**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 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:

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 & 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.

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| 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 |  |  |
|  |  |  |  |
| 105 CMR 130.127(A) | Signage and Wayfinding: |  |  |
| (1) | \_\_\_ public entrances to the ED are clearly marked from external approaches and identified by exterior signage & visible from public thoroughfares  \_\_\_ signs identifying the ED read "EMERGENCY" in all caps in red on a white background or white on a red background  \_\_\_ public entrances to ED are distinguishable from ED ambulance entrance |  |  |
|  |  |  |  |
| (2) | \_\_\_ ED patient drop off & entry areas & hospital perimeter doors, which include, but may not be limited to, doors that are locked at night, main entrance doors, ED entrance doors, ambulance entrances & any door a patient may typically use to enter the hospital, are well lit & include directions to the ED.  \_\_\_ emergency patient vehicle drop off & external & internal entry areas are lit to be distinguishable from other entrances |  |  |
|  |  |  |  |
| (3) | \_\_\_ exterior hospital entry points are clearly identified from all major exterior routes including roadways, public transportation stops & vehicular parking |  |  |
|  |  |  |  |
| (4) | \_\_\_ exterior hospital ED identification & directional signs are sufficiently lit to allow drivers & pedestrians to see signage after dark & during inclement weather  \_\_\_ directional signs leading to the ED are placed in such a manner as to ensure visual continuity |  |  |
|  |  |  |  |
| (5) | \_\_\_ exterior wayfinding clearly defines the access pathways from public thoroughfares to the hospital main entrance & ED entrance |  |  |
|  |  |  |  |
| 105 CMR 130.127(B) | Security & Communications: |  |  |
| (1) | \_\_\_ lighted communications technology with duress alarm features across the grounds of the hospital facility to communicate with on-duty personnel  \_\_\_ includes communication devices at the hospital main entrances, ED entrance, ambulance entrances, & any exterior door a patient may typically use  \_\_\_ includes communication devices in strategic locations around hospital grounds  \_\_\_ such technology are accessible to people with low vision, hearing loss, difficulties with speech & cognitive processing  \_\_\_ system includes emergency duress button stations that are well marked & lit |  |  |
|  |  |  |  |
| 2.8-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.8-3.2 | \_\_\_ Reception & triage area | Ventilation: |  |
| 2.8-6.2.2.1(1) | \_\_\_ located near pedestrian entrance  \_\_\_ located near vehicular drop-off entrances | \_\_\_ Min. 12 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
| 2.8-6.2.2.1(2) | \_\_\_ designed to allow staff to monitor entrances | \_\_\_ Negative pressure |  |
| 2.8-6.2.2.1(3) | \_\_\_ public access points to treatment area are under direct observation of reception & triage areas | Power:  \_\_\_ Min. 6 receptacles  \_\_\_ Convenient to head of gurney or bed | Table 2.1-1 |
| 2.8-6.2.2.2(2)  2.1-3.1.2 | Patient privacy:  \_\_\_ provisions made to address patient visual & speech privacy | \_\_\_ At least 3 receptacles connected to emergency power system |  |
|  |  | Nurse Call System: |  |
| 2.8-6.2.2.2(3) | Handwashing stations: | \_\_\_ Patient station | Table 2.1-3 |
| (a) | \_\_\_ provided in each triage room | \_\_\_ Staff assistance station |  |
| (b) | Open triage area:  check if not included in project  (if triage is conducted in private rooms only) | Medical Gases:  \_\_\_ 1 OX, 1 VAC per patient station | Table 2.1-2 |
|  | \_\_\_ one handw. station provided for every four triage bays or cubicles |  |  |
| 2.8-6.2.2.2(4) | \_\_\_ hand sanitation dispenser provided for each triage bay or cubicle |  |  |
| 2.8-6.2.2.2(5) | \_\_\_ access to duress alarm for security emergencies |  |  |
|  |  |  |  |
| 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) | 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** | Ventilation:  \_\_\_ Min. 6 air changes per hour  Power:  \_\_\_ Min. 12 receptacles  \_\_\_ 4 convenient to head of exam table or gurney | Table 8-1  Table 2.1-1 |
| (3) | Renovation:  \_\_\_ min clear floor area 100 sf  \_\_\_ min clearance 3’-0” at each side & at foot of exam table | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  Medical Gases: | Table 2.1-3 |
| 2.8-3.4.2.2 |  | \_\_\_ 1 OX, 1 VAC | Table 2.1-2 |
| (1)  (2) | \_\_\_ portable or fixed examination light  \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (3)  (4) | \_\_\_ space for visitor's chair  \_\_\_ handwashing station |  |  |
| (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: | Ventilation: |  |
| (1) | \_\_\_ separate patient bays or cubicles with min. clear floor area 80 sf per patient care station | \_\_\_ Min. 6 air changes per hour  Power:  \_\_\_ Min. 12 receptacles | Table 8-1  Table 2.1-1 |
| (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 | \_\_\_ 4 convenient to head of exam table or gurney  Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station | Table 2.1-3 |
| 2.1-3.1.2  2.8-3.4.3.3(1) | \_\_\_ means of visual patient privacy  \_\_\_ examination light in each bay or cubicle | Medical Gases:  \_\_\_ 1 OX, 1 VAC | Table 2.1-2 |
|  |  |  |  |
| 2.8-3.4.3.3(2) | \_\_\_ accommodations for written or electronic documentation in each bay or cubicle |  |  |
| 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) | \_\_\_ Alternate use for multiple patient treatment stations when not in use for trauma patient  check if not included in project |  |  |
| (a) | \_\_\_ each resulting patient treatment station (bay or cubicle) meets all following physical environment requirements of respective service: |  |  |
|  | \_\_\_ area  \_\_\_ clearance around gurney  \_\_\_ direct access to handwashing station in room or scrub sink outside room  \_\_\_ electrical receptacles  \_\_\_ medical gas & vacuum systems |  |  |
| (b) | \_\_\_ physical space & operational plan accommodate conversion back to trauma room |  |  |
| (c) | \_\_\_ cubicle curtains, movable partitions, or other temporary room dividers will not affect required trauma room area or clearances when in stowed position |  |  |
|  |  |  |  |
| (2) | \_\_\_ trauma/resuscitation room used for treatment of individuals of size when not in use as trauma room  check if not included in project |  |  |
|  | \_\_\_ meets requirements below for Treatment Room for Individuals of Size |  |  |
| 2.8-3.4.4.2 |  |  |  |
| (1) | Space requirements for single-patient trauma/resuscitation room:  check if not included in project | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | Table 8-1 |
| (a) | \_\_\_ min. clear floor area of 250 sf | Power: |  |
| (b) | \_\_\_ min. clearance of 5’-0” around all sides of gurney | \_\_\_ Min. 16 receptacles  \_\_\_ Convenient to head of gurney or bed | Table 2.1-1 |
| (2) | Space requirements for multiple-patient trauma/resuscitation room  check if not included in project | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station | Table 2.1-3 |
| (a) | \_\_\_ min. clear floor area for each patient care station defined by privacy curtains is 200 sf | Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA per gurney | Table 2.1-2 |
| (b) | \_\_\_ min. clearance of 5’-0” around all sides of gurney  \_\_\_ 10’-0” between each patient bed or gurney |  |  |
|  |  |  |  |
| 2.8-3.4.4.3 | Equipment in Trauma/Resuscitation Room: |  |  |
| (1) | \_\_\_ space for storage of supplies |  |  |
| (2) | \_\_\_ picture archiving & communications system (PACS) or film illuminators |  |  |
| (3) | \_\_\_ handwashing station |  |  |
| (4) | \_\_\_ space for code cart |  |  |
| (5) | \_\_\_ exam lights |  |  |
| (6) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (7) | \_\_\_ physiological monitoring equipment |  |  |
| (8) | \_\_\_ storage for personal protective equipment |  |  |
|  |  |  |  |
| 2.8-3.4.4.4 | \_\_\_ Doorways leading from ambulance entrance to trauma/resuscitation room have min. clear width of 70.25 inches & min. height of 83.25 inches |  |  |
|  |  |  |  |
| 2.8-3.4.5 | \_\_\_ **Treatment room for individuals of size** | Ventilation: |  |
| 2.8-3.4.5(2) |  | \_\_\_ Min. 6 air changes per hour | Table 8-1 |
| 2.1-2.7 | \_\_\_ single-patient treatment room | Lighting: |  |
| 2.1-2.7.1 | Space Requirements: | \_\_\_ Portable or fixed exam light | 2.1-8.3.4.3(1) |
| 2.1-2.7.1.1(1) | \_\_\_ min. 5'-0" clearance at foot of expanded‑capacity exam table | Power: |  |
| (2) | \_\_\_ min. 3'-0" clearance on non-transfer side of expanded-capacity exam table | \_\_\_ Min. 8 receptacles  \_\_\_ 4 convenient to head of exam table or gurney | Table 2.1-1 |
| (3)(a) | \_\_\_ min. 5’-0” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station | Table 2.1-3 |
|  | **or** | Medical Gases: |  |
| (3)(b) | \_\_\_ min. 7’-0” on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift | \_\_\_ 1 OX, 1 VAC | Table 2.1-2 |
| 2.8-3.4.5(3) |  |  |  |
| 2.1-2.10.1 | \_\_\_ All plumbing fixtures, handrails, grab bars, patient lift equipment, built-in furniture & other furnishings designed to accommodate maximum patient weight |  |  |
|  |  |  |  |
| 2.1-2.10.2 | Door Openings: |  |  |
| 2.1-2.10.2.1 | \_\_\_ all door openings used for path of travel to public areas & areas where care will be provided for individuals of size have min. clear width of 45.5” to provide access for expanded-capacity wheelchairs |  |  |
| 2.1-2.10.2.2 | \_\_\_ door openings to toilet rooms designated for individuals of size have min. clear width of 45.5” |  |  |
|  |  |  |  |
| 2.8-3.4.5.2 | \_\_\_ Ceiling-lift or wall-mounted lifts  check if not included in project  \_\_\_ min. clearance 5’-6” from edge of expanded-capacity patient table or bed provided on transfer side |  |  |
|  |  |  |  |
| 2.8-3.4.5.3 | \_\_\_ Alternate use for multiple patient treatment stations when not in use for individual of size  check if not included in project |  |  |
|  | \_\_\_ this treatment room is subdivided with cubicle curtains or movable partitions to accommodate more than one patient  \_\_\_ each resulting bay or cubicle meets all electrical & medical gas requirements for emergency department treatment areas |  |  |
|  |  |  |  |
| 2.8-3.4.5.4 | \_\_\_ **Patient toilet room for Individuals of Size** |  |  |
|  | \_\_\_ readily accessible\* to treatment room for Individuals of Size |  |  |
| 2.1-2.6 |  |  |  |
| 2.1-2.6.1.1 | \_\_\_ expanded-capacity toilet  \_\_\_ mounted min. 36” from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift) | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ no recirculating room units | Table 8-1 |
|  | **or** |  |  |
| 2.1-2.6.1.2 | \_\_\_ regular toilet  \_\_\_ mounted Min. 44” from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet |  |  |
| 2.1-2.6.1.3 | \_\_\_ rectangular clear floor area Min. 46” wide extends 72” from front of toilet |  |  |
| 2.1-2.6.2.1 | \_\_\_ grab bars in toilet rooms intended for use by individuals of size are anchored to sustain concentrated load of 800 pounds |  |  |
| 2.1-2.6.2.2 | \_\_\_ adjustable/foldable grab bar mounted on horizontally movable track is provided |  |  |
| 2.1-2.3.4.1 | Handwashing station:  \_\_\_ downward static force required for handw. stations designated for individuals of size accommodates maximum patient weight of patient population |  |  |
|  |  |  |  |
| 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 8-1  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 |  |  |
|  |  |  |  |
| 2.8-3.4.8 | **Low-Acuity Patient Treatment Area**  check if not included in project |  |  |
| 2.8-3.4.8.1 | \_\_\_ Low-acuity patient treatment stations are not permitted to replace other emergency facility treatment room types in their entirety |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.8-3.4.8.2 | \_\_\_ Low-acuity patient treatment station  \_\_\_ patient bay or patient cubicle | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-1 |
| (1) | Space requirements: | Power: |  |
| (a) | \_\_\_ min. clear floor area 40 sf  \_\_\_ min. clear dimension 5’-6” | \_\_\_ 4 receptacles convenient to patient chair | Table 2.1-1 |
| (b) | \_\_\_ bay or cubicle accommodates min. clearance of 3’-0” at side, head, or foot of patient chair that corresponds with care providers expected work positions | Nurse Call System:  \_\_\_ Patient station | Table 2.1-3 |
| (2) | Treatment station features: |  |  |
| 2.8-3.4.3.3(1)  2.8-3.4.3.3(2) | \_\_\_ examination light in each bay or cubicle  \_\_\_ accommodations for written or electronic documentation in each bay or cubicle |  |  |
| 2.8-3.4.3.3(3) | \_\_\_ space for visitor's chair in each bay or cubicle |  |  |
| 2.8-3.4.8.3 | \_\_\_ supply storage  \_\_\_ immediately accessible\* to low-acuity patient treatment area |  |  |
| 2.8-3.4.8.4  2.1-3.1.2 | \_\_\_ provisions be made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.8-3.4.8.5 | \_\_\_ handwashing station |  |  |
| (1) | \_\_\_ at least one handwashing station provided in each low-acuity patient treatment area |  |  |
| (2) |  |  |  |
| 2.1-3.8.7.3(1) | \_\_\_ at least one handwashing station for every four patient care stations & for each major fraction thereof |  |  |
| 2.1-3.8.7.3(2) | \_\_\_ handwashing stations are evenly distributed based on arrangement of patient care stations |  |  |
|  |  |  |  |
| 2.8-3.4.9 | **HUMAN DECONTAMINATION FACILITIES** |  |  |
|  |  |  |  |
|  | \_\_\_ **Human decontamination space** |  |  |
| 2.8-3.4.9.1 | \_\_\_ 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 |  |  |
| 2.8-3.4.9.2 | \_\_\_ Human decontamination room  check if not included in project  (only if separate temporary mobile decontamination unit is provided) |  |  |
| (1) | Location:  \_\_\_ internal door of this room provides direct access into corridor of emergency facility or treatment room  \_\_\_ internal door of this room swings into decontamination room  \_\_\_ internal door of this room is lockable against ingress from corridor or treatment room |  |  |
| (2)  (a)  (b) | Entrance:  \_\_\_ dedicated & secured outside entry door  \_\_\_ located no less than 10’-0” in any direction from next closest entrance  \_\_\_ entrance is lighted & protected from environment  \_\_\_ entrance has contrasting boundary line on ground that is 3’-0” from each side of door & extends 6’-0” out from exterior wall  \_\_\_ word “DECON” be marked on ground within these boundaries. |  |  |
|  |  |  |  |
| (3)  (4) | Space requirements:  \_\_\_ min. clear floor area 100 sf  \_\_\_ means for patient privacy | Ventilation:  \_\_\_ 12 air changes per hour  \_\_\_ Exhaust | Table 7-1 |
|  |  | \_\_\_ Negative pressure |  |
| (a)  (b) | Architectural details & surface requirements:  \_\_\_ smooth, nonporous, scrubbable, nonabsorptive, nonperforated surfaces  \_\_\_ floor of decontamination room is seamless & self-coving to height of no less than 6 inches | \_\_\_ No recirculating room units  Power:  \_\_\_ 4 receptacles (wet location)  Nurse Call:  \_\_\_ 1 patient station  \_\_\_ 1 emergency call station  Medical Gases:  \_\_\_ 1 OX (may be portable) | Table 2.1-1  Table 2.1-2  Table 2.1-3 |
| (c)  (i) | Plumbing system requirements:  \_\_\_ min. of two hand-held shower heads, temperature controls & floor drain |  |  |
| (ii) | \_\_\_ dedicated holding tank  check if not included in project  (only if allowed by local codes or other jurisdictional authorities) |  |  |
| (iii)  (iv) | \_\_\_ contaminated rinsate is prevented from leaving decontamination room  \_\_\_ acid-resistant fixtures |  |  |
|  |  |  |  |
| 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 8-1  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 | **ROOMS SERVING BEHAVIORAL AND MENTAL HEALTH PATIENTS**  check if not included in project |  |  |
| 2.8-3.5.3.1(2) | Location:  \_\_\_ locations of designated behavioral & mental health rooms facilitate staff observation & monitoring of patients in these areas |  |  |
|  |  |  |  |
| 2.8-3.5.3.2 | \_\_\_ Secure holding room  check if not included in project |  |  |
| 2.8-3.5.3.2(1) | \_\_\_ min. clear floor area of 60 sf  \_\_\_ min. wall length 7’-0”  \_\_\_ maximum wall length 12’-0” | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 7-1 |
|  |  |  |  |
| 2.8-3.5.3.2(2) | \_\_\_ designed to prevent injury to patients |  |  |
| (a) | \_\_\_ min. ceiling height 9’-0” |  |  |
| (b) | \_\_\_ finishes, light fixtures, vents & diffusers, & sprinklers are impact-, tamper-, & ligature-resistant |  |  |
| (c) | \_\_\_ no electrical outlets, medical gas outlets, or similar devices |  |  |
| (d) | \_\_\_ no sharp corners, edges, or protrusions, & walls be free of objects or accessories of any kind |  |  |
| (e) | \_\_\_ doors swing out & have hardware on exterior side only |  |  |
|  |  |  |  |
| (f) | \_\_\_ small impact-resistant view panel or window provided in wall adjacent to door or in door for staff observation of patient |  |  |
|  | \_\_\_ glazing in view panel or window fabricated with polycarbonate or laminate on inside of glazing or tempered glass (or with any glazing that meets or exceeds requirements for Class 1.4 per ASTM F1233) |  |  |
|  |  |  |  |
| (3) | \_\_\_ min. clear door opening 44.5” in width |  |  |
|  |  |  |  |
| 2.8-3.5.3.3 | \_\_\_ Flexible secure treatment room  check if not included in project |  |  |
| 2.8-3.5.3.2(1) | \_\_\_ min. wall length 7’-0”  \_\_\_ maximum wall length 12’-0” | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 7-1 |
| 2.8-3.5.3.2(2) | \_\_\_ designed to prevent injury to patients |  |  |
| (a) | \_\_\_ min. ceiling height 9’-0” |  |  |
| (b) | \_\_\_ finishes, light fixtures, vents & diffusers, & sprinklers are impact-, tamper-, & ligature-resistant |  |  |
| (d) | \_\_\_ no sharp corners, edges, or protrusions, & walls be free of objects or accessories of any kind |  |  |
| (e) | \_\_\_ doors swing out & have hardware on exterior side only |  |  |
| (f) | \_\_\_ small impact-resistant view panel or window provided in wall adjacent to door or in door for staff observation of patient |  |  |
|  | \_\_\_ glazing in view panel or window made of polycarbonate or laminate on inside of glazing or tempered glass (or with any glazing that meets or exceeds requirements for Class 1.4 per ASTM F1233) |  |  |
| (3) | \_\_\_ min. clear door opening 44.5” in width |  |  |
|  |  |  |  |
| 2.8-3.4.2.1 | Space requirements: | Ventilation: |  |
| (1)  (2)(a) | 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** | \_\_\_ Min. 6 air changes per hour  Lighting:  \_\_\_ Portable or fixed exam light  Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ Min. 4 receptacles convenient to head of gurney or bed | Table 7-1  2.1‑8.3.4.3(3)  Table 2.1-1 |
| (3) | Renovation:  \_\_\_ min. clear floor area 100 sf  \_\_\_ min clearance 3’-0” at each side & at foot of exam table | Nurse Call System:  \_\_\_ Patient station  Medical Gases:  \_\_\_ 1 OX, 1 VAC, 1 MA per gurney | Table 2.1-2  Table 2.1-3 |
| 2.8-3.4.2.2 |  |  |  |
| (1)  (2) | \_\_\_ portable or fixed examination light  \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (3)  (4) | \_\_\_ space for visitor's chair  \_\_\_ handwashing station |  |  |
| (5) | \_\_\_ storage for supplies |  |  |
| (6) | \_\_\_ space for medical equipment |  |  |
| (7) | \_\_\_ view panel designed for patient visual privacy adjacent\* to and/or in door |  |  |
|  |  |  |  |
|  | Additional requirements: |  |  |
| (1) | \_\_\_ handwashing station located outside flexible secure treatment room  \_\_\_ adjacent to room |  |  |
|  | **or** |  |  |
| (2) | \_\_\_ handwashing station located in flexible secure treatment room  \_\_\_ means for covering & securing handwashing station are provided & are controlled by staff |  |  |
|  |  |  |  |
|  | \_\_\_ means for covering & securing electrical receptacles, medical gas outlets, vacuum inlets, & similar features are provided & are controlled by staff |  |  |
|  |  |  |  |
| 2.8-3.5.3.4 | \_\_\_ Behavioral & mental health treatment room  check if not included in project |  |  |
| 2.8-3.4.2.1 | Space requirements: | Ventilation: |  |
| (1)  (2)(a) | 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** | \_\_\_ Min. 6 air changes per hour  Lighting:  \_\_\_ Portable or fixed exam light  Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ Min. 4 receptacles convenient to head of gurney or bed | Table 7-1  2.1‑8.3.4.3(3)  Table 2.1-1 |
| (3) | Renovation:  \_\_\_ min. clear floor area 100 sf  \_\_\_ min clearance 3’-0” at each side & at foot of exam table | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  Medical Gases:  \_\_\_ 1 OX, 1 VAC, 1 MA per gurney | Table 2.1-2  Table 2.1-3 |
| 2.8-3.4.2.2 |  |  |  |
| (1)  (2) | \_\_\_ portable or fixed examination light  \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (3)  (4) | \_\_\_ space for visitor's chair  \_\_\_ handwashing station |  |  |
| (5) | \_\_\_ storage for supplies |  |  |
| (6) | \_\_\_ space for medical equipment |  |  |
| (7) | \_\_\_ view panel designed for patient visual privacy adjacent\* to and/or in door |  |  |
|  |  |  |  |
| 2.8-3.5.3.4 | Additional requirements: |  |  |
| (1) | \_\_\_ all door hardware, sinks, finishes, light fixtures, sprinklers, & outlets are tamper- & ligature-resistant |  |  |
| (2) | \_\_\_ locks are provided on storage devices & cabinetry to prevent patient access |  |  |
| (3) | \_\_\_ room provided with features to limit patient ability to convert equipment into weapons, as follows: |  |  |
| (a) | \_\_\_ cabinetry, or other means, are provided in room to enclose or store treatment equipment when this room is used for behavioral & mental health patient |  |  |
| (b) | \_\_\_ any devices are designed to prevent removal by providing tamper-resistant hardware & structural attachments |  |  |
|  |  |  |  |
| 2.8-3.5.6 | \_\_\_ Observation space  \_\_\_ at least one observation bed with full cardiac monitoring is provided |  |  |
| 2.5-3.4.1.1 | \_\_\_ facilities for holding patients until they can be discharged or transferred to appropriate hospital |  |  |
|  |  |  |  |
|  | \_\_\_ dedicated observation space  **or** |  |  |
|  | \_\_\_ examination or treatment room(s) designated as observation rooms |  |  |
|  |  |  |  |
| 2.5-3.4.3.1 | \_\_\_ direct visual observation of each patient or door to treatment room from nurse station |  |  |
| 2.5-3.4.3.2(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 |  |  |
| 2.5-3.4.3.2(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 8-1 |
| 2.1-3.10.2.2 | \_\_\_ equipped with toilet & handwashing station |  |  |
|  |  |  |  |
| 2.8-3.5.7 | **BEHAVIORAL HEALTH CRISIS UNIT (BHCU)**  check if not included in project |  |  |
| **2.8-3.5.7.1** |  |  |  |
| **2.8-3.5.7.1**(2) | Location: |  |  |
|  | \_\_\_ behavioral health crisis unit is part of freestanding Emergency Care Facility |  |  |
|  | **or** |  |  |
|  | \_\_\_ separate, stand-alone facility |  |  |
|  |  |  |  |
| **2.8-3.5.7.1**(4)(a) | Environment of care - environmental safety & prevention of harm: |  |  |
| **1.2-4.6.2.2** | **\_\_\_** design of behavioral & mental health patient care settings address need for safe treatment environment for those who may present unique challenges & risks as result of their mental condition |  |  |
| **1.2-4.6.2.2(1)** | \_\_\_ patient environment is designed to protect privacy, dignity, & health of patients  \_\_\_ patient environment addresses potential risks related to patient elopement & harm to self, others, & care environment |  |  |
| **1.2-4.6.2.2(2)** | \_\_\_ design of behavioral & mental health patient areas accommodates need for clinical & security resources |  |  |
| **2.8-3.5.7.1**(4)(a) (ii) | \_\_\_ consideration for harm prevention be given in designing architectural details & selecting surface materials & building system equipment |  |  |
| (iii) | \_\_\_ hidden alcoves & blind corners or areas be avoided |  |  |
|  | \_\_\_ visual observation |  |  |
| (iv) | \_\_\_ means for visual observation of unit corridors & patient care areas  \_\_\_ include direct visual observation (in addition to any electronic surveillance) |  |  |
|  |  |  |  |
| **2.8-3.5.7.1**(4)(b) | Environment of care - Security: |  |  |
| (i) | \_\_\_ design provides level of security needed for specific type of service or program provided as well as for age level, acuity, & risk of patients served (e.g., geriatric, acute behavioral & mental health, or forensic for adult, child, & adolescent care) |  |  |
| (ii) | \_\_\_ perimeter security system  check if not included in project |  |  |
|  | \_\_\_ contains patients within patient care unit until clinical staff and/or facility security can escort them to adjacent compartment or exit |  |  |
|  | \_\_\_ prevents elopement & contraband smuggling |  |  |
|  | \_\_\_ include provisions for monitoring & controlling visitor access & egress |  |  |
|  | \_\_\_ openings in perimeter security system (e.g., windows, doors, gates) is controlled by locks (manual, electric, or magnetic) |  |  |
| (iii) | \_\_\_ use of security cameras & other security measures  check if not included in project |  |  |
|  |  |  |  |
| **2.8-3.5.7.2** | **BHCU Patient Care Areas**  **check if not included in project**  **(only if no BHCU is provided as a part of Freestanding Emergency Care Facility)** |  |  |
| **2.8-3.5.7.2**(1) | \_\_\_ Exam/treatment room |  |  |
| (a) | (exam/treatment room for medical assessment or triage of patients in unit) |  |  |
|  | \_\_\_ located in Behavioral Health Crisis Unit |  |  |
|  | **or** |  |  |
| (b) | \_\_\_ located elsewhere in Emergency Facility  \_\_\_ exam/treatment room meets requirements in [Section 2.8-3.5.7.1(4)](https://shop.fgiguidelines.org/library/document/3067) (Environment of care)  \_\_\_ exam/treatment room is immediately accessible\* to behavioral health crisis unit |  |  |
|  |  |  |  |
| 2.8-3.4.2.1 | Space Requirements: |  |  |
| (1)  (2)(a) | 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** | Ventilation:  \_\_\_ Min. 6 air changes per hour  Power:  \_\_\_ Min. 12 receptacles  \_\_\_ 4 convenient to head of exam table or gurney  Nurse Call System: | Table 8-1  Table 2.1-1 |
| (3) | Renovation:  \_\_\_ min clear floor area 100 sf  \_\_\_ min clearance 3’-0” at each side & at foot of exam table | \_\_\_ Patient station  \_\_\_ Staff assistance station  Medical Gases:  \_\_\_ 1 OX, 1 VAC | Table 2.1-3  Table 2.1-2 |
| 2.8-3.4.2.2 |  |  |  |
| (1)  (2) | \_\_\_ portable or fixed examination light  \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (3)  (4) | \_\_\_ space for visitor's chair  \_\_\_ handwashing station |  |  |
| (5) | \_\_\_ storage for supplies |  |  |
| (6) | \_\_\_ space for medical equipment |  |  |
| (7) | \_\_\_ view panel designed for patient visual privacy adjacent to and/or in door |  |  |
|  |  |  |  |
| **2.8-3.5.7.2**(2) | \_\_\_ Observation room or area  check if not included in project |  |  |
|  | Space requirements: |  |  |
| (a)  (b) | \_\_\_ single-patient observation room  \_\_\_ min. clear floor area 100 sf  \_\_\_ min. clear dimension 10’-0”  \_\_\_ room size permits room arrangement with min. clearance of 3’-0” on each side & at foot of exam table, recliner, or chair | Ventilation:  \_\_\_ Min. 6 air changes per hour  Power:  \_\_\_ Min. 12 receptacles  \_\_\_ 4 convenient to head of exam table or gurney  Nurse Call System: | Table 8-1  Table 2.1-1 |
| (a) | \_\_\_ multiple-patient observation area  \_\_\_ min. clear floor area 80 sf per patient be provided | \_\_\_ Patient station  \_\_\_ Staff assistance station  Medical Gases:  \_\_\_ 1 OX, 1 VAC | Table 2.1-3  Table 2.1-2 |
| (b) | \_\_\_ min. clearance of 4’-0” between recliners or chairs |  |  |
|  | \_\_\_ min. clearance of 3’-0” between walls or partitions & sides of recliners in multiple-patient observation area |  |  |
|  |  |  |  |
| (c) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| (d) | \_\_\_ Patient toilet rooms |  |  |
| **2.8-3.10.2.3** |  | Ventilation: |  |
| 2.1-3.10.2.3 | **Ligature-resistant design features:** | \_\_\_ Min. 10 air changes per hour | Table 8-1 |
| (1)(a) | \_\_\_ toilet room doors | \_\_\_ Exhaust |  |
| (i) | \_\_\_ equipped with keyed locks that allow staff to control access to toilet room  check if not included in project (only if allowed by safety risk assessment) | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (ii) | \_\_\_ door to toilet room swings outward or is double-acting |  |  |
| (1)(b) | \_\_\_ grab bars anchored to sustain concentrated load of 250 pounds  \_\_\_ grab bars are ligature resistant & designed to facilitate use (i.e., be graspable) |  |  |
|  | \_\_\_ no towel bars  \_\_\_ no lever handles (except where designed anti-ligature lever handle are used) |  |  |
| (2) | \_\_\_ ceilings |  |  |
| (a) | \_\_\_ monolithic ceiling in patient toilet room |  |  |
| (i) | \_\_\_ ceiling secured from patient access |  |  |
| (ii) | \_\_\_ mechanical, electrical, & plumbing systems are concealed above ceiling |  |  |
| (b) | \_\_\_ ventilation grilles are secured using tamper-resistant fasteners & have perforations or openings to eliminate their use as tie-off point or be designed to prevent them from being used as ligature points |  |  |
| (c) | \_\_\_ ceiling access doors are without gaps & are secured with keyed lock and/or tamper-resistant fasteners |  |  |
| (3) | \_\_\_ light fixtures, fire sprinklers, electrical receptacles, & other appurtenances in patient toilet room are of tamper- & ligature-resistant type |  |  |
|  |  |  |  |
|  | Number of patient toilet rooms: |  |  |
| (ii) | Single-patient observation rooms:  check if not included in project |  |  |
|  | \_\_\_ one patient toilet room for each six single-patient observation rooms & for each major fraction thereof |  |  |
| (iii) | Multiple-patient observation area:  check if not included in project |  |  |
|  | \_\_\_ one patient toilet room for each eight patient care stations & for each major fraction thereof |  |  |
|  |  |  |  |
| 2.8-3.5.7.2(2)(e) | **Patient shower room:**  **check if not included in project**  **(may be combined with patient toilet room)** |  |  |
|  | \_\_\_ minimum one shower room  \_\_\_ immediately accessible\* to patient observation room or area |  |  |
| **2.8-3.10.3.1** | **Space requirements:** | Ventilation: |  |
| (1) | \_\_\_ space for patient dressing | \_\_\_ Min. 10 air changes per hour | Table 8-1 |
| (2) | \_\_\_ space to accommodate staff assistance | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
|  |  | \_\_\_ No recirculating room units |  |
| **2.8-3.10.3.2** |  |  |  |
| 2.1-3.10.2.3 | **Ligature-resistant design features:** |  |  |
| (1)(a) | \_\_\_ shower room doors |  |  |
| (i) | \_\_\_ equipped with keyed locks that allow staff to control access to toilet room  check if not included in project (only if allowed by where indicated by safety risk assessment) |  |  |
| (ii) | \_\_\_ door to shower room swings outward or is double-acting |  |  |
| (1)(b) |  |  |  |
| (i) | \_\_\_ grab bars anchored to sustain concentrated load of 250 pounds  \_\_\_ grab bars are ligature resistant & designed to facilitate use (i.e., be graspable) |  |  |
|  | \_\_\_ no towel bars  \_\_\_ no lever handles (except where designed anti-ligature lever handle are used) |  |  |
| (2) | \_\_\_ ceilings |  |  |
| (a) | \_\_\_ monolithic ceiling in patient toilet room |  |  |
| (i) | \_\_\_ ceiling secured from patient access |  |  |
| (ii) | \_\_\_ mechanical, electrical, & plumbing systems are concealed above ceiling |  |  |
| (b) | \_\_\_ ventilation grilles are secured using tamper-resistant fasteners & have perforations or openings to eliminate their use as tie-off point or be designed to prevent them from being used as ligature points |  |  |
| (c) | \_\_\_ ceiling access doors are without gaps & are secured with keyed lock and/or tamper-resistant fasteners |  |  |
| (3) | \_\_\_ light fixtures, fire sprinklers, electrical receptacles, & other appurtenances in patient toilet room are of tamper- & ligature-resistant type |  |  |
|  |  |  |  |
| 2.8-3.5.7.2(3)  (b) | \_\_\_ Quiet room  \_\_\_ provided for patient who needs to be alone for short period (may also serve as consultation room) |  |  |
| (a) | \_\_\_ min. clear floor area 80 sf (7.43 square meters). |  |  |
| 2.8-3.5.7.2(4) | \_\_\_ Secure holding room  check if not included in project |  |  |
| (b) | (may be located elsewhere in emergency facility) |  |  |
| 2.8-3.5.3.2(1) | \_\_\_ min. clear floor area of 60 sf  \_\_\_ min. wall length 7’-0”  \_\_\_ maximum wall length 12’-0” | Ventilation:  \_\_\_ Min. 6 air changes per hour |  |
|  |  |  |  |
| 2.8-3.5.3.2(2) | \_\_\_ designed to prevent injury to patients |  |  |
| (a) | \_\_\_ min. ceiling height 9’-0” |  |  |
| (b) | \_\_\_ finishes, light fixtures, vents & diffusers, & sprinklers are impact-, tamper-, & ligature-resistant |  |  |
| (c) | \_\_\_ no electrical outlets, medical gas outlets, or similar devices |  |  |
| (d) | \_\_\_ no sharp corners, edges, or protrusions, & walls be free of objects or accessories of any kind |  |  |
| (e) | \_\_\_ doors swing out & have hardware on exterior side only |  |  |
|  |  |  |  |
| (f) | \_\_\_ small impact-resistant view panel or window provided in wall adjacent to door or in door for staff observation of patient |  |  |
|  | \_\_\_ glazing in view panel or window fabricated with polycarbonate or laminate on inside of glazing or tempered glass (or with any glazing that meets or exceeds requirements for Class 1.4 per ASTM F1233) |  |  |
|  |  |  |  |
| (3) | \_\_\_ min. clear door opening 44.5” in width |  |  |
|  |  |  |  |
| **2.8-3.5.7.3** | **BHCU Support Areas**  **check if not included in project**  **(only if no BHCU is provided as a part of Freestanding Emergency Care Facility)** |  |  |
|  |  |  |  |
| **2.8-3.5.7.3**(1) | \_\_\_ Nurse station  \_\_\_ positioned & sized to meet behavioral & mental health program requirements and allow staff to observe patient care areas |  |  |
| **2.8-3.5.7.3**(2) | \_\_\_ Medication safety zone |  |  |
| 2.1-3.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | \_\_\_ medication safety zones located out of circulation paths |  |  |
| (b) | \_\_\_ work space designed so that staff can access information & perform required tasks | Lighting:  \_\_\_ Task-specific lighting level min. 100 foot-candles | 2.1-3.8.8.1(2)(d) |
| (c) | \_\_\_ work counters provide space to perform required tasks |  |  |
| (e) | \_\_\_ sharps containers placed at height that allows users to see top of container |  |  |
| 2.1-3.8.8.2 |  |  |  |
| (1) | \_\_\_ medication preparation room | Ventilation: |  |
| (a) | \_\_\_ work counter | \_\_\_ Min. 4 air changes per hour | Table 8-1 |
|  | \_\_\_ 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 | Lighting:  \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | \_\_\_ 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:  \_\_\_ Task lighting | 2.1-3.8.8.1(2)(d) |
| (b) | \_\_\_ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units |  |  |
| (c) | \_\_\_ countertop or cart provided adjacent to stationary medication-dispensing units |  |  |
|  |  |  |  |
| **2.8-3.5.7.3**(3) | \_\_\_ Outdoor areas  check if not included in project |  |  |
| (a) | Fences & walls: |  |  |
| (i) | \_\_\_ designed to hinder climbing |  |  |
| (ii) | \_\_\_ installed with tamper-resistant hardware |  |  |
| (iii) | \_\_\_ min. height 10’-0” above outdoor area elevation |  |  |
| (iv) | \_\_\_ anchored to withstand body force of 350-pound person |  |  |
| (b) | Gates or doors in fence or wall:  check if not included in project |  |  |
| (i) | \_\_\_ swing out of outdoor area |  |  |
| (ii) | \_\_\_ have hinge installed on outside of outdoor area |  |  |
| (iii) | \_\_\_ provided with locking mechanism that has been coordinated with life safety exiting requirements |  |  |
| (c) | Plantings: |  |  |
| (i) | \_\_\_ trees & bushes are not placed adjacent to fence or wall |  |  |
| (ii) | \_\_\_ plants selected for use are not toxic |  |  |
| (d) | Lighting: |  |  |
| (i) | \_\_\_ luminaires have tamper-proof lenses |  |  |
| (ii) | \_\_\_ luminaires not accessible to patients |  |  |
| (iii) | \_\_\_ poles supporting luminaires are not capable of being climbed |  |  |
| (e) | Security cameras:  check if not included in project |  |  |
|  | \_\_\_ view entire outdoor area  \_\_\_ are not accessible to patients |  |  |
| (f) | Furniture:  check if not included in project |  |  |
|  | \_\_\_ furniture is secured to ground.  \_\_\_ furniture is not placed in locations where it can be used to climb fence or wall |  |  |
|  |  |  |  |
| (g) | \_\_\_ elevated courtyards or outdoor areas located above ground floor level not contain skylights or unprotected walkways or ledges. |  |  |
|  |  |  |  |
| **2.8-3.5.7.4** | **Other BHCU Support Areas**  **check if not included in project**  **(only if no BHCU is provided as a part of Freestanding Emergency Care Facility)** |  |  |
|  | \_\_\_ Following support rooms or areas are included in BHCU |  |  |
|  | **or** |  |  |
|  | \_\_\_ Following support rooms or areas are located in and shared with Emergency Care Facility  \_\_\_ support rooms or areas are readily accessible\* to BHCU |  |  |
|  |  |  |  |
| **2.8-3.5.7.4**(1) | \_\_\_ Intake room or area |  |  |
| (a) | \_\_\_ lockable storage room or locker provided for storage of patients personal property |  |  |
| (b) | \_\_\_ dedicated room for intake function |  |  |
|  | **or** |  |  |
|  | \_\_\_ consultation room serves also as intake room |  |  |
|  |  |  |  |
| **2.8-3.5.7.4**(2) | \_\_\_ Consultation room  check if not included in project |  |  |
| (a) | \_\_\_ min. clear floor area 100 sf |  |  |
| (b) | \_\_\_ designed for acoustic & visual privacy (see Table 1.2-5 for acoustic requirements) |  |  |
| (c) | \_\_\_ consultation room located in BHCU |  |  |
|  | **or** |  |  |
|  | \_\_\_ consultation room shared with behavioral health crisis unit  \_\_\_ adjacent to BHCU |  |  |
|  |  |  |  |
| **2.8-3.5.7.4**(3) | \_\_\_ Nourishment area |  |  |
| 2.1-3.8.9.1 | \_\_\_ handwashing station in or directly accessible\* to nourishment area | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-1 |
| 2.1-3.8.9.2 | \_\_\_ work counter |  |  |
| 2.1-3.8.9.3 | \_\_\_ storage |  |  |
| 2.1-3.8.9.4 | \_\_\_ fixtures & appliances for beverages & nourishment |  |  |
|  |  |  |  |
| **2.8-3.5.7.4**(4) | \_\_\_ Clean workroom or clean supply room |  |  |
| 2.1-3.8.11.1 | \_\_\_ separate from & have no direct connection with soiled workrooms or soiled holding rooms |  |  |
| 2.1-3.8.11.2 | \_\_\_ clean workroom |  |  |
| (1) | \_\_\_ work counter |  |  |
| (2) | \_\_\_ handwashing station | Ventilation: |  |
| (3) | \_\_\_ storage facilities for clean & sterile supplies  **or** | \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | Table 8-1 |
| 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 8-1 |
|  |  |  |  |
| **2.8-3.5.7.4**(5) | \_\_\_ Soiled workroom or soiled holding room |  |  |
| 2.1-3.8.12.1 | \_\_\_ do not have direct connection with clean workrooms or clean supply rooms |  |  |
| 2.1-3.8.12.2 | \_\_\_ soiled workroom |  |  |
| (1)(a) | \_\_\_ handwashing station | Ventilation: |  |
| (1)(b) | \_\_\_ flushing-rim clinical service sink or equivalent flushing-rim fixture (or utility sink where clinical services do not require flushing-rim fixture) | \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
| (1)(c) | \_\_\_ work counter | \_\_\_ Negative pressure |  |
| (1)(d) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ No recirculating room units |  |
| (2) | \_\_\_ fluid disposal management system  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station  **or** |  |  |
| 2.1-3.8.12.3 | \_\_\_ soiled holding room |  |  |
| (1) | \_\_\_ handwashing station or hand sanitation dispenser | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 8-1 |
| (2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| **2.8-3.5.7.4**(6) |  |  |  |
| **2.8-3.8.13.2** | \_\_\_ Storage for general medical/surgical emergency supplies, medications, & equipment  \_\_\_ located out of traffic & under staff control |  |  |
|  |  |  |  |
| **2.8-3.8.13.3** | \_\_\_ Wheelchair & gurney storage for arriving patients  \_\_\_ located out of traffic with access to emergency entrances |  |  |
|  |  |  |  |
| **2.8-3.8.13.4** | \_\_\_ Emergency equipment storage |  |  |
| **2.1-3.8.13.4**(1) | \_\_\_ storage provided for emergency equipment used in facility |  |  |
| **2.1-3.8.13.4**(2) | \_\_\_ each storage location is readily accessible\*  \_\_\_ each storage location is under staff control |  |  |
| **2.1-3.8.13.4**(3) | \_\_\_ electrical outlet for charging battery-powered CPR cart |  |  |
|  |  |  |  |
| **2.8-3.5.7.4**(7) | \_\_\_ Environmental services room |  |  |
| 2.1-5.3.1.1(3) | (may serve more than one clinical service area on same floor) |  |  |
| 2.1-5.3.1.1(1) | \_\_\_ min. one ES room per floor |  |  |
| 2.1-5.3.1.1(2) | \_\_\_ additional ES rooms provided on floor according to needs of areas served | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 2.1-5.3.1.2(1) | \_\_\_ service sink or floor-mounted mop sink | \_\_\_ Exhaust |  |
| 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 |  |  |
|  |  |  |  |
| **2.8-3.5.7.5** | **Staff support areas for BHCU:**  **\_\_\_ at least** one staff toilet room  \_\_\_ directly accessible\* to BHCU |  |  |
|  |  |  |  |
| **2.8-3.5.7.6** | **Support areas for families & visitors:**  \_\_\_ waiting and/or lounge area for family & visitors  \_\_\_ readily accessible\* to behavioral health crisis unit. |  |  |
|  |  |  |  |
| 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 8-1 |
|  | 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 |  |  |
|  |  |  |  |
| 2.1-3.5.1.2 | Radiation Protection:  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
|  |  |  |  |
| (1) | \_\_\_ shielded control alcove or room  check if not included in project  (only if radiation-emitting imaging equipment is portable) |  |  |
| (a) | \_\_\_ control room or alcove is at min sized & configured in compliance with equipment manufacturer’s recommendations for installation service & maintenance |  |  |
| (b) | \_\_\_ shared control room or alcove  check if not included in project |  |  |
|  | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  | \_\_\_ means to prevent patient in one imaging room from viewing patient in another imaging room |  |  |
|  |  |  |  |
| (c) | \_\_\_ control room or alcove includes shielded view window |  |  |
|  | \_\_\_ designed to provide full view of exam/procedure table & patient at all times including full view of patient during imaging activities (e.g when table is tilted or chest X-ray is in use) |  |  |
|  | **or** |  |  |
|  | \_\_\_ use of closed-circuit video monitoring in addition to view window |  |  |
|  |  |  |  |
| (2) | \_\_\_ radiation protection requirements are incorporated into specifications & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance  \_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging 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 |  |  |
|  |  |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**  **check if not included in project** |  |  |
| (1) | Location: |  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
|  | \_\_\_ SCR dedicated to each imaging room |  |  |
|  | **or** |  |  |
| (d) | \_\_\_ SCR shared among multiple imaging rooms  \_\_\_ equipment manufacturers permit such sharing  \_\_\_ manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  |  |  |  |
| (2) | Space requirements:  \_\_\_ SCR sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area: |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/ uninterruptible power supply (UPS) equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.8-3.8 | **SUPPORT AREAS FOR PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.8-3.8.2 | \_\_\_ Nurse station |  |  |
| 2.8-3.8.2.2 | (may include decentralized nurse stations near clusters of treatment rooms) |  |  |
| 2.8-3.8.2.1 | \_\_\_ nurse master station & central monitoring equipment provided |  |  |
| 2.8-3.8.2.3 | \_\_\_ visual 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 8-1 |
|  |  |  |  |
| 2.6-3.8.12 | \_\_\_ Soiled workroom |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms |  |  |
| 2.1-3.8.12.2 | \_\_\_ soiled workroom |  |  |
| (1)(a) | \_\_\_ handwashing station | Ventilation: |  |
| (1)(b) | \_\_\_ flushing-rim clinical service sink or equivalent flushing-rim fixture (or utility sink where clinical services do not require flushing-rim fixture) | \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| (1)(c) | \_\_\_ work counter |  |  |
| (1)(d) | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
| (2) | \_\_\_ fluid disposal 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) |  |  |
|  | \_\_\_ directly accessible\* from patient care & diagnostic areas | Ventilation:  \_\_\_ Min. 10 air changes per hour |  |
| 2.1-5.3.1.1(1) | \_\_\_ min. one ES room per floor | \_\_\_ Exhaust | Table 8-1 |
| 2.1-5.3.1.1(2) | \_\_\_ additional ES rooms provided on floor according to needs of areas served | \_\_\_ Negative pressure  \_\_\_ 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 |  |  |
| 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  \_\_\_ readily accessible\* to patient care & diagnostic areas  \_\_\_ toilet & handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| 2.8-3.9.3 | \_\_\_ Staff storage facilities |  |  |
| 2.8-3.9.3.1 | \_\_\_ securable closets or cabinet compartments for personal articles of staff |  |  |
| 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 FAMILIES, PATIENTS & VISITORS** |  |  |
| 2.8-3.10.2  2.8-3.10.2.1  2.8-3.10.2.2 | \_\_\_ Patient toilet room  \_\_\_ min. one patient toilet room per six treatment rooms & for each major fraction thereof  \_\_\_ toilet & handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
|  |  |  |  |
| 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 8-1 |
| 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 8-1 |
| 2.1-3.8.9.2 | \_\_\_ work counter |  |  |
| 2.1-3.8.9.3 | \_\_\_ storage |  |  |
| 2.1-3.8.9.4 | \_\_\_ fixtures & appliances for beverages & nourishment |  |  |
|  |  |  |  |
| 2.7-4.3 | **STERILE PROCESSING** |  |  |
|  | \_\_\_ Facilities for on-site sterile processing  **or**  \_\_\_ Off-site sterile processing |  |  |
|  |  |  |  |
| 2.1-4.3.2.1 | \_\_\_ Facilities for on-site sterile processing  check if not included in project |  |  |
|  | \_\_\_ Compliance Checklist OP4 has been submitted |  |  |
|  |  |  |  |
| 2.1-4.3.3 | \_\_\_ 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** |  |  |  |
| **2.1-4.3.2.4**(2) | \_\_\_ clean/sterile medical/surgical supply receiving room or area |  |  |
| **2.1-4.3.3.2** |  |  |  |
| **2.1-4.3.2.4**(1) | \_\_\_ instrument and supply storage |  |  |
| (a) | (may be separate room or portion of clean workroom) |  |  |
| (b) | \_\_\_ space for case cart storage  check if not included in project  (only if case carts are not used) |  |  |
| (c) | \_\_\_ storage for clean/sterile packs include provisions to maintain humidity & temperature levels specified by manufacturer(s) of materials being stored |  |  |
| 2.1-4.3.3.3 | \_\_\_ room with flush-type device for gross decontamination & holding of soiled instruments |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms |  |  |
| 2.1-3.8.12.2(1) |  |  |  |
| (a) | \_\_\_ handwashing station | Ventilation: |  |
| (b) | \_\_\_ flushing-rim clinical service sink or equivalent flushing-rim fixture | \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
| (c) | \_\_\_ work counter | \_\_\_ Negative pressure |  |
| (d) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.8-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.8-5.1 | Materials Management: |  |  |
| 2.1-5.1.2 | \_\_\_ receiving facilities |  |  |
| 2.1-5.1.2.1 | \_\_\_ unpacking or box breakdown area accessible from designated delivery door |  |  |
| 2.1-5.1.2.2 | \_\_\_ segregated from waste collection & storage facilities |  |  |
| 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 | **PUBLIC AND ADMINISTRATIVE AREAS** |  |  |
|  |  |  |  |
| **2.8-6.1.2** | **Security:** |  |  |
| **2.8-6.1.2.1** | \_\_\_ Emergency department is designed to assure that access control can be maintained at all times |  |  |
|  |  |  |  |
| **2.8-6.1.2.2** | **\_\_\_ Security station**: |  |  |
| (1) | \_\_\_ located near emergency entrances & triage/reception area |  |  |
| (2) | \_\_\_ has means of observing public waiting areas & emergency care facility entrances, including pedestrian & ambulance entrances |  |  |
| (3) | \_\_\_ has means of controlling access |  |  |
|  |  |  |  |
| **2.8-6.2** | **Public Areas:** |  |  |
| 2.1-6.2.1 | \_\_\_ Vehicular drop-off & pedestrian entrance |  |  |
| 2.1-6.2.1.1 | \_\_\_ min. of one building entrance reachable from grade level |  |  |
| 2.1-6.2.1.2 | \_\_\_ building entrances used to reach outpatient services are clearly marked |  |  |
| 2.1-6.2.1.3 | \_\_\_ building entrances used to reach outpatient services located so patients need not go through other activity areas (except for shared lobbies in multi-occupancy buildings) |  |  |
|  |  |  |  |
| **2.8-6.2.1** | **Entrances** to Emergency Care Facility**:** |  |  |
| **2.8-6.2.1.1(1)** | \_\_\_ wayfinding for freestanding emergency care facility clearly defines access pathways to emergency facility entrance from public thoroughfares |  |  |
| **2.8-6.2.1.1(2)**  105 CMR 130.127(B)(1) | \_\_\_ duress alarm is provided at any public entrances to Freestanding Emergency Care Facility |  |  |
| **2.8-6.2.1.1(3)** | \_\_\_ video surveillance system provided for each public entrance to Freestanding Emergency Care Facility |  |  |
| **2.8-6.2.1.2** | **Primary entrance:** |  |  |
| (1) | \_\_\_ illuminated  \_\_\_ covered  \_\_\_ signage identifying entrance |  |  |
| (2) | \_\_\_ primary entrance cover provides shelter extending at least over passenger side of vehicle |  |  |
| 2.8-6.2.1.3 | \_\_\_ Ambulance entrance |  |  |
| (1) | \_\_\_ separate ambulance entrance be provided at grade level |  |  |
| (2) | \_\_\_ emergency vehicle entry cover provides 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 |  |  |
| 2.8-6.2.2 | \_\_\_ Reception & triage area |  |  |
| 2.8-6.2.2.1(1) | \_\_\_ located near pedestrian entrance  \_\_\_ located near vehicular drop-off entrances |  |  |
| 2.8-6.2.2.1(2) | \_\_\_ designed to allow staff to monitor entrances |  |  |
| 2.8-6.2.2.1(3) | \_\_\_ public access points to treatment area are under direct observation of reception & triage areas |  |  |
| **2.8-6.2.3** | **\_\_\_ Public waiting area** | Ventilation: |  |
| **2.8-6.2.3.1** | \_\_\_ seating | \_\_\_ Min. 12 air changes per hour | Table 8-1 |
| 2.1-6.2.3.2 | \_\_\_ visible from staff area either by camera or direct staff sight line | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
|  |  |  |  |
| **2.8-6.2.3.2** | \_\_\_ public toilet room  \_\_\_ immediately accessible  \_\_\_ handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
|  |  | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| **2.8-6.2.3.3** | \_\_\_ access to drinking water |  |  |
| **2.8-6.2.3.4** | \_\_\_ access to public communications services |  |  |
|  |  |  |  |
| 2.1-6.2.7.1 | \_\_\_ Wheelchair storage  check if not included in project |  |  |
|  | \_\_\_ located out of required corridor width  \_\_\_ directly accessible\* to entrance  \_\_\_ provided for at least one wheelchair |  |  |
| 2.1-6.2.7.2 | \_\_\_ Wheelchair parking space |  |  |
|  | \_\_\_ designated area for at least one patient-owned wheelchair in non-public area  \_\_\_ located out of any required egress width or other required clearance |  |  |
|  |  |  |  |
| 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 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 & up to three soft walls (e.g., cubicle curtains or portable privacy screen).

Cubicle: space intended for patient care that has at least one opening & no door & 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  (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. 32” 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 |
| (1) | \_\_\_ Rail ends return to wall or floor |
| (2) | \_\_\_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius |
| (3) | \_\_\_ Handrails have eased edges & corners |
| (4) | \_\_\_ 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 (e.g. soiled workroom & toilet rooms) are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions |
| (6)(a) | \_\_\_ Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in rooms listed below |
|  | * soiled workrooms & soiled holding rooms |
|  | * 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 |

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| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |
| Part 3/6.1 | UTILITIES: |
| Part 3/6.1.1 | Ventilation Upon Loss of Electrical Power:  \_\_\_ space ventilation & pressure relationship requirements of Table 8-1 are maintained for AII Rooms & Operating Rooms in event of loss of normal electrical power  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 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 |
| 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 3/6.3.1.4 | \_\_\_ intake in areaway  check if not included in project  \_\_\_ bottom of areaway air intake opening is at least 6’-0” above grade  \_\_\_ bottom of air intake opening from areaway into building is at least 3’-0” above bottom of areaway |
|  |  |
| Part 3/6.3.2 | Contaminated Exhaust Discharges:  check if not included in project |
| Part 3/6.3.2.1 | \_\_\_ ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms) |
|  | \_\_\_ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building |
| Part 3/6.3.2.2 | \_\_\_ exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10’-0” above adjoining roof level |
|  | \_\_\_ exhaust discharge outlets from AII rooms is located not less than 25’-0” horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
| Part 3/6.4 | FILTRATION: |
| a. | \_\_\_ Particulate matter filters, min. MERV-8 provided upstream of first heat exchanger surface of any air-conditioning system that combines return air from multiple rooms or introduces outdoor air. |
| b. | \_\_\_ Outdoor air filtered in accordance with Table 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, or Section 7.1(a)(5) |
| e. | \_\_\_ Design includes all necessary provisions to prevent moisture accumulating on filters located downstream of cooling coils & humidifiers |
| h. | \_\_\_ For spaces that do not permit air recirculated by means of room units & have min. filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 8-1, the min. filter requirement listed in Table 8-1, is installed downstream of all wet-air cooling coils & supply fan |
|  |  |
| Part 3/6.4.1 | \_\_\_ Filter Bank No. 1 placed upstream of heating & cooling coils |
| Part 3/6.4.2 | \_\_\_ Filter Bank No. 2 placed downstream of all wet-air cooling coils & supply fan |
|  |  |
| Part 3/6.5 | HEATING & COOLING SYSTEMS: |
| Part 3/6.5.3 | \_\_\_ Radiant heating systems  check if not included in project  \_\_\_ ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room & trauma room |
|  |  |
| Part 3/6.7 | AIR DISTRIBUTION SYSTEMS: |
| Part 3/6.7.1 | \_\_\_ Maintain pressure relationships required in Table 8-1 in all modes of HVAC system operation  \_\_\_ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems  \_\_\_ Recovery rooms are served by fully ducted return or exhaust systems |
|  |  |
| Part 3/6.7.2 | Air Distribution Devices: |
|  | \_\_\_ supply air outlets comply with Table 6-2 |
|  |  |
| Part 3/6.7.3 | Smoke Barriers:  \_\_\_ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers. |
|  |  |
| Part 3/6.8 | ENERGY RECOVERY SYSTEMS:  check if not included in project |
| Part 3/6.8.1 | \_\_\_ Located upstream of filters required by Part 3/6.8.4 |
| Part 3/6.8.2 | \_\_\_ AII room exhaust systems are not used for energy recovery |
|  |  |
| Part 3/6.8.3 | \_\_\_ Energy recovery systems with leakage potential  check if not included in project  \_\_\_ arranged to minimize potential to transfer exhaust air directly back into supply airstream  \_\_\_ designed to have no more than 5% of total supply airstream consisting of exhaust air  \_\_\_ not used from these exhaust airstream sources: soiled or decontamination room |
|  |  |
| Part 3/7 | SPACE VENTILATION: |
| Part 3/7.1.a  Part 3/7.1.a.1 | \_\_\_ Complies with Table 8-1  \_\_\_ Air movement is from clean to less-clean areas |
| Part 3/7.1.a.3 | \_\_\_ Min. number of total air changes required for positive pressure rooms is provided by total supply airflow  \_\_\_ Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow |
| Part 3/7.1.a.4 | \_\_\_ Entire min. outdoor air changes per hour required by Table 8-1 for each space meet filtration requirements of Section 6.4 |
|  |  |
| Part 3/7.1a.5 | \_\_\_ Air recirculation through room unit  check if not included in project  \_\_\_ complies with Table 8-1 |
|  | \_\_\_ room unit receive filtered & conditioned outdoor air  \_\_\_ serve only single space |
|  | \_\_\_ provides min. MERV 8 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
|  |  |
| Part 3/7.2 | ADDITIONAL ROOM-SPECIFIC REQUIREMENTS: |
| Part 3/7.2.1 | Airborne Infection Isolation (AII) Rooms  check if not included in project |
|  | \_\_\_ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor  \_\_\_ Local visual means is provided to indicate whenever negative differential pressure is not maintained |
|  | \_\_\_ Air from AII room is exhausted directly to outdoors |
|  | \_\_\_ Exhaust air from AII rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system |
|  | \_\_\_ Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed |
|  |  |
|  | \_\_\_ Anteroom  check if not included in project  \_\_\_ AII room is at negative pressure with respect to anteroom  \_\_\_ Anteroom is at negative pressure with respect to corridor |
|  |  |
| 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 |

|  |  |
| --- | --- |
| 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 not more than 25’‑0” long |
| (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 * clean workrooms * Class 2 & Class 3 imaging rooms * pharmacies * 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 & 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 of faucets is at least 10” above bottom of basin |
| (7) | \_\_\_ anchored to withstand up 250 Lbs. of vertical or horizontal force |
| (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 & during loss of normal power |
| 2.1‑8.4.3.4 | Ice‑Making Equipment:  \_\_\_ copper tubing provided for supply connections to ice‑making equipment |
| 2.1‑8.4.3.5 | Clinical sinks: |
| (1)  (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 |
|  |  |