COMPLIANCE CHECKLIST

IP8: Nursery 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: _____

Facility Address: _____

Satellite Name: (if applicable) _____

Satellite Address: (if applicable) _____

Project Description: _____

DoN Project Number: (if applicable) _____

Nursing Unit Bed Complements:

Current = Proposed =

Building/Floor Location: _____

Submission Dates:

Initial Date:

Revision Date:

	Architectural Requirements	Building Systems Requirements
2.2-2.12	**NURSERY UNIT**	
2.2-2.12.1.1	Location: ___ nurseries accessible to postpartum nursing unit & obstetrical facilities	
2.2-2.12.1.2 (1)	___ Nurseries located & arranged to preclude need for unrelated pedestrian traffic	
(2)	___ No nursery opens directly onto another nursery	
2.2-2.12.1.3	Safety & Security:	
(1)	___ nurseries designed to protect physical security of infants, parents & staff & to minimize risk of infant abduction	
(2)	___ all entries to nursery controlled	
2.2-2.12.2.2	___ Space for parents to stay 24 hours	
2.2-2.12.2.3	___ Viewing windows provided ☐check if not included in project	
	___ visual privacy	
130.624(F)	___ min. 1 handwashing station for each 6 bassinets	
2.2-2.12.2.4	___ equipped with hands-free* operable controls	
	___ for each 8 or fewer infant stations	
2.2-2.12.2.5	___ Storage for linens & infant supplies at each nursery room	
130.624(H)(5)	___ Blanket warmer readily available to nursery	
2.2-2.12.3	**REQUIREMENTS FOR SPECIFIC NURSERY TYPES**	
	___ Newborn nursery (Level I)	
130.624(E)	___ restricted secure access	
2.2-2.12.3.1 (1)(a)	___ no more than 16 infant stations	
130.624(A)	___ total well-newborn bassinet complement equals number of postpartum beds plus one bassinet per well-newborn nursery **or** ___ number of bassinets achieve minimum 95% probability for availability of bassinets through statistical formula provided by MDPH (based on projected number of births per year & average length of stay)	
2.2-2.12.3.1(2)	___ min. clear floor area 24 sf per bassinet, exclusive of auxiliary work areas	Ventilation: ___ Min.6 air changes per hour Table 7.1 ___ No recirculating room units Power: ___ Min.4 receptacles convenient to each bassinet Table 2.1-1

	Architectural Requirements	Building Systems Requirements	
		Nurse Call System:	Table 2.1-2
		___ Emergency staff assistance station	
		___ Code call station	
		Medical Gases:	Table 2.1-4
		___ 1 OX, 1 VAC, 1 MA for each 4 bassinets	
2.2-2.12.3.3	___ Continuing care nursery (Level IB) ☐check if not included in project		
(1)(b)	___ location of continuing care infant stations in defined area of NICU permitted ☐check if not included in project	Ventilation:	
		___ Min. 6 air changes per hour	Table 7.1
		___ No recirculating room units	
(2)	Space Requirements:	Power:	Table 2.1-1
(a)	___ min. clear floor area 120 sf per infant station	___ Min. 5 receptacles convenient to each bassinet	
(b)	___ min. clearance 8'-0" between bassinets	___ Min. 50% of receptacles on emergency power	
		Nurse Call System:	Table 2.1-2
		___ Emergency staff assistance station	
		___ Code call station	
		Medical Gases:	Table 2.1-4
		___ 1 OX, 1 VAC, 1 MA for each bassinet	
	___ Special care nursery (Level II) ☐check if not included in project		
130.640(A)(1)	___ hospital's current record indicates at least 1500 births per year		
2.2-2.12.3.3		Ventilation:	
(1)(b)	___ location of continuing care infant stations in defined area of NICU permitted ☐check if not included in project	___ Min. 6 air changes per hour	Table 7.1
		___ No recirculating room units	
		Power:	
(2)	Space Requirements:	___ Min. 5 receptacles convenient to each bassinet	Table 2.1-1
(a)	___ min. clear floor area 120 sf per infant station	___ Min. 50% of receptacles on emergency power	
(b)	___ min. clearance 8'-0" between bassinets	Nurse Call System:	
130.640(E)(9)	___ arrangement permits immediate observation & accessibility of infants to personnel	___ Emergency staff assistance station	Table 2.1-2
		___ Code call station	
		Medical Gases:	
		___ 1 OX, 1 VAC, 1 MA for each bassinet	Table 2.1-4
2.2-2.12.4.2	___ Airborne infection isolation room		
	___ in at least one level of nursery care		
(1)	___ room enclosed & separated from nursery unit		
	___ provisions for observation of infant from adjacent* nurseries or control area		
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	

	Architectural Requirements	Building Systems Requirements	
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	
2.1-2.4.2.3	___ Anteroom		
	☐check if not included in project		
(1)	___ for persons to don personal protective equipment before entering patient room	Ventilation:	
		___ Min. 10 air changes per hour	Table 7.1
		___ Exhaust	
(2)	___ all doors to anteroom have self-closing devices	___ Negative pressure to corridor	
		___ No recirculating room units	
2.1-2.4.2.4(1)		___ AII room under negative pressure to anteroom	4/7.2.1
(b)	___ self-closing devices on all room exit doors		
(c)	___ doors have edge seals	___ Anteroom under negative pressure to corridor	

2.2-2.12.6 **SUPPORT AREAS FOR NURSERIES**

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

Workroom:

2.2-2.12.6.3 ___ Level I or Level II nursery served by connecting workroom

130.624(E)/ 2.2-2.12.6.3(1)

(a) ___ hand scrub & gowning facilities at entrance for staff & environmental services personnel

(b) ___ work counter

(c) ___ refrigerator

(d) ___ storage for supplies

(e) ___ hands-free* handwashing station

(4) ___ provision for storage of emergency cart & equipment out of traffic

(5) ___ sanitary storage & disposal of soiled waste

(6) ___ visual control via view panels between staff work area & each nursery

or

	Architectural Requirements	Building Systems Requirements	
2.2-2.12.6.3(3)/ 130.624(E)	___ Level I nursery served by staff work area open to nursery		
2.2-2.12.6.3(1)			
(a)	___ hand scrub & gowning facilities at entrance for staff & environmental services personnel		
(b)	___ work counter		
(c)	___ refrigerator		
(d)	___ storage for supplies		
(e)	___ hands-free* handwashing station		
(4)	___ provision for storage of emergency cart & equipment out of traffic		
(5)	___ sanitary storage & disposal of soiled waste		
(6)	___ visual control via view panels between staff work area & each nursery		
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	Nurse Call System:	Table 2.1-2
	___ handwashing station	___ Duty station	
	___ lockable refrigerator		
	___ locked storage for controlled drugs		
(c)	Sharps Containers:		
	☐check if not included in project		
	___ sharps containers placed at height that allows users to see top of container		
(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		

	Architectural Requirements	Building Systems Requirements	
2.2-2.12.6.10(1)	___ Soiled workroom		
2.1-2.6.10.1		Ventilation:	
(1)	___ handwashing station	___ Min. 10 air changes per hour	Table 7.1
(3)	___ work counter	___ Exhaust	
(4)	___ space for separate covered containers	___ Negative pressure	
2.2-2.12.6.10(2)	___ flushing-rim clinical service sink ☐check if not included in project (only if disposable diapers are used)	Nurse Call System: ___ Duty station	
2.2-2.12.6.12	___ Environmental services room in nursery		
(1)	___ not shared with other nursing units or departments		
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		
2.2-2.12.6.13	___ Infant examination area ☐check if not included in project		
(1)	___ work counter		
(2)	___ storage facilities		
(3)	___ hands-free* handwashing station		
2.2-2.12.6.14	___ Space for lactation support & consultation		
	___ immediately accessible* to nursery		
2.2-2.10.6.14			
(1)	___ handwashing station & counter in, next to, or directly accessible* to lactation support space		
(2)(a)	___ refrigeration & freezing		
(2)(b)	___ storage for pump & attachments & educational materials		

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)
(4)(b) ___ Lever hardware

2.1-7.2.2.7 GLAZING MATERIALS:
(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

2.1-7.2.2.12 NOISE CONTROL:
(1) ___ Recreation & exercise rooms, equipt rooms & similar spaces where impact noises may be generated not located directly over patient bed areas
___ Partitions, floors & ceiling construction
(2) 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(1) CEILINGS:
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 placed 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

2.1-8.3 ELECTRICAL SYSTEMS

2.1-8.3.2 ELECTRICAL DISTRIBUTION & TRANSMISSION

2.1-8.3.2.1(1) Switchboards Locations:
(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

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

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**

2.1-8.3.6.1 Receptacles in Corridors:
(1)
___ duplex grounded receptacles installed approx. 50’-0” apart
___ duplex grounded receptacles installed approx. within 25’-0” of corridor ends

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

(4) ___ call stations in diagnostic & treatment areas per Table 2.1-2

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**

2.1-8.4.2.5 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 nurseries or 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

2.1-8.4.3.5 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

2.1-8.4.3.6 Scrub Sinks:
(1) ___ freestanding scrub sinks trimmed with foot, knee, or electronic sensor controls

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