

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 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

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

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Accreditation requirements of The Joint Commission
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
- Occupational Safety & Health Standards (OSHA)
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction.

Instructions:

1. All requirement lines must be completed according to the following instructions and included in the plan submissions for Self-Certification Process or Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (____) of this Checklist must be completed exclusively with one of the following marks, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the mark "E" may be indicated on the requirement line (____) before the name of the functional space (associated requirements on indented lines below that name, or associated MEP requirements do not have to be completed in this case). If more than one functional space serves a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

X = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

☒ = 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.

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

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Patient Care Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Architectural Requirements**Building Systems Requirements**

2.2-2.9

OBSTETRICAL UNIT

2.1-1.2.3

Shared Services:

___ No combined functions unless specifically allowed in this checklist

2.2-2.9.1.1

(1)

Location:

___ obstetrical unit designed & located to prohibit nonrelated traffic through unit
___ secured with controlled access

2.2-2.9.1.2

___ Newborn nursery is provided in obstetrical unit
___ Compliance Checklist IP9 is submitted

2.2-2.9.2

ANTEPARTUM & POSTPARTUM UNIT

2.2-2.9.2.1

ANTEPARTUM ROOM

☐ check if not included in project

2.2-2.2.2.1

(1)

Capacity:

___ 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

(1)(a)

Space Requirements:

___ single-patient rooms
☐ check if not included in project
___ min. clear floor area 120 sf

2.2-2.2.2.2

(2)(a)

___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction
___ min. clearance 3'-0" between foot of bed & any wall or any other fixed obstruction

(1)(b)

___ multiple-patient rooms
☐ check if not included in project

2.2-2.2.2.2

___ min. clear floor area 100 sf per bed

(2)(a)

___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction

Ventilation:

___ Min. 4 air changes per hour Table 7.1
Lighting: 2.1-8.3.4.3(1)

___ General lighting
___ Reading light for each patient (a)
bed

___ controls accessible to patients in bed
___ Night-light located in each (b)
patient room
___ no central control of night-lights outside room

___ night-light illuminates path from room entrance to bedside
___ night-light illuminates path between bed & toilet room

Power:

___ Min. 12 receptacles in total
___ Min. 2 receptacles at each side of the head of the bed

Table 2.1-1

Architectural Requirements

- (2)(b) ☐ min. clearance 4'-0" at foot of each bed to permit passage of equipment & beds
- 2.2-2.2.2.3 Windows in Patient Rooms:
2.1-7.2.2.5(1) ☐ each patient room provided with natural light by means of window to outside
- 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
☐ insect screens
- 2.1-7.2.2.6
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 ☐ provided in patient room in addition to that in toilet room
(1) ☐ adjacent* to entrance to patient room for use by health care personnel & others
- 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) ☐ toilet
(2) ☐ handwashing station
(3) ☐ bedpan washer
- 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

Building Systems Requirements

- ☐ Min. 2 receptacles on all other walls (not including any TV receptacle)
- Nurse Call System:
☐ Patient station Table 2.1-2
☐ Staff assistance station
☐ Emergency call station
- Medical Gases:
☐ 1 OX, 1 VAC per bed Table 2.1-3
- Ventilation:
☐ Min. 10 air changes per hour Table 7.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units
- Nurse Call System:
☐ Bath station Table 2.1-2

Architectural Requirements**Building Systems Requirements**

- (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
- (b) ☐ at least one shower or bathtub provided for each patient care unit
☐ at least one bathing facility with space for attendant to accommodate patients on gurneys, carts & wheelchairs (may be shared with multiple patient care units located on separate floors)
- (c) ☐ toilet in separate enclosure in or directly accessible to each central bathing facility
☐ handwashing sink in or directly accessible to each central bathing facility
☐ storage for soap & towels in or directly accessible to each central bathing facility
- (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

Ventilation:
☐ Min. 10 air changes per hour Table 7.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

Nurse Call System:
☐ Bath station Table 2.1-2

Ventilation:
☐ Min. 10 air changes per hour Table 7.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units
 Nurse Call System:
☐ Bath station Table 2.1-2

Architectural Requirements**Building Systems Requirements****2.2-2.9.2.2(1)****POSTPARTUM ROOM**

☐ check if not included in project

2.2-2.2.2.1

(1)

Capacity:

___ 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

2.2-2.9.2.2(2)

Space Requirements:

___ single-patient rooms
☐ check if not included in project
 ___ min. clear floor area 150 sf

2.2-2.2.2.2

(2)(a)

___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction
 ___ min. clearance 3'-0" between foot of bed & any wall or any other fixed obstruction

2.2-2.9.2.2(2)

___ multiple-patient rooms
☐ check if not included in project
 ___ min. clear floor area 124 sf per bed

2.2-2.2.2.2

(2)(a)

___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction

(2)(b)

___ min. clearance 4'-0" at foot of each bed to permit passage of equipment & beds

2.2-2.2.2.3**2.1-7.2.2.5(1)**

Windows in Patient Rooms:

___ 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
☐ 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
 ___ insect screens

2.1-7.2.2.6**2.1-7.2.2.5(3)**

Ventilation:

___ Min. 4 air changes per hour Table 7.1

Lighting:

2.1-8.3.4.3(1)

___ General lighting
 ___ Reading light for each patient bed (a)

___ controls accessible to patients in bed

___ Night-light located in each patient room (b)

___ no central control of night-lights outside room

___ night-light illuminates path from room entrance to bedside

___ night-light illuminates path between bed & toilet room

Power:

Table 2.1-1

___ Min. 12 receptacles in total
 ___ Min. 2 receptacles at each side of the head of the bed
 ___ Min. 2 receptacles on all other walls (not including any TV receptacle)

Nurse Call System:

Table 2.1-2

___ Patient station
 ___ Staff assistance station
 ___ Emergency call station

Medical Gases:

Table 2.1-3

___ 1 OX, 1 VAC per bed

Architectural Requirements**Building Systems Requirements**

- (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 _____ provided in patient room in addition to that in toilet room
- (1) _____ adjacent* to entrance to patient room for use by health care personnel & others

- 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) _____ toilet
(2) _____ handwashing station
(3) _____ bedpan washer

- Ventilation:
_____ Min. 10 air changes per hour Table 7.1
_____ Exhaust
_____ Negative pressure
_____ 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

- (b) _____ at least one shower or bathtub provided for each patient care unit
_____ at least one bathing facility with space for attendant to accommodate patients on gurneys, carts & wheelchairs (may be shared with multiple patient care units located on separate floors)

- Ventilation:
_____ Min. 10 air changes per hour Table 7.1
_____ Exhaust
_____ Negative pressure
_____ No recirculating room units
- Nurse Call System:
_____ Bath station Table 2.1-2

Architectural Requirements

- (c) ☐ toilet in separate enclosure in or directly accessible to each central bathing facility
- ☐ handwashing sink in or directly accessible to each central bathing facility
- ☐ storage for soap & towels in or directly accessible to each central bathing facility
- (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

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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

Building Systems Requirements

- Ventilation:
- ☐ Min. 10 air changes per hour Table 7.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units
- Nurse Call System:
- ☐ Bath station Table 2.1-2
- Ventilation:
- ☐ Min. 6 air changes per hour Table 7.1
- Power:
- ☐ Min. 16 receptacles in total Table 2.1-1
- ☐ Min. 8 receptacles convenient to head of labor bed
- Nurse Call System:
- ☐ Patient station Table 2.1-2
- ☐ Staff assistance station
- ☐ Emergency call station
- Medical Gases:
- ☐ 1 OX, 1 VAC per bed Table 2.1-3

Architectural Requirements		Building Systems Requirements	
2.2-2.9.3	LDR ROOMS (Labor Delivery Recovery) <input type="checkbox"/> check if <u>not</u> included in project		
2.2-2.9.1.1(2)	Location:		
(a)	___ separate LDR/LDRP suite		
(b)	or		
	___ cesarean delivery suite		
(c)	or		
	___ postpartum unit		
2.2-2.9.3.1	Capacity:	Ventilation:	
	___ each LDR room single occupancy	___ Min. 6 air changes per hour	Table 7.1
2.2-2.9.3.2	Space Requirements:	Lighting:	
(1)	___ min. clear floor area 325 sf	___ General lighting in addition to special lighting units provided at obstetrical bed	2.1-8.3.4.3(4)(a)
	___ 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	Power:	
(b)	___ additional space for infant crib	___ Min. 16 receptacles in total	Table 2.1-1
	___ additional space for any reclining chair for support person	___ Min. 8 receptacles convenient to head of mother's bed	
		___ Min. 4 receptacles convenient to bassinet with one on each wall	
(2)(a)	___ min. clearance 6'-0" from foot of bed to wall or fixed obstruction	Nurse Call System:	
(2)(b)	___ min. clearance 5'-0" on transfer side of bed to wall or fixed obstruction	___ Patient station	Table 2.1-2
		___ Staff assistance station	
(2)(c)	___ min. clearance 4'-0" on non-transfer side of bed to wall or fixed obstruction	___ Emergency call station	
		Medical Gases:	Table 2.1-3
		___ 1 OX, 1 VAC per bed	
2.2-2.9.3.2(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
2.2-2.9.3.3(1)	Window:		
2.1-7.2.2.5(1)	<input type="checkbox"/> check if <u>not</u> included in project		
	___ 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		
2.2-2.9.3.4	Patient Privacy:		
2.1-2.1.2	___ provisions are made to address patient visual & speech privacy		
2.2-2.9.3.5	___ Handwashing station		
2.2-2.9.3.6	___ Direct access to private toilet room with shower or tub		

Architectural Requirements

- 2.2-2.9.3.9 Special Design Elements:
- (1) ☐ finishes selected to facilitate cleaning & to withstand strong detergents
- (2) ☐ fixed examination lights
- or**
- ☐ portable examination lights
- ☐ immediately accessible*

2.2-2.9.3

LDRP ROOMS

(Labor Delivery Recovery Postpartum)

☐ check if not included in project

2.2-2.9.1.1(2)

Location:

- (a) ☐ separate LDR/LDRP suite
- (b) **or**
- ☐ cesarean delivery suite
- (c) **or**
- ☐ postpartum unit

2.2-2.9.3.1

Capacity:

☐ each LDRP room single occupancy

2.2-2.9.3.2

Space Requirements:

- (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
- (b) ☐ additional space for infant crib &
- ☐ additional space for any reclining chair for support person
- (2)(a) ☐ min. clearance 6'-0" from foot of bed to wall or fixed obstruction
- (2)(b) ☐ min. clearance 5'-0" on transfer side of bed to wall or fixed obstruction
- (2)(c) ☐ min. clearance 4'-0" on non-transfer side of bed to wall or fixed obstruction

Building Systems Requirements

Ventilation:

☐ Min. 6 air changes per hour Table 7.1

Lighting:

☐ General lighting in addition to special lighting units provided at obstetrical bed 2.1-8.3.4.3(4)(a)

☐ Reading light 2.1-8.3.4.3(1)(a)

☐ controls accessible to patient without patient having to get out of bed

☐ Night-light located in each patient room 2.1-8.3.4.3(1)(b)

☐ no central control of night-lights outside room

☐ night-light illuminates path from room entrance to bedside

☐ night-light illuminates path between bed & toilet room

Power:

☐ Min. 16 receptacles in total Table 2.1-1

☐ Min. 8 receptacles convenient to head of mother's bed

☐ Min. 4 receptacles convenient to each bassinet with one on each wall

Nurse Call System:

☐ Patient station Table 2.1-2

☐ Staff assistance station

☐ Emergency call station

Medical Gases:

☐ 1 OX, 1 VAC per bed Table 2.1-3

Architectural Requirements

- 2.2-2.9.3.2(1) ☐ Distinct infant stabilization & resuscitation space with min. clear floor area min. 40 sf included in room clear floor area
- 2.2-2.9.3.3 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
- 2.2-2.9.3.4 Patient Privacy:
- 2.1-2.1.2 ☐ provisions are made to address patient visual & speech privacy
- 2.2-2.9.3.5 ☐ Handwashing station
- 2.2-2.9.3.6 ☐ Direct access to private toilet room with shower or tub
- 2.2-2.9.3.9 Special Design Elements:
- (1) ☐ finishes selected to facilitate cleaning & to withstand strong detergents
- (2) ☐ fixed examination lights
- or**
- ☐ portable examination lights
- ☐ immediately accessible*

SUPPORT AREAS FOR OBSTETRICAL UNIT

- 2.2-2.9.8
- 2.2-2.9.8.1 ☐ General support areas in this section provided for obstetrical unit
- 2.2-2.9.8.2 ☐ Nurse station
- 2.1-2.8.2 ☐ Administrative center or 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*
- 2.2-2.9.8.3 ☐ Documentation area
- 2.1-2.8.3.1 ☐ work surface to support documentation process
- 2.2-2.9.8.4 ☐ Nurse office

Building Systems Requirements

- Medical Gases:
- ☐ 3 OX, 3 VAC, 3 MA per bassinet Table 2.1-3
- Nurse Call System:
- ☐ Duty station (light/sound signal) 2.1-8.5.1.2(3)(b)

	Architectural Requirements	Building Systems Requirements
2.2-2.9.8.8	___ 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: ___ Min. 4 air changes per hour Table 7.1
(b)	___ work counter	Lighting: ___ Task lighting 2.1-2.8.8.1(2)(d)
	___ handwashing station	
	___ lockable refrigerator	
	___ locked storage for controlled drugs	
	___ sharps containers	Nurse Call System: ___ Duty station (light/sound signal) Table 2.1-2
(c)	<input type="checkbox"/> check if <u>not</u> included in project	
	___ self-contained medication-dispensing unit	
	<input type="checkbox"/> check if <u>not</u> included in project	
	___ room designed with space to prepare medications	
	or	
2.1-2.8.8.2(2)	___ automated medication-dispensing unit	
(a)	___ located at nurse station, in clean workroom or in alcove	Lighting: ___ Task lighting 2.1-2.8.8.1(2)(d)
(c)	___ handwashing station located next to stationary medication-dispensing units or stations	Nurse Call System: ___ Duty station (light/sound signal) Table 2.1-2
2.2-2.9.8.9	___ Nourishment area or room	
2.1-2.8.9.2		Ventilation: ___ Min. 2 air changes per hour Table 7.1
(1)	___ handwashing station	
(2)	___ work counter	
(3)	___ refrigerator	
(4)	___ microwave	
(5)	___ storage cabinets	
(6)	___ space for temporary storage of food service implements	Nurse Call System: ___ Duty station (light/sound signal) 2.1-8.5.1.2(3)(b)
2.1-2.8.9.3	___ provisions & space are included for separate temporary storage of unused & soiled meal trays	

	Architectural Requirements	Building Systems Requirements
2.2-2.9.8.11 2.1-2.8.11.2	<input type="checkbox"/> Clean workroom or clean supply room <input type="checkbox"/> clean workroom <input type="checkbox"/> used for preparing patient care items (1) <input type="checkbox"/> work counter (2) <input type="checkbox"/> handwashing station (3) <input type="checkbox"/> storage facilities for clean & sterile supplies or <input type="checkbox"/> clean supply room <input type="checkbox"/> used only for storage & holding as part of system for distribution of clean & sterile supplies	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour Table 7.1 <input type="checkbox"/> Positive pressure Nurse Call System: <input type="checkbox"/> Duty station (light/sound signal) Table 2.1-2
2.1-2.8.11.3		Ventilation: <input type="checkbox"/> Min. 4 air changes per hour Table 7.1 <input type="checkbox"/> Positive pressure
2.2-2.9.8.12 2.1-2.8.12.2	<input type="checkbox"/> Soiled workroom or soiled holding room <input type="checkbox"/> soiled workroom <input type="checkbox"/> handwashing station (1)(b) <input type="checkbox"/> flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture <input type="checkbox"/> work counter (1)(c) <input type="checkbox"/> space for separate covered containers for waste & soiled linen (1)(d) <input type="checkbox"/> fluid management system is used <input type="checkbox"/> check if <u>not</u> included in project (a) <input type="checkbox"/> electrical & plumbing connections that meet manufacturer requirements (b) <input type="checkbox"/> space for docking station or	Ventilation: <input type="checkbox"/> Min. 10 air changes per hour Table 7.1 <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units Nurse Call System: <input type="checkbox"/> Duty station (light/sound signal) Table 2.1-2
2.1-2.8.12.3	<input type="checkbox"/> soiled holding room (1) <input type="checkbox"/> handwashing station or hand sanitation station (2) <input type="checkbox"/> space for separate covered containers for waste & soiled linen	Ventilation: <input type="checkbox"/> Min. 10 air changes per hour Table 7.1 <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units
2.2-2.9.8.13(1) 2.1-2.8.13.1(1)	<input type="checkbox"/> Clean linen storage <input type="checkbox"/> stored in clean workroom or <input type="checkbox"/> separate closet or <input type="checkbox"/> covered cart distribution system on each floor	
2.1-2.8.13.1(2)	<input type="checkbox"/> storage of clean linen carts in designated corridor alcoves, clean workroom or closets	
2.2-2.9.8.13(2)	<input type="checkbox"/> Equipment storage area <input type="checkbox"/> provided on patient floor (a) <input type="checkbox"/> min. 10 sf per postpartum room + 20 sf per LDR or LDRP room (b) <input type="checkbox"/> in addition to any storage in patient rooms	

Architectural Requirements		Building Systems Requirements	
2.2-2.9.8.13(3)	___ Storage space for gurneys & wheelchairs		
2.2-2.9.8.13(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		
2.2-2.9.8.14	___ Environmental services room		
(2)	___ located in obstetrical unit & not shared w/ other patient care units or departments	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	
(3)	___ handwashing station	___ No recirculating room units	
	or		
	___ hand sanitation station		
2.2-2.9.8.15	___ Examination/treatment room and/or multipurpose diagnostic testing room	Ventilation:	
(1)	___ used for obstetric triage	___ Min. 6 air changes per hour	Table 7.1
	___ immediately accessible* to units where births occur (LDR LDRP & Cesarean Delivery Rooms)	Lighting:	
	___ not located in postpartum unit	___ Portable or fixed exam light	2.1-8.3.4.3(3)
		Power:	
		___ Min. 8 receptacles in total	Table 2.1-1
(2)	Space Requirements:	___ Min. 4 receptacles convenient to head of gurney or bed	
(a)	___ Single-patient Examination/treatment room	Nurse Call System:	
	___ min. clear floor area 120 sf	___ Staff assistance station	Table 2.1-2
	or	___ Emergency call station	
(b)	___ multi-patient diagnostic testing room	Medical Gases:	
	___ min. clear floor area 80 sf per patient	___ 1 OX, 1 VAC per patient	Table 2.1-3
(3)	___ Patient toilet room	Ventilation:	
(a)	___ directly accessible from exam/treatment room or multipurpose diagnostic testing room	___ Min. 10 air changes per hour	Table 7.1
		___ Exhaust	
		___ Negative pressure	
		___ No recirculating room units	
2.2-2.9.9	SUPPORT AREAS FOR STAFF		
2.2-2.9.9.1	___ Staff lounge		
2.1-2.9.1	___ min.100 sf		
2.2-2.9.9.2	___ Staff toilet room (permitted to be unisex)		
2.1-2.9.2.1	___ readily accessible* to each patient care unit	Ventilation:	
2.1-2.9.2.2	___ toilet & handwashing station	___ Min. 10 air changes per hour	Table 7.1
		___ Exhaust	
		___ Negative pressure	
		___ No recirculating room units	

Architectural Requirements**Building Systems Requirements**

- 2.2-2.9.9.3 ☐ Staff storage facilities
- 2.1-2.9.3.1 ☐ securable closets or cabinet compartments for personal staff articles
- ☐ located in or near nurse station

2.2-2.9.10 **SUPPORT AREAS FOR FAMILIES, PATIENTS & VISITORS**

- 2.1-2.10.1 ☐ Family & visitor lounge
- ☐ each patient care unit provides access to lounge for family & visitors
- 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

Communications:

- ☐ Public communication services provided in each family & visitor lounge 2.1-2.10.1.6

2.2-2.9.11 **CESAREAN DELIVERY SUITE**

2.2-2.9.11.1 **Cesarean Delivery Room**

- 2.2-2.9.11.1(3) ☐ Located in obstetrical suite
- ☐ check if not included in project
- ☐ space designed so that neither staff nor patients must travel through cesarean delivery area to access other services
- 2.2-2.9.11.1(1)(a) ☐ Minimum of one Cesarean Delivery Room provided for every obstetrical unit
- (2) Space Requirements:
- (2)(a) ☐ min. clear floor area 440 sf
- ☐ min. clear dimension 16'-0"
- ☐ above clear floor area includes infant resuscitation space with min. clear floor area 80 sf

Ventilation:

- ☐ Min. 20 air changes per hour Table 7.1
- ☐ Positive pressure
- ☐ No recirculating room units

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 Table 2.1-1
- ☐ Min. 16 receptacles convenient to table placement
- ☐ Min. 2 receptacles on each wall
- ☐ Min. 6 receptacles in the infant care area

Nurse Call System:

- ☐ Staff assistance station Table 2.1-2
- ☐ Emergency call station

Medical Gases:

- ☐ 2 OX, 4 VAC, 1 MA per room Table 2.1-3

Architectural Requirements

- (1)(b) ☐ Infant resuscitation space provided in Cesarean Delivery Room
or
- (2)(b) ☐ Infant resuscitation space in separate room
☐ immediately accessible* to Cesarean Delivery Room
☐ min. clear floor area 150 sf

Building Systems Requirements

- Ventilation:
☐ Min. 20 air changes per hour Table 7.1
☐ Positive pressure
☐ No recirculating room units
- Power:
☐ Min. 6 receptacles in the infant care area Table 2.1-1
- Nurse Call System:
☐ Staff assistance station Table 2.1-2
☐ Emergency call station
- Medical Gases:
☐ 3 OX, 3 VAC, 3 MA per bassinet Table 2.1-3

2.2-2.9.11.8

SUPPORT AREAS FOR CESAREAN DELIVERY SUITE

- (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
☐ soiled workroom

2.1-2.8.12.2

- (1)(a) ☐ handwashing station
 (1)(b) ☐ flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture
 (1)(c) ☐ work counter
 (1)(d) ☐ space for separate covered containers for waste & soiled linen
 (2) ☐ fluid management system is used
☐ check if 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
- (1) ☐ handwashing station or hand sanitation station
 (2) ☐ space for separate covered containers for waste & soiled linen

2.2-2.9.11.8

- (3)(a) ☐ Supervisor office or station

- Ventilation:
☐ Min. 10 air changes per hour Table 7.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

- Nurse Call System:
☐ Duty station (light/sound signal) Table 2.1-2

- Ventilation:
☐ Min. 10 air changes per hour Table 7.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

Architectural Requirements		Building Systems Requirements	
(3)(b)	___ Hand scrub facilities		
2.1-2.8.6.1	___ at least one hand scrub position for each cesarean delivery room, operating room & class 3 imaging room		
2.1-2.8.6.2	___ located next to entrance to each room (one hand scrub station consisting of two scrub positions may be shared if located adjacent* to entrance of each room)		
2.1-2.8.6.3	___ placement of scrub station does not restrict min. required corridor width		
2.1-2.8.12.3			
2.2-2.9.11.8	___ Medication safety zones		
(3)(c)			
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: ___ Min. 4 air changes per hour	Table 7.1
(b)	___ work counter	Lighting: ___ Task lighting	2.1-2.8.8.1(2)(d)
	___ handwashing station		
	___ lockable refrigerator		
	___ locked storage for controlled drugs		
	___ sharps containers	Nurse Call System: ___ Duty station (light/sound signal)	Table 2.1-2
	<input type="checkbox"/> check if <u>not</u> 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 located next to stationary medication-dispensing units or stations	Nurse Call System: ___ Duty station (light/sound signal)	Table 2.1-2

Architectural Requirements**Building Systems Requirements**

2.2-2.9.11.8
(3)(d)

___ Clean workroom or clean supply room

2.1-2.8.11.2

___ clean workroom

___ used for preparing patient care items

(1)

___ work counter

(2)

___ handwashing station

(3)

___ storage facilities for clean & sterile supplies

or

2.1-2.8.11.3

___ clean supply room

___ used only for storage & holding as part of system for distribution of clean & sterile supplies

Ventilation:

___ Min. 4 air changes per hour Table 7.1

___ Positive pressure

Nurse Call System:

___ Duty station (light/sound signal) Table 2.1-2

Ventilation:

___ Min. 4 air changes per hour Table 7.1

___ Positive pressure

2.2-2.9.11.8
(3)(e)

2.2-3.3.8.13(5)

Medical Gas Storage:

___ space for supply & storage of medical gases used in the facility

___ space for reserve cylinders

___ provided & protected in accordance with NFPA 99: Health Care Facilities Code

2.2-2.9.11.8
(3)(e)

___ Area for storing gurneys out of path of normal traffic

2.2-2.9.11.8
(3)(f)

___ Environmental services room

Ventilation:

___ Min. 10 air changes per hour Table 7.1

___ Exhaust

___ Negative pressure

___ No recirculating room units

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)

2.1-2.8.14.2

(1)

___ service sink or floor-mounted mop sink

(2)

___ provisions for storage of supplies & housekeeping equipment

(3)

___ handwashing station

or

___ hand sanitation station

2.2-2.9.11.8
(3)(g)

Sterile Processing Facilities

☐ check if not included in project

2.1-5.1.2.1(2)

___ Sterile processing facility meets requirements of semi-restricted area

2.1-5.1.2.1(3)

Layout:

___ sterile processing facilities designed to provide one-way traffic pattern

2.1-5.1.2.2
(1)(a)

___ Two-room sterile processing facility

___ decontamination room & clean workroom physically separated by wall containing door or pass-through window

or

___ built-in washer/disinfector with pass-through door or window

Architectural Requirements**Building Systems Requirements**

- (1)(b) ☐ Sterilizer access room for maintaining equipment
☐ check if not included in project
- (2) ☐ Decontamination room
- (a) ☐ sized to meet min. equipment space & clearances needed for equipment used
☐ equipment shown on plans
- (b) ☐ work counter(s)
☐ handwashing station
☐ three-basin sink with counter
☐ flushing-rim clinical sink or equivalent fixture
or
☐ alternative methods for disposal of bio-waste
- ☐ space for waste & soiled linen receptacles
☐ documentation area
☐ instrument air outlet for drying instruments
or
☐ portable compressed air for drying instruments
- ☐ storage for decontamination supplies & personal protective equipment (PPE)
- (3) ☐ Clean workroom
- (a) ☐ sized to accommodate sterilization equipment used
☐ equipment shown on plans
- (b) ☐ work counter(s)
☐ handwashing station
☐ storage for sterilization supplies
☐ documentation area
☐ instrument air outlet for drying instruments
or
☐ portable compressed air for drying instruments
- ☐ cooling area for sterilization cart where sterilizer is loaded/unloaded using rolling cart
- (4) ☐ Sterile storage (provided for storage of sterile instruments & supplies)
- (a) ☐ area part of clean workroom
or
☐ separate storage room
- (b) ☐ space for case cart storage
☐ check if not included in project
- Ventilation:
☐ Min. 6 air changes per hour
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units
- Ventilation:
☐ Min. 4 air changes per hour Table 7.1
☐ Positive pressure
☐ No recirculating room units
 Nurse Call System:
☐ Duty station (light/sound signal) Table 2.1-2
- Ventilation:
☐ Min. 4 air changes per hour Table 7.1
☐ Positive pressure

Architectural Requirements**Building Systems Requirements**

- 2.1-5.1.2.3 ☐ One-room sterile processing facility
☐ check if not included in project
- (1) ☐ consists of decontamination area & clean work area
- (b) ☐ two entrances
- or**
- ☐ single entrance
- ☐ located approximately equidistant from clean & decontamination sides of room
- ☐ allows for one-way traffic flow
- (2) ☐ decontamination area
- (a) ☐ countertop
- ☐ two-basin sink for washing instruments
- ☐ handwashing station
- ☐ separate from instrument-washing sink
- ☐ storage for supplies
- ☐ instrument air outlet for drying instruments
- or**
- ☐ portable compressed air for drying instruments
- (b) ☐ instrument-washing sink separated from clean work area by 4'-0" distance from edge of sink
- or**
- ☐ instrument-washing sink separated from clean work area by wall
- or**
- ☐ instrument-washing sink separated from clean work area by screen
- ☐ screen extends min. 4'-0" above sink rim
- (3) ☐ clean work area
- (a) ☐ countertop
- (b) ☐ sterilizer
- (c) ☐ storage for supplies
- (d) ☐ instrument air outlet for drying instruments
- or**
- ☐ portable compressed air for drying instruments

Ventilation:

- ☐ Min. 6 air changes per hour Table 7.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Ventilation:

- ☐ Min. 4 air changes per hour Table 7.1
- ☐ Positive pressure
- ☐ No recirculating room units

- 2.1-5.1.2.4 ☐ Equipment & supply storage
- (1) ☐ instrument & supply storage provided for sterile & clean instruments & supplies
- (a) ☐ separate room
- or**
- ☐ portion of clean workroom

Ventilation:

- ☐ Min. 4 air changes per hour Table 7.1
- ☐ Positive pressure

Architectural Requirements

- (b) ☐ space for case cart storage
☐ check if not included in project
 (only if case carts are not used in facility)
- (2) ☐ clean/sterile medical/surgical supply receiving room

2.1-5.1.2.5

Support Areas for Staff:

(serving sterile processing facilities)

- (1)(a) ☐ separate changing areas provided for male & female staff (unisex changing area with one or more private changing rooms is permitted)
- (1)(b) ☐ staff changing areas meet requirements of unrestricted area (may be shared with other departments or services)
- (1)(c) ☐ lockers
- (2)(a) ☐ toilet room
- (2)(b) ☐ handwashing station
- (2)(c) ☐ space for donning sterile attire
- (2)(d) ☐ provision for separate storage of clean & soiled work attire
- (2)(e) ☐

2.2-2.9.11.9

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)

- 2.2-2.9.11.9(1) ☐ Staff lounge
☐ immediately accessible* to labor, delivery & recovery areas
- 2.1-2.9.1 ☐ min.100 sf
- 2.2-2.9.11.9(2) ☐ Staff toilet room (permitted to be unisex)
- 2.1-2.9.2.1 ☐ readily accessible* to each patient care unit
- 2.1-2.9.2.2 ☐ toilet & handwashing station
- 2.2-2.9.11.9(3) ☐ Staff changing areas
☐ lockers
☐ space for donning & doffing scrub suits & booties
☐ showers
☐ toilets
☐ handwashing stations
- 2.2-2.9.11.9(4) ☐ Support person changing areas
☐ provided for male & female support persons accompanying mother
- 2.2-2.9.11.9(3) ☐ lockers

Building Systems Requirements

Ventilation:

- ☐ Min. 4 air changes per hour Table 7.1
- ☐ Positive pressure

Ventilation:

- ☐ Min. 10 air changes per hour Table 7.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Ventilation:

- ☐ Min. 10 air changes per hour Table 7.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Ventilation:

- ☐ Min. 10 air changes per hour Table 7.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Architectural Requirements**Building Systems Requirements**

- (b) ☐ space for donning & doffing scrub suits & booties
☐ showers
☐ toilets
☐ handwashing stations

Ventilation:

- ☐ Min. 10 air changes per hour Table 7.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

- 2.2-2.9.11.9(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

2.2-2.9.11.10 **SUPPORT AREAS FOR FAMILIES PATIENTS & VISITORS—CESAREAN DELIVERY SUITE**

- 2.1-2.10.1 ☐ Family & visitor lounge
 (may be shared with surgery facilities)
☐ each patient care unit provides access to lounge for family & visitors

Communications:

- ☐ 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

2.2-2.9.11.11 **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
☐ handwashing station

Ventilation:

- ☐ Min. 6 air changes per hour Table 7.1

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
☐ convenient to head of gurney or bed

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

Nurse Call System:

- ☐ Staff assistance station Table 2.1-2
☐ Emergency call station

- (2) ☐ handwashing stations evenly distributed

Medical Gases:

- ☐ 1 OX, 3 VAC, 1 MA per bed Table 2.1-3

or

Architectural Requirements**Building Systems Requirements**

- (1)(b) ☐ Recovery in LDR or LDRP rooms
☐ LDR or LDRP rooms are located in or directly accessible to cesarean delivery suite

2.2-2.9.11.12 **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
- (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
☐ handwashing station
☐ lockable refrigerator
☐ 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
- (c) ☐ handwashing station 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

Lighting:
☐ Task-specific lighting level min. 100 foot-candles 2.1-2.8.8.1(2)(d)

Ventilation:
☐ Min. 4 air changes per hour Table 7.1

Lighting:
☐ Task lighting 2.1-2.8.8.1(2)(d)

Nurse Call System:
☐ Duty station (light/sound signal) Table 2.1-2

Lighting:
☐ Task lighting 2.1-2.8.8.1(2)(d)

Nurse Call System:
☐ Duty station (light/sound signal) Table 2.1-2

***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		
	CORRIDOR WIDTH:	(3)	Door Swing:
2.1-7.2.2.1	___ Aisles, corridors & ramps required for	(a)	___ doors do not swing into corridors
NFPA 101,	exit access in a hospital not less than		except doors to non-occupiable
18.2.3.4	8'-0" in clear & unobstructed width		spaces (e.g. environmental
	or		services rooms & electrical
	___ Detailed code review incorporated in		closets) & doors with emergency
	Project Narrative		breakaway hardware
	___ Aisles, corridors & ramps in adjunct	(4)	___ Lever hardware or push/pull latch
	areas not intended for the housing,		hardware
	treatment, or use of inpatients not less	(5)	Doors for Patient Bathing/Toilet
	than 44" in clear & unobstructed width		Facilities:
	or	(a)	___ two separate doors
	___ Detailed code review incorporated in		or
	Project Narrative		___ door that swings outward
			or
2.1-7.2.2.2	CEILING HEIGHT:		___ door equipped with emergency
(1)	___ Min ceiling height 7'-6" in corridors & in		rescue hardware (permits quick
	normally unoccupied spaces		access from outside the room to
(3)	___ Min. height 7'-6" above floor of		prevent blockage of the door)
	suspended tracks, rails & pipes		or
	located in traffic path for patients in		___ sliding door other than pocket
	beds & on stretchers		door
	___ Min. ceiling height 7'-10" in other areas		
2.1-7.2.2.3	DOORS & DOOR HARDWARE:		
(1)	Door Type:		
(a)	___ doors between corridors, rooms,	(b)	___ bathing area or toilet room opens
	or spaces subject to occupancy		onto public area or corridor
	swing type or sliding doors		<input type="checkbox"/> check if <u>not</u> included in project
(b)	___ sliding doors		___ visual privacy is maintained
	<input type="checkbox"/> check if <u>not</u> included in project		
	___ manual or automatic	2.1-7.2.2.5	WINDOWS IN PATIENT ROOMS:
	sliding doors comply with	2.1-7.2.2.5(1)	___ Each patient room provided with
	NFPA 101		natural light by means of window to
	___ detailed code review		outside
	incorporated in Project	2.1-7.2.2.5(2)	___ Operable windows in patient rooms
	Narrative		or suites
	___ no floor tracks		<input type="checkbox"/> check if <u>not</u> included in project
(2)	Door Opening:		___ window operation is limited—
(a)	___ min. 45.5" clear door width for		with either stop limit/restrictor
	patient rooms		hardware or open guard/screen
	___ min. 83.5" clear door height for		___ prevents passage of 4-inch
	patient rooms		diameter sphere through
(b)	___ swinging doors for personnel		opening
	use in addition to sliding doors	2.1-7.2.2.6	___ insect screens
	<input type="checkbox"/> check if <u>not</u> included in project		
	___ min. clear width 34.5"		

- 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) ☐ Handrails installed on both sides of patient use corridors
- (3) ☐ Rail ends return to wall or floor
- (4) ☐ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius
- (5) ☐ Handrails have eased edges & corners
- (6) ☐ Handrail finishes are cleanable

- 2.1-7.2.2.12 NOISE CONTROL:
- (1) ☐ Recreation rooms, exercise rooms equipment rooms & similar spaces where impact noises may be generated are not located directly over 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 germicidal or other types of cleaning solutions
- (7)(a) ☐ Floors are monolithic & integral coved wall bases are at least 6" high & tightly sealed to wall in rooms listed below
- ☐ airborne infection isolation (AII) room & any anteroom
- ☐ protective environment (PE) room & any anteroom
- ☐ cesarean delivery 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 (1)	CEILINGS: ___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms	Part 3/6.1.2.2	Central cooling systems greater than 400 tons (1407 kW) peak cooling load <input type="checkbox"/> check if <u>not</u> included in project
(a)	___ Ceilings cleanable with routine housekeeping equipment		___ number & arrangement of cooling sources & essential accessories is sufficient to support facility operation plan upon breakdown or routine maintenance of any one of cooling sources
(b)	___ Acoustic & lay-in ceilings where used do not create ledges or crevices		
2.1-7.2.4	FURNISHINGS:		
2.1-7.2.4.1	Built-In Furnishings: <input type="checkbox"/> check if <u>not</u> included in project ___ upholstered with impervious materials in patient treatment areas	Part 3/6.2 Part 3/6.2.1	AIR-HANDLING UNIT (AHU) DESIGN: ___ AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance
2.1-7.2.4.2	Window Treatments in Patient Rooms & Other Patient Care Areas:	Part 3/6.3	OUTDOOR AIR INTAKES & EXHAUST DISCHARGES:
(1)	___ patient-controlled window treatments provided to allow for patient privacy & to control light levels & glare	Part 3/6.3.1 Part 3/6.3.1.1	Outdoor Air Intakes: ___ located min. of 25 ft from cooling towers & all exhaust & vent discharges
(2)	___ window treatments do not compromise patient safety ___ easy for patients, visitors & staff to operate		___ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade
(3)	___ window treatments selected for ease of cleaning, disinfection or sanitization		___ air intakes located away from public access
2.1-7.2.4.3	___ Privacy curtains in patient rooms & other patient care areas are washable <input type="checkbox"/> check if <u>not</u> included in project		___ all intakes are designed to prevent entrainment of wind-driven rain
			___ contain features for draining away precipitation
			___ equipped with birdscreen of mesh no smaller than 0.5 in
2.1-8.2	HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS		
Part 3/6.1 Part 3/6.1.1	UTILITIES: 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 3/6.3.1.3	___ intakes on top of buildings <input type="checkbox"/> check if <u>not</u> included in project ___ located with bottom of air intake min. 3'-0" above roof level
Part 3/6.1.2 Part 3/6.1.2.1	Heating & Cooling Sources: ___ heat sources & essential accessories are provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance ___ capacity of remaining source or sources is sufficient to provide for domestic hot water & to provide heating for inpatient rooms	Part 3/6.3.1.4	___ intake in areaway <input type="checkbox"/> check if <u>not</u> 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 3/6.7.3	Smoke Barriers:
Part 3/6.3.2.1	<input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms) <input type="checkbox"/> exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building		<input type="checkbox"/> HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.
Part 3/6.3.2.2	<input type="checkbox"/> exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10'-0" above adjoining roof level <input type="checkbox"/> exhaust discharge outlets from AII rooms is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public	Part 3/6.8	ENERGY RECOVERY SYSTEMS:
Part 3/6.4	FILTRATION:	Part 3/6.8.1	<input type="checkbox"/> check if <u>not</u> included in project
	<input type="checkbox"/> Two filter banks for inpatient care (see Table 6.4) <input type="checkbox"/> Filter Bank No. 1: MERV 7 <input type="checkbox"/> Filter Bank No. 2: MERV 14 <input type="checkbox"/> Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed	Part 3/6.8.2	<input type="checkbox"/> Located upstream of Filter Bank No. 2 <input type="checkbox"/> AII room exhaust systems or combination AII/PE rooms are not used for energy recovery
Part 3/6.4.1	<input type="checkbox"/> Filter Bank No. 1 is placed upstream of heating & cooling coils	Part 3/6.8.3	<input type="checkbox"/> Energy recovery systems with leakage potential <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> arranged to minimize potential to transfer exhaust air directly back into supply airstream <input type="checkbox"/> designed to have no more than 5% of total supply airstream consisting of exhaust air
Part 3/6.4.2	<input type="checkbox"/> Filter Bank No. 2 is placed downstream of all wet-air cooling coils & supply fan	Part 3/7	SPACE VENTILATION
Part 3/6.5	HEATING & COOLING SYSTEMS:	Part 3/7.1.a	<input type="checkbox"/> Spaces ventilated according to Table 7.1
Part 3/6.5.3	<input type="checkbox"/> Radiant heating systems <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> ceiling or wall panels w/ exposed cleanable surfaces or radiant floor heating are provided in AII room	Part 3/7.1.a.1	<input type="checkbox"/> Air movement is from clean to less-clean areas
Part 3/6.7	AIR DISTRIBUTION SYSTEMS:	Part 3/7.1.a.3	<input type="checkbox"/> Min. number of total air changes required for positive pressure rooms is provided by total supply airflow <input type="checkbox"/> Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow
Part 3/6.7.1	<input type="checkbox"/> pressure relationships required in tables 7.1 maintained in all modes of HVAC system operation <input type="checkbox"/> Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems <input type="checkbox"/> Inpatient facilities are served by fully ducted return or exhaust systems	Part 3/7.1a.5	<input type="checkbox"/> Air recirculation through room unit <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> complies with Table 7.1 <input type="checkbox"/> room unit receive filtered & conditioned outdoor air <input type="checkbox"/> serves only a single space <input type="checkbox"/> provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered
Part 3/6.7.2	Air Distribution Devices:	Part 3/7.2	ADDITIONAL ROOM-SPECIFIC REQUIREMENTS:
	<input type="checkbox"/> supply air outlets comply with Table 6.7.2	Part 3/7.2.1	Airborne Infection Isolation (AII) Rooms <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor <input type="checkbox"/> Local visual means is provided to indicate whenever negative differential pressure is not maintained

- Part 3/7.2.1
- ___ 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
 - ___ 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 3/7.4.1 C-Section Rooms
- ___ Each C-Section Room has individual temperature control
 - ___ C-Section Room is provided with primary supply diffuser array designed as follows:
 - ___ airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft²
 - ___ diffusers are concentrated to provide airflow pattern over patient & surgical team
 - ___ coverage area of primary supply diffuser array extends min. 12" beyond footprint of surgical table on each side
 - ___ no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses
 - ___ additional supply diffusers provided within room outside of primary supply diffuser array
 - ☐ check if not included in project
 - ___ each C-Section Room has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8" above floor

- 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:**
- 2.1-8.3.4.2 ___ Luminaires in wet areas (e.g. showers) have smooth cleanable shatter-resistant lenses & no exposed lamps
- 2.1-8.3.4.3(1) ___ Reading light for each patient bed
- (a) ___ incandescent & halogen lights
 - ☐ check if not included in project
 - ___ placed or shielded to protect patient from injury
 - ___ light source covered by diffuser or lens
 - ___ flexible light arms
 - ☐ check if not included in project
 - ___ mechanically controlled to prevent lamp from contacting bed linen
- 2.1-8.3.4.3(2) ___ Patient care unit corridors have general illumination with provisions for reducing light levels at night
- 2.1-8.3.5 **ELECTRICAL EQUIPMENT:**
- 2.1-8.3.5.1 ___ Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system
 - ☐ check if not included in project
- 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

- 2.1-8.4.2.5 Heated Potable Water Distribution Systems:
- (2) ☐ heated potable water distribution systems serving patient care areas are under constant recirculation
- ☐ non-recirculated fixture branch piping max. length 25'-0"
- (3)(a) ☐ no installation of dead-end piping (except for empty risers mains & branches for future use)
- (3)(c) ☐ any existing dead-end piping is removed
- (3)(b) ☐ ☐ check if not included in project
- (4)(a) ☐ water-heating system supplies water at temperatures & amounts indicated in Table 2.1-4

- 2.1-8.4.2.6 Drainage Systems:
- (1)(a) ☐ drainage piping installed above ceiling of or exposed in electronic data processing areas & electric closets
- ☐ check if not included in project
- ☐ special provisions to protect space below from leakage & condensation
- (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 that will reduce risk of splashing to areas where direct patient care is provided & medications are 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 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 and during loss of normal power
- 2.1-8.4.3.3 Showers & Tubs:
- (1) ☐ nonslip surfaces
- 2.1-8.4.3.4 Ice-Making Equipment:
- ☐ copper tubing provided for supply connections to ice-making equipment
- 2.1-8.4.3.5 Clinical Flushing-Rim Sinks:
- ☐ check if not included in project
- (1) ☐ trimmed with valves that can be operated without hands (may be single-lever or wrist blade devices)
- (a) ☐ handles are at least 6 in. long
- (b) ☐ handles are at least 6 in. long

(2)	_____ integral trap wherein upper portion of water trap provides visible seal	2.1-8.5.1.3	Bath Stations: _____ bath station that can be activated by patient lying on floor provided at each patient toilet, bathtub, or shower stall
2.1-8.4.3.7	Bedpan-Rinsing Devices:	(1)	_____ alarm in these areas can only be turned off at bath station where it was initiated
(1)	_____ bedpan-rinsing devices provided in each inpatient toilet room	(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
(2)	_____ use cold water only	(3)	_____ toilet bath stations located on the side of toilets within 12" of front of toilet bowl & 3'-0" to 4'-0" above floor
2.1-8.4.4	MEDICAL GAS & VACUUM SYSTEMS _____ Station outlets provided as indicated in Table 2.1-3	2.1-8.5.1.5	_____ Emergency call stations are equipped with continuous audible or visual confirmation to person who initiated the code call
2.1-8.5.1	CALL SYSTEMS	2.1-8.6.2	ELECTRONIC SURVEILLANCE SYSTEMS _____ check if <u>not</u> included in project
2.1-8.5.1.1	(1) _____ Nurse call stations provided as required in Table 2.1-2	2.1-8.6.2.2	_____ monitoring devices are located so they are not readily observable by general public or patients
(2)	_____ Nurse call systems report to attended location with electronically supervised visual & audible annunciation as indicated in Table 2.1-2	2.1-8.6.2.3	_____ electronic surveillance systems receive power from essential electrical system
(4)	_____ Call system complies with UL 1069 "Standard for Hospital Signaling & Nurse Call Equipment"		
(5)	_____ Wireless nurse call system _____ <input type="checkbox"/> check if <u>not</u> 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 (use of dual call station are permitted when beds are located adjacent to each other)		
(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: _____ <input type="checkbox"/> check if <u>not</u> included in project _____ additional visible signals at corridor intersections		