

Separation vs. Segregation of Parking Areas: Healthcare Site Design in the Era of COVID-19

While maintaining a safe and healthy work environment for healthcare workers has always been a top priority for hospitals, the way that is accomplished is changing in the wake of the COVID-19 pandemic.

The design of hospitals and their campus sites have utilized codes and good design to safeguard healthcare workers. The hospital site or outdoor environment has utilized segregation of hospital staff from patients in the past for the primary purpose of creating convenience for the patient as they enter the hospital. This is mainly in the form of placing parking spaces that are near the hospital entrance. It is common on hospital campuses for the staff to utilize parking in the back of the parking lots, or in locations that are further from the hospital entrance. This type of site design is commonly seen in all types of healthcare facilities from inpatient facilities to physician's office buildings. When dealing with contagious epidemics like COVID-19, BSA has found that this design which uses segregation of staff and patient parking areas does not provide adequate separation, to maintain social distancing, for healthcare workers.

Creating some separation in parking lots for patients and healthcare workers has been done at varying levels in the past. Having complete separation has often been a luxury and may only be set up for physicians, not all healthcare workers. However, the common practice of segregating parking areas without actual separation means that patients and healthcare

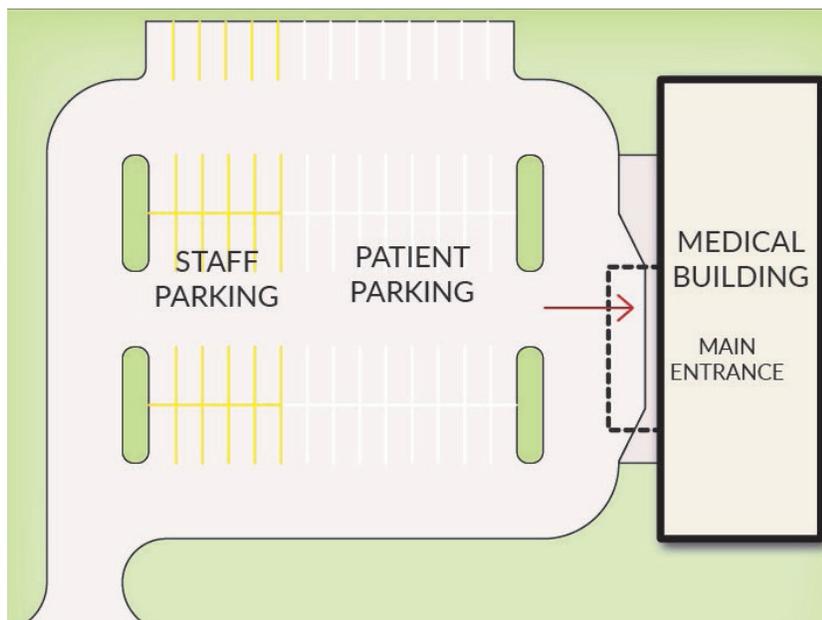


Figure 1. Common single parking lot segregation of staff and patients

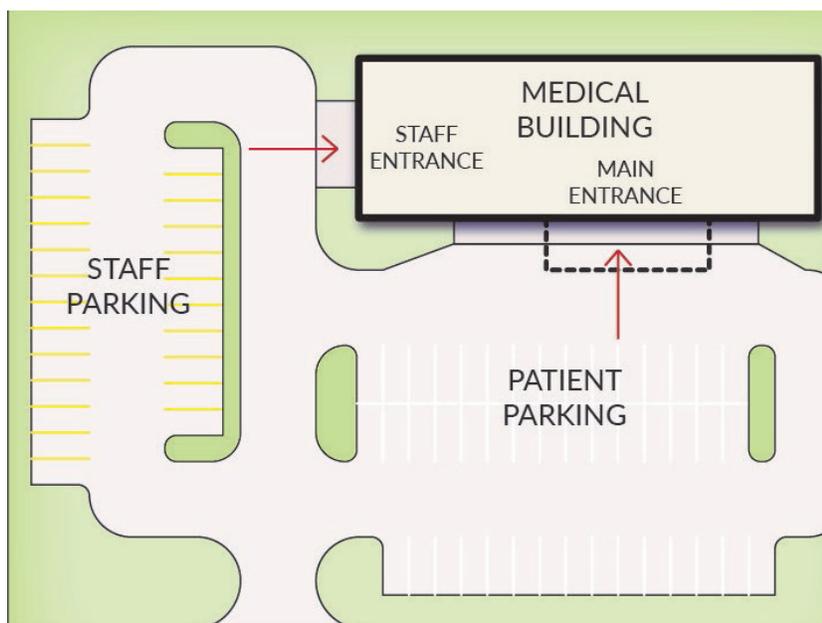


Figure 2. Recommended design of parking lot separation.

workers will cross paths as pedestrians and in many facilities use the same entrance to the building, and even the same elevators. Figure 1 illustrates the very common use of segregation of parking spaces. This single parking lot utilizes different painted parking spaces to reserve premium parking space for patients. Keeping patient parking close to the building is imperative, but separation is needed to maintain social distancing in the event of contagious disease epidemics.

Separation of parking areas offers a simple way to maintain social distancing into the building so that healthcare workers and patients are not comingled (Figure 2). Some would argue that this idea offers less flexibility with parking areas as the number of patients could change, but it also offers maximum flexibility during contagious disease epidemics by being able to accommodate social distancing.

If an existing parking area consists of one large parking lot, modifications could be made to separate the lot into multiple areas that create the desired separation for patients and healthcare workers (Figure 3).

In addition to the separation of healthcare workers and patients in the parking lot and outdoor environment, considerable effort should also be made to maintain that separation within the facility. This will require the separate entrances as shown (Figures 2 and 3), and also a study of pathways throughout the facility (both horizontal and vertical). Applying the idea of separation to accommodate social distancing in parking areas, entrances and pathways can truly be effective in protecting the health of both patients and healthcare worker from contagions.

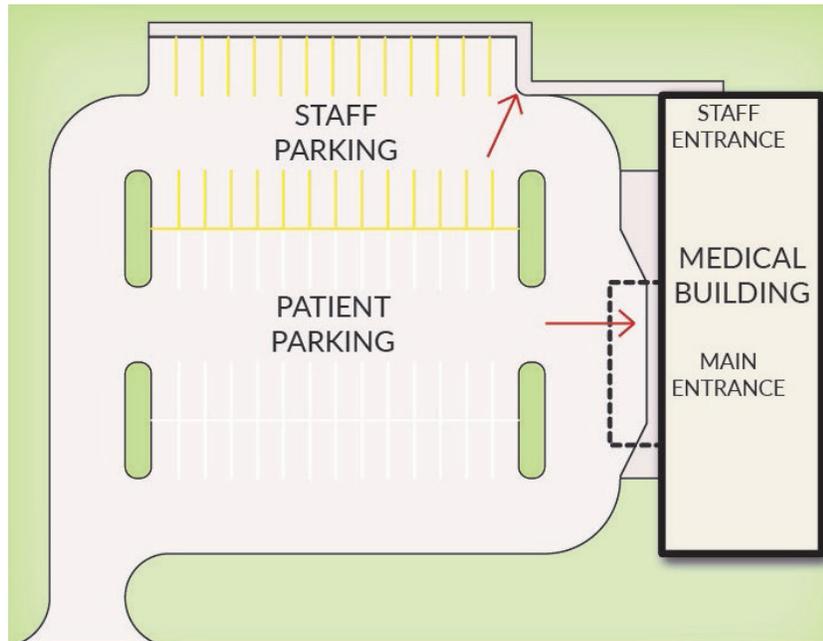


Figure 3. Retrofit of existing parking lot to separate staff and patients.

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