COMPLIANCE CHECKLIST

OP11_Outpatient Procedure Suites

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 Outpatient Facilities. 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 & patient care station 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:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

	Architectural Requirements	Building Systems Requirements	
2.7	**OUTPATIENT PROCEDURE SUITE**		
2.7-1.1	**APPLICATION**		
2.7-1.1.1	___ Outpatient facilities where same-day procedures are performed		
2.7-1.3.2	**PARKING**		
	___ Space reserved or designated for pickup of patients after recovery		
2.7-2	**ACCOMMODATIONS FOR CARE OF INDIVIDUALS OF SIZE**		
2.1-2.1.1.2	☐ check if not included in project (only if a Patient Handling & Movement Assessment that determines that the outpatient service does not have a need for expanded-capacity lifts & architectural details that support movement of individuals of size in patient areas is attached to the Project Narrative)		
2.1-2.1.2	Location:		
	___ 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	___ Handwashing stations		
2.1-2.5.2	___ downward static force required for handwashing stations designated for individuals of size accommodates maximum patient weight of patient population		
2.1-2.6	___ Patient toilet room		
2.1-2.6.1.1	___ expanded-capacity toilet	Ventilation:	
	___ mounted Min. 36” from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift)	___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-1
	or		
2.1-2.6.1.2	___ regular toilet		
	___ mounted min. 44 inches 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	___ rectangular clear floor area min. 46” wide extends 72” from front of toilet		
2.1-2.6.2.1	___ 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	___ adjustable/foldable grab bar mounted on horizontally movable track is provided		

	Architectural Requirements	Building Systems Requirements
2.1-2.7	___ Single-patient exam/observation room	
2.1-2.7.1	Space Requirements:	
2.1-2.7.1.1(1)	___ min. 5'-0" clearance at foot of expanded-capacity exam table	Ventilation: ___ Min. 4 air changes per hour Table 8-1 Lighting: ___ Portable or fixed exam light 2.1-8.3.4.3(1) Power: ___ Min. 8 receptacles Table 2.1-1 ___ 4 convenient to head of exam table or gurney
(2)	___ min. 3'-0" clearance on non-transfer side of expanded- capacity exam table	
(3)(a)	___ min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift	
	or	
(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"	
2.1-2.10.2.2	___ door openings to toilet rooms designated for individuals of size have min. clear width of 45.5"	
2.7-3	**PATIENT CARE & DIAGNOSTIC AREAS**	
2.7-3.2	___ Exam room ☐ check if not included in project	
2.7-3.2.2	(use of procedure room as exam room is permitted)	
2.7-3.2.1	___ located in unrestricted area	
2.1-3.2.2.2	Space Requirements:	
(2)(a)	___ min. clear floor area of 80 sf	Ventilation: ___ Min. 4 air changes per hour Table 8-1 Power: ___ Min. 8 receptacles Table 2.1-1 ___ 4 convenient to head of exam table or gurney
	___ room size allows min. clearance 2'-8" at each side & at foot of exam table or recliner	
	___ room arrangement shown in the plans for each exam room (Layout #1)	

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

2.7-3.3 ___ **Procedure room**
2.1-3.2.3.1(1) ___ procedure room is designated for the performance of patient care that requires high-level disinfection or sterile instruments & some environmental controls but is not required to be performed with the environmental controls of an operating room
___ Project Narrative states that a clinical assessment of procedures to be performed in facility has been conducted by medical director to determine appropriate room type & location for these procedures

(2) Location:
(a) ___ procedure room meets requirements of semi-restricted area
(b) ___ access from semi-restricted corridor
or
___ access from unrestricted corridor

2.1-3.2.3.2 Space Requirements:
(1)(a) ___ procedure rooms without anesthesia machine & supply cart
(3) ___ min. clear floor area 130 sf
(fixed encroachments allowed if they extend max. 12" into min. clear floor area & their width along each wall does not exceed 10% of wall length)
(2)(a) ___ min. clearance 3'-6" on each side procedure table or chair
___ min. clearance 3'-0" at head & foot of procedure table or chair
or

Ventilation:	
___ Min. 15 air changes per hour	Table 8-1
___ Positive pressure	
___ No recirculating room units	
Power:	
___ Min. 12 receptacles	Table 2.1-1
___ 8 convenient to table placement	
___ At least 1 on each wall	
Medical Gases:	
___ 1 OX, 1 VAC (may be portable)	Table 2.1-2

Architectural Requirements

(b) ___ procedure rooms with anesthesia machine & supply cart
___ min. clear floor area 160 sf
(3) (fixed encroachments allowed if they extend max. 12" into min. clear floor area & their width along each wall does not exceed 10% of wall length)
(2)(a) ___ min. clearance 3'-6" on each side procedure table or chair
(2)(b) ___ min. clearance 6'-0" at head of procedure table
___ clear floor area of 48 sf for anesthesia work zone

(2)(c) ___ Procedure room with large mobile equipment (e.g., C-arm)
☐ check if not included in project
2.1-3.5.2.2(1)(c) ___ 4-foot clearance on all circulating sides of freestanding imaging device including imaging table/bed/couch, gantry or assembly
___ 5-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly

2.1-3.2.2.3 ___ documentation area
(1) ___ accommodations for written or electronic documentation
(2) ___ allows for direct observation of patient when in use
2.1-3.2.2.4 ___ provisions for patient privacy
2.1-3.2.2.5
(1) ___ handwashing station
or
(2) ___ hand scrub station
___ directly accessible to procedure room

2.1-3.2.3.8 **Support Areas for Procedure Room:**
(1)(b) (may be shared with other clinical services in facility)
(8) ___ Medication safety zones
2.1-3.8.8.1(2) Design Promoting Safe Medication Use:
(a) ___ medication safety zones located out of circulation paths
(b) ___ work space designed so that staff can access information & perform required tasks
(c) ___ work counters provide space to perform required tasks

Building Systems Requirements

Ventilation:
___ Min. 15 air changes per hour Table 8-1
___ Positive pressure
___ No recirculating room units
Power:
___ Min. 12 receptacles
___ 8 convenient to table placement
___ At least 1 on each wall
Medical Gases:
___ 1 OX, 1 VAC (may be portable) Table 2.1-2

	Architectural Requirements	Building Systems Requirements	
(e)	___ sharps containers placed at height that allows users to see top of container		
2.1-3.8.8.2			
(1)	___ medication preparation room	Ventilation:	
(a)	___ work counter ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs ___ sharps containers ☐ check if not included in project	___ Min. 4 air changes per hour	Table 8-1
(b)	___ self-contained medication dispensing units ☐ check if not included in project ___ room designed with space to prepare medications	Lighting: ___ Task lighting	2.1-2.8.8.1(2)(d)
	or		
(2)	___ automated medication-dispensing unit		
(a)	___ located at nurse station, in clean workroom or in alcove	Lighting: ___ Task lighting	2.1-3.8.8.1(2)(d)
(b)	___ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units		
(c)	___ countertop or cart provided adjacent to stationary medication-dispensing units		
2.1-3.2.3.8(11)	___ clean storage		
(a)	___ storage area for clean/sterile supplies		
2.1-3.8.11.2	___ clean workroom ☐ check if not included in project		
(11)(b)	(only if facility does not have more than one procedure room)		
(1)	___ work counter		
(2)	___ handwashing station	Ventilation:	
(3)	___ storage facilities for clean & sterile supplies	___ Min. 4 air changes per hour ___ Positive pressure	Table 8-1
2.1-3.2.3.8(12)	___ soiled holding	Ventilation:	
	___ space for holding soiled materials ___ separate from clean storage area	___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-1
2.1-3.2.3.8(16)	___ Facilities for on-site sterile processing ☐ check if not included in project (if sterile processing is performed off-site) ___ Compliance Checklist OP4 has been submitted		

Architectural Requirements **Building Systems Requirements**

2.7-3.5 **PRE- & POST-PROCEDURE PATIENT CARE**

2.1-3.2.2.8(17) ☐ check if not included in project (only if pre- & post-procedure patient care station located in procedure room)

2.1-3.7.1.1 ___ Patient care stations accommodate lounge chairs, gurneys or beds for pre- & post-procedure (recovery) patient care

___ Patient care stations accommodate seating space for family/visitors

2.1-3.7.1.2 ___ Location in unrestricted area

2.1-3.7.1.3 Layout:

(1)(a) ___ combination of pre- & post-procedure patient care stations in one patient care area

___ patient care stations combined in same area meet most restrictive requirements of areas to be combined

or

(b) ___ separate pre-procedure patient care area & post-procedure recovery area

2.1-3.7.1.4 Number of Patient Care Stations:

(1) ___ pre- & post-procedure patient care stations combined in one area

☐ check if not included in project

___ at least one patient care station provided for each procedure room

(2) ___ separate pre-procedure & recovery areas

☐ check if not included in project

2.1-3.7.3 ___ pre-procedure patient care room or area provides min. of one patient care station per procedure room

2.1-3.7.5 ___ recovery room or area provides min. one patient care station per procedure room

2.1-3.7.2.2 Space Requirements:

(2) ___ patient care bays

☐ check if not included in project

(a) ___ min. clearance 5'-0" between sides of patient beds/gurneys/lounge chairs

___ min. clearance 3'-0" between sides and foot of patient beds/gurneys/ lounge chairs & adjacent walls or partitions

___ min. clearance 2'-0" between foot of patient beds/gurneys/lounge chairs & cubicle curtain

Ventilation:	
___ Min. 6 air changes per hour	Table 8-1
___ No recirculating room units	
Power:	
___ Min. 4 receptacles	Table 2.1-1
___ Convenient to patient	
Nurse Call System:	
___ Patient station	Table 2.1-3
___ Staff assistance station	
___ Emergency call station	
Medical Gases:	
___ 1 OX, 1 VAC (may be portable)	Table 2.1-2

	Architectural Requirements	**Building Systems Requirements**
(b)	___ patient care cubicles ☐ check if not included in project ___ min. clearance 3'-0" between sides of patient beds/gurneys/lounge chairs & adjacent walls or partitions ___ min. clearance 2'-0" between foot of patient beds/gurneys/lounge chairs & cubicle curtain	Ventilation: ___ Min. 6 air changes per hour Table 8-1 ___ No recirculating room units Power: ___ Min. 4 receptacles Table 2.1-1 ___ Convenient to patient Nurse Call System: ___ Patient station Table 2.1-3 ___ Staff assistance station ___ Emergency call station Medical Gases: ___ 1 OX, 1 VAC (may be portable) Table 2.1-2
(c)	___ bays or cubicles face each other ☐ check if not included in project ___ aisle with min. clearance 8'-0" independent of foot clearance between patient stations or other fixed objects	
	___ single-patient rooms ☐ check if not included in project ___ min. clearance 3'-0" between sides & foot of beds/gurneys/lounge chairs & adjacent walls or partitions	Ventilation: ___ Min. 6 air changes per hour Table 8-1 ___ No recirculating room units Power: ___ Min. 4 receptacles Table 2.1-1 ___ Convenient to patient Nurse Call System: ___ Patient station Table 2.1-3 ___ Staff assistance station ___ Emergency call station Medical Gases: ___ 1 OX, 1 VAC (may be portable) Table 2.1-2
2.1-3.7.2.4 2.1-3.7.2.5	___ Provisions made for patient privacy	
2.1-3.8.7	___ Handwashing stations	
2.1-3.8.7.1	___ located in each room where hands-on patient care is provided	
2.1-3.8.7.3	___ handwashing station serves multiple patient care stations ☐ check if not included in project	
(1)	___ at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof	
(2)	___ handwashing stations evenly distributed based on arrangement of patient care stations	
2.1-3.7.4.3	___ Design of recovery area provides observation of all patient care stations from nurse station	

	Architectural Requirements	Building Systems Requirements	
2.7-3.5.8	**Support Areas for Pre- & Post-Procedure Patient Care Areas:**		
2.7-3.5.8.1	___ Provided in or directly accessible to pre- & post- procedure patient care areas		
2.7-3.5.8.2	___ Nurse station		
2.1-3.8.2.1	___ work counter		
2.1-3.8.2.2	___ means for facilitating staff communication		
2.1-3.8.2.3	___ space for supplies		
2.1-3.8.2.4	___ accommodations for written or electronic documentation		
2.1-3.8.2.5	___ hand sanitation dispenser		
2.7-3.5.8.8	___ Medication safety zone		
2.1-3.8.8.1(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	2.1-3.8.8.1(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		
2.1-3.8.8.2			
(1)	___ Medication preparation room	Ventilation:	
(a)	___ work counter ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs ___ sharps containers ☐ check if not included in project	___ Min. 4 air changes per hour	Table 8-1
(b)	___ self-contained medication dispensing units ☐ check if not included in project ___ room designed with space to prepare medications	Lighting: ___ Task lighting	2.1-2.8.8.1(2)(d)
	or		
(2)	___ Automated medication-dispensing unit		
(a)	___ located at nurse station, in clean workroom or in alcove	Lighting: ___ Task lighting	2.1-3.8.8.1(2)(d)
(b)	___ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units		
(c)	___ countertop or cart provided adjacent to stationary medication-dispensing units		

	Architectural Requirements	Building Systems Requirements	
2.7-3.5.8.9	___ Nourishment area		
(1)	___ directly accessible to postoperative patient care area		
2.1-3.8.9.1	___ handwashing station in or directly accessible to nourishment area	Ventilation: ___ Min. 2 air changes per hour	Table 8-1
2.1-3.8.9.2	___ work counter		
2.1-3.8.9.3	___ storage		
2.1-3.8.9.4	___ fixtures & appliances for beverages & nourishment		
2.7-3.5.8.10	___ Ice-making equipment		
(2)	___ not located in semi-restricted area		
2.1-3.8.10.1	___ self-dispensing type		
	or		
2.1-3.8.10.2	___ ice-making equipment of bin-type		
	___ located in area restricted to staff		
2.7-3.7.12.1	___ Soiled workroom		
(1)(a)	___ handwashing station	Ventilation:	
(1)(b)	___ flushing-rim clinical service sink or equivalent flushing-rim fixture	___ Min. 10 air changes per hour ___ Exhaust	Table 8-1
(1)(c)	___ work counter	___ Negative pressure	
(1)(d)	___ space for separate covered containers for waste & soiled linen	___ No recirculating room units	
2.7-3.5.8.13	___ Equipment & supply storage		
	___ dedicated storage for equipment & supplies		
	or		
(2)	___ location of storage for equipment & supplies in Clean Equipment & Supply Storage Room		
	___ storage room directly accessible to pre- & post-procedure patient care areas		
2.7-3.5.8.13(4)	___ Emergency equipment storage		
2.1-3.8.13.4(2)	___ readily accessible		
	___ under staff control		
2.1-3.8.13.4(3)	___ storage of battery-powered CPR cart		
	___ electrical outlet for battery charging is provided		
2.7-3.5.9	**Support Areas for Staff:**		
2.7-3.5.9.2	___ Staff toilet room (may be located in staff changing area)		
(2)			
(1)	___ immediately accessible to pre- & postoperative patient care areas		

	Architectural Requirements	Building Systems Requirements	
2.7-3.5.10	**Support Areas for Patients & Visitors:**		
2.7-3.5.10.2	___ Patient toilet rooms	Ventilation:	
(1)(a)	___ directly accessible to each pre- & post-procedure patient care area	___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-1
(c)	___ toilet rooms directly accessible from single-patient rooms used for Airborne Infection Isolation (AII) ☐ check if not included in project (only if no AII room is provided)		
(2)(a)	___ additional shared toilets provided at ratio of 1 patient toilet for each 8 patient care stations or fewer & for each major fraction thereof		
2.7-3.8	**OTHER SUPPORT AREAS IN OUTPATIENT PROCEDURE SUITE**		
2.7-3.8.13.1	___ Clean linen storage (may be located in Clean Equipment & Supply Storage Room)		
2.7-3.8.13.5	___ Medical gas storage space (including space for reserve cylinders) ___ provided & protected in accordance with NFPA 99		
2.7-3.8.16	___ Storage for blood, tissue & pathological specimens ☐ check if not included in project		
2.7-3.8.16.2	___ equipment temperature controls alarms & monitoring		
2.7-3.8.16.3(1)	___ refrigerator for storage of blood & other specimens		
2.7-3.8.16.3(2)	___ refrigerator used to store blood for transfusions ☐ check if not included in project ___ equipped with temperature-monitoring & alarm signals		
2.7-3.9	**SUPPORT AREAS FOR STAFF**		
2.7-3.9.1	___ Staff lounge ☐ check if not included in project (only in facilities with one or two procedure rooms)		
2.7-3.9.4	___ Staff changing area		
2.7-3.9.4.1	___ includes private areas for staff working in semi-restricted & restricted areas		
2.1-3.9.4.1(1)	___ lockers		
2.1-3.9.4.1(2)	___ toilets	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-1
(3)	___ handwashing stations		
(4)	___ space for donning surgical attire		

	Architectural Requirements	Building Systems Requirements	
(5)	___ provision for separate storage for clean & soiled surgical attire		
2.1-3.9.4.2	___ staff changing area included in unrestricted areas		
2.7-3.9.5	___ Staff shower		
2.7-3.9.5.2	(may be located in staff changing area)		
2.7-3.9.5.1	___ readily accessible to semi-restricted area & recovery areas		
2.7-3.10	**SUPPORT AREAS FOR PATIENTS**		
	___ Patient changing & preparation area		
(1)	___ space for patients to change from street clothing into patient gowns & to prepare for surgery		
2.7-3.10.3(1)(b)	___ patient care stations in pre- & post-operative patient care area used for this function		
	or		
2.7-3.10.3(1)(a)	___ separate changing area		
2.7-3.10.3(2)(a)	___ provisions for secure storage of patients' belongings		
2.7-3.10.3(2)(b)	___ access to toilet without passing through public space		
2.7-3.10.3(2)(c)	___ space for changing or gowning		
2.7-3.10.4	___ secure storage for patient belongings		
2.7-4.3	**STERILE PROCESSING**		
2.7-4.3.2	___ Facilities for on-site sterile processing outside semi-restricted area ☐ check if <u>not</u> included in project ___ two-room sterile processing facility is provided ___ Compliance Checklist OP4 has been submitted		
2.7-4.3.3	___ Support areas for facilities using off-site sterile processing ☐ check if <u>not</u> included in project (only if sterile processing is performed on-site)		
2.1-4.3.3.1	___ room for breakdown (receiving/unpacking) of clean/sterile supplies		
2.1-4.3.3.2	___ room for on-site storage of clean & sterile supplies		
2.1-4.3.2.4(1)	___ storage for sterile & clean instruments & supplies		
(a)	___ separate equipment & supply storage room **or** ___ designated equipment & supply storage area in clean workroom	Ventilation: ___ Min. 4 air changes per hour ___ Positive pressure	Table 8-1

	Architectural Requirements	Building Systems Requirements	
(b)	___ space for case cart storage ☐ check if not included in project (only if case carts are not used)		
(c)	___ provisions to maintain humidity & temperature levels		
2.1-4.3.3.3	___ room with flush-type device for gross decontamination & holding of soiled instruments		
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	Ventilation:	
(b)	___ flushing-rim clinical service sink or equivalent flushing-rim fixture	___ Min. 10 air changes per hour ___ Exhaust	Table 8-1
(c)	___ work counter	___ Negative pressure	
(d)	___ space for separate covered containers for waste & soiled linen	___ No recirculating room units	
(2)	___ fluid management system ☐ check if not included in project		
(a)	___ electrical & plumbing connections that meet manufacturer requirements		
(b)	___ space for docking station		
2.7-5.3	**ENVIRONMENTAL SERVICES**		
2.7-5.3.1	___ Environmental services (ES) room		
2.1-5.3.1.1(1)	___ min. one ES room per floor	Ventilation:	
2.1-5.3.1.1(2)	___ additional ES rooms provided on floor according to needs of areas served	___ Min. 10 air changes per hour ___ Exhaust	Table 8-1
2.1-5.3.1.2(1)	___ service sink or floor-mounted mop sink	___ Negative pressure	
2.1-5.3.1.2(2)	___ provisions for storage of supplies & housekeeping equipment	___ No recirculating room units	
2.1-5.3.1.2(3)	___ handwashing station or hand sanitation dispenser		
2.7-6.2	**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 be 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		

	Architectural Requirements	Building Systems Requirements	
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. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-1
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 <u>not</u> included in project		
	___ designated area 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 provided for parking at least one patient-owned wheelchair in non-public area		
	___ located out of any required egress width or other required clearance		
2.7-6.3	**ADMINISTRATIVE AREAS**		
2.1-6.3.2	___ Interview space		
	☐ check if <u>not</u> 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 be 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		
2.7-6.3.4	___ Multipurpose or consultation room		
2.7-6.3.4.2	(may be combined with office or interview room)		
2.7-6.3.4.1	___ located in unrestricted area		

LOCATION TERMINOLOGY:

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

<u>Adjacent</u>: 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

PATIENT CARE STATION TERMINOLOGY:

Bay: Space for patient care with one hard wall at the headwall and up to three soft walls (e.g., cubicle curtains or portable privacy screen).

Cubicle: A space intended for patient care that has at least one opening and no door and is enclosed on three sides with full-height or partial-height partitions.

Architectural Details & MEP Requirements

2.1-7.2.2 **ARCHITECTURAL DETAILS**

CORRIDOR WIDTH:

2.1-7.2.2.1 IBC 1018.2
___ Min. 44”
or
___ Detailed code review incorporated in Project Narrative

421 CMR 6.00
___ Corridors include turning spaces for wheelchairs

2.7-7.2.2.1(1)
___ At least one corridor that connects surgical suite & PACU to exit has min. width of 6’-0” for stretcher transport

2.7-7.2.2.1(2)
___ Corridor connecting semi-restricted area & pre- & postoperative patient care area has min. width of 8’-0” for stretcher transport

2.1-7.2.2.2 CEILING HEIGHT:

(1)
___ Min. height 7'-6” in corridors & normally unoccupied spaces

(2)
___ Min. height 7’-6” above floor of suspended tracks, rails & pipes located in traffic path

___ 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

(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:

(a)
___ min. 32” clear door width

___ min. 83.5” clear door height

(b) Rooms with Gurney Access:

___ 41.5” min. clear door width

___ 79.5” min. 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 other than 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

2.1-7.2.2.10 HANDRAILS:
☐ check if not included in project
(1) ___ Rail ends return to wall or floor
(2) ___ Handrail gripping surfaces & fasteners are smooth with 1/8-inch min. radius
(3) ___ Handrails have eased edges & corners
(4) ___ Handrail finishes are cleanable

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
- procedure rooms where cystoscopy, urology & endoscopy procedures are performed
- airborne infection isolation (AII) room & any anteroom

☐ check if not included in project

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) Semi-Restricted Areas:
(a) ___ ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals
(b) ___ lay-in ceilings
___ gasketed or each ceiling tile weighs at least 1 Lbs/sq. ft.
(c) ___ no perforated tegular serrated or highly textured tiles in semi-restricted areas

or

___ ceilings of monolithic construction

2.1-7.2.4.3 ___ Privacy curtains in patient care areas are washable

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 Table 8-1 are maintained for AII Rooms & Operating 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 sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance

___ capacity of remaining source or sources is sufficient to provide heating for operating rooms & recovery 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

___ cooling sources & essential accessories sufficient to support 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 for inspection & maintenance

.

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'-0" from cooling towers & all exhaust & vent discharges

___ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade

___ air intakes located away from public access

___ all intakes are designed to prevent entrainment of wind-driven rain

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 Contaminated Exhaust Discharges:

☐ check if not included in project

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 laboratory work area chemical fume hoods discharge with stack velocity of at least 2500 fpm

___ exhaust discharge outlets from AII rooms are 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 8-1

c. ___ Air supplied from equipment serving multiple or different spaces is filtered in accordance with Table 8-1

d. ___ Air recirculated within room is filtered in accordance with Table 8-1

e. ___ Design includes all necessary provisions to prevent moisture accumulating on filters located downstream of cooling coils & humidifiers

h. ___ For spaces that do not permit air recirculated by means of room units & have min. filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 8-1, the min. filter requirement listed in Table 8-1, is installed downstream of all wet-air cooling coils & supply fan

Part 3/6.4.1 ___ Filter Bank No. 1 placed upstream of heating & cooling coils
Part 3/6.4.2 ___ Filter Bank No. 2 placed 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, OR or procedure room

Part 3/6.7 AIR DISTRIBUTION SYSTEMS:
Part 3/6.7.1 ___ Maintain pressure relationships required in Table 8-1 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
___ Recovery rooms are served by fully ducted return or exhaust systems

Part 3/6.7.2 Air Distribution Devices:
___ supply air outlets comply with Table 6-2

Part 3/6.7.3 Smoke Barriers:
___ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.

Part 3/6.8 ENERGY RECOVERY SYSTEMS:
☐ check if not included in project
Part 3/6.8.1 ___ Located upstream of filters required by Part 3/6.8.4
Part 3/6.8.2 ___ AII room exhaust systems are not used for energy recovery

Part 3/6.8.3 ___ Energy recovery systems with leakage potential
☐ check if not included in project
___ arranged to minimize potential to transfer exhaust air directly back into supply airstream
___ designed to have no more than 5% of total supply airstream consisting of exhaust air
___ not used from these exhaust airstream sources: waste anesthesia gas disposal, central medical & surgical supply, soiled or decontamination room

Part 3/7 SPACE VENTILATION:
Part 3/7.1.a ___ Complies with Table 8-1
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 3/7.1.a.4 ___ Entire min. outdoor air changes per hour required by Table 8-1 for each space meet filtration requirements of Section 6.4

Part 3/7.1a.5 ___ Air recirculation through room unit
☐ check if not included in project
___ complies with Table 8-1
___ 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
___ 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

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

2.1-8.3.2.2 Panelboards:

(1) ___ all panelboards accessible to health care tenants they serve

(2) ___ panelboard serving critical branch circuits serve floors on which they are located

(3) ___ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below

(4) ___ panelboards not located in exit enclosures or exit passageways

2.1-8.3.2.3 Ground-Fault Circuit Interrupters in Critical Care Areas:

☐ check if not included in project

(2) ___ each receptacle individually protected by single GFCI device

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

2.1-8.3.5 **ELECTRICAL EQUIPMENT**

2.1-8.3.5.1 ___ Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system

☐ check if not included in project

2.1-8.3.6 **ELECTRICAL RECEPTACLES**

___ Receptacles in patient care areas are provided according to Table 2.1-1

2.1-8.4 **PLUMBING SYSTEMS**

2.1-8.4.2 Plumbing & Other Piping Systems:

2.1-8.4.2.1(3) ___ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem

2.1-8.4.2.5 Heated Potable Water Distribution Systems:

(2) ___ heated potable water distribution systems serving patient care areas are under constant recirculation

___ non-recirculated fixture branch piping length max. 25'-0"

(3)(a) ___ no installation of dead-end piping (except for empty risers

(3)(c) mains & branches for future use)

(3)(b) ___ any existing dead-end piping is removed

☐ check if not included in project

(4)(a) ___ water-heating system supplies water at following range of temperatures: 105–120°F

2.1-8.4.2.6 Drainage Systems:

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

- operating rooms
- procedure rooms
- sterile processing facilities
- electronic data processing areas
- electrical rooms

(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) Floor Drains:

(a) ___ no floor drains in procedure rooms & operating rooms,

(b) ___ floor drain in dedicated cystoscopy procedure room

☐ check if not included in project

___ recessed floor sink w/ automatic trap primer

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) ___ sinks are designed with basins & faucets that will reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared

(2) ___ sink basins have nominal size of no less than 144 square inches

___ sink basins have min. dimension 9 inches in width or length

(3) ___ sink basins are made of porcelain, stainless steel or solid-surface materials

(5) ___ water discharge point min. 10" above bottom of basin

(7) ___ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied

(8) ___ sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)

(a) ___ blade handles

☐ check if not included in project

___ at least 4 inches in length

___ provide clearance required for operation

(b) ___ sensor-regulated water fixtures

☐ check if not included in project

___ meet user need for temperature & length of time water flows

___ designed to function at all times & during loss of normal power

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:

(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

2.1-8.4.3.6 Scrub Sinks:

(1) ___ freestanding scrub sinks are trimmed with foot, knee or electronic sensor controls

(2) ___ no single-lever wrist blades except for temperature pre-set valve

2.1-8.4.4 **MEDICAL GAS & VACUUM SYSTEMS**

___ Station outlets provided as indicated in Table 2.1-2

2.1-8.5.1 **CALL SYSTEMS**

2.1-8.5.1.1(1) ___ Nurse call stations provided as required in Table 2.1-3

2.7-8.5.2 **EMERGENCY COMMUNICATION SYSTEM**

___ operating rooms & Phase I post-anesthesia recovery room are equipped with emergency communication system that incorporates push activation of emergency call switch

2.1-8.7 **ELEVATORS**

☐ check if not included in project

2.1-8.7.3 Dimensions of Elevators Used for Transport of Outpatients on Gurneys:

___ min. interior car dimensions 5'-8" wide by 7'-9"deep

2.1-8.7.4 ___ Elevators are equipped with two-way automatic level-maintaining device with accuracy of ± 1/4 inch

2.1-8.7.5 Elevator Controls:

2.1-8.7.5.1 ___ elevator call buttons & controls not activated by heat or smoke

2.1-8.7.5.2 ___ light beams if used for operating door reopening devices without touch are used in combination with door-edge safety devices & are interconnected with system of smoke detectors

2.1-8.7.5.3 ___ elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by blind