Minimum Physical Plant Standards for

PHYSICIAN OWNED - SINGLE SPECIALITY
AMBULATORY SURGICAL TREATMENT CENTERS

The development of Ambulatory Surgical Treatment Centers requires specialized knowledge of healthcare standards that are different than those required to develop a medical office building. Architectural, Electrical, Mechanical and Plumbing requirements are similar to those required for hospitals. These facilities are considered Health Care occupancies and construction plans are required by Georgia law to be designed by Georgia registered Architects and Engineers. (O.C.G.A. Section 43-4-14)

Physician Owned – Single Specialty Ambulatory Surgical Treatment Centers are considered a mixed occupancy. The Surgical Suite is considered a Health Care occupancy and the Clinical Exam suite is considered a Business occupancy.

CONSTRUCTION PLAN REVIEW

This office only reviews construction plans for the Surgical suite.

Plans for the Clinical Exam suite are considered a Business Occupancy and are subject to review and approval by the Local Building and Fire Authorities. They will not be reviewed by this office.

The State Fire Marshals Office will review plans for compliance with the Life Safety Code and the Georgia Handicap Accessibility Code.

THE SURGICAL SUITE

Plans for the Surgical Suite shall comply with chapter 3.7 of the 2006 edition of the “Guidelines for Design and Construction of Health Care Facilities” as published by the A.I.A. Press. Copies may be obtained from the AIA Bookstore Web site at www.aia.org/books or 1-800-242-3837.

The Surgical suite shall be physically separated from the Clinical Exam suite by walls. Doors between the Surgical suite and the Clinical Exam suite shall be swing type doors equipped with positive latching and automatic closers. This separation wall shall comply with the requirements of the Life Safety Code as enforced by the State Fire Marshal’s office. (A rated firewall to the structure above may or may not be required).

The Surgical suite shall be arranged to prohibit non-related clinical and staff traffic through the suite and shall be designed to facilitate movement of patients and personnel into, through, and out of the surgical suite. It is preferred that Patients move from Reception/Waiting to Pre-Op, Procedure, Recovery and discharge in a “U” or “Circular” flow pattern.

Separate waiting rooms shall be provided for the Surgical Suite and the Clinical Exam Suite. Public toilets shall be accessible to the waiting room. A business office may be shared between the Surgical Suite and the Clinical Exam Suite however medical records shall be maintained separately.

A single staff lounge located convenient to both suites may be provided.

A dedicated Housekeeping closet shall be provided for the Surgical suite. A separate Housekeeping closet shall be provided for the Waiting room and business office areas of the Surgical suite and the Clinical Exam suite.

A covered entrance for pick up of patients after surgery shall be provided and shall extend over a waiting vehicle.