COMPLIANCE CHECKLIST

IP31_Rehabilitation Hospitals

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:

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

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

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in project 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

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

Facility Name:

Facility Address:

Satellite Name: (if applicable)

Satellite Address: (if applicable)

Project Description:

DoN Project Number: (if applicable)

Patient Care Unit Bed Complements:

Current = Proposed =

Building/Floor Location:

Submission Dates:

Initial Date:

Revision Date:

	Architectural Requirements	Building Systems Requirements
2.6	**REHABILITATION HOSPITALS**	
2.6-1.1	**APPLICATION**	
2.6-1.1.1	___ facilities that provide acute rehabilitation hospital care & identify themselves to general public as rehabilitation hospitals rehabilitation inpatient health care centers or rehabilitation centers of excellence	
2.6-2.1.3	**ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE**	
2.1-2.3.1.1	☐ check if not included in project (only if Patient Handling & Movement Assessment that determines that facility does not need expanded-capacity lifts & architectural details that support movement of patients of size in patient areas is attached to Project Narrative)	
2.1-2.3.1.3	Patient Lift System:	
(1)	___ accommodations for patient handling provided by either overhead lift system or floor-based full-body sling lift & standing-assist lifts	
(2)	___ lifts capable of accommodating projected weight of patients of size	
2.1-2.3.2	Patient Rooms:	
(1)	___ Patient rooms designated for patients of size are single-patient rooms	
(2)	___ Lift system (e.g ceiling- or wall-mounted) in rooms designated for care of patients who weigh 600 lbs or more	
	___ can transfer patient from bed to toilet	
2.1-2.3.2.2	Space Requirements:	
(2)(a)	___ min clearance 5’-0”at foot of bed	
(2)(b)	___ min clearance 5’-6” on non-transfer side of bed from edge of expanded-capacity patient bed	
(2)(c)	Clearance on Transfer Side of Bed:	
	___ patient room equipped with ceiling- or wall-mounted lifts	
	___ rectangular clear floor area min 10’-6” long by 5’-6” wide measured beginning 2’-0” from headwall	
	or	
	___ patient room not equipped with ceiling- or wall-mounted lifts	
	___ rectangular clear floor area min 10’-6” long by 7'-0" wide measured beginning 2’-0” from headwall	

	Architectural Requirements	Building Systems Requirements	
2.1-2.3.3	___ Airborne infection isolation (AII) room		
2.1-2.3.3.1	___ at least one AII room that meets requirements listed on Pages 7 & 8 of this Compliance Checklist is provided in facility		
2.1-2.3.5	___ Patient toilet room		
	___ designated for use by patients of size	Ventilation:	
	___ serves only one patient room	___ Min 10 air changes per hour	Table 7-1
2.1-2.2.6.2	___ toilet	___ Exhaust	
2.1-2.2.6.3(1)	___ handwashing station	___ Negative pressure	
2.1-2.2.6.3(2)	___ bedpan washer	___ No recirculating room units	
2.1-2.2.6.3(3)	___ expanded-capacity toilet		
2.1-2.3.5.1	___ min 36” from finished wall to toilet centerline on both sides		
	or		
2.1-2.3.5.2	___ regular toilet		
	___ min 44” from finished wall to centerline of toilet on both sides to allow for positioning of expanded-capacity commode over toilet		
2.1-2.3.5.3	___ 46” wide clear floor area extends 72” from front of toilet		
2.1-2.3.6	___ Shower facilities for patients of size		
2.1-2.3.6.1	___ shower stalls min 4’-0” by 6’-0”		
2.1-2.3.6.2	___ equipped with grab bars capable of supporting 800 lbs	Ventilation:	
		___ Min 10 air changes per hour	Table 7-1
2.1-2.3.6.3	___ handheld spray nozzles mounted on side wall	___ Exhaust	
		___ Negative pressure	
		___ No recirculating room units	
2.1-2.3.7	___ Single-patient exam or treatment room		
2.1-2.1.2	Patient Privacy:		
	___ provisions to address patient visual & speech privacy		
2.1-3.2.2.1	Space Requirements:	Ventilation:	
(1)	___ min clear floor area 120 sf	___ Min 6 air changes per hour	Table 7-1
	___ min clear dimension 10’-0”		
2.1-2.3.7.2(1)(a)	___ min 5'-0" clearance at foot of expanded-capacity exam table	Lighting:	
		___ Portable or fixed exam light	2.1-8.3.4.3(3)
2.1-2.3.7.2(1)(b)	___ min 5'-0" clearance on non-transfer side of expanded-capacity exam table	Power:	
		___ Min 8 receptacles in total	Table 2.1-1
	Clearance on Transfer Side of Expanded-Capacity Exam Table:	___ Min 4 receptacles convenient to head of gurney or bed	
2.1-2.3.7.2(1)(c)	___ with ceiling- or wall-mounted lift	Nurse Call System:	
	___ min 5’-0” clearance	___ Emergency call station	Table 2.1-2
	or		
	___ without ceiling- or wall-mounted lift		
	___ min 7’-0” clearance		
2.1-3.2.2.2			

	Architectural Requirements	Building Systems Requirements
(2)	___ storage for supplies	
(3)	___ accommodations for written or electronic documentation	
(4)	___ space for visitor's chair	
(5)	___ handwashing station	
2.1-2.3.8	___ Equipment & Supply Storage	
	___ accommodates size of expanded-capacity equipment	
2.1-2.3.9	___ Waiting areas	
2.1-2.3.9.1	___ sized to accommodate expanded-capacity furniture required for patients & visitors of size	
2.1-2.3.9.2	___ min 5 percent of seating accommodates person who weighs 600 pounds	
2.1-2.3.10	Special Design Elements for Spaces for Care of Patients of Size:	
2.1-2.3.10.1	___ all plumbing fixtures handrails grab bars patient lift equipment built-in furniture & other furnishings & equipment designed to accommodate maximum planned patient weight	
2.1-2.3.10.2	___ Door openings	
	___ meet requirements of Section 2.1-7.2.2.3(2)	
(1)	___ min clear width 45.5" for path of travel of expanded-capacity wheelchairs to public areas & patient care areas	
(2)	___ min clear width 57" to patient rooms	
(3)	___ min clear width 45.5" to toilet rooms	
2.6-2.2.2	**PATIENT CARE UNIT – PATIENT ROOM**	
2.6-2.2.2.1	Capacity:	
2.2-2.2.2.1(1)	___ max number of beds per room is 1 bed	
2.2-2.2.2.1(2)	**or**	
	___ renovation work is undertaken	
	___ present capacity is more than one patient in each room	
	___ proposed room capacity is no more than present capacity	
	___ maximum 2 patients in each room	
2.6-2.2.2.2	Space Requirements:	
(1)	___ min clear floor area 140 sf in single-patient rooms	
	___ min clear floor area 125 sf per bed in multiple-patient rooms	
(2)(a)	☐ check if <u>not</u> included in project	
	___ dimensions & arrangement of rooms provide min clearance 4'-0" between sides & foot of bed & any wall or any other fixed obstruction in both single- & multiple-patient rooms	
(2)(b)	___ turning space for wheelchairs	

Building Systems Requirements	
Ventilation:	
___ Min 4 air changes per hour	Table 7-1
Lighting:	2.1-8.3.4.3(1)
___ General lighting	(a)
___ Reading light for each bed	(b)
___ controls accessible to patients in bed	
___ Night-light located in each patient room	
___ no central control of night-lights outside rm	
___ illuminates path from rm entrance to bedside	
___ illuminates path between bed & toilet room	
Power:	
___ Min 12 receptacles in total	Table 2.1-1
___ Min. 2 receptacles at each side of head of bed	
___ Min. 2 receptacles on all other walls (not including any TV receptacle)	

	Architectural Requirements	Building Systems Requirements	
2.6-2.2.2.3	Windows in Patient Rooms:		
2.1-7.2.2.5(1)	___ each patient room provided with natural light by means of window to outside	Nurse Call System:	
		___ Patient station	Table 2.1-2
2.1-7.2.2.5(2)	___ operable windows in patient rooms	___ Emergency call station	
	☐ check if not included in project		
	___ window operation is limited with either stop limit/restrictor hardware or open guard/screen		
	___ prevents passage of 4-inch diameter sphere through opening		
2.1-7.2.2.6	___ insect screens		
2.1-7.2.2.5(3)	___ min net glazed area be no less than 8%		
(a)	of required min clear floor area		
(b)	___ max 36” windowsill height above finished floor		
2.6-2.2.2.4	Patient Privacy:		
2.1-2.1.2	___ provisions are made to address patient visual & speech privacy		
2.6-2.2.2.5	Handwashing Station in Patient Room:		
2.1-2.2.5.1	___ provided in patient room in addition to that in toilet room		
(1)	___ adjacent* to entrance to patient room for use by health care personnel & others		
	Multi-Patient Rooms:		
	☐check if not included in project		
(2)	___ handwashing station located outside patients cubicle curtains		
2.6-2.2.2.6	___ Patient toilet room	Ventilation:	
(1)	___ bathing facility/shower located in patient toilet room	___ Min 10 air changes per hour	
		___ Exhaust	Table 7-1
	___ space be provided for attendant	___ Negative pressure	
	or	___ No recirculating room units	
	___ shared bathing facility centrally located		
		Nurse Call System:	
		___ Bath station	Table 2.1-2
(2)	___ toilet room be sized to provide access for patient in wheelchair		
(3)	___ portable patient lifts are provided		
	☐ check if not included in project		
	___ door opening into each patient toilet room wide enough to allow health care providers to transfer patients to toilet using portable lift		
(4)	___ thresholds designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment by patients & staff		
2.1-2.2.6.2	___ toilet room serves only one patient room		
2.1-2.2.6.3(1)	___ toilet		
2.1-2.2.6.3(2)	___ handwashing station		
2.1-2.2.6.3(3)	___ bedpan washer		

	Architectural Requirements	Building Systems Requirements	
2.6-2.2.2.7 2.2-2.2.2.7 (1)(a)	Patient Bathing Facilities: ___ located in toilet room directly accessible from each patient room		
	or		
(1)(b)	___ located in central bathing facility		
(2)	Central Bathing Facilities: ☐ check if not included in project		
(a)	___ each tub or shower in individual room or enclosure provides privacy for bathing drying & dressing	Ventilation: ___ Min 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units Nurse Call System: ___ Bath station	Table 7-1 Table 2.1-2
(b)	___ at least one shower or bathtub provided for each patient care unit ___ at least one bathing facility with space for attendant to accommodate patients on gurneys carts & wheelchairs (may be shared with multiple patient care units located on separate floors)		
(c)	___ toilet in separate enclosure in or directly accessible to each central bathing facility ___ handwashing sink in or directly accessible to each central bathing facility ___ storage for soap & towels in or directly accessible to each central bathing facility	Ventilation: ___ Min 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units Nurse Call System: ___ Bath station	Table 7-1 Table 2.1-2
(3)	Mobile Lifts Shower Gurney Devices & Wheelchair Access:		
(a)	___ doorways designed to allow entry of portable/mobile mechanical lifts & shower gurney devices		
(b)	___ thresholds designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment		
(c)	___ patient shower rooms designed to allow entry of portable/mobile mechanical lifts & shower gurney devices		
(d)	___ floor drain grates designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment		
2.6-2.2.2.7(2)(a)	___ each tub or shower in individual room or privacy enclosure includes space for wheelchair & attendant		

	Architectural Requirements	Building Systems Requirements	
2.6-2.2.2.7(2)(b)	___ bathtubs or showers provided at ratio of one bathing facility for every 8 beds not otherwise served by bathing facilities in patient toilet rooms		
2.6-2.2.2.7(2)(c)	___ showers in central bathing facilities min. 16 sf ___ showers are curb-free & designed for use by patients in wheelchairs		
2.6-2.2.2.8	Patient storage (for personal items & effects)		
(1)	___ storage permitted to be combination of wardrobes, closets, storage compartments, accessible drawers & shelves		
(2)	___ min. storage volume of 25 cubic feet		
2.6-2.2.4	**PATIENT CARE UNIT – AIRBORNE INFECTION ISOLATION (AII) ROOM**		
2.6-2.2.4.2	☐ check if not included in project (only if Infection Control Risk Assessment included in Project Narrative to support omission of AII Room)		
2.1-2.4.2.2	___ Complies with requirements applicable to patient rooms		
(1)	___ Capacity one bed		
(2)	___ Personal protective equipment (PPE) storage at entrance to room ___ Provisions for PPE disposal at entrance to room		
(3)	___ Handwashing station		
(4)	___ Patient toilet room ___ serves only one AII room	Ventilation: ___ Min 10 air changes per hour	Table 7-1
(5)	___ bathtub or shower	___ Exhaust ___ Negative pressure ___ No recirculating room units	
2.1-2.4.2.3	___ Anteroom ☐ check if not included in project		
(1)	___ provides space for persons to don personal protective equipment (PPE) before entering patient room ___ provides space for persons to doff PPE after leaving patient room	Ventilation: ___ Min 10 air changes per hour ___ Exhaust ___ No recirculating room units	Table 7-1
(2)	___ all doors to anteroom have self-closing devices **or** ___ audible alarm activated when AII room is in use as isolation room		
(3)(a)	___ handwashing station		
(3)(b)	___ storage for unused PPE		
(3)(c)	___ disposal/holding container for used PPE		

	Architectural Requirements	Building Systems Requirements	
2.1-2.4.2.4	Architectural Details & Furnishings:		
(1)(a)	___ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration		
(1)(b)	___ self-closing devices on all room exit doors **or** ___ activation of audible alarm when AII room is in use as isolation room		
	___ edge seals provided along sides & top of doorframe for any door into AII room		
(2) (a)	___ window treatments do not include fabric drapes & curtains		
2.1-2.4.2.5	___ room pressure visual or audible alarm		
2.6-2.2.8	**SUPPORT AREAS FOR REHABILITATION PATIENT CARE UNIT**		
2.1-2.8.1	___ Support areas provided on each patient care unit floor (permitted to are arranged & located to serve more than one patient care unit)		
2.2-2.2.8.2	___ Administrative center or nurse station	Nurse Call System:	
2.1-2.8.2.1(1)	___ space for counters	___ Nurse master station	Table 2.1-2
2.1-2.8.2.1(2)	___ handwashing station next to or directly accessible* **or** ___ hand sanitation dispenser next to or directly accessible*		
2.1-2.8.2.2	___ Center for reception & communication ___ self-contained **or** ___ combined with administrative center or nurse station		
2.2-2.2.8.3	___ Documentation area		
2.1-2.8.3.1	___ work surface to support documentation process	Nurse Call System: ___ Duty station (light/sound signal)	2.1-8.5.1.2(3)(b)
2.6-2.2.8.4	Offices:		
(1)	___ office for nursing staff		
(2)	___ office or other work space for staff who provide psychological & social services		
2.2-2.2.8.5	___ Multipurpose room		
2.1-2.8.5	___ at least one room in facility for patient conferences reports education training sessions & consultation (may serve several patient care units & departments)		
2.2-2.2.8.7	___ Handwashing station		
2.1-2.8.7.1	___ located in each room where hands-on patient care is provided		

	Architectural Requirements	Building Systems Requirements	
2.2-2.2.8.8	___ Medication safety zones		
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		
(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		
(b)	___ work counter	Lighting:	
	___ handwashing station	___ Task lighting	2.1-2.8.8.1(2)(d)
	___ lockable refrigerator	Ventilation:	
	___ locked storage for controlled drugs	___ Min 4 air changes per hour	Table 7-1
	___ sharps containers		
	☐ check if <u>not</u> included in project		
(c)	___ self-contained medication-dispensing unit		
	☐ check if <u>not</u> 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		
(c)	___ handwashing station or hand sanitation dispenser located next to stationary medication-dispensing units or stations		
2.2-2.2.8.9	___ Nourishment area or room		
2.1-2.8.9.2(1)	___ handwashing station	Ventilation:	
2.1-2.8.9.2(2)	___ work counter	___ Min 2 air changes per hour	Table 7-1
2.1-2.8.9.2(3)	___ refrigerator		
2.1-2.8.9.2(4)	___ microwave		
2.1-2.8.9.2(5)	___ storage cabinets		
2.1-2.8.9.2(6)	___ space for temporary storage of food service implements		
2.1-2.8.9.3	___ provisions & space for separate temporary storage of unused meal trays		
2.1-2.8.9.4	___ provisions & space for soiled meal trays		

	Architectural Requirements	Building Systems Requirements	
2.2-2.2.8.10	___ Ice-making equipment ___ located in each patient care unit ___ equipment to provide ice for treatments & for nourishment		
2.2-2.2.8.11	___ 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 ___ Positive pressure	Table 7-1
(1)	___ work counter		
(2)	___ handwashing station		
(3)	___ storage facilities for clean & sterile supplies		
	or		
2.1-2.8.11.3	___ clean supply room ___ used only for storage & holding as part of system for distribution of clean & sterile supplies	Ventilation: ___ 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 ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7-1
(1)(a)	___ handwashing station		
(1)(b)	___ flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture		
(1)(c)	___ work counter		
(1)(d)	___ space for separate covered containers for waste & soiled linen		
(2)	___ fluid management system is used ☐ check if <u>not</u> 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 ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7-1
(1)	___ handwashing station or hand sanitation station		
(2)	___ space for separate covered containers for waste & soiled linen		
2.1-2.8.13.1	___ Clean linen storage		
(1)	___ stored in clean workroom or clean supply room		
	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		

	Architectural Requirements	Building Systems Requirements	
2.6-2.2.8.13(2)	___ Equipment storage room storage room be provided for equipment such as IV stands inhalators air mattresses & walkers		
2.6-2.2.8.13(3)	___ Storage space for stretchers & wheelchairs		
2.6-2.2.8.13(4)	___ Equipment storage space with power outlets for charging equipment		
2.6-2.2.8.13(5)	___ Storage for administrative supplies		
2.1-2.8.13.4	___ Emergency equipment storage		
(1)	___ each patient care unit has at least one emergency equipment storage location		
(2)	___ provided under visual observation of staff		
(3)	___ storage locations do not encroach on min required corridor width		
2.2-2.2.8.14	___ Environmental services room	Ventilation:	
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)	___ Min 10 air changes per hour ___ Exhaust ___ Negative pressure	Table 7-1
2.1-2.8.14.2(1)	___ service sink or floor-mounted mop sink	___ No recirculating room units	
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		
2.2-2.2.8.15	___ Exam room ☐ check if <u>not</u> included in project (only if all patient rooms in patient care unit are single-patient rooms)		
(1)	___ designed for single patient		
(2)	___ serves only one patient care unit **or** ___ serves more than one patient care unit on same floor ___ centrally located		
2.6-2.2.8.15(2)	**or** ___ located in evaluation unit ___ readily accessible* to patient care unit		
2.1-2.1.2	Patient privacy: ___ provisions are made to address patient visual & speech privacy		
2.1-3.2.2.1	Space Requirements:	Ventilation:	
(1)	___ min clear floor area 120 sf ___ min clear dimension 10’-0”	___ Min 6 air changes per hour	Table 7-1
(2)(a)	___ room size permits room arrangement with min. clearance 3’-0” at each side & at foot of exam table, recliner or chair	Lighting: ___ Portable or fixed exam light Power:	2.1-8.3.4.3(3)
2.1-3.2.2.2(2)	___ storage for supplies	___ Min 8 receptacles in total ___ Min 4 receptacles	Table 2.1-1

	Architectural Requirements	Building Systems Requirements	
2.1-3.2.2.2(3)	___ accommodations for written or electronic documentation	convenient to head of gurney or bed	
2.1-3.2.2.2(4)	___ space for visitor's chair	Nurse Call System:	
2.1-3.2.2.2(5)	___ handwashing station	___ Emergency call station	Table 2.1-2
2.6-2.2.9	**SUPPORT AREAS FOR STAFF**		
2.1-2.9.1	___ Staff lounge		
	___ min.100 sf		
2.1-2.9.2	___ Staff toilet room (permitted to be unisex)		
2.1-2.9.2.1	___ readily accessible* to each patient care unit	Ventilation:	
2.1-2.9.2.2	___ toilet & handwashing station	___ Min 10 air changes per hour	Table 7-1
		___ Exhaust	
		___ Negative pressure	
		___ No recirculating room units	
2.1-2.9.3	___ Staff storage facilities		
2.1-2.9.3.1	___ securable closets or cabinet compartments for staff personal articles		
	___ located in or near nurse station		
2.6-2.3.1	**DINING RECREATION & DAY SPACES**		
	___ Patient dining recreation & day spaces are separate		
	or		
	___ some or all of patient dining recreation & day spaces are adjoining spaces		
2.6-2.3.1.1	___ Glazed areas allow daylight from exterior wall to reach each dining recreation & day space		
2.6-2.3.1.2	Space Requirements for Inpatient Services:		
(1)	___ min 55 sf per bed spaces		
(2)	Space Requirements for Outpatient Services:		
(a)	___ dining is part of day care program		
	___ min 55 sf per person		
	or		
(b)	___ dining is not part of day care program		
	___ min 35 sf per person		
2.6-2.3.1.3	___ Handwashing station in each dining room		
2.6-2.3.1.4	___ Storage spaces provided for recreational equipment & supplies		
2.6-2.3.2	**ACTIVITY AREAS**		
2.6-2.3.2.1	Activities of Daily Living Unit:		
(1)(a)	___ bedroom		
(1)(b)	___ bathroom in addition to other toilet & bathing requirements		
(1)(c)	___ kitchen		
(1)(d)	___ space for training stairs		
(2)	___ functional equipment similar to that in residential environment		

	Architectural Requirements	Building Systems Requirements	
2.6-3.1	**REHABILITATION THERAPY DEPARTMENT**		
2.6-3.1.2	**Physical Therapy Areas:**		
2.6-3.1.2.2	___ Individual therapy areas		
(1)	Space Requirements:	Ventilation:	
(a)	___ space based on equipment used for therapeutic treatment	___ Min. 6 air changes per hour ___ Negative pressure	Table 7-1
	___ space allows access by patient & therapist to equipment when in use		
(b)	___ min clearance 2'-8" on at least three sides of therapy furniture (e.g chairs recliners tables beds or mats) at each patient care station		
(2)	Patient Privacy:		
(a)	___ privacy screens or curtains at each individual patient care station		
(b)	___ curtains or shades on windows in therapy areas		
(3)	___ Handwashing stations		
2.1-2.8.7.1	___ located in each room where hands-on patient care is provided		
2.1-2.8.7.3	___ handwashing station serves multiple patient care stations ☐ check if <u>not</u> 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	Ventilation:	
	___ layout of exercise area includes staff work area arranged so that staff can view all activities taking place in exercise area	___ Min. 6 air changes per hour ___ Negative pressure	Table 7-1
2.6-3.1.2.8(1)	___ Separate storage for soiled linen towels & supplies		
2.6-3.1.2.8(2)	___ Equipment & supply storage		
(a)	___ Clean linen & towel storage		
(b)	___ Storage for equipment & supplies		
2.6-3.1.3	**Occupational Therapy Areas:** ☐ check if <u>not</u> included in project		
2.6-3.1.3.2	___ Classroom/dining room		
(1)	___ min 30 sf per person plus additional 30 sf for instructor & instructional resources		
(2)	___ min 150 sf floor area		

	Architectural Requirements	Building Systems Requirements
2.6-3.1.3.3	___ Work areas & counters	
	___ suitable for wheelchair access	
2.6-3.1.3.4	___ Teaching area for teaching activities of daily living	
2.6-3.1.3.5	___ Handwashing stations	
2.6-3.1.3.8	___ Equipment & supply storage	
2.6-3.1.4.1	**Prosthetic & Orthotic Work Areas:** ☐ check if not included in project	
(1)	___ Space for evaluation & fitting	
	___ provisions for privacy	
	Handwashing Station:	
(2)	___ staff required to work with wet material or to handle caustic material or chemicals	
(a)	___ handwashing station	
(4)	___ eyewash station	
	or	
(b)	___ staff not required to work with wet material or handle caustic material or chemicals	
	___ hand sanitation dispenser or handwashing station	
(3)	___ Clinical sink ☐ check if not included in project (only if prosthetic & orthotic areas do not need running water for materials preparation)	
2.6-3.1.4.2	**Speech & Hearing Service Facilities:** ☐ check if not included in project	
(1)	___ Space for evaluation & treatment	
(2)	___ Handwashing station	
(3)	___ Therapy areas provided with speech privacy design that minimizes external sound from high-traffic public & similar noisy areas	
2.6-3.1.8	**SUPPORT AREAS FOR REHABILITATION THERAPY DEPARTMENT**	
2.6-3.1.8.3	___ Documentation area for documenting filing & retrieving patient records	
2.6-3.1.8.5	___ Multipurpose room	
2.6-3.1.8.11	___ Clean supply room	
2.6-3.1.8.12	___ Soiled holding room	
2.6-3.1.8.13(2)	___ Secure storage for potentially harmful supplies & equipment	

	Architectural Requirements	Building Systems Requirements	
2.6-3.1.8.13(3)	___ Wheelchair lift & gurney storage		
(a)	___ space for storing wheelchairs lifts & gurneys out of traffic while patients are using services		
(b)	___ immediately accessible* to service area		
2.6-3.1.8.14	___ Environmental services room	Ventilation:	
		___ Min 10 air changes per hour	Table 7-1
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)	___ 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		
2.6-3.1.9	**SUPPORT AREAS FOR STAFF**		
2.6-3.1.9.2	___ Staff toilet room	Ventilation:	
		___ Min 10 air changes per hour	Table 7-1
		___ Exhaust ___ Negative pressure ___ No recirculating room units	
2.6-3.1.9.3	___ Storage for staff belongings		
	___ lockable storage readily accessible* to each work area for securing staff personal effects		
2.6-3.1.10	**SUPPORT AREAS FOR PATIENTS**		
2.6-3.1.10.1	___ Patient waiting area		
	___ located out of traffic		
	___ provision for wheelchairs		
2.6-3.1.10.2	___ Patient toilet room	Ventilation:	
	___ toilet & handwashing station	___ Min 10 air changes per hour	Table 7-1
	___ accessible to wheelchair patients	___ Exhaust ___ Negative pressure ___ No recirculating room units	

*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 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 housing, 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 to Patient Rooms:

(a) ___ min 45.5” clear door width

___ min 83.5” clear door height

(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 Bathing/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) ___ bathing area or toilet room opens onto public area or corridor

☐ check if not included in project

___ visual privacy is maintained

2.1-7.2.2.5 WINDOWS IN PATIENT ROOMS:

2.1-7.2.2.5(1) ___ Each patient room provided with natural light by means of window to outside

2.1-7.2.2.5(2) ___ Operable windows in patient rooms or suites

☐ check if not included in project

___ window operation is limited with either stop limit/restrictor hardware or open guard/screen

___ prevents passage of 4-inch diameter sphere through opening

2.1-7.2.2.6 ___ insect screens

2.1-7.2.2.5(3) Window Size In Patient Rooms:

(a) ___ minimum net glazed area be no less than 8% of required min. clear floor area of room served

(b) ___ maximum 36 inches windowsill height above finished floor

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
(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
(2) ___ Grab bars in toilet rooms used by patients of size anchored to sustain concentrated load 800 pounds
(3) ___ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors

2.1-7.2.2.10 HANDRAILS:
(1)(a) ___ Installed on both sides of patient use corridors
(1)(b) (may be omitted at nurse stations, doors, alcoves & fire extinguisher cabinets)
(2) ___ Rail ends return to wall or floor
(3) ___ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements)
(4) ___ Handrails have eased edges & corners
(5) ___ Handrails have surface light reflectance value that contrasts with that of wall surface by min. 30%
(6) ___ Handrail finishes are cleanable & able to withstand disinfection

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 patient bed areas
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

2.1-7.2.2.14 DECORATIVE WATER FEATURES:
(1) ___ No indoor unsealed water features
(2) ___ Covered fish tanks
☐ check if not included in project
___ restricted to public 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 cleaning solutions
(7)(a) Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in rooms listed below:
___ airborne infection isolation (AII) room
___ soiled workroom & soiled holding room

2.1-7.2.3.2 WALLS & WALL PROTECTION:
(1)(a) ___ Wall finishes are washable
(1)(b) ___ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(2) ___ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g environmental services rooms) are monolithic or have sealed seams that are tight & smooth
(5) ___ Wall protection devices & corner guards durable & scrubbable

2.1-7.2.3.3 CEILINGS:
(1) ___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
(a) ___ Ceilings cleanable with routine housekeeping equipment
(b) ___ Acoustic & lay-in ceilings where used do not create ledges or crevices

2.1-7.2.4.1 Built-In Furnishings:
☐ check if not included in project
___ upholstered with impervious materials in patient treatment areas

2.1-7.2.4.2 Window Treatments in Patient Rooms & Other Patient Care Areas:
(1) ___ blinds sheers or other patient-controlled window treatments provided to allow for patient privacy & to control light levels & glare
(2) ___ window treatments do not compromise patient safety

___ easy for patients visitors & staff to operate

(3) ___ window treatments selected for ease of cleaning disinfection or sanitization

2.1-7.2.4.3 ___ Privacy curtains in patient rooms & other patient care areas are washable
☐ check if not included in project

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 Tables 7.1 are maintained for All Rooms & PE 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 are provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources is not operating

___ capacity of remaining source or sources is sufficient to provide for domestic hot water & to provide heating for intensive care nursery & inpatient 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

.

Part 3/6.3 OUTDOOR AIR INTAKES & EXHAUST DISCHARGES:

Part 3/6.3.1 Outdoor Air Intakes:

Part 3/6.3.1.1
___ located such that shortest distance from intake to any specific potential outdoor contaminant source be equal to or greater than separation distance listed in Table 6-1

___ located min of 25 ft from cooling towers & all exhaust & vent discharges

___ air intakes located away from public access

___ all intakes designed to prevent entrainment of wind-driven rain

___ contain features for draining away precipitation

___ equipped with birdscreen of mesh no smaller than 0.5 inches

Part 3/6.3.1.4 ___ intake in areaway
☐ check if not included in project

___ bottom of areaway air intake opening is at least 6'-0" above grade

___ bottom of air intake opening from areaway into building is at least 3'-0" above bottom of areaway

Part 3/6.3.2 Exhaust Discharges:

Part 3/6.3.2.1
___ ductwork within building is under negative pressure for exhaust of contaminated air (i.e air from All rooms)

___ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building

Part 3/6.3.2.2 ___ exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10'-0" above adjoining roof level

___ exhaust discharge outlets from All rooms is located not less than 25'-0" horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public

Part 3/6.4 FILTRATION:

a. ___ Particulate matter filters, min. 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)

h. ___ For spaces that do not permit air recirculated by means of room units & have minimum filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 7-1, the min. filter requirement listed in Table 7-1 is installed downstream of all wet-air cooling coils & supply fan

Part 3/6.5 HEATING & COOLING SYSTEMS:

Part 3/6.5.3 ___ Radiant heating systems
☐ check if not included in project
___ ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room

Part 3/6.7 AIR DISTRIBUTION SYSTEMS:

Part 3/6.7.1 ___ pressure relationships required in tables 7.1 maintained 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 3/6.8.2 ___ AII room exhaust systems are not used for energy recovery

Part 3/7 SPACE VENTILATION - HOSPITAL SPACES:

Part 3/7.1.a ___ Spaces ventilated according to Table 7-1

Part 3/7.1.a.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 3/7.1a.5 ___ Air recirculation through room unit
☐ check if not included in project
___ complies with Table 7-1
___ room unit receive filtered & conditioned outdoor air
___ serve only single space
___ provides min MERV 8 filter located upstream of any cold surface so that all of air passing over cold surface is filtered

Part 3/7.2 ADDITIONAL ROOM-SPECIFIC REQUIREMENTS:

Part 3/7.2.1 Airborne Infection Isolation (AII) Rooms
☐ check if not included in project
___ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor
___ Local visual means is provided to indicate whenever negative differential pressure is not maintained
___ Air from AII room is exhausted directly to outdoors

Exhaust air from AII rooms, associated anterooms & toilet rooms:
___ is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system

or

___ is discharged into the general exhaust stream, provided the AII exhaust air first passes through a HEPA filter (all exhaust ductwork kept under negative pressure)

Part 3/7.2.1 ___ Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed

___ Anteroom
☐ check if not included in project
___ All room is at negative pressure with respect to anteroom
___ Anteroom is at negative pressure with respect to corridor

2.1-8.3 **ELECTRICAL SYSTEMS**
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 shall have smooth, cleanable, impact-resistant lenses concealing light source
2.1-8.3.4.1(2) ___ Luminaires dissipate heat such that touchable surfaces will not burn occupants or ignite materials.
2.1-8.3.4.2
(1) Patient rooms:
(a) ___ provide general level of illumination
___ provide exam level of illumination
(b) (may be dimmable & limited to patient care station)
(c) ___ illumination for reading provided for each patient bed
___ patients must be able to adjust illumination without having to get out of bed
(d) ___ no incandescent & halogen light sources
(f) Night-lighting:
___ at least one night-light fixture located in each patient room
___ night-lights used by staff that illuminate path from entry to bedside are switched at room entrance
___ night-light fixture located no more than 18 inches from finished floor illuminates pathway from bed to toilet room
___ night-light color temperature 2,700K or warmer
(2)(a) ___ Corridors in patient care units have general illumination with provisions for reducing light levels at night
(3) Exam/treatment rooms:
___ portable or fixed exam light
(6) Food & nutrition areas:
___ light sources in kitchen & serving areas are either encapsulated or covered by diffuser or lens or use fixtures designed to contain fragments
(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 that depend on building electrical service for operation are connected to essential electrical system

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) ___ receptacles in pediatric & psychiatric unit corridors are of tamper-resistant type

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:
☐ check if not included in project

(1)(a) ___ separate treated water distribution system

(2)(b) ___ outlet at each individual hemodialysis treatment bay
___ outlet at hemodialysis equipment repair area
___ outlet at dialysate preparation area

or

(1)(b) ___ dialysis equipment includes sufficient water treatment provisions for use of domestic cold water

(1)(a) ___ drainage system independent from tap water drainage

(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 to provide continuous hot water at each hot water outlet
___ non-recirculated fixture branch piping does not exceed 10 feet in length

(3)(a) ___ no installation of dead-end
(3)(c) piping (installation of empty risers mains & branches for future use is permitted)

(3)(b) Renovations:
☐ check if not included in project
___ dead-end piping is removed

2.1-8.4.2.6 Drainage Systems:

(1)(a) ___ drainage piping above ceiling of or exposed in rooms listed below piping have special provisions to protect space below from leakage & condensation:
- central kitchens
- one-room sterile processing facilities
- clean workroom of two-room sterile processing facilities
- pharmacies
- 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 inches 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

2.1-8.4.3.3 Showers & Tubs:
(1) ___ nonslip surfaces
(2) Surfaces for personal effects (e.g., shampoo, soap):
☐ check if not included in project
___ surfaces for personal effects are recessed

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) ___ 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

2.1-8.4.3.7 Human waste disposal systems:
(1) ___ bedpan-rinsing device
(a) ___ provided in each inpatient toilet room
(b) ___ use cold water only
or
(2) ___ bedpan washer-disinfector system
(a) ___ located in patient toilet room or soiled workroom
(b) ___ electrical & plumbing connections that meet manufacturer requirements are provided
or
(3) ___ disposable bedpan macerator system
(a) ___ installed in soiled workroom
(b) ___ electrical & plumbing connections per manufacturer requirements are provided

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 Patient Call Stations:
(1) ___ each patient sleeping bed except nursery beds provided with patient call station equipped for two-way voice communication
(2)(a) ___ indicator light that remains lighted as long as voice circuit is operating
(2)(b) ___ reset switch for canceling call
(3)(a) ___ visible signal in corridor at patient’s door
Multi-Corridor Patient Areas:
☐ check if not included in project
___ additional visible signals at corridor intersections
(3)(b) ___ visible & audible signal at the nurse master station of patient care units or patient care areas

2.1-8.5.1.3 Bath Stations:
___ bath station that can be activated by patient lying on floor provided at each patient toilet, bathtub, sitz bath or shower stall
(1) ___ alarm in these areas can only be turned off at bath station where it was initiated
(2) ___ shower/tub bath stations located 3'-0" to 4’-0” above floor within view of user & within reach of staff without need to step into shower or tub
(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

2.6-8.5.2 **TELECOMMUNICATIONS AND INFORMATION SYSTEMS**
2.6-8.5.2.1 ___ Locations for terminating telecommunications & information system devices are provided.

2.6-8.5.2.2 ___ Area for central equipment locations
___ special air conditioning & voltage regulation per manufacturer