COMPLIANCE CHECKLIST

OP16: Dental 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:

- 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.

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)

Building/Floor Location:

Submission Dates:

Initial Date:

Revision Date:

MDPH/DHCFLC 08/16 OP16
Architectural Requirements

DENTAL 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)

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

ACCESS
140.209  ___ 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

3.14-1.3  SITE
3.14-1.3.2  Parking:
1.3-3.3.1.1  ___ parking capacity sufficient to satisfy needs of patients, personnel & public

3.14-3  DENTAL TREATMENT AREAS
3.14-3.2  Dental Examination & Treatment Space:
3.14-3.2.1.1  ___ pediatric patients are treated in facility
(____ at least one private consultation/treatment room
or
___ pediatric patients are not treated in facility

MDPH/DHCFLC 08/16 OP16
Architectural Requirements

3.14-3.2.2 Space Requirements:
   3.14-3.2.2.1 min. clear floor area 80 sf
   3.14-3.2.2.2 min. clearance 2'-8” on all sides, including head, of each dental chair

3.14-3.2.5 Handwashing Station:
   3.14-3.2.5.1 each treatment room includes handwashing station
   □ check if not included in project (only if no treatment room provided)
   3.14-3.2.5.2 at least one handwashing station for two treatment stations in open operatories
   □ check if not included in project (only if no open operatories provided)

3.14-3.3 Family/Pediatric Dentistry Hygiene Space:
   3.14-3.3.2 Space Requirements:
   3.14-3.3.2.1 min. clear floor area 80 sf
   3.14-3.3.2.2 min. clearance 2'-8” on sides & at head of each chair

3.14-3.5 Handwashing Station:
   3.14-3.5.1 each treatment room includes handwashing station
   □ check if not included in project (only if no treatment room provided)
   3.14-3.5.2 at least one handwashing station for two treatment stations in open operatories
   □ check if not included in project (only if no open operatories provided)

140.203 Each patient treatment station is enclosed with floor to ceiling partitions to assure minimum sound transmission
□ check if not included in project (only if consultation rooms or interview rooms are provided in dental clinic)

Building Systems Requirements

Ventilation:
   □ Min. 6 air changes per hour Table 7.1

3.14-3.6 SUPPORT AREAS FOR DENTAL EXAMINATION & TREATMENT SPACES

3.14-3.6.1 Consultation room
   3.14-3.6.2 Clean supply room

Ventilation:
   □ Min. 4 air changes per hour Table 7.1
   □ Positive pressure
3.14-3.6.3  
___ Soiled holding room
   ___ provisions made for separate collection, storage & disposal of soiled materials
140.204  
___ handwashing station

3.14-3.6.4  
___ Sterilization facilities
   ___ check if not included in project

3.7-3.6.13.1
(1)  
___ consists of decontamination area & clean work area
(2)  
___ designed to provide one-way traffic pattern of contaminated materials/instruments to clean materials/instruments to sterilizer equipment

3.7-3.6.13.2
(1)(a)  
___ decontamination area
(1)(b)  
___ countertop
___ handwashing station
   ___ separate from instrument-washing sink
(1)(c)  
___ sink for washing instruments
(1)(d)  
___ storage for supplies
(2)  
___ min. 4'-0" distance from edge of decontamination sink to clean work area
   ___ wall between decontamination area and clean work area
   ___ 4'-0" high screen above sink rim between decontamination sink & clean work area

3.7-3.6.13.3
(1)  
___ countertop
(2)  
___ sterilizer
(3)  
___ handwashing station
(4)  
___ built-in storage for supplies

140.206
___ Janitor’s closet
   ___ Space for housekeeping equipment
   ___ Door equipped with lock
   ___ Storage space for cleaning compounds
   ___ Service sink or floor receptacle
   ___ Hot & cold water

140.208
___ Exhaust ventilation

3.14-3.7
___ Staff lounge
___ Staff lockers
___ Staff toilet room

Building Systems Requirements

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

Table 7.1
Architectural Requirements

3.14-3.8
SUPPORT AREAS FOR PATIENTS

___ Patient toilet room

3.14-4
PATIENT SUPPORT SERVICES

3.14-4.1
___ Dental laboratory services

___ facilities for dental laboratory services in dental facility

or

___ contract arrangement with dental laboratory service

3.14-6.2
PUBLIC AREAS

3.14-6.2.2
___ Reception

3.14-6.2.3
___ Waiting area

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:

___ Min. 7’-10” (except in spaces listed below in this section)

(1)
___ Min. 7’-6” in corridors

___ Min. 7’-6” in normally unoccupied spaces

3.1-7.2.2.3
Doors & Door Hardware:

(1)
___ 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

(2)
Door Openings:

421 CMR 26.00
___ door to room used by patients min. clear width 32”

Building Systems Requirements

Ventilation:

___ Min. 10 air changes per hour Table 7.1

___ Exhaust

3.1-7.2.2.8
Handwashing Stations:

(3)
___ anchored to support vertical or horizontal force of 250 lbs.

Counter-Mounted Sinks:

(4)
___ 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 except hand scrub facilities

(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
(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  Switchboards Locations:
(1)
(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  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
### PLUMBING SYSTEMS

**3.1-8.4.2.5**

<table>
<thead>
<tr>
<th>(2)</th>
<th>Systems serving patient care areas are under constant recirculation</th>
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</thead>
<tbody>
<tr>
<td>(3)</td>
<td>Non-recirculated fixture branch piping does not exceed 25'-0&quot; in length</td>
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<tr>
<td>(4)</td>
<td>Water-heating system has supply capacity at minimum temperatures &amp; amounts indicated in Table 2.1-3</td>
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| (5) | Handwashing stations supplied as required above |
| or | Handwashing stations supplied at constant temperature between 70°F & 80°F using single-pipe supply |

### 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**

| (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 |
| (3) | Made of porcelain, stainless steel, or solid-surface materials |
| (4) | Water discharge point of faucets at least 10 inches above bottom of basin |
| (5) | Anchoring for sinks withstands min. vertical or horizontal force of 250 lbs |
| (6) | Fittings operated without using hands for sinks used by staff, patients & public |

### ELEVATORS

**3.1-8.7.2.1**

| (1) | Outpatient facility located on more than one floor or on floor other than an entrance floor at grade level |
| or | Outpatient facility located on entrance floor at grade level |