**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:

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: |  | Patient Care Unit Bed Complements:  Current =  Proposed = |
| Satellite Name: (if applicable) |  | Building/Floor Location: |
| Satellite Address: (if applicable) |  | Submission Dates: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.6 | **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 |  |  |
| 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 |  |  |
| 2.1‑2.2.6.2  2.1‑2.2.6.3(1)  2.1‑2.2.6.3(2) | \_\_\_ designated for use by patients of size  \_\_\_ serves only one patient room  \_\_\_ toilet  \_\_\_ handwashing station | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 7-1 |
| 2.1‑2.2.6.3(3) | \_\_\_ bedpan washer |  |  |
| 2.1‑2.3.5.1 | \_\_\_ expanded‑capacity toilet  \_\_\_ 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 clear dimension 10’‑0” | \_\_\_ Min 6 air changes per hour | Table 7-1 |
| 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  \_\_\_ min 5’‑0” clearance | Nurse Call System:  \_\_\_ Emergency call station | Table 2.1-2 |
|  | **or**  \_\_\_ without ceiling‑ or wall‑mounted lift  \_\_\_ min 7’‑0” clearance |  |  |
| 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 |  |  |
| 2.1‑2.3.8 | \_\_\_ 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](http://www.madcad.com/library/230687/664173/#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: | Ventilation: |  |
| 2.2-2.2.2.1(1) | \_\_\_ max number of beds per room is 1 bed | \_\_\_ Min 4 air changes per hour | Table 7-1 |
| 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 | Lighting:  \_\_\_ General lighting  \_\_\_ Reading light for each bed  \_\_\_ controls accessible to patients in bed  \_\_\_ Night‑light located in each patient room | 2.1‑8.3.4.3(1)  (a)  (b) |
| 2.6-2.2.2.2 | Space Requirements: | \_\_\_ no central control of night‑lights outside rm |  |
| (1) | \_\_\_ min clear floor area 140 sf in single-patient rooms  \_\_\_ min clear floor area 125 sf per bed in multiple-patient rooms | \_\_\_ illuminates path from rm entrance to bedside  \_\_\_ illuminates path between bed & toilet room |  |
| (2)(a)  (2)(b) | check if not 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  \_\_\_ turning space for wheelchairs | Power:  \_\_\_ Min 12 receptacles in total  \_\_\_ Min. 2 receptacles at each side of head of bed  \_\_\_ Min. 2 receptacles on all other walls (not including any TV receptacle) | Table 2.1-1 |
| 2.6-2.2.2.3 | Windows in Patient Rooms: |  |  |
| 2.1‑7.2.2.5(1)  2.1‑7.2.2.5(2) | \_\_\_ each patient room provided with natural light by means of window to outside  \_\_\_ operable windows in patient rooms  check if not included in project | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Emergency call station | Table 2.1-2 |
|  | \_\_\_ window operation is limited with either stop limit/restrictor hardware or open guard/screen |  |  |
| 2.1‑7.2.2.6 | \_\_\_ prevents passage of 4‑inch diameter sphere through opening  \_\_\_ insect screens |  |  |
| 2.1‑7.2.2.5(3)  (a) | \_\_\_ min net glazed area be no less than 8% 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  (1) | \_\_\_ provided in patient room in addition to that in toilet room  \_\_\_ 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  \_\_\_ space be provided for attendant  **or**  \_\_\_ shared bathing facility centrally located | \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 7-1 |
|  |  | 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)  2.1‑2.2.6.3(2)  2.1‑2.2.6.3(3) | \_\_\_ toilet  \_\_\_ handwashing station  \_\_\_ bedpan washer |  |  |
|  |  |  |  |
| 2.6-2.2.2.7 | Patient Bathing Facilities: |  |  |
| 2.2-2.2.2.7  (1)(a) | \_\_\_ 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 | Table 7-1 |
| (b) | \_\_\_ at least one shower or bathtub provided for each patient care unit | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  | \_\_\_ 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) | Nurse Call System:  \_\_\_ Bath station | Table 2.1-2 |
| (c) | \_\_\_ toilet in separate enclosure in or directly accessible to each central bathing facility | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust | Table 7-1 |
|  | \_\_\_ handwashing sink in or directly accessible to each central bathing facility | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  | \_\_\_ storage for soap & towels in or directly accessible to each central bathing facility | Nurse Call System:  \_\_\_ Bath station | 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 |  |  |
| 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 | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ No recirculating room units | Table 7-1 |
|  | \_\_\_ provides space for persons to doff PPE after leaving patient room |  |  |
| (2) | \_\_\_ all doors to anteroom have self‑closing devices  **or**  \_\_\_ audible alarm activated when AII room is in use as isolation room |  |  |
|  |  |  |  |
| (3)(a) | \_\_\_ handwashing station |  |  |
| (3)(b) | \_\_\_ storage for unused PPE |  |  |
| (3)(c) | \_\_\_ disposal/holding container for used PPE |  |  |
|  |  |  |  |
| 2.1‑2.4.2.4 | Architectural Details & Furnishings: |  |  |
| (1)(a) | \_\_\_ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration |  |  |
| (1)(b) | \_\_\_ self‑closing devices on all room exit doors  **or**  \_\_\_ activation of audible alarm when AII room is in use as isolation room |  |  |
|  |  |  |  |
|  | \_\_\_ edge seals provided along sides & top of doorframe for any door into AII room |  |  |
| (2) (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 |  |  |
|  |  |  |  |
| 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 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 |  |  |
| (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)  2.1‑2.8.9.2(4) | \_\_\_ refrigerator  \_\_\_ microwave |  |  |
| 2.1‑2.8.9.2(5) | \_\_\_ storage cabinets |  |  |
| 2.1‑2.8.9.2(6) | \_\_\_ space for temporary storage of food service implements |  |  |
| 2.1‑2.8.9.3 | \_\_\_ provisions & space for separate temporary storage of unused meal trays |  |  |
| 2.1‑2.8.9.4 | \_\_\_ provisions & space for soiled meal trays |  |  |
| 2.2-2.2.8.10 | \_\_\_ 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 | 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: |  |
| (1) | \_\_\_ handwashing station or hand sanitation station | \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust | Table 7-1 |
| (2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.1‑2.8.13.1 | \_\_\_ 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 |  |  |
| 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  (1) | \_\_\_ Exam room  check if not included in project  (only if all patient rooms in patient care unit are single-patient rooms) |  |  |
|  | \_\_\_ designed for single patient |  |  |
| (2)  2.6-2.2.8.15(2) | \_\_\_ serves only one patient care unit  **or**  \_\_\_ serves more than one patient care unit on same floor  \_\_\_ centrally located  **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:  \_\_\_ Min 8 receptacles in total | 2.1‑8.3.4.3(3)  Table 2.1-1 |
| 2.1‑3.2.2.2(2)  2.1‑3.2.2.2(3) | \_\_\_ storage for supplies  \_\_\_ accommodations for written or electronic documentation | \_\_\_ Min 4 receptacles convenient to head of gurney or bed |  |
| 2.1‑3.2.2.2(4)  2.1‑3.2.2.2(5) | \_\_\_ space for visitor’s chair  \_\_\_ handwashing station | Nurse Call System:  \_\_\_ 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:  \_\_\_ Min 10 air changes per hour | Table 7-1 |
| 2.1‑2.9.2.2 | \_\_\_ toilet & handwashing station | \_\_\_ 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 |  |  |
| 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  \_\_\_ space allows access by patient & therapist to equipment when in use | \_\_\_ Min. 6 air changes per hour  \_\_\_ Negative pressure | Table 7-1 |
| (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 not included in project |  |  |
| (1) | \_\_\_ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof |  |  |
| (2) | \_\_\_ handwashing stations evenly distributed |  |  |
|  |  |  |  |
| 2.6-3.1.2.3 | \_\_\_ Exercise area & facilities  \_\_\_ layout of exercise area includes staff work area arranged so that staff can view all activities taking place in exercise area | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ Negative pressure | Table 7-1 |
| 2.6-3.1.2.8(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 not 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 |  |  |
| 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)  (a) | \_\_\_ staff required to work with wet material or to handle caustic material or chemicals  \_\_\_ 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 |  |  |
| 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  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 7-1 |
| 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  \_\_\_ toilet & handwashing station  \_\_\_ accessible to wheelchair patients | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 7-1 |
|  |  |  |  |

\*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  (1)  (a) | DOORS & DOOR HARDWARE:  Door Type:  \_\_\_ 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)  (a) | Door Opening to Patient Rooms:  \_\_\_ 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 AII 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 AII rooms) |
|  | \_\_\_ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building |
| Part 3/6.3.2.2 | \_\_\_ exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10'-0" above adjoining roof level |
|  | \_\_\_ exhaust discharge outlets from AII rooms is located not less than 25’-0” horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
|  |  |
| Part 3/6.4 | FILTRATION: |
| a. | \_\_\_ Particulate matter filters, 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  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 3/7.1a.5 | \_\_\_ Air recirculation through room unit  check if not included in project  \_\_\_ complies with Table 7-1 |
|  | \_\_\_ room unit receive filtered & conditioned outdoor air  \_\_\_ serve only single space |
|  | \_\_\_ provides min MERV 8 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
|  |  |
| Part 3/7.2 | ADDITIONAL ROOM-SPECIFIC REQUIREMENTS: |
| Part 3/7.2.1 | Airborne Infection Isolation (AII) Rooms  check if not included in project |
|  | \_\_\_ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor  \_\_\_ Local visual means is provided to indicate whenever negative differential pressure is not maintained |
|  | \_\_\_ Air from AII room is exhausted directly to outdoors |
|  |  |
|  | Exhaust air from AII rooms, associated anterooms & toilet rooms:  \_\_\_ is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system |
|  | **or** |
|  | \_\_\_ is discharged into the general exhaust stream, provided the All 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  \_\_\_ AII room is at negative pressure with respect to anteroom  \_\_\_ Anteroom is at negative pressure with respect to corridor |

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| 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)  (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 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)  (3)(c) | \_\_\_ no installation of dead-end 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)  (a) | \_\_\_ trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b) | \_\_\_ handles are at least 6 in long |
| (2) | \_\_\_ integral trap wherein upper portion of water trap provides visible seal |
| **2.1-8.4.3.7** | 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 |

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| 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 |