. Dress offices, independent clinics and other facilities not located at hospitals are not considered hospital outpatient facilities. Next slide: The standards have requirements related to outpatient physical therapy facilities. 20 percent of patient and visitor parking spaces provided to serve these facilities that specialize in treating conditions that effect mobility and out patient physical therapy facilities must be accessible. Conditions that affect mobility include requiring the a use or assistance of a mobility aid such as a brace, cane, crutch, prosthetic device, wheelchair or powered mobility aid, athletic, neurology or orthopedic conditions that severely limits one's ability to walk. Respiratory diseases, and other conditions which may require the use of portable oxygen, and cardiac conditions that impose significant functional limitations. For every six or fraction of 6 that is anything below 6 parking spaces required to be accessible, at least one shall be an accessible van parking space. So, for example, if you have nine accessible parking spaces required to be accessible, two of those must be van spaces. Next slide. Accessible parking spaces that serve a particular building or facility must be located on the shortest accessible route from parking to an accessible entrance. Where parking service more than one accessible entrance accessible parking must be dispersed and located on the shortest successful route to the accessible entrances. In parking facilities that do not serve a particular building or facility, accessible parking spaces shall be located on the shortest accessible route to an accessible pedestrian entrance over the parking facility. There are a couple of exceptions. Van accessible parking spaces can be clustered on one level of a parking garage and accessible spaces required for one parking facility can be located to another parking facility if doing so results in substantially equal or better access in terms of travel distances, parking fees or user convenience.
Next slide.
Car accessible spaces must be at least 8 feet wide and marked to define the width. An access aisle of 5 feet wide is required next to the space.
Next slide.
Van accessible spaces must be at least 11 feet wide with just 3 feet wider than

the regular accessible spaces. This is to provide room for vehicle lamps and rift lifts. Alternately this extra width can be added to the access aisle instead of the parking space which results in an access isle offal neat wide, the same as a parking Space A vertical had clearance of 98 inches is required for van spaces and vehicular routes searching them.
Next slide.

The access isle provides resume to access vehicles. Two spaces can share one access aisle. Users will pull in or back into spaces fending on which side of the access aisle is needed. Access aisles must extend the full length of the parking space. The aisle must be marked to discourage parking in them. The marking method and color is not specified in the standards but may be addressed by state or local regulations. Access aisles cannot overlap vehicular ways. If van spaces are angled the access aisle is required to be on the passenger's side where vehicle ramps or lifts typically deploy.
Next slide.

Parking space and access isle surfaces must be firm and slip resistant. Aisles must be flush with the parking space. Changes in level other than slopes up to 1 to 48 will not permitted in the access aisle or the parking space. Curb ramps cannot protrude into any portion of the parking isle or parking space.
Next slide.
Accessible parking spaces must be identified by the international symbol of accessibility. The term van accessible is required on signs designating van spaces and can be provided on a separate sign or added to the main decision sign. Signs are required to be at least 5 feet high from the finished floor or ground surface measured to the bottom of the sign. This allows spaces to remain visible when occupied.
Next slide, please.
Signs must provide head room of at least 80 inches. Signs tuberculosis installed on posts, suspended from ceilings or affixed to walls.
Next slide.

The 2010 standards also address access to passenger loading zones, where provided an accessible passenger loading zone is required within every continuous 100 linear feet of loading zone space or fraction thereof. This is provided at the discretion of entity. However the standards do require a compliant passenger loading zone at several times of facilities.
Next slide.

Medical care and long-term tear facilities where the period of state exceeds 24 hours, parking facilities that provide valet parking and mechanical access parking garages are all required to provide one squiggle passenger loading zone.
Next slide.

Passenger loading zones shall provide vehicle pull up space at least 8 feet wide and 20 feet long and an adjoining access aisle is required.
Next slide.

Passenger loading zone access aisles must adjoin accessible route and not overlap the vehicular way. They must be at least 5 feet wide, so long the vehicle pull up space and must be marked to discourage parking in them.

Next slide.
Vehicle pull up spaces and access aisles serving them must be stable, firm and slip resistant. Aisles must be at the same level as the pull up space they serve. Changes in level of greater than 1-48 are not permitted and a vertical clearance of at least 114 inches is required at the vehicle pull up space, the access aisle and along routes connected them to vehicle entrances and exits.
Next slide.
So now that we have covered arriving to a medical facility let's talk about getting into the building. For this the ADA requires an accessible route. Accessible routes are what permit people with mobility disabilities to safely travel from site arrival points to accessible entrances. At least one accessible route must be provided within the site from accessible parking spaces and accessible passenger loading zones, public streets and sidewalks and public transportation stops to the accessible building or facility entrance they serve.
Next slide.
Accessible routes must coincide with or be located in the same area as general circulation paths. Where circulation paths are interior, required accessible routes shall also be interior.
Next slide.
Accessible route floor or ground surfaces must be firm, stable, and slip resistant.
Next slide.
Walking surfaces should have a 5 percent maximum running slope. Ramps should have a 5 to 8.3 maximum running slope. And cross slopes should never exceed percent.
Next slide.
Walking surfaces should be free from gaps greater than half inch and vertical changes in level greater than a 1/4. Vertical changes up to 1/2 inch should be bevelled at 1:2 ratio. Gaps and changes in level caused by broken concrete, potholes along an squiggle route or a threshold at a door.
Next slide.
Pathways should be 36 inches wide except at doors and for short stances when it can be I'm not aware ower at 32 inches wide.
Next slide.
Ramps which rise more than 6 inches will need to have both handrails and edge protect. Edge protection is a method which prevents a crutch or wheelchair wheel from running off the sized of ramp. Ramps must have level landings at the top and bottom of each setting and where the ramp changes direction.
Next slide.
Accessible entrances are part of the accessible route and ensure people with disabilities have a way to get into the facility. At least 60 percent of all public entrances must be accessible. Because this is the minimum requirement, if a if I mean to only has two entrances both must be accessible to meet the 60 percent minimum. If direct access to a facility entrance is from a parking structure, each direct access entrance must be accessible. If direct access to a facility entrance is from a pedestrian tunnel or elevated walkway,

at least one direct entrance to the facility must be accessible.
Next slide.
Revolving doors, revolving gates and turnstiles are not allowed as part of an accessible route. Where double doors are used at least one side of the double door must be accessible. In general, door openings must have a clear width of at least 32 inches. This requirement varies slightly in certain conditions such as with door openings more than 24 inches deep. Nothing can protrude into the doorway below 34 inches from the ground. Protrusions between 34 and 80 inches above the ground cannot protrude into the doorway more than 4-inch. Thresholds at doorways can be no more than half inch high. Entrances must comply with the same ground floor surface and changes in level requirements as the rest of the accessible route. Which we covered a minute ago.
Next slide.
The 2010 standards for susceptible design outlines requirements for maneuvering clearances at doorway which varies based on the type of door. And you can see in this image on the slide there are many different configurations for types of doors.
Next slide.
Operable parts of doors such as handles, pulls, latches, and locks must of course operable with one hand and shall not require tight grasping or twisting of the wrist. Of the force required to operate operable parts must be 5 pounds maximum. He operable parts of doors must be at least 34 inches and no more than 48 inches: Door closers must be steel and figured so doors close at least after 52nds.
Next slide.
Now, we will turn to drive-thru medical testing sites. Drive-thru sites are one ways that can provide services with greater ease and safety for patients. We have a seen this come up a lot with the recent pandemic and testing for a the virus but you may see this for other reasons such as during flu season to give flu shots. Typically consisting of pop up tents and traffic cones, these temporary sites may be in a parking lot at the hospital, a retail store or a at a time fairground. The sites are useful for medical testing during times and an outbreak since keeping patients in vehicle can minimize exposure to a contagious disease. Whether these drive-thru medical sites are funded and operated by state and local governments or a private business, the Americans with Disabilities Act requires that the services are accessible to people with disabilities.
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Next slide, please.
In terms of physical access the most important consideration at a thrive through site is access to wheelchair uses. As we discussed wheelchair chair accessible vans need 8 feet 2 inches high to pass through or 98 inches. For patients who use wheelchairs to exit their vehicles at the drive-thru site to if that is needed there needs to be an access site alongside the vehicle. The access aisle must be 60 inches wide if the lane is 132 inches wide or 96 inches wide if the

lane is 96 inches wide. It may be necessary to provide walk up services for those who cannot drive on-site such as someone who is blind and doesn't have access to a ride. In these days there must be an accessible rut to access all elements of the testing such as check in, testing, paperwork areas, check out ask so on. Staff should always be on hand to help direct those who are in line for walk up services that is my time and I will pass it on to Jan who will tell you more about the inside of health care facilities.
>> Jan: Thank you Emily.
Next slide, please.
Emily addressed the accessible route issues for the exterior of the if I mean to and many of them are the same for the interior of the facility. You still need a width of 36 inches. You also need a passing space of 60 inches for every 200 feet so that is if you have had a long corridor or a hallway, you need to make sure that you have a passing space if you have that, that is more than 200 feet long. You can have no changes in level as Emily mentioned more than a quarter inch or half inch if it's beveled at one and two. The running, which is also known as the forward slope, can be no greater than 5 percent or 1 in 20, and the cross slope, the side to side slope, should be no greater than 2 percent or 1:48. It should also be firm, stable, and slip resistant.
Next slide.
So as Emily mentioned, there some exceptions about when the walking surface can be narrowed. One of those exceptions is at doors which we're going to talk about in a moment. But the cleared width can be reduced to 32 inches for a length of 24 inches maximum provided that those reduced width segments of 24 inches long and 32 inches wide are separated by segments that are 48 inches long minimum and 36 inches wide minimum. So this is -- this can occur both interior and you are to a facility but if you have a reason to I'm not aware hoedown the walking surface then you need to comply with this requirement.
Next slide.
So in addition to width requirements from stable and slip resistant and those kinds of issues, there's also some exceptions about approximate multi story buildings. Generally every story and every part of every story and mezzanine in a facility must be accessible and you must be able to get to all of those accessible stories. However, there is an exception for an accessible route between floors that is known at the elevator exemption. This is for private sector facilities only that are less than three stories and that story can be above or below grade, or less than 3,000 square feet per story, although the 3,000 square feet per story buildings are quite unusual I would say but generally this is for private sector buildings that are fewer or less than 3 stories and that you do not necessarily have to have an elevator in new construction.
Next slide, please.
However, you must have an elevator or the elevator exception is not allowed when you have a shopping center or mall with five or more sales or retail stabilities and note that number of five or more can vary by state law. When you have a professional office of a health care provider and we're talking about health

care and physical access today so note if you have a professional office of a health care provider you cannot put that office on the second floor of a building without an elevator and be able to receive the elevator exception. Also in terminals, depots or stations that are used for public transportation, you need to have elevators. And as we meaned before, this elevator exception is for private facilities. But there is an exception to the exception, which says that government facilities can have an elevator exception where they are two stories only and where one story has no public space at all and a maximum occupancy of five people on that second story association a very limited exception for government facilities. But generally note that the elevator exemption would apply only to private or Title III facilities.
Next slide.
So let's talk a little bit about employee work areas and other exempt areas in a building. Generally mechanical spaces are exempt from accessibility requirements because those are only usually accessed by personnel who have to maintain the equipment in those spaces. Also employee work areas generally must comply with accessible route requirements, egress -- so that means you can exit the employee work area -- and visible alarms then you have audible alarms in that area. So you would need to have visible or strobe type alarms in those employee work areas when you have audible alarms and wiring for those. Also employee of work areas needed not comply with accessible route requirements if they are less than a thousand square feet. Again this is an area that could be different in state law association note that.
Next slide.
So this is a slide that is showing a medical care suite. Overhead, look at it. This is showing on the upper left-hand corner, a mechanical area that would be exempt, even in new construction you would not have to make that area accessible. And it's also showing employee only work areas such as a reception file, reception or file area for staff on the left-hand side and nurse's station on the right-hand side, and a janitor's closet on the right-hand side. So those areas, employee work areas would need to meet the approach and entry and exit requirements but not all of the other accessibility requirements, even in new construction.
Next slide.
Doors. Emily did talk a little bit habit doors already. But generally to reiterate, doors have to have a 32-inch clear width. And if the door is more than 24 inches deep and in some older buildings or even sometimes in new construction that you might build a door that also a 24-inch depth. But then the clear width needs to be 36 inches wide in order to allow somebody to be able to maneuver and pass through the door. Again it can have no projections into that clear width of 32 inches below 34 inches and that is so that a wheelchair can pass through and not get caught on any projects. Projections. You should have level hardware as opposed to knobs and the hardware should be placed between 34 and 48 inches above the floor. That may vary in your had state codes. And door closers, which is the device that makes the door close once it's opened, cannot project more than 4 inches if they are below 80 inches. So

into the clear floor space. That is because those door closers can become a protruding object, and that means someone who is blind, if some object is between 27 inches and 80 inches off the ground and it projects more than 4 inches into the circulation path or that could include a doorway then that want blind person would not defect that item by their cane. They would not detect that protruding object and therefore that object cannot protrude more than 4 inches into that doorway or into the any kind of circulation path. I also want to mention here that on the right of the door that you see you would typically place signage for people who are blind and permanent replace and spaces must be mark byproduct signage that has Braille and tactile elements and there are specific requirements for where that sign must be placed in terms of the height of the elements and the Braille elements and where the sign should be noted. So that's something that also should be provided is signage innage there are spaces. Next slide?

So we're going to talk a little bit about maneuvering clearances. This provides a minimum space for positioning and maneuvering another doors for people who use mobility devices of any kind. Keep in mind that somebody with a mobility device, whether it's on the push side or particularly on the pull size of a door, needs to be able to open that door and move the door around their mobility device in order to then enter through the doorway. So that's why maneuvering clearances shown in these two photos in yellow are particularly important, and we're going to talk about that some more and also with regard to restrooms. Next slide.

So maneuvering clearances can actually overlap in certain areas. They're of course required at each accessible door based on the approach and the swing. Again whether it's a push or pull and what approach you're making whether it's from a forward approach, the latch side of the door approach, the hinge side of the door approach, so the maneuvering clearances will vary by that. But here you see actually that maneuvering clearances can overlap to and that is important to note when there might be multiple doors. But it needs to be basically 48 inches of clearance in this kind of situation and include and make sure you're accounting for the actual swing of the door in the width of the door with that 48 inches when you have multiple doors in a series.

Next slide.

So there is also an exception or an interesting part of maneuvering clearances for doors that include an offset. So the maneuvering clearance is generally measured from the wall, and that's because the door is typically flush with the wall. If the door is offset from the wall, in other words, indented a little bit from the wall, it cannot be offset more than 8 inches from the face of the door.

Next slide.

So here it is showing in these two figures the maneuvering clearances. So on the left-hand side you see a maneuvering clearance where the door is recessed 8 inches maximum and the maneuvering clearance is allowing for an 8-inch maximum recess on that door so the maneuvering clearance ends right at the wall. However on the right hand figure if you have to recess the door greater

than 8 inches than the maneuvering clearance is going to video move inward toward the wall and door that are recessed and you have to provide had a stretch side or latch side clearance that allows you to maneuver the door, and that clearance varies again based on the push side or pull side.
Next slide.
So this is a table. I'm not going to go through and read the entire table but this is the maneuvering clearance at gates and doors table and what it addresses is the type of use. And not minimum maneuvering clearance for that use. And it addresses the approach direction, whether that is perpendicular to the doorway or parallel to the doorway, and whether that is on the pull or push side of the door or gate. Note that there are four footnotes here and that those are very important. So you need to be sure that you are knowing whether or not you are look at a door or a gate from the pull side or the pushed -- push side, whether the maneuvering clearance is forward, you're hinge or latch side, and whether or not you need to add additional inches for a latched side, particularly if a closer and a latch are provided on the door.
So you want to note that when you^ have door clearance.
Next slide.
So let's talk a little bit about clustered areas that can be sort of an exception to the general new construction requirements. It has everything must be accessible regardless of how many of them you have: So in new construction you can have accessible dressing rooms and toilet rooms that are grouped together or clustered, and you can actually have a certain number that are accessible, and that side not necessarily have to be 100 percent if the dressing rooms or toilet rooms are clustered. So 5 percent of each type of dressing room -- so that means if you have a men's and women's and you divide them by gender, 5 percent of each type of those has to be accessible or at least one dressing room has to be accessible and comply with the accessibility requirements in ADA 803. Also 50 percent of the clustered toilet rooms or at least one have to comply with the accessibility requirements for toilet rooms in ADA 603 which we're going to talk about in just a moment. The rooms need to be in the same general area, whether they're dressing room or toilet rooms to get this basic exception X they have to serve the same group of people. In other words, they have to be either public dressing rooms and toilet rooms or staff dressing rooms and toilet rooms in order had to allow them to be clustered. You cannot have them serving different groups of people and allow them to be clustered and get this exception.
Next slide.
>> So again we look at an overhead view of a medical suite here. And in blue we see that we are showing some dressing rooms and exam rooms. So the dressing rooms you have to have access to at least 5 percent of each type of dressing room. If you divide it by gender that's got to be each time and the exam rooms, a hundred of percent of those have to be accessible in new construction. Were alterations are different. In new construction a hundred measure of the public areas need to be accessible. And then you can have 50 percent of the toilet rooms if they're clustered and if they serve the same people be accessible and

that 50 percent, if you had seven of them you would need to make sure that four of those are accessible and not just three. So this is showing some clustered toilet rooms from overhead and it's showing that at least 50 percent of them are accessible when they're in one location and serving of the same users. Next slide. So toilet rooms that are covered in Sections 603 it's important to note what the accessibility requirements are for toilet rooms, and we're going to go over some of those now. But generally you know will have in a toilet room -- and I'm not really address multi accommodation or multi stall toilet rooms today, because in most medical facilities unless they're very large medical facility, mostly what you are encountering is single user toilet rooms. And most of these medical facilities so that's what we're going to address today. He of course you can always call us at 9,494,232 or email us if you have questions about multi accommodation toilet rooms. But^ here you're going to have to make sure that your lavatory, your mirror, your water closet or toilet are accessible, that the dispensers and receptacles are accessible, that the grab bars are accessible and that there's a turning space either providing a 60-inch circle or a T turn. Also you need to make sure that coat hooks and shelves are accessible and if you have more than one urinal in a toilet room then that urinal would need to meet accessibility -- at least one of those would need to meet accessibility requirements.
Next slide.
So you are door maneuvering clearances. When you're getting into a toilet room, again you need to make sure that in it's on the push side with the closer and a lamp that you have 48 inches perpendicular to the door of clearance and a 12-inch latch side or strike side clearance. If it's on the pull side of the door, you need 60 inches minimum perpendicular if you're doing a forward approach. And you also need 18 inches of glass side or strike side clearance if you're on the pull side of the door for the you are doorman using clearances.
Next slide.
So in toilet rooms you need to have clear floor space at the toilet and this yellow area is showing the floor space that is required around the toilet for approach and transfer. Keep in mind that if you have multiple toilet rooms, you should really provide a transfer space on both sides of the toilet. So one on the left side of the toilet and another toilet room can provide a transfer space on the right side of the toilet. So that if people transfer in a certain way they have an option whether they want to transfer left oar right and you can tell them which toilet room offers that option to them. So generally speaking, the toilet room clearance for the water closet needs to be 60 inches minimum perpendicular from the sidewall, 56 inches minimum perpendicular from the rear wall. And of course. Seat height needs to be 17 to 19 inches above the finished floor. And the center line of the toilet should be between 16 and 18 inches. This is another area where your state code may vary. Next slide. Also note thank the toilet paper dispenser needs to be seven to 9 inches in front of the water closet front inch and the dispenser where the toilet paper dispenses should be 15 inches to 48 inches maximum from the floor. And also note that enough any protruding ons in the facility room look, for example, a

paper towel dispenser that would not be over the sink. It might be in this area at the bottom of this figure that we are showing and it might be on a circulation path. So if you have 5 paper towel dispenser that sticks out more than 4 inches that could become a protruding object so you need to be sure that you have some warning for that person at 27 inches or less below that paper towel dispenser or you resaid that so it does not become a problem. Elements with clearance, the space can lap for a 60-inch diameter circle or T shaped space and not note that the door can always swing into the turning space and to other fixture spaces as long as you have at least a 30 by 48-inch clearance for a wheelchair to be clear of the door when it swings in. All right.
>> So at a lavatory, this is showing the sink at a lavatory. That needs to be 48 inches wide by 40 inches long and you need provide knee and toe clearance under that lavatory. Those requirements can be found in 606, and also the knee and toe clearance can be found in 306. So it's important to understand what those requirements are so that someone can pull up and be able to use the lavatory and be able to reach the faucet. The faucet controls should be no more than 5 pounds to operate and not require tight grasping or twisting of the wrist and you should be able to have the pipes wrapped so that people who cannot feel the heat of the water on their legs will be pro tested by what comes through.
>> That's very important.
Next slide.
Also again the maneuver clearances this is showing a poll side clearance and you have to have 60 inches of perpendicular and 18 beyond the latch of the door so you can be able to open the door and maneuver around to exit the door.
Next slide.
So you can not have overlap of lavatory and toilet clearances except with a very small amount. Opt left you see a toilet in a lavatory that are mounted on the same wall and their clearances can overlap just slightly but you need to be sure that toilet maneuvering clearance is really pretty clear of any other objects. You also can note that there are grab bars here. There's a rear grab bar that is generally 36 inches belong but you can have a shorter 26-inch minimum grab bar if you reset the link, if you recess the lavatory then you have a grab bar behind the toilet but basically the side grab bar should always be a different length okay?
And there's definitely specific requirements for how long these grab bars need to be, where they need to be in relation to the water closet, how high above the floor they need to be, all of those are requirements that need to be looked a in the hood standards.
Next slide.
Keep the swing. Door and the clearance for at that time swing of the door outside of the fixture clearances or at least provide a 30 by 48 minimum unobstructed clear floor space outside of the swing of the door. They don't specify what location that has to be and it could be in a location like this next to the toilet. It could also be at a diagonal area. So there needs to be at least a 30 by 48-inch minimum clearance outside of the door swing.
Next slide.

So if you have a really small area and you want to add a toilet room you can add an out swinging door and that can allow for a smaller room sides. It requires less interior clearance but you still need 12 inches minimum on the push side, if have you a door that opposite on the push side from inside of the toilet room and you still need that latch side clearance, that's going to be important: Okay. So that's the bottom line general about toilet rooms. Of course therefore lots of things yip comp. And you can certainly call us about those other measurements. So moving on to squiggle check in areas. When you first come into a medical office or even a hospital you're going to have a check in area. And almost always you're going to have a counter. So that counter has to meet the following. A portion of the counter surface that is 36 inches long minimum and 36 inches high maximum above the finished floor needs to be provided. So typically we recommend using the entire counter surface at this 36-inch height and you can have a portion of it at 36 inches high as long as it's at least 36 inches long. And you have to have a clear floor or ground space that come price with ADA305 for that counter. It can be a parallel approach that is adjacent to the 36-inch minimum length of that counter or it can be positioned for a forward approach but when you position a counter for a forward approach you must have knee and toe clearance that complies with 305. Next slide.

So in talking about accessible examination rooms. In new construction we learned earlier that accessible exam rooms need to comply with all requirements for new construction. You cannot say that you can have clustered examination rooms. So that you must have in an examination room is an accessible route to the exam room and through the room and remember it has to be 36 inches wide and unobstructed you have to be an entry door that complies with all of the door requirements that we learned earlier for width, maneuvering clearance and accessible hardware. You have to be appropriate models and placement of examination equipment. And although you are not required to have adjustable examination requirement, and we're going to learn about medical diagnostic equipment in a moment, it is best if you can have adjustable examination equipment so that at least it adjusts on the height so people are able transfer. You also need adequate clear floor space inside the room, next to the examination table and any other examination material that is there so someone can make a signed transfer either independently or if you need to use lift equipment, you need fob sure that you have Atlanta of space inside eave for the use of limit equipment.
Next slide.

So let's talk a little bit about medical diagnostic equipment. So these are standards that were issued by the U.S. axis board and they are found in the rehabilitation act -- not in the ADA but in the rehabilitation act, Sections 510. They provide technical and scoping criteria for medical diagnostic equipment but they right now are voluntarily. Unless they are adopted by an enforcing authority. So it's could be Department of Justice may adopt these under the ADA also health and human services under the rehabilitation act. They also can be used by the Food and Drug Administration

to verify claims on medical diagnostic equipment. Because often people will claim that something is quote/unquote ADA accessible or medical diagnostic equipment standards met, even though it may not actually meet those standards and it may not at all be ADA accessible, particularly if it's equipment. Next slide.

So the equipment that is covered by the medical diagnosis stream guidelines this for the ADA purposes are examination tables, examination chairs so they could use chairs. They could even go prone and could be convert besides a table. Also examination chairs in dental offices for optical exams these are equipment that could be covered. Wait scales could be covered. And many people in a wheelchairs went for a long time would you want being able to be weighed in a doctor's office and that is really important to have that accessibility. Also the medical diagnostic equipment standards cover X-ray machines, mammography equipment, and other medical diagnostic equipment. So equipment that is not covered are personal devices and on the left we see a photo of a blood glucose monitor so that would be covered by the medical diagnostic equipment or insulin pump or anything that is person -- that to person might use. The standards do not apply to positioning aids. So once you are on the compassion table that is covered by the medical diagnostic equipment standards they may add some positionings aides to assist you with being positioned in the right place. The position AIDS -- the medical diagnostic equipment asked do not apply to those positioning aids. So the technical requirements depend on what the patient position is for the use. So they could be supine, prone, or sideline meaning basically that they're lying down on their back or front or on their side. They could be seated. They could be in a wheelchair, or they could be standing and there are different section ofs that apply for el do you know whether -- depending on whether the person is lying down or seated or in a wheelchair or standing. These standards also address supports like railings and other supports. They address communication and they address operable parts as well. Next slide.

So this is an example of adjustable heights for a sue pine prone or sideline transfer surface of a table. And you need to have a high height of 25 inches, low height of 27 to 19 inches, so that would be an adjustable table that could go from low of 17 to 19 to high of 25 inches, and it needs to have at least four additional positions separated by 1-inch heights so different heights that can be adjustable.

Next slide.

Also if you're seated in a wheelchair and you need to be able to access, for example, a weight scale which is what is ceremony here, you need to have pass-through entry and exit. So you can have a raised platform and edge protection. You have to have a little ramp that gets you on to the entry of this seated item and you need to have 40 inches minimum of space where you're seated and there's no changes in level, no cross slope, no forward slope. So 40 inches minimum for that platform outside of the ramp surfaces.

Next slide?

And there can also be standing medical diagnostic equipment. That needs to have

a slip resistant surface. It can have vertical support grouping surfaces of 18 inches long minimum that are 34 to 37 inches height above the floor. That's the lower end of the gripping surface. They can also have horizontal support gripping surfaces that are 4 inches lodge minimum and 34 to 38 height to the top of the gripping surface as we see here on the right-hand side. Also keep in mind that tables that when you lie down or sit can also have railings to provide assistance with transferring on and off the table. And it should be really important that staff are trained in how to assist people in transferring to these tables and other medical devices and are trained in using them, particularly if you're going to use a lift to move somebody from a wheelchair on to an exam table or an X-ray table of some kind, the staff needs to be trained in how to use that equipment and use it safely and carefully.
Next slide.

It's important to note that most medical providers do actually pay taxes. Most are private. If they are government obviously they do not receive tax incentives but if they are private there are tax incentives that are available had to businesses including health care providers and it could be for transportation if you're providing transportation to your facility and communication accessibility expenses for providing sign language interpreters, for example, or maybe making Braille transcribed information. So those are all tax incentives that are available. I have given you a Web site at the ADA national network with quick tips on taxes so you can find information there. And we also always recommend that you consult your tax professional to make sure about whether you classify for these and how much of a tax incentive you will receive.
Next slide.

I have given you a list of resources here, had a link to the 2010 standards which we have gone over, a lot of what Emily and I have addressed here are in the 2010 standards. There is also a sections or a document at U.S. access board that addresses diagnostic equipment and I have given you the length of that here. Also you should note that the ADA national network which we're all a part of has website that you can access at ADATA.org . I have also given you the websites for of the Rocky Mountain center and for the Pacific ADA center where I'm from and Lewis is from. So we hope you will utilize these resources and again that you will contact us at the phone number or our email address and let us know if you have questions that we can help you with. He.
>> All right. Thanks so much Jan and Emily. So everyone this would be the time to submit your questions in the chat window and we will get to those in a moment. So here are a couple of comments that have come into the chat window so far. Going back to the parking we have a comment that there is an application of the 10 percent parking requirement to outpatient facilities on a hospital license approximate even if it is in a separate free-standing building. So that was something that somebody wanted to be shared. The next question here, going back to the elevator exemption, the question was about -- what about educational facilities, community colleges, et cetera, are these government facilities when you were talking about the government facility exceptions?

>> Yes. As I explained, government facilities are an exception to the exception. So that is, if it's a community college that's almost always going to be a Title II or a government facility, and that will not have an elevator exemption. Remember government exceptions can only have an elevator exception if they are only have two stories and only if there's five people or fewer that outpatient that second story and that's almost never going to be the case for most government facilities. And again, state law may govern that and may say something different.
>> Okay. Let me just remind you while you're writing in your questions, the slides are available I. available right now at the ADA presentations.org website. A lot of their information was very he specific and referred to sections of the 2010 standards that you there want to look up if you need it. So you might want to get the slides. They are in the health care sections in the schedule area of the health care sections right now. By tomorrow it will be in the archive sections. And for those of you who did sign up and requested a certificate, that certificate will happen at the -- after the conclusion of today's session. All right. So one thing to ask you both is some of what you talked about and you actually said this is for new construction so are there -- I mean you can't cover everything I'm sure but what kinds of information might we know about if there were modifications to exiting facilities that might apply here?
>> Emily did you want to readdress what you talked about with regard to readily achievable barrier removal?
>> Yeah. These regulations do apply to existing facilities, generally that's going to happen when there's a major alteration to a facility, then the requirement is that they comply with the 2010 standards. But even before a major alteration is put into place, both Title I and Title II entities have some requirements or have some responsibility to make readily achievable barrier removal -- that's quite a mouthful -- so that means you know what they can do to provide access to people with disabilities they need to do.
>> And I think -- I just want to clarify a moment, Emily. It's generally places open to the public that are Title III facilities that would have readily achievable barrier removal. Of course, a Title II or a government facility, would have program accessibility requirements that they would have to meet to make sure that they were providing accessibility, and there's lots of different areas about alterations that we just do not have time to cover today.
>> Right. Yeah. Title II, their program as a whole has to be accessible, which might entail removing barriers, architectural barriers or relocating programs to accessible locations. But Title II is more of a programmatic focus and advertisement III is the readily achievable barrier removal.
>> Jan was there anything you wanted to add about the interior of the building, if they were going to be doing alterations?
>> Jan: Of course with alterations there are some exceptions for existing buildings. You may not be able to do something that is technically in feasible but that's going to be -- you know a pretty big exception. Like, for example, if you have a plumbing code that requires you to have a certain number of

toilets in a multi accommodation toilet room, and what you would need to do is to remove all one of those toilets or water closets in order to make enough space for a wheelchair accessible toilet room it's possible that could be technically in feasible but your me going to need to look at what else you can do besides what is technically in feasible in order to provide that accessibility even when you're making an in alteration. And there are also requirements that you should note nor having to spend 20 percent above the cost of the alteration in order to address the accessible routes or the path of travel, and that is really important to note in these medical facilities as well. So again alterations can be confusing. They're very specific to the particular area or particular building that you're talking about, and you should really call us or email us so that we can discuss that further with you.
>> Okay. Next question: Regarding parking at a university that's building is three stories, what's the ADA requirement for that?
>> So are we -- I guess I would ask to clarify is there a parking garage that is three stories or just that the building is three story?
>> So Do ra, this is your question, if you want to type in if you're talking about a building that is three stories or a parking garage that is three stories?
So we will wait for her response there. In the meantime, other questions, please send those in. Okay. Of building garage is a parking garage with three stories.
>> Okay. So in that case the accessible -- so you would calculate the accessible parking spaces based on the table that I showed. And they would need to be dispersed so they are along -- provide access on the closest accessible route to an accessible entrance. The exception to parking garages is that you can cluster all of your van accessible parking on one level. And I believe that's because of the height requirement for van accessible parking so you might have your first level of your parking garage meets the height requirement but the others levels don't so that's why you're able to cluster all of those on one level.
>> Okay. Great. All right. So thanks very much. So we realize that many of you may still have questions for speakers and apologize if you didn't get a chance to ask your questions. But do remember to contact your regional ADA center at 1-800-949-4232 to ask any questions about more specification about this of the asan and Emily mentioned, sometimes there's state-specific kinds of issues that you might need to know about and your regional ADA center would know about those.
You will receive an email with a link to an online session evaluation. Please complete that evaluation for today's program as we really value your input and want to demonstrate the impact of this to our funder. We want to thank Jan and Emily today, our speakers for sharing their time and knowledge for us. It was very information packed. But a required for all of you that the session was recorded. It will be available for viewing next week. Add ADA presentations.org . In of the archives sections of the health area. On our next webinar on August 27th we listen joined by the office of civil rights of

the U.S. Department of Health and Human Services on enforcing disability rights authorities. We hope that you can join us for that. Watch your email. Two weeks ahead for the announcement of the opening of that registration. Thank you Jan and Emily and thank you all for attending today's session and spending part of your afternoon with us. Have a good rest of your day. We will see you in August.
Bye.