

COMPLIANCE CHECKLIST**IP19 Rehabilitation Therapy**

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:

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Accreditation requirements of The Joint Commission
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
- Occupational Safety & Health Standards (OSHA)
- 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 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.

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, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", "WAGD" & "IA".
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 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**

2.2-3.8

2.6-3.1.1

2.6-3.1.2

REHABILITATION THERAPY**PHYSICAL THERAPY AREAS**☐ check if not included in project

2.6-3.1.2.1

2.6-3.1.2.2

(1)

(a)

☐ Individual therapy areas

Space Requirements:

☐ space based on equipment used for therapeutic treatment &
☐ space allows access to equipment when in use by patient & therapist

Ventilation:

☐ Min. 6 air changes per hour
☐ Negative pressure

Table 7-1

(b)

☐ each patient care station permits arrangement with min. clearance 2'-8" on at least three sides of therapy furniture (e.g. chairs, recliners, tables, beds or mats)

(2)

(a)

Patient Privacy:

☐ each individual patient care station has privacy screens or curtains

(b)

☐ windows in therapy areas have features, curtains or shades to provide patient privacy

(3)

2.1-2.8.7.1

☐ handwashing stations

☐ 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

2.6-3.1.2.3

☐ Exercise area & facilities

☐ layout of exercise area include staff work area arranged so that staff can view all activities taking place in exercise area

Ventilation:

☐ Min. 6 air changes per hour
☐ Negative pressure

Table 7-1

2.6-3.1.2.8

SUPPORT AREAS FOR PHYSICAL THERAPY

(1)

☐ Soiled material storage

☐ separate storage for soiled linen, towels & supplies

(2)

☐ Equipment & supply storage

(a)

☐ Clean linen & towel storage

(b)

☐ Storage for equipment & supplies

	Architectural Requirements	Building Systems Requirements
2.6-3.1.3	OCCUPATIONAL THERAPY AREAS	
	<input type="checkbox"/> check if <u>not</u> included in project	
2.6-3.1.3.2	___ Classroom/dining room	
(1)	___ each classroom/dining room have 30 sf per person plus additional 30 sf for instructor & instructional resources	Ventilation: ___ Min. 6 air changes per hour
(2)	___ min. 150 sf	
2.6-3.1.3.3	___ Work areas & counters	Ventilation: ___ Min. 6 air changes per hour
	___ suitable for wheelchair access	Table 7-1
2.6-3.1.3.4	___ Teaching area for teaching activities of daily living be provided	
2.6-3.1.3.5	___ Handwashing stations	
	___ handwashing stations are provided in each room where therapy or teaching is conducted	
2.6-3.1.3.8	SUPPORT AREAS FOR OCCUPATIONAL THERAPY	
	___ Equipment & supply storage	
2.6-3.1.4	OTHER REHABILITATION THERAPY AREAS	
2.6-3.1.4.1	___ Prosthetic & orthotic work areas	
	<input type="checkbox"/> check if <u>not</u> included in project	
(1)	___ space for evaluation & fitting	
	___ provision for privacy	
(2)(a)	Hand Sanitation & Eye Safety: ___ staff are required to work with wet materials or handle caustic materials or chemicals	
(4)	___ handwashing station is provided	
(2)(b)	___ eyewash station is provided	
	or	
	___ staff are <u>not</u> required to work with wet materials or handle caustic materials or chemicals	
	___ handwashing station or hand sanitation dispenser is provided	
(3)	___ Clinical sink	
	<input type="checkbox"/> check if <u>not</u> included in project (only if no running water is needed for materials preparation)	
2.6-3.1.4.2	___ Speech & hearing service facilities	
	<input type="checkbox"/> check if <u>not</u> included in project	
(1)	___ space for evaluation & treatment	
(2)	___ handwashing stations	
2.1-2.8.7.1	___ located in each room where hands-on patient care is provided	

Architectural Requirements		Building Systems Requirements	
2.1-2.8.7.3	<input type="checkbox"/> handwashing station serves multiple patient care stations <input type="checkbox"/> check if <u>not</u> included in project		
(1)	<input type="checkbox"/> at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof		
(2)	<input type="checkbox"/> handwashing stations evenly distributed		
(3)	<input type="checkbox"/> therapy areas <input type="checkbox"/> speech privacy <input type="checkbox"/> minimize external sound from high-traffic public & similar noisy areas	Ventilation: <input type="checkbox"/> Min. 6 air changes per hour	Table 7-1
2.6-3.1.4.3	<input type="checkbox"/> Hydrotherapy facilities (portable) <input type="checkbox"/> check if <u>not</u> included in project		
2.1-8.4.3.9(1)	<input type="checkbox"/> dedicated drain <input type="checkbox"/> handwashing sinks are not used as drains for hydrotherapy units	Ventilation: <input type="checkbox"/> Min. 6 air changes per hour <input type="checkbox"/> Negative pressure	Table 7-1
2.6-3.1.8	SUPPORT AREAS FOR REHABILITATION THERAPY DEPARTMENT		
2.6-3.1.8.1	(may be shared with other departments)		
2.6-3.1.8.2	<input type="checkbox"/> Reception & control station <input type="checkbox"/> visual control of waiting areas(s)		
2.6-3.1.8.3	<input type="checkbox"/> Documentation area		
2.6-3.1.8.5	<input type="checkbox"/> Multipurpose room access to demonstration/conference room		
2.6-3.1.8.11	<input type="checkbox"/> Clean supply room (provided for storage & holding as part of system for distribution of clean & sterile materials)	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour <input type="checkbox"/> Positive pressure <input type="checkbox"/> No recirculating room units	Table 7-1
2.6-3.1.8.12	<input type="checkbox"/> Soiled holding room (temporary holding of soiled material)	Ventilation: <input type="checkbox"/> Min. 10 air changes per hour <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units	Table 7-1
2.1-2.8.12.3			
(1)			
(1)	<input type="checkbox"/> handwashing station or hand sanitation station		
(2)	<input type="checkbox"/> space for separate covered containers for waste & soiled linen		
2.6-3.1.8.13(2)	<input type="checkbox"/> Secured storage provided for potentially harmful supplies & equipment		
2.6-3.1.8.13(3)	<input type="checkbox"/> Wheelchair lift & gurney storage		
(a)	<input type="checkbox"/> located out of traffic		
(b)	<input type="checkbox"/> immediately accessible*		

Architectural Requirements

- 2.6-3.1.8.14 ☐ Environmental services room
- 2.1-2.8.14.1 ☐ readily accessible* to unit or floor it serves (permitted to serve more than one patient care unit on floor)
- 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
- 2.1-2.8.14.2(3) ☐ handwashing station
- or**
- ☐ hand sanitation station

SUPPORT AREAS FOR STAFF

- 2.6-3.1.9 ☐ Staff toilet room
- 2.6-3.1.9.2 ☐ provided in Rehabilitation Therapy Department
- 2.6-3.1.9.3 ☐ Storage for staff belongings
- ☐ lockable storage for securing staff personal effects
- ☐ readily accessible* to each work area

SUPPORT AREAS FOR PATIENTS

- 2.6-3.1.10 ☐ Patient waiting area
- 2.6-3.1.10.1 ☐ located out of traffic
- ☐ provisions for patient using wheelchairs
- 2.6-3.1.10.2 ☐ Patient toilet room
- ☐ toilet & handwashing stations
- ☐ accessible to wheelchair patients

Building Systems Requirements

Ventilation:

- ☐ Min. 10 air changes per hour Table 7-1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Ventilation:

- ☐ Min. 10 air changes per hour Table 7-1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Ventilation:

- ☐ Min. 10 air changes per hour Table 7-1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

***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 **CORRIDOR WIDTH:**
- NFPA 101, 18.2.3.3 ☐ 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
- (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 DOORS & DOOR HARDWARE:

- (1) **Door Type:**
- (a) ☐ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors

- (b) ☐ 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) Door Opening:
 (a) ☐ 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
 (3)(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
- 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
- 2.1-7.2.2.12 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

2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**
Part 3/6.1 UTILITIES:

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 All Rooms PE Rooms Operating Rooms in event of loss of normal electrical power

Part 3/6.1.2
Part 3/6.1.2.1

Heating & Cooling Sources:

- _____ 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
Part 3/6.3.1.1
- OUTDOOR AIR INTAKES
- _____ 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

- Part 3/6.3.1.4
- ___ contain features for draining away precipitation
 - ___ equipped with birdscreen of mesh no smaller than 0.5 in
 - ___ 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 3/6.4
- 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 3/6.7
- Part 3/6.7.1
- AIR DISTRIBUTION SYSTEMS:**
- ___ 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 3/7
- Part 3/7.1.a
- SPACE VENTILATION-HOSPITAL SPACES:**
- ___ Spaces ventilated according to Table 7-1
 - ___ Air movement is from clean to less-clean areas
 - ___ 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

2.1-8.3 ELECTRICAL SYSTEMS

2.1-8.3.2 ELECTRICAL DISTRIBUTION & TRANSMISSION

- 2.1-8.3.2.2
- (1)
- Panelboards:**
- ___ 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

2.1-8.3.3 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.
- (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 does not exceed 25'-0" in length
- (3)(a) ☐ no installation of dead-end piping (except for empty risers mains & branches for future use)
- (3)(c)

- (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
- 2.1-8.4.3 **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, 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 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:
☐ check if not included in project
- (1) _____ trimmed with valves that can be operated without hands (may be single-lever or wrist blade devices)
- (a) _____ handles are at least 6 in long
- (b) _____ integral trap wherein upper portion of water trap provides visible seal
- (2) _____
- 2.1-8.4.3.9 Hydrotherapy Facilities:
 (1) _____ dedicated drain
 (2) _____ handwashing sinks not used as drains for hydrotherapy units
- 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
- 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