**COMPLIANCE CHECKLIST**

**IP15\_Surgical Services**

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 2022 Edition of the FGI Guidelines for Design and Construction of Hospitals. 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:

1. NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
2. State Building Code (780 CMR)
3. Accreditation requirements of The Joint Commission
4. CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
5. USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
6. Occupational Safety & Health Standards (OSHA)
7. Accessibility Guidelines of the Americans with Disabilities Act (ADA)
8. Architectural Access Board Regulations (521 CMR)
9. 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 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 marks, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the mark “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. “E” must not be used for an existing required support space associated with a new patient care room or area. | **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). An explicit floor plan or plan detail must be attached to each waiver request. |

1. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
2. 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.
3. Oxygen, vacuum, medical air, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", “WAGD” & “IA”.
4. Requirements referenced with “FI” result from formal interpretations from the FGI Interpretations Task Group.
5. The location requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

|  |  |  |
| --- | --- | --- |
| 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** |  |
| --- | --- | --- | --- |
| 2.2-3.4 | **Surgical Services** |  |  |
| 2.2-3.4.1.1 | Location & Layout: |  |  |
| (4) | \_\_\_ surgery department divided into unrestricted areas, semi-restricted areas & restricted areas |  |  |
| (1) | \_\_\_ semi-restricted & restricted areas of surgery department located & arranged to prevent unrelated traffic |  |  |
| (2) | \_\_\_ clinical practice setting designed to facilitate movement of patients & personnel into through & out of defined areas in surgery department |  |  |
| (3) | \_\_\_ signs that clearly indicate need for surgical attire shown on plans at all entrances to semi-restricted areas |  |  |
|  |  |  |  |
| 2.2-3.4.2 | **PROCEDURE ROOMS**  check if not included in project |  |  |
| 2.2-3.4.2.1(1) | Application: |  |  |
| (a) | \_\_\_ room designated for the performance of patient care that requires high-level disinfection or sterile instruments & some environmental controls but not required to be performed with the environmental controls of an operating room |  |  |
|  | \_\_\_ hospital has completed clinical assessment of procedures to be performed to determine appropriate room type & location for procedures & documented this in functional program included in Project Narrative |  |  |
| 2.2-3.4.2.1(2) | Location: |  |  |
| (a) | \_\_\_ procedure room meet requirements of semi-restricted area |  |  |
| (b) | \_\_\_ procedure room accessed from semi-restricted corridor or from unrestricted corridor |  |  |
| 2.2-3.4.2.2 | Space Requirements: | Ventilation: |  |
| (1)(a) | \_\_\_ min. clear floor area 130 sf | \_\_\_ Min. 15 air changes per hour | Table 7-1 |
| (1)(b) | \_\_\_ anesthesia machine & associated supply carts are used  check if not included in project | \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power: |  |
|  | \_\_\_ min. clear floor area 160 sf | \_\_\_ Min. 12 receptacles in total | Table 2.1-1 |
| (1)(c) | \_\_\_ procedure room sized to accommodate personnel & equipment needed for particular procedures, | \_\_\_ Min. 8 receptacles convenient to table placement with at least one on each wall |  |
|  | \_\_\_ procedure room sized to accommodate additional personnel & equipment that may be needed for emergency rescue | Nurse Call System:  \_\_\_ Emergency call station | Table 2.1-2 |
| (2)(a) | \_\_\_ min. clearance 3’-6” on each side of table, gurney or procedural chair | Medical Gases:  \_\_\_ 1 OX, 2 VAC, 1 MA | Table 2.1-3 |
|  | \_\_\_ min. clearance 3’-0” at head & foot of table, gurney or procedural chair |  |  |
| (2)(b) | \_\_\_ anesthesia machine & associated supply carts are used  \_\_\_ min. clearance 6’-0” at head of table, gurney or procedural chair |  |  |
|  |  |  |  |
| 2.2-3.4.2.3 | \_\_\_ Documentation area |  |  |
| (1) | \_\_\_ accommodations for written and/or electronic documentation provided in procedure room |  |  |
| 2.1‑2.8.3.1 | \_\_\_ work surface to support documentation process |  |  |
| 2.2-3.4.2.3(2) | \_\_\_ use of documentation area allows for direct observation of patient |  |  |
| 2.2-3.4.2.4 | \_\_\_ Provisions made for patient privacy |  |  |
|  |  |  |  |
| 2.2-3.4.2.5 | Handwashing Facilities: |  |  |
| (1) | \_\_\_ handwashing station located in procedure room  **or** |  |  |
| (2) | \_\_\_ hand scrub station directly accessible\* to procedure room |  |  |
|  |  |  |  |
| 2.2-3.4.3 | **OPERATING ROOMS** |  |  |
| 2.2-3.4.3.1(1) | Application: Rooms designated for invasive procedures as defined in Glossary |  |  |
|  | \_\_\_ procedures performed in aseptic surgical field & penetrates protective surfaces of patient body, may require entry into or opening of sterile body cavity, or involve insertion of indwelling foreign body, or include excision & grafting of burns  \_\_\_ procedures that do not begin as invasive procedures but have recognized measurable risks of requiring conversion to invasive procedures |  |  |
| (2) | \_\_\_ Operating room meets requirements of restricted area |  |  |
|  |  |  |  |
| 2.2-3.4.3.2 | \_\_\_ General Operating Room  check if not included in project | Ventilation:  \_\_\_ Min. 20 air changes per hour | Table 7-1 |
| (3) | Space Requirements:  (may include minor wall encroachments max. 12” deep by max. 10% of wall length) | \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Lighting: |  |
| (1)(a)  (1)(b) | \_\_\_ min. clear floor area 400 sf  \_\_\_ min. clearance 8’-6” on each side of operating table  \_\_\_ min. clearance 6’-0” at head of operating table | \_\_\_ General lighting in addition to special lighting units provided at surgical table  Power:  \_\_\_ Min. 36 receptacles in total | 2.1‑8.3.4.3(4) (a)  Table 2.1-1 |
|  | \_\_\_ anesthesia work zone with clear floor area 6’-0” x 8’-0”  \_\_\_ min. clearance 7’-0” at foot of operating table | \_\_\_ Min. 16 receptacles convenient to table placement  \_\_\_ Min. 2 on each wall  Nurse Call System: |  |
|  |  | \_\_\_ Emergency call station | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | Table 2.1-3 |
|  |  |  |  |
| 2.2-3.4.3.3 | \_\_\_ Documentation area |  |  |
| (1) | \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (2) | \_\_\_ use of documentation area allows for direct observation of patient |  |  |
|  |  |  |  |
| **2.2-3.4.3.4** | **\_\_\_ Visual information display**  \_\_\_ at least one medical visual information display provided in operating room |  |  |
|  |  |  |  |
| 2.2-3.4.3.5(3) | Communications System: |  |  |
| (a) | \_\_\_ all operating rooms are equipped with emergency communication system that incorporates push activation of emergency call switch |  |  |
| (b) | \_\_\_ each operating room have system for emergency communication with surgery department control station |  |  |
|  |  |  |  |
| (2) | \_\_\_ Operating room for image-guided surgery  check if not included in project |  |  |
|  | Space Requirements: | Ventilation: |  |
| (3) | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | Table 7-1 |
|  | \_\_\_ uses portable imaging equipment or surgical procedures that require additional personnel and/or large equipment | Lighting:  \_\_\_ General lighting in addition to special lighting units provided at surgical table | 2.1‑8.3.4.3(4) (a) |
| (a) | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | Power:  \_\_\_ Min. 36 receptacles in total  \_\_\_ Min. 16 receptacles convenient to table placement  \_\_\_ Min. 2 on each wall | Table 2.1-1 |
|  | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | Nurse Call System:  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | Table 2.1-2  Table 2.1-3 |
|  |  |  |  |
| (b) | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” |  |  |
|  |  |  |  |
| 2.2-3.4.3.3 | \_\_\_ Documentation area |  |  |
| (1) | \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (2) | \_\_\_ use of documentation area allows for direct observation of patient |  |  |
|  |  |  |  |
| 2.2-3.4.3.4 | \_\_\_ Medical image viewers (e.g. X-ray film or digital) |  |  |
| 2.2-3.4.3.5(3) | Communications System: |  |  |
| (a) | \_\_\_ all operating rooms are equipped with emergency communication system that incorporates push activation of emergency call switch |  |  |
| (b) | \_\_\_ each operating room have system for emergency communication with surgery department control station |  |  |
|  |  |  |  |
| 2.2-3.4.3.6 | \_\_\_ Equipment storage rooms for open-heart or complex orthopedic & neurosurgical surgery  \_\_\_ provided in semi-restricted area |  |  |
|  |  |  |  |
| 2.2-3.4.4 | **HYBRID OPERATING ROOM**  check if not included in project |  |  |
| 2.2-3.4.4.1 | Application:  \_\_\_ hybrid operating rooms (Class 3 imaging rooms) |  |  |
| 2.2-3.4.4.2 | Space Requirements: | Ventilation: |  |
| 2.2-3.4.3.2 (3) | (may include minor wall encroachments max. 12” deep by max. 10% of wall length) | \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure | Table 7-1 |
| (1)(a)  (1)(b) | \_\_\_ min. clear floor area 400 sf  \_\_\_ min. clearance 8’-6” on each side of operating table  \_\_\_ min. clearance 6’-0” at head of operating table | \_\_\_ No recirculating room units  Lighting:  \_\_\_ General lighting in addition to special lighting units provided at surgical table | 2.1‑8.3.4.3(4) (a) |
|  |  | Power: |  |
|  | \_\_\_ anesthesia work zone with clear floor area 6’-0” x 8’-0”  \_\_\_ min. clearance 7’-0” at foot of operating table | \_\_\_ Min. 36 receptacles in total  \_\_\_ Min. 16 receptacles convenient to table placement  \_\_\_ Min. 2 on each wall | Table 2.1-1 |
|  |  |  |  |
| 2.2-3.4.4.2(1) | \_\_\_ clear floor area, clearance & storage requirements for imaging equipment contained in room | Nurse Call System:  \_\_\_ Emergency call station | Table 2.1-2 |
| 2.2-3.4.4.2(2) | \_\_\_ any mobile storage units do not encroach on required clear floor area & clearances | Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | Table 2.1-3 |
| 2.2-3.4.2.2(1) | \_\_\_ imaging rooms are sized & configured to comply with manufacturer’s recommendations for installation service & maintenance |  |  |
|  | \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| 2.2-3.4.3.3  (1) | \_\_\_ Documentation area  \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (2) | \_\_\_ use of documentation area allows for direct observation of patient |  |  |
|  |  |  |  |
| 2.2-3.4.3.4 | \_\_\_ Medical image viewers (e.g. X-ray film or digital) |  |  |
|  |  |  |  |
| 2.2-3.4.3.5(3) | Communications System: |  |  |
| (a) | \_\_\_ all operating rooms are equipped with emergency communication system that incorporates push activation of emergency call switch |  |  |
| (b) | \_\_\_ each operating room have system for emergency communication with surgery department control station |  |  |
|  |  |  |  |
| 2.2-3.4.4.3 | \_\_\_ Control room |  |  |
| (1) | \_\_\_ sized & configured in compliance with manufacturer recommendations for installation service & maintenance |  |  |
| (2) | \_\_\_ control room physically separated from hybrid operating room with walls & door  **or**  \_\_\_ open control area serves only one operating room & is built maintained & controlled same as operating room |  |  |
|  |  |  |  |
| (4) | \_\_\_ view panels that provide for view of patient & surgical team |  |  |
|  |  |  |  |
| 2.2-3.4.4.4 | Structural Support:  \_\_\_ floor & ceiling structures designed to support weight of imaging equipt as well as other fixed ancillary equipt & movable ancillary equipt |  |  |
|  |  |  |  |
| 2.2-3.4.4.5 | \_\_\_ Hybrid operating room protected from disruptive environmental vibrations & other disturbances in accordance with imaging equipment manufacturer’s technical specifications |  |  |
|  |  |  |  |
| 2.2-3.4.4.6 | \_\_\_ System component room |  |  |
| 2.2-3.4.2.5(1) | Location: |  |  |
| (a) | \_\_\_ accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| 2.2-3.4.2.5(2) | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/UPS equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
| 2.2-3.4.4.7  2.2-3.4.1.3 | Radiation Protection:  check if not included in project (only if imaging equipment does not emit ionizing radiations)  \_\_\_ certified radiation physicist has specified type, location & amount of radiation protection  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
|  |  |  |  |
| 2.2-3.4.4.8 | Specific requirements for hybrid operating rooms with intraoperative computerized tomography (CT) systems:  check if not included in project |  |  |
| 2.2-3.4.4.8(1) |  |  |  |
| 2.2-3.4.1.3(1) | \_\_\_ Shielded control room |  |  |
| (a) | Space Requirements:  \_\_\_ sized & configured according to manufacturer recommendations |  |  |
| (c) | \_\_\_ shielded view window designed to provide full view of patient at all times (use of additional closed-circuit video monitoring permitted) |  |  |
| (d) | \_\_\_ control room enclosed with walls & door |  |  |
|  |  |  |  |
| 2.2-3.4.4.8(2) | Specific Requirements for Hybrid Operating Rooms with Intraoperative MRI Systems:  check if not included in project |  |  |
| 2.2-3.4.5.1 (1) | Planning Configuration of MRI Suite:  \_\_\_ conforms to 4-zone screening & access control protocols identified by American College of Radiology  \_\_\_ **Zone I**: all areas that are freely accessible to the general public  \_\_\_ **Zone II**: interface between the publicly accessible uncontrolled Zone I & strictly controlled Zone III (space for screening questions, patient histories, medical insurance questions)  \_\_\_ **Zone III**: no free access by unscreened persons or non-MRI personnel due to interactions between persons or equipment & MRI scanner  \_\_\_ **Zone IV**: MRI scanner room where access must be supervised by MRI personnel |  |  |
|  |  |  |  |
| (2) | \_\_\_ MRI suite as well as spaces around, above & below designed to prevent unscreened individuals from entering 5‑gauss volume around MRI equipment |  |  |
|  |  |  |  |
| (3) | Specific Support Areas for MRI Suite: |  |  |
| (a) | \_\_\_ space for patient interviews & clinical screening |  |  |
| (b) | \_\_\_ space for physical screening |  |  |
| (c) | \_\_\_ ferromagnetic (only) detection & warning systems |  |  |
| (d) | \_\_\_ access controls |  |  |
| (e) | \_\_\_ space to accommodate site-specific clinical & operational requirements such as image-guided procedures emergent imaging or general anesthesia support  check if not included in project |  |  |
| (f) | \_\_\_ space for containment of non-MRI-safe objects outside restricted MRI safety zones |  |  |
| (g) | \_\_\_ space for storage (patient lockers) of patient belongings & non-MRI-safe items |  |  |
| (4) | \_\_\_ any area in which magnetic field strength is equal to or greater than 5 gauss is physically restricted by use of key locks or pass-key locking systems |  |  |
|  |  |  |  |
| 2.2-3.4.5.4 | \_\_\_ MRI control room |  |  |
| (1) | \_\_\_ operator console positioned so operator has full view of principal approach & entrance to MRI scanner room |  |  |
| (2) | \_\_\_ outward-swinging door  check if not included in project  \_\_\_ door in open position does not obstruct view of entry opening from operator’s console |  |  |
| 2.2-3.4.1.3(1)  (a) | Space Requirements:  \_\_\_ sized & configured according to manufacturer’s recommendations  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| 2.2-3.4.1.3(1)  (c) | \_\_\_ shielded view window designed to provide full view of examination/ procedure table & patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
| 2.2-3.4.1.3(1)  (d) | \_\_\_ control room enclosed with walls & door |  |  |
| 2.2-3.4.5.9 | Special Design Elements for MRI Scanner Room: |  |  |
| (1)(a) | \_\_\_ ferromagnetic materials that may become detached or otherwise interfere with operation of MRI scanner are not used in MRI scanner rooms | Superconducting MRI cryogen venting:  \_\_\_ Cryogen vent (quench) pipe is provided in accordance with equipment manufacturer’s technical specifications (for MRI equipment protection) | 2.2-3.5.5.3  (1) |
| (1)(b) | \_\_\_ MRI scanner room be located and/or shielded to avoid electromagnetic interference from elevators or other electromagnetic equipment | Cryogen venting points of discharge:  \_\_\_ clearly marked & shielded from staff & maintenance personnel areas  \_\_\_ substantially removed from all public & patient routes of travel | (a) |
| (2)(a) | \_\_\_ floor structure designed to support weight of MRI scanner equipment minimize disturbance to MRI magnetic field & mitigate disruptive environmental vibrations | \_\_\_ minimum clearances from air intakes operable windows or doors as defined by MRI system manufacturer | (b) |
| (2)(b) | \_\_\_ MRI rooms be marked with lighted sign with red light to indicate that magnet is always on | \_\_\_ designed with weather head sufficient to protect against horizontally driven rain | (c) |
| (2)(c) | \_\_\_ acoustic control provided to mitigate noise emitted by MRI scanner per Table 1.2-6 | \_\_\_ Accessible areas around cryogen vent discharge marked to indicate safety exclusion zone in accordance with MRI equipment manufacturer standards | (d) |
|  |  | \_\_\_ Emergency exhaust & passive pressure relief provided in accordance with | (2) |
|  |  | equipment manufacturer’s technical specifications for building occupant protection |  |
| 2.2-3.4.4.8(3) | Specific Requirements for Hybrid Operating Rooms with Vascular Imaging Systems:  check if not included in project |  |  |
| 2.2-3.4.1.3(1) | \_\_\_ Shielded control alcove or room |  |  |
| (a) | Space Requirements:  \_\_\_ sized & configured according to manufacturer’s recommendations |  |  |
| (c) | \_\_\_ shielded view window designed to provide full view of examination/ procedure table & patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
| (d) | \_\_\_ control room enclosed with walls & door |  |  |
|  |  |  |  |
| 2.2-3.4.5 | **PRE- & POSTOPERATIVE PATIENT CARE AREAS** |  |  |
| 2.1‑3.4.1.1 | \_\_\_ Patient care stations accommodate lounge chairs, gurneys or beds for pre‑ & post‑procedure (recovery) patient care  \_\_\_ Patient care stations accommodate seating space for family/visitors |  |  |
| 2.1‑3.4.1.2 | \_\_\_ Location in unrestricted area |  |  |
| 2.1‑3.4.1.3(2) | Layout: |  |  |
| (a) | \_\_\_ combination of pre‑ & post‑procedure patient care stations in one area  \_\_\_ patient care stations combined in same area meet most restrictive requirements of areas to be combined  **or** |  |  |
| (b) | \_\_\_ separate pre‑procedure patient care area & post‑procedure recovery area  \_\_\_ patient care stations combined in same area meet most restrictive requirements of areas to be combined  **or** |  |  |
| (c) | \_\_\_ three areas: pre‑procedure patient care area Phase I post‑anesthetic care unit (PACU) & Phase II recovery area |  |  |
| 2.1‑3.4.1.4 | Number of Patient Care Stations: |  |  |
| (1) | \_\_\_ pre‑ & post‑procedure patient care stations are combined into one patient care area  check if not included in project  \_\_\_ at least two patient care stations for each operating room |  |  |
| (2) | \_\_\_ separate pre‑procedure & recovery areas  check if not included in project |  |  |
| 2.1‑3.4.3 | \_\_\_ pre‑procedure patient care room or area provides at least one patient care station per imaging room, procedure room or operating room |  |  |
| 2.1‑3.4.4 | \_\_\_ Phase I post‑anesthetic care unit (PACU) provides minimum of one Phase I patient care station per Class 3 imaging or operating room |  |  |
| 2.1‑3.4.5 | \_\_\_ Phase II recovery room(s) or area |  |  |
|  | \_\_\_ minimum of one Phase II patient care station per operating room |  |  |
|  |  |  |  |
| 2.1‑3.4.2.2 | Space Requirements: |  |  |
| (2)(a) | \_\_\_ patient care bays  check if not included in project | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | Table 7-1 |
|  | \_\_\_ min. clearance 5’‑0” between sides of patient beds/gurneys/lounge chairs  \_\_\_ min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent\* walls or partitions | Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ convenient to head of gurney or bed  Nurse Call System: | Table 2.1-1 |
|  | \_\_\_ min. clearance 2’‑0” between foot of patient beds/gurneys/lounge chairs & cubicle curtain | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per station | Table 2.1-2  Table 2.1-3 |
|  |  |  |  |
| (2)(b) | \_\_\_ patient care cubicles  check if not included in project |  |  |
|  | \_\_\_ min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent\* walls or partitions | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | Table 7-1 |
|  | \_\_\_ min. clearance 2’‑0” between foot of patient beds/gurneys/lounge chairs & cubicle curtain | Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ convenient to head of gurney or bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Emergency call station | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per station | Table 2.1-3 |
|  | \_\_\_ bays or cubicles face each other  check if not included in project  \_\_\_ aisle with min. clearance 8’‑0” independent of foot clearance between patient stations or other fixed objects |  |  |
|  |  |  |  |
| (2)(c) | \_\_\_ single‑patient rooms  check if not included in project |  |  |
|  | \_\_\_ min. clearance 3’‑0” between sides & foot of beds/gurneys/lounge chairs & adjacent\* walls or partitions | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | Table 7-1 |
|  |  | Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ convenient to head of gurney or bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Emergency call station | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per station | Table 2.1-3 |
| 2.1‑2.4.2 | \_\_\_ Airborne infection isolation (AII) room in pre‑procedure & recovery areas |  |  |
| 2.1‑2.4.2.2 | \_\_\_ complies with requirements applicable to single‑patient rooms | Ventilation:  \_\_\_ Min. 12 air changes per hour | Table 7-1 |
| (2)  (3) | \_\_\_ personal protective equipment (PPE) storage at entrance to room  \_\_\_ handwashing station | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  |  |  |  |
| (4) | \_\_\_ patient toilet room  \_\_\_ serves only one AII room | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  |  | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.1‑2.4.2.3 | \_\_\_ anteroom  check if not included in project |  |  |
| (1) | \_\_\_ provides space for persons to don personal protective equipment (PPE) before entering patient room | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ No recirculating room units | Table 7-1 |
| (2) | \_\_\_ all doors to anteroom have self‑closing devices  **or**  \_\_\_ audible alarm activated when AII room is in use as isolation room |  |  |
|  |  |  |  |
| (3)(a) | \_\_\_ handwashing station |  |  |
| (3)(b) | \_\_\_ storage for unused PPE |  |  |
| (3)(c) | \_\_\_ disposal/holding container for used PPE |  |  |
| 2.1‑2.4.2.4 | Architectural Details & Furnishings: |  |  |
| (1)(a) | \_\_\_ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration |  |  |
| (1)(b) | \_\_\_ self‑closing devices on all room exit doors  **or**  \_\_\_ activation of audible alarm when AII room is in use as isolation room |  |  |
|  | \_\_\_ edge seals provided along sides & top of doorframe for any door into AII room |  |  |
| 2.1‑2.4.2.5 | \_\_\_ room pressure visual or audible alarm |  |  |
| 2.1‑3.4.2.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | \_\_\_ provisions are made to address patient visual & speech privacy |  |  |
| 2.1‑3.4.2.5 | \_\_\_ Handwashing stations |  |  |
| 2.1‑2.8.7.1 | \_\_\_ located in each room where hands‑on patient care is provided |  |  |
| 2.1‑2.8.7.3 | \_\_\_ handwashing station serves multiple patient care stations  check if not included in project |  |  |
| (1) | \_\_\_ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof |  |  |
| (2) | \_\_\_ handwashing stations evenly distributed |  |  |
|  |  |  |  |
| 2.1‑3.4.4.2 | \_\_\_ At least one route of patient transport provides direct access from semi‑restricted area of surgical suite to Phase I recovery area without crossing public corridors |  |  |
|  |  |  |  |
| 2.1‑3.4.4.3 | \_\_\_ Design of Phase I recovery area provides observation of all patient care stations from nurse station |  |  |
|  |  |  |  |
| 2.2-3.4.5.8 | **SUPPORT AREAS FOR PRE- &**  **POST-OPERATIVE PATIENT CARE AREAS** |  |  |
| 2.2-3.4.5.8(1) | \_\_\_ General support areas in this section are provided in or directly accessible\* to pre- & postoperative patient care areas |  |  |
| 2.2-3.4.5.8(2) |  |  |  |
| 2.1‑2.8.2 | \_\_\_ Nurse station |  |  |
| 2.1‑2.8.2.1(1) | \_\_\_ space for counters |  |  |
| 2.1‑2.8.2.1(2) | \_\_\_ handwashing station next to or directly accessible\*  **or**  \_\_\_ hand sanitation dispenser next to or directly accessible\* |  |  |
| 2.1‑2.8.2.2 | \_\_\_ Center for reception & communication |  |  |
|  | \_\_\_ self‑contained  **or**  \_\_\_ combined with administrative center or nurse station |  |  |
|  |  |  |  |
| 2.1‑2.8.3 | \_\_\_ Documentation area |  |  |
| 2.1‑2.8.3.1 | \_\_\_ work surface to support documentation process |  |  |
|  |  |  |  |
| 2.2-3.4.5.8(7) | \_\_\_ Clinical sink |  |  |
|  |  |  |  |
| 2.2-3.4.5.8(8) | \_\_\_ Medication safety zone |  |  |
| (a) | \_\_\_ provided in postoperative patient care areas |  |  |
| 2.1‑2.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | \_\_\_ medication safety zones located out of circulation paths |  |  |
| (b) | \_\_\_ work space designed so that staff can access information & perform required tasks | Lighting:  \_\_\_ Task‑specific lighting level min. 100 foot‑candles | 2.1‑2.8.8.1(2)(d) |
| (c) | \_\_\_ work counters provide space to perform required tasks |  |  |
| (e) | \_\_\_ sharps containers placed at height that allows users to see top of container |  |  |
| (f) | \_\_\_ max. 45 dBA noise level caused by building systems |  |  |
|  |  |  |  |
| 2.1‑2.8.8.2(1) | \_\_\_ medication preparation room |  |  |
| (a) | \_\_\_ under visual control of nursing staff | Ventilation: |  |
| (b) | \_\_\_ work counter | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ handwashing station | Lighting: |  |
|  | \_\_\_ lockable refrigerator | \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | \_\_\_ locked storage for controlled drugs |  |  |
|  | \_\_\_ sharps containers  check if not included in project |  |  |
| (c) | \_\_\_ self‑contained medication‑dispensing unit  check if not included in project |  |  |
|  | \_\_\_ room designed with space to prepare medications  **or** |  |  |
| 2.1‑2.8.8.2(2) | \_\_\_ automated medication‑dispensing unit |  |  |
| (a) | \_\_\_ located at nurse station, in clean workroom or in alcove | Lighting:  \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
| (c) | \_\_\_ handwashing station or hand sanitation dispenser located next to stationary medication-dispensing units or stations |  |  |
| 2.2-3.4.5.8(9) | \_\_\_ Nourishment area | Ventilation: |  |
|  | \_\_\_ provided in unrestricted patient care area | \_\_\_ Min. 2 air changes per hour | Table 7-1 |
| 2.1‑2.8.9.2(1) | \_\_\_ handwashing station |  |  |
| 2.1‑2.8.9.2(2) | \_\_\_ work counter |  |  |
| 2.1‑2.8.9.2(3) | \_\_\_ refrigerator |  |  |
| 2.1‑2.8.9.2(4) | \_\_\_ microwave |  |  |
| 2.1‑2.8.9.2(5) | \_\_\_ storage cabinets |  |  |
| 2.1‑2.8.9.2(6) | \_\_\_ space for temporary storage of food service implements |  |  |
| 2.1‑2.8.9.3 | \_\_\_ provisions & space for separate temporary storage of unused meal trays |  |  |
| 2.1‑2.8.9.4 | \_\_\_ provisions & space for soiled meal trays |  |  |
| 2.2-3.4.5.8(10) | \_\_\_ Ice-making equipment |  |  |
| (b) | \_\_\_ not located in semi-restricted area |  |  |
| 2.2-3.4.5.8(12) |  |  |  |
| 2.2-3.4.7.12  (1)(a) | \_\_\_ Soiled workroom or soiled holding room (may be combined with Decontamination Room in Sterile Processing Facility) |  |  |
| (1)(b) | \_\_\_ separate soiled workrooms or holding rooms for unrestricted area and semi-restricted area  **or**  \_\_\_ soiled workroom or holding room shared between unrestricted area and semi-restricted area  \_\_\_ direct access provided from semi-restricted area  \_\_\_ separate entrance provided from unrestricted area |  |  |
|  |  |  |  |
| (c) | \_\_\_ soiled workroom or holding room do not have direct connection with operating rooms or other sterile activity rooms |  |  |
|  |  |  |  |
| 2.1‑2.8.12.2  (1)(a) | \_\_\_ soiled workroom  \_\_\_ handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1)(b) | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (1)(c) | \_\_\_ work counter |  |  |
| (1)(d) | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
| (2) | \_\_\_ fluid management system is used  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station  **or** |  |  |
| 2.1‑2.8.12.3 | \_\_\_ soiled holding room | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1) | \_\_\_ handwashing station or hand sanitation station | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
| (2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ No recirculating room units |  |
| 2.2-3.4.7.12(3) (b) | \_\_\_ other provisions for disposal of liquid waste are made |  |  |
|  |  |  |  |
| 2.2-3.4.5.9 | **SUPPORT AREAS FOR STAFF** |  |  |
|  | \_\_\_ Staff toilet room located in postoperative patient care area to maintain staff availability to patients |  |  |
|  |  |  |  |
| 2.2-3.4.5.10 | **SUPPORT AREAS FOR PATIENTS & VISITORS** |  |  |
| (1) | \_\_\_ Patient toilet room |  |  |
| (a) | Location: |  |  |
|  | \_\_\_ directly accessible\* to pre- & postoperative patient care area |  |  |
| Errata | \_\_\_ private toilet room directly accessible\* from each pre- & postoperative single-patient room used for Airborne Infection Isolation  check if not included in project (only if no AII rooms are provided in pre- & post-operative areas) |  |  |
| (b) | Number: |  |  |
|  | \_\_\_ one patient toilet for each eight patient care stations or fewer & for each major fraction thereof |  |  |
|  |  |  |  |
| 2.2-3.4.6 | **SUPPORT AREAS IN SEMI-RESTRICTED AREA** |  |  |
| 2.2-3.4.6.2 | \_\_\_ Nurse or control stations |  |  |
| (1) | \_\_\_ access through all entries to semi-restricted area must be controlled |  |  |
| (2) | \_\_\_ nurse or control station located in semi-restricted area  **or**  \_\_\_ nurse or control station located in unrestricted area  \_\_\_ directly accessible\* to semi‑restricted area |  |  |
| (3) | \_\_\_ nurse or control station permits direct or remote visual observation of traffic into the semi-restricted area |  |  |
|  |  |  |  |
| 2.2-3.4.6.6 | \_\_\_ Hand scrub facilities |  |  |
| 2.1‑2.8.6.1  2.1‑2.8.6.2 | \_\_\_ at least one hand scrub position for each operating room  \_\_\_ located next to entrance to each room (one hand scrub station consisting of two scrub positions may be shared if located adjacent\* to entrance of each room) |  |  |
| 2.1‑2.8.6.3 | \_\_\_ placement of scrub station does not restrict min. required corridor width |  |  |
|  |  |  |  |
| 2.2-3.4.6.13(1) | \_\_\_ Emergency equipment storage |  |  |
| 2.1‑2.8.13.4(1) | \_\_\_ each patient care unit has at least one emergency equipment storage location |  |  |
| 2.1‑2.8.13.4(2) | \_\_\_ provided under visual observation of staff |  |  |
| 2.1‑2.8.13.4(3) | \_\_\_ storage locations in corridors do not encroach on minimum required corridor width |  |  |
|  |  |  |  |
| (2) | Bed or gurney storage |  |  |
|  | \_\_\_ storage provided for bed or gurney on which the patient is transported to the operating room or the bed or gurney to be used for transportation after surgery |  |  |
| (a) | \_\_\_ storage area (e.g. corridor alcove) is located in the semi-restricted area adjacent to operating room |  |  |
| (c) | \_\_\_ bed storage area is in addition to clean equipment and clean & sterile supply storage |  |  |
|  |  |  |  |
| 2.2-3.4.6.14 | \_\_\_ Environmental services room |  |  |
| (1) | \_\_\_ not shared with other areas |  |  |
| (2) | \_\_\_ accessed from semi-restricted corridor |  |  |
| 2.1‑2.8.14.2(1) | \_\_\_ service sink or floor‑mounted mop sink |  |  |
| 2.1‑2.8.14.2(2) | \_\_\_ provisions for storage of supplies & housekeeping equipment | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| 2.1‑2.8.14.2(3) | \_\_\_ handwashing station  **or**  \_\_\_ hand sanitation station | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.2-3.4.6.15 | **“SATELLITE” STERILE PROCESSING FACILITIES** |  |  |
|  | check if not included in project |  |  |
| 2.1‑5.1.2 | (only if hospital includes a Central Processing Department or if contractual arrangements are made for off‑site processing and support areas for off‑site processing are provided in hospital) |  |  |
| 2.1‑5.1.2.1(2) | \_\_\_ Sterile processing facility meet requirements of semi‑restricted area |  |  |
| 2.1‑5.1.2.1(3) | Layout:  \_\_\_ sterile processing facilities designed to provide one‑way traffic pattern |  |  |
|  |  |  |  |
| 2.1‑5.1.2.2 | \_\_\_ Two‑room sterile processing facility  check if not included in project |  |  |
| (1)(a) | \_\_\_ decontamination room & clean workroom physically separated by wall containing door or pass‑through window  **or**  \_\_\_ built‑in washer/disinfector with pass‑through door or window |  |  |
|  |  |  |  |
| (1)(b) | \_\_\_ Sterilizer access room for maintaining equipment  check if not included in project |  |  |
|  |  |  |  |
| (2) | \_\_\_ Decontamination room |  |  |
| (a) | \_\_\_ sized to meet min. equipment space & clearances needed for equipment used  \_\_\_ equipment shown on plans | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ Exhaust | Table 7-1 |
| (b) | \_\_\_ work counter(s) | \_\_\_ Negative pressure |  |
|  | \_\_\_ handwashing station | \_\_\_ No recirculating room units |  |
|  | \_\_\_ three‑basin sink with counter |  |  |
|  | \_\_\_ flushing‑rim clinical sink or equivalent fixture  **or**  \_\_\_ alternative methods for disposal of bio‑waste |  |  |
|  |  |  |  |
|  | \_\_\_ space for waste & soiled linen receptacles |  |  |
|  | \_\_\_ documentation area |  |  |
|  | \_\_\_ instrument air outlet for drying instruments  **or**  \_\_\_ portable compressed air for drying instruments |  |  |
|  |  |  |  |
|  | \_\_\_ storage for decontamination supplies & personal protective equipment (PPE) |  |  |
|  |  |  |  |
| (3) | \_\_\_ Clean workroom | Ventilation: |  |
| (a) | \_\_\_ sized to accommodate sterilization equipment used  \_\_\_ equipment shown on plans | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | Table 7-1 |
| (b) | \_\_\_ work counter |  |  |
|  | \_\_\_ handwashing station |  |  |
|  | \_\_\_ storage for sterilization supplies |  |  |
|  | \_\_\_ documentation area |  |  |
|  | \_\_\_ instrument air outlet for drying instruments  **or**  \_\_\_ portable compressed air for drying instruments |  |  |
|  |  |  |  |
|  | \_\_\_ cooling area for sterilization cart  check if not included in project |  |  |
|  |  |  |  |
| (4) | \_\_\_ Sterile storage (provided for storage of sterile instruments & supplies) | Ventilation: |  |
| (a) | \_\_\_ area part of clean workroom  **or**  \_\_\_ separate storage room | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | Table 7-1 |
| (b) | \_\_\_ space for case cart storage  check if not included in project |  |  |
|  | (only if case carts are not used) |  |  |
|  |  |  |  |
| 2.1‑5.1.2.3 | \_\_\_ One‑room sterile processing facility  check if not included in project |  |  |
| (1) | \_\_\_ consists of decontamination area & clean work area |  |  |
| (b) | \_\_\_ two entrances  **or**  \_\_\_ single entrance  \_\_\_ located approximately equidistant from clean & decontamination sides of room  \_\_\_ allows for one‑way traffic flow |  |  |
|  |  |  |  |
| (2) | \_\_\_ decontamination area | Ventilation: |  |
| (a) | \_\_\_ countertop | \_\_\_ Min. 6 air changes per hour | Table 7-1 |
|  | \_\_\_ two‑basin sink for washing instruments | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
|  | \_\_\_ handwashing station  \_\_\_ separate from instrument‑washing sink | \_\_\_ No recirculating room units |  |
|  | \_\_\_ storage for supplies |  |  |
|  | \_\_\_ instrument air outlet for drying instruments  **or**  \_\_\_ portable compressed air for drying instruments |  |  |
|  |  |  |  |
| (b) | \_\_\_ instrument‑washing sink separated from clean work area by 4'‑0" foot distance from edge of sink  **or**  \_\_\_ instrument‑washing sink separated from clean work area by wall  **or**  \_\_\_ instrument‑washing sink separated from clean work area by screen  \_\_\_ screen extends min. 4’‑0” above sink rim |  |  |
|  |  |  |  |
| (3) | \_\_\_ clean work area | Ventilation: |  |
| (a) | \_\_\_ countertop | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
| (b) | \_\_\_ sterilizer | \_\_\_ Positive pressure |  |
| (c) | \_\_\_ storage for supplies | \_\_\_ No recirculating room units |  |
| (d) | \_\_\_ instrument air outlet for drying instruments  **or**  \_\_\_ portable compressed air for drying instruments |  |  |
|  |  |  |  |
| 2.1‑5.1.2.4 | \_\_\_ Equipment & supply storage | Ventilation: |  |
| (1) | \_\_\_ instrument & supply storage provided for sterile & clean instruments & supplies | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | Table 7-1 |
| (a) | \_\_\_ separate room  **or**  \_\_\_ portion of clean workroom |  |  |
|  |  |  |  |
| (b) | \_\_\_ space for case cart storage  check if not included in project  (only if case carts are not used in facility) |  |  |
|  |  |  |  |
| (2) | \_\_\_ clean/sterile medical/surgical supply receiving room | Ventilation: |  |
|  |  | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | Table 7-1 |
| 2.1‑5.1.2.5 | Support Areas for Staff: |  |  |
| (1)(a) | \_\_\_ separate changing areas provided for male & female staff (unisex changing area with one or more private changing rooms is permitted) |  |  |
| (1)(b)  (1)(c) | \_\_\_ staff changing areas meet requirements of unrestricted area (may be shared with other departments or services) |  |  |
| (2)(a) | \_\_\_ lockers |  |  |
| (2)(b) | \_\_\_ toilet room | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (2)(c) | \_\_\_ handwashing station | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (2)(d) | \_\_\_ space for donning surgical attire |  |  |
| (2)(e) | \_\_\_ provision for separate storage of clean & soiled work attire |  |  |
|  |  |  |  |
| 2.2-3.4.7 | **SUPPORT AREAS DIRECTLY ACCESSIBLE TO SEMI-RESTRICTED AREA** |  |  |
| 2.2-3.4.7.12 | \_\_\_ Soiled workroom or soiled holding room |  |  |
| (c) | \_\_\_ no direct connection with operating rooms or other sterile activity rooms |  |  |
|  |  |  |  |
| 2.1‑2.8.12.2 | \_\_\_ soiled workroom | Ventilation: |  |
| (1)(a) | \_\_\_ handwashing station | \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1)(b) | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (1)(c) | \_\_\_ work counter |  |  |
| (1)(d) | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
| (2) | \_\_\_ fluid management system is used  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station  **or** |  |  |
| 2.1‑2.8.12.3 | \_\_\_ soiled holding room | Ventilation: |  |
| (1) | \_\_\_ handwashing station or hand sanitation station | \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 7-1 |
| (2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-3.4.7.12(3) | \_\_\_ other provisions for disposal of liquid waste are provided and described in Project Narrative |  |  |
|  |  |  |  |
| **2.2-3.4.7.13** | **\_\_\_ Clean equipment & clean & sterile supply storage** used in the semi-restricted & restricted areas | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | Table 7-1 |
| (1)(a) | \_\_\_ one storage room  or  \_\_\_ combination of storage rooms |  |  |
|  |  |  |  |
| (1)(b) | Location |  |  |
|  | \_\_\_ storage room or area is separate from & has no direct connection with soiled holding room  \_\_\_ storage room or area is directly accessible to the semi-restricted area (is permitted to be directly accessible to operating rooms) |  |  |
|  |  |  |  |
| (1)(d) | \_\_\_ storage room or area is directly accessible to operating room  \_\_\_ designated as semi-restricted or restricted as needed by facility operations  **or** |  |  |
| (1)(e) | \_\_\_ storage room or area is directly accessible to only a semi-restricted area  \_\_\_ designated as semi-restricted area. |  |  |
|  |  |  |  |
| (2) | Space requirements |  |  |
| (a) | \_\_\_ each surgical suite has at least 300 sf or 100 sf per operating room for clean equipment and supply storage, whichever is greater |  |  |
|  |  |  |  |
| (3) | \_\_\_ Documentation area  check if not included in project |  |  |
|  | \_\_\_ documentation area located in this storage room is in addition to documentation area in operating room |  |  |
|  |  |  |  |
| (4) | \_\_\_ No sink in this storage room |  |  |
| (5) | \_\_\_ No sterilizer in this storage room |  |  |
|  |  |  |  |
| 2.2-3.4.8 | **OTHER SUPPORT AREAS IN SURGERY DEPARTMENT** |  |  |
| 2.2-3.4.8.13(1) | \_\_\_ Clean linen storage (may be in designated location in clean supply & equipment storage room) |  |  |
|  |  |  |  |
| (3) | \_\_\_ Storage space for gurneys, stretchers & wheelchairs |  |  |
|  |  |  |  |
| (5) | \_\_\_ Medical gas storage  \_\_\_ space for supply & storage of medical gases used in facility including space for reserve cylinders provided  \_\_\_ protected in accordance with NFPA 99 Health Care Facilities Code |  |  |
|  |  |  |  |
| (6) | \_\_\_ Storage for large clinical equipment  check if not included in project |  |  |
|  |  |  |  |
| 2.2-3.4.8.16 | \_\_\_ Storage for blood, organs, tissue & pathological specimens |  |  |
| (1) | \_\_\_ equipment temperature controls alarms & monitoring |  |  |
|  |  |  |  |
| 2.1-4.1.2.3  (1)  (2) | \_\_\_ Refrigerated storage facilities  \_\_\_ refrigerator  \_\_\_ blood storage facilities |  |  |
|  |  |  |  |
| 2.2-3.4.8.17 | \_\_\_ Area for preparation & examination of frozen sections |  |  |
|  | \_\_\_ located in Surgical Department  **or**  \_\_\_ located in general laboratory  \_\_\_ immediate results are obtainable |  |  |
|  |  |  |  |
| 2.2-3.4.9 | **SUPPORT AREAS FOR SURGERY DEPARTMENT STAFF** |  |  |
| 2.2-3.4.9.1 | \_\_\_ Staff lounge |  |  |
| 2.2-3.4.9.4 | \_\_\_ Staff changing area & toilet facilities |  |  |
| (1) | \_\_\_ one or more private changing rooms or areas for male & female staff working in semi-restricted & restricted areas of surgery department |  |  |
| (2)(a) | \_\_\_ lockers |  |  |
| (2)(b)  (2)(c) | \_\_\_ showers  \_\_\_ toilets | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
|  |  | \_\_\_ No recirculating room units |  |
| (2)(d) | \_\_\_ handwashing stations |  |  |
| (2)(e) | \_\_\_ space for donning & doffing surgical attire |  |  |
| (2)(f) | \_\_\_ provisions for separate storage of clean & soiled surgical attire |  |  |
|  |  |  |  |
| 2.2-3.4.10 | **SUPPORT AREAS FOR PATIENTS FAMILIES & VISITORS** |  |  |
| 2.2-3.4.10.3  (2) | \_\_\_ Patient changing area  check if not included in project (only if patients are assigned private holding rooms or cubicles) |  |  |
| (1)(a) | \_\_\_ provisions for storing patients’ belongings during procedures |  |  |
| (1)(b) | \_\_\_ toilet room | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
|  |  | \_\_\_ No recirculating room units |  |
| (1)(c) | \_\_\_ space for changing or gowning |  |  |
| 2.2-3.4.10.4 | \_\_\_ Waiting area for families & visitors |  |  |
|  |  |  |  |

\*LOCATION TERMINOLOGY:

Directly accessible: Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space

Adjacent: Located next to but not necessarily connected to the identified area or room

Immediately accessible: Available either in or adjacent to the identified area or room

Readily accessible: Available on the same floor or in the same clinic as the identified area or room

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
|  |  |
| 2.1‑7.2.2.1  NFPA 101, 18.2.3.3 | CORRIDOR WIDTH:  \_\_\_ Aisles, corridors & ramps required for exit access in a hospital not less than 8'‑0" in clear & unobstructed width  **or**  \_\_\_ Detailed code review incorporated in Project Narrative |
|  | \_\_\_ Aisles, corridors & ramps in adjunct areas not intended for the treatment or use of inpatients not less than 44” in clear & unobstructed width |
|  |  |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (1) | \_\_\_ Min. ceiling height 7’-6” in corridors & in normally unoccupied spaces |
| (2) | \_\_\_ Min. ceiling height 9'-0" in seclusion rooms & secure holding rooms |
| (3) | \_\_\_ Min height 7’‑6” above floor of suspended tracks rails & pipes located in traffic path for patients in beds & on stretchers |
|  | \_\_\_ Min ceiling height 7’‑10” in other areas |
|  |  |
| 2.1‑7.2.2.3  (1)  (a)  (b) | DOORS & DOOR HARDWARE:  Door Type:  \_\_\_ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors  \_\_\_ sliding doors  check if not included in project |
|  | \_\_\_ manual or automatic sliding doors comply with NFPA 101  \_\_\_ detailed code review incorporated in Project Narrative  \_\_\_ no floor tracks |
| (2)  (a) | Door Opening:  \_\_\_ min. 45.5” clear door width for diagnostic/treatment areas  \_\_\_ min. 83.5” clear door height for diagnostic/treatment areas |
| (b) | \_\_\_ swinging doors for personnel use in addition to sliding doors  check if not included in project  \_\_\_ min. clear width 34.5” |
|  |  |
| (3) | Door Swing: |
| (a) | \_\_\_ doors do not swing into corridors except doors to non‑occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware |
|  |  |
| (4) | \_\_\_ Lever hardware or push/pull latch hardware |
|  |  |
| (5) | Doors for Patient Toilet Facilities: |
| (a) | \_\_\_ two separate doors  **or** |
|  | \_\_\_ door that swings outward  **or** |
|  | \_\_\_ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)  **or** |
|  | \_\_\_ sliding door other than pocket door |
|  |  |
| (b) | \_\_\_ toilet room opens onto public area or corridor  check if not included in project |
|  | \_\_\_ visual privacy is maintained |
| 2.1‑7.2.2.7 | GLAZING MATERIALS:  \_\_\_ Glazing within 1 foot 6 inches of floor  check if not included in project |
|  | \_\_\_ must be safety glass, wire glass or plastic break‑resistant material |
|  |  |
| 2.1‑7.2.2.8 | HANDWASHING STATIONS: |
| (1)(c) | \_\_\_ Handwashing stations in patient care areas located so they are visible & unobstructed |
| (3) |  |
| (a) | \_\_\_ Handwashing station countertops made of porcelain, stainless steel, solid‑surface materials or impervious plastic laminate assembly |
| (b) | \_\_\_ Countertops substrate  check if not included in project  \_\_\_ marine‑grade plywood (or equivalent material) with impervious seal |
| (4) | \_\_\_ Handwashing station casework  check if not included in project  \_\_\_ designed to prevent storage beneath sink |
| (5) | \_\_\_ Provisions for drying hands  check if not included in project  (only in the case of hand scrub facilities) |
| (a) | \_\_\_ hand‑drying device does not require hands to contact dispenser |
| (b) | \_\_\_ hand‑drying device is enclosed to protect against dust or soil & to ensure single‑unit dispensing |
| (6) | \_\_\_ liquid or foam soap dispensers |
| (7) | \_\_\_ No mirror at hand scrub stations or at handwashing stations in clean & sterile supply areas |
| 2.1‑7.2.2.9 | GRAB BARS: |
| (1) | \_\_\_ Grab bars anchored to sustain concentrated load 250 pounds |
| (3) | \_\_\_ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors |
| 2.1‑7.2.2.10 | HANDRAILS: |
| (1) | \_\_\_ Handrails installed on both sides of patient use corridors |
| (3) | \_\_\_ Rail ends return to wall or floor |
| (4) | \_\_\_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius |
| (5) | \_\_\_ Handrails have eased edges & corners |
| (6) | \_\_\_ Handrail finishes are cleanable |
| 2.1‑7.2.2.11 | RADIATION PROTECTION:  check if no radiation emitting equipment is included in project |
|  | \_\_\_ Protection for X‑ray & Gamma‑ray installations are shown in the plans  \_\_\_ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program |
| 2.1‑7.2.2.12 | NOISE CONTROL: |
| (1) | \_\_\_ Recreation rooms, exercise rooms equipment rooms & similar spaces where impact noises may be generated are not located directly over operating suites  **or**  \_\_\_ Special provisions are made to minimize impact noise |
| (2) | \_\_\_ Noise reduction criteria in Table 1.2‑6 applicable to partitions, floors & ceiling construction are met in patient areas |
|  |  |
| 2.1‑7.2.3 | **SURFACES** |
| 2.1‑7.2.3.1 | FLOORING & WALL BASES: |
| (1) | \_\_\_ Flooring surfaces cleanable & wear‑resistant for location |
| (3) | \_\_\_ Smooth transitions provided between different flooring materials |
| (4) | \_\_\_ Flooring surfaces including those on stairways are stable, firm & slip‑resistant |
| (5) | \_\_\_ Floors & wall bases of soiled workrooms, toilet rooms & other areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions |
| (7)(a) | Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in rooms listed below: |
|  | \_\_\_ operating room |
|  | \_\_\_ procedure rooms where cystoscopy, urology, & endoscopy procedures are performed  check if not included in project |
|  | \_\_\_ airborne infection isolation (AII) room |
|  | \_\_\_ soiled workroom & soiled holding room |
| 2.1‑7.2.3.2 | WALLS & WALL PROTECTION: |
| (1)(a) | \_\_\_ Wall finishes are washable |
| (1)(b) | \_\_\_ Wall finishes near plumbing fixtures are smooth, scrubbable & water‑resistant |
| (2) | \_\_\_ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth |
| (5) | \_\_\_ Wall protection devices & corner guards durable & scrubbable |
| 2.1‑7.2.3.3 | CEILINGS: |
| (1) | \_\_\_ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms |
| (a) | \_\_\_ Ceilings cleanable with routine housekeeping equipment |
| (b) | \_\_\_ Acoustic & lay‑in ceilings where used do not create ledges or crevices |
| (2) | Semi‑Restricted Areas:  check if not included in project |
| (a) | \_\_\_ ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals |
| (b) | \_\_\_ lay‑in ceilings  \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot |
| (c) | \_\_\_ use of perforated tegular serrated or highly textured tiles not are permitted in semi‑restricted areas |
|  | **or**  \_\_\_ ceilings of monolithic construction |
|  |  |
| (3) | Restricted Areas:  check if not included in project |
| (a) | \_\_\_ ceilings of monolithic construction (except for central diffuser array) |
| (b) | \_\_\_ modular or prefabricated laminar (or controlled) flow ceiling system in operating rooms & Class 3 imaging rooms/hybrid operating rooms in place of monolithic ceiling construction  check if not included in project |
|  | \_\_\_ seams & access doors are continuously gasketed.  \_\_\_ assembly is constructed with structural frame engineered & rated for systems supported & equipped with seismic bracing as required  \_\_\_ accommodations are made to provide access for testing maintenance & replacement of items  \_\_\_ diffuser arrangement & airflow design complies with ASHRAE 170 (see below)  \_\_\_ devices & related controls are UL/ETL labeled |
|  |  |
| (c) | \_\_\_ ceiling finishes scrubbable & capable of withstanding cleaning & disinfecting chemicals |
| (d) | \_\_\_ access openings are gasketed |
|  |  |
| 2.1‑7.2.4 | FURNISHINGS: |
| 2.1‑7.2.4.1 | \_\_\_ built‑in furnishings upholstered with impervious materials in patient treatment areas with risks of exposure & contamination from bodily fluids & other fluids |
| 2.1‑7.2.4.3 | \_\_\_ Privacy curtains in patient care areas are washable |

|  |  |
| --- | --- |
| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |
| Part 3/6.1 | UTILITIES: |
| Part 3/6.1.1 | Ventilation Upon Loss of Electrical Power:  \_\_\_ space ventilation & pressure relationship requirements of Table 7-1 are maintained for AII Rooms PE Rooms Operating Rooms in event of loss of normal electrical power |
|  |  |
| Part 3/6.1.2 | Heating & Cooling Sources: |
| Part 3/6.1.2.1 | \_\_\_ heat sources & essential accessories provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance  \_\_\_ capacity of remaining source or sources is sufficient to provide heating for operating rooms & recovery rooms |
|  |  |
| Part 3/6.1.2.2 | Central cooling systems greater than 400 tons (1407 kW) peak cooling load  check if not included in project  \_\_\_ number & arrangement of cooling sources & essential accessories is sufficient to support owner’s facility operation plan upon breakdown or routine maintenance of any one of cooling sources. |
|  |  |
| Part 3/6.2 | AIR-HANDLING UNIT (AHU) DESIGN: |
| Part 3/6.2.1 | \_\_\_ AHU casing is designed to prevent water intrusion resist corrosion & permit access for inspection & maintenance |
| . |  |
| Part 3/6.3 | OUTDOOR AIR INTAKES & EXHAUST DISCHARGES: |
| Part 3/6.3.1 | Outdoor Air Intakes: |
| Part 3/6.3.1.1 | \_\_\_ located such that shortest distance from intake to any specific potential outdoor contaminant source be equal to or greater than separation distance listed in Table 6-1 |
|  | \_\_\_ located min of 25’-0” from cooling towers & all exhaust & vent discharges  \_\_\_ air intakes located away from public access  \_\_\_ all intakes are designed to prevent entrainment of wind-driven rain  \_\_\_ contain features for draining away precipitation  \_\_\_ equipped with birdscreen of mesh no smaller than 0.5 in |
| Part 3/6.3.1.4 | \_\_\_ intake in areaway  check if not included in project  \_\_\_ bottom of areaway air intake opening is at least 6’-0” above grade  \_\_\_ bottom of air intake opening from areaway into building is at least 3’-0” above bottom of areaway |
| Part 3/6.3.2 | Exhaust Discharges: |
| Part 3/6.3.2.1 | \_\_\_ ductwork within building is under negative pressure for exhaust of contaminated air (i.e air from AII rooms) |
|  | \_\_\_ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building |
| Part 3/6.3.2.2 | \_\_\_ exhaust discharge outlets with contaminated air additionally is arranged to discharge to atmosphere in vertical direction at least 10’-0” above adjoining roof level |
|  | \_\_\_ exhaust discharge outlets from AII rooms is located not less than 25’-0” horizontally from outdoor air intakes openable windows/doors & areas that are normally accessible to public |
| Part 3/6.4 | FILTRATION: |
| a. | \_\_\_ Particulate matter filters, minimum MERV-8 provided upstream of first heat exchanger surface of any air-conditioning system that combines return air from multiple rooms or introduces outdoor air. |
| b. | \_\_\_ Outdoor air filtered in accordance with Table 7-1 |
| c. | \_\_\_ Air supplied from equipment serving multiple or different spaces is filtered in accordance with Table 7-1 |
| d. | \_\_\_ Air recirculated within room is filtered in accordance with Table 7-1, or Section 7.1(a)(5) |
| e. | \_\_\_ Design includes all necessary provisions to prevent moisture accumulating on filters located downstream of cooling coils & humidifiers |
| h. | \_\_\_ For spaces that do not permit air recirculated by means of room units & have minimum filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 7-1, the min. filter requirement listed in Table 7-1, is installed downstream of all wet-air cooling coils & supply fan |
|  |  |
| Part 3/6.5 | HEATING & COOLING SYSTEMS: |
| Part 3/6.5.3 | \_\_\_ Radiant heating systems  check if not included in project  \_\_\_ ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room, PE room, operating room or procedure room |
|  |  |
| Part 3/6.7 | AIR DISTRIBUTION SYSTEMS: |
| Part 3/6.7.1 | \_\_\_ Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation  \_\_\_ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems  \_\_\_ Inpatient facilities & recovery rooms are served by fully ducted return or exhaust systems |
|  |  |
| Part 3/6.7.2 | Air Distribution Devices: |
|  | \_\_\_ supply air outlets comply with Table 6-2 |
|  |  |
| Part 3/6.7.3 | Smoke Barriers:  \_\_\_ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers. |
| Part 3/6.8 | ENERGY RECOVERY SYSTEMS:  check if not included in project |
| Part 3/6.8.1 | \_\_\_ Located upstream of filters required by Part 3/6.8.4 |
| Part 3/6.8.2 | \_\_\_ AII room exhaust systems or combination AII/PE rooms are not used for energy recovery |
|  |  |
| Part 3/7 | SPACE VENTILATION-HOSPITAL SPACES: |
| Part 3/7.1.a  Part 3/7.1.a.1 | \_\_\_ Spaces ventilated according to Table 7-1  \_\_\_ Air movement is from clean to less-clean areas |
|  |  |
| Part 3/7.1.a.3 | \_\_\_ Min number of total air changes required for positive pressure rooms is provided by total supply airflow  \_\_\_ Min number of total air changes required for negative pressure rooms is provided by total exhaust airflow |
| Part 3/7.1.a.4 | \_\_\_ Entire min. outdoor air changes per hour required by Table 7-1 for each space meet filtration requirements of Section 6.4 |
| Part 3/7.1a.5 | \_\_\_ Air recirculation through room unit  check if not included in project  \_\_\_ complies with Table 7-1 |
|  | \_\_\_ room unit receive filtered & conditioned outdoor air  \_\_\_ serve only single space |
|  | \_\_\_ provides min MERV 8 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
|  |  |
| Part 3/7.2 | ADDITIONAL ROOM-SPECIFIC REQUIREMENTS: |
| Part 3/7.2.1 | Airborne Infection Isolation (AII) Rooms  check if not included in project |
|  | \_\_\_ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor  \_\_\_ Local visual means is provided to indicate whenever negative differential pressure is not maintained |
|  | \_\_\_ Air from AII room is exhausted directly to outdoors |
|  | Exhaust air from AII rooms, associated anterooms & toilet rooms:  \_\_\_ is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system |
|  | **or** |
|  | \_\_\_ is discharged into the general exhaust stream, provided the All room exhaust air first passes through a HEPA filter (all exhaust ductwork kept under negative pressure) |
|  | \_\_\_ Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed |
|  | \_\_\_ Anteroom  check if not included in project  \_\_\_ AII room is at negative pressure with respect to anteroom  \_\_\_ Anteroom is at negative pressure with respect to corridor |
| Part 3/7.4.1 | Operating Rooms  check if not included in project |
|  | \_\_\_ Each OR has individual temperature control  \_\_\_ OR is provided with primary supply diffuser array designed as follows: |
|  | \_\_\_ airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft2  \_\_\_ diffusers are concentrated to provide airflow pattern over patient & surgical team |
|  | \_\_\_ coverage area of primary supply diffuser array extends min 12” beyond footprint of surgical table on each side  \_\_\_ no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses |
|  | \_\_\_ additional supply diffusers provided within room outside of primary supply diffuser array  check if not included in project |
|  | \_\_\_ each OR has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8” above floor |
|  |  |
| Part 3/7.4.3 | Imaging Procedure Rooms  check if not included in project |
|  | \_\_\_ Anesthetic gases are administered  \_\_\_ ventilation requirements for operating rooms are met  **or**  \_\_\_ No anesthetic gases are administered |
|  |  |

|  |  |
| --- | --- |
| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
| 2.1‑8.3.2 | **ELECTRICAL DISTRIBUTION & TRANSMISSION** |
| 2.1‑8.3.2.2 | Panelboards: |
| (1) | \_\_\_ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below |
| (2) | \_\_\_ panelboard critical branch circuits serve floors on which they are located |
| (3) | \_\_\_ panelboards not located in exit enclosures or exit passageways |
|  |  |
| 2.1‑8.3.2.3 | Ground‑Fault Circuit Interrupters in Operating rooms:  check if not included in project |
| (2)(a) | \_\_\_ Where GFCIs are used in operating room, each single or duplex receptacle is stand-alone GFCI receptacle |
| (2)(b) | \_\_\_ Where GFCI breakers are used, no more than one single or duplex receptacle is connected to individual GFCI breaker |
| 2.1-8.3.3 | **POWER-GENERATING & -STORING EQUIPMENT** |
| 2.1-8.3.3.1 | \_\_\_ Essential electrical system or emergency electrical power |
| (1) | \_\_\_ essential electrical system complies with NFPA 99 |
| (2) | \_\_\_ emergency electrical power complies with NFPA 99 |
|  |  |
| 2.1‑8.3.4 | **LIGHTING** |
| 2.1-8.3.4.1(1) | \_\_\_ Luminaires in patient areas have smooth, cleanable, impact-resistant lenses concealing light source |
| 2.1-8.3.4.1(2) | \_\_\_ Luminaires designed to dissipate heat such that touchable surfaces will not burn occupants or ignite materials. |
|  |  |
| (4) | Operating rooms: |
| (a) | \_\_\_ general lighting in addition to special lighting units provided at surgical & obstetrical tables |
| (b) | \_\_\_ general lighting & special lighting are on separate circuits |
|  |  |
| (7) | \_\_\_ Uplight fixtures installed in patient care areas are covered |
|  |  |
| 2.1‑8.3.5 | **ELECTRICAL EQUIPMENT** |
| 2.1‑8.3.5.1 | \_\_\_ Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system |
| 2.1‑8.3.5.2 | \_\_\_ Electronic health record system servers & centralized storage provided with uninterruptible power supply |
|  |  |
| 2.1‑8.3.6 | **ELECTRICAL RECEPTACLES** |
| 2.1‑8.3.6.1 | Receptacles In Corridors: |
| (1) | \_\_\_ duplex‑grounded receptacles for general use installed 50’‑0” apart or less in all corridors  \_\_\_ duplex‑grounded receptacles for general use installed within 25’‑0” of corridor ends |
| 2.1‑8.3.6.3 | Essential Electrical System Receptacles: |
| (1) | \_\_\_ cover plates for electrical receptacles supplied from essential electrical system are distinctively colored or marked for identification |
| (2) | \_\_\_ same color is used throughout facility |
|  |  |
| 2.1‑8.4 | **PLUMBING SYSTEMS** |
| 2.1‑8.4.2 | Plumbing & Other Piping Systems: |
| 2.1‑8.4.2.1(3) | \_\_\_ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem |
| 2.1‑8.4.2.5 | Heated Potable Water Distribution Systems: |
| (2) | \_\_\_ heated potable water distribution systems serving patient care areas are under constant recirculation  \_\_\_ non‑recirculated fixture branch piping is not more than 25’‑0” long |
| (3)(a)  (3)(c) | \_\_\_ no installation of dead‑end piping (except for empty risers mains & branches for future use) |
| (3)(b) | \_\_\_ any existing dead‑end piping is removed  ☐ check if not included in project |
| (4)(a) | \_\_\_ water‑heating system supplies water at temperatures & amounts indicated in Table 2.1‑4 |
| 2.1‑8.4.2.6 | Drainage Systems: |
| (1)(a) | \_\_\_ drainage piping installed above ceiling of or exposed in rooms listed below piping have special provisions (e.g double wall containment piping or oversized drip pans) to protect space below from leakage & condensation |
|  | * operating rooms * delivery rooms * procedure rooms * trauma rooms * nurseries * central kitchens * one-room sterile processing facilities * clean workroom of two-room sterile processing facilities * pharmacies * Class 2 & 3 imaging rooms * electronic mainframe rooms (EFs & TERs) * main switchgear * electrical rooms * electronic data processing areas * electric closets |
| (1)(b) | \_\_\_ drip pan for drainage piping above ceiling of sensitive area  ☐ check if not included in project  \_\_\_ accessible  \_\_\_ overflow drain with outlet located in normally occupied area that is not open to restricted area |
| (2) | Floor Drains: |
| (a) | \_\_\_ no floor drains in procedure rooms operating rooms Class 2 & Class 3 imaging rooms |
| (b) | \_\_\_ floor drain in dedicated cystoscopy procedure room  ☐ check if not included in project  \_\_\_ recessed floor sink w/ automatic trap primer |
|  |  |
| 2.1‑8.4.3 | **PLUMBING FIXTURES** |
| 2.1‑8.4.3.1(1) | \_\_\_ Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
|  |  |
| 2.1‑8.4.3.2 | Handwashing Station Sinks: |
| (1) | \_\_\_ designed with basins & faucets that reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed, medications are prepared or food is prepared |
| (2) | \_\_\_ sink basins have nominal size of no less than 144 square inches  \_\_\_ sink basins have min dimension 9 inches in width or length |
| (3) | \_\_\_ sink basins are made of porcelain stainless steel or solid‑surface materials |
| (5) | \_\_\_ water discharge point of faucets is at least 10” above bottom of basin |
| (7) | \_\_\_ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs is applied |
| (8) | \_\_\_ sinks used by medical & nursing staff patients & public have fittings that can be operated without using hands (may be single‑lever or wrist blade devices) |
| (a) | \_\_\_ blade handles  ☐ check if not included in project  \_\_\_ at least 4 inches in length |
|  | \_\_\_ provide clearance required for operation |
| (b) | \_\_\_ sensor‑regulated water fixtures  check if not included in project |
|  | \_\_\_ meet user need for temperature & length of time water flows |
|  | \_\_\_ designed to function at all times & during loss of normal power |
|  |  |
| 2.1‑8.4.3.4 | Ice‑Making Equipment:  \_\_\_ copper tubing provided for supply connections to ice‑making equipment |
|  |  |
| 2.1‑8.4.3.5 | Clinical Flushing-Rim Sinks: |
| (1)  (a) | \_\_\_ trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b) | \_\_\_ handles are at least 6 in long |
| (2) | \_\_\_ integral trap wherein upper portion of water trap provides visible seal |
| 2.1‑8.4.3.6 | Scrub Sinks: |
| (1) | \_\_\_ freestanding scrub sinks are trimmed with foot knee or electronic sensor controls |
| (2) | \_\_\_ no single‑lever wrist blades except for temperature pre‑set valve |
|  |  |
| 2.1‑8.4.4 | **MEDICAL GAS & VACUUM SYSTEMS** |
|  | \_\_\_ Station outlets provided as indicated in Table 2.1‑3 |
|  |  |
| 2.1‑8.5.1 | **CALL SYSTEMS** |
| 2.1‑8.5.1.1(1) | \_\_\_ Nurse call stations provided as required in Table 2.1‑2 |
| 2.1‑8.5.1.1(2) | \_\_\_ Nurse call systems report to attended location with electronically supervised visual & audible annunciation as indicated in Table 2.1‑2 |
| 2.1‑8.5.1.1(4) | \_\_\_ Call system complies with UL 1069 “Standard for Hospital Signaling & Nurse Call Equipment” |
| 2.1‑8.5.1.1(5) | \_\_\_ Wireless nurse call system  ☐ check if not included in project |
|  | \_\_\_ complies with UL 1069 |
| 2.1‑8.5.1.2(4) | \_\_\_ Nurse call system provided in each patient care area as required in Table [2.1‑2](http://www.madcad.com/library/230687/664174/#table-2.1-2) |
|  |  |
| 2.1‑8.5.1.3 | Bath Stations:  \_\_\_ bath station that can be activated by patient lying on floor provided at each patient toilet |
| (1) | \_\_\_ alarm in these areas can be turned off only at bath station where it was initiated |
| (3) | \_\_\_ toilet bath stations located on the side of toilets within 12” of front of toilet bowl & 3'-0" to 4’‑0” above floor |
|  |  |
| 2.1‑8.5.1.5 | \_\_\_ Emergency call stations are equipped with continuous audible or visual confirmation to person who initiated the code call |
|  |  |
| 2.1‑8.5.3 | **EMERGENCY COMMUNICATION SYSTEM** |
|  | \_\_\_ Emergency‑radio communication system provided in each facility |
| 2.1‑8.5.3.1 | \_\_\_ operates independently of building’s service & emergency power systems during emergencies |
| 2.1‑8.5.3.2 | \_\_\_ frequency capabilities to communicate with state emergency communication networks |
|  |  |
| 2.1‑8.6.2 | **ELECTRONIC SURVEILLANCE SYSTEMS**  ☐ check if not included in project |
| 2.1-8.6.2.1 | \_\_\_ Display screens in patient areas are mounted in tamper-resistant enclosure that is unobtrusive |
| 2.1-8.6.2.2 | \_\_\_ Display screens are located so they are not readily observable by general public or patients |
| 2.1‑8.6.2.3 | \_\_\_ Electronic surveillance systems receive power from essential electrical system |
|  |  |