**COMPLIANCE CHECKLIST**

**IP24_Hyperbaric Suite**

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.

**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 <u>not</u> be used for an existing required support space associated with a new patient care room or area.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project 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 <u>same name labels</u> 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 |
|---|---|---|
| 2.2-3.13 | **HYPERBARIC SUITE** | |
| 2.2-3.13.1 | **HYPERBARIC TREATMENT AREA** | |
| 2.2-3.13.1.1(1) | (designated for clinical hyperbaric oxygen therapy) | |
| 2.2-3.13.1.1(2) | ___ Hyperbaric treatment area meets requirements of "Hyperbaric Facilities" chapter in NFPA 99 | |
| 2.2-3.13.1.2(1) | ___ Multiplace (Class "A" Chamber) facilities<br>☐ check if not included in project | |
| (a) | ___ space provided to house Class "A" chambers & supporting equipment accommodate equipment manufacturer's technical specifications | |
| | ___ manufacturer's technical specifications have been submitted to DPH Plan Review | |
| (b) | ___ min. clearance 3'-0" around chamber | |
| | ___ min. clearance 8'-0" for stretcher or gurney access area in front of chamber | |
| | ___ min. clearance 5'-0" for wheelchair access area in front of chamber entries | |
| (c) | ___ entries designed for wheelchairs or gurneys provided with access ramps that are flush with chamber entry doorway | |
| | ___ min. 3'-0" wide chamber entries not designed for gurney/stretcher access | |
| 2.2-3.13.1.2(2) | ___ Monoplace (Class "B" Chamber) facilities | |
| (a) | ___ space provided to house Class "B" chambers & supporting equipment accommodate equipment manufacturer's technical specifications | |
| | ___ manufacturer's technical specifications have been submitted to DPH Plan Review | |
| (b) | ___ min. clearance 2'-0" around chamber | |
| | ___ min. clearance 3'-0" between control sides of two chambers<br>☐ check if not included in project (only if one chamber provided) | |
| | ___ min. passage 12" at foot end of each chamber & any wall or obstruction | |
| | ___ min. clearance 8'-0" in front of chamber entry designed for gurney or stretcher access | |
| (c) | ___ oxygen service valve provided for each chamber | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.2-3.13.4 | **PRE-PROCEDURE PATIENT CARE AREA** | | |
| 2.2-3.13.4.1(3) | ☐ check if not included in project (only if facility has two or fewer Class "B" hyperbaric chambers) | | |
| 2.2-3.13.4.1 | | | |
| 2.2-3.13.4.1(1) | ___ Patient holding area<br>___ under staff control<br>___ out of traffic flow from chamber<br>___ does not obstruct access to exits from hyperbaric suite | | |
| 2.2-3.13.4.1(2) | ___ Gurney patients in holding area be out of direct line of normal traffic | Medical Gases:<br>___ 2 OX, 2 VAC | Table 2.1-3 |
| 2.2-3.13.4.2 | Space Requirements:<br>___ patient holding area sized to accommodate inpatients on gurneys or beds | | |
| 2.2-3.13.8 | **SUPPORT AREAS FOR HYPERBARIC SUITE** | | |
| 2.2-3.13.8.1(2) | (may be shared with wound care department) | | |
| 2.2-3.13.8.2 | ___ Reception/control desk | | |
| 2.2-3.13.8.4 | ___ Consultation/treatment room | | |
| 2.1-3.2.2.1 | Space Requirements: | Ventilation: | |
| (1) | ___ min. clear floor area 120 sf<br>___ min. clear dimension 10'-0" | ___ Min. 6 air changes per hour | Table 7-1 |
| (2)(a) | ___ room size permits room arrangement w/ min. clearance 3'-0" at each side & at foot of exam table<br>___ room arrangement (layout #1) shown in the plans | Lighting:<br>___ Portable or fixed exam light | 2.1-8.3.4.3(3) |
| | | Power:<br>___ Min. 8 receptacles in total | Table 2.1-1 |
| (2)(b) | ___ exam table, recliner or chair is placed at angle closer to one wall than another or against wall to accommodate type of patient being served<br>☐ check if not included in project<br>___ room arrangement (layout #2) shown in the plans | ___ Min. 4 receptacles convenient to head of gurney or bed | |
| 2.1-3.2.2.2 | | | |
| (2) | ___ storage for supplies | | |
| (3) | ___ accommodations for written or electronic documentation | | |
| (4) | ___ space for visitor's chair | | |
| (5) | ___ handwashing station | | |
| 2.2-3.12.8.2 | ___ Nurse station<br>___ located in treatment area | | |
| (1) | ___ designed to provide visual observation of all patient care stations | | |
| (2) | ___ located out of direct line of traffic | | |
| 2.1-2.8.2.1(1) | ___ space for counters | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-2.8.2.1(2) | ___ handwashing station next to or directly accessible*<br>**or**<br>___ hand sanitation dispenser next to or directly accessible* | | |
| 2.2-3.12.8.8<br>2.1-2.8.8.2(1) | Medication Safety Zone:<br>___ 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<br>☐ check if <u>not</u> included in project | | |
| (c) | ___ self-contained medication-dispensing unit<br>☐ check if <u>not</u> included in project | | |
| | ___ room designed with space to prepare medications | | |
| 2.2-3.12.8.9 | ___ Nourishment area or room | Ventilation: | |
| 2.1-2.8.9.2(1) | ___ handwashing station | ___ Min. 2 air changes per hour | Table 7-1 |
| 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 are included for separate temporary storage of unused & soiled meal trays | | |
| 2.2-3.12.8.9(2) | ___ provisions for drinking water for patient use provided separate from handwashing station | | |
| 2.2-3.12.8.11 | ___ Clean workroom or clean supply room | | |
| 2.1-2.8.11.2 | ___ clean workroom | Ventilation: | |
| | ___ used for preparing patient care items | ___ 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<br>___ Positive pressure | Table 7-1 |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.2-3.12.8.12 | ___ Soiled workroom or soiled holding room | | |
| 2.1-2.8.12.2 | ___ soiled workroom | | |
| (1)(a) | ___ 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<br>___ Negative pressure<br>___ 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<br>☐ 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<br>___ Negative pressure | |
| (2) | ___ space for separate covered containers for waste & soiled linen | ___ No recirculating room units | |
| 2.2-3.12.8.13(1) | ___ Clean linen storage | | |
| (1) | ___ stored in clean workroom | | |
| | **or** | | |
| | ___ covered cart distribution system | | |
| (2) | ___ storage of clean linen carts in designated corridor alcoves, clean workroom or closets | | |
| | **or** | | |
| 2.2-3.13.8.13(1) | ___ separate supply storage room (may be shared with another department) | Ventilation: | |
| | | ___ Min. 2 air changes per hour | Table 7-1 |
| | | ___ Positive pressure | |
| 2.2-3.12.8.13(3) | ___ Gurney/wheelchair storage space | | |
| 2.2-3.13.8.13(4) | ___ Gas cylinder room provided for Class “A” facilities<br>☐ check if not included in project (only if bariatric chambers are restricted to Class “B”) | | |
| (a) | ___ space to house eight (H) cylinders<br>___ space to house two gas manifolds consisting of at least two (H) cylinders on each manifold | | |
| 2.2-3.13.8.14 | ___ Environmental services room | | |
| (1) | ___ immediately accessible* to hyperbaric suite | Ventilation: | |
| | | ___ Min. 10 air changes per hour | Table 7-1 |
| 2.1-2.8.14.2(1) | ___ service sink or floor-mounted mop sink | ___ Exhaust | |
| 2.1-2.8.14.2(2) | ___ provisions for storage of supplies & housekeeping equipment | ___ Negative pressure<br>___ No recirculating room units | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-2.8.14.2(3) | ___ handwashing station<br>**or**<br>___ hand sanitation station | | |
| 2.2-3.13.8.16 (1) | ___ Compressor room<br>___ large enough to house chamber compressors, accumulator tanks & fire suppression system | | |
| 2.2-3.13.9 | **SUPPORT AREAS FOR STAFF**<br>___ Staff toilet room<br>___ handwashing station<br>___ immediately accessible* to hyperbaric suite | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 7-1 |
| 2.2-3.13.10<br>2.2-3.13.10.1 (4) | **SUPPORT AREAS FOR PATIENTS**<br>___ Patient waiting area<br>☐ check if <u>not</u> included in project (only in facilities with two or fewer Class “B” hyperbaric chambers) | | |
| (1) | ___ screened from unrelated traffic<br>___ under staff control<br>___ separated from hyperbaric suite by door | | |
| (3) | Hyperbaric Suite Routinely Used for Inpatients:<br>☐ check if <u>not</u> included in project<br>___ outpatient waiting & inpatient holding areas separated & screened to provide visual & acoustic privacy between outpatients and inpatients | | |
| 2.2-3.13.10.2 | ___ Patient toilet room<br>___ handwashing station<br>___ directly accessible* to hyperbaric suite | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 7-1 |
| 2.2-3.13.10.3 (1)(a) | ___ Patient changing rooms<br>___ seat or bench made of non-absorbable material | | |
| (1)(b) | ___ mirror | | |
| (1)(c) | ___ provisions for hanging patients clothing<br>___ provisions for securing valuables | | |
| (2) | ___ at least one changing room accommodates wheelchair patients | | |

*LOCATION TERMINOLOGY:

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

<u>Adjacent</u>: Located next to but not necessarily connected to the identified area or room

<u>Immediately accessible</u>: Available either in or adjacent to the identified area or room

<u>Readily accessible</u>: 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
(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
(b) 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) 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
(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:
(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

2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**

Part 3/6.1 UTILITIES:
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

Part 3/6.1.2.2 Central cooling systems greater than 400 tons (1407 kW) peak cooling load
☐ check if <u>not</u> 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 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 ___ Spaces ventilated according to Table 7-1
___ Air movement is from clean to less-
Part 3/7.1.a.1 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

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

2.1-8.4.2.5 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

(3)(c) 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

(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) ___ trimmed with valves that can are operated without hands
(a) (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

2.1-8.5.1 **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