

COMPLIANCE CHECKLIST**OP1 General & Specialty Medical Services Facilities**

The following checklist is intended to be used in plan review applications for health care facilities submitted to Massachusetts Department of Public Health. This checklist summarizes & references applicable requirements from Licensure Regulations & 2022 Edition of FGI Guidelines for Design & Construction of Outpatient Facilities. Applicants must verify compliance of plans submitted to Department with all referenced requirements from Licensure Regulations & 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 & codes may have additional requirements which are not included in this checklist such as:

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

Instructions:

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

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

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

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

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

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

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

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 | GENERAL & SPECIALTY MEDICAL SERVICES FACILITIES | |
| 2.2-2 | ACCOMMODATIONS FOR CARE OF INDIVIDUALS OF SIZE | |
| 2.1-2.1.1.2 | <input type="checkbox"/> check if <u>not</u> included in project (only if Patient Handling & Movement Assessment that determines that outpatient service does not have need for expanded-capacity lifts & architectural details that support movement of individuals of size in patient areas is attached to Project Narrative) | |
| 2.1-2.1.2 | Location: <input type="checkbox"/> spaces designated for care of or use by individuals of size are provided in locations to accommodate population expected to be served by facility | |
| 2.1-2.5 | <input type="checkbox"/> Handwashing stations | |
| 2.1-2.5.2 | <input type="checkbox"/> downward static force required for handwashing stations designated for individuals of size accommodates maximum patient weight of patient population | |
| 2.1-2.6 | <input type="checkbox"/> Patient toilet room | |
| 2.1-2.6.1.1 | <input type="checkbox"/> expanded-capacity toilet <input type="checkbox"/> mounted Min. 36" from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift) | Ventilation: <input type="checkbox"/> Min. 4 air changes per hour <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units |
| | or | |
| 2.1-2.6.1.2 | <input type="checkbox"/> regular toilet <input type="checkbox"/> mounted Min. 44" from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet | |
| 2.1-2.6.1.3 | <input type="checkbox"/> rectangular clear floor area Min. 46" wide extends 72" from front of toilet | |
| 2.1-2.6.2.1 | <input type="checkbox"/> grab bars in toilet rooms intended for use by individuals of size are anchored to sustain concentrated load of 800 pounds | |
| 2.1-2.6.2.2 | <input type="checkbox"/> adjustable/foldable grab bar mounted on horizontally movable track is provided | |
| 2.1-2.7 | <input type="checkbox"/> Single-patient exam/observation room | |
| 2.1-2.7.1 | Space Requirements: | |
| 2.1-2.7.1.1(1) | <input type="checkbox"/> Min. 5'-0" clearance at foot of expanded-capacity exam table | Ventilation: <input type="checkbox"/> Min. 2 air changes per hour |
| (2) | <input type="checkbox"/> Min. 3'-0" clearance on non-transfer side of expanded-capacity exam table | Lighting: <input type="checkbox"/> Portable or fixed exam light |
| (3)(a) | <input type="checkbox"/> Min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift or | Power: <input type="checkbox"/> Each exam table is served by at least one duplex receptacle |

Table 8-2

Table 8-2

2.1-8.3.4.2(1)

2.2-8.3.6.2

Architectural Requirements**Building Systems Requirements**

- (3)(b) ☐ Min. 7'-0" on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift
- 2.1-2.8 ☐ Equipment & supply storage
- 2.1-2.9 ☐ Waiting areas
- 2.1-2.9.1 ☐ seating for persons of size be provided in waiting areas in outpatient facilities
- 2.1-2.9.2 ☐ waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size
- 2.1-2.10.1 ☐ All plumbing fixtures handrails grab bars patient lift equipment built-in furniture & other furnishings designed to accommodate maximum patient weight
- 2.1-2.10.2 Door Openings:
- 2.1-2.10.2.1 ☐ all door openings used for path of travel to public areas & areas where care will be provided for individuals of size have Min. clear width of 45.5" to provide access for expanded-capacity wheelchairs
- 2.1-2.10.2.2 ☐ door openings to toilet rooms designated for individuals of size have Min. clear width of 45.5"

2.2-3 PATIENT CARE & DIAGNOSTIC AREAS

- 2.1-3.1.2 ☐ Provisions shall be made to address patient visual and speech privacy

2.2-3.2.2 EXAM ROOMS

2.2-3.2.2.2 (may serve as both examination & treatment spaces)

- 2.1-3.2.2.1(1)(b) ☐ Provisions to preserve patient privacy from observation from outside exam room

- 2.1-3.2.2.2 ☐ Single-patient exam room
☐ check if not included in project

- (2)(a) ☐ Space Requirements:
☐ Min. clear floor area of 80 sf
☐ room size allows Min. clearance 2'-8" at each side & at foot of exam table or recliner
☐ room arrangement shown in plans for each exam room (Layout #1)

Ventilation:

- ☐ Min. 2 air changes per hour Table 8-2

Power:

- ☐ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2

Architectural Requirements**Building Systems Requirements**

- (1)(b) ☐ room arranged with particular placement of exam table recliner or chair to accommodate type of patient being served
☐ check if not included in project
☐ room arrangement shown in plans (Layout #2)
☐ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative

- (3) Exam Room Features:
 (a) ☐ portable or fixed exam light
 (b) ☐ storage for supplies
 (c) ☐ accommodations for written or electronic documentation
 (d) ☐ space for visitor's chair
 (e) ☐ handwashing station

- 2.1-3.2.2.2 ☐ Single-patient exam/observation room
☐ check if not included in project

- (1)(a) ☐ immediately accessible* to nurse or control station & toilet room

- (2)(a) Space Requirements:
☐ Min. clear floor area of 80 sf
☐ room size allows Min. clearance 2'-8" at each side & at foot of exam table or recliner
☐ room arrangement shown in plans for each exam room (Layout #1)

Ventilation:
☐ Min. 2 air changes per hour Table 8-2

Power:
☐ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2

- (1)(b) ☐ particular placement of exam table recliner or chair
☐ check if not included in project
☐ room arrangement shown in plans (Layout #2)
☐ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative

- (2)(b) ☐ single-patient exam/observation room with dual entry
☐ check if not included in project
☐ min. clear floor area of 100 sf
☐ room size accommodates min. clearance of 2'-8" at each side & at foot of exam table or recliner

- (3) Exam Room Features:
 (a) ☐ portable or fixed exam light
 (b) ☐ storage for supplies
 (c) ☐ accommodations for written or electronic documentation
 (d) ☐ space for visitor's chair
 (e) ☐ handwashing station

Architectural Requirements**Building Systems Requirements**

- (2)(c) ☐ Single-patient exam room for specialty clinical services (ENT or Eye examinations)
☐ check if not included in project
 Space Requirements:
☐ Min. clear floor area 100 sf
☐ Min. clearance 3'-6" at sides head or foot of exam table/chair as needed for staff expected work positions
☐ Min. clearance 1'-0" at sides head or foot of exam table or chair other than work positions
 Exam Room Features:
 (a) ☐ portable or fixed exam light
 (b) ☐ storage for supplies
 (c) ☐ accommodations for written or electronic documentation
 (d) ☐ space for visitor's chair
 (e) ☐ handwashing station
- 2.1-3.2.2.3 ☐ Sexual assault forensic exam room
☐ check if not included in project
- 2.2-3.2.1.2 (may serve as both examination & treatment spaces)
- 2.1-3.2.2.1(1)(b) ☐ Provisions to preserve patient privacy from observation from outside exam room
- 2.1-3.2.2.3(1) ☐ each sexual assault forensic exam room contain pelvic exam bed/table
- 2.1-3.2.2.3(2) ☐ private toilet room immediately accessible
 (a) ☐ shower
 (b) ☐ storage space for clothing, shoes
 ☐ linens & bathing products
- 2.1-3.2.2.3(3) ☐ provisions for lockable storage for forensic collection kits, laboratory supplies & equipment
- 2.1-3.2.2.3(4) ☐ room for consultation, family support services & law enforcement
☐ readily accessible to sexual assault forensic exam room
- 2.1-3.2.2.2 (2)(a) ☐ Min. clear floor area of 80 sf
☐ room size allows Min. clearance 2'-8" at each side & at foot of exam table or recliner
☐ room arrangement shown in plans for each exam room (Layout #1)
- (1)(b) ☐ room arranged with particular placement of exam table recliner or chair to accommodate type of patient being served
☐ check if not included in project
☐ room arrangement shown in plans (Layout #2)
☐ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative
- Ventilation:
☐ Min. 2 air changes per hour Table 8-2
- Power:
☐ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2

Architectural Requirements**Building Systems Requirements**

- (3) Exam Room Features:
 (a) ☐ portable or fixed exam light
 (b) ☐ storage for supplies
 (c) ☐ accommodations for written or electronic documentation
 (d) ☐ space for visitor's chair
 (e) ☐ handwashing station

2.2-3.8 **SUPPORT AREAS FOR GENERAL & SPECIALTY MEDICAL SERVICES FACILITIES**

- 2.1-3.8.11.2 ☐ Clean workroom or clean work area
 (1) ☐ work counter
 (2) ☐ handwashing station
 (3) ☐ storage for clean & sterile supplies

or

- 2.1-3.8.11.3 ☐ Clean supply room or clean supply area
☐ used only for storage & holding as part of system for distribution of clean & sterile materials

Ventilation:

- ☐ Min. 2 air changes per hour Table 8-2
☐ Positive pressure

Ventilation:

- ☐ Min. 2 air changes per hour Table 8-2
☐ Positive pressure

- 2.1-3.8.12.2 ☐ Soiled workroom
 2.1-3.8.12.1 ☐ does not have direct connection with clean workrooms or clean supply rooms
 140.204 ☐ handwashing station
 140.204 ☐ clinical service sink
 2.1-3.8.12.2(1) ☐ work counter

Ventilation:

- ☐ Min. 6 air changes per hour Table 8-2
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

- (d) 2.1-3.8.12.2 ☐ space for separate covered containers for waste & soiled linen
 (1)(e)

- 2.1-3.8.12.2(2) ☐ fluid waste management system
☐ ☐ check if not included in project
 (a) ☐ electrical & plumbing connections that meet manufacturer requirements
 (b) ☐ space for docking station

or

- 2.1-3.8.12.3 ☐ Soiled holding room
 2.1-3.8.12.1 ☐ does not have direct connection with clean workrooms or clean supply rooms
 140.204 ☐ handwashing station
 2.1-3.8.12.3(2) ☐ space for separate covered containers for waste & soiled linen

Ventilation:

- ☐ Min. 6 air changes per hour Table 8-2
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

- 2.2-3.8.13 ☐ Equipment & supply storage

Architectural Requirements**Building Systems Requirements**

- 2.2-4.2 _____ Medication safety zones
☐ check if not included in project
 (only if pharmacy is provided)
- 2.1-3.8.8.1(2) Design Promoting Safe Medication Use:
- (a) _____ medication safety zones located
 _____ out of circulation paths
- (e) _____ sharps containers placed at height
 _____ that allows users to see top of
 _____ container
- 2.1-3.8.8.2
- (1) _____ medication preparation room
- (a) _____ work counter
 _____ handwashing station
 _____ lockable refrigerator
☐ check if not included in project
 (only if no medications requiring
 refrigeration are stored)
 _____ locked storage for controlled drugs
 _____ sharps containers
☐ check if not included in project
- (b) _____ self-contained medication
 _____ dispensing units
☐ check if not included in project
- or**
- (2) _____ automated medication-dispensing unit
- (a) _____ located at nurse station in clean
 _____ workroom or in alcove
- (b) _____ handwashing station or hand
 _____ sanitation dispenser provided next
 _____ to stationary med.-dispensing units
- (c) _____ countertop or cart provided adjacent
 _____ to stationary med.-dispensing units

Ventilation:

_____ Min. 2 air changes per hour Table 8-2

Lighting:

_____ Task lighting 2.1-2.8.8.1(2)(d)

Lighting:

_____ Task lighting 2.1-3.8.8.1(2)(d)

SUPPORT AREAS FOR PATIENTS

- 2.2-3.10 _____ Patient toilet room
- 2.2-3.10.2 _____ (may also serve waiting areas)
- 2.2-3.10.2.2 _____ readily accessible from exam rooms
- 2.2-3.10.2.1 _____ located to permit access from patient
- 2.1-3.10.2.1 _____ care areas without passing through
 _____ publicly accessible areas
- 2.1-3.10.2.2 _____ toilet & handwashing station

Ventilation:

_____ Min. 4 air changes per hour Table 8-2
 _____ Exhaust
 _____ Negative pressure
 _____ No recirculating room units

LABORATORY SERVICES

- 2.2-4.1 _____ Laboratory services provided on-site
- _____ Compliance Checklist OP2 has been
 _____ submitted
- or**
- _____ Laboratory services provided off-site

Architectural Requirements**Building Systems Requirements****2.2-4.1.8 SPECIMEN COLLECTION & STORAGE**

☐ check if not included in project

- 2.2-4.1.8.1 Specimen Collection:
- 2.2-4.1.8.1(1) ☐ dedicated specimen collection toilet room
- ☐ accessible without reentering waiting room or leaving clinical services area
- 2.1-4.1.8.2(1) ☐ handwashing station
- ☐ staff-controlled access
- 2.1-4.1.8.2(2) ☐ drug screening requiring Chain of Custody
- ☐ check if not included in project
- ☐ handwashing station meets requirements of "Department of Health & Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs" (including securing water supply)
- or**
- ☐ patient toilet room used for specimen collection
- ☐ accessible without reentering waiting room or leaving clinical services area
- 2.1-4.1.8.2(1) ☐ handwashing station
- ☐ staff-controlled access

Ventilation:

- ☐ Min. 4 air changes per hour
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Table 8-2

- 2.1-4.1.8.2(3) ☐ Dedicated blood collection facilities
- (a) ☐ work counter
- (b) ☐ seating space for patients
- (c) ☐ handwashing station
- (d) ☐ supply storage
- 2.2-4.1.8.1(2) **or**
- ☐ Exam rooms used for blood collection

- 2.2-4.1.8.2 ☐ Specimen storage
- (1) ☐ accommodations for storage of blood urine & other specimens
- (2) ☐ blood storage facilities meet requirements of CLIA standards for blood banks
- §493.1103(c)(1) ☐ blood specimen stored in monitored refrigerator
- or**
- ☐ blood storage conditions prevent deterioration of blood specimens

2.2-4.3 STERILE PROCESSING

☐ check if not included in project (only if only disposable instruments & supplies are used)

- 2.2-4.3.2 ☐ Facilities for on-site sterile processing are provided
- ☐ Compliance Checklist OP4 has been submitted
- or**
- 2.2-4.3.3 ☐ Sterile processing is performed off-site
- ☐ Section 2.1-4.3.3 below is completed

Architectural Requirements**Building Systems Requirements**

- 2.1-4.3.3 ☐ Support areas for outpatient facilities using off-site sterile processing
☐ check if not included in project (only if sterile processing services are provided on-site & Compliance Checklist OP4 has been submitted)
- 2.1-4.3.3.1
 2.1-4.3.2.4(2) ☐ clean/sterile medical/surgical supply receiving room or area
- 2.1-4.3.3.2
 2.1-4.3.2.4(1) ☐ instrument & supply storage
 (a) (may be separate room or portion of clean workroom)
 (b) ☐ space for case cart storage
☐ check if not included in project (only if case carts are not used)
 (c) ☐ storage for clean/sterile packs include provisions to maintain humidity & temperature levels specified by manufacturer(s) of materials being stored
- 2.1-4.3.3.3 ☐ room with flush-type device for gross decontamination & holding of soiled instruments (may be combined with soiled workroom)
- 2.2-4.3.3.2(2)
- 2.1-3.8.12.1 ☐ does not have direct connection with clean workrooms or clean supply rooms
- 2.1-3.8.12.2(1)
 (a) ☐ handwashing station
 (b) ☐ flushing-rim clinical service sink or equivalent flushing-rim fixture
 (c) ☐ work counter
 (d) ☐ space for separate covered containers for waste & soiled linen

Ventilation:

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

Table 8-2

2.2-4.4**LINEN SERVICES**

- ☐ check if not included in project (only if no linens are used in facility)

- 2.1-4.4.2 ☐ Dedicated on-site linen processing area
 2.1-4.4.2.1(1) ☐ area large enough for washer dryer & any plumbing equipment needed to meet temperature requirements
 2.1-4.4.2.1(2) ☐ area divided into distinct soiled area (sorting & washing) & clean area (drying & folding)
 2.1-4.4.2.2 ☐ storage for laundry supplies
 2.1-4.4.2.3 ☐ clean linen storage
 2.1-4.4.2.4 ☐ handwashing station
- or**
- 2.1-4.4.3 ☐ Outpatient facility uses off-site laundry services
 2.1-4.4.3.1 ☐ soiled linen holding area or dedicated area for soiled laundry carts
 2.1-4.4.3.2 ☐ clean linen storage area or dedicated area for clean linen carts

Architectural Requirements**Building Systems Requirements**

2.2-5.3

ENVIRONMENTAL SERVICES

2.1-5.3.1

___ Environmental services room
(may serve more than one clinical service area on same floor)

2.1-5.3.1.1(3)

___ Min. one ES room per floor

2.1-5.3.1.2(1)

___ service sink or floor-mounted mop sink

2.1-5.3.1.2(2)

___ provisions for storage of supplies & housekeeping equipment

2.1-5.3.1.2(3)

___ handwashing station or hand sanitation dispenser

Ventilation:

___ Min. 6 air changes per hour

Table 8-2

___ Exhaust

___ Negative pressure

___ No recirculating room units

2.2-5.4

ENGINEERING & MAINTENANCE SERVICES

2.1-5.4.2.1

___ Equipment rooms for HVAC telecom & electrical equipment

2.1-5.4.2.2

___ secured with controlled access

2.1-5.4.3

___ Building maintenance supplies & equipment storage room (may be shared)

2.2-6.2

PUBLIC AREAS

2.1-6.2.1

___ Vehicular drop-off & pedestrian entrance

2.1-6.2.1.1

___ Min. of one building entrance reachable from grade level

2.1-6.2.1.2

___ building entrances used to reach outpatient services are clearly marked

2.1-6.2.1.3

___ building entrances used to reach outpatient services located so patients need not go through other activity areas (except for shared lobbies in multi-occupancy buildings)

2.1-6.2.2

___ Reception

___ reception & information counter desk or kiosk provided either at main entry or at each clinical service

2.1-6.2.3

___ Waiting area

2.1-6.2.3.2

___ visible from staff area either by camera or direct staff sight line

2.1-6.2.4

___ Public toilet room

2.1-6.2.4.2

(may be located off public corridor in multi-tenant building)

2.1-6.2.4.1

___ readily accessible from waiting area without passing through patient care or staff work areas

Ventilation:

___ Min. 4 air changes per hour

Table 8-2

___ Exhaust

___ Negative pressure

___ No recirculating room units

2.1-6.2.5

___ Provisions for telephone access

___ access to make local phone calls

2.1-6.2.6

___ Provisions for drinking water

2.1-6.2.7.1

___ Wheelchair storage

☐ check if not included in project

___ located out of required corridor width

___ directly accessible to entrance

___ provided for at least one wheelchair

2.1-6.2.7.2

___ Wheelchair parking space

___ designated area for at least one patient-owned wheelchair in non-public area

___ located out of any required egress width or other required clearance

Architectural Requirements**Building Systems Requirements**

- 2.2-6.3 **ADMINISTRATIVE AREAS**
- 2.1-6.3.2 ☐ Interview space (used for patient communication/interviews related to social services, credit, etc.)
☐ check if not included in project
 (2) (may be combined with consultation room)
 (1) ☐ separate from public areas
- 2.1-6.3.3 ☐ Office space for business administrative & professional staffs
- 2.1-6.3.5 ☐ Medical records space
☐ provisions made for securing medical records of all media types used by facility
- 2.1-6.3.5.1 ☐ location restricted to staff access to maintain confidentiality of record
- 2.1-6.3.5.2 Space Requirements:
 (1) ☐ space provided for medical records management
 (2) ☐ physical space for electronic storage of forms or documents
- 2.1-6.3.6 ☐ Storage for office equipment & supplies
- 2.2-6.4 **SUPPORT AREAS FOR STAFF**
- 2.1-6.4.1 ☐ Staff lounge
☐ check if not included in project
☐ handwashing station
- 2.1-6.4.2 ☐ Storage for staff personal effects
☐ locking drawers cabinets or lockers
☐ readily accessible to individual work areas

LOCATION TERMINOLOGY:

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

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

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

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

Architectural Details & MEP Requirements

- | | |
|---|--|
| <p>2.1-7.2.2 ARCHITECTURAL DETAILS</p> <p>2.1-7.2.2.1 CORRIDOR WIDTH: IBC 1018.2 <input type="checkbox"/> Min. 44" or <input type="checkbox"/> Detailed code review incorporated in Project Narrative</p> <p>421 CMR 6.00 <input type="checkbox"/> Corridors include turning spaces for wheelchairs</p> <p>2.1-7.2.2.2 CEILING HEIGHT: (1) <input type="checkbox"/> Min. ceiling height 7'-6" in corridors & in normally unoccupied spaces (2) <input type="checkbox"/> Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path <input type="checkbox"/> Min. ceiling height 7'-10" in other areas</p> | <p>2.1-7.2.2.3 DOORS & DOOR HARDWARE: (1) Door Type: (a) <input type="checkbox"/> doors between corridors rooms or spaces subject to occupancy swing type or sliding doors <input type="checkbox"/> sliding doors <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> manual or automatic sliding doors comply with NFPA 101 <input type="checkbox"/> detailed code review incorporated in Project Narrative <input type="checkbox"/> no floor tracks</p> |
|---|--|

- (2) Door Opening:
 (a) ☐ Min. 32" clear door width
☐ Min. 83.5" clear door height
- (3) Door Swing:
 (a) ☐ doors do not swing into corridors except doors to non-occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware
- (4) ☐ Lever hardware or push/pull latch hardware
- (5) Doors for Patient Toilet Facilities:
 (a) ☐ door that swings outward
or
☐ door equipped with emergency rescue hardware (permits quick access from outside room to prevent blockage of door)
or
☐ sliding door (not pocket door)
- (b) ☐ toilet room opens onto public area or corridor
☐ check if not included in project
☐ visual privacy is maintained
- 2.1-7.2.2.8 HANDWASHING STATIONS:
 (3)(a) ☐ Handwashing station countertops made of porcelain stainless steel solid-surface materials or impervious plastic laminate assembly
- (3)(b) ☐ Countertops substrate
☐ check if not included in project
☐ marine-grade plywood (or equivalent material) with impervious seal
- (4) ☐ Handwashing station casework
☐ check if not included in project
☐ designed to prevent storage beneath sink
- (5) ☐ Provisions for drying hands
☐ check if not included in project (only at hand scrub facilities)
- (a) ☐ hand-drying device does not require hands to contact dispenser
- (b) ☐ hand-drying device is enclosed to protect against dust or soil
- (6) ☐ Liquid or foam soap dispensers
- 2.1-7.2.2.9 GRAB BARS:
 (1) ☐ Grab bars anchored to sustain concentrated load 250 pounds
- (3) ☐ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors

- 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 all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions
- (6)(a) ☐ Floors are monolithic & integral coved wall bases are at least 6" high & tightly sealed to wall in rooms listed below
 - soiled workrooms & soiled holding rooms
- 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
- (4) ☐ 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
- 2.1-7.2.4.3 ☐ Privacy curtains in patient care areas are washable
- 2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**
 2.1-8.2.1.3 ☐ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170
- 2.2-8.3 **ELECTRICAL SYSTEMS**
 2.2-8.3.4 EMERGENCY EGRESS LIGHTING
☐ Automatic emergency lighting
or
☐ Facility has total floor area of not more than 1,000 sf is located at grade level & has direct access to exits to grade