**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:

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

Instructions:

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

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

**E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project. "E" must <u>not</u> be used for an existing required support space associated with a new patient care room or area.

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

**W** = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request.

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

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

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 (1) Location:
___ 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
___ 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
___ min. clear floor area 100 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

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

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| (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) | |
| | | Nurse Call System: | |
| 2.2-2.2.2.3 | Windows in Patient Rooms: | ___ 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 | ___ 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 | | Ventilation: | |
| (1) | ___ toilet | ___ Min. 10 air changes per hour | Table 7-1 |
| (2) | ___ handwashing station | ___ Exhaust | |
| (3) | ___ bedpan washer | ___ 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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| (2) | Central Bathing Facilities:<br>☐ check if not included in project | | |
| (a) | ___ each bathtub or shower in individual room or enclosure that provides privacy for bathing drying & dressing | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ 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:<br>___ Bath station | Table 2.1-2 |
| (c) | ___ toilet in separate enclosure in or directly accessible to each central bathing facility | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure | Table 7-1 |
| | ___ handwashing sink in or directly accessible to each central bathing facility | ___ No recirculating room units | |
| | ___ storage for soap & towels in or directly accessible to each central bathing facility | Nurse Call System:<br>___ 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<br>2.1-2.2.8 | Patient Storage:<br>___ separate wardrobe, locker, or closet suitable for garments & for storing personal effects | | |

**Architectural Requirements** **Building Systems Requirements**

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
___ 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

2.2-2.10.2.2(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 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
2.1-7.2.2.6 ___ insect screens
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:
___ 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 | |
|---|---|---|---|
| (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<br>2.1-2.1.2 | Patient Privacy:<br>___ provisions are made to address patient visual & speech privacy | | |
| 2.1-2.2.5<br>2.1-2.2.5.1 | Handwashing Station in Patient Room:<br>___ 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:<br>☐check if <u>not</u> 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 | | Ventilation: | |
| (1) | ___ toilet | ___ Min. 10 air changes per hour | Table 7-1 |
| (2) | ___ handwashing station | ___ Exhaust | |
| (3) | ___ bedpan washer | ___ 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:<br>☐ check if <u>not</u> included in project | | |
| (a) | ___ each bathtub or shower in individual room or enclosure that provides privacy for bathing drying & dressing | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units<br>Nurse Call System:<br>___ Bath station | Table 7-1<br><br><br><br><br>Table 2.1-2 |
| (b) | ___ at least one shower or bathtub provided for each patient care unit | | |
| | ___ at least one bathing facility with space for attendant to accommodate patients on gurneys, carts & wheelchairs (may be shared with multiple patient care units located on separate floors) | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| (c) | ___ toilet in separate enclosure in or directly accessible to each central bathing facility<br>___ handwashing sink in or directly accessible to each central bathing facility<br>___ storage for soap & towels in or directly accessible to each central bathing facility | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units<br>Nurse Call System:<br>___ Bath station | Table 7-1<br><br><br><br><br>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<br>2.1-2.2.8 | Patient Storage:<br>___ separate wardrobe, locker, or closet suitable for garments & for storing personal effects | | |
| 130.619(A) | **LABOR ROOMS**<br>☐ check if <u>not</u> included in project<br>(only if LDR rooms or LDRP rooms are provided) | | |
| (2) | ___ Min. 120 sf per bed in labor rooms | Ventilation:<br>___ Min. 6 air changes per hour<br>Power:<br>___ Min. 16 receptacles in total<br>___ Min. 8 receptacles convenient to head of labor bed<br>Nurse Call System:<br>___ Patient station<br>___ Staff assistance station<br>___ Emergency call station<br>Medical Gases:<br>___ 1 OX, 1 VAC per bed | Table 7-1<br><br>Table 2.1-1<br><br><br>Table 2.1-2<br><br><br>Table 2.1-3 |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.2-2.10.3 | **LDR ROOMS** (Labor Delivery Recovery)<br>☐ check if not included in project | |
| 2.2-2.10.1.1(2)<br>(a)<br>(b)<br>(c) | Location:<br>___ separate LDR/LDRP suite<br>**or**<br>___ cesarean delivery suite<br>**or**<br>___ postpartum unit | |
| 2.2-2.10.3.1 | Capacity:<br>___ each LDR room single occupancy | Ventilation:<br>___ Min. 6 air changes per hour — Table 7-1 |
| 2.2-2.10.3.2 | Space Requirements: | Lighting:<br>___ General lighting in addition to special lighting units provided at obstetrical bed — 2.1-8.3.4.3(4)(a) |
| (1) | ___ min. clear floor area 325 sf<br>___ min. wall width at head of bed 13'-0"<br>___ clear floor area includes distinct infant stabilization & resuscitation space with min. clear floor area of at least 40 sf | Power:<br>___ Min. 16 receptacles in total — Table 2.1-1<br>___ Min. 8 receptacles convenient to head of mother's bed<br>___ Min. 4 receptacles convenient to bassinet with one on each wall |
| (b) | ___ additional space for infant crib<br>___ additional space for any reclining chair for support person | |
| (2)(a) | ___ min. clearance 6'-0" from foot of bed to wall or fixed obstruction | Nurse Call System:<br>___ Patient station — Table 2.1-2<br>___ Staff assistance station<br>___ Emergency call station |
| (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 | Medical Gases: — Table 2.1-3<br>___ 1 OX, 1 VAC per bed |
| 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:<br>___ 3 OX, 3 VAC, 3 MA per bassinet — Table 2.1-3 |
| 2.2-2.10.3.3(1)<br>2.1-7.2.2.5(1)<br>2.1-7.2.2.5(3)<br>(a)<br>(b) | Window:<br>☐ check if not included in project<br>___ each patient room provided with natural light by means of window to outside<br>___ min. net glazed area be no less than 8% of required min. clear floor area<br>___ max. 36" windowsill height above finished floor | |
| 2.2-2.10.3.4<br>2.1-2.1.2 | Patient Privacy:<br>___ 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 | |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.2-2.10.3.9 | Special Design Elements: | |
| (1) | ___ finishes selected to facilitate cleaning & to withstand strong detergents | |
| (2) | ___ fixed examination lights<br>**or**<br>___ portable examination lights<br>___ immediately accessible* | |
| 2.2-2.10.3 | **LDRP ROOMS**<br>(Labor Delivery Recovery Postpartum)<br>☐ check if <u>not</u> included in project | |
| 2.2-2.10.1.1(2) | Location: | |
| (a) | ___ separate LDR/LDRP suite | |
| (b) | **or**<br>___ cesarean delivery suite | |
| (c) | **or**<br>___ postpartum unit | |
| 2.2-2.10.3.1 | Capacity:<br>___ each LDRP room single occupancy | |
| 2.2-2.10.3.2 | Space Requirements: | |
| (1) | ___ min. clear floor area 325 sf<br>___ min. wall width at head of bed 13'-0"<br>___ 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 &<br>___ 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<br>___ controls accessible to patient without patient having to get out of bed | 2.1-8.3.4.3(1)(a) |
| ___ Night-light located in each patient room<br>___ no central control of night-lights outside room<br>___ night-light illuminates path from room entrance to bedside<br>___ night-light illuminates path between bed & toilet room | 2.1-8.3.4.3(1)(b) |
| 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 | Building Systems Requirements | |
|---|---|---|---|
| 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:<br>___ 3 OX, 3 VAC, 3 MA per bassinet | Table 2.1-3 |
| 2.2-2.10.3.3<br>2.1-7.2.2.5(1) | Window:<br>___ 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<br>2.1-2.1.2 | Patient Privacy:<br>___ 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<br>(1) | Special Design Elements:<br>___ finishes selected to facilitate cleaning & to withstand strong detergents | | |
| (2) | ___ fixed examination lights<br>**or**<br>___ portable examination lights<br>___ immediately accessible* | | |
| 2.2-2.10.8 | **SUPPORT AREAS FOR OBSTETRICAL UNIT** | | |
| 2.2-2.10.8.2<br>2.1-2.8.2.1(1) | ___ Nurse station<br>___ space for counters | | |
| 2.1-2.8.2.1(2) | ___ handwashing station next to or directly accessible*<br>**or**<br>___ hand sanitation dispenser next to or directly accessible* | | |
| 2.2-2.10.8.3<br>2.1-2.8.3.1 | ___ Documentation area<br>___ work surface to support documentation process | | |
| 2.2-2.10.8.4 | ___ Nurse office | | |
| 2.2-2.10.8.8<br>2.1-2.8.8.1(2) | ___ Medication safety zone<br>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:<br>___ 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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| (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<br>☐ check if not included in project | | |
| (c) | ___ self-contained medication-dispensing unit<br>☐ 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 | Ventilation: | |
| | ___ used for preparing patient care items | ___ Min. 4 air changes per hour | Table 7-1 |
| (1) | ___ work counter | ___ Positive pressure | |
| (2) | ___ handwashing station | | |
| (3) | ___ storage facilities for clean & sterile supplies | | |
| | **or** | | |
| 2.1-2.8.11.3 | ___ clean supply room | Ventilation: | |
| | ___ used only for storage & holding as part of system for distribution of clean & sterile supplies | ___ Min. 4 air changes per hour<br>___ Positive pressure | Table 7-1 |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.2-2.10.8.12 | ___ Soiled workroom or soiled holding room | | |
| 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<br>___ Negative pressure<br>___ No recirculating room units | |
| (1)(c) | ___ work counter | | |
| (1)(d) | ___ space for separate covered containers for waste & soiled linen | | |
| (2) | ___ fluid management system is used<br>☐ check if not included in project | | |
| (a) | ___ electrical & plumbing connections that meet manufacturer requirements | | |
| (b) | ___ space for docking station | | |
| | **or** | | |
| 2.1-2.8.12.3 | ___ soiled holding room | Ventilation: | |
| | | ___ Min. 10 air changes per hour | Table 7-1 |
| (1) | ___ handwashing station or hand sanitation station | ___ Exhaust<br>___ Negative pressure | |
| (2) | ___ space for separate covered containers for waste & soiled linen | ___ No recirculating room units | |
| 2.2-2.10.8.13(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 | | |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 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<br>___ No recirculating room units |
| (3) | ___ handwashing station<br>**or**<br>___ hand sanitation station | |
| 2.2-2.10.8.15 | ___ Examination/treatment room and/or multipurpose diagnostic testing room | Ventilation:<br>___ Min. 6 air changes per hour Table 7-1<br>Lighting:<br>___ Portable or fixed exam light 2.1-8.3.4.3(3)<br>Power:<br>___ Min. 8 receptacles in total Table 2.1-1<br>___ Min. 4 receptacles convenient to head of gurney or bed<br>Nurse Call System:<br>___ Staff assistance station Table 2.1-2<br>___ Emergency call station<br>Medical Gases:<br>___ 1 OX, 1 VAC per patient Table 2.1-3 |
| (1) | ___ used for obstetric triage<br>___ immediately accessible* to units where births occur (LDR LDRP & Cesarean Delivery Rooms)<br>___ not located in postpartum unit | |
| (2) | Space Requirements: | |
| 2.1-3.2.2.1 | ___ Single-patient Examination/ treatment room<br>___ min. clear floor area 120 sf<br>___ min. clear dimension 10'-0"<br>___ min. clearance 3'-0" at each side & foot of exam table, recliner or chair | |
| | **or** | |
| (b) | ___ multi-patient diagnostic testing room<br>___ min. clear floor area 80 sf per patient | |
| (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<br>___ Exhaust<br>___ Negative pressure<br>___ 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: |
| 2.1-2.9.2.2 | ___ toilet & handwashing station | ___ Min. 10 air changes per hour Table 7-1<br>___ Exhaust<br>___ Negative pressure<br>___ 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<br>___ located in or near nurse station | |
| 2.2-2.10.9.4 | ___ Staff accommodations for sleep & personal care | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.2-2.10.9.4(2) | ___ located in obstetrical unit<br>**or**<br>___ location of these accommodations elsewhere in the facility shall be permitted. | | |
| 2.2-2.6.9.4 | ___ provided for staff on 24-hour, on-call work schedules | | |
| (1) | ___ accommodations for sleeping & rest<br>___ space for a chair<br>___ space for a bed | | |
| (2) | ___ individually secured storage for personal items | | |
| (3) | ___ communication system | | |
| (4) | ___ 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<br>___ dedicated space<br>___ 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: | |
| (2)(a) | ___ min. clear floor area 440 sf<br>___ min. clear dimension 16’-0”<br>___ above clear floor area includes infant resuscitation space with min. clear floor area 80 sf | ___ Min. 20 air changes per hour<br>___ Positive pressure<br>___ No recirculating room units | Table 7-1 |
| | | Lighting:<br>___ General lighting in addition to special lighting units at surgical & obstetrical tables<br>___ General lighting & special lighting on separate circuits | 2.1-8.3.4.3(4) (a)<br>(b) |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| | | 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: | |
| | | ___ Emergency call station | Table 2.1-2 |
| | | Medical Gases: | |
| | | ___ 2 OX, 4 VAC, 1 MA per room | Table 2.1-3 |
| (1)(b) | ___ Infant resuscitation space provided in Cesarean Delivery Room | Power: | |
| (2)(b) | ___ min. 80 sf | ___ 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<br>___ Negative pressure<br>___ No recirculating room units | |
| (1)(c) | ___ work counter | | |
| (1)(d) | ___ space for separate covered containers for waste & soiled linen | | |
| (2) | ___ fluid management system is used<br>☐ check if not included in project | | |
| (a) | ___ electrical & plumbing connections that meet manufacturer requirements | | |
| (b) | ___ space for docking station | | |
| | **or** | | |
| 2.1-2.8.12.3 | ___ soiled holding room | Ventilation: | |
| (1) | ___ handwashing station or hand sanitation station | ___ Min. 10 air changes per hour<br>___ Exhaust | Table 7-1 |
| (2) | ___ space for separate covered containers for waste & soiled linen | ___ Negative pressure<br>___ No recirculating room units | |
| 2.2-2.10.11.9 | **SUPPORT AREAS FOR STAFF—CESAREAN DELIVERY SUITE**<br>(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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 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 | Ventilation: | |
| | ___ toilets | ___ 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 | Ventilation: | |
| | ___ toilets | ___ 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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 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 | ___ convenient to head of gurney or bed | |
| | ☐ 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** | | |
| (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 | | |

**Architectural Requirements** **Building Systems Requirements**

(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 or hand sanitation dispenser located next to stationary medication-dispensing units or stations

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

(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 DOORS & DOOR HARDWARE:
(1) Door Type:
(a) ___ doors between corridors rooms or spaces subject to occupancy swing type or sliding doors
(b) ___ sliding doors
☐ check if not included in project
___ manual or automatic sliding doors comply with NFPA 101
___ detailed code review incorporated in Project Narrative
___ no floor tracks

(2) Door Opening to Patient Rooms:
(a) ___ min 45.5” clear door width
___ min 83.5” clear door height
(b) ___ swinging doors for personnel use in addition to sliding doors
☐ check if not included in project
___ min clear width 34.5”

(3) Door Swing:
(a) ___ doors do not swing into corridors except doors 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 ___ Spaces ventilated according to Table 7-1
Part 3/7.1.a.1 ___ Air movement is from clean to less-clean areas

Part 3/7.1.a.3 ___ Min number of total air changes required for positive pressure rooms is provided by total supply airflow
___ Min number of total air changes required for negative pressure rooms is provided by total exhaust airflow

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

Part 3/7.2 ADDITIONAL ROOM-SPECIFIC REQUIREMENTS:
Part 3/7.2.1 Airborne Infection Isolation (AII) Rooms
☐ check if not included in project
___ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor
___ Local visual means is provided to indicate whenever negative differential pressure is not maintained
___ Air from AII room is exhausted directly to outdoors

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

**or**

___ is discharged into the general exhaust stream, provided the 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 <u>not</u> included in project

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

(2)(b) ___ outlet at each individual hemodialysis treatment bay

___ outlet at hemodialysis equipment repair area

___ outlet at dialysate preparation area

**or**

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

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

(4) ___ liquid waste & disposal system for hemodialysis treatment area are designed to minimize odor & prevent backflow

(5) ___ hemodialysis distribution piping is readily accessible* for inspection & maintenance

2.1-8.4.2.5 Heated potable water distribution systems:

(2) ___ heated potable water distribution systems serving patient care areas are under constant recirculation to provide continuous hot water at each hot water outlet

___ non-recirculated fixture branch piping not more than 10'-0" long

(3)(a) ___ no installation of dead-end

(3)(c) piping (installation of empty risers mains & branches for future use is permitted)

(3)(b) Renovations:

☐ check if not included in project

___ dead-end piping is removed

2.1-8.4.2.6 Drainage Systems:

(1)(a) ___ drainage piping above ceiling of or exposed in rooms listed below piping have special provisions to protect space below from leakage & condensation

- 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) ___ trimmed with valves that can are operated without hands
(a) (may be single-lever or wrist blade devices)
(b) ___ handles are at least 6 in long
(2) ___ integral trap wherein upper portion of water trap provides visible seal

2.1-8.4.3.7 Human waste disposal systems:
(1) ___ bedpan-rinsing device
(a) ___ provided in each inpatient toilet room (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

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