

COMPLIANCE CHECKLIST**OP18 Dental Facilities**

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2022 Edition of the FGI Guidelines for Design and Construction of Outpatient Facilities. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

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

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

Instructions:

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

X = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

☒ = 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.

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", "WAGD" & "IA".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. The location 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:

Initial Date:

Revision Date:

Project Description:

Architectural Requirements**Building Systems Requirements****2.14 DENTAL FACILITIES**

- 140.404(A) ☐ Each clinic licensed for dental services may administer local anesthesia, nitrous oxide sedation and conscious intravenous sedation. General anesthesia may not be administered, unless the clinic is licensed under 105 CMR 140.600 through 140.614 to provide surgical services (see Compliance Checklist OP10)

2.14-3 DENTAL TREATMENT AREAS**2.14-3.2 Family/Pediatric Dentistry Patient Care Spaces:**

- 2.14-3.2.1 ☐ At least one operatory that is single-patient room for pediatric patients

2.14-3.2.2 Space Requirements:

- ☐ min. clearance 2'-8" on all sides, including head, of each dental chair in all operatories
☐ dimensional specifications of dental chairs in fully open position are attached to Project Narrative

Ventilation:

- ☐ Min. 3 air changes per hour Table 8-2

- 2.14-3.2.5 ☐ handwashing stations
 2.14-3.2.5.1 ☐ each single-patient room includes handwashing station
 2.14-3.2.5.2 ☐ each operatory in open treatment area has direct access to handwashing station (may serve two operatories)
☐ check if not included in project (only if all operatories are single-patient rooms)

- 2.1-3.5.1.3
 140.360 **Radiation Protection:**
☐ check if not included in project (only if no imaging equipment is included)
☐ 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

2.14-3.8 Support Areas for Patient Care Spaces:

- 2.14-3.8.4 ☐ Consultation room
 2.14-3.8.4.2 ☐ access to sink & mirror are provided for educational training (provision of these elements may be located outside consultation room)

Architectural Requirements		Building Systems Requirements	
2.14-3.8.11	<input type="checkbox"/> Clean supply room		
2.1-3.8.11.1	<input type="checkbox"/> separate from & has no direct connection with soiled holding room		
2.1-3.8.11.3	<input type="checkbox"/> used only for storage & holding as part of system for distribution of clean & sterile materials	Ventilation: <input type="checkbox"/> Min. 2 air changes per hour <input type="checkbox"/> Positive pressure	Table 8-2
2.14-3.8.12	<input type="checkbox"/> Soiled holding room		
2.1-3.8.12.1	<input type="checkbox"/> does not have direct connection with clean supply room		
2.1-3.8.12.3(1)	<input type="checkbox"/> handwashing station or hand sanitation dispenser	Ventilation: <input type="checkbox"/> Min. 6 air changes per hour <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units	Table 8-2
2.1-3.8.12.3(2)	<input type="checkbox"/> space for separate covered containers for waste & soiled linen		
2.14-3.9	Support Areas for Staff: <input type="checkbox"/> Lounge <input type="checkbox"/> Lockers <input type="checkbox"/> Staff toilet room <input type="checkbox"/> handwashing station	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units	Table 8-2
2.14-3.10	Support Areas for Patients: <input type="checkbox"/> Patient toilet room <input type="checkbox"/> handwashing station	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units	Table 8-2
2.14-4	PATIENT SUPPORT SERVICES		
2.14-4.3	<input type="checkbox"/> Sterile processing facilities <input type="checkbox"/> Compliance Checklist OP4 has been submitted to DPH Plan Review		
2.14-6.2	PUBLIC AREAS		
2.1-6.2.1	<input type="checkbox"/> Vehicular drop-off & pedestrian entrance		
2.1-6.2.1.1	<input type="checkbox"/> min. of one building entrance reachable from grade level		
2.1-6.2.1.2	<input type="checkbox"/> building entrances used to reach outpatient services be clearly marked		
2.1-6.2.1.3	<input type="checkbox"/> 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	<input type="checkbox"/> Reception <input type="checkbox"/> reception & information counter, desk or kiosk provided either at main entry or at each clinical service		
2.1-6.2.3	<input type="checkbox"/> Waiting area		
2.1-6.2.3.2	<input type="checkbox"/> visible from staff area either by camera or direct staff sight line		

Architectural Requirements**Building Systems Requirements**

- 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
- 2.1-6.2.5 ☐ Provisions for telephone access
☐ access to make local phone calls
- 2.1-6.2.6 ☐ Provisions for drinking water
- 2.1-6.2.7.1 ☐ Wheelchair storage
☐ check if 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

Ventilation:

- ☐ Min. 4 air changes per hour
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

Table 8-2

- 2.14-6.3 **ADMINISTRATIVE AREAS**
 2.1-6.3.2 ☐ Interview space
☐ check if not included in project
 (2) (may be combined with consultation room)
 (1) ☐ separate from public areas
- 2.1-6.3.3 ☐ Office space for business, administrative & professional staffs
- 2.1-6.3.5 ☐ Medical records space
☐ provisions be made for securing medical records of all media types used by facility
- 2.1-6.3.5.1 ☐ location restricted to staff access to maintain confidentiality of record
- 2.1-6.3.5.2 **Space Requirements:**
 (1) ☐ space provided for medical records management
 (2) ☐ physical space for electronic storage of forms or documents
- 2.1-6.3.6 ☐ Storage for office equipment & supplies

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

Architectural Details & MEP Requirements**2.1-7.2.2 ARCHITECTURAL DETAILS****CORRIDOR WIDTH:**2.1-7.2.2.1 ☐ Min. 44"

IBC 1018.2

or☐ Detailed code review incorporated in Project Narrative421 CMR
6.00☐ Corridors include turning spaces for wheelchairs**2.1-7.2.2.2**

(1)

CEILING HEIGHT:☐ Min. ceiling height 7'-6" in corridors & in normally unoccupied spaces☐ Min. ceiling height 7'-10" in other areas**2.1-7.2.2.3**

(1)

DOORS & DOOR HARDWARE:

(a)

Door Type:☐ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors

(b)

☐ sliding doors☐ check if not included in project☐ manual or automatic sliding doors comply with NFPA 101☐ detailed code review incorporated in Project Narrative☐ no floor tracks

(2)

Door Opening:

(a)

☐ min. 32" clear door width☐ min. 83.5" clear door height

(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**

(3)

(a)

HANDWASHING STATIONS:☐ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly

(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**

(1)

GRAB BARS:☐ 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**

(1)

HANDRAILS:☐ check if not included in project

(2)

☐ 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**2.1-7.2.2.11****RADIATION PROTECTION:**☐ check if no radiation emitting equipment is included in project☐ Protection for X-ray installations are shown in the plans☐ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program

- 2.1-7.2.2.14 ☐ Decorative water features
☐ check if not included in project
- (1) ☐ no indoor unsealed (open) water features in confines of outpatient suite
- (2) ☐ no covered fish tanks in other than public areas of outpatient suite

2.1-7.2.3 SURFACES

2.1-7.2.3.1 FLOORING & WALL BASES:

- (1) ☐ Flooring surfaces cleanable & wear-resistant for location
- (3) ☐ Smooth transitions provided between different flooring materials
- (4) ☐ Flooring surfaces including those on stairways are stable, firm & slip-resistant
- (5) ☐ Floors & wall bases of all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions
- (6)(a) ☐ Floors are monolithic & integral coved wall bases are at least 6" high & tightly sealed to wall in rooms listed below
- soiled workrooms & soiled holding rooms

2.1-7.2.3.2 WALLS & WALL PROTECTION:

- (1)(a) ☐ Wall finishes are washable
- (1)(b) ☐ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
- (2) ☐ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth
- (4) ☐ Wall protection devices & corner guards durable & scrubbable

2.1-7.2.3.3 CEILINGS:

- (1) ☐ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
- (a) ☐ Ceilings cleanable with routine housekeeping equipment
- (b) ☐ Acoustic & lay-in ceilings where used do not create ledges or crevices
- 2.1-7.2.4.3 ☐ Privacy curtains in patient care areas are washable

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

- 2.1-8.2.1.3 ☐ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170

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
- (4) ☐ panelboards not located in exit enclosures or exit passageways

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 does not exceed 25'-0" in length
- (3)(a) ☐ no installation of dead-end piping (except for empty risers mains & branches for future use)
- (3)(c) ☐ any existing dead-end piping is removed
- (3)(b) ☐ ☐ check if not included in project

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

2.1-8.4.2.6 Drainage Systems:

- (1)(a) ☐ drainage piping installed above ceiling of or exposed in electronic data processing rooms & electrical rooms have special provisions to protect space below from leakage & condensation
- ☐ check if not included in project
- (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

2.1-8.4.3 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

(2) ☐ sinks are designed with basins & faucets that will reduce risk of splashing to areas where direct patient care is provided & sterile procedures are performed

(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

2.1-8.4.3.4 Ice-Making Equipment:

☐ check if not included in project
☐ copper tubing provided for supply connections to ice-making equipment

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 $\pm 1/4$ 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