**COMPLIANCE CHECKLIST**

**OP14\_Renal Dialysis Centers**

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2018 Edition of the FGI Guidelines for Design and Construction of 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 & Regulations of the Massachusetts Board of Registration in Pharmacy
6. Occupational Safety & Health Standards (OSHA)
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. “E” must not be used for an existing required support space associated with a new patient care room or area. |  **W** = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request. |

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, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", “WAGD” & “IA”.
4. Requirements referenced with “FI” result from formal interpretations from the FGI Interpretations Task Group.
5. The location requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

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

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.10 | **RENAL DIALYSIS CENTERS** |  |  |
| 2.10-1.1 |  Application: |  |  |
| 2.10-1.1.1 |       renal dialysis centers that treat patients with chronic renal disease |  |  |
|  |  |  |  |
| 145.200 |  Location:       dialysis area is separate from other patient care & administrative activities       dialysis area not located in area that provides access to such other areas  |  |  |
|  |  |  |  |
| 2.10-2 | **ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE** |  |  |
| 2.1-2.1.1.2 | [ ]  check if not included in project (only if a Patient Handling & Movement Assessment that determines that the outpatient service does not have a need for expanded-capacity lifts & architectural details that support movement of patients of size in patient areas is attached to the Project Narrative) |  |  |
|  |  |  |  |
| 2.1-2.1.2 |  Location: |  |  |
|  |       spaces designated for care of or use by patients of size are provided in locations to accommodate population expected to be served by facility |  |  |
|  |  |  |  |
| 2.1-2.5 |       Handwashing stations |  |  |
| 2.1-2.5.2 |       downward static force required for handwashing stations designated for patients of size accommodates maximum patient weight of patient population |  |  |
|  |  |  |  |
| 2.1-2.6 |       Patient toilet room |  |  |
| 2.1-2.6.1 |       expanded-capacity toilet       mounted min. 36 inches from finished wall to centerline of toilet on both sides (for caregiver assistance with lifts)**or** | Ventilation:      Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
| 2.1-2.6.2 |       regular toilet       mounted min. 44 inches from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet | Nurse Call System:      Emergency call station | Table 2.1-3 |
|  |  |  |  |
| 2.1-2.6.3 |       rectangular clear floor area min. 46” wide extends 72” from front of toilet |  |  |
|  |  |  |  |
| 2.1-2.7 |       Single-patient examination room |  |  |
| 2.1-2.7.1 |  Space Requirements: |  |  |
| 2.1-2.7.1.1(1) |       min. 5'-0" clearance at foot of expanded‑capacity exam table | Ventilation:      Min. 4 air changes per hour | Table 8.1 |
| (2)  |       min. 3'-0" clearance on non-transfer side of expanded- capacity exam table | Lighting:      Portable or fixed exam light | 2.1-8.3.4.3(1) |
| (3)(a)  |       min. 5’-0” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift**or** | Power:      Min. 8 receptacles      4 convenient to head of exam table or gurney | Table 2.1-1 |
| (3)(b)  |       min. 7’-0” on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift |  |  |
|  |  |  |  |
| 2.1-2.8 |       Equipment & supply storage |  |  |
|  |  |  |  |
| 2.1-2.9 |       Waiting areas |  |  |
| 2.1-2.9.1 |       seating for persons of size be provided in waiting areas in outpatient facilities |  |  |
| 2.1-2.9.2 |       waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size |  |  |
|  |  |  |  |
| 2.1-2.10.1 |       All plumbing fixtures, handrails, grab bars, patient lift, equipment, built-in furniture & other furnishings designed to accommodate maximum patient weight |  |  |
|  |  |  |  |
| 2.1-2.10.2 |  Door Openings: |  |  |
| 2.1-2.10.2.1 |       door openings used for path of travel to public areas & areas for care of patients of size have min. clear width of 45.5” |  |  |
| 2.1-2.10.2.2 |       door openings to toilet rooms designated for patients of size have min. clear width of 45.5”  |  |  |
|  |  |  |  |
| 2.10-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.10-3.1 |       Examination room[ ]  check if not included in project  |  |  |
|  |  Space Requirements: | Ventilation: |  |
| (2)(a)  |       min. clear floor area 80 sf |       Min. 4 air changes per hour | Table 8.1 |
|  |       room size allows min. clearance 2’‑8” at each side & at foot of exam table or recliner | Lighting:      Portable or fixed exam lightPower: | 2.1-8.3.4.3(1) |
|  |       room arrangement shown in the plans for each exam room (Layout #1) |       Min. 8 receptacles      4 convenient to head of exam table or gurney | Table 2.1-1 |
| (3)  |  Exam Room Features: |  |  |
| (a)  |       portable or fixed exam light  |  |  |
| (b)  |       storage for supplies |  |  |
| (c)  |       accommodations for written or electronic documentation |  |  |
| (d)  |       space for visitor’s chair |  |  |
| (e)  |       handwashing station |  |  |
| 2.10-3.2 |  **Hemodialysis Treatment Area:** |  |  |
| 2.10-3.2.1.2 |       Treatment area separate from administrative & waiting areas |  |  |
| 2.10-3.2.1.3 |       No built-in cabinetry in individual hemodialysis patient care stations |  |  |
|  |  |  |  |
| 2.10-3.2.2 |       Hemodialysis patient care stations |  |  |
| 2.10-3.2.2.1 |  Space Requirements: |  |  |
| (1)  |       Individual patient care stations with dialysis chairs[ ]  check if not included in project  | Ventilation:      Min. 6 air changes per hour | Table 8.1 |
| (a)  |       min clear floor area 80 sf |  |  |
| (2)(a)  |       min. clearance 4’-0” between sides of dialysis chairs | Lighting:      connected to emergency power | 145.291(C)(1)(b) |
| (2)(b) (2)(c) |       min. clearance 3’-0” between sides of dialysis chairs & adjacent\* walls or partitions      min. clearance 2’-0” between foot of dialysis chair & cubicle curtain or aisle boundary | Power:      Min. 8 receptacles      4 on each side of a patient bed or lounge chair       2 on each side of the bed connected to emergency power | Table 2.1-1 |
|  |  |  |  |
|   |       Individual patient care stations with gurneys[ ]  check if not included in project  | Ventilation:      Min. 6 air changes per hour | Table 8.1 |
| (b)  |       min clear floor area 90 sf |  |  |
| (2)(a)  |       min. clearance 4’-0” between sides of gurneys | Lighting:      connected to emergency power | 145.291(C)(1)(b) |
| (2)(b) (2)(c) |       min. clearance 3’-0” between sides of gurneys & adjacent\* walls or partitions      min. clearance 2’-0” between foot of gurney & cubicle curtain or aisle boundary | Power:      Min. 8 receptacles      4 on each side of a patient bed or lounge chair       2 on each side of the bed connected to emergency power | Table 2.1-1 |
|  |  |  |  |
| 145.210 |  Space Between Dialysis Stations:       sufficient for equipment & patient care       sufficient to prevent cross contamination       accommodates medical emergency equipment & staff access to patient by at least two persons  |  |  |
|  |  |  |  |
| 2.10-3.2.4 |  Patient Privacy: |  |  |
|  |       space available to accommodate provisions for patient privacy (including privacy curtains or privacy screens) |  |  |
|  |  |  |  |
| 2.10-3.2.5 |  Handwashing Stations: |  |  |
| 2.1-3.8.7.1 |       located in each room where hands-on patient care is provided |  |  |
| 2.1-3.8.7.3 |       handwashing station serves multiple patient care stations[ ]  check if not included in project  |  |  |
| (1)  |       at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof |  |  |
| (2)  |       evenly distributed based on arrangement of patient care stations  |  |  |
| 2.10-3.2.5.2 |       one of these handwashing stations located at entry to hemodialysis treatment area |  |  |
|  |  |  |  |
| 2.10-3.3145.340 |       Home training room[ ]  check if not included in project (only if clinic has affiliation agreement with hospital or out-of-hospital dialysis unit for provision of home dialysis training program) |  |  |
| 2.10-3.3.12.10-3.3.2.1 |       private treatment room of at least 120 sf      counter | Ventilation:      Min. 6 air changes per hour | Table 8.1 |
| 2.10-3.3.2.2 |       handwashing station | Lighting: | 145.291(C)(1) |
| 2.10-3.3.2.3 |       separate drain for fluid disposal |       connected to emergency power |  |
|  |  | Power:      Min. 4 receptacles on each side of a patient bed or lounge chair       2 on each side of the bed connected to emergency power | Table 2.1-1 |
| 2.10-3.4.1 |       Airborne infection isolation (AII) room |  |  |
| 2.10-3.4.1.2 | Application:      for patients who are Hepatitis B surface antigen-positive or for airborne infection isolation Space Requirements:      min. clear floor area 120 sf | Ventilation:      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 8.1Part 3/7.2.1 |
| 2.10-3.4.1.3 |       AII room allows for direct observation of patient by staff during treatment | Lighting:      connected to emergency power | 145.291(C)(1)(b) |
| 2.10-3.4.1.1 |  |  |  |
| 2.1-3.3.2.2(1) 2.1-3.3.2.2(2)2.1-3.3.2.2(3) |  Capacity:       each AII room accommodates only one patient      handwashing station      personal protective equipment (PPE) storage | Power:      Min. 8 receptacles      4 on each side of a patient bed or lounge chair       2 on each side of the bed connected to emergency power | Table 2.1-1 |
|  |       located at room entrance |  |  |
|  |  |  |  |
| 2.1-3.3.2.3 |       Anteroom[ ]  check if not included in project  |  |  |
| (1)  |       anteroom provides space for persons to don PPE before entering AII room | Ventilation:      Min. 10 air changes per hour      Exhaust      No recirculating room units | Table 8.1 |
| (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 are constructed to prevent air exfiltration |  |  |
| (1)(b) |       self-closing devices on all room exit doors**or**      activation of audible alarm when AII room used 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 |       room pressure visual or audible alarm |  |  |
|  |  |  |  |
| 2.10-3.8 |  **Support Areas for Renal Dialysis Center:** |  |  |
| 2.10-3.8.2 |       Nurse station |  |  |
| 2.10-3.8.2.2 |       designed to provide visual observation of all dialysis patient care stations | Lighting:      connected to emergency power | 145.291(C)(1)(b) |
| 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 |  |  |
|  |  |  |  |
| 2.10-3.8.8 |       Medication safety zone |  |  |
| 2.10-3.8.8.2 |       dedicated medication safety zone centrally located in dialysis center       located at least 6’-0” from any individual gurney/dialysis chair |  |  |
|  |  |  |  |
| 2.1-3.8.8.1(2)  |  Design Promotes 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 | Lighting: |  |
|  |       lockable refrigerator |       Connected to emergency power | 145.291(C)(1)(b) |
|  |       locked storage for controlled drugs |       Task lighting | 2.1-3.8.8.1(2)(d) |
|  |       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 |  |  |
|  |  **or** |  |  |
| 2.1-3.8.8.2(2)  |       automated medication‑dispensing unit |  |  |
| (a) |       located at nurse station, in clean workroom or in alcove | Lighting:      connected to emergency power | 145.291(C)(1)(b) |
| (b)  |       handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units |       Task lighting | 2.1-3.8.8.1(2)(d) |
| (c)  |       countertop or cart provided adjacent\* to stationary medication-dispensing units |  |  |
|  |  |  |  |
| 2.10-3.8.9 |       Nourishment area[ ]  check if not included in project  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.10-3.8.11 |       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 |       Min. 4 air changes per hour      Positive pressure | Table 8.1 |
|  | **or** | Lighting:      connected to emergency power | 145.291(C)(1)(b) |
| 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 pressureLighting: | Table 8.1 |
|  |  |       Connected to emergency power | 145.291(C)(1)(b) |
|  |  |  |  |
| 2.1-3.8.12.2 |       Soiled workroom |  |  |
| 145.230(G) |  |  |  |
| 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 unitsLighting: |  |
| (2)  |       fluid management system[ ]  check if not included in project  |       Connected to emergency power | 145.291(C)(1)(b) |
| (a)  |       electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b)  |       space for docking station |  |  |
| 145.230(G) |       storage cabinets  |  |  |
|  |  |  |  |
| 2.10-3.8.13.1 |       Clean linen storage[ ]  check if not included in project (only if no blankets or other linens are used) |  |  |
| (1)  |       clean linen storage area **or**       covered cart in clean workroom in separate closet or using covered cart distribution system |  |  |
| (2)  |       covered linen cart is out of path of normal traffic       covered linen cart is under staff control  |  |  |
|  |  |  |  |
| 2.10-3.8.13.2  |       Clinical equipment & supply       storage areas or space for supply carts be provided |  |  |
| 2.10-3.8.13.3  |       Storage space for wheelchairs & motorized chairs |  |  |
| (2)  |       min one wheelchair storage or wheelchair parking space provided for every four patient care stations |  |  |
| 2.1-3.8.13.3 |  |  |  |
| 2.1-6.2.7.1 |       Wheelchair storage[ ]  check if not included in project  |  |  |
|  |       designated area located out of required corridor width       directly accessible\* to entrance       provided for at least one wheelchair |  |  |
| 2.1-6.2.7.2 |       Wheelchair parking space |  |  |
|  |       designated area provided for parking at least one patient-owned wheelchair in non-public area       located out of any required egress width or other required clearance |  |  |
| 2.10-3.9 |  **Support Areas for Staff:** |  |  |
| 2.10-3.9.1 |       Lockers |  |  |
| 2.10-3.9.2 |       Staff toilet room       handwashing station | Ventilation:      Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
| 2.10-3.10 |  **Support Areas for Patients:** |  |  |
| 2.10-3.10.2 |       Patient toilet room | Ventilation: |  |
|  |       handwashing station  |       Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
|  |  | Nurse Call System:      Emergency call station | Table 2.1-3 |
| 2.10-3.10.3 |       Storage for patient belongings |  |  |
|  |  |  |  |
| 2.10-4 | **PATIENT SUPPORT FACILITIES** |  |  |
| 2.10-8.4.2 |       Hemodialysis water treatment equipment area[ ]  check if not included in project (only if dialysis equipment includes sufficient water treatment provisions for use of domestic cold water) |  |  |
| 2.10-8.4.2.1 |       water treatment purification equipment located in dedicated area       space to access all components of equipment |  |  |
| (1)  |       includes drain |  |  |
| (2)  |       located in secured space or room |  |  |
|  |  |  |  |
| 2.10-4.5.1 |       Dialyzer reprocessing room[ ]  check if not included in project  |  |  |
| 2.10-4.5.1.1 |       layout design provides for one-way flow of materials from soiled to clean |  |  |
| 2.10-4.5.1.2(1)  |       refrigeration for temporary storage of dialyzers |  |  |
| 2.10-4.5.1.2(2)  |       decontamination/cleaning areas |  |  |
| 2.10-4.5.1.2(3)  |       handwashing station |  |  |
| 2.10-4.5.1.2(4)  |       processors |  |  |
| 2.10-4.5.1.2(5)  |       computer processors & label printers |  |  |
| 2.10-4.5.1.2(6)  |       packaging area |  |  |
| 2.10-4.5.1.2(7)  |       dialyzer storage cabinets |  |  |
|  |  |  |  |
| 2.10-4.5.2 |       Dialysate preparation area |  |  |
| 2.10-4.5.2.2 | [ ]  check if not included in project |  |  |
| (1)  |       handwashing station |  |  |
| (2)  |       storage space |  |  |
| (3)  |       work counter for mixing & distribution equipment |  |  |
| (4)  |       floor drain |  |  |
| (5)  |       treated water outlet |  |  |
|  |  |  |  |
| 2.10-4.5.3 |       Equipment repair room |  |  |
| 2.10-4.5.3.1 |       handwashing station | Lighting: |  |
| 2.10-4.5.3.2 |       treated water outlet for equipment maintenance       drain or clinical service sink for equipment connection & testing |       connected to emergency powerPower:      Min. one duplex receptacle | 145.291(C)(1)(b)145.291(C)(2)(c) |
| 2.10-4.5.3.3 |       work counter |  |  |
| 2.10-4.5.3.4 |       storage cabinet |  |  |
| 2.10-4.5.4 |       Emergency first-aid equipment |  |  |
| 2.1-8.4.3.8 |       quick- drench emergency deluge shower       face & eyewash devices |  |  |
|  |  |  |  |
| 2.10-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.10-5.3 |       Environmental services room |  |  |
|  |       for exclusive use of dialysis center |  |  |
| 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 | Ventilation:      Min. 10 air changes per hour      Exhaust | Table 8.1 |
| 2.1-5.3.1.2(3)  |       handwashing station or hand sanitation dispenser |       Negative pressure      No recirculating room units |  |
|  |  |  |  |
| 2.10-6.2 | **PUBLIC AREAS** |  |  |
| 2.1-6.2.1 |       Vehicular drop-off & pedestrian entrance |  |  |
| 2.1-6.2.1.1 |       min. of one building entrance reachable from grade level |  |  |
| 2.1-6.2.1.2 |       building entrances used to reach outpatient services are clearly marked |  |  |
| 2.1-6.2.1.3 |       building entrances used to reach outpatient services located so patients need not go through other activity areas (except for shared lobbies in multi-occupancy buildings) |  |  |
| 2.1-6.2.2 |       Reception |  |  |
|  |       reception & information counter, desk or kiosk provided either at main entry or at each clinical service |  |  |
| 2.1-6.2.3 |       Waiting area |  |  |
| 2.1-6.2.3.2 |       visible from staff area either by camera or direct staff sight line |  |  |
| 2.1-6.2.4 |       Public toilet room |  |  |
| 2.1-6.2.4.2 |  (may be located off public corridor in multi-tenant building) |  |  |
| 2.1-6.2.4.1 |       readily accessible\* from waiting area without passing through patient care or staff work areas | Ventilation:      Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
| 2.1-6.2.5 |       Provisions for telephone access |  |  |
|  |       access to make local phone calls |  |  |
| 2.1-6.2.6 |       Provisions for drinking water |  |  |
|  |  |  |  |
| 2.10-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.1-6.3.3 |       Office space for business, administrative & professional staffs |  |  |
|  |  |  |  |
| 2.10-6.3.5 |       Medical records space |  |  |
|  |       provisions for securing medical records of all media types used by facility |  |  |
| 2.1-6.3.5.1 |       location restricted to staff access to maintain confidentiality of record  |  |  |
| 2.1-6.3.5.2 |  Space Requirements: |  |  |
| (1)  |       space provided for medical records management |  |  |
| (2)  |       physical space for electronic storage of forms or documents |  |  |
|  |  |  |  |

\*LOCATION TERMINOLOGY:

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

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

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

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

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
|  |  |
|  | CORRIDOR WIDTH: |
| 2.1‑7.2.2.1IBC 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”[ ]  check if not included in project  |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (4) |       Min. height 7’‑6” above floor of suspended tracks, rails & pipes located in traffic path |
|  |       Min. ceiling height 7’‑10” in other areas |
|  |  |
| 2.1‑7.2.2.3(1)(a)(b) | DOORS & DOOR HARDWARE:Door Type:      doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors      sliding doors[ ]  check if not included in project |
|  |       manual or automatic sliding doors comply with NFPA 101      detailed code review incorporated in Project Narrative      no floor tracks |
| (2)(a) | Door Opening:      min. 34” clear door width      min. 83.5” clear door height |
|  |  |
| (b)  |  Rooms with Gurney Access:[ ]  check if not included in project  |
|  |       41.5” min. clear door width |
|  |       79.5” min. clear door height |
|  |  |
| (3)  |  Door Swing: |
| (a)  |       doors do not swing into corridors except doors to non‑occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware |
|  |  |
| (4)  |       Lever hardware or push/pull latch hardware  |
|  |  |
| (5)  |  Doors for Patient Toilet Facilities: |
| (a) |       door that swings outward **or** |
|  |       door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)**or** |
|  |       sliding door other than pocket door |
|  |  |
| (b)  |       toilet room opens onto public area or corridor [ ]  check if not included in project  |
|  |       visual privacy is maintained |
|  |  |
| 2.1‑7.2.2.8 | HANDWASHING STATIONS: |
| (3)(a)  |       Handwashing station countertops made of porcelain, stainless steel, solid‑surface materials or impervious plastic laminate assembly |
| (3)(b)  |       Countertops substrate [ ]  check if not included in project       marine‑grade plywood (or equivalent material) with impervious seal |
| (4)  |       Handwashing station casework [ ]  check if not included in project       designed to prevent storage beneath sink |
| (5)  |       Provisions for drying hands [ ]  check if not included in project (only at hand scrub facilities) |
| (a)  |       hand‑drying device does not require hands to contact dispenser |
| (b)  |       hand‑drying device is enclosed to protect against dust or soil |
| (6)  |       Liquid or foam soap dispensers |
|  |  |
| 2.1‑7.2.2.9 | GRAB BARS: |
| (1)  |       Grab bars anchored to sustain concentrated load 250 pounds |
| (3)  |       Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors |
|  |  |
| 2.1‑7.2.2.10 | HANDRAILS:[ ]  check if not included in project  |
| (2)  |       Rail ends return to wall or floor |
| (3)  |       Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius |
| (4)  |       Handrails have eased edges & corners |
| (5)  |       Handrail finishes are cleanable |
| 2.1-7.2.2.14 |       Decorative water features[ ]  check if not included in project  |
| (1)  |       no indoor unsealed (open) water features in confines of outpatient suite |
| (2)  |       no covered fish tanks in other than public areas of outpatient suite |
|  |  |
| 2.10-7 | SURFACES |
|  |       Surface materials be selected based on infection control risk assessment |
|  |  |
| 2.1‑7.2.4.3 |       Privacy curtains in patient care areas are washable[ ]  check if not included in project  |
|  |  |
| 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 in event of loss of normal electrical power |
| Part 3/6.1.2 |  Heating & Cooling Sources: |
| Part 3/6.1.2.1 |       heat sources & essential accessories provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance  |
|  |  |
| Part 3/6.1.2.2 |  Central cooling systems greater than 400 tons (1407 kW) peak cooling load [ ]  check if not included in project       number & arrangement of cooling sources & essential accessories is sufficient to support owner’s facility operation plan upon breakdown or routine maintenance of any one of cooling sources |
|  |  |
| Part 3/6.2 | AIR-HANDLING UNIT (AHU) DESIGN: |
| Part 3/6.2.1 |       AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance |
| . |  |
| Part 3/6.3 | OUTDOOR AIR INTAKES & EXHAUST DISCHARGES: |
| Part 3/6.3.1 |  Outdoor Air Intakes: |
| Part 3/6.3.1.1 |       located min. of 25’-0” from cooling towers & all exhaust & vent discharges       outdoor air intakes located such that bottom of air intake is at least 6’-0” above grade       air intakes located away from public access       all intakes are designed to prevent entrainment of wind-driven rain |
|  |  |
| Part 3/6.3.1.3 |       intakes on top of buildings [ ]  check if not included in project       located with bottom of air intake min. of 3’-0” above roof level |
|  |  |
| Part 3/6.3.1.4 |       intake in areaway [ ]  check if not included in project       bottom of areaway air intake opening is at least 6’-0” above grade       bottom of air intake opening from areaway into building is at least 3’-0” above bottom of areaway |
|  |  |
| Part 3/6.3.2 |  Contaminated Exhaust Discharges:[ ]  check if not included in project  |
| Part 3/6.3.2.1 |       ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms or HD sterile compounding pharmacy) |
|  |       exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building |
| Part 3/6.3.2.2 |       exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10 feet above adjoining roof level |
|  |       exhaust discharge outlets from laboratory work area chemical fume hoods discharge with stack velocity of at least 2500 fpm  |
|  |       exhaust discharge outlets from AII rooms located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
|  |  |
| Part 3/6.4 | FILTRATION: |
|  |       One filter bank MERV 7 |
|  |  |
| Part 3/6.7 | AIR DISTRIBUTION SYSTEMS: |
| Part 3/6.7.1 |       Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation       Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems       Recovery rooms are served by fully ducted return or exhaust systems |
|  |  |
| Part 3/6.7.2 |  Air Distribution Devices:  |
|  |       supply air outlets comply with Table 6.7.2 |
|  |  |
| Part 3/6.7.3 |  Smoke Barriers:       HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers. |
|  |  |
| Part 3/6.8 | ENERGY RECOVERY SYSTEMS:[ ]  check if not included in project  |
| Part 3/6.8.2 |       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, dialyzer reprocessing room |
|  |  |
| Part 3/7  | SPACE VENTILATION: |
| Part 3/7.1.aPart 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 minimum 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 a single space |
|  |       provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
|  |  |
| Part 3/7.2 | ADDITIONAL ROOM-SPECIFIC REQUIREMENTS: |
| Part 3/7.2.1 | Airborne Infection Isolation (AII) Rooms[ ]  check if not included in project  |
|  |       AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor      Local visual means is provided to indicate whenever negative differential pressure is not maintained |
|  |       Air from AII room is exhausted directly to outdoors |
|  |       Exhaust air from AII rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system |
|  |       Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed |
|  |  |
|  |       Anteroom [ ]  check if not included in project       AII room is at negative pressure with respect to anteroom       Anteroom is at negative pressure with respect to corridor |
|  |  |

|  |  |
| --- | --- |
| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
|  |  |
| 2.1‑8.3.2 | **ELECTRICAL DISTRIBUTION & TRANSMISSION** |
| 2.1‑8.3.2.2 |  Panelboards: |
| (1)  |       all panelboards accessible to health care tenants they serve |
| (2)  |       panelboard serving critical branch circuits serve floors on which they are located |
| (3)  |       panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below |
| (4)  |       panelboards not located in exit enclosures or exit passageways |
| 2.1-8.3.3 | **POWER-GENERATING & -STORING EQUIPMENT** |
| 2.1-8.3.3.1 |       Essential electrical system or emergency electrical power |
| (1)  |       essential electrical system complies with NFPA 99 |
| (2)  |       emergency electrical power complies with NFPA 99 |
|  |  |
| 145.291(C)(1)  |  Lighting on Emergency Power: |
|  |       task lighting       exitways exit signs       exit directional signs       exit doorways, stairways, corridors & lobby  |
|  |       generator set location & switchgear location  |
| 145.291(C)(2) | Equipment on Emergency Power: |
|  |       dialysis distribution systems & related equipment & if provided water treatment system  |
|  |       corridor receptacles in patient treatment area  |
|  |       telephone equipment, nurses call & intercom systems  |
|  |       central batch delivery equipment & related systems if provided  |
|  |       HVAC systems  |
|  |       fire alarm & extinguishing systems  |
|  |  |
| 2.1‑8.3.5 | **ELECTRICAL EQUIPMENT** |
| 2.1‑8.3.5.1 |       Handwashing 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  |
|  |  |
| 2.1‑8.4.2.2 |  Hemodialysis/Hemoperfusion Water Distribution: |
| (1)(a)(2)(b) (1)(b) |       separate treated water distribution system      outlet at each individual hemodialysis treatment bay      outlet at hemodialysis equipment repair area      outlet at dialysate preparation area**or**      dialysis equipment includes sufficient water treatment provisions for use of domestic cold water  |
| (1)(a) |       drainage system independent from tap water |
| (4)  |       liquid waste & disposal system for hemodialysis treatment area are designed to minimize odor & prevent backflow |
| (5)  |       hemodialysis distribution piping is readily accessible for inspection & maintenance |
|  |  |
| 2.1‑8.4.2.5 |  Heated Potable Water Distribution Systems: |
| (2)  |       heated potable water distribution systems serving patient care areas are under constant recirculation       non‑recirculated fixture branch piping length max. 25’‑0”  |
| (3)(a) (3)(c) |       no installation of dead‑end piping (except for empty risers mains & branches for future use) |
| (3)(b)  |       any existing dead‑end piping is removed☐ check if not included in project  |
| (4)(a)  |       water-heating system supplies water at following range of temperatures: 105–120oF |
|  |  |
| 2.1‑8.4.2.6 |  Drainage Systems: |
| (1)(a)  |       drainage piping installed above ceiling of or exposed in rooms listed below piping have special provisions (e.g. double wall containment piping) to protect space below from leakage & condensation * electronic data processing areas
* electrical rooms
 |
| (1)(b)  |       drip pan for drainage piping above ceiling of sensitive area ☐ check if not included in project       accessible       overflow drain with outlet located in normally occupied area that is not open to restricted area |
|  |  |
| 2.1‑8.4.3 | **PLUMBING FIXTURES** |
| 2.1‑8.4.3.1(1)  |       Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
|  |  |
| 2.1‑8.4.3.2 |  Handwashing Station Sinks: |
| (1)  |       sinks are designed with basins that will reduce risk of splashing to areas where direct patient care is provided sterile procedures are performed & medications are prepared |
| (2)  |       sink basins have nominal size of no less than 144 square inches       sink basins have min. dimension 9 inches in width or length |
| (3)  |       sink basins are made of porcelain, stainless steel or solid‑surface materials |
| (5)  |       water discharge point of faucets is at least 10” above bottom of basin |
| (7)  |       anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied |
| (8)  |       sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single‑lever or wrist blade devices) |
| (a) |       blade handles ☐ check if not included in project       at least 4 inches in length |
|  |       provide clearance required for operation |
| (b)  |       sensor‑regulated water fixtures[ ]  check if not included in project  |
|  |       meet user need for temperature & length of time water flows |
|  |       designed to function at all times and during loss of normal power |
|  |  |
| 2.1‑8.4.3.5 |  Clinical Flushing-Rim Sinks: |
| (1) (a) |       trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b)  |       handles are at least 6 in. long |
| (2)  |       integral trap wherein upper portion of water trap provides visible seal |
|  |  |
| 2.1‑8.5.1 | **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 |
|  |  |
|  |  |