

AUDIOLOGY BOOTHS						BIN 4
Author:	Bill Zellmer AIA, CASp	Issue Date:	November 7, 2014	Sutter Health - Physical Access Compliance		
	Sutter PAC Group	Revisions:	March 3, 2022	Barrier Interpretation Notice (BIN)		
Topic No.	Topic Name	Brief Description	2019 CBC - Code Text:	2010 ADA Standards - Text:	Sutter Guidance	Additional Information
1	Audiology Booths defined as 'Building Components'	Audiology Booths are more like 'Buildings' than they are like 'Equipment', and will be required to comply with standards for building components (with some exceptions).	CBC Section 11B-201.1 Scope. "All areas of newly designed and newly constructed buildings and facilities and altered portions of existing buildings and facilities shall comply with these requirements."	28 CFR Part 36, Subpart D, Section 36.406.(b) Scope of coverage. The 1991 Standards and the 2010 Standards apply to fixed or built-in elements of buildings, structures, site improvements, and pedestrian routes or vehicular ways located on a site.	Sutter policy is to treat Audiology Booths as <u>building components</u> that must comply with the building code and ADA standards with exceptions that are identified in items 3, 4, 5 and 6 below.	N/A
2	Policies and Procedures	Beyond the issues of building code compliance, the installation and operation must provide for those with disabilities.	N/A	28 CFR Part 36, Subpart D, Section 36.401.(a)(1) New Construction. Except as provided in paragraphs (b) and (c) of this section, discrimination for purposes of this part includes a failure to design and construct facilities...that are readily accessible to and usable by individuals with disabilities.	Sutter policy is to provide policy and procedure support to assure that all Sutter audiology services will be available to and useable by those with disabilities.	N/A
3	New Installations	Code compliance required.	N/A	N/A	New installations must be compliant with all accessibility requirements. Exception requests may be submitted to the PAC group for review.	N/A
4	Relocation of Existing Booths	The relocation of audiology booths involves acquiring building permits for the new location with the associated obligation of code compliance.	N/A	N/A	It is Sutter policy to treat relocated audiology booths as new construction and therefore the new installation <u>must be compliant with all accessibility requirements</u> of the current building code and the 2010 ADA Standards.	N/A

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5	Barrier Removal	Removing barriers in existing audiology booths can be technically complicated and challenging. Project teams must provide accessibility up to the point that the work is not 'readily achievable'.	N/A	28 CFR Part 36.304 (a) General. A public accommodation shall remove architectural barriers in existing facilities, including communication barriers that are structural in nature, where such removal is readily achievable, i.e., easily accomplishable and able to be carried out without much difficulty or expense.	It is Sutter policy to remove barriers in audiology booths to the greatest extent feasible. In some locations barrier removal would require work far beyond what is feasible. When project teams encounter this situation they must request concurrence from the PAC team, and must develop a plan of action to provide access to the greatest degree feasible.	See Detail Page 4.1
6	Typical Accessibility Issues	Common issues that occur at Audiology Booths include: room heights, door heights, thresholds, door maneuvering space, turning space, door force, door vision panels, reach range.	Various	Various	Sutter will require new construction to be access-compliant . Barrier removal work is discussed in item 5 above.	See Detail Page 4.2

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A. Barrier Removal: The obligation to remove accessibility barriers (Barrier Removal) is explained in the Code of Federal Regulations 28 CFR Part 36:

Sec.36.304 Removal of barriers.

(a) **General.** A public accommodation shall remove architectural barriers in existing facilities, including communication barriers that are structural in nature, where such removal is readily achievable, i.e., easily accomplishable and able to be carried out without much difficulty or expense.

B. Readily Achievable: The explanation of what ‘readily achievable’ means is also provided in the same document, by way of examples:

(b) **Examples.** Examples of steps to remove barriers include, but are not limited to, the following actions –

- (1) Installing ramps;
- (2) Making curb cuts in sidewalks and entrances;
- (3) Repositioning shelves;
- (4) Rearranging tables, chairs, vending machines, display racks, and other furniture;
- (5) Repositioning telephones;
- (6) Adding raised markings on elevator control buttons;
- (7) Installing flashing alarm lights;
- (8) Widening doors;
- (9) Installing offset hinges to widen doorways;
- (10) Eliminating a turnstile or providing an alternative accessible path;
- (11) Installing accessible door hardware;
- (12) Installing grab bars in toilet stalls;
- (13) Rearranging toilet partitions to increase maneuvering space;
- (14) Insulating lavatory pipes under sinks to prevent burns;
- (15) Installing a raised toilet seat;
- (16) Installing a full-length bathroom mirror;
- (17) Repositioning the paper towel dispenser in a bathroom;
- (18) Creating designated accessible parking spaces;
- (19) Installing an accessible paper cup dispenser at an existing inaccessible water fountain;
- (20) Removing high pile, low density carpeting; or
- (21) Installing vehicle hand controls.

For the purposes of Sutter Health projects it is understood that most barrier removal work will be considered as ‘readily achievable’ as the standard applicable to Sutter Health is high.

In the rare circumstances when the work involved to remove barriers is extraordinary, the project teams may contact the PAC group to request the designation of some barrier removal work as ‘not readily achievable’. If the PAC group concurs, then the project team is obligated to remove barriers ‘to the maximum extent achievable’.

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4.2 – Accessibility Issues

A. Accessibility Issues at New Audiology Booths typically includes the following:

- 1. Booth ceilings and doors are too short.** Code requires doors and ceilings that are 80" clear in height, but most audiology booth manufacturers provide booths that are designed to be assembled inside of an existing room, and are therefore purposely designed with a lower ceiling height to fit, and doors that are approximately 72" in height.
- 2. The force to open doors is frequently non-compliant.** Code requires that the maximum force allowed to open doors is 5 pounds of pressure, but frequently the audiology booth manufacturers provide a package that has a door with a closer designed to pull shut tightly, and create a sound-proof seal. The force required to push against the door closer is frequently well over 5 pounds.
- 3. The door threshold is too tall/steep.** Code requires a maximum threshold height of ½" (1/4" maximum vertically, and ¼" at a 1:2 beveled angle). Most manufacturers of audiology booths isolate the booth acoustically by placing it on a raised buffer that then requires up to a 6" high step or ramp up into the booth.

B. Accessibility Issues at Existing Audiology Booths typically include the following:

- 1. Existing installations lack the required maneuvering space at doors / corridors.** In many cases, existing installations involve multiple booths that are grouped together in close proximity to each other without the required clearances at doors, which is compounded by non-compliant ramps as noted in item #3 above.
- 2. Lack of a 60" turning circle or 'T' inside the booth.** Many existing installations are quite small and lack a 60" diameter turning circle or 60" turning 'T'.
- 3. Various compliance issues that are not unique to audiology booths.** As with other construction related work, audiology booths frequently have a variety of compliance issues including:
 - Light switches that exceed the maximum 48" height to the top of the electrical box
 - Vision panels in doors that exceed 43" above the floor
 - Doors that do not meet the minimum 32" clearance width