

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:

- 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
DENTAL FACILITIES

Building Systems Requirements

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

3.14-1.3 **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

Architectural Requirements

Building Systems Requirements

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

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

- 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

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

- 3.14-3.3.5 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)

- 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)

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

Architectural Requirements

Building Systems Requirements

- 3.14-3.6.3 Soiled holding room
 - provisions made for separate collection, storage & disposal of soiled materials
 - 140.204 handwashing station

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

- 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 decontamination area
 - (1)(a) countertop
 - (1)(b) 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
 - or**
 - wall between decontamination area and clean work area
 - or**
 - 4'-0" high screen above sink rim between decontamination sink & clean work area

- Ventilation:
- Min. 6 air changes per hour Table 7.1
 - Negative pressure
 - Exhaust
 - No room recirculating units

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

- Ventilation:
- Min. 4 air changes per hour Table 7.1
 - Positive pressure
 - No room recirculating units

- 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

- Exhaust ventilation 140.208

3.14-3.7 **SUPPORT AREAS FOR STAFF**

- Staff lounge
- Staff lockers
- Staff toilet room

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

Architectural Requirements

Building Systems Requirements

3.14-3.8 **SUPPORT AREAS FOR PATIENTS**

Patient toilet room

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

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) 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

(2) Door Openings:
 421 CMR 26.00 door to room used by patients min. clear width 32"

(3) door do not swing into corridors except 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.
 Counter-Mounted Sinks:
 (4) countertops made of porcelain, stainless steel, or solid surface materials
 (a) 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
 ___ accessible to authorized persons only
 ___ easily accessible
 ___ 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

3.1-8.4 **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