

COMPLIANCE CHECKLIST**OP8: Freestanding Cancer Treatment Facilities**

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****FREESTANDING CANCER TREATMENT FACILITIES**

- 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)
- 3.6-1.3.1 **LOCATION**
 ___ Access to parking
 ___ Access to public transportation
- 3.6-1.3.2 **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
- 3.6-3.2 **CANCER TREATMENT AREA**
- 3.6-3.2.1.3 ___ Separate from administrative & waiting areas
- 3.6-3.2.2 Space Requirements:
 ___ patient bays*
 check if not included in project
 ___ min. clear floor area 70 sf
 ___ min. clearance 5'-0" between beds or lounge chairs
 ___ min. clearance 3'-0" on at least three sides of bed or lounge chair

Architectural Requirements

Building Systems Requirements

- ___ patient cubicles*
 - check if not included in project
 - ___ min. clear floor area 80 sf
 - ___ min. clearance 3'-0" on at least three sides of bed or lounge chair
 - ___ single-bed rooms
 - check if not included in project
 - ___ min. clear floor area 100 sf
 - ___ min. clearance 3'-0" on at least three sides of bed or lounge chair
 - 3.6-3.2.3 ___ Provisions for visual privacy
 - 3.6-3.2.4 ___ Nurse station
 - ___ located in treatment area
 - 3.6-3.2.4.1 ___ visual observation of all patient care stations
 - 3.6-3.2.4.2 ___ out of direct line of traffic
 - 3.6-3.2.5 ___ Handwashing stations
 - 3.6-3.2.5.2 ___ handwashing station located in, next to, or directly accessible to nurse station
 - 3.1-3.6.5.1 ___ located in each room where hands-on patient care is provided
 - 3.1-3.6.5.3 Handwashing Stations Serving Multiple Patient Care Stations:
 - check if not included in project
 - (1) ___ min. 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof
 - (2) ___ evenly distributed & provide uniform distance from two patient care stations farthest from handwashing station
 - 3.6-3.2.6 ___ Patient toilet room with handwashing station
 - ___ located in treatment area
 - 3.6-3.4.1 ___ Airborne infection isolation room:
 - check if not included in project
 - 3.1-3.4.2.2(1) ___ accommodates only one patient at one time
 - 3.1-3.4.2.2(2) ___ handwashing station
 - 3.1-3.4.2.2(3) ___ provision made for personal protective equipment storage at entrance to room
 - Space Requirements:
 - ___ min. clear floor area 100 sf
 - ___ min. clearance 3'-0" on at least three sides of bed or lounge chair
 - 3.1-7.2.3.1(5) ___ Monolithic floors & wall bases in airborne infection isolation rooms
 - ___ integral coved base min. 6" high
-
- Ventilation:
 - ___ Min. 12 air changes per hour Table 7.1
 - ___ Exhaust
 - ___ Negative pressure
 - ___ No recirculating room units
 - ___ Space ventilation & pressure relationship requirements of Table 7.1 is maintained in event of loss of normal electrical power 4/6.1.1
 - ___ Ductwork under negative pressure (except in mechanical room) 4/6.3.2
 - ___ Discharge in vertical direction at least 10'-0" above roof level

Architectural Requirements

Building Systems Requirements

- 3.1-3.4.2.3 anteroom
 - check if not included in project
 - (1) space for persons to don personal protective equipment before entering patient room
 - (2) all doors to anteroom self-closing devices or an audible alarm arrangement that can be activated when in use as an isolation room
 - (3)
 - (a) handwashing station
 - (b) storage for unused personal protective equipment
 - (c) disposal/holding container for used protective equipment
- 3.1-3.4.2.4(1) Architectural Details:
 - (b) self-closing devices on all room exit doors
 - (c) doors edge seals

- Located not less than 10'-0" horizontally from air intakes & operable windows/doors
- Permanent device monitoring differential air pressure between All room & corridor 4/7.2.1
- Power:
 - Min. 8 receptacles Table 3.1-1
 - Min. 4 receptacles convenient to head of exam table
- Ventilation:
 - Min. 10 air changes per hour Table 7.1
 - Exhaust
 - Negative pressure to corridor
 - No recirculating room units
 - All room under negative pressure to anteroom
 - Anteroom under negative pressure to corridor 4/7.2.1

SUPPORT AREAS FOR CANCER TREATMENT FACILITY

- 3.1-3.6.6 Medication safety zones
- 3.1-3.6.6.1 medication preparation room/area
 - or**
 - self-contained medication dispensing unit
- (2)(a) located out of circulation paths to minimize distraction & interruption
- (2)(c) work counters
- (2)(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

- Ventilation:
 - Min. 4 air changes per hour Table 7.1

Architectural Requirements

Building Systems Requirements

- (d) sterile preparations compounding
 - check if not included in project
 - Code Review Sheet establishing that room design complies with USP 797 has been submitted
- 3.1-3.6.6.2(2) self-contained medication dispensing units
 - check if not included in project
- (a) located at nurse station, in clean workroom or in an alcove
 - lockable unit to secure controlled drugs
- (b) handwashing station or hand sanitation located next to stationary medication-dispensing units
- 3.6-3.6.7 Nourishment area
 - (1) handwashing station located in or directly accessible
 - (3) work counter
 - (4) storage
 - (5) fixtures & appliances for beverages and/or nourishment
- 3.6-3.6.7.1 Drinking water dispenser for patient use separate from handwashing station
- 3.6-3.6.9.1 Clean workroom
 - (1) work counter
 - (2) handwashing station
 - (3) storage for clean & sterile supplies
- or**
- 3.6-3.6.9.2 Clean Supply Room
 - storage & holding as part of system for distribution of clean & sterile materials
- 3.6-3.6.10 Soiled workroom
 - 3.6-3.6.10.1 handwashing station
 - 3.6-3.6.10.2 flushing-rim clinical sink with bedpan washer
 - 3.6-3.6.10.3 work counter
 - 3.6-3.6.10.4 storage cabinets
 - 3.6-3.6.10.5 space for separate covered containers
- 3.6-3.6.11.1 Stretcher/wheelchair storage
 - out of direct line of traffic

Ventilation:
 Min. 2 air changes per hour Table 7.1

Architectural Requirements

Building Systems Requirements

3.6-3.7 **SUPPORT AREAS FOR STAFF**

- 3.6-3.7.1 Staff Lounge
 - lockers
 - toilet
 - handwashing stations
- 3.6-3.7.2 Staff toilet room
 - immediately accessible* to nurse station
 - handwashing station

3.6-3.8 **SUPPORT AREAS FOR PATIENTS**

- 3.6-3.8.1 Waiting room
- 3.6-3.8.1.1 seating accommodations for waiting periods
- 3.6-3.8.1.2 toilet room with handwashing station
- 3.6-3.8.1.3 local telephone access
- 3.6-3.8.1.4 provisions for drinking water
- 3.6-3.8.2 Storage for patient belongings

3.6-5 **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

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

3.6-6.2 **PUBLIC AREAS**

- 3.1-6.2.1 Vehicular drop-off & pedestrian entrance

3.6-6.3 **ADMINISTRATIVE AREAS**

- 3.1-6.3.5 Medical records
- 3.1-6.3.5.1 restricted to staff access

Architectural Details & MEP Requirements

3.1-7.2.2 **ARCHITECTURAL DETAILS**

- 3.1-7.2.2.1 Corridor Width:
- 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

- 421 CMR 6.00 Corridors include turning spaces for wheelchairs
- 3.1-7.2.2.2 Ceiling Height:
- (1) Min. 7'-10" (except in spaces listed below in this section)
- Min. 7'-6" in corridors
- Min. 7'-6" in normally unoccupied spaces

- 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
- (b) ___ sliding doors
 check if not included in project
 ___ no floor tracks in patient care areas
- (3) ___ door do not swing into corridors except doors in behavioral health units & doors to non-occupiable spaces
- (4) ___ lever hardware
- (b) ___ doors to patient use toilets in patient care & treatment areas have hardware that allows staff emergency access

- 3.1-7.2.2.8 Handwashing Stations:
- (3) ___ Anchored to support vertical or horizontal force of 250 lbs.
- (4) Counter-Mounted Sinks:
- (a) ___ countertops made of porcelain, stainless steel, or solid surface materials
- (b) ___ plastic laminate countertops
 check if not included in project
 ___ at minimum substrate marine-grade plywood with impervious seal
- (5) ___ no storage casework beneath sink
- (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
- (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
- (1)(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

3.1-8.2 **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
- Roof Mounted Air Intakes:
 check if not included in project
 ___ bottom min. 3'-0" above roof level

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

- 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

- 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

- 3.1-8.2.1.1(5) Acoustical Considerations:
 ___ Equipment location or acoustic provisions limit noise associated with outdoor mechanical equipment to 65 dBA at building façade

- 3.1-8.2.1.2 Ventilation & Space-Conditioning:
 (1) ___ All rooms & areas used for patient care have provisions for ventilation
 (2) ___ Natural ventilation only allowed for non sensitive areas via operable windows
 ___ Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4

3.1-8.3 **ELECTRICAL SYSTEMS**

3.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

- 3.1-8.3.2.1(1) Switchboards Locations:
 (a) ___ located in areas separate from piping & plumbing equipment
 ___ not located in rooms they support
 (b) ___ accessible to authorized persons only
 (c) ___ easily accessible
 (d) ___ located in dry, ventilated space free of corrosive gases or flammable material

3.1-8.3.4 **LIGHTING**

- 3.1-8.3.4.3(1) ___ Portable or fixed examination light in exam rooms & treatment rooms

3.1-8.3.6 **ELECTRICAL RECEPTACLES**

- 3.1-8.3.6.2 ___ Receptacles in patient care areas conform to Table 3.1-1

3.1-8.3.7 **CALL SYSTEMS**

- ___ Nurse call stations conform to Table 3.1-2

3.1-8.4 **PLUMBING SYSTEMS**

3.1-8.4.2.5 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

3.1-8.4.3 **PLUMBING FIXTURES**

- 3.1-8.4.3.1 (1) ___ Materials material used for plumbing fixtures non-absorptive & acid resistant

3.1-8.4.3.2 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 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

3.1-8.4.3.5 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

3.1-8.7.2 **ELEVATORS**

- 3.1-8.7.2.1 ___ Outpatient facility located on more than one floor or on floor other than an entrance floor at grade level
 ___ at least one elevator
or
 ___ Outpatient facility located on entrance floor at grade level