**COMPLIANCE CHECKLIST**

**IP8\_Obstetrical Unit**

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

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

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

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

1. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
2. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
3. Oxygen, vacuum, medical air, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", “WAGD” & “IA”.
4. Requirements referenced with “FI” result from formal interpretations from the FGI Interpretations Task Group.
5. The location requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | DoN Project Number: (if applicable) |
| Facility Address: |  | 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** |  |
| --- | --- | --- | --- |
| 2.2-2.10 | **OBSTETRICAL UNIT** |  |  |
|  |  |  |  |
| 2.1‑1.2.3 | Shared Services: |  |  |
|  | \_\_\_ No combined functions unless specifically allowed in this checklist |  |  |
|  |  |  |  |
| 2.2-2.10.1.1 | Location: |  |  |
| (1) | \_\_\_ obstetrical unit designed & located to prohibit nonrelated traffic through unit  \_\_\_ secured with controlled access |  |  |
|  |  |  |  |
| 2.2-2.10.1.2 | \_\_\_ Newborn nursery is provided in obstetrical unit  \_\_\_ Compliance Checklist IP9 is submitted |  |  |
|  |  |  |  |
| 2.2-2.10.2 | **ANTEPARTUM & POSTPARTUM UNIT** |  |  |
|  |  |  |  |
| 2.2-2.10.2.1 | **ANTEPARTUM ROOM**  check if not included in project |  |  |
| 2.2-2.2.2.1 | Capacity: |  |  |
| (1) | \_\_\_ maximum number of beds per room is one bed |  |  |
| (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 |  |  |
|  |  |  |  |
| 2.2-2.2.2.2 | Space Requirements: |  |  |
| (1)(a) | \_\_\_ single-patient rooms  check if not included in project | Ventilation:  \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ min. clear floor area 120 sf | Lighting: | 2.1‑8.3.4.3(1) |
| 2.2-2.2.2.2 |  | \_\_\_ General lighting |  |
| (2)(a) | \_\_\_ min. clearance 3’-0” between sides of bed & any wall or any other fixed obstruction | \_\_\_ Reading light for each patient bed  \_\_\_ controls accessible to patients in bed | (a) |
|  | \_\_\_ min. clearance 3’-0” between foot of bed & any wall or any other fixed obstruction | \_\_\_ Night‑light located in each patient room  \_\_\_ no central control of night‑lights outside room | (b) |
| (1)(b) | \_\_\_ multiple-patient rooms  check if not included in project | \_\_\_ night‑light illuminates path from room entrance to bedside |  |
| 2.2-2.2.2.2 | \_\_\_ min. clear floor area 100 sf per bed | \_\_\_ night‑light illuminates path between bed & toilet room |  |
| (2)(a) | \_\_\_ min. clearance 3’-0” between sides of bed & any wall or any other fixed obstruction | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 2 receptacles at each side of the head of the bed | Table 2.1-1 |
| (2)(b) | \_\_\_ min. clearance 4’-0” at foot of each bed to permit passage of equipment & beds | \_\_\_ Min. 2 receptacles on all other walls (not including any TV receptacle) |  |
| 2.2-2.2.2.3 | Windows in Patient Rooms: | Nurse Call System:  \_\_\_ Patient station | Table 2.1-2 |
| 2.1‑7.2.2.5(1) | \_\_\_ each patient room provided with natural light by means of window to outside | \_\_\_ Staff assistance station  \_\_\_ Emergency call station |  |
|  |  | Medical Gases:  \_\_\_ 1 OX, 1 VAC per bed | Table 2.1-3 |
| 2.1‑7.2.2.5(2) | \_\_\_ operable windows in patient rooms  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) |  |  |  |
| (a) | \_\_\_ min. net glazed area be no less than 8% of required min. clear floor area |  |  |
| (b) | \_\_\_ max. 36” windowsill height above finished floor |  |  |
|  |  |  |  |
| 2.2-2.2.2.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | \_\_\_ provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.1‑2.2.5 | 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  Multiple‑Patient Rooms:  check if not included in project |  |  |
| (2) | \_\_\_ handwashing station located outside patients cubicle curtains |  |  |
|  |  |  |  |
| 2.1‑2.2.6 | \_\_\_ Patient toilet room |  |  |
| 2.1‑2.2.6.2 | \_\_\_ in patient care units patient toilet room serve no more than one patient room |  |  |
| 2.1‑2.2.6.3  (1)  (2)  (3) | \_\_\_ toilet  \_\_\_ handwashing station  \_\_\_ bedpan washer | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
|  |  | \_\_\_ No recirculating room units |  |
|  |  | Nurse Call System:  \_\_\_ Bath station | Table 2.1-2 |
| 2.2-2.2.2.7 | Patient Bathing Facilities: |  |  |
| (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 bathtub or shower in individual room or enclosure that provides privacy for bathing drying & dressing | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
| (b) | \_\_\_ at least one shower or bathtub provided for each patient care unit | \_\_\_ 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 be designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment |  |  |
|  |  |  |  |
| 2.2-2.2.2.8 | Patient Storage: |  |  |
| 2.1‑2.2.8 | \_\_\_ separate wardrobe, locker, or closet suitable for garments & for storing personal effects |  |  |
| 2.2-2.10.2.2(1) | **POSTPARTUM ROOM**  check if not included in project |  |  |
|  |  |  |  |
| 2.2-2.2.2.1 | Capacity: |  |  |
| (1) | \_\_\_ maximum number of beds per room is one bed |  |  |
| (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 |  |  |
|  |  |  |  |
|  | Space Requirements: |  |  |
| 2.2-2.10.2.2(2) | \_\_\_ single-patient rooms  check if not included in project | Ventilation:  \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ min. clear floor area 150 sf | Lighting: | 2.1‑8.3.4.3(1) |
| 2.2-2.2.2.2 |  | \_\_\_ General lighting |  |
| (2)(a) | \_\_\_ min. clearance 3’-0” between sides of bed & any wall or any other fixed obstruction | \_\_\_ Reading light for each patient bed  \_\_\_ controls accessible to patients in bed | (a) |
|  | \_\_\_ min. clearance 3’-0” between foot of bed & any wall or any other fixed obstruction | \_\_\_ Night‑light located in each patient room  \_\_\_ no central control of night‑lights outside room | (b) |
| 2.2-2.10.2.2(2) | \_\_\_ multiple-patient rooms  check if not included in project | \_\_\_ night‑light illuminates path from room entrance to bedside |  |
| 2.2-2.2.2.2 | \_\_\_ min. clear floor area 124 sf per bed | \_\_\_ night‑light illuminates path between bed & toilet room |  |
| (2)(a) | \_\_\_ min. clearance 3’-0” between sides of bed & any wall or any other fixed obstruction | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 2 receptacles at each side of the head of the bed | Table 2.1-1 |
| (2)(b) | \_\_\_ min. clearance 4’-0” at foot of each bed to permit passage of equipment & beds | \_\_\_ Min. 2 receptacles on all other walls (not including any TV receptacle) |  |
| 2.2-2.2.2.3 | Windows in Patient Rooms: | Nurse Call System:  \_\_\_ Patient station | Table 2.1-2 |
| 2.1‑7.2.2.5(1) | \_\_\_ each patient room provided with natural light by means of window to outside | \_\_\_ Staff assistance station  \_\_\_ Emergency call station |  |
| 2.1‑7.2.2.5(2) | \_\_\_ operable windows in patient rooms  check if not included in project | Medical Gases:  \_\_\_ 1 OX, 1 VAC per bed | Table 2.1-3 |
|  | \_\_\_ 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) |  |  |  |
| (a) | \_\_\_ min. net glazed area be no less than 8% of required min. clear floor area |  |  |
| (b) | \_\_\_ max. 36” windowsill height above finished floor |  |  |
|  |  |  |  |
| 2.2-2.2.2.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | \_\_\_ provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.1‑2.2.5 | 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  Multiple‑Patient Rooms:  check if not included in project |  |  |
| (2) | \_\_\_ handwashing station located outside patients cubicle curtains |  |  |
|  |  |  |  |
| 2.1‑2.2.6 | \_\_\_ Patient toilet room |  |  |
| 2.1‑2.2.6.2 | \_\_\_ in patient care units patient toilet room serve no more than one patient room |  |  |
| 2.1‑2.2.6.3  (1)  (2)  (3) | \_\_\_ toilet  \_\_\_ handwashing station  \_\_\_ bedpan washer | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
|  |  | \_\_\_ No recirculating room units |  |
|  |  | Nurse Call System:  \_\_\_ Bath station | Table 2.1-2 |
|  |  |  |  |
| 2.2-2.2.2.7 | Patient Bathing Facilities: |  |  |
| (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 bathtub or shower in individual room or enclosure that provides privacy for bathing drying & dressing | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
| (b) | \_\_\_ at least one shower or bathtub provided for each patient care unit | \_\_\_ No recirculating room units  Nurse Call System:  \_\_\_ Bath station | Table 2.1-2 |
|  | \_\_\_ 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 | 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  Nurse Call System: |  |
|  | \_\_\_ storage for soap & towels in or directly accessible to each central bathing facility | \_\_\_ 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 be designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment |  |  |
|  |  |  |  |
| 2.2-2.2.2.8 | Patient Storage: |  |  |
| 2.1‑2.2.8 | \_\_\_ separate wardrobe, locker, or closet suitable for garments & for storing personal effects |  |  |
|  |  |  |  |
| 130.619(A) | **LABOR ROOMS**  check if not included in project  (only if LDR rooms or LDRP rooms are provided) |  |  |
|  |  |  |  |
| (2) | \_\_\_ Min. 120 sf per bed in labor rooms | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 7-1 |
|  |  | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ Min. 8 receptacles convenient to head of labor bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 1 OX, 1 VAC per bed | Table 2.1-3 |
|  |  |  |  |
|  |  |  |  |
| 2.2-2.10.3 | **LDR ROOMS** (Labor Delivery Recovery)  check if not included in project |  |  |
|  |  |  |  |
| 2.2-2.10.1.1(2) | Location: |  |  |
| (a) | \_\_\_ separate LDR/LDRP suite |  |  |
| (b) | **or**  \_\_\_ cesarean delivery suite |  |  |
| (c) | **or**  \_\_\_ postpartum unit |  |  |
|  |  |  |  |
| 2.2-2.10.3.1 | Capacity:  \_\_\_ each LDR room single occupancy | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 7-1 |
|  |  |  |  |
| 2.2-2.10.3.2 | Space Requirements: | Lighting: |  |
| (1) | \_\_\_ min. clear floor area 325 sf  \_\_\_ min. wall width at head of bed 13’-0” | \_\_\_ General lighting in addition to special lighting units provided at obstetrical bed | 2.1‑8.3.4.3(4) (a) |
| (b) | \_\_\_ clear floor area includes distinct infant stabilization & resuscitation space with min. clear floor area of at least 40 sf  \_\_\_ additional space for infant crib  \_\_\_ additional space for any reclining chair for support person | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ Min. 8 receptacles convenient to head of mother’s bed  \_\_\_ Min. 4 receptacles convenient to bassinet with one on each wall | Table 2.1-1 |
| (2)(a)  (2)(b) | \_\_\_ min. clearance 6’-0” from foot of bed to wall or fixed obstruction  \_\_\_ min. clearance 5’-0” on transfer side of bed to wall or fixed obstruction | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-2 |
| (2)(c) | \_\_\_ min. clearance 4’-0” on non-transfer side of bed to wall or fixed obstruction | Medical Gases:  \_\_\_ 1 OX, 1 VAC per bed | Table 2.1-3 |
|  |  |  |  |
| 2.2-2.10.3.2(1) | \_\_\_ room clear floor area includes distinct infant stabilization & resuscitation space with min. clear floor area of at least 40 sf | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bassinet | Table 2.1-3 |
|  |  |  |  |
| 2.2-2.10.3.3(1) | Window:  check if not included in project |  |  |
| 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(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 |  |  |
|  |  |  |  |
| 2.2-2.10.3.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | \_\_\_ provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.2-2.10.3.5 | \_\_\_ Handwashing station |  |  |
|  |  |  |  |
| 2.2-2.10.3.6 | \_\_\_ Direct access to private toilet room with shower or tub |  |  |
|  |  |  |  |
| 2.2-2.10.3.9 | Special Design Elements: |  |  |
| (1) | \_\_\_ finishes selected to facilitate cleaning & to withstand strong detergents |  |  |
| (2) | \_\_\_ fixed examination lights  **or**  \_\_\_ portable examination lights  \_\_\_ immediately accessible\* |  |  |
|  |  |  |  |
| 2.2-2.10.3 | **LDRP ROOMS**  (Labor Delivery Recovery Postpartum)  check if not included in project |  |  |
|  |  |  |  |
| 2.2-2.10.1.1(2) | Location: |  |  |
| (a) | \_\_\_ separate LDR/LDRP suite |  |  |
| (b) | **or**  \_\_\_ cesarean delivery suite |  |  |
| (c) | **or**  \_\_\_ postpartum unit |  |  |
|  |  |  |  |
| 2.2-2.10.3.1 | Capacity:  \_\_\_ each LDRP room single occupancy |  |  |
|  |  |  |  |
| 2.2-2.10.3.2 | Space Requirements: | Ventilation: |  |
| (1) | \_\_\_ min. clear floor area 325 sf  \_\_\_ min. wall width at head of bed 13’-0”  \_\_\_ clear floor area includes distinct infant stabilization & resuscitation space with min. clear floor area of at least 40 sf | \_\_\_ Min. 6 air changes per hour  Lighting:  \_\_\_ General lighting in addition to special lighting units provided at obstetrical bed | Table 7-1  2.1‑8.3.4.3(4) (a) |
| (b) | \_\_\_ additional space for infant crib &  \_\_\_ additional space for any reclining chair for support person | \_\_\_ Reading light  \_\_\_ controls accessible to patient without patient having to get out of bed | 2.1‑8.3.4.3(1) (a) |
| (2)(a) | \_\_\_ min. clearance 6’-0” from foot of bed to wall or fixed obstruction | \_\_\_ Night‑light located in each patient room  \_\_\_ no central control of night‑lights outside room | 2.1‑8.3.4.3(1) (b) |
| (2)(b) | \_\_\_ min. clearance 5’-0” on transfer side of bed to wall or fixed obstruction | \_\_\_ night‑light illuminates path from room entrance to bedside |  |
| (2)(c) | \_\_\_ min. clearance 4’-0” on non-transfer side of bed to wall or fixed obstruction | \_\_\_ night‑light illuminates path between bed & toilet room |  |
|  |  | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ Min. 8 receptacles convenient to head of mother’s bed  \_\_\_ Min. 4 receptacles convenient to each bassinet with one on each wall | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 1 OX, 1 VAC per bed | Table 2.1-3 |
|  |  |  |  |
| 2.2-2.10.3.2(1) | \_\_\_ Distinct infant stabilization & resuscitation space with min. clear floor area min. 40 sf included in room clear floor area | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bassinet | Table 2.1-3 |
|  |  |  |  |
| 2.2-2.10.3.3 | Window: |  |  |
| 2.1‑7.2.2.5(1) | \_\_\_ each patient room provided with natural light by means of window to outside |  |  |
| (a) | \_\_\_ min. net glazed area be no less than 8% of required min. clear floor area |  |  |
| (b) | \_\_\_ max. 36” windowsill height above finished floor |  |  |
|  |  |  |  |
| 2.2-2.10.3.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | \_\_\_ provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.2-2.10.3.5 | \_\_\_ Handwashing station |  |  |
|  |  |  |  |
| 2.2-2.10.3.6 | \_\_\_ Direct access to private toilet room with shower or tub |  |  |
|  |  |  |  |
| 2.2-2.10.3.9 | Special Design Elements: |  |  |
| (1) | \_\_\_ finishes selected to facilitate cleaning & to withstand strong detergents |  |  |
| (2) | \_\_\_ fixed examination lights  **or**  \_\_\_ portable examination lights  \_\_\_ immediately accessible\* |  |  |
|  |  |  |  |
| 2.2-2.10.8 | **SUPPORT AREAS FOR OBSTETRICAL UNIT** |  |  |
|  |  |  |  |
| 2.2-2.10.8.2 | \_\_\_ Nurse station |  |  |
| 2.1‑2.8.2.1(1) | \_\_\_ space for counters |  |  |
| 2.1‑2.8.2.1(2) | \_\_\_ handwashing station next to or directly accessible\*  **or**  \_\_\_ hand sanitation dispenser next to or directly accessible\* |  |  |
|  |  |  |  |
| 2.2-2.10.8.3 | \_\_\_ Documentation area |  |  |
| 2.1‑2.8.3.1 | \_\_\_ work surface to support documentation process |  |  |
|  |  |  |  |
| 2.2-2.10.8.4 | \_\_\_ Nurse office |  |  |
|  |  |  |  |
| 2.2-2.10.8.8 | \_\_\_ Medication safety zone |  |  |
| 2.1‑2.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | \_\_\_ medication safety zones located out of circulation paths |  |  |
| (b) | \_\_\_ work space designed so that staff can access information & perform required tasks | Lighting:  \_\_\_ Task‑specific lighting level min. 100 foot‑candles | 2.1‑2.8.8.1(2)(d) |
| (c) | \_\_\_ work counters provide space to perform required tasks |  |  |
| (e) | \_\_\_ sharps containers placed at height that allows users to see top of container |  |  |
| (f) | \_\_\_ max. 45 dBA noise level caused by building systems |  |  |
|  |  |  |  |
| 2.1‑2.8.8.2(1) | \_\_\_ medication preparation room |  |  |
| (a) | \_\_\_ under visual control of nursing staff | Ventilation: |  |
| (b) | \_\_\_ work counter | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ handwashing station | Lighting: |  |
|  | \_\_\_ lockable refrigerator | \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | \_\_\_ locked storage for controlled drugs |  |  |
|  | \_\_\_ sharps containers  check if not included in project |  |  |
| (c) | \_\_\_ self‑contained medication‑dispensing unit  check if not included in project |  |  |
|  | \_\_\_ room designed with space to prepare medications  **or** |  |  |
| 2.1‑2.8.8.2(2) | \_\_\_ automated medication‑dispensing unit |  |  |
| (a) | \_\_\_ located at nurse station, in clean workroom or in alcove | Lighting:  \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
| (c) | \_\_\_ handwashing station or hand sanitation dispenser located next to stationary medication-dispensing units or stations |  |  |
|  |  |  |  |
| 2.2-2.10.8.9 | \_\_\_ Nourishment area or room |  |  |
| 2.1‑2.8.9.2 |  | Ventilation: |  |
| (1) | \_\_\_ handwashing station | \_\_\_ Min. 2 air changes per hour | Table 7-1 |
| (2) | \_\_\_ work counter |  |  |
| (3) | \_\_\_ refrigerator |  |  |
| (4) | \_\_\_ microwave |  |  |
| (5) | \_\_\_ storage cabinets |  |  |
| (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 |  |  |
|  |  |  |  |
| 2.2-2.10.8.11 | \_\_\_ Clean workroom or clean supply room |  |  |
| 2.1‑2.8.11.2 | \_\_\_ clean workroom  \_\_\_ used for preparing patient care items | Ventilation:  \_\_\_ Min. 4 air changes per hour | Table 7-1 |
| (1) | \_\_\_ work counter | \_\_\_ Positive pressure |  |
| (2) | \_\_\_ handwashing station |  |  |
| (3) | \_\_\_ storage facilities for clean & sterile supplies  **or** |  |  |
| 2.1‑2.8.11.3 | \_\_\_ clean supply room | Ventilation: |  |
|  | \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile supplies | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | Table 7-1 |
| 2.2-2.10.8.12 | \_\_\_ Soiled workroom or soiled holding room |  |  |
| 2.1‑2.8.12.2  (1)(a) | \_\_\_ soiled workroom  \_\_\_ handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1)(b) | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (1)(c) | \_\_\_ work counter |  |  |
| (1)(d) | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
| (2) | \_\_\_ fluid management system is used  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station  **or** |  |  |
| 2.1‑2.8.12.3 | \_\_\_ soiled holding room | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1) | \_\_\_ handwashing station or hand sanitation station | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
| (2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.2-2.10.8.13(1) | \_\_\_ Clean linen storage |  |  |
| 2.1‑2.8.13.1(1) | \_\_\_ stored in clean workroom or clean supply room  **or**  \_\_\_ separate closet  **or**  \_\_\_ covered cart distribution system on each floor |  |  |
| 2.1‑2.8.13.1(2) | \_\_\_ storage of clean linen carts in designated corridor alcoves, clean workroom or closets |  |  |
|  |  |  |  |
| 2.2-2.10.8.13(2) | \_\_\_ Equipment storage area  \_\_\_ provided on patient floor |  |  |
| (a) | \_\_\_ min. 10 sf per postpartum room + 20 sf per LDR or LDRP room |  |  |
| (b) | \_\_\_ in addition to any storage in patient rooms |  |  |
| 2.2-2.10.8.13(3) | \_\_\_ Storage space for gurneys & wheelchairs |  |  |
|  | \_\_\_ in addition to equipment storage |  |  |
| 2.2-2.10.8.13(4) | \_\_\_ Emergency equipment storage |  |  |
| 2.1‑2.8.13.4 |  |  |  |
| (1) | \_\_\_ each patient care unit has at least one emergency equipment storage location |  |  |
| (2) | \_\_\_ provided under visual observation of staff |  |  |
| (3) | \_\_\_ storage locations in corridors do not encroach on minimum required corridor width |  |  |
|  |  |  |  |
| 2.2-2.10.8.14 | \_\_\_ Environmental services room |  |  |
| (2) | \_\_\_ located in obstetrical unit (may be shared with nursery unit) | Ventilation: |  |
| 2.1‑2.8.14.2 |  | \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1) | \_\_\_ service sink or floor‑mounted mop sink | \_\_\_ Exhaust |  |
| (2) | \_\_\_ provisions for storage of supplies & housekeeping equipment | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (3) | \_\_\_ handwashing station  **or**  \_\_\_ hand sanitation station |  |  |
|  |  |  |  |
| 2.2-2.10.8.15 | \_\_\_ Examination/treatment room and/or multipurpose diagnostic testing room | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 7-1 |
| (1) | \_\_\_ used for obstetric triage  \_\_\_ immediately accessible\* to units where births occur (LDR LDRP & Cesarean Delivery Rooms)  \_\_\_ not located in postpartum unit | Lighting:  \_\_\_ Portable or fixed exam light  Power:  \_\_\_ Min. 8 receptacles in total | 2.1‑8.3.4.3(3)  Table 2.1-1 |
| (2) | Space Requirements: | \_\_\_ Min. 4 receptacles convenient to head of gurney or bed |  |
| 2.1-3.2.2.1 | \_\_\_ Single-patient Examination/ treatment room  \_\_\_ min. clear floor area 120 sf  \_\_\_ min. clear dimension 10'-0"  \_\_\_ min. clearance 3'-0" at each side & foot of exam table, recliner or chair  **or** | Nurse Call System:  \_\_\_ Staff assistance station  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 1 OX, 1 VAC per patient | Table 2.1-2  Table 2.1-3 |
| (b) | \_\_\_ multi-patient diagnostic testing room  \_\_\_ min. clear floor area 80 sf per patient |  |  |
|  |  |  |  |
| (3) | \_\_\_ Patient toilet room | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (a) | \_\_\_ directly accessible from exam/treatment room or multipurpose diagnostic testing room | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.2-2.10.9 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.2-2.10.9.1 | \_\_\_ Staff lounge |  |  |
| 2.1-2.9.1 | \_\_\_ min.100 sf |  |  |
| 2.2-2.10.9.2 | \_\_\_ Staff toilet room (may be unisex) |  |  |
|  | \_\_\_ immediately accessible\* to labor, delivery & recovery areas | 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 |  |
| 2.2-2.10.9.3 | \_\_\_ Storage for staff |  |  |
| 2.1-2.9.3.1 | \_\_\_ securable closets or cabinet compartments for personal staff articles  \_\_\_ located in or near nurse station |  |  |
|  |  |  |  |
| 2.2-2.10.9.4 | \_\_\_ Staff accommodations for sleep & personal care |  |  |
| 2.2-2.10.9.4(2) | \_\_\_ located in obstetrical unit  **or**  \_\_\_ location of these accommodations elsewhere in the facility shall be permitted. |  |  |
|  |  |  |  |
| 2.2-2.6.9.4  (1)  (2)  (3)  (4) | \_\_\_ provided for staff on 24-hour, on-call work schedules  \_\_\_ accommodations for sleeping & rest  \_\_\_ space for a chair  \_\_\_ space for a bed  \_\_\_ individually secured storage for personal items  \_\_\_ communication system  \_\_\_ toilet & handwashing station |  |  |
|  |  |  |  |
| 2.2-2.10.10 | **SUPPORT AREAS FOR FAMILIES, PATIENTS & VISITORS** |  |  |
| 2.1‑2.10.1 | \_\_\_ Family & visitor lounge | Communications: |  |
|  | \_\_\_ each patient care unit provides access to lounge for family & visitors | \_\_\_ Public communication services provided in each family & visitor lounge | 2.1‑2.10.1.6 |
| 2.1‑2.10.1.1 | Size: |  |  |
| (1) | \_\_\_ accommodates at minimum 3 chairs & 1 wheelchair space |  |  |
| (2) | \_\_\_ accommodates at least 1 person for every 4 antepartum & postpartum beds in unit |  |  |
| 2.1‑2.10.1.2 | \_\_\_ immediately accessible\* to patient care units served (permitted to serve more than one patient care unit) |  |  |
| 2.1‑2.10.1.4 | \_\_\_ designed to minimize impact of noise & activity on patient rooms & staff functions |  |  |
|  |  |  |  |
| 2.1-6.2.5 | \_\_\_ Place for meditation, bereavement, and/or prayer  \_\_\_ dedicated space  \_\_\_ accessible to the public |  |  |
|  |  |  |  |
| 2.2-2.10.11 | **CESAREAN DELIVERY SUITE** |  |  |
| 2.2-2.10.11.1 | **Cesarean Delivery Room** |  |  |
| 2.2-3.4.3.1(2) | \_\_\_ Meets requirements of restricted area |  |  |
| 2.2-2.10.11.1 |  |  |  |
| (1)(a) | \_\_\_ Minimum of one Cesarean Delivery Room provided for every obstetrical unit |  |  |
| (2) | Space Requirements: | Ventilation:  \_\_\_ Min. 20 air changes per hour | Table 7-1 |
| (2)(a) | \_\_\_ min. clear floor area 440 sf | \_\_\_ Positive pressure |  |
|  | \_\_\_ min. clear dimension 16’-0” | \_\_\_ No recirculating room units |  |
|  | \_\_\_ above clear floor area includes infant resuscitation space with min. clear floor area 80 sf | Lighting:  \_\_\_ General lighting in addition to special lighting units at surgical & obstetrical tables | 2.1‑8.3.4.3(4) (a) |
|  |  | \_\_\_ General lighting & special lighting on separate circuits | (b) |
|  |  | Power:  \_\_\_ Min. 30 receptacles in total  \_\_\_ Min. 16 receptacles convenient to table placement  \_\_\_ Min. 2 receptacles on each wall  \_\_\_ Min. 6 receptacles in the infant care area | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Emergency call station | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 2 OX, 4 VAC, 1 MA per room | Table 2.1-3 |
|  |  |  |  |
| (1)(b)  (2)(b) | \_\_\_ Infant resuscitation space provided in Cesarean Delivery Room  \_\_\_ min. 80 sf | Power:  \_\_\_ Min. 6 receptacles in the infant care area | Table 2.1-1 |
|  |  | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bassinet | Table 2.1-3 |
| (2)(a) | \_\_\_ Control/nurse station  \_\_\_ solely for cesarean delivery suite  \_\_\_ located to restrict unauthorized traffic into suite |  |  |
|  |  |  |  |
| (2)(b) | \_\_\_ Soiled workroom or soiled holding room  \_\_\_ solely for cesarean delivery suite |  |  |
| 2.1‑2.8.12.2 | \_\_\_ soiled workroom | Ventilation: |  |
| (1)(a) | \_\_\_ handwashing station | \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| (1)(b) | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | \_\_\_ Exhaust  \_\_\_ 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 |  |
|  |  |  |  |
| 2.2-2.10.11.9 | **SUPPORT AREAS FOR STAFF—CESAREAN DELIVERY SUITE** |  |  |
|  | (may be shared with surgical facilities if shared areas are arranged to avoid direct traffic between delivery & operating rooms) |  |  |
| 2.2-2.10.11.9(1) | \_\_\_ Staff lounge  \_\_\_ immediately accessible\* to labor, delivery & recovery areas |  |  |
| 2.1-2.10.1 | \_\_\_ min.100 sf |  |  |
| 2.2-2.10.11.9(2) | \_\_\_ Staff toilet room (permitted to be unisex) |  |  |
| 2.1-2.10.2.1 | \_\_\_ readily accessible\* to each patient care unit | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
| 2.1-2.10.2.2 | \_\_\_ toilet & handwashing station | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.10.11.9(3) | \_\_\_ Staff changing areas |  |  |
|  | \_\_\_ lockers |  |  |
|  | \_\_\_ space for donning & doffing scrub suits & booties |  |  |
|  | \_\_\_ showers  \_\_\_ toilets | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  | \_\_\_ handwashing stations | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.10.11.9(4) | \_\_\_ Support person changing areas  \_\_\_ provided for male & female support persons accompanying mother |  |  |
| 2.2-2.10.11.9(3) | \_\_\_ lockers |  |  |
| (b) | \_\_\_ space for donning & doffing scrub suits & booties |  |  |
|  | \_\_\_ showers  \_\_\_ toilets | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  | \_\_\_ handwashing stations | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.10.11.9(5) | \_\_\_ On-call staff accommodation |  |  |
| (b) | (may be located elsewhere in facility) |  |  |
| 2.2-2.6.9.4 |  |  |  |
| (1) | \_\_\_ accommodations for sleeping & rest |  |  |
| (a) | \_\_\_ space for chair |  |  |
| (b) | \_\_\_ space for bed |  |  |
| (2) | \_\_\_ individually secured storage for personal items |  |  |
| (3) | \_\_\_ communication system |  |  |
| (4) | \_\_\_ at least one toilet & handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  |  | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.10.11.10 | **SUPPORT AREAS FOR FAMILIES PATIENTS & VISITORS—CESAREAN DELIVERY SUITE** |  |  |
| 2.1‑2.10.1 | \_\_\_ Family & visitor lounge  (may be shared with surgery facilities) | Communications: |  |
|  | \_\_\_ each patient care unit provides access to lounge for family & visitors | \_\_\_ Public communication services provided in each family & visitor lounge | 2.1‑2.10.1.6 |
| 2.1‑2.10.1.1(1) | \_\_\_ accommodates at minimum 3 chairs & 1 wheelchair space |  |  |
| 2.1‑2.10.1.2 | \_\_\_ immediately accessible\* to patient care units served (permitted to serve more than one patient care unit) |  |  |
| 2.1‑2.10.1.4 | \_\_\_ designed to minimize impact of noise & activity on patient rooms & staff functions |  |  |
|  |  |  |  |
| 2.2-2.10.11.11 | **RECOVERY SPACE FOR CESAREAN DELIVERY SUITE** |  |  |
| (1)(a) | \_\_\_ Min. of two recovery patient care stations |  |  |
| (2) | \_\_\_ each patient care station has min. clear floor area 80 sf | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 7-1 |
| (3) | \_\_\_ handwashing station |  |  |
| 2.1‑2.8.7.1 | \_\_\_ located in each room where hands‑on patient care is provided | Power:  \_\_\_ Min. 8 receptacles in total | Table 2.1-1 |
| 2.1‑2.8.7.3 | \_\_\_ handwashing station serves multiple patient care stations  check if not included in project | \_\_\_ convenient to head of gurney or bed |  |
| (1) | \_\_\_ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof | Nurse Call System:  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-2 |
| (2) | \_\_\_ handwashing stations evenly distributed  **or** | Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per bed | Table 2.1-3 |
| (1)(b) | \_\_\_ Recovery in LDR or LDRP rooms  \_\_\_ LDR or LDRP rooms are located in or directly accessible to cesarean delivery suite |  |  |
|  |  |  |  |
| 2.2-2.10.11.12 | **SUPPORT AREAS FOR RECOVERY ROOMS -CESAREAN DELIVERY SUITE**  check if not included in project  (only if LDR & LDRP rooms are provided) |  |  |
| (2) | \_\_\_ Nurse station & documentation area  \_\_\_ located to permit visual observation of all patient care stations |  |  |
|  |  |  |  |
| (8) | \_\_\_ Medication safety zone |  |  |
| 2.1‑2.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | \_\_\_ medication safety zones located out of circulation paths |  |  |
| (b) | \_\_\_ work space designed so that staff can access information & perform required tasks | Lighting:  \_\_\_ Task‑specific lighting level min. 100 foot‑candles | 2.1‑2.8.8.1(2)(d) |
| (c) | \_\_\_ work counters provide space to perform required tasks |  |  |
| (e) | \_\_\_ sharps containers placed at height that allows users to see top of container |  |  |
| (f) | \_\_\_ max. 45 dBA noise level caused by building systems |  |  |
|  |  |  |  |
| 2.1‑2.8.8.2(1) | \_\_\_ medication preparation room |  |  |
| (a) | \_\_\_ under visual control of nursing staff | Ventilation: |  |
| (b) | \_\_\_ work counter | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ handwashing station | Lighting: |  |
|  | \_\_\_ lockable refrigerator | \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | \_\_\_ locked storage for controlled drugs |  |  |
|  | \_\_\_ sharps containers  check if not included in project |  |  |
| (c) | \_\_\_ self‑contained medication‑dispensing unit  \_\_\_ room designed with space to prepare medications  **or** |  |  |
| 2.1‑2.8.8.2(2) | \_\_\_ automated medication‑dispensing unit |  |  |
| (a) | \_\_\_ located at nurse station, in clean workroom or in alcove | Lighting:  \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
| (c) | \_\_\_ handwashing station or hand sanitation dispenser located next to stationary medication-dispensing units or stations |  |  |
|  |  |  |  |
| (13) | \_\_\_ Equipment & supply storage |  |  |
| (14) | \_\_\_ Clinical sink with bedpan-rinsing device  \_\_\_ directly accessible to recovery room |  |  |
|  |  |  |  |

\*LOCATION TERMINOLOGY:

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

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

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

Readily accessible: Available on the same floor or in the same clinic as the identified area or room

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
| 2.1‑7.2.2.1 | CORRIDOR WIDTH: |
| NFPA 101, 18.2.3.3 | \_\_\_ Aisles, corridors & ramps required for exit access in a hospital not less than 8'‑0" in clear & unobstructed width  **or**  \_\_\_ Detailed code review incorporated in Project Narrative |
|  |  |
|  | \_\_\_ Aisles, corridors & ramps in adjunct areas not intended for the 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 |
| (2) | \_\_\_ Min. ceiling height 9'-0" in seclusion rooms & secure holding rooms |
| (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 in behavioral health units & 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 |
| (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 |
|  | \_\_\_ protective environment (PE) room  check if not included in project |
|  | \_\_\_ combination AII/PE room  check if not included in project |
|  | \_\_\_ anteroom to AII & PE rooms  check if not included in project |
|  | \_\_\_ 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 PE room & burn unit |
|  |  |
| 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 or combination AII/PE rooms 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 |
|  |  |
| Part 3/7.2.2 | Protective Environment (PE) Rooms  check if not included in project |
| Part 3/7.2.2 | \_\_\_ Supply air diffusers are located above patient bed |
|  | \_\_\_ Exhaust grilles or registers are located near patient room door |
|  | \_\_\_ PE rooms have permanently installed device to constantly monitor differential air pressure between room & corridor  \_\_\_ Visual means is provided to indicate whenever positive differential pressure is not maintained |
| Part 3/7.2.3 | Combination Airborne Infectious Isolation/ Protective Environment Room (AII/PE)  check if not included in project |
|  | \_\_\_ Supply air diffusers are located above patient bed |
|  | \_\_\_ Exhaust grilles or registers are located near patient room door. |
|  | \_\_\_ Anteroom  check if not included in project |
|  | \_\_\_ anteroom is at positive pressure with respect to both AII/PE room & corridor or common space  **or** |
|  | \_\_\_ anteroom is at negative pressure with respect to both AII/PE room & corridor or common space |
|  | \_\_\_ First device monitors pressure differential between AII/PE room & anteroom  \_\_\_ Second device monitors pressure differential between anteroom & corridor or common space  \_\_\_ Local visual means are provided to indicate whenever differential pressures are not maintained |

|  |  |
| --- | --- |
| 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 |
| (e) | \_\_\_ light sources are either encapsulated or covered by diffuser or lens or use fixtures designed to contain fragments |
| (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 |
| 2.1‑8.3.6.3 | 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 not more than 10'-0" long |
| (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 |
|  | * operating rooms * delivery rooms * procedure rooms * trauma rooms * nurseries * central kitchens * one-room sterile processing facilities * clean workroom of two-room sterile processing facilities * pharmacies * Class 2 & 3 imaging rooms * electronic mainframe rooms (EFs & TERs) * main switchgear * electrical rooms * electronic data processing areas * electric closets |
| (1)(b) | \_\_\_ drip pan for drainage piping above ceiling of sensitive area  check if not included in project  \_\_\_ accessible  \_\_\_ overflow drain with outlet located in normally occupied area that is not open to restricted area |
| 2.1‑8.4.3 | **PLUMBING FIXTURES:** |
| 2.1‑8.4.3.1(1) | \_\_\_ Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
| 2.1‑8.4.3.2 | Handwashing Station Sinks: |
| (1) | \_\_\_ designed with basins & faucets that reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed, medications are prepared or food is prepared |
| (2) | \_\_\_ sink basins have nominal size of no less than 144 square inches  \_\_\_ sink basins have min dimension 9 inches in width or length |
| (3) | \_\_\_ sink basins are made of porcelain stainless steel or solid‑surface materials |
| (5) | \_\_\_ water discharge point of faucets is at least 10 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 (except in behavioral & alcohol-abuse units) |
| (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 |
|  |  |
| 2.1‑8.4.4 | **MEDICAL GAS & VACUUM SYSTEMS** |
|  | \_\_\_ Station outlets provided as indicated in Table 2.1‑3 |
|  |  |
| 2.1‑8.5.1 | **CALL SYSTEMS** |
| 2.1‑8.5.1.1(1) | \_\_\_ Nurse call stations provided as required in Table 2.1‑2 |
| 2.1‑8.5.1.1(2) | \_\_\_ Nurse call systems report to attended location with electronically supervised visual & audible annunciation as indicated in Table 2.1‑2 |
| 2.1‑8.5.1.1(4) | \_\_\_ Call system complies with UL 1069 “Standard for Hospital Signaling & Nurse Call Equipment” |
| 2.1‑8.5.1.1(5) | \_\_\_ Wireless nurse call system  check if not included in project |
|  | \_\_\_ complies with UL 1069 |
|  |  |
| 2.1‑8.5.1.2 | 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 |
| 2.1‑8.5.1.2(4) | \_\_\_ Nurse call system provided in each patient care area as required in Table [2.1‑2](http://www.madcad.com/library/230687/664174/#table-2.1-2) |
| 2.1‑8.5.1.3 | Bath Stations:  \_\_\_ bath station that is usable by patient lying on floor located 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 |
|  |  |
| 2.1‑8.6.2 | **ELECTRONIC SURVEILLANCE SYSTEMS**  check if not included in project |
| 2.1-8.6.2.1 | \_\_\_ Display screens in patient areas are mounted in tamper-resistant enclosure that is unobtrusive |
| 2.1-8.6.2.2 | \_\_\_ Display screens are located so they are not readily observable by general public or patients |
| 2.1‑8.6.2.3 | \_\_\_ Electronic surveillance systems receive power from essential electrical system |