SpaceMed Guide

October 15, 2026

Addendum

Changes to the 2026 FGI Documents Affecting Space Planning

Background

The Facility Guidelines Institute (FGI) is an independent, not-for-profit organization that provides guidance for the planning, design, and construction of hospitals, outpatient facilities, and residential care facilities in the U.S. Through a consensus process that includes public input, the FGI documents are updated every four years.

> ***There are minimal changes to the 2026 FGI Codes that affect the types, numbers, and minimum sizes of spaces* in the SpaceMed Guide.**

The SpaceMed Guide complements the FGI documents by helping healthcare architects and planners develop the functional program, required prior to application of the FGI documents, and the room-by-room space requirements necessary to begin the design process. Although the FGI documents provide indispensable guidance for the designer on risk assessment, infection prevention, architectural details, surfaces, and built-in furnishings, the SpaceMed Guide specifically addresses the types, numbers, and sizes of spaces.

Separate Documents for Enforceable Codes and Non-Mandatory Guidance

In the 2026 revision cycle, the Facility Guidelines Institute has now separated enforceable code requirements from supplemental guidance. For the first time, the **FGI Codes for Planning and Design (FGI Codes)** establish the minimum requirements that support regulatory compliance and facility safety and are intended for adoption and enforcement by government agencies and quality assurance entities. By contrast, all non-mandatory appendix material, such as supplemental technical and design guidance, has been removed and relocated to the companion **FGI Handbooks for Planning and Design (FGI Handbooks)** where it can inform decision-making without carrying regulatory weight. This also aligns the material with how U.S. building codes are structured and adopted and removes any ambiguity. As before, there are separate documents for Hospitals, Outpatient Settings, and Residential Care and Support Settings.

Minor Changes to Organization and Language

Some of the introductory material in each FGI Code document has been reorganized. For example, the material in Part 1 (General Project Requirements) has been separated into five sequential chapters to follow a project's timeline — Introduction, Planning, Design, Construction and Renovation, and Commissioning. Revised language in Part 1 also clarifies when renovation work must comply with new construction requirements, aligning more closely with other building codes. Other minor changes were also made to the Phased Projects, Functional Program, and Safety Risk Assessment chapters.

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Continued

The Glossary section was updated to consolidate overlapping definitions and retire outdated terminology. Specific changes in terminology in the new FGI Codes include:

- **Sink-related terms were simplified.** A comprehensive review of all sink-related terms was undertaken to standardize the terminology across all documents. As a result, each sink is identified as either a *clinical service sink/hopper*, *utility sink*, *decontamination sink*, or *handwashing sink*.
- **Quiet rooms renamed.** Based on input from the behavioral and mental health group, the term *quiet room* was replaced by *calming room*.
- **Types of mobile units clarified.** The classification system used for mobile units is defined in the Glossary.

Several New Spaces Listed as Common Elements

The FGI Code documents continue to expand the number of spaces listed as common elements consistent with the approach used in the SpaceMed Guide since its inception. Using common spaces, that can be replicated across departments or facility components in a healthcare facility, provides both construction cost savings and future flexibility.

Some specific changes to Chapter 2.1 (Common Elements) in the hospital and outpatient code documents are listed below:

- **Soiled workroom.** The sink requirements are simplified by tying sink types to specific tasks and clarifying what may serve as a handwashing sink. Where clinical services require rinsing, emptying, or solidifying canisters, a clinical service sink/hopper is required; otherwise, a utility sink can be provided. Neither can be used as a handwashing station.
- **Telemedicine room.** The lengthy list of requirements for a telemedicine room in the 2022 FGI Guidelines has been replaced with *"Where telemedicine services will be provided, spaces shall be designed for acoustical and visual privacy."*
- **Clean supply area.** An *area* instead of an *enclosed room* can be provided in outpatient settings where clean supplies are only held or stored and neither a counter nor a handwashing sink is required.
- **Telecommunications infrastructure.** Requirements for the entrance facility (EF), technology equipment rooms (TERs), and telecommunications rooms (TRs) have been added to the FGI Code for Outpatient Settings. These spaces are already covered in *Section 14: Building Support Services* of the SpaceMed Guide.

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A Few More Optional Spaces

Some optional spaces were also added in the new FGI Code documents which are already included in the SpaceMed Guide, such as:

- **Discharged patient lounge.** Space requirements for an optional lounge for discharged patients awaiting transportation have been added requiring a minimum of 30 NSF (2.79 NSM) per discharged patient. The SpaceMed Guide includes a discharge lounge in *Section 12: Customer Access Services* and suggests a range of 25-30 NSF (2.32-2.79 NSM).
- **Incident command center.** The need for this new space would be based on a disaster, emergency, and vulnerability assessment. In *Section 1: Emergency and Urgent Care Services* of the SpaceMed Guide, a flexible approach is recommended. For example, planning a large conference or training room with a minimum of 200 NSF (18.6 NSM) that can be converted to a hospital incident command center when needed.
- **Point-of-care testing room or area**. Although no minimum clearances are provided, spaces used for point-of-care testing require a handwashing station, work counter, supply storage, refrigerator, and a means for disposal of specimens and sharps.

Previous Material Reorganized into New Chapters

Material from the 2022 FGI Guidelines was reorganized into several additional chapters in the new FGI Code documents and includes:

- **Medical psychiatry patient care units.** This new type of patient care unit is for patients with co-occurring medical and behavioral health needs and should be based on a behavioral and mental health risk assessment. Basically, it must meet the requirements of both the medical/surgical patient care unit and general behavioral and mental health patient unit.
- **Outpatient behavioral health crisis centers.** A standalone chapter has been created for outpatient behavioral health crisis centers which is already addressed in *Section 1: Emergency and Urgent Care Centers* of the SpaceMed Guide.
- **Short-stay centers.** This new chapter in the FGI Code for Outpatient Settings applies to short-stay centers with 16 or fewer patients who have been discharged from an ambulatory surgery center. Short-stay patient rooms should have a maximum length of stay of 72 hours absent local and/or state regulations. In general, the space requirements for a *short-stay center* are the same as for a *Phase II/recovery area* in *Section 2: Surgical and Endovascular Services* of the SpaceMed Guide.
- **Sleep disorder centers.** Another new outpatient chapter addresses the requirements for sleep testing centers. This is covered in *Section 3: Imaging and Other Diagnostic Services* of the SpaceMed Guide.

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Minor Space Changes and Clarifications

A few minor space changes and clarifications in the FGI Codes include:

- **Patient rooms in rehabilitation units**. The minimum clear floor area for a patient room has been increased from 140 NSF (13.0 NSM) to 150 NSF (13.9 NSM).
- **Dialysate preparation in renal dialysis centers.** When conducted on-site, an *area* for dialysate preparation is allowed instead of an *enclosed room*. This room is already identified as optional in the SpaceMed Guide.
- **Observation rooms in behavioral and mental health centers.** The minimum clear floor area for a single-patient observation room has been increased from 80 NSF (7.4 NSM) to 100 NSF (9.3 NSM). Also, a multiple-patient observation area is now allowed with a clear floor area of 80 NSF (7.4 NSM) per patient.
- **Optional movement evaluation area in rehabilitation therapy facilities.** This optional space has been added with the size based on the number of patients to be evaluated at one time, the number of staff and caregivers present, and the manufacturer's clearance requirements for the equipment used.