

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:

- NFPA 101 Life Safety Code (2012) & applicable related standards contained in appendices of Code
- State Building Code (780 CMR)
- Accreditation requirements of Joint Commission
- CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797 & Regulations of Massachusetts Board of Registration in Pharmacy
- Occupational Safety & Health Standards (OSHA)
- Accessibility Guidelines of 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 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.

4. All room functions marked with "X" must be shown on plans with same name labels as in this checklist
5. 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
6. Oxygen vacuum medical air waste anesthesia gas disposal & instrument air outlets (if required) are identified respectively by abbreviations "OX" "VAC" "MA" "WAGD" & "IA"
7. Requirements referenced with "FI" result from formal interpretations from FGI Interpretations Task Group
8. 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

Architectural Requirements

Building Systems Requirements

- 2.13-1.3.3 Access to Mobile/Transportable Medical Unit from Host Facility:
- 2.13-1.3.3.1 (1) ___ access to unit provided for wheelchairs, gurneys/stretchers & patients with walkers
 ___ 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 (1) Protection of Electrical Connections:
 ___ 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:
- 2.13-1.3.6.1 check if not included in project
 ___ restricted entry to static magnetic field of 5 Gauss or greater for all persons who did not pass screening for magnetic field contraindications

Architectural Requirements

Building Systems Requirements

2.13-1.3.6.2
2.1-3.5.5.1
(1)

MRI Suite Safety:
 ___ 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:

- 2.1-3.5.1.3 check if not included in project
- ___ 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

Architectural Requirements

Building Systems Requirements

- (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
- Table 2.1-5

Class 1 Imaging Room
 (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
 Wall Finishes:
 washable
 Ceiling:
 cleanable with routine housekeeping equipment

Ventilation:
 Min. 6 air changes per hour Table 8.1

Power:
 Min. 8 receptacles Table 2.1-1
 4 on each lateral side of the imaging gantry

2.1-3.5.2.3(1) handwashing station

2.13-3.1.1 Space Requirements:
 2.13-3.1.1.1(1) rooms sized & arranged to accommodate required equipment & clearances in accordance with manufacturer technical specifications
 (a) 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

Architectural Requirements

Building Systems Requirements

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
 2.1-3.8.11.1
 ___ Clean workroom or clean supply room
 ___ separate from & have no direct connection with soiled workrooms or soiled holding rooms

2.1-3.8.11.2
 (1) ___ clean workroom
 (2) ___ work counter
 (3) ___ handwashing station
 ___ storage facilities for clean & sterile supplies

2.1-3.8.11.3
or
 ___ clean supply room
 ___ used only for storage & holding as part of system for distribution of clean & sterile materials

2.13-3.8.12.2
 (1)(a) ___ Soiled workroom
 (1)(b) ___ handwashing station
 ___ flushing-rim clinical service sink or equivalent flushing-rim fixture
 (1)(c) ___ work counter
 (1)(d) ___ space for separate covered containers for waste & soiled linen

(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
 2.13-3.8.13.1
 ___ Equipment & supply storage
 ___ 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
 2.1-5.3.1.2(1)
 2.1-5.3.1.2(2)
 ___ Environmental services closet
 ___ service sink or floor-mounted mop sink

2.1-5.3.1.2(3)
 ___ provisions for storage of supplies & housekeeping equipment
 ___ handwashing station or hand sanitation dispenser

2.13-3.8.14.2
or
 ___ located in mobile/transportable medical unit
 ___ located in host facility
 ___ readily accessible* to unit

Ventilation:
 ___ Min. 4 air changes per hour
 ___ Positive pressure
 Table 8.1

Ventilation:
 ___ Min. 4 air changes per hour
 ___ Positive pressure
 Table 8.1

Ventilation:
 ___ Min. 10 air changes per hour
 ___ Exhaust
 ___ Negative pressure
 ___ No recirculating room units
 Table 8.1

Ventilation:
 ___ Min. 10 air changes per hour
 ___ Exhaust
 ___ Negative pressure
 ___ No recirculating room units
 Table 8.1/
 Policy

Architectural Requirements

Building Systems Requirements

- 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

- 2.13-3.10.3 Storage for patients
- 2.1-3.2.2.10(4) provisions for securing patients personal effects

- Ventilation:
- Min. 10 air changes per hour Table 8.1
- Exhaust
- Negative pressure
- No recirculating room units

- 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 Table 8.1
- Exhaust
- Negative pressure
- No recirculating room units

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**
- 2.1-7.2.2.1 IBC 1018.2 **CORRIDOR WIDTH:**
 ___ Min. 44"
or
 ___ Detailed code review incorporated in Project Narrative
- 421 CMR 6.00 (2) ___ Corridors include turning spaces for wheelchairs
 ___ 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 (4) **CEILING HEIGHT:**
 ___ 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) **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. 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 (3) **HANDWASHING STATIONS:**
 (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 75°F 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