COMPLIANCE CHECKLIST

IP3: Intermediate Care Unit

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2014 Edition of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Joint Commission on the Accreditation of Health Care Organizations
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction.

Instructions:

1. All requirement lines must be completed according to the following instructions and included in the plan submissions for Self-Certification Process or Part II of the Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (___) of this Checklist must be completed exclusively with one of the following symbols, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the symbol "E" may be indicated on the requirement line (___) before the name of the functional space (associated requirements on indented lines below that name, or associated MEP requirements do not have to be completed in this case). If more than one functional space serves a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

X = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project.

W = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request).

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", & "WAGD".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. The location requirements including asterisks (*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines.

Facility Name: _____

DoN Project Number: (if applicable) _____

Facility Address: _____

Nursing Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable) _____

Building/Floor Location: _____

Satellite Address: (if applicable) _____

Submission Dates:

Project Description: _____

Initial Date:

Revision Date:

	Architectural Requirements	Building Systems Requirements	
2.2-2.5	**INTERMEDIATE CARE UNIT**		
2.2-2.5.1.2	(Adult step-down units or chronic ventilator respiratory care units; may be designated part of another unit)		
2.2-2.5.2	**PATIENT ROOM**		
2.2-2.5.2.1	Capacity: New Patient Room: ___ 1 bed per room Existing Patient Room: ___ maximum room capacity no more than present capacity, with max. 4 patients in each room		
2.2-2.5.2.2	Space Requirements: ___ single-bed rooms ☐ check if not included in project		
(1)(a)	___ min. clear floor area 150 sf	Ventilation*:	
(2)(a)	___ min. clearance 4'-0" between sides of bed & any wall or any other fixed obstruction	___ Min. 6 air changes/hour Power*:	Table 7.1
		___ Min. 12 receptacles	Table 2.1-1
(2)(b)	___ min. clearance 4'-0" between foot of bed & any wall or any other fixed obstruction	___ Min. 2 receptacles at each side of the head of the bed ___ Min. 2 receptacles on all other walls (may be omitted on exterior wall)	Table 2.1-2
	___ multiple bed rooms ☐ check if not included in project		
(1)(a)	___ min. clear floor area 120 sf per bed	Nurse Call System*:	
(2)(a)	___ min. clearance 4'-0" between sides of bed & any wall or any other fixed obstruction	___ Patient station ___ Emergency staff assistance station	
(2)(b)	___ min. 4'-0" clearance at foot of each bed for passage of beds & equipment	Medical Gases*: ___ 2 OX, 2 VAC, 1 MA for each bed	Table 2.1-4
		**Common requirements for all patient rooms*	
Glossary	Bed Size for Determining Clearances: ___ 40" wide by 96" long **or** ___ specifications of beds to be installed are attached to checklist		
2.1-2.2.4	Patient Privacy:		
2.1-2.2.4.1	___ Means to provide visual privacy from observation by other patients & visitors available for each patient		
2.1-2.2.4.2	___ Design for privacy does not restrict patient access to entrance, handwashing station, or toilet		
2.1-2.2.5	Handwashing Station in Patient Room:		
2.1-2.2.5.1	___ Provided in patient room in addition to that in toilet room		
(1)	___ Handwashing station adjacent* to entrance to patient room for use by health care personnel & others		

	Architectural Requirements	**Building Systems Requirements**	
	Multi-Patient Rooms: ☐check if not included in project		
(2)	___ located outside cubicle curtains		
2.1-2.2.6	___ Patient toilet room		
2.1-2.2.6.2	___ serves no more than one patient room ___ serves no more than 2 patients		
2.1-2.2.6.3		Ventilation:	
(1)	___ toilet	___ Min. 10 air changes per hour	Table 7.1
(2)	___ handwashing station	___ Exhaust	
(3)	___ bedpan washer		
2.2-2.2.2.7	___ Patient bathing facilities		
(1)	___ access to bathing facilities in toilet room directly accessed from each patient room or in central bathing facility		
(2)	___ central bathing facilities		
(a)	☐check if not included in project (only if each patient room has direct access to adjoining shower or bathtub)		
(b)	___ each bathtub or shower in individual room or enclosure that provides privacy for bathing, drying & dressing ___ at least 1 central bathing facility with shower or bathtub for each 12 beds without such facilities	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure	
(c)	___ toilet in separate enclosure ___ handwashing sink ___ storage for soap & towels		
(3)	___ mobile lifts, shower gurney devices, wheelchairs & other portable wheeled equipment are used ☐check if not included in project		
(a)	___ doorways designed to allow entry of portable/mobile mechanical lifts & shower gurney devices		
(b)	___ thresholds designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment		
(c)	___ patient shower rooms designed to allow entry of portable/mobile mechanical lifts & shower gurney devices		
(d)	___ floor drain grates designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment used by patients & staff		
2.1-2.2.8	Patient Storage:		
	___ separate wardrobe, locker, or closet suitable for garments & for storing personal effects		

	Architectural Requirements	Building Systems Requirements	
2.2-2.5.4	**SPECIAL PATIENT CARE ROOMS**		
2.2-2.5.4.2	___ Airborne infection isolation (AII) room		
(1)	___ access to at least one AII room unless elsewhere in facility		
(2)	___ number of AII rooms determined on basis of an ICRA (included in Project Narrative)		
2.1-2.4.2	___ Airborne Infection Isolation (All) Room		
2.1-2.4.2.2		Ventilation:	
(1)	___ single-bed room	___ Min. 12 air changes per hour	Table 7.1
(2)	___ provision made for personal protective equipment storage at entrance to room	___ Exhaust ___ Negative pressure	
(3)	___ handwashing station in each patient room	___ No recirculating room units	
2.1-7.2.3.1(6)	___ monolithic floors with integral coved 6" high wall base	___ Space ventilation & pressure relationship maintained in event of loss of normal electrical power	4/6.1.1
		___ Exhaust air from AII rooms, associated anterooms & toilet rooms discharged directly to outdoors	4/7.2.1
		___ Exhaust grilles or registers located directly above patient bed on ceiling or on wall near head of bed	
		___ Permanent device monitoring differential air pressure between AII room & corridor	
2.1-2.4.2.2(4)	___ separate room with toilet, handwashing station & bathtub or shower	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust	Table 7.1
2.1-2.4.2.3	___ Anteroom ☐ check if not included in project (only if ICRA justifying the omission of the anteroom for the specific patient population is attached to Project Narrative)		
(1)	___ for persons to don personal protective equipment before entering patient room	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust	Table 7.1
(2)	___ all doors to anteroom have self-closing devices	___ Negative pressure to corridor ___ No recirculating room units ___ AII room under negative pressure to anteroom ___ Anteroom under negative pressure to corridor	4/7.2.1
2.1-2.4.2.4(1)			
(b)	___ self-closing devices on all room exit doors		
(c)	___ doors has edge seals		

	Architectural Requirements	Building Systems Requirements	
2.2-2.5.6	**SUPPORT AREAS FOR INTERMEDIATE CARE UNIT**		
	___ Support areas noted in this section are located in or readily accessible* to each nursing unit		
2.2-2.5.6.1	___ Administrative center or nurse station ___ direct or remote visual observation between administrative center or nurse station, staffed documentation areas & all patient beds in unit		
2.1-2.6.1	___ Administrative center or nurse station		
2.1-2.6.1.1		Nurse Call System:	
(1)	___ space for counters	___ Master station	Table 2.1-2
(2)	___ at least one handwashing station located in, next to, or directly accessible*		
2.1-2.6.2	___ Documentation area		
2.1-2.6.2.1	___ work surface to support documentation process for number of staff who will use it at same time	Nurse Call System: ___ Duty station	Table 2.1-2
2.2-2.2.6.3	___ Nurse or supervisor office ___ in or readily accessible* to nursing unit		
2.1-2.6.4	___ Multipurpose room		
2.1-2.6.4.1	___ at least one multipurpose room for each facility for staff, patients & patients' families for patient conferences, reports, education, training sessions & consultation		
2.1-2.6.4.2	___ accessible to each nursing unit (may serve several nursing units)		
2.1-2.6.6	___ Medication safety zones		
2.1-2.6.6.1	___ medication preparation room		
(2)	**or**		
	___ self-contained medication dispensing unit		
(a)	___ located out of circulation paths to minimize distraction & interruption		
(c)	___ work counters		
(d)	___ task lighting		
(e)	___ meet acoustic design criteria per 1.2-5.1		
2.1-2.6.6.2			
(1)	___ medication preparation room ☐check if not included in project	Ventilation:	
(a)	___ under visual control of nursing staff	___ Min. 4 air changes per hour	Table 7.1
(b)	___ work counter ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs	Nurse Call System: ___ Duty station	Table 2.1-2
(c)	Sharps Containers: ☐check if not included in project ___ sharps containers placed at height that allows users to see top of container		

	Architectural Requirements	Building Systems Requirements	
(d)	___ space to prepare medicines in addition to any self-contained medicine-dispensing unit		
(2)	___ self-contained medication dispensing units ☐check if not included in project		
(a)	___ located at nurse station, in clean workroom, in an alcove, or inpatient room ___ lockable unit to secure controlled drugs		
(b)	___ handwashing station located next to stationary medication-dispensing units Mobile Medication-Dispensing Carts: ☐check if not included in project: ___ space in patient rooms to accommodate cart		
2.1-2.6.7	___ Nourishment area or room		
2.1-2.6.7.2		Ventilation:	
(1)	___ handwashing station	___ Min. 2 air changes per hour	Table 7.1
(2)	___ work counter	Nurse Call System:	
(3)	___ refrigerator	___ Duty station	Table 2.1-2
(4)	___ microwave		
(5)	___ storage cabinets		
(6)	___ space for temporary storage of unused & soiled food service implements		
2.1-2.6.7.3	___ provisions & space for separate temporary storage of unused & soiled meal trays not picked up at mealtime		
2.1-2.6.8	___ Ice-making equipment		
2.1-2.6.8.1	___ located in an enclosed space		
2.1-2.6.8.2			
(1)	___ self-dispensing ice-making equipment in public area		
(2)	☐check if not located in public area		
2.1-2.6.9	___ Clean workroom or clean supply room		
2.1-2.6.9.1	___ clean workroom used for preparing patient care items	Ventilation:	
		___ Min. 4 air changes per hour	Table 7.1
(1)	___ work counter	___ Positive pressure	
(2)	___ handwashing station	Nurse Call System:	
(3)	___ storage facilities for clean & sterile supplies	___ Duty station	
	or		
2.1-2.6.9.2	___ clean supply room used only for storage & holding as part of system for distribution of clean & sterile supplies	Ventilation: ___ Min. 4 air changes per hour ___ Positive pressure	Table 7.1
2.1-2.6.10	___ Soiled workroom or soiled holding room		

	Architectural Requirements	Building Systems Requirements	
2.1-2.6.10.1	___ Soiled workroom	Ventilation:	
(1)	___ handwashing station	___ Min. 10 air changes per hour	Table 7.1
(2)	___ flushing-rim clinical service sink with bedpan washer	___ Exhaust ___ Negative pressure	
(3)	___ work counter	Nurse Call System:	
(4)	___ space for separate covered containers	___ Duty station	
	or		
2.1-2.6.10.2	___ soiled holding room	Ventilation:	
(1)		___ Min. 10 air changes per hour	Table 7.1
(a)	___ handwashing station or hand sanitation station	___ Exhaust ___ Negative pressure	
(b)	___ space for separate covered containers		
(3)	___ toilet with bedpan washer located in each inpatient toilet room		
2.1-2.6.11.1	___ Clean linen storage		
(1)	___ clean linen stored in clean workroom or clean linen closet		
(2)	___ covered cart distribution system (corridor alcoves may be used) ☐ check if not included in project		
2.2-2.5.6.11	___ Equipment & supply storage room or alcoves		
	___ no less than 20 sf per patient bed		
2.1-2.6.11.3	___ Storage space for stretchers & wheelchairs		
2.1-2.6.11.4	___ Emergency equipment storage		
(1)	___ each nursing unit has at least one emergency equipment storage location		
(2)	___ under visual observation of staff		
(3)	___ storage locations in corridors do not infringe on min. required corridor width		
2.1-2.6.12	___ Environmental services room		
2.1-2.6.12.1			
(1)	___ serves one or more than one nursing unit on a floor		
(2)	___ readily accessible* to unit it serves		
2.1-2.6.12.2		Ventilation:	
(1)	___ service sink or floor-mounted mop sink	___ Min. 10 air changes per hour	Table 7.1
(2)	___ provisions for storage of supplies & housekeeping equipment	___ Exhaust	
(3)	___ handwashing station or hand sanitation station		
2.2-2.5.7	**SUPPORT AREAS FOR STAFF**		
2.2-2.5.7.1	___ Staff lounge		
	___ lounge located in or readily accessible* to intermediate care unit		
	___ min. 100 sf	Nurse Call System: ___ Duty station	Table 2.1-2
2.1-2.7.2	___ Staff toilet room	Ventilation:	
2.1-2.7.2.1	___ readily accessible* to each nursing unit	___ Min. 10 air changes per hour	Table 7.1
2.1-2.7.2.2	___ toilet & handwashing station	___ Exhaust	

Architectural Requirements **Building Systems Requirements**

2.1-2.7.3 ___ Staff storage facilities
2.1-2.7.3.1 ___ securable closets or cabinet compartments for personal articles of staff
___ located in or near nurse station
2.1-2.7.3.2 ___ coat storage
☐check if not included in project:
___ storage of coats in closets or cabinets on each floor or in central staff locker area

Architectural Details & MEP Requirements

2.1-7.2.2 ARCHITECTURAL DETAILS

2.1-7.2.2.1 CORRIDOR WIDTH:
NFPA 101 ___ Aisles, corridors & ramps required for exit access in a hospital not less than 8'-0" in clear & unobstructed width
or
___ Code Review Sheet establishing compliance with NFPA 101 has been submitted

___ Aisles, corridors & ramps in adjunct areas not intended for the housing, treatment, or use of inpatients not less than 44” in clear width

2.1-7.2.2.2 CEILING HEIGHT:
(1) ___ Min. ceiling height 7’-6” in corridors & normally unoccupied spaces
(4) ___ Min. height 7’-6” above floor of suspended tracks, rails & pipes located in traffic path for patients in beds and/or on stretchers
___ Min. ceiling height 7’-10” in other areas

2.1-7.2.2.3 DOORS & DOOR HARDWARE:
(1)
(a) ___ Doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors
(b) ___ Sliding doors
☐check if not included in project
___ manual or automatic sliding doors comply with NFPA 101
___ code review sheet attached
___ no floor tracks
(2)
(a) ___ Min. 45.5” clear door width for patient rooms & diagnostic/treatment areas
___ Min. 83.5” clear door height for patient rooms & diagnostic/treatment areas
(b) ___ Swinging doors for personnel use in addition to sliding doors
☐check if not included in project
(3) ___ min. clear width 34.5”
___ Doors do not swing into corridors (except doors to non-occupiable spaces & doors with emergency breakaway hardware)
(4)
(b) ___ Lever hardware
(5) ___ Doors for patient bathing/toilet facilities
(a) ___ 2 doors separated by horizontal distance equal to one-half length of max. diagonal room dimension
or
___ door that swings outward
or
___ door equipped with emergency rescue hardware
or
(b) ___ sliding door

___ toilet room door opening in public area or corridor maintains visual privacy
___ bathing room door opening in corridor maintains visual privacy

2.1-7.2.2.5 WINDOWS IN PATIENT ROOMS:
(1) ___ Natural light by means of window to outside
(3) ___ Min. net glazed area no less than 8%
(a) of floor area of room served
(2) ___ Operable windows
☐check if not included in project
___ operation limited with either stop limit/restrictor hardware or open guard/screen
2.1-7.2.2.6 ___ insect screens

2.1-7.2.2.7 GLAZING MATERIALS:
(2) ___ Safety glass-tempered or plastic glazing materials used for shower doors & bath enclosures
☐check if not included in project
(4) ___ Glazing within 18" of floor
☐check if not included in project
___ safety glass, wire glass or plastic break-resistant material

2.1-7.2.2.8 HANDWASHING STATIONS:
(1) ___ Handw. stations in patient care areas located to be visible & unobstructed
(3) ___ anchoring suitable for vertical or horizontal force of 250 lbs.
(4) Handwashing Station Countertops:
☐check if not included in project
(a) ___ porcelain, stainless steel or solid surface materials
(b) ___ plastic laminate countertops
☐check if not included in project
___ substrate marine-grade plywood (or equivalent) with impervious seal
(5) ___ Designed to prevent storage beneath sink
(6) ___ provisions for drying hands
(a) ___ hand-drying device does not require hands to contact dispenser
(d) ___ directly accessible* to sinks
(7) ___ Liquid or foam soap dispensers

2.1-7.2.2.9 GRAB BARS:
(2) ___ Grab bars anchored to sustain concentrated load of 250 lbs.
(3) ___ Bariatric design
___ rear wall grab bars min. 44" long

2.1-7.2.2.10 HANDRAILS:
(1) ___ Handrails installed on both sides of patient use corridors
(3) ___ Rail ends return to wall or floor
(4) ___ Smooth non-textured surface free of rough edges
(5) ___ Eased edges & corners
(6) ___ Finishes cleanable

2.1-7.2.2.12 NOISE CONTROL:
(1) ___ Recreation rooms, exercise rooms, equipment rooms & similar spaces where impact noises may be generated are not located directly over patient bed areas
(2) ___ Partitions, floors & ceiling construction in patient areas conform to Table 1.2-6

2.1-7.2.3 SURFACES

2.1-7.2.3.1 FLOORING & WALL BASES:
(1) ___ Selected flooring surfaces cleanable & wear-resistant for location
(2) ___ Smooth transitions between different flooring materials
(3) ___ Flooring surfaces, including those on stairways, stable, firm & slip-resistant
(b) ___ Carpet
☐check if not included in project
___ provides stable & firm surface
(4) ___ Floors & wall bases of soiled workrooms, toilet rooms & other wet cleaned areas are not physically affected by cleaning solutions

2.1-7.2.3.2 WALLS & WALL PROTECTION:
(1)
(a) ___ Washable wall finishes
(b) ___ Wall finishes near plumbing fixtures smooth, scrubbable & water-resistant
(2) ___ Monolithic wall surfaces in areas routinely subjected to wet spray or splatter

2.1-7.2.3.3 CEILINGS:
(1) Ceilings in areas occupied by patients, & in clean rooms & soiled rooms:
(a) ___ cleanable with routine housekeeping equipment
(b) ___ acoustic & lay-in ceilings
☐check if not included in project
___ do not create ledges or crevices

2.1-8.2 **HEATING, VENTILATION, & AIR-CONDITIONING (HVAC) SYSTEMS**

4/6.3.1 Outdoor Air Intakes:
4/6.3.1.1 ___ Located min. 25 feet from cooling towers & all exhaust & vent discharges
___ Bottom of air intake is at least 6'-0" above grade
4/6.3.1.2 Roof Mounted Air Intakes:
☐check if not included in project
___ bottom min. 3'-0" above roof level

4/6.3.2 Exhaust Discharges for Infectious Exhaust Air:
☐check if not included in project
___ Ductwork under negative pressure (except in mechanical room)
___ Discharge in vertical direction at least 10'-0" above roof level
___ Located not less than 10'-0" horizontally from air intakes & operable windows/doors

4/6.4 Filtration:
___ Filter banks conform to Table 6.4

4/6.4.1 ___ Filter Bank #1 placed upstream of heating & cooling coils

4/6.4.2 ___ Filter Bank No. 2 installed downstream of cooling coils & supply fan

4/6.5 Heating & Cooling Systems:

4/6.5.3 ___ no radiators or convectors in special care areas

4/6.7 Air Distribution Systems:

4/6.7.1 ___ Ducted return or exhaust systems in spaces listed in Table 7.1 with required pressure relationships
___ Ducted return or exhaust systems in inpatient care areas

4/6.7.3 Smoke & Fire barriers:
___ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers

4/6.8 Energy Recovery Systems:

4/6.8.2 ___ Exhaust systems serving potentially contaminated rooms are not used for energy recovery

4/6.9 Duct Lining:
___ No duct lining in ductwork located downstream of Filter Bank #2

4/7. Space Ventilation:

4/7.1 ___ Spaces ventilated per Table 7.1
___ Air movement from clean areas to less clean areas
___ Min. number of total air changes indicated either supplied for positive pressure rooms or exhausted for negative pressure rooms
___ Recirculating room HVAC units
☐check if not included in project
___ each unit serves only single space
___ min. MERV 6 filter for airflow downstream of cooling coils

2.1-8.2.1.1 Acoustic Considerations:
(5) ___ Equipment location or acoustic provisions limit noise associated with outdoor mechanical equipment to 65 dBA at building façade

2.1-8.2.1.2 Ventilation & Space-Conditioning:
(1) ___ All rooms & areas used for patient care have provisions for ventilation
(2) ___ Natural ventilation only provided in non-sensitive areas & patient rooms via operable windows
☐check if not included in project
___ Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4 (ANSI/ASHRAE/ASHE 170)

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

2.1-8.3.2.1 Switchboards Locations:
(1)
(a) ___ Located in areas separate from piping & plumbing equipment
(b) ___ Not located in rooms they support
___ Accessible to authorized persons only
(c) ___ Located in dry, ventilated space free of corrosive gases or flammable material

2.1-8.3.2.2 Panelboards:
(1) ___ Panelboards serving life safety branch emergency circuits only serve same floor, floor above & floor below
(2) ___ Panelboards serving critical branch emergency circuits only serve same floor
(3) ___ New panelboards not located in exit enclosures

2.1-8.3.2.3 Ground-Fault Circuit Interrupters in Critical Care:
☐check if not included in project
(2) ___ Provisions made to ensure that essential equipt is not affected by activation of one interrupter

2.1-8.3.3.1 **EMERGENCY ELECTRICAL SERVICE**
(1) ___ Emergency power per NFPA 99, NFPA 101 & NFPA 110

2.1-8.3.4 **LIGHTING**

2.1-8.3.4.2 ___ Light fixtures in wet areas have smooth, cleanable, shatter-resistant lenses & no exposed lamps

2.1-8.3.4.3
(1) Patient Rooms:
___ general lighting
(a) ___ reading light for each patient
___ controls accessible to patient in bed
___ light source covered by diffuser or lens
___ flexible light arms
☐check if not included in project
___ designed to prevent lamp from contacting bed linen
___ night lighting
(b) ___ switch in patient room
___ lights path from room

entrance to bed
___ lights path from bed to toilet

(2) Nursing Unit Corridors:
___ general illumination with reduced light levels at night

(3) Exam/Treatment Rooms:
___ portable or fixed exam light

2.1-8.3.5 **ELECTRICAL EQUIPMENT**

2.1-8.3.5.2 ___ Required handwashing station or scrub sink tied to building electrical service
☐check if not included in project
___ connected to essential electrical system

2.1-8.3.6 **ELECTRICAL RECEPTACLES**

2.1-8.3.6.2 Receptacles in Patient Care Areas:
___ receptacles provided according to Table 2.1-1

2.1-8.3.6.3 Emergency System Receptacles:
___ distinctively colored or marked for identification

2.1-8.3.7 **CALL SYSTEMS**

___ Nurse call equipment legend includes patient stations, bath stations, staff emergency stations & code call stations

2.1-8.3.7.1
(1) ___ Nurse call system locations provided as required in Table 2.1-2

(2) ___ Nurse call systems report to attended location with electronically supervised visual & audible signals

(4) ___ Call systems meet requirements of UL 1069 *Standard for Hospital Signaling & Nurse Call Equipment*

(5) ___ Wireless system
☐check if not included in project
___ meet requirements of UL 1069

2.1-8.3.7.2 Patient Call Stations:
(1) ___ each patient sleeping bed provided with patient call station equipped for two-way voice communication

(2)
(a) ___ visible signal once call station has been activated

(b) ___ reset switch for canceling call

(3)
(a) ___ visible signal in corridor at patient room door
___ additional visible signals installed at corridor intersections

(b) ___ visible & audible signal at nurse call duty stations in clean workroom, soiled workroom, medication preparation room, documentation area or other charting facilities, nourishment area, nurse master station of nursing unit or patient care area

2.1-8.3.7.3 Bath Stations:
___ provided at each patient toilet, bathtub or shower stall

(1) ___ alarm turned off only at bath station where it was initiated

(2) ___ located 5'-0" to 6'-0" above floor in shower stalls & tubs, within normal view of user
___ within reach of staff without need

(3) to step into shower or tub
___ located to side of toilets within 12" of front of toilet bowl & 3'-0" to 4'-0" above floor
___ accessible to both toilet & shower

2.1-8.3.7.4 ___ Staff emergency stations for summoning local staff assistance for non-life-threatening situations at each patient care location

2.1-8.3.7.5 ___ Code call station equipped with continuous audible or visual signal at point of origin

2.1-8.4.2 **PLUMBING & OTHER PIPING SYSTEMS**

2.1-8.4.2.2 Hemodialysis/Hemoperfusion:
(1) ☐check if not included in project
(a) ___ Separate treated water distribution system
☐check if not included in project (only if dialysis equipment used includes water treatment)

(2) ___ treated water outlet for each
(b) individual hemodialysis treatment bay, hemodialysis equipment repair area & dialysate preparation area

(1)(a) ___ Drainage system independent from tap water

(4) ___ Liquid waste system for hemodialysis treatment area designed to minimize odor & prevent backflow

2.1-8.4.2.5 Heated Potable Water Distribution Systems:
(2) ___ systems serving patient care areas are under constant recirculation
___ non-recirculated fixture branch piping does not exceed 25'-0" in length

(3) ___ no dead-end piping

(4) ___ water-heating system has supply capacity at minimum temperatures & amounts indicated in Table 2.1-3

(5) ___ handwashing stations supplied as required above

or

___ handwashing stations supplied at constant temperature between 70°F & 80°F using single-pipe supply

2.1-8.4.2.6 Drainage Systems:

(1) ___ drainage piping above ceiling of, or exposed in electric closets

☐check if not included in project

___ special provisions to protect space below from leakage & condensation

2.1-8.4.3 **PLUMBING FIXTURES**

2.1-8.4.3.1

(1) ___ Materials material used for plumbing fixtures non-absorptive & acid resistant

2.1-8.4.3.2 Handwashing Station Sinks:

(1) ___ basins reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared

(2) ___ basin min. 144 square inches

___ min. dimension 9 inches

(3) ___ made of porcelain, stainless steel, or solid-surface materials

(5) ___ water discharge point of faucets at least 10 inches above bottom of basin

(7) ☐___ anchoring for sinks withstands min. vertical or horizontal force of 250 lbs.

(8) ___ fittings operated without using hands for sinks used by medical & nursing staff, patients & public

(a) ___ blade handles or single lever

___ min. 4 inches long

___ provide clearance required for operation

or

(b) ___ sensor-regulated water fixtures

___ meet user need for temperature & length of time water flows

___ designed to function at all times & during loss of normal power

2.1-8.4.3.3 Showers & Tubs:

☐check if not included in project

(1) ___ nonslip walking surfaces

2.1-8.4.3.4 Ice-Making Equipment:

___ copper tubing provided for supply connections

2.1-8.4.3.5 Clinical Sinks:

☐check if not included in project

(1) ___ trimmed with valves that can be operated without hands

(2) ___ handles min. 6 inches long

___ integral trap wherein upper portion of water trap provides visible seal

2.1-8.4.3.7 Bedpan Washers:

(1) ___ bedpan washer provided in each inpatient toilet room

2.1-8.4.4 **MEDICAL GAS & VACUUM SYSTEMS**

___ Station outlets provided as indicated in Table 2.1-4

2.1-8.4.4.2

(2) ___ Vacuum discharge at least 25'-0" from all outside air intakes, doors & operable windows

2.1-8.6.2 **ELECTRONIC SURVEILLANCE SYSTEMS**

☐check if not included in project

2.1-8.6.2.1 ___ Devices in patient areas mounted in unobtrusive & tamper-resistant enclosures

2.1-8.6.2.2 ___ Monitoring devices not readily observable by general public or patients

2.1-8.6.2.3 ___ Receive power from emergency electrical system