**COMPLIANCE CHECKLIST**

**IP21\_Renal Dialysis Services (Acute & Chronic)**

The following checklist is intended to be used in plan review applications for health care facilities submitted to Massachusetts Department of Public Health This checklist summarizes & references applicable requirements from Licensure Regulations & 2022 Edition of FGI Guidelines for Design & Construction of Hospitals Applicants must verify compliance of plans submitted to Department with all referenced requirements from Licensure Regulations & FGI Guidelines when completing this Checklist separate Checklist must be completed for each nursing unit hospital or clinic department or clinical suite

Other jurisdictions regulations & codes may have additional requirements which are not included in this checklist such as:

1. NFPA 101 Life Safety Code (2012) & applicable related standards contained in appendices of Code
2. State Building Code (780 CMR)
3. Accreditation requirements of Joint Commission
4. CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health Care Facilities
5. USP 797 & Regulations of Massachusetts Board of Registration in Pharmacy
6. Occupational Safety & Health Standards (OSHA)
7. Accessibility Guidelines of 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 following instructions & included in plan submissions for Self-Certification Process or Abbreviated Review Process
2. This checklist must be completed by project architect or engineer based on design actually reflected in plans at time of completion of checklist
3. Each requirement line (\_\_\_) of this Checklist must be completed exclusively with one of following marks unless otherwise directed in checklist If functional space is not affected by renovation project mark “E” may be indicated on requirement line (\_\_\_) before name of 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 given required function (e.g patient room or exam room) that clarification should be provided in Project Narrative & requirement lines are understood to only address functional spaces that are involved in project

|  |  |
| --- | --- |
| **X** = Requirement is met for new space for renovated space or for existing direct support space for expanded service | ⌧ = Check box under section titles or individual requirements lines for optional services or functions that are not included in project area |
| **E** = Requirement relative to existing suite or area that has been *licensed* for its designated function is *not affected* by construction project & *does not pertain to required direct support space* for specific service affected by project “E” must not be used for existing required support space associated with new patient care room or area | **W** = Waiver requested for specific section of Regulations or FGI Guidelines where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request) explicit floor plan or plan detail must be attached to each waiver request |

1. All room functions marked with "X" must be shown on plans with same name labels as in this checklist
2. Mechanical electrical & plumbing requirements are only partially mentioned in this checklist relevant section of FGI Guidelines must be used for project compliance with all MEP requirements & for waiver references
3. Oxygen vacuum medical air waste anesthesia gas disposal & instrument air outlets (if required) are identified respectively by abbreviations "OX" "VAC" "MA" “WAGD” & “IA”
4. Requirements referenced with “FI” result from formal interpretations from FGI Interpretations Task Group
5. The location requirements including asterisks (\*) refer to definitions of Glossary in beginning section of FGI Guidelines & 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** | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2.2-3.10 | | **RENAL DIALYSIS SERVICES (ACUTE & CHRONIC)** | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.1.1  2.2-3.10.1.2 | | Application:  \_\_\_ Renal dialysis facilities in hospital that treat patients with acute & chronic end stage renal disease (ESRD) including dialysis provided in acute or intensive care unit | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.2 | | **HEMODIALYSIS TREATMENT AREA**  check if not included in project (only if dialysis is provided in acute or intensive care unit) | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.2.1(2) | | \_\_\_ Treatment area separate from administrative waiting areas | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.2.1(3) | | Patient scale  \_\_\_ dedicated space provided for patient scale | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.2.2 | | Space Requirements for Individual Hemodialysis Patient Care Stations: | |  | |  | |
| (1) | | \_\_\_ No built-in cabinetry in individual hemodialysis patient care stations | |  | |  | |
| (2)(a) | | \_\_\_ patient care stations with dialysis chairs  check if not included in project  \_\_\_ min clear floor area of 80 sf | | Ventilation:  \_\_\_ Min 6 air changes per hour | | Table 7-1 | |
| (2)(b) | | \_\_\_ min clearance 4’-0” between sides of dialysis chairs  \_\_\_ min clearance 3’-0” between sides of dialysis chairs & adjacent\* walls or partitions | | Power:  \_\_\_ Min 8 receptacles  \_\_\_ Min 4 receptacles on each side of bed or lounge chair | | Table 2.1-1 | |
|  | | \_\_\_ min clearance 2’-0” between foot of dialysis chairs & cubicle curtains | | \_\_\_ Min 2 receptacles on each side of bed connected to emergency power | |  | |
|  | | \_\_\_ patient care stations with beds | |  | |  | |
| (2)(a) | | check if not included in project  \_\_\_ min clear floor area of 90 sf | | Ventilation:  \_\_\_ Min 6 air changes per hour | | Table 7-1 | |
| (2)(b) | | \_\_\_ min clearance 4’-0” between sides of beds  \_\_\_ min clearance 3’-0” between sides of beds & adjacent\* walls or partitions | | Power:  \_\_\_ Min 8 receptacles  \_\_\_ Min 4 receptacles on each side of bed or lounge chair | | Table 2.1-1 | |
|  | | \_\_\_ min clearance 2’-0” between foot of beds & cubicle curtains | | \_\_\_ Min 2 receptacles on each side of bed connected to emergency power | |  | |
| 2.2-3.10.2.4 | | \_\_\_ Hemodialysis treatment area accommodates provisions for patient privacy | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.2.5(1) | | \_\_\_ Handwashing stations | |  | |  | |
| 2.2-3.10.2.5(2) | | \_\_\_ located at entry to hemodialysis treatment area (may contribute to total number of handw stations required) | |  | |  | |
| 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 | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.2.6 | | Fluid disposal sink | |  | |  | |
| (1) | | \_\_\_ at least one dedicated fluid disposal sink is provided in treatment area  (for disposal of dialysate & other byproducts of dialysis) | |  | |  | |
| (2) | | \_\_\_ non-sensor-operated hands-free faucets or fittings | |  | |  | |
| (3) | | \_\_\_ adequate depth to avoid potential splash of biological waste & cross contamination to areas with stored or prepared clean items | |  | |  | |
| (4) | | \_\_\_ located to prevent cross contamination of handwashing station | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.3 | | \_\_\_ Home training room  check if not included in project | |  | |  | |
| 2.2-3.10.3.1 | | \_\_\_ private treatment room  \_\_\_ at least 120 sf | | Ventilation:  \_\_\_ Min 6 air changes per hour | | Table 7-1 | |
| 2.2-3.10.3.2 | |  | |  | |  | |
| (1)  (2)  (3) | | \_\_\_ counter  \_\_\_ handwashing station  \_\_\_ separate drain for fluid disposal | | Power:  \_\_\_ Min 4 receptacles on each side of bed | | Table 2.1-1 | |
|  | |  | | \_\_\_ Min 2 receptacles on each side of bed or lounge chair connected to emergency power | |  | |
| **2.2-3.10.4.1** | | **\_\_\_ Dedicated hemodialysis room for patients with special precaution needs (isolation** room to prevent contact transmission of infectious microorganisms) | |  | |  | |
| (1)(a) | | \_\_\_ single-patient room | |  | |  | |
| (1)(b) | | \_\_\_ dedicated room allows for direct staff observation of patient’s face & insertion point during treatment | |  | |  | |
| (2)(a) | | \_\_\_ min clear floor area of 120 sf | |  | |  | |
| (2)(b) | | \_\_\_ handwashing station | |  | |  | |
| (2)(c)  2.2-3.10.2.6  (1) | | \_\_\_ dedicated fluid disposal sink  (for disposal of dialysate & other byproducts of dialysis) | |  | |  | |
| (2) | | \_\_\_ non-sensor-operated hands-free faucets or fittings | |  | |  | |
| (3) | | \_\_\_ adequate depth to avoid potential splash of biological waste & cross contamination to areas with stored or prepared clean items | |  | |  | |
| (4) | | \_\_\_ located to prevent cross contamination of handwashing station | |  | |  | |
| (d) | | \_\_\_ storage for personal protective equipment (PPE) | |  | |  | |
| (3) | | Architectural details  \_\_\_ door & walls are provided  \_\_\_ walls extend to floor (but not necessarily to ceiling)  \_\_\_ provisions for visual monitoring of patient | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8 | | **SUPPORT AREAS FOR RENAL DIALYSIS UNIT** | |  | |  | |
|  | |  | |  | |  | |
| **2.2-3.10.8.2** | | **\_\_\_ Nurse station** | |  | |  | |
| (1) | | \_\_\_ located in hemodialysis treatment area | |  | |  | |
| (2) | | \_\_\_ designed to provide visual observation of all dialysis patient care stations | |  | |  | |
| (a) | | \_\_\_ visual observation includes patient’s face & vascular access point | |  | |  | |
| (b) | | \_\_\_ view from central nurse station  **or**  \_\_\_ view from decentralized nurse stations | |  | |  | |
| 2.2-3.10.8.2(1) | |  | |  | |  | |
| 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\* | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.8 | | \_\_\_ Medication safety zone | |  | |  | |
| 2.2-3.10.8.8(2) | | \_\_\_ dedicated medication safety zone  \_\_\_ centrally located in dialysis unit | |  | |  | |
| 2.2-3.10.8.8(3) | | \_\_\_ at least 6’-0” from any individual patient care station | |  | |  | |
| 2.2-3.10.8.8(1) | |  | |  | |  | |
| 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 | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.11 | | \_\_\_ Clean workroom or clean supply room | |  | |  | |
|  | |  | |  | |  | |
| 2.1‑2.8.11.2 | | \_\_\_ clean workroom  \_\_\_ used for preparing patient care items | | Ventilation:  \_\_\_ Min. 4 air changes per hour | | Table 7-1 | |
| (1) | | \_\_\_ work counter | | \_\_\_ Positive pressure | |  | |
| (2) | | \_\_\_ handwashing station | |  | |  | |
| (3) | | \_\_\_ storage facilities for clean & sterile supplies  **or** | |  | |  | |
| 2.1‑2.8.11.3 | | \_\_\_ clean supply room | | Ventilation: | |  | |
|  | | \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile supplies | | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | | Table 7-1 | |
|  | |  | |  | |  | |
| 2.2-2.2.8.12 | | \_\_\_ Soiled workroom or soiled holding room | |  | |  | |
| 2.1‑2.8.12.2 | | \_\_\_ soiled workroom | | Ventilation:  \_\_\_ Min. 10 air changes per hour | | Table 7-1 | |
| (1)(a) | | \_\_\_ handwashing station | | \_\_\_ Exhaust | |  | |
| (1)(b) | | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | | \_\_\_ 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 | |  | |
| 2.2-3.10.8.13(1) | | \_\_\_ Clean linen storage | |  | |  | |
| 2.1‑2.8.13.1 | |  | |  | |  | |
| (1) | | \_\_\_ stored in clean workroom  **or**  \_\_\_ separate closet  **or**  \_\_\_ covered cart distribution system on each floor | |  | |  | |
|  | |  | |  | |  | |
| (2) | | \_\_\_ storage of clean linen carts in designated corridor alcoves clean workroom or closets | |  | |  | |
|  | |  | |  | |  | |
| (2) | | \_\_\_ Clinical equipment & supply storage areas (may be space for supply carts) | |  | |  | |
|  | |  | |  | |  | |
| (3) | | \_\_\_ Storage space for wheelchairs | |  | |  | |
|  | |  | |  | |  | |
| (a) | | \_\_\_ Storage space for gurneys  check if not included in project | |  | |  | |
|  | |  | |  | |  | |
| (b) | | \_\_\_ Area for wheelchair parking  check if not included in project (only if outpatient dialysis services are not provided) | |  | |  | |
|  | | \_\_\_ located in non-public area  \_\_\_ out of any required egress width  \_\_\_ out of any required clearance | |  | |  | |
|  | | \_\_\_ minimum one wheelchair storage or parking space provided for every four patient care stations (at least one wheelchair storage or parking space provided where there are fewer than four patient care stations) | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.14 | | \_\_\_ Environmental services room | |  | |  | |
| 2.2-3.10.8.14(1) | | \_\_\_ adjacent\* to & for exclusive use of dialysis unit | | Ventilation:  \_\_\_ Min 10 air changes per hour | | Table 7-1 | |
| 2.2-3.10.8.14(2) | | \_\_\_ water supply & drain connection for testing machines | | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | |  | |
| 2.1‑2.8.14.2 | |  | |  | |  | |
| (1) | | \_\_\_ service sink or floor‑mounted mop sink | |  | |  | |
| (2) | | \_\_\_ provisions for storage of supplies & housekeeping equipment | |  | |  | |
| (3) | | \_\_\_ handwashing station  **or**  \_\_\_ hand sanitation station | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.16 | | \_\_\_ Dialyzer reprocessing room  check if not included in project (only if dialyzers are not processed for reuse on-site) | |  | |  | |
| (1)  (2) | | \_\_\_ design provides for one-way flow of materials from soiled to clean | | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust | | Table 7-1 | |
| (a) | | \_\_\_ refrigeration for temporary storage of dialyzers | | \_\_\_ Negative pressure  \_\_\_ No recirculating room units | |  | |
| (b) | | \_\_\_ decontamination/cleaning areas | |  | |  | |
| (c) | | \_\_\_ handwashing station | |  | |  | |
| (d) | | \_\_\_ processors | |  | |  | |
| (e) | | \_\_\_ computer processors & label printers | |  | |  | |
| (f) | | \_\_\_ packaging area | |  | |  | |
| (g) | | \_\_\_ dialyzer storage cabinets | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.17 | | \_\_\_ Dialysate preparation room  check if not included in project (only if no central dialysate mixing & delivery system is used to provide individual dialysate solutions for patient treatment) | |  | |  | |
| (1) | | \_\_\_ space to accommodate dialysate mixing & distribution equipment | |  | |  | |
| (2) | |  | |  | |  | |
| (a) | | \_\_\_ handwashing station | |  | |  | |
| (b) | | \_\_\_ storage space | |  | |  | |
| (c) | | \_\_\_ work counter | |  | |  | |
| (d) | | \_\_\_ floor drain | |  | |  | |
| (e) | | \_\_\_ treated water outlet  check if not included in project (only if no separate treated water distribution system is provided) | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.18 | | \_\_\_ Hemodialysis water treatment equipment area  \_\_\_ located in dedicated secure area  \_\_\_ space to access all components of equipment | |  | |  | |
| (1) | | \_\_\_ floor drain | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.8.19 | | \_\_\_ Equipment repair room  check if not included in project | |  | |  | |
| (1) | | \_\_\_ handwashing station | |  | |  | |
| (2) | | \_\_\_ treated water outlet for equipment maintenance  \_\_\_ drain or clinical service sink for equipment connection & testing | |  | |  | |
| (3) | | \_\_\_ work counter | |  | |  | |
| (4) | | \_\_\_ storage cabinet | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.9 | | **SUPPORT AREAS FOR STAFF** | |  | |  | |
| 2.2-3.10.9.1 | | (may be shared with adjacent\* diagnostic & treatment areas) | |  | |  | |
| 2.2-3.10.9.2 | |  | |  | |  | |
| (1) | | \_\_\_ Lockers | |  | |  | |
| (2) | | \_\_\_ Toilet room | | Ventilation: | |  | |
| (3) | | \_\_\_ handwashing station | | \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | Table 7-1 | |
| (4) | | \_\_\_ Eyewash station  \_\_\_ Emergency shower | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.10 | | **SUPPORT AREAS FOR PATIENTS** | |  | |  | |
|  | | \_\_\_ All support areas listed below are immediately accessible\* to dialysis unit | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.10.1 | | \_\_\_ Waiting room | |  | |  | |
|  | |  | |  | |  | |
| 2.2-3.10.10.2  (1) | | \_\_\_ Patient toilet room  \_\_\_ handwashing station | | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | Table 7-1 | |
| (2) | |  | | Nurse Call System:  \_\_\_ Patient toilet room equipped with nurse call device | | 2.2-3.10.10.2  (2) | |
|  | |  | |  | |  | |
| **2.2-3.10.10.3** | | **\_\_\_ Storage for patient belongings** | |  | |  | |
| **2.2-3.10.10.4** | | **\_\_\_ Access to drinking water** | |  | |  | |
| **2.2-3.10.10.5** | | **\_\_\_ Access to public communications services** | |  | |  | |
|  | |  | |  | |  | |

\*LOCATION TERMINOLOGY:

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

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

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

Readily accessible: Available on same floor or in same clinic as 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 |
| (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 |
| (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 |
|  |  |
| 2.1‑7.2.3 | **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: |
|  | \_\_\_ 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 |
|  |  |
| 2.1‑7.2.4 | 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 |

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| 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 |
| 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 3/6.4 | 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 | 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 3/7 | 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 |

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| 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 |
|  |  |
| 2.1-8.3.3 | **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 |
| 2.1‑8.4.2.2 | Hemodialysis/Hemoperfusion Water Distribution: |
| (1)(a)  (2)(b)  (1)(b) | \_\_\_ separate treated water distribution system  \_\_\_ outlet at each individual hemodialysis treatment bay  \_\_\_ outlet at hemodialysis equipment repair area  \_\_\_ outlet at dialysate preparation area  **or**  \_\_\_ dialysis equipment includes sufficient water treatment provisions for use of domestic cold water |
| (1)(a) | \_\_\_ drainage system independent from tap water |
| (4) | \_\_\_ liquid waste & disposal system for hemodialysis treatment area are designed to minimize odor & prevent backflow |
| (5) | \_\_\_ hemodialysis distribution piping is readily accessible\* for inspection & maintenance |
| 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 max. 25’‑0” in length |
| (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 |
|  |  |
| 2.1‑8.4.3 | **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 Sinks:  check if not included in project |
| (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 |
| 2.1‑8.4.4 | **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 |