

COMPLIANCE CHECKLIST

OP2: Small Neighborhood Clinics

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 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: _____

Satellite Name: (if applicable) _____

Building/Floor Location: _____

Satellite Address: (if applicable) _____

Submission Dates:

Project Description: _____

Initial Date:

Revision Date:

Architectural Requirements

Building Systems Requirements

SMALL NEIGHBORHOOD CLINICS

3.2-1.1.2.1 "Small Neighborhood Clinic" is defined as primary care center with three or fewer examination rooms

3.1-1.2.2 **PATIENT PRIVACY**
___ Each facility design ensures appropriate levels of patient acoustic & visual privacy & dignity throughout care process

3.1-1.2.3 **SHARED/PURCHASED SERVICES**
 check if not included in project
___ Details of shared or purchased space and/or services indicated in Project Narrative
___ Waiver requests have been submitted for shared or purchased space (except as explicitly allowed below)

3.1-1.3.2 **PARKING**
1.3-3.3.1.1 ___ Parking capacity sufficient to satisfy needs of patients, personnel & public

140.209 **ACCESS**
___ Facility is accessible to handicapped individuals

3.1-1.3.3 **ENTRANCE**
___ At grade level
___ Clearly marked
___ Located so patients need not go through other activity areas (public lobbies may be shared)

3.1-1.4 **FACILITY LAYOUT**
___ Precludes unrelated traffic in facility

3.2-3.2 **EXAMINATION ROOMS**
3.1-3.2.2 ___ General Examination Room
 check if not included in project
3.1-3.2.1 ___ provision made to preserve patient privacy from observation from outside exam room through open door

3.1-3.2.2.2 (1) Space Requirements:
___ min. clear floor area 80 sf

(2) ___ min. clearance 2'-8" at each side & at foot of exam table, recliner, or chair
(a) ___ exam table, recliner, or chair shown with clearance zone

or

Power: 3.2-8.3.4.2
___ Exam table served by at least one duplex receptacle

Architectural Requirements

Building Systems Requirements

- (b) room arranged with exam table, recliner, or chair placed at an angle, closer to one wall than another, or against wall
 - Project Narrative explains why this room arrangement is proposed to accommodate type of patient served
 - alternate location shown for exam table, recliner, or chair
 - clearance zone with min. clearance 2'-8" at each side & at foot of alternate location

- 3.1-3.2.2.3 handwashing station
- 3.1-3.2.2.4 documentation area for written or electronic documentation

- 3.1-3.2.2 Combined General Examination/ Observation Room
 - check if not included in project

- 3.1-3.2.1 provision made to preserve patient privacy from observation from outside exam room through open door

- 3.1-3.2.2.1 located immediately accessible to nurse station & toilet room

- 3.1-3.2.2.2 (1) Space Requirements:
 - min. clear floor area 80 sf

- Power: Exam table served by at least one duplex receptacle 3.2-8.3.4.2

- (a) min. clearance 2'-8" at each side & at foot of exam table, recliner, or chair
 - exam table, recliner, or chair shown with clearance zone

or

- (b) room arranged with exam table, recliner, or chair placed at an angle, closer to one wall than another, or against wall
 - Project Narrative explains why this room arrangement is proposed to accommodate type of patient served
 - alternate location shown for exam table, recliner, or chair
 - clearance zone with min. clearance 2'-8" at each side & at foot of alternate location

- 3.1-3.2.2.3 handwashing station
- 3.1-3.2.2.4 documentation area for written or electronic documentation

Architectural Requirements

- 3.1-3.2.3 ___ Special Purpose Examination Room
 check if not included in project
- 3.1-3.2.1 ___ provision made to preserve patient privacy from observation from outside exam room through open door
- 3.1-3.2.3.2 Space Requirements:
 (1) ___ min. clear floor area 100 sf
 (2) ___
 (a) ___ room size permits min. clearance 3'-6" at side, head, or foot of exam table, bed, or chair that corresponds with care provider's expected work position
 (b) ___ min. clearance 1'-0" at all sides of exam table, bed, or chair other than work position
- 3.1-3.2.3.3 ___ handwashing station
- 3.1-3.2.3.4 ___ documentation area for written or electronic documentation

Building Systems Requirements

- Power: 3.2-8.3.4.2
 ___ Exam table served by at least one duplex receptacle

SUPPORT AREAS FOR EXAMINATION ROOMS

- 3.2-3.2.6
- 3.1-3.6.1 ___ Nurse station
- 3.1-3.6.1.1 ___ work counter
- 3.1-3.6.1.2 ___ communication system
- 3.1-3.6.1.3 ___ space for supplies
- 3.1-3.6.1.4 ___ accommodations for written or electronic documentation
- 3.1-3.6.5 Handwashing Stations:
- 3.1-3.6.5.1 ___ located in each room where hands-on patient care is provided
- 3.1-3.6.6 ___ Medication safety zones
 check if not included in project
 (only if no medication is prepared or dispensed)
- 3.1-3.6.6.1(2)
- (a) ___ located out of circulation paths to minimize distraction & interruption
- (c) ___ work counters
- (d) ___ task lighting
- 3.1-3.6.6.2
- (1) ___ medication preparation room/area
 check if not included in project
- (a) ___ work counter
 ___ handwashing station
 ___ lockable refrigerator
 ___ locked storage for controlled drugs
- (b) ___ Sharps Containers:
 check if not included in project
 ___ placed at height that allows users to see top of container
- (c) ___ space to prepare medicines in addition to any self-contained medicine-dispensing unit

Architectural Requirements

Building Systems Requirements

- (2) self-contained medication dispensing unit
 check if not included in project
- (a) located at nurse station or in an alcove
 lockable unit to secure controlled drugs
- (b) handwashing station or hand sanitation located next to stationary medication-dispensing units

- 3.1-3.6.7 Nourishment area or room
 check if not included in project
- (1) handwashing station located in or directly accessible
- (2) food preparation sink
 check if not included in project
 (only when meals are not prepared in nourishment area)
- (3) work counter
- (4) storage
- (5) fixtures & appliances for beverages and/or nourishment

3.2-3.2.6.7 Patient toilet room (may also serve waiting area & staff) Ventilation:
 Exhaust 140.208

- 3.2-3.2.6.9 Clean work area
 separate room or isolated area
- (1) counter
- (2) handwashing station
- (3) storage for clean supplies

140.204 Soiled workroom
 check if not included in project
 (only if outpatient suite is located in hospital or hospital satellite)
 handwashing station
 clinical flushing-rim sink

Ventilation:
 Min. 10 air changes per hour Table 7.1
 Exhaust
 Negative pressure

or

- 3.2-3.2.6.10 Soiled holding room
- 140.204 patient care does not involve disposing of fluid waste
 handwashing station
- 3.1-3.6.10 provisions made for separate collection, storage & disposal of soiled materials

Ventilation:
 Min. 10 air changes per hour Table 7.1
 Exhaust
 Negative pressure

Architectural Requirements**Building Systems Requirements**

- 140.211 Sterilization Equipment:
 check if not included in project
 (only if outpatient suite is located in hospital or hospital satellite)
- (C)(D) means of sterilization provided for non-disposable supplies
 sterilization equipment in facility
or
 arrangement to obtain such services from a source approved by the Department
or
 no means of sterilization provided if only disposable supplies are used

3.1-4.1 **LABORATORY SERVICES**

- 3.2-4.1.2.2 Blood collection facilities
 (1) space for chair & work counter
 (2) handwashing station
- 3.2-4.1.3 Specimen Storage

3.2-5 **GENERAL SUPPORT FACILITIES**

- 3.1-5.5.1 Environmental services room
 3.1-5.5.1.1 min. one ES room per floor
 3.1-5.5.1.2 (1) service sink or floor-mounted mop sink
 (2) provisions for storage of supplies & housekeeping equipment
 (3) handwashing station or hand sanitation dispenser

3.2-6.2 **PUBLIC AREAS**

- 3.1-6.2.1 Vehicular drop-off & pedestrian entrance
- 3.2-6.2.2.1 Reception/information counter
 3.2-6.2.2.2 control counter
 (1) access to patient files & records for scheduling of services
- 3.2-6.2.3 Waiting area
 3.2-6.2.3.1 under staff control
 3.2-6.2.3.2 space for at least 2 seats for each examination room
 3.2-6.2.3.4 provisions for wheelchairs
 Local telephone access
- 3.1-6.2.5 Provisions for drinking water
 3.1-6.2.6 Wheelchair storage

Architectural Requirements

Building Systems Requirements

- 3.2-6.3 **ADMINISTRATIVE AREAS**
- 3.2-6.3.3.2 ___ Office area for business transactions, records & other administrative functions
 ___ separate from public & patient areas
- 3.2-6.3.4 ___ Multipurpose room
- 3.2-6.3.4.1 ___ suitable for conferences, meetings & health education
- 3.2-6.3.4.2 ___ accessible to public as needed
 ___ dedicated room for meetings & health education
or
 ___ room used for consultation & other purposes
- 3.2-6.3.5 ___ Medical records
- 3.1-6.3.5.1 ___ restricted to staff access

SUPPORT AREAS FOR STAFF

- 3.2-6.4
- 3.2-6.4.2 ___ Staff storage
 ___ locked storage (cabinets or secure drawers) for staff valuables

Architectural Details & MEP Requirements

- | | |
|---|--|
| <p>3.1-7.2.2 ARCHITECTURAL DETAILS</p> <p>3.1-7.2.2.1 Corridor Width:</p> <p>IBC 1018.2 ___ Min. 44" except in corridors used to transport patients on stretchers
 or
 ___ Compliance of corridor width with State Building Code is established in submitted Code Review Sheet</p> <p>421 CMR 6.00 ___ Corridors include turning spaces for wheelchairs</p> <p>3.1-7.2.2.2 Ceiling Height:
 ___ Min. 7'-10" (except in spaces listed below in this section)</p> <p>(1) ___ Min. 7'-6" in corridors
 ___ Min. 7'-6" in normally unoccupied spaces</p> <p>3.1-7.2.2.3 Doors & Door Hardware:
 (1) Door Type:
 (a) ___ all doors between corridors, rooms, or spaces subject to occupancy of swing type or sliding doors</p> | <p>(b) ___ sliding doors
 <input type="checkbox"/> check if <u>not</u> included in project
 ___ no floor tracks in patient care areas</p> <p>(3) ___ door do not swing into corridors except doors to non-occupiable spaces</p> <p>(4) ___ lever hardware</p> <p>(b) ___ doors to patient use toilets in patient care & treatment areas have hardware that allows staff emergency access</p> <p>3.1-7.2.2.8 Handwashing Stations:
 (3) ___ Anchored to support vertical or horizontal force of 250 lbs.</p> <p>(4) Counter-Mounted Sinks:
 (a) ___ countertops made of porcelain, stainless steel, or solid surface materials
 ___ plastic laminate countertops
 <input type="checkbox"/> check if not included in project
 ___ at minimum substrate marine-grade plywood with impervious seal</p> <p>(5) ___ no storage casework beneath sink</p> |
|---|--|

- (6) _____ provisions for drying hands at all handwashing stations
- (a) _____ hand-drying device does not require hand contact
- (b) _____ hand-drying provisions enclosed to protect against dust or soil
- (7) _____ liquid or foam soap dispensers
- 3.1-7.2.2.9 Grab Bars:
- (2) _____ anchored for concentrated load of 250 lbs.
- (3) _____ bariatric design
 check if not included in project
 _____ length of rear wall grab bars 44"

3.1-7.2.3 **SURFACES**

- 3.1-7.2.3.1 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
 _____ Carpet provides stable & firm surface
 check if not included in project
- (4) _____ Floors & wall bases materials in all areas subject to frequent wet cleaning are not affected by germicidal cleaning solutions
- 3.1-7.2.3.2 Walls & Wall Protection:
- (1)
- (a) _____ Wall finishes washable
- (b) _____ Wall finishes in vicinity of plumbing fixtures smooth, scrubbable & water-resistant
- (2) _____ Wall surfaces in areas routinely subjected to wet spray or splatter are monolithic or have sealed seams
- (4) _____ No sharp protruding corners
- (5) _____ Corner guards durable & scrubbable

3.2-8.2.2

VENTILATION & SPACE CONDITIONING REQUIREMENTS

140.208

- _____ All occupied areas ventilated by natural or mechanical means
- _____ Rooms that do not have direct access to outside, including toilets & soiled holding rooms, are provided with satisfactory mechanical ventilation.

3.2-8.3.2

LIGHTING

3.2-8.3.2.1

- _____ General Lighting in all facility spaces occupied by people, machinery & equipment
- _____ General Lighting in outside entryways

3.2-8.3.2.2

- _____ Examination light for each examination room

3.2-8.3.2.3

- _____ Automatic emergency lighting
 check if not included in project (only if facility has total floor area 1,000 sf or less & does not require stairway exit)

3.2-8.3.3

ELECTRICAL EQUIPMENT

3.2-8.3.4.2

- _____ Each examination & work table area served by at least one duplex receptacle