

DoD Space Planning Criteria for Health Facilities

Primary Care / Family Practice

3.1.1 - PURPOSE AND SCOPE:

This Chapter provides guidance for space planning for the Primary Care / Family Practice Clinical Services in military health care facilities. Primary care clinics include: family practice clinics, general outpatient clinics, pediatric clinics, physical examination areas, adolescent clinics and well baby clinics. This provides criteria for the family practice clinics, general outpatient clinics and physical examination areas. Chapter 3.3 (Pediatrics) provides criteria for pediatrics, adolescent and well baby clinics.

3.1.2 - DEFINITIONS:

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

Family Practice: A specifically trained and certified specialty of medicine, which provides healthcare to all members of a family unit. In addition to providing general medical care, family practitioner may provide obstetrics care, pediatrics, and minor surgical, psychiatric and geriatrics care.

Family Practice Residency Program Center: The primary setting for a residency program for training in the knowledge, skills, and attitudes of family practice is a family practice center. At such a location, each resident must provide continuing, comprehensive care to a panel of patient families.

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

Isolation Suite - Provided for seclusion of patients with infectious diseases or compromised immune systems. The suite includes an exam room and a dedicated toilet.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03).

Preceptor/Consult Rooms: - A location is required for residents in training to be able to discuss cases in private with supervising staff physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the staff physician's own office and not from a dedicated central preceptor room. **Note** that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is **NOT** acceptable.

Primary Care Clinic: A primary care clinic may be referred by various names (Troop Medical Clinic, Family Practice Clinic, Pediatric Clinic and others). A primary care clinic provides the office, examination and treatment space for Primary Care Managers in the Military Health System (MHS).

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3.1.2 - DEFINITIONS: Continued

Primary Care Manager (PCM): A primary care manager is a medical provider, such as a primary care physician, family physician, family nurse practitioner, internist or pediatrician, who provides primary care and family medicine services to empanelled TRICARE patients, and who supervises the patients' overall health and wellness.

Primary Care Physician: Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

Screening Area - Accommodates height, weight and vital signs may be taken in this space.

3.1.3 - POLICIES:

Administrative Offices: The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for Chapter 2.1 (General Administration).

Ambulance Dispatch Area: Criteria for ambulance dispatch and on-call rooms are provided in Chapter 3.5, Emergency Services. If no Emergency Services department is projected, provisions for this space may need to be located in the Primary Care/Family Practice area.

Offices, Private: With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in Chapter 2.1 (General Administration), paragraph 2.1.5. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant

Patient Education Classroom: The primary purpose of this room is for group education and/or group therapy classes. Some examples would include, initial OB education, diabetics group discussions, pediatric development classes, etc. This room needs to be located near the patient care areas for easy patient access.

Patient Education Cubicle: The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

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3.1.3 - POLICIES: Continued

Physical Examination: A separate physical examination area will be provided when workload exceeds an average of 100-150 exams per week (20/day). Do not include Family Practice, pediatric or adolescent medicine physical examination when determining the need of a physical examination area.

Primary Care Provider Team Size: The size of a primary care provider team is not dictated by these criteria. For the purposes of programming space, provider teams will consist of eight providers. The number of teams is established as the total number of providers divided by eight (8) and rounded up to the next higher number when the remainder is 4 or more.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. For the purposes of this chapter, providers are psychiatrists, psychologists, social workers, psychiatric nurse practitioners and psychiatric technicians.

Public Toilets, Staff Lounges and Locker Areas: The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

Residents' Cubicle Space: Private office space will not be programmed for GME residents. GME residents will be provided with shared office space at 60 nsf per resident for Navy/Air Force and 40 nsf for Army. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. **Note:** These residents are not necessarily Primary Care residents; Family Practice, Internal Medicine and other Residency programs may require a rotation in the Primary Care clinic.

Team Sizing Criteria: The size of a Primary Care provider team may vary. See additional information provided in "Chapter 3.2 – Primary Care Optimization Clinic (Air Force) and "Chapter 3.3 – Pediatrics."

Functions Unique to a "Stand-Alone" Primary Care Clinic (not within a hospital or Medical Center): Note: Program this area for a "Stand-Alone" clinic in addition to the areas found in the paragraph titled, Functions Common to both a Freestanding Primary Care Clinic and a Primary Care Clinic Found in a Hospital or Medical Center.

There are two general types of freestanding clinics. There are clinics, which are located on the same installation as a hospital or medical center. This happens more typically in the Army and Navy. There may be more than one such clinic on a military installation with a large beneficiary population (Fort Bragg, Fort Hood, and Camp Pendleton). The other type of freestanding clinic or a 'stand alone' clinic occurs as the sole source of medical care on the installation, i.e. there is no hospital or medical center. The Clinic Concept of Operations for each of these clinics must be carefully considered. Where a clinic exists on an installation with a hospital or medical center, some services may not be programmed into the clinic because patients are referred to the hospital or medical center for diagnostic care (lab work, radiology, pharmacy, etc.)

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3.1.4 - PROGRAM DATA REQUIRED:

How many FTE providers are projected?
Are pediatric patients seen in this clinic?
Does the Infection Control Risk Assessment (ICRA) warrant an isolation waiting room?
Is a Patient Education Cubicle projected?
Is a Proctoscopic Procedure Room required?
Is a dedicated EKG Room required?
Is there an Allergy/Immunization Clinic within the medical treatment facility?
How many hours per week does Immunization operate?
How many immunizations per week are projected?
Is an Allergy Technician projected?
Is an Audiometric Booth required?
Is a 1-Person Audio Screening Booth required?
Is a 4-Person Audio Screening Booth required?
Is a 6-Person Audio Screening Booth required?
Is a 2-room Diagnostic Audiometric Suite required?
Is a 1-Person Audio Screening Booth required?
Is a Visual Screening Room required?
Is a Laboratory Technician/Phlebotomist projected?
Is an Orthopedic Casting Room required?
Is OB non-stress testing performed in the clinic?
Is this Primary Care Clinic the sole source of medical care on the installation?
Is FTE Laboratory staff projected in the Stand Alone Primary Care Clinic?
Is a FTE Pharmacist projected in the Stand Alone Primary Care Clinic?
Is a FTE Radiology technician projected in the Stand Alone Primary Care Clinic?
How many FTE nurse managers are projected?
How many FTEs nursing staff are projected? Note: This information is used to calculate the size of the Nurse Workroom. Do not include nurse managers or advice nurses.
How many FTE NCOIC/LCPO/LPOs are projected?
How many advice nurses are projected? Note: This information is used to calculate the number of private advice nurse offices.
How many appointment clerks are projected?
How many FTE staff will require a private office? Note: Do not count providers, nurse managers, advice nurses, or NCOIC/LCPO/LPOs.
How many FTE staff will require a dedicated cubicle? Note: Do not include providers or nursing staff
Will patient records be stored in this clinic?
How many patient records are stored in this clinic?
How many MEDICARE records are stored in this clinic?
Will patient records use fixed shelving?
How many shelves high (5 or 6) will be used?
How many FTE officers or officer equivalents are projected? Note: This information is used to calculate the size of the Conference Room. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalents Chart.
How many FTEs on peak shift are projected? Note: This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.
Will there be vending machines in the staff lounge?
How many staff will require a locker? Note: Do not include staff with offices or cubicles.
Is a satellite laboratory required?
Will there be a Residency Program?
Will there be a Residency Program Director?
Will there be a Residency Program Secretary?

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3.1.4 - PROGRAM DATA REQUIRED: (continued)
How many Residency Staff require private administrative offices?
How many Residency Administrative Staff cubicles are required?
How many Residents are projected?
How many Staff Physicians are projected? This count does not include Residents.
Are physical exams performed in this clinic?
How many physical examinations are performed per day?
How many FTE Physical Exam providers are projected?
Is blood drawing a function of this clinic?
Are optometric eye lanes a function of this clinic?
How many full eye lanes are required?
How many folded eye lanes are required?
Is ENT a function of this clinic?

NOTE: GP indicates that a guideplate exists for that particular Room Code.

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FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
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3.1.5 SPACE CRITERIA: Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics

RECEPTION AREAS

Clinic Waiting	WRC01	5.57	60	Minimum. <u>Main Waiting</u> . Provide three seats per each projected FTE provider. Minus one for the Isolation Exam Room. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area. Note: This space can be divided into separate well and isolation waiting areas. If divided, recommend providing 67% of space for a main waiting area.
	WRC02			Minimum. <u>Isolation waiting</u> : Include if pediatric patients are seen in the clinic or the Infection Control Risk Assessment (ICRA) warrants. Recommend providing 33% of space for Isolation Waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (isolation waiting vs. main waiting), then combine waiting space appropriately.
Playroom Waiting (GP)	PLAY1	9.29	100	Provide if pediatric patients seen within the clinic.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Kiosk/Alcove	CLSC1	2.78	30	Minimum of one kiosk/alcove per clinic.
Patient Education Cubicle	CLSC2	2.78	30	Provide if in Clinic Concept of Operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Patient Education Classroom (GP)	CLR01	23.23	250	One per clinic if eight providers or less. Provide two classrooms for more than nine providers.
Public Toilets	NA	NA	NA	Space will be provided in Chapter 6.1 (Common Areas).

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FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
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PATIENT AREAS:				
Screening, Weights and Measures, Adult Room (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof. Subtract pediatric screening rooms (EXRG5).
Screening, Weights and Measures, Pediatrics Room (GP)	EXRG5	11.15	120	If Pediatric services provided, one for increment of eight providers or portion thereof.
Provider Exam Room (GP)	EXRG1	11.15	120	Army - Two per projected FTE provider. Minus one for the Isolation Exam Room. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	EXRG2			Navy. (See above Planning Range/Comments.)
	EXRG3			Air Force. (See above Planning Range/Comments.)
Isolation Exam Room (GP)	EXRG6	13.01	140	One per clinic. (negative pressure)
Isolation Toilet (GP)	TLTU1	4.65	50	Single occupancy toilet with diaper changing counter. Locate within Isolation Exam Room.
Sub-waiting	WRC01	9.29	100	One per clinic with more than 12 providers. For treatment and procedure areas.
General Purpose Treatment Room (GP)	TRGM1	16.26	175	Minimum of one. One additional room per increment of six FTE providers or portion thereof.
General Purpose Treatment Room – Two Bed (GP)	TRGM2	31.59	340	One per clinic. Provide for large clinics with 12 or more providers. Includes space for two cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-bed treatment rooms instead of one 340 nsf two-bed treatment room.
Proctoscopic Procedure Room (GP)	TRPE1	16.26	175	Minimum of one, if in the Clinic Concept of Operations for up to 12 providers. One additional room for increment of 12 providers or portion thereof.
Procedure Room Toilet (GP)	TLTU1	4.65	50	One per procedure room.
Scope Wash Room (GP)	USCL2	11.15	120	One per two procedure rooms.
EKG Room (GP)	OPEC1	11.15	120	One per clinic if dedicated EKG room is required.
Immunization Room (GP) (See formula at the end of this Chapter)	OPIR1	20.44	220	Minimum. One per Primary Care Clinic when there is not a fully operational Allergy/Immunization clinic (see Chapter 3.17 Allergy/Immunization) within the medical treatment facility. This is the location where patients receive their immunizations.
Allergy Injection Room	OPAI1	11.15	120	One if FTE Allergy Technician is projected.
Immunization Waiting/Observation Area	WRC01	9.29	100	Minimum. Provide six seats per injection station. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).

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FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
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PATIENT AREAS: Continued				
One Person Audio Screening Booth (GP)	PEHS1	11.15	120	If included in the Clinic Concept of Operations.
Multi-Person Audio Booth	PEHS2	34.84	375	Hearing screening four-Person. (Also see Chapter 3.10 – ENT)
	PEHS3			Hearing screening six-Person. (Also see Chapter 3.10 - ENT)
Audio Booth Suite (GP)	PEHS4	34.84	375	An audio booth suite is a two-room booth. If included in the Clinic Concept of Operations.
Vision Screening	PEVS1	11.15	120	One per clinic if included in the Clinic Concept of Operations.
Blood Drawing Area (GP)	LBVP1	11.15	120	One per clinic with projected FTE Laboratory technician/phlebotomist. Add 60 nsf for each chair over one. For more than two chairs, see Chapter 5.3 - Pathology.
Outpatient Cast Room	OPCR1	16.26	175	Provide if in Clinic Concept of Operations. This is a one-station room. A two-station room may be provided, use Room Code OPCR2.
Outpatient Observation/Hydration	OOHR1	11.15	120	One per clinic.
Outpatient Non-Stress Testing (GP)	OPST1	11.15	120	Provide one testing cubicle if in Clinic Concept of Operations.
Patient Toilet (GP)	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.

PATIENT AREA UNIQUE TO A STAND-ALONE” PRIMARY CARE CLINIC:

Laboratory	LBSC1	22.30	240	One per clinic if Laboratory is approved in Clinic Concept of Operations, and when FTE Laboratory staff is projected.
Clinic Pharmacy	PHOD1	22.30	240	One per clinic if Pharmacy is approved in Clinic Concept of Operations and when FTE Pharmacist is projected. Also, see Chapter 5.6 (Pharmacy).
Radiology Room (Layout 1191)	XDR01	27.87	300	One per clinic if Radiology is approved in Clinic Concept of Operations and when FTE Radiology staff is projected.
X-Ray Viewing	XVC01	11.15	120	One per Stand Alone clinic.
Dressing Room/Cubicle (GP)	DR001	4.65	50	One per Stand Alone clinic.

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STAFF AND ADMINISTRATIVE AREAS				
Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. Do not count residents as providers. Resident's cubicles are included in the Residency Functional Area.
	OFD02			Navy - One per projected FTE staff provider.
	OFD03			Air Force - One per projected FTE staff provider.
Nurse Manager Office	OFA01	11.15	120	Private Office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private Office, Systems Furniture. One per projected FTE Nurse Manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 120 nsf for each increment of four FTE nurses. Round up from 0.5.
	OFA03	5.57	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per projected FTE.
	OFA02			
Advice Nurse Office	OFA01	11.15	120	One per projected FTE Advice Nurse.
	OFA02			
Appointment Clerk Cubicle	OFA03	5.57	60	Per projected FTE appointment clerk
Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work - space but not a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3.
Records Storage Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Primary Care Clinic. See Chapter 2.5 (Medical Administration) for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Primary Care Clinic. See Chapter 2.5 (Medical Administration) for increase in size.
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.

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STAFF AND ADMINISTRATIVE AREAS Continued

Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per Department with eight to twelve officers or officer equivalents. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalent Chart.
	CRA02	27.87	300	One per Department with thirteen to sixteen officers or officer equivalents.
	CRA03	37.16	400	One per Department with greater than sixteen officers or officer equivalents.
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Personal Property Lockers (GP)	LR001	2.32	25	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	4.65	50	Minimum of one for the first 15 FTEs on peak shift. Add one TLTU1 for every additional 15 FTEs on peak shift. Can be combined into multi-stall toilets.

CLINIC SUPPORT AREAS

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSP1	5.57	60	One per clinic if in Clinic Concept of Operations.

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Functions which are required for Residency Education in Family Practice:

RESIDENCY PROGRAM				
Residency Program Director (GP)	OFD01	11.15	120	Army - One per Residency Program Director.
	OFD02			Navy - One per Residency Program Director.
	OFD03			Air Force - One per Residency Program Director.
Secretary with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office. Do not include Resident Providers.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE administrative personnel requiring a dedicated cubicle.
Resident Cubicle	OFA03	5.57	60	Per projected Resident, Navy/Air Force.
		3.72	40	Per projected Resident, Army.
Residency Library	LIBB1	13.01	140	One per Residency Program. Can be combined with Conference Room.
Conference Room (GP)	CRA01	23.23	250	One per Residency Program.
Resident Exam Room (GP)	EXRG1	11.15	120	Army. One per projected Resident. Minus the two monitored exam rooms.
	EXRG2			Navy – see above Planning Range/Comment.
	EXRG3			Air Force – see above Planning Range/Comment.
Monitored Exam Room - Subject & Observer Room (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per Residency Program, and one CMP02. These rooms use cameras and videotapes.
	EXRG2			Navy – see above Planning Range/Comment.
	EXRG3			Air Force – see above Planning Range/Comment.
	CMP02	5.57	60	One room per two Monitored Exam Rooms. This room holds the video recorders.
Preceptor/Consult Room	OFDC1	11.15	120	One per ten staff physicians. Do not include Residents. May use OFD01/OFD02/OFD03 if within clinical area.

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Physical Examination Area with more than 20 examinations per day: If a freestanding Physical Examination Area, evaluate reception, staff administration, and clinic support areas for additional items needed to support a freestanding clinic.

PHYSICAL EXAM				
Reception (GP)	RECP1	13.01	140	One per clinic.
Waiting & Form Writing	CLR02	27.87	300	Minimum - includes 12 seats plus 100 nsf for instructor. For additional chairs greater than 12, add 16 nsf per chair. Number of chairs = physical exams per day / 2 (groups per day).
History Station	OFA03	5.57	60	Per station. One station per 40 exams per day. Round up from .25
Screening (GP)	EXRG4	7.43	80	One station per 50 exams per day.
Exam Room (GP)	EXRG1	11.15	120	Army. Two per projected FTE provider.
	EXRG2			Navy. Two per projected FTE provider.
	EXRG3			Air Force. Two per projected FTE provider.
EKG Room (GP)	OPEC1	11.15	120	Minimum one up to 100 exams per day, additional station per 80 exams per day.
Specimen Toilet (GP)	TLTU1	4.65	50	Minimum one for up to 100 exams per day. Provide additional toilet for increments of 80 exams per day over the initial 100 exams. Maximum three toilets.
Lab, Blood Collection (GP)	LBVP1	11.15	120	If in Clinic Concept of Operations.
Vision Testing (Screening only)	PEVS1	11.15	120	Minimum. Increase by 60 nsf per 60 exams per day
Optometric Eye Lane (GP)	EYEL1	16.72	180	Army/Air Force. If in Clinic Concept of Operations
	EYEL3	15.79	170	Navy. If in Clinic Concept of Operations
	EYEL4	13.01	140	If included in Clinic Concept of Operations.
Audio Booth (GP)	PEHS2	34.84	375	Four-person, Audio Booth, if up to 48 physical exams per day
	PEHS3	34.84	375	Six-person, Audio Booth, if more than 48 physical exams per day
Dental Screening	PEDS1	9.29	100	Provide one if number of physical exams per day exceeds 100 per day.
ENT Exam Station (GP)	EXEN1	11.15	120	If in Clinic Concept of Operations
Chest X-Ray Station	XDCS1	16.72	180	If number of physical exams per day exceeds 150 per day
X-Ray Viewing Room	XVC01	11.15	120	One per clinic when Chest X-ray station is programmed.

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Physical Examination Area with under 20 exams per day:

PATIENT AREAS

Reception (GP)	RECP1	13.01	140	One per clinic.
Waiting & Form Writing (w/alcove)	CLR02	13.01	140	One per clinic. Provides six seats. For additional chairs over six, add 16 nsf per seat.
Exam Room (GP)	EXRG1	11.15	120	Army. One per Physical Exam Area. Provide only if exams are performed within Physical Examination Area.
	EXRG2	11.15	120	Navy. One per Physical Exam Area. Provide only if exams are performed within Physical Examination Area.
	EXRG3	11.15	120	Air Force. One per Physical Exam Area. Provide only if exams are performed within Physical Examination Area.
EKG Room (GP)	OPEC1	11.15	120	One per clinic
Vision Testing (Screening only)	PEVS1	11.15	120	One per clinic.
Audio Booth (GP)	PEHS1	11.15	120	One person double walled booth.
Screening (GP)	EXRG4	7.43	80	One per clinic.

Formula for Immunization Room:

- Given:* One immunization (injection) station is 220 nsf (18' x 12').
- Step One:* Determine the projected number of immunizations to be given weekly. (Immunizations per week)
- Step Two:* Determine the hours of operation per week for the immunization service. (service hours per week)
- Step Three:* It is assumed that one staffed immunization station can administer 12 injections per hour. Determine the number of FTEs projected to administer injections.
- Step Four:* Apply numbers to formula.

$$\text{Injection Stations} = (\text{immunization/week}) / (12 \text{ immunizations./hour}) / (\text{service hours/week}) - 1 \text{ first station}$$

$$\text{Total NSF} = \text{Injection Stations} \times 120 \text{ nsf/station} + 220 \text{ for } 1^{\text{st}} \text{ station}$$