**COMPLIANCE CHECKLIST**

**OP19\_Mobile or Transportable Medical Units**

The following checklist is intended to be used in plan review applications for health care facilities submitted to Massachusetts Department of Public Health This checklist summarizes & references applicable requirements from Licensure Regulations & 2018 Edition of FGI Guidelines for Design & Construction of Outpatient Facilities Applicants must verify compliance of plans submitted to Department with all referenced requirements from Licensure Regulations & FGI Guidelines when completing this Checklist separate Checklist must be completed for each nursing unit hospital or clinic department or clinical suite

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

1. NFPA 101 Life Safety Code (2012) & applicable related standards contained in appendices of Code
2. State Building Code (780 CMR)
3. Accreditation requirements of Joint Commission
4. CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health Care Facilities
5. USP 797 & Regulations of Massachusetts Board of Registration in Pharmacy
6. Occupational Safety & Health Standards (OSHA)
7. Accessibility Guidelines of 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 following instructions & included in plan submissions for Self-Certification Process or Abbreviated Review Process
2. This checklist must be completed by project architect or engineer based on design actually reflected in plans at time of completion of checklist
3. Each requirement line (\_\_\_) of this Checklist must be completed exclusively with one of following marks unless otherwise directed in checklist If functional space is not affected by renovation project mark “E” may be indicated on requirement line (\_\_\_) before name of 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 given required function (e.g patient room or exam room) that clarification should be provided in Project Narrative & requirement lines are understood to only address functional spaces that are involved in project

|  |  |
| --- | --- |
| **X** = Requirement is met for new space for renovated space or for existing direct support space for expanded service | ⌧ = Check box under section titles or individual requirements lines for optional services or functions that are not included in project area |
| **E** = Requirement relative to existing suite or area that has been *licensed* for its designated function is *not affected* by construction project & *does not pertain to required direct support space* for specific service affected by project “E” must not be used for existing required support space associated with new patient care room or area | **W** = Waiver requested for specific section of Regulations or FGI Guidelines where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request) explicit floor plan or plan detail must be attached to each waiver request |

1. All room functions marked with "X" must be shown on plans with same name labels as in this checklist
2. Mechanical electrical & plumbing requirements are only partially mentioned in this checklist relevant section of FGI Guidelines must be used for project compliance with all MEP requirements & for waiver references
3. Oxygen vacuum medical air waste anesthesia gas disposal & instrument air outlets (if required) are identified respectively by abbreviations "OX" "VAC" "MA" “WAGD” & “IA”
4. Requirements referenced with “FI” result from formal interpretations from FGI Interpretations Task Group
5. The location requirements including asterisks () refer to definitions of Glossary in beginning section of FGI Guidelines & 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** |  |
| --- | --- | --- | --- |
| 2.13 | **MOBILE/TRANSPORTABLE MEDICAL UNITS** |  |  |
|  | **(CLASS 1 IMAGING SERVICES)** |  |  |
|  |  |  |  |
| 2.13-1.1 | **APPLICATION** |  |  |
| 2.13-1.1.1.1 | Mobile/transportable medical units that are used on temporary basis |  |  |
| 2.13-1.1.1.3 | Proposed mobile/transportable medical unit is not a prefabricated modular/ relocatable medical unit that is transported to permanent foundation on-site and cannot be readily moved |  |  |
|  |  |  |  |
| 2.13-1.1.3 | Mobile/Transportable Medical Unit Documentation: |  |  |
| 2.13-1.1.3.1(1) | plans of mobile/transportable medical unit from its manufacturer have been submitted to DPH Plan Review        plans are signed & stamped by architect or professional engineer |  |  |
|  |  |  |  |
| 2.13-1.3 | **SITE** |  |  |
| 2.13-1.3.1 | Mobile/Transportable Medical Unit Location: |  |  |
| 2.13-1.3.1.2 | parked on solid level surface        safeguards in place adequate to prevent movement of unit while in use |  |  |
| 2.13-1.3.1.3 | min. separation 25’-0” provided between any building outside air intake & any HVAC or generator exhaust from unit |  |  |
| 2.13-1.3.1.4 | location of unit & routing of utilities avoid interference with appropriate access to & exiting from all occupied areas including exterior means of egress to public way |  |  |
| 2.13-1.3.1.5 | access point to mobile/transportable unit from host facility does not interfere with emergency egress from that facility |  |  |
| 2.13-1.3.1.6 | unit location does not interfere with fire lanes & direct access to host facility by emergency personnel & vehicles |  |  |
| 2.13-1.3.1.7 | unit sited to accommodate delivery services being provided to host facility |  |  |
|  |  |  |  |
| 2.13-1.3.1.8 | unit located near vehicular drives or parking areas  check if not included in project        impact barriers are provided |  |  |
|  |  |  |  |
| 2.13-1.3.1.9 | tractors with fuel tank capacity of less than or equal to 100 gallons are detached & located more than 10’-0” from host facility  **or**        tractors with fuel tank capacity greater than 100 gallons comply with NFPA 30 |  |  |
|  |  |  |  |
| 2.13-1.3.3 | Access to Mobile/Transportable Medical Unit from Host Facility: |  |  |
| 2.13-1.3.3.1 | access to unit provided for wheelchairs, gurneys/stretchers & patients with walkers |  |  |
| (1) | electric power lift  check if not included in project        connected either to host facility’s essential electrical system or to unit’s essential power supply system |  |  |
| 2.13-1.3.3.2 | protection from rain, sleet, wind & snow during transport of patients from host facility to mobile/transportable unit |  |  |
|  |  |  |  |
| 140.209(A)(1) | mobile medical service is connected to host location by enclosed passageway that protects patients from inclement weather & temperature extremes |  |  |
| 140.209(A)(2) | mobile medical service is accessible to patients only through emergency, ambulatory care or radiology service areas        no access through inpatient or non‑patient areas of the host location |  |  |
|  |  |  |  |
| 2.13-1.3.3.3 | access to mobile/transportable unit from host facility is marked & lighted |  |  |
|  |  |  |  |
| 2.13-1.3.4 | Site Utilities: |  |  |
| 2.13-1.3.4.1 | mobile unit is provided with utilities that include power, telephone & fire alarm connections & may include waste & water to meet requirements of medical services provided |  |  |
|  |  |  |  |
| 2.13-1.3.4.2 | Protection of Electrical Connections: |  |  |
| (1) | concealment in conduits  **or** |  |  |
| (2) | burial underground  **or** |  |  |
| (3) | installation overhead |  |  |
|  |  |  |  |
| 2.13-1.3.5 | Pad for Mobile/Transportable Medical Unit: |  |  |
| 2.13-1.3.5.1 | level parking area or concrete pad |  |  |
| 2.13-1.3.5.2(1) | meets local state & seismic codes |  |  |
| 2.13-1.3.5.2(2) | conforms to manufacturer’s requirements |  |  |
| 2.13-1.3.5.2(3) | designed to support loads of unit |  |  |
| 2.13-1.3.5.3 | unit secured in place to prevent unintentional movement |  |  |
|  |  |  |  |
| 2.13-1.3.6 | Mobile/Transportable MRI Medical Unit:  check if not included in project |  |  |
| 2.13-1.3.6.1 | restricted entry to static magnetic field of 5 Gauss or greater for all persons who did not pass screening for magnetic field contraindications |  |  |
|  |  |  |  |
| 2.13-1.3.6.2 | MRI Suite Safety: |  |  |
| 2.1-3.5.5.1 (1) | conforms to 4-zone screening & access control protocols identified by American College of Radiology  **Zone I**: all areas that are freely accessible to the general public  **Zone II**: interface between the publicly accessible uncontrolled Zone I & strictly controlled Zone III (space for screening questions, patient histories, medical insurance questions)  **Zone III**: no free access by unscreened persons or non-MRI personnel due to interactions between persons or equipment & MRI scanner  **Zone IV**: MRI scanner room where access must be supervised by MRI personnel |  |  |
| (3) |  |  |  |
| (a) | space for patient interviews & clinical screening |  |  |
| (b) | space for physical screening |  |  |
| (c) | ferromagnetic (only) detection & warning systems |  |  |
| (d) | access controls |  |  |
| (f) | space for containment of non-MRI-safe objects outside restricted MRI safety zones |  |  |
| (g) | space for storage (patient lockers) of patient belongings & non-MRI-safe items |  |  |
|  |  |  |  |
| (4) | any area in which magnetic field strength is equal to or greater than 5 gauss is physically restricted by use of key locks or pass-key locking systems |  |  |
|  |  |  |  |
| 2.13-1.3.7 | Ionizing Radiation (X-Ray & Gamma Ray) Sources:  check if not included in project |  |  |
| 2.1-3.5.1.3 | 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) |  |  |
|  |  |  |  |
| 2.13-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
|  |  |  |  |
| 2.13-3.1 | Mobile/Transportable Imaging Medical Units: |  |  |
| 2.13-1.1.2.1(1) |  |  |  |
| 2.1-3.5.1.2 | Class 1 Imaging Room |  |  |
| Table 2.1-5 | (for X-ray, fluoroscopy, mammography, CT scanner, ultrasound, MRI & other imaging modalities that may use natural orifice entry & do not pierce or penetrate natural protective membranes) |  |  |
|  | room is an unrestricted area        accessed from unrestricted area |  |  |
|  |  |  |  |
|  | Flooring:        cleanable & wear-resistant for the location; stable, firm & slip-resistant | Ventilation:        Min. 6 air changes per hour | Table 8.1 |
|  | Wall Finishes:        washable  Ceiling:        cleanable with routine housekeeping equipment | Power:        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 |  |  |
|  |  |  |  |
| 2.13-3.1.1 | Space Requirements: |  |  |
| 2.13-3.1.1.1(1)  (a) | rooms sized & arranged to accommodate required equipment & clearances in accordance with manufacturer technical specifications        manufacturer technical specifications have been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.13-3.1.2 | Handwashing Stations:        all mobile/transportable medical units provided with handwashing station |  |  |
|  |  |  |  |
| 2.13-3.2 | Pre- & Post-Procedure Patient Care: |  |  |
| 2.13-3.2.1 | holding area in mobile/transportable unit  **or**        holding area readily accessible\* in host facility |  |  |
|  |  |  |  |
| 2.13-3.8 | **Support Areas for Mobile/Transportable Medical Units:** |  |  |
|  | (may be located either in unit or in host facility provided they are readily accessible\* to unit) |  |  |
|  |  |  |  |
| 2.13-3.8.11 | 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  **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 |
|  |  |  |  |
| 2.13-3.8.12.2 | Soiled workroom |  |  |
| (1)(a) | handwashing station | Ventilation: |  |
| (1)(b) | flushing-rim clinical service sink or equivalent 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 management system  check if not included in project |  |  |
| (a) | electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | space for docking station |  |  |
|  |  |  |  |
| 2.13-3.8.13 | Equipment & supply storage |  |  |
| 2.13-3.8.13.1 | located in mobile/transportable medical unit  **or**        located in host facility        adjacent\* to host facility’s access point to unit |  |  |
|  |  |  |  |
| 2.13-3.8.14 | Environmental services closet |  |  |
| 2.1-5.3.1.2(1)  2.1-5.3.1.2(2) | service sink or floor-mounted mop sink        provisions for storage of supplies & housekeeping equipment | Ventilation:        Min. 10 air changes per hour        Exhaust | Table 8.1/ Policy |
| 2.1-5.3.1.2(3) | handwashing station or hand sanitation dispenser | Negative pressure        No recirculating room units |  |
| 2.13-3.8.14.2 | located in mobile/transportable medical unit  **or**        located in host facility        readily accessible\* to unit |  |  |
| 2.13-3.10 | **Support Areas for Patients:** |  |  |
| 2.13-3.10.1 | Patient changing area |  |  |
| 2.13-3.10.1.1 | designed for privacy |  |  |
| 2.13-3.10.1.2 | located in mobile/transportable medical unit  **or**        located in host facility        readily accessible\* to unit |  |  |
|  |  |  |  |
| 2.13-3.10.2 | Patient toilet room |  |  |
|  | located in mobile/transportable medical unit  **or**        located in host facility        readily accessible\* to unit | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
|  |  |  |  |
| 2.13-3.10.3  2.1-3.2.2.10(4) | Storage for patients        provisions for securing patients personal effects |  |  |
|  |  |  |  |
| 2.13-6.2 | **PUBLIC AREAS** |  |  |
| 2.13-6.2.1.1(1) | Public waiting area or room |  |  |
| 2.13-6.2.1.1(2) | provisions for drinking water |  |  |
| 2.13-6.2.1.1(3) | provisions for telephone access |  |  |
| 2.13-6.2.1.1(4) | Public toilet room        readily accessible\* to mobile/transportable medical unit | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
|  |  |  |  |

LOCATION TERMINOLOGY:

Directly accessible: Connected to 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 identified area or room

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

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

Architectural Details & MEP Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1‑7.2.2 | | **ARCHITECTURAL DETAILS** | |
|  | |  | |
|  | | CORRIDOR WIDTH: | |
| 2.1‑7.2.2.1  IBC 1018.2 | | Min. 44”  **or**        Detailed code review incorporated in Project Narrative | |
|  | |  | |
| 421 CMR 6.00 | | Corridors include turning spaces for wheelchairs | |
| (2) | | Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0”  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 | |
| (3) | | Door Swing: | |
| (a) | | doors do not swing into corridors except doors to non‑occupiable spaces & doors with emergency breakaway hardware | |
| (4) | | Lever hardware or push/pull latch hardware | |
|  | |  | |
| (5) | | Doors for Patient Toilet Facilities: | |
| (a) | | door that swings outward  **or** | |
|  | | door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)  **or** | |
|  | | sliding door other than pocket door | |
|  | |  | |
| (b) | | toilet room opens onto public area or corridor  check if not included in project | |
|  | | visual privacy is maintained | |
|  | |  | |
| 2.1‑7.2.2.8 | | HANDWASHING STATIONS: | |
| (3) | |  | |
| (a) | | Handwashing station countertops made of porcelain, stainless steel, solid‑surface materials or impervious plastic laminate assembly | |
| (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 | |
|  | |  | |
| 2.1‑7.2.2.11 | | RADIATION PROTECTION:  check if no radiation emitting equipment is included in project | |
|  | | Protection for X‑ray & Gamma‑ray installations are shown in the plans        Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program | |
| 2.1‑7.2.3 | | **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 | |
| 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 8.1 in Part 3 ASHRAE Standard 170 (Policy based on input from Facility Guidelines Institute) | |
|  | |  | |
| 2.13-8.2.1.2 | | Class 1 Mobile/Transportable Units:  (limited to provision of non-invasive diagnostic & treatment services without use of anesthetics) | |
| (1)(a) | | min. indoor winter design capacity temperature 75oF for all patient areas | |
| (1)(b) | | controls for adjusting temperature as appropriate for patient activities & comfort | |
|  | |  | |
| 2.13-8.2.2 | | Air Intake: | |
| 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 mobile unit  check if not included in project        located with bottom of air intake min. of 3’-0” above roof level | |
| 2.13-8.2.2.2 | | air intake for mobile/ transportable unit located min. of 25’-0” from all plumbing vents exhaust fans sources of combustion idling vehicles & any other sources of noxious fumes or odors | |
|  | |  | |
| 2.1‑8.3.6 | | **ELECTRICAL RECEPTACLES** | |
|  | | Receptacles in patient care areas are provided according to Table 2.1-1 | |
|  | |  | |
| 2.13-8.5 | | **COMMUNICATIONS SYSTEMS** | |
| 2.13-8.5.1 | | Emergency Communication System | |
| 2.13-8.5.1.1 | | means for connecting unit to outpatient facility emergency communication system | |
| 2.13-8.5.2 | | telephone located inside unit to communicate directly with host facility’s public branch exchange or continually staffed location inside host facility | |
|  | |  | |
| 2.13-8.4 | | **PLUMBING SYSTEMS** | |
|  | | Water Supply to Mobile Unit:  check if not included in project | |
| 2.13-8.4.2.1 | | water supply lines to unit have means of freeze protection | |
| 2.13-8.4.2.3 | | water supply connection backflow prevention installed at point of water connection on unit | |
|  | | Waste Connection from Mobile Unit:  check if not included in project | |
| 2.13-8.4.2.1 | | sanitary lines from unit have means of freeze protection | |
| 2.13-8.4.2.4 | | waste lines designed to discharge into host facility sanitary sewage system or directly into utility sewage system | |