**COMPLIANCE CHECKLIST**

**OP13\_Freestanding Emergency Care 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 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

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

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

Instructions:

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

|  |  |
| --- | --- |
| **X** = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service. | ⌧ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area. |
| **E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project. | **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. |

1. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
2. 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.
3. Oxygen, vacuum, medical air, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", & “WAGD”.
4. Requirements referenced with “FI” result from formal interpretations from the FGI Interpretations Task Group.
5. The location requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | DoN Project Number: (if applicable) |
| Facility Address: |  |  |
| Satellite Name: (if applicable) |  | Building/Floor Location: |
| Satellite Address: (if applicable) |  | Submission Dates: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.8 | **SATELLITE EMERGENCY FACILITY** |  |  |
| 2.8-1.1 | Application: |  |  |
| 2.8-1.1.1 | free-standing emergency care facility that is not located on same campus as hospital        intended to provide emergency services 24 hours/day 7 days/week |  |  |
|  |  |  |  |
| 2.8-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.8-3.2 | Reception & triage area |  |  |
| 2.8-6.2.2.1(1) | located near both pedestrian & vehicular drop-off entrances & designed to allow staff to monitor entrances |  |  |
| (2) | public access points to treatment area are under direct observation from reception & triage areas |  |  |
|  |  |  |  |
| 2.8-6.2.2.2  (2)  (3) | Triage area        provisions for patient privacy        handwashing stations | Ventilation:        Min. 12 air changes per hour        Exhaust | Table 7.1 |
| (a) | provided in each triage room | Negative pressure |  |
| (b)  (4)  (5) | 1 handwashing station provided for every 4 triage bays or cubicles        hand sanitation dispenser provided in each triage bay or cubicle        access to panic button for security emergencies | Power:        Min. 6 receptacles        Convenient to head of gurney or bed        at least 3 outlets connected to emergency system power | Table 2.1-1 |
|  |  | Nurse Call System:        Patient station        Staff assistance station | Table 2.1-3 |
|  |  | Medical Gases:        1 OX, 1 VAC | Table 2.1-2 |
| 2.8-3.3 | Communications with Emergency Medical Services: |  |  |
| 2.8-3.3.1 | communication connections to EMS |  |  |
| 2.8-3.3.2 | EMS base station  check if not included in project        designed to reduce noise distractions & interruptions during radio transmissions |  |  |
|  |  |  |  |
| 2.8-3.4 | Treatment room or area |  |  |
| 2.1-3.2.1.1(1) | provisions to preserve patient privacy from observation from outside treatment room |  |  |
| 2.8-3.4.1.2 | exam/treatment rooms used for pelvic exams allow for foot of examination table to face away from door |  |  |
|  |  |  |  |
| 2.8-3.4.2 | Single-patient treatment room |  |  |
| 2.8-3.4.2.1 | Space Requirements: |  |  |
| (1)  (2)(a)  (3) | New Construction        min clear floor area 120 sf        min clear dimension 10’-0”        min clearance 3’-0” at each side & at foot of exam table  **or**  Renovation:        min clear floor area 100 sf | Ventilation:        Min. 6 air changes per hour  Power:        Min. 12 receptacles        4 convenient to head of exam table or gurney | Table 7.1  Table 2.1-1 |
| 2.8-3.4.2.2 |  | Nurse Call System: |  |
| (1)  (2) | portable or fixed examination light        accommodations for written and/or electronic documentation | Patient station        Staff assistance station | Table 2.1-3 |
| (3)  (4) | space for visitor's chair        handwashing station | Medical Gases:        1 OX, 1 VAC | Table 2.1-2 |
| (5) | storage for supplies |  |  |
| (6) | space for medical equipment |  |  |
| (7) | view panel designed for patient visual privacy adjacent\* to and/or in door |  |  |
|  |  |  |  |
| 2.8-3.4.3 | Multiple-patient treatment room  check if not included in project |  |  |
| 2.8-3.4.3.2 | Space Requirements: |  |  |
| (1) | separate patient bays or cubicles with min clear floor area 80 sf per patient care station | Ventilation:        Min. 6 air changes per hour | Table 7.1 |
| (2)(a)  (2)(b) | min clearance 5’-0” between sides of adjacent\* patient beds        min clearance 4’-0” between sides of patient beds & adjacent\* walls or partitions | Power:        Min. 12 receptacles        4 convenient to head of exam table or gurney | Table 2.1-1 |
| 2.1-3.1.2  2.8-3.4.3.3(1)  2.8-3.4.3.3(2) | means of visual patient privacy        examination light in each bay or cubicle        accommodations for written or electronic documentation in each bay or cubicle | Nurse Call System:        Patient station        Staff assistance station  Medical Gases:        1 OX, 1 VAC | Table 2.1-3  Table 2.1-2 |
| 2.8-3.4.3.3(3) | space for visitor's chair in each bay or cubicle |  |  |
| 2.8-3.4.3.4 | Handwashing Station: |  |  |
| (1) | at least one handwashing station provided in each multiple-patient treatment room |  |  |
| 2.1-3.8.7.3(1) | at least one handwashing station for every 4 patient care stations or fewer & for each major fraction thereof |  |  |
| 2.1-3.8.7.3(2) | handwashing stations evenly distributed based on arrangement of patient care stations |  |  |
| 2.8-3.4.3.5 | supply storage provided in multiple‑patient treatment room |  |  |
| 2.8-3.4.4 | **Trauma/Resuscitation Rooms** |  |  |
| 2.8-3.4.4.1(1) | Single-patient trauma/resuscitation room  check if not included in project |  |  |
| (a)  (b) | min. clear floor area 250 sf        min. clearance 5’-0” provided around all sides of gurney | Ventilation:        Min. 15 air changes per hour        Positive pressure        No recirculating room units | Table 7.1 |
| 2.8-3.4.4.2(1)  2.8-3.4.4.2(2)  2.8-3.4.4.2(3)  + Errata | space for storage of supplies        PACS or film illuminators to allow viewing of images & films        handwashing station | Power:        Min. 16 receptacles        Convenient to head of gurney or bed | Table 2.1-1 |
| 2.8-3.4.4.2(4)  2.8-3.4.4.2(5)  2.8-3.4.4.2(6) | space for code cart        examination lights        accommodations for written or electronic documentation | Nurse Call System:        Patient station        Staff assistance station  Medical Gases: | Table 2.1-3 |
| 2.8-3.4.4.2(7) | physiological monitoring equipment | 2 OX, 2 VAC, 1 MA | Table 2.1-2 |
| 2.8-3.4.4.2(8) | storage for personal protective equipment |  |  |
|  |  |  |  |
| (2) | Multiple-patient trauma/resuscitation room  check if not included in project |  |  |
| (a)  b) | min. clear floor area 200 sf for each patient care bay defined by privacy curtains        min. clearance 5’-0” provided around all sides of gurney | Ventilation:        Min. 15 air changes per hour        Positive pressure        No recirculating room units  Power: | Table 7.1 |
| 2.8-3.4.4.2(1) | min. clearance 10’-0” between patient beds or gurneys        space for storage of supplies | Min. 16 receptacles        Convenient to head of gurney or bed | Table 2.1-1 |
| 2.8-3.4.4.2(2)  2.8-3.4.4.2(3)  +Errata | PACS or film illuminators to allow viewing of images & films        handwashing station | Nurse Call System:        Patient station        Staff assistance station | Table 2.1-3 |
| 2.8-3.4.4.2(4) | space for code cart | Medical Gases: |  |
| 2.8-3.4.4.2(5) | examination lights | 2 OX, 2 VAC, 1 MA | Table 2.1-2 |
| 2.8-3.4.4.2(6) | accommodations for written or electronic documentation |  |  |
| 2.8-3.4.4.2(7) | physiological monitoring equipment |  |  |
| 2.8-3.4.4.2(8) | storage for personal protective equipment |  |  |
|  |  |  |  |
| 2.8-3.4.4.4 | Doorways leading from ambulance entrance to T/R room have min clear width 72” & min. height 83.5” |  |  |
|  |  |  |  |
| 2.8-3.4.5 | **Dedicated Pediatric Emergency Facilities**  check if not included in project |  |  |
| 2.8-3.4.5.1 | Single-patient pediatric treatment rooms |  |  |
| (1) | located adjacent\* to family waiting area & toilet room |  |  |
|  |  |  |  |
| (2) | Space Requirements: |  |  |
| (1)  (2)(a)  (3) | New Construction        min clear floor area 120 sf        min clear dimension 10’-0”        min clearance 3’-0” at each side & at foot of exam table  **or**  Renovation:        min clear floor area 100 sf | Ventilation:        Min. 6 air changes per hour  Power:        Min. 12 receptacles        4 convenient to head of exam table or gurney  Nurse Call System:        Patient station        Staff assistance station | Table 7.1  Table 2.1-1  Table 2.1-3 |
|  |  | Medical Gases: |  |
| 2.8-3.4.2.2(1) | portable or fixed examination light | 1 OX, 1 VAC | Table 2.1-2 |
| 2.8-3.4.2.2(2) | accommodations for written and/or electronic documentation |  |  |
| 2.8-3.4.2.2(3) | space for visitor's chair |  |  |
| 2.8-3.4.2.2(4) | handwashing station |  |  |
| 2.8-3.4.2.2(5) | storage for supplies |  |  |
| 2.8-3.4.2.2(6) | space for medical equipment |  |  |
| 2.8-3.4.2.2(7) | view panel designed for patient visual privacy adjacent\* to or in door |  |  |
|  |  |  |  |
| 2.8-3.4.3 | Multiple-patient pediatric treatment room  check if not included in project |  |  |
| 2.8-3.4.3.2 | Space Requirements: |  |  |
| (1) | separate patient bays or cubicles w/ min clear floor area 80 sf per patient care station | Ventilation:        Min. 6 air changes per hour | Table 7.1 |
| (2)(a)  (2)(b) | min clearance 5’-0” between sides of adjacent\* patient beds        min clearance 4’-0” between sides of patient beds & adjacent\* walls or partitions | Power:        Min. 12 receptacles        4 convenient to head of exam table or gurney | Table 2.1-1 |
| 2.1-3.1.2  2.8-3.4.3.3(1) | means of visual patient privacy        examination light in each bay or cubicle | Nurse Call System:        Patient station        Staff assistance station | Table 2.1-3 |
| 2.8-3.4.3.3(2) | accommodations for written or electronic documentation in each bay or cubicle | Medical Gases:        1 OX, 1 VAC per patient | Table 2.1-2 |
| 2.8-3.4.3.3(3) | space for visitor's chair in each bay or cubicle |  |  |
|  |  |  |  |
| 2.8-3.4.3.4 | Handwashing Station: |  |  |
| (1) | at least one handwashing station provided in each multiple-patient treatment room |  |  |
| 2.1-3.8.7.3(1) | at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof |  |  |
| 2.1-3.8.7.3(2) | handwashing stations evenly distributed based on arrangement of patient care stations |  |  |
| 2.8-3.4.3.5 | supply storage provided in multiple‑patient treatment room |  |  |
|  |  |  |  |
| 2.8-3.4.5.2 | Pediatric trauma/resuscitation rooms |  |  |
| 2.8-3.4.4.1(1) | Single-patient T/R room  check if not included in project |  |  |
| (a)  (b)  2.8-3.4.4.2(1) | min. clear floor area 250 sf        min. clearance 5’-0” provided around all sides of gurney        space for storage of supplies | Ventilation:        Min. 15 air changes per hour        Positive pressure        No recirculating room units | Table 7.1 |
| 2.8-3.4.4.2(2)  2.8-3.4.4.2(3)  + Errata | PACS or film illuminators        handwashing station | Power:        Min. 16 receptacles        Convenient to patient head | Table 2.1-1 |
| 2.8-3.4.4.2(4)  2.8-3.4.4.2(5)  2.8-3.4.4.2(6) | space for code cart        examination lights        accommodations for written or electronic documentation | Nurse Call System:        Patient station        Staff assistance station  Medical Gases: | Table 2.1-3 |
| 2.8-3.4.4.2(7) | physiological monitoring equipment | 2 OX, 2 VAC, 1 MA | Table 2.1-2 |
| 2.8-3.4.4.2(8) | storage for personal protective equipment |  |  |
|  |  |  |  |
| (2) | Multiple-patient T/R room  check if not included in project |  |  |
| (a)  (b) | min. clear floor area 200 sf for each patient care bay defined by privacy curtains        min. clearance 5’-0” provided around all sides of gurney | Ventilation:        Min. 15 air changes per hour        Positive pressure        No recirculating room units  Power: | Table 7.1 |
|  | min. clearance 10’-0” between patient beds or gurneys | Min. 16 receptacles        Convenient to patient head | Table 2.1-1 |
| 2.8-3.4.4.2(1)  2.8-3.4.4.2(2)  2.8-3.4.4.2(3)  + Errata | space for storage of supplies        PACS or film illuminators        handwashing station | Nurse Call System:        Patient station        Staff assistance station | Table 2.1-3 |
| 2.8-3.4.4.2(4)  2.8-3.4.4.2(5) | space for code cart        examination lights | Medical Gases:        2 OX, 2 VAC, 1 MA per patient | Table 2.1-2 |
| 2.8-3.4.4.2(6) | accommodations for written or electronic documentation |  |  |
| 2.8-3.4.4.2(7) | physiological monitoring equipment |  |  |
| 2.8-3.4.4.2(8) | storage for personal protective equipment |  |  |
| 2.8-3.4.4.4 | Doorways leading from ambulance entrance to T/R room have min clear width 72” & min. height 83.5” |  |  |
| 2.8-3.4.5.3 | Playroom or play area provided in waiting room or waiting area |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.8-3.4.6 | Treatment room for patients of size |  |  |
| 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. 6 air changes per hour | Table 7.1 |
| 2.1-2.7.1.1(2) | min. 3'-0" clearance on non-transfer side of expanded- capacity exam table | Lighting:        Portable or fixed exam light  Power: | 2.1-8.3.4.3(1) |
| 2.8-3.4.6.2 | min. 5’-6” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift  **or** | Min. 8 receptacles        4 convenient to head of exam table or gurney  Nurse Call System: | Table 2.1-1 |
| 2.1-2..7.1.1(3)  (b) | min. 7’-0” on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift | Patient station        Staff assistance station  Medical Gases:        1 OX, 1 VAC | Table 2.1-3  Table 2.1-2 |
|  |  |  |  |
| 2.8-3.4.6.3 | room dedicated for patients of size  **or**        treatment room subdivided with cubicle curtains or movable partitions to accommodate more than one patient when not used for patient of size        each resulting bay or cubicle meets all electrical & medical gas requirements for emergency department treatment areas |  |  |
|  |  |  |  |
| 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 for care of patients of size have min. clear width of 45.5” |  |  |
| 2.1-2.10.2.2 | door openings to toilet rooms designated for patients of size have min. clear width of 45.5” |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.1-2.3.5 | Patient of Size toilet room |  |  |
| 2.1-2.3.5.1 | expanded-capacity toilet        mounted min. 36” from finished wall to centerline of toilet on both sides  **or** |  |  |
| 2.1-2.3.5.2 | regular toilet        mounted min. 44” from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 7.1 |
|  |  |  |  |
| 2.1-2.3.5.3 | rectangular clear floor area min. 46” wide extends 72” from front of toilet |  |  |
|  |  |  |  |
| 2.1-2.3.4.1 | Handwashing stations        downward static force required for handwashing stations designated for patients of size accommodates maximum patient weight of patient population |  |  |
|  |  |  |  |
| 2.8-3.4.8 | Human decontamination space |  |  |
| 2.8-3.4.8.1 | separate temporary mobile unit that is readily accessible\* for deployment        this mobile unit meet requirements of decontamination room & requirements for Mobile/ Transportable Medical Unit  **or**        human decontamination room |  |  |
|  |  |  |  |
| 2.8-3.4.8.2 | Human decontamination room  check if not included in project (only if separate temporary mobile decontamination unit is provided) |  |  |
| (1) | Location: |  |  |
| (a)  (b) | outside entry door located as far as practical but no less than 10’-0” from closest other entrance        internal door provides direct access into corridor of emergency facility or into treatment room | Ventilation:        Min. 12 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 7.1 |
|  | internal door swings into room        door lockable against ingress from corridor or treatment room |  |  |
| (2) | Space Requirements:        min. clear floor area 80 sf |  |  |
| (3) | Special Architectural Details: |  |  |
| (a) | all surfaces are smooth, non‑porous, scrubbable, non‑absorptive & non- perforated |  |  |
| (b) | floor self-coving to height of 6” |  |  |
| (4) | Special Plumbing Requirements: |  |  |
| (a) | room equipped with two handheld shower heads        temperature controls        floor drain        dedicated holding tank |  |  |
| (b) | fixtures are acid resistant |  |  |
| (c) | portable or hard-piped oxygen        portable suction |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.8-3.4.9 | **Fast-Track Area**  check if not included in project |  |  |
| 2.8-3.4.2 | Single-patient treatment rooms |  |  |
|  | Space Requirements: |  |  |
| 2.8-3.4.9.1  2.8-3.4.2.1 | min. clear floor area 100 sf        min. clear dimension 10’-0”        min. clearance 3’-0” at each side & at foot of exam table | Ventilation:        Min. 6 air changes per hour  Power:        Min. 12 receptacles | Table 7.1  Table 2.1-1 |
| (1)  (2) | portable or fixed examination light        accommodations for written and/or electronic documentation | 4 convenient to head of exam table or gurney  Nurse Call System: |  |
| (3)  (4) | space for visitor's chair        handwashing station | Patient station        Staff assistance station | Table 2.1-3 |
| (5)  (6) | storage for supplies        space for medical equipment | Medical Gases:        1 OX, 1 VAC | Table 2.1-2 |
| (7) | view panel designed for patient visual privacy adjacent\* to or in door |  |  |
|  |  |  |  |
| 2.8-3.4.9.2 | Waiting area designated for fast-track area  check if not included in project |  |  |
| (1) | patient toilet room immediately accessible\* |  |  |
| (2) | min. 2 chairs per patient treatment room |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.8-3.5.2 | Airborne infection isolation (AII) room | Ventilation: |  |
| 2.1-3.3.2.1(2)  2.1-3.3.2.2(1)  2.1-3.3.2.2(2)  2.1-3.3.2.2(3) | meets requirements for treatment room        each room designed for only one patient        handwashing station        personal protective equipment (PPE) storage        located at room entrance | Min. 12 air changes per hour        Exhaust        Negative pressure        No recirculating room units        Exhaust register located directly above patient bed on ceiling or on wall near head of bed | Table 7.1  Part 3/7.2.1 |
|  |  |  |  |
| 2.1-3.3.2.3 | anteroom  check if not included in project |  |  |
| (1) | anteroom provide space for persons to don PPE before entering AII room |  |  |
| (2) | all doors to anteroom have self-closing devices |  |  |
| (3)(a) | handwashing station |  |  |
| (3)(b) | storage for unused PPE |  |  |
| (3)(c) | disposal/holding container for used PPE |  |  |
| 2.1-3.3.2.4 | Architectural Details & Furnishings: |  |  |
| (1)(a) | perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration |  |  |
| (1)(b) | self-closing devices on all room exit doors  **or**        activation of audible alarm when AII room is in use as isolation room |  |  |
|  |  |  |  |
|  | edge seals provided along sides & top of doorframe for any door into AII room |  |  |
| (2)(a) | window treatments do not include fabric drapes & curtains |  |  |
| 2.1-3.3.2.5 | AII room pressure visual or audible alarm |  |  |
|  |  |  |  |
| 2.8-3.5.3 | Secure holding room  check if not included in project |  |  |
| 2.8-3.5.3.1 | location facilitates staff observation & monitoring of patients | Ventilation:        Min. 6 air changes per hour | Table 7.1 |
| 2.8-3.5.3.2 | min. clear floor area of 60 sf        min. wall length 7’-0”        maximum wall length 11’-0” |  |  |
| 2.8-3.5.3.3 | room designed to prevent injury to patients |  |  |
| (1) | all finishes, light fixtures, vents & diffusers & sprinklers be impact- tamper- & ligature resistant |  |  |
| (2) | no electrical outlets, medical gas outlets or similar devices |  |  |
| (3) | no sharp corners edges or protrusions        walls free of objects or accessories |  |  |
| (4) | doors swing out & have hardware on exterior side only |  |  |
| (5) | door includes small impact-resistant view panel or window for discreet staff observation of patient |  |  |
| .2.8-3.S.3.4 | min. clear door opening 45.5” |  |  |
|  |  |  |  |
| 2.8-3.5.4 | Observation space        at least one observation bed with full cardiac monitoring is provided |  |  |
| 2.5-3.3.1.1 | facilities for holding patients until they can be discharged or transferred to appropriate hospital |  |  |
|  | dedicated observation space  **or** |  |  |
| 2.5-3.3.1.2 | examination or treatment room(s) designated as observation rooms |  |  |
|  |  |  |  |
| 2.5-3.3.3.1 | direct visual observation of each patient or door to treatment room from nurse station |  |  |
| 2.5-3.3.3.2(1)  2.1-3.1.2 | each observation space design ensures appropriate levels of patient speech & visual privacy & dignity throughout care process |  |  |
|  |  |  |  |
| 2.1-3.10.2 | Patient toilet room |  |  |
| 2.5-3.3.3.2(2) | readily accessible\* to each observation space |  |  |
| 2.1-3.10.2.1 | provided separate from public use toilet rooms        located to permit access from patient care areas without passing through publicly accessible areas | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 7.1 |
| 2.1-3.10.2.2 | equipped with toilet & handwashing station |  |  |
|  |  |  |  |
| 2.8-3.6 | **Imaging Services:** |  |  |
| 2.8-3.6.1 | Radiography room (Class 1 imaging room) |  |  |
| Table 2.1-5 | Flooring:        cleanable & wear-resistant for the location; stable, firm & slip‑resistant | Ventilation:        Min. 6 air changes per hour  Power: | Table 7.1 |
|  | Wall Finishes:        washable  Ceiling:        cleanable with routine housekeeping equipment | Min. 8 receptacles        4 on each lateral side of the imaging gantry | Table 2.1-1 |
| 2.1-3.5.2.3(1) | handwashing station |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 2.1-3.5.1.3(1) | Shielded control alcove or room |  |  |
| (a) | sized & configured according to manufacturer’s recommendations |  |  |
| (c) | shielded view window designed to provide full view of patient at all times (with possible use of closed-circuit video monitoring) |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging room complies with recommendations from manufacturer        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.8-3.8 | **Support Areas for Freestanding Emergency Care Facility:** |  |  |
| 2.8-3.8.2 | Administrative center or nurse station |  |  |
| 2.8-3.8.2.3 | (may include decentralized nurse stations near clusters of treatment rooms) |  |  |
| 2.8-3.8.2.2 | nurse master station & central monitoring equipment provided |  |  |
| 2.8-3.8.2.4 | observation of all traffic into unit & of all patients from 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 |  |  |
|  |  |  |  |
| 2.8-3.8.11  2.1-3.8.11.3 | Clean supply room        used only for storage & holding as part of system for distribution of clean & sterile materials | Ventilation:        Min. 4 air changes per hour        Positive pressure | Table 7.1 |
| 2.8-3.8.12 | Soiled workroom |  |  |
| 2.1-3.8.12.1  2.1-3.8.12.2(1) | no direct connection with clean workrooms or clean supply rooms |  |  |
| (a) | handwashing station | Ventilation: |  |
| (b) | flushing-rim clinical service sink or equivalent flushing-rim fixture | Min. 10 air changes per hour        Exhaust | Table 7.1 |
| (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  check if not included in project |  |  |
| (a) | electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | space for docking station |  |  |
|  |  |  |  |
| 2.8-3.8.13(2) | Storage for general medical/surgical supplies, medications & equipment        out of traffic        located under staff control |  |  |
| 2.8-3.8.13(3) | Wheelchair & gurney storage area for arriving patients        located our of traffic        access to emergency entrances |  |  |
| 2.8-3.8.13(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 |  |  |
| 2.8-3.8.14 | Environmental services room |  |  |
| 2.1-5.3.1.1(3) | (may serve more than one clinical service area on same floor) | Ventilation: |  |
| 2.1-5.3.1.1(1)  2.1-5.3.1.2(1) | min. one ES room per floor        service sink or floor-mounted mop sink | Min. 10 air changes per hour        Exhaust | Table 7.1 |
| 2.1-5.3.1.2(2) | provisions for storage of supplies & housekeeping equipment | Negative pressure        No recirculating room units |  |
| 2.1-5.3.1.2(3) | handwashing station or hand sanitation dispenser |  |  |
| 2.8-3.8.16 | Security station  check if not included in project |  |  |
|  | located near emergency entrances & triage/reception area        means of observing public waiting area        means of observing ED entrances including pedestrian & ambulance entrances        means of controlling access |  |  |
|  |  |  |  |
| 2.8-3.9 | **Support Areas for Staff:** |  |  |
| 2.8-3.9.1 | Staff lounge        immediately accessible\* to patient care & diagnostic areas        min. floor area 100 sf |  |  |
| 2.8-3.9.2  2.8-3.9.2.2 | Staff toilet room        immediately accessible\* to patient care & diagnostic areas        toilet & handwashing station | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 7.1 |
| 2.8-3.9.3 | Staff storage facilities |  |  |
| 2.8-3.9.3.1 | securable closets or cabinet compartments for personal articles of staff        located in or near nurse station |  |  |
| 2.8-3.9.3.2 | storage of coats in closets or cabinets on each floor  **or**        storage of coats in central staff locker area |  |  |
|  |  |  |  |
| 2.8-3.10 | **Support Areas for Patients:** |  |  |
| 2.8-3.10.2 | Patient toilet room        min. one patient toilet room per six treatment rooms & for each fraction thereof        handwashing station | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 7.1 |
|  |  |  |  |
|  |  |  |  |
| 2.8-4 | **PATIENT SUPPORT FACILITIES** |  |  |
| 2.8-4.1 | Laboratory Services: |  |  |
|  | Compliance Checklist OP2 has been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.8-4.2 | Pharmacy Services: |  |  |
|  | Full service pharmacy |  |  |
|  | Compliance Checklist OP3 has been submitted to DPH Plan Review  **or** |  |  |
| 2.8-4.2.1 | Medication preparation room |  |  |
| 2.1-3.8.8.1(2)(b) | work space designed so that staff can access information & perform required tasks |  |  |
| 2.1-3.8.8.1(2)(c) | work counters provide space to perform required tasks | Ventilation:        Min. 4 air changes per hour | Table 7.1 |
| 2.1-3.8.8.1(2)(e) | sharps containers placed at height that allows users to see top of container | Lighting:        Task-specific lighting level min. 100 foot-candles | 2.1-3.8.8.1(2)  (d) |
| 2.1-3.8.8.2 | work counter |  |  |
| (1)(a) | handwashing station |  |  |
|  | lockable refrigerator |  |  |
|  | 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 |  |  |
|  | room designed with space to prepare medications |  |  |
|  |  |  |  |
| 2.1-4.4 | Linen Services: |  |  |
|  | Dedicated on-site linen processing area  **or**        Off-site laundry services |  |  |
|  |  |  |  |
| 2.1-4.4.2 | Dedicated on-site linen processing area  check if not included in project (only if linen is processed off-site) |  |  |
| 2.1-4.4.2.1(1) | area large enough to accommodate 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 |  |  |
|  |  |  |  |
| 2.1-4.4.3 | Support areas for outpatient facilities using off-site laundry services  check if not included in project (only if linen is processed on-site) |  |  |
| 2.1-4.4.3.1 | soiled linen holding area or dedicated soiled laundry carts area |  |  |
| 2.1-4.4.3.2 | clean linen storage area or dedicated clean linen carts area |  |  |
|  |  |  |  |
| 2.8-4.5 | Nourishment area or room |  |  |
| 2.1-3.8.9.1 | handwashing station in or directly accessible\* | Ventilation:        Min. 2 air changes per hour | Table 7.1 |
| 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 |  |  |
|  |  |  |  |
| 2.7-4.3 | **STERILE PROCESSING** |  |  |
|  | Facilities for on-site sterile processing  **or**        Off-site sterile processing |  |  |
|  |  |  |  |
|  | Facilities for on-site sterile processing  check if not included in project |  |  |
|  | Compliance Checklist OP4 has been submitted |  |  |
|  |  |  |  |
|  | Support areas for facilities using off-site sterile processing  check if not 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 |  |  |
|  |  |  |  |
| (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 7.1 |
| (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 |  |  |
|  |  |  |  |
| 2.8-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.8-5.1 | Materials Management: |  |  |
| 2.1-5.1.2 | Receiving facilities |  |  |
|  | unpacking or box breakdown area accessible from designated delivery door |  |  |
| 2.1-5.1.3 | Service entrance  check if not included in project |  |  |
|  | protected from inclement weather |  |  |
| 2.8-5.4 | 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 |  |  |
|  |  |  |  |
| 2.8-6.2 | **PUBLIC AREAS** |  |  |
| 2.8-6.1.2 | Emergency department designed to ensure that access control is maintained at all rimes |  |  |
|  |  |  |  |
| 2.8-6.2.1.1 | Primary entrance |  |  |
| (1) | well-marked illuminated & covered primary entrance at grade level |  |  |
| (2) | primary entrance cover provide shelter extending at least over passenger side of the vehicle |  |  |
|  |  |  |  |
| 2.8-6.2.1.2 | Ambulance entrance |  |  |
| (1) | separate ambulance entrance be provided at grade level |  |  |
| (2) | emergency vehicle entry cover provide shelter for both patient & emergency medical crew during transfer between emergency vehicle & building |  |  |
| (3) | ambulance entrances provide min. 6’-0” clear width to accommodate expanded-capacity stretchers & gurneys, mobile patient lift devices & accompanying attendants |  |  |
|  |  |  |  |
| 2.1-6.2.2 | Reception |  |  |
|  | reception & information counter, desk or kiosk provided either at main entry or at each clinical service |  |  |
| 2.8-6.2.3 | Public waiting area |  |  |
| 2.1-6.2.3.2 | visible from staff area either by camera or direct staff sight line | Ventilation:        Min. 12 air changes per hour        Exhaust        Negative pressure | Table 7.1 |
|  |  |  |  |
| 2.8-6.2.3.1(1) | Public toilet room        immediately accessible\*        handwashing station | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 7.1 |
| (2) | Provisions for drinking water |  |  |
| (3) | Provisions for telephone access |  |  |
|  |  |  |  |
| 2.1-6.2.7.1 | Wheelchair storage  check if not 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 |  |  |
|  |  |  |  |
| 2.8-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.8-6.3.2 | Interview space |  |  |
| 2.8-6.3.2.2 | (may be combined with triage area) |  |  |
| 2.8-6.3.2.1 | provide speech & visual privacy |  |  |
|  |  |  |  |
| 2.8-6.3.5 | 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 |  |  |
|  |  |  |  |

\*LOCATION TERMINOLOGY:

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

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

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

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

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
|  | CORRIDOR WIDTH: |
| 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: |
| (2)  (4) | Min. height 7’‑0” in radiography, procedure, operating rooms from floor to lowest protruding element of equipment or fixture in stowed position        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  (1)  (a)  (b) | DOORS & DOOR HARDWARE:  Door Type:        doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors        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)  (a) | Door Opening:        min. 34” clear door width        min. 83.5” clear door height |
|  |  |
| (b) | Rooms with Gurney Access:  check if not included in project |
|  | 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 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 |
| (2) | Rail ends return to wall or floor |
| (3) | Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius |
| (4) | Handrails have eased edges & corners |
| (5) | Handrail finishes are cleanable |
|  |  |
| 2.1-7.2.2.14 | Decorative water features  check if not included in project |
| (1) | no indoor unsealed (open) water features in confines of outpatient suite |
| (2) | no covered fish tanks in other than public areas of outpatient suite |
|  |  |
| 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 |
|  | * trauma rooms |
|  | * airborne infection isolation (AII) room & any anteroom |
|  |  |
| 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 one pound per square foot |
| (c) | use of perforated tegular serrated or highly textured tiles not are permitted 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 7.1 are maintained for AII Rooms & Operating Rooms in event of loss of normal electrical power  check if not included in project |
|  |  |
| Part 3/6.1.2 | Heating & Cooling Sources: |
| Part 3/6.1.2.1 | heat sources & essential accessories provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance |
|  |  |
| Part 3/6.1.2.2 | Central cooling systems greater than 400 tons (1407 kW) peak cooling load  check if not included in project        number & arrangement of cooling sources & essential accessories is sufficient to support owner’s facility operation plan upon breakdown or routine maintenance of any one of cooling sources |
|  |  |
| Part 3/6.2 | AIR-HANDLING UNIT (AHU) DESIGN: |
| Part 3/6.2.1 | AHU casing is designed to prevent water intrusion, resist corrosion & permit access 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 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 3/6.3.1.3 | intakes on top of buildings  check if not included in project        located with bottom of air intake min. of 3’-0” above roof level |
|  |  |
| 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 or HD sterile compounding pharmacy) |
|  | 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 feet above adjoining roof level |
|  | exhaust discharge outlets from AII rooms is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
|  |  |
| Part 3/6.4 | FILTRATION: |
|  | Two filter banks for trauma rooms (see Table 6.4)        Filter Bank No. 1: MERV 7        Filter Bank No. 2: MERV 14        All other outpatient spaces one filter bank MERV 7        Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed |
|  |  |
| Part 3/6.4.1 | 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 & trauma room |
|  |  |
| 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 3/6.8.1 | Located upstream of Filter Bank No. 2 |
| 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: soiled or decontamination room |
|  |  |
| Part 3/7 | SPACE VENTILATION: |
| Part 3/7.1.a  Part 3/7.1.a.1 | Complies with Table 7.1        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 minimum outdoor air changes per hour required by Table 7.1 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 7.1 |
|  | room unit receive filtered & conditioned outdoor air        serve only a single space |
|  | provides min. MERV 6 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 |
|  |  |
| Part 3/7.4.1 | Trauma Rooms |
|  | Each TR has individual temperature control        TR is provided with primary supply diffuser array designed as follows: |
|  | airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft2        diffusers are concentrated to provide airflow pattern over patient & surgical team |
|  | coverage area of primary supply diffuser array extends min. 12” beyond footprint of surgical table on each side        no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses |
|  | additional supply diffusers provided within room outside of primary supply diffuser array  check if not included in project |
|  | each TR has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8” above floor |
|  |  |
| Part 3/7.4.3 | Imaging Procedure Rooms  check if not included in project |
|  | Anesthetic gases are administered        ventilation requirements for operating rooms are met  **or**        No anesthetic gases are administered |
|  |  |

|  |  |
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| 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)  (3)(c) | no installation of dead‑end piping (except for empty risers 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: 105–120oF |
| 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 (e.g. double wall containment piping) to protect space below from leakage & condensation   * trauma 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 |
| (2) | Floor Drains: |
| (a) | no floor drains in procedure rooms & trauma 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 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 of faucets is at least 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 controls used by staff, patients, & public can be operated without using hands (may be single‑lever or wrist blade devices) |
| (a) | blade handles  ☐ check if not included in project        at least 4 inches in length |
|  | provide clearance required for operation |
| (b) | sensor‑regulated water fixtures  check if not included in project |
|  | meet user need for temperature & length of time water flows |
|  | designed to function at all times and during loss of normal power |
| 2.1‑8.4.3.4 | Ice‑Making Equipment:        copper tubing provided for supply connections to ice‑making equipment |
| 2.1‑8.4.3.5 | Clinical Flushing-Rim Sinks: |
| (1)  (a) | trimmed with valves that can are operated without hands (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 |
|  |  |
| 2.1‑8.4.4 | **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: |
|  | elevator cars have min. inside floor dimension of 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 |
|  |  |