



Designing for Accessibility

Since the inception of the Americans with Disabilities Act (ADA), accessibility has become a legal requirement. But more importantly, accessible design is instrumental in providing better care to all patients regardless of disability or other limitations. However, state regulations concerning spatial relationships in the clinical space can override Federal ADA regulations. As these lines become blurred, it can be confusing for healthcare systems to understand how to best provide accessibility and equal care. We can help.

Key Factors Impacting Spatial Layout in the Exam Space

Although these considerations are not all-encompassing, it is a good place to begin when considering accessible design in the clinical space.

- Size of the room
- Types of procedures conducted in the space
- Type of equipment used in the room
- State in which the room is built
- Types of mobility devices being used by patients or staff
- Increasing patient throughput
- Preventing burnout and staff turnover
- Locating equipment for care and maintenance

The information provided is not to be construed as legal advice. For more information about ADA guidelines, visit the ADA website at ada.gov or call the ADA information line toll-free at 800.514.0301 (voice) or 800.514.0383 (TTY).

Source: https://www.ada.gov/2010ADAstandards_index.htm

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ACCESSIBLE EQUIPMENT

The US Access Board recommends an accessible exam chair with a seat height of 17"-19". Considerations should also be made for side chairs.

CLEAR FLOOR SPACE

30"x 48" of clear floor space is required on one side of the exam chair for entry, exit, transfer or a portable lift device. An 18" x 60" clearance is required at a recessed door.

TURNING RADIUS

ADA guidelines require a turning area using a clear space of 60" in diameter for wheelchairs and scooters.

DOOR ACCESS

A 32" clear door opening is required to accommodate today's larger wheelchairs and scooters.

