**COMPLIANCE CHECKLIST**

## OP12_Endoscopy Facilities

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 | |
|---|---|---|---|
| 2.9 | **ENDOSCOPY FACILITIES** | | |
| 2.9-1.1 | **APPLICATION** | | |
| 2.9-1.1.1 | ___ Outpatient facilities or portions thereof where endoscopy procedures are performed | | |
| 2.9-1.4.1 | **FACILITY LAYOUT** | | |
| | Main Functional Areas: | | |
| 2.9-1.4.1.1 | ___ procedure rooms | | |
| 2.9-1.4.1.2 | ___ endoscope processing room | | |
| 2.9-1.4.1.3 | ___ pre- & post-procedure patient care area | | |
| 2.9-1.4.2 | **CIRCULATION** | | |
| | ___ Endoscopy procedure suite designed to facilitate movement of patients & personnel into through & out of defined areas in suite | | |
| 2.9-2 | **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<br>___ Exhaust<br>___ Negative pressure<br>___ 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 | | |

**Architectural Requirements**

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

2.1-2.7 ___ Single-patient exam/observation room
☐ check if not included in project

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

(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”

**Building Systems Requirements**

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

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.9-3 | **PATIENT CARE & DIAGNOSTIC AREAS** | | |
| 2.9-3.1 | ___ Single-patient examination room | | |
| | ☐ check if not included in project | | |
| | Space Requirements: | | |
| (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 | Ventilation:<br>___ Min. 4 air changes per hour | Table 8-1 |
| (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 | | |
| 2.9-3.2 | ___ **Endoscopy procedure room** | | |
| 2.1-3.2.2(2)(a) | ___ procedure room meets requirements of semi-restricted area | | |
| 2.9-3.2.2 | Space Requirements: | | |
| 2.9-3.2.2.1 | ___ min. clear floor area 180 sf | Ventilation: | |
| 2.9-3.2.2.2(1) | ___ min. clearance 5'-0" at each side of patient gurney/table | ___ Min. 6 air changes per hour<br>___ No recirculating room units | Table 8-1 |
| 2.9-3.2.2.2(2) | ___ min. clearance 3'-6" at head & foot of patient gurney/table | Power:<br>___ Min. 12 receptacles<br>___ 8 convenient to table placement<br>___ At least 1 on each wall | Table 2.1-1 |
| 2.1-3.2.2.3 | ___ documentation area | Nurse Call System: | |
| (1) | ___ accommodations for written or electronic documentation | ___ Staff assistance station<br>___ Emergency call station | Table 2.1-3 |
| (2) | ___ allows for direct observation of patient when in use | Medical Gases:<br>___ 1 OX, 1 VAC (may be portable) | Table 2.1-2 |
| 2.1-3.2.2.4 | ___ provisions for patient privacy | | |
| 2.1-3.2.2.5(1) | ___ handwashing station | | |
| | **or** | | |
| 2.1-3.2.2.5(2) | ___ hand scrub station | | |
| | ___ directly accessible* to procedure room | | |
| 2.9-3.2.6 | Emergency Communication System: | | |
| | ___ push activation of emergency call switch | | |
| 2.9-3.3 | **Pre- & post-procedure patient care areas** | | |
| 2.1-3.7.1.1 | ___ patient care stations accommodate lounge chairs, gurneys or beds | | |
| | ___ patient care stations accommodate seating space for family/visitors | | |

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

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

**or**

(c)
___ three areas: pre-procedure patient care area, Phase I post-anesthesia care unit (PACU) & Phase II 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
___ Phase II recovery room or area provides min. one Phase II 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 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 gurney, lounge chair, or bed | |
| Nurse Call System: | |
| ___ Patient station | Table 2.1-3 |
| ___ Staff assistance station | |
| ___ Emergency call station | |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| (b) | ___ patient care cubicles<br>☐ check if not included in project<br>___ min. clearance 3'-0" between sides of patient beds/gurneys/ lounge chairs & adjacent* walls or partitions<br>___ min. clearance 2'-0" between foot of patient beds/gurneys/ lounge chairs & cubicle curtain | Ventilation:<br>___ Min. 6 air changes per hour Table 8-1<br>___ No recirculating room units<br>Power:<br>___ Min. 4 receptacles Table 2.1-1<br>___ Convenient to gurney, lounge chair, or bed<br>Nurse Call System:<br>___ Patient station Table 2.1-3<br>___ Staff assistance station<br>___ Emergency call station |
| (c) | ___ bays or cubicles face each other<br>☐ check if not included in project<br>___ aisle with min. clearance 8'-0" independent of foot clearance between patient stations or other fixed objects | |
| | ___ single-patient rooms<br>☐ check if not included in project<br>___ min. clearance 3'-0" between sides & foot of beds/gurneys/ lounge chairs & adjacent* walls or partitions | Ventilation:<br>___ Min. 6 air changes per hour Table 8-1<br>___ No recirculating room units<br>Power:<br>___ Min. 4 receptacles Table 2.1-1<br>___ Convenient to gurney, lounge chair, or bed<br>Nurse Call System:<br>___ Patient station Table 2.1-3<br>___ Staff assistance station<br>___ Emergency call station |
| 2.1-3.7.2.4 | ___ Provisions made for patient privacy | |
| 2.1-3.7.2.5 | | |
| 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<br>☐ check if not included in project | |
| (1) | ___ at least one handwashing station for every 4 patient care stations or fewer & for each major fraction thereof | |
| (2) | ___ handwashing stations evenly distributed based on arrangement of patient care stations | |
| 2.9-3.3.2 | ___ Documentation area<br>___ accommodations for written and/or electronic documentation | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.9-3.8 | **Support Areas for Endoscopy Procedure Area & Other Patient Care Areas:** | | |
| 2.9-3.8.2 | ___ Nurse or control station | | |
| 2.9-3.8.2.2 | ___ located to permit visual observation of all traffic entering patient care & diagnostic areas | | |
| 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 | | |
| 2.9-3.8.8 | ___ 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:<br>___ 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:<br>___ Min. 4 air changes per hour | Table 8-1 |
| (a) | ___ work counter<br>___ handwashing station<br>___ lockable refrigerator<br>___ locked storage for controlled drugs<br>___ sharps containers<br>☐ check if not included in project | Lighting:<br>___ Task lighting | 2.1-3.8.8.1(2)(d) |
| (b) | ___ self-contained medication dispensing units<br>☐ check if not included in project<br>___ room designed with space to prepare medications | | |
| | **or** | | |
| (2) | ___ automated medication-dispensing unit | | |
| (a) | ___ located at nurse station, in clean workroom or in alcove | Lighting:<br>___ Task lighting | 2.1-3.8.8.1(2)(d) |
| (b) | ___ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| (c) | ___ countertop or cart provided adjacent* to stationary medication-dispensing units | | |
| 2.9-3.8.12<br>2.9-3.8.12.3 | ___ Soiled workroom<br>(may be shared with other clinical services in same outpatient facility) | | |
| 2.9-3.8.12.2 | ___ physically separated from all other areas of facility | | |
| 2.1-3.8.12.1 | ___ no 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<br>___ Exhaust | Table 8-1 |
| (c) | ___ work counter | ___ Negative pressure | |
| (d) | ___ space for separate covered containers for waste & soiled linen | ___ No recirculating room units | |
| 2.1-3.8.12.2(2) | ___ fluid management system<br>☐ check if not included in project | | |
| (a) | ___ electrical & plumbing connections that meet manufacturer requirements | | |
| (b) | ___ space for docking station | | |
| 2.9-3.8.13.2 | ___ General equipment & supply storage room | | |
| (1) | ___ storage of equipment & clean clinical supplies (including anesthesia equipment & supplies) | | |
| (2) | ___ min. combined floor area of 25 sf per procedure room | | |
| 2.9-3.8.13.3<br>2.1-3.8.13.3<br>2.1-6.2.7.1 | ___ Wheelchair storage<br>☐ 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 | | |
| 2.9-3.8.13.4 | ___ Emergency equipment storage | | |
| | ___ space for emergency resuscitation equipment & supplies | | |
| | ___ provided adjacent* to procedure rooms & pre- & post-procedure patient care areas | | |
| 2.1-3.8.13.4(2) | ___ readily accessible* | | |
| | ___ under staff control | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-3.8.13.4(3) | ___ storage of battery-powered CPR cart<br>___ electrical outlet for battery charging is provided | | |
| 2.9-3.8.13.5 | ___ Medical gas storage<br>___ storage in accordance with NFPA 99<br>___ includes space for reserve cylinders | | |
| 2.9-3.8.14 | ___ Environmental services room<br>___ provided exclusively for endoscopy procedure suite | Ventilation:<br>___ Min. 10 air changes per hour | Table 8-1 |
| 2.1-5.3.1.2(1) | ___ service sink or floor-mounted mop sink | ___ Exhaust<br>___ 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 | | |
| 2.9-3.8.15 | ___ Fluid waste disposal facilities | | |
| 2.9-3.8.15.1 | ___ in procedure area clinical sink or equivalent equipment in soiled workroom | | |
| 2.9-3.8.15.2 | ___ in recovery area toilet equipped with bedpan-rinsing device in patient toilet room | | |
| 2.9-3.9 | **Support Areas for Staff:** | | |
| 2.9-3.9.1 | ___ Staff lounge<br>☐ check if <u>not</u> included in project (only if facility has one or two procedure rooms) | | |
| 2.9-3.9.1.2 | (may be shared with other clinical services) | | |
| 2.1-6.4.1 | ___ handwashing station | | |
| 2.9-3.9.2 | ___ Staff toilet room<br>___ immediately accessible* to staff lounge | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8-1 |
| 2.9-3.9.4 | ___ Staff changing area | | |
| 2.9-3.9.4.3(1) | ___ lockers | | |
| 2.9-3.9.4.3(2) | ___ toilet room | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8-1 |
| (3) | ___ handwashing stations | | |
| (4) | ___ space for changing clothes | | |
| (5) | ___ provision for separate storage of clean & soiled procedure attire | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.9-3.10 | **Support Areas for Patients:** | | |
| 2.9-3.10.2 | ___ Patient toilet room | | |
| 2.9-3.10.2.1 | ___ readily accessible* to procedure rooms & pre- & post-procedure patient care areas | | |
| 2.1-3.10.2.1 | ___ provided separate from public use toilet rooms | Ventilation: | |
| | ___ located to permit access from patient care areas without passing through publicly accessible areas | ___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8-1 |
| 2.1-3.10.2.2 | ___ equipped with toilet & handwashing station | | |
| 2.9-3.10.3 | ___ Patient changing area | | |
| | ___ suitable for patients to change from street clothing into patient gowns | | |
| 2.9-3.10.3.1 | ___ dedicated patient area<br>**or**<br>___ patient changing takes place in pre-procedure patient care area | | |
| 2.9-3.10.3.2 | ___ provisions for securing patients' personal effects | | |
| 2.9-4 | **PATIENT SUPPORT FACILITIES** | | |
| 2.9-4.1 | ___ Laboratory services | | |
| | ___ Compliance Checklist OP2 has been submitted to DPH Plan Review | | |
| 2.9-4.3 | ___ Endoscope processing room | | |
| 2.9-4.3.1.2 | ___ readily accessible* to each procedure room | | |
| 2.9-4.3.1.3 | ___ endoscope processing room meets requirements of semi-restricted area | | |
| 2.9-4.3.1.4 | ___ consists of decontamination area & clean work area | | |
| 2.9-4.3.1.5 | Layout: | | |
| (1) | ___ designed for one-way traffic pattern of contaminated materials to cleaned materials to mechanical processor | | |
| (4) | Decontamination area is separated from clean work area to avoid cross-contamination, as follows: | | |
| (a) | ___ 4-foot distance from edge of sink<br>**or** | | |
| (b) | ___ separating wall or screen that extend at least 4'-0" above sink rim | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.9-4.3.2 | ___ Decontamination area | Ventilation: | |
| 2.9-4.3.2.2(1) | ___ work counter | ___ Min. 6 air changes per hour | Table 8-1 |
| 2.9-4.3.2.2(2) | ___ handwashing station | ___ Exhaust | |
| 2.9-4.3.2.2(3) | ___ utility sink | ___ Negative pressure | |
| | ___ min. diagonal dimension of 24 inches | ___ No recirculating room units | |
| (a) | ___ two-basin sink with min. 12 inches high backsplash | | |
| | **or** | | |
| (b) | ___ single-basin sink with min. 12 inches high backsplash | | |
| | ___ alternative methods for leak testing & pre-cleaning are provided | | |
| (4) | ___ eyewash station | | |
| (5) | ___ instrument air outlet or space for portable compressed air | | |
| | ☐ check if <u>not</u> included in project | | |
| (6) | ___ storage for decontamination supplies & personal protective equipment (PPE) | | |
| 2.9-4.3.3 | ___ Clean work area | Ventilation: | |
| 2.9-4.3.3.2(1) | ___ countertop | ___ Supply diffuser | |
| 2.9-4.3.3.2(2) | ___ storage for supplies | | |
| 2.9-4.3.3.2(3) | ___ instrument air outlet or space for portable compressed air | | |
| | ☐ check if <u>not</u> included in project | | |
| 2.9-4.3.3.4 | ___ Storage for clean endoscopes | | |
| (1) | ___ clean endoscope storage provided in clean work area | | |
| (2)(a) | ___ storage cabinet with door | | |
| (2)(b) | ___ located min. 3'-0" from any sink | | |
| (2)(c) | ___ located so staff do not have to cross decontamination area to access clean scopes | | |
| | **or** | | |
| | ___ clean endoscope storage separate from clean work area | | |
| | ___ adjacent to procedure room | | |
| 2.9-5 | **BUILDING SUPPORT FACILITIES** | | |
| 2.9-5.3.1 | ___ Environmental services room | Ventilation: | |
| 2.1-5.3.1.1(3) | (may serve more than one clinical service area on same floor) | ___ Min. 10 air changes per hour | Table 8-1 |
| | | ___ Exhaust | |
| 2.1-5.3.1.1(1) | ___ min. one ES room per floor | ___ Negative pressure | |
| 2.1-5.3.1.1(2) | ___ additional ES rooms provided on floor according to needs of areas served | ___ No recirculating room units | |
| 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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.9-6.2 | **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 | | |
| 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:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ 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 | | |
| 2.9-6.3 | **ADMINISTRATIVE AREAS** | | |
| 2.9-6.3.2 | ___ Interview space (may be combined with Multipurpose Room) | | |
| 2.9-6.3.3 | ___ Office | | |
| 2.9-6.3.4 | ___ Multipurpose room | | |
| 2.9-6.3.5 | ___ 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 | | |
| 2.9-6.4 | **SUPPORT AREAS FOR STAFF** | | |
| 2.9-6.4.1 | ___ Staff storage facilities | | |
| | ___ special storage including locking drawers and/or cabinets for personal effects of administrative staff | | |

LOCATION TERMINOLOGY:

Directly accessible: Connected to the 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 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

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) ___ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0”

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 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:

(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 & 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 the room to prevent blockage of the 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
- endoscope processing room
- 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) 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

2.9-7.2.4 **FURNISHINGS**

2.9-7.2.4.2 COUNTERTOPS & CASEWORK IN INSTRUMENT PROCESSING ROOMS
(1) ___ All countertops & casework in instrument processing room be made of materials that are impervious to staining & cleaning chemicals
(2) ___ Backsplashes min.12 inches high

2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**

Part 3/6.1 UTILITIES:
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 3/6.4 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 3/6.7 AIR DISTRIBUTION SYSTEMS:
Part 3/6.7.1 ___ Maintain pressure relationships required in tables 7.1 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 6.7.2

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 3/6.8.3 ___ 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, endoscope cleaning, soiled or decontamination room

Part 3/7 SPACE VENTILATION:
Part 3/7.1.a ___ Complies with Table 8-1
___ Air movement is from clean to less-clean areas
Part 3/7.1.a.1
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

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

2.1-8.3.3 **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
- procedure rooms
- 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

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

2.1-8.4.3.5 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:

☐ check if not included in project

(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

2.1-8.7 **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 the blind