**COMPLIANCE CHECKLIST**

**OP5\_Outpatient Class 1 Imaging 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 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** |  |
| --- | --- | --- | --- |
| 2.3 | **SPECIFIC REQUIREMENTS FOR OUTPATIENT IMAGING FACILITIES** |  |  |
|  |  |  |  |
| 2.3-1.1 | **APPLICATION** |  |  |
| 2.3-1.1.1 | Imagingfacility associated with this checklist is not located within an acute care hospital |  |  |
|  |  |  |  |
| 2.3-2  2.1-2.1.1.2 | **ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE**  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/  Policy |
| 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 |  |  |
|  |  |  |  |
| 2.1-2.6.3 | rectangular clear floor area min. 46” wide extends 72” from front of toilet |  |  |
|  |  |  |  |
| 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 | all door openings used for path of travel to public areas & care areas for patients of size min. clear width 45.5” |  |  |
| 2.1-2.10.2.2 | door openings to toilet rooms designated for patients of size min. clear width 45.5” |  |  |
|  |  |  |  |
| 2.3-3.2 | **GENERAL REQUIREMENTS**  **FOR IMAGING ROOMS** |  |  |
|  |  |  |  |
| 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/  Policy |
|  | 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 |  |  |
|  |  |  |  |
| 2.1-3.5.1.3 | Radiation Protection:  check if not included in project (only if imaging equipment does not emit ionizing radiations)        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) |  |  |
|  |  |  |  |
| 2.1-3.5.3 | **COMPUTED TOMOGRAPHY (CT) FACILITIES**  check if not included in project |  |  |
| 2.1-3.5.3.1 | CT scanner room meets above requirements for Class 1 imaging rooms |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 2.1-3.5.1.3(1) | Shielded control alcove or room |  |  |
| (a) | Space Requirements:        sized & configured according to manufacturer’s recommendations |  |  |
| (c) | shielded view window designed to provide full view of patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacturer’s recommendations for installation service & maintenance        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
| 2.1-3.5.3.3 |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.2 | **RADIOGRAPHY ROOM**  check if not included in project |  |  |
| 2.1-3.5.3.1 | Radiography room meets above requirements for Class 1 imaging rooms |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 2.1-3.5.1.3(1) | Shielded control alcove or room |  |  |
| (a) | Space Requirements:        sized & configured according to manufacturer’s recommendations |  |  |
| (c) | shielded view window designed to provide full view of patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacturer’s recommendations for installation service & maintenance        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.3 | **FLUOROSCOPY ROOM**  check if not included in project |  |  |
|  |  |  |  |
| 2.1-3.5.3.1 | Fluoroscopy room meets above requirements for Class 1 imaging rooms |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 2.1-3.5.1.3(1) | Shielded control alcove or room |  |  |
| (a) | Space Requirements:        sized & configured according to manufacturer’s recommendations |  |  |
| (c) | shielded view window designed to provide full view of examination/ procedure table & patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| (d)  (e) | control room enclosed with walls & door  check if not included in project  (only for Class 1 imaging room & where imaging room is not required to be under positive or negative pressure) |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacturer’s recommendations for installation service & maintenance        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
| 2.1-3.5.3.3 |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.3(1) | Separate toilet room        handwashing station        directly accessible\* from each dedicated Class 1 fluoroscopy room or combination radiography/ fluoroscopy room        patients are able to leave toilet room without reentering fluoroscopy room | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
|  |  |  |  |
| 2.1-3.5.4.4 | **MAMMOGRAPHY ROOM**  check if not included in project |  |  |
| 2.1-3.5.3.1 | Mammography room meets above requirements for Class 1 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(1)(a) | Space Requirements:        min. clearance 3'-0" on all circulating sides of patient position |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(2) | Visual Privacy:        means to prevent views into mammography room by the public or other patients |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(4) | Changing rooms for mammography patients  check if not included in project (only if appropriate area for changing is provided in each mammography room)        immediately accessible\* to waiting area        immediately accessible\* to imaging rooms |  |  |
| 2.1-3.5.10.3(2) | each room includes seat or bench & mirror |  |  |
| 2.1-3.5.10.3(3) | provisions for hanging patient clothing & securing valuables located either in patient changing room or in shared secured storage |  |  |
|  |  |  |  |
| 2.1-3.5.4.1(3)(b) | Radiation Protection: |  |  |
|  | mammography machines has built-in shielding for operator:        letter from certified radiation physicist approving shielding for operator  **or**        shielded control alcove |  |  |
|  |  |  |  |
| 2.1-3.5.5 | **MAGNETIC RESONANCE IMAGING (MRI) FACILITIES**  check if not included in project |  |  |
|  |  |  |  |
| 2.1-3.5.5.1 (1) | Planning Configuration of MRI Suite:        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 |  |  |
|  |  |  |  |
| (2) | MRI suite as well as spaces around, above & below designed to prevent unscreened individuals from entering 5‑gauss volume around MRI equipment |  |  |
|  |  |  |  |
| (3) | Specific Support Areas for MRI Suite: |  |  |
| (a) | space for patient interviews & clinical screening |  |  |
| (b) | space for physical screening |  |  |
| (c) | ferromagnetic (only) detection & warning systems |  |  |
| (d) | access controls |  |  |
| (e) | space to accommodate site-specific clinical & operational requirements such as image-guided procedures emergent imaging or general anesthesia support  check if not included in project |  |  |
| (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 |  |  |
|  |  |  |  |
| 2.1-3.5.5.2(1) | MRI scanner room |  |  |
| 2.1-3.5.3.1 | MRI scanner room meets above requirements for Class 1 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.2.3(2) | Handwashing Station |  |  |
| 2.1-3.5.5.2(2) | located in Class 1 MRI scanner room or directly outside entrance to Class 1 MRI scanner room |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacture recommendations        installation plans from manufacturer have been submitted to DPH Plan Review | Cryogen Venting System:        Emergency exhaust provided in accordance with equipment manufacturer’s technical specifications | 2.1-3.5.5.3 |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly | Passive pressure relief provided in accordance with equipment manufacturer’s technical specifications |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
| 2.1-3.5.5.4 | MRI control room |  |  |
| (1) | operator console positioned so operator has full view of principal approach & entrance to MRI scanner room |  |  |
| (2) | outward-swinging door  check if not included in project        door in open position does not obstruct view of entry opening from operator’s console |  |  |
|  |  |  |  |
| 2.1-3.5.1.3(1)  (a) | Space Requirements:        sized & configured according to manufacturer’s recommendations |  |  |
|  |  |  |  |
| 2.1-3.5.1.3(1)  (c) | shielded view window designed to provide full view patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| 2.1-3.5.5.5 | Control vestibule |  |  |
| (1) | located outside MRI scanner room so that patients health care personnel & other employees must pass through it before entering MRI scanner room |  |  |
|  |  |  |  |
| (2) | control vestibule is part of MRI control room  **or**        control vestibule directly visible from control room |  |  |
|  |  |  |  |
| 2.1-3.5.5.6 | Patient treatment/resuscitation area        adjacent\* to MRI room        space suitable for patient code treatment/resuscitation | Ventilation:        Min. 6 air changes per hour | Table 8.1/  Policy |
| 2.1-3.5.5.7 |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.5.8 | Equipment Installation Requirements: |  |  |
| (1) | power conditioning and/or uninterruptible power supply provided as indicated by MRI manufacturer’s power requirements & specific facility conditions |  |  |
| (2) | radiofrequency (RF) shielding provided for clinical MRI installations to attenuate stray radio frequencies that could interfere with MRI imaging process |  |  |
| (3) | magnetic shielding  check if not included in project (only  if magnetic field hazards or interferences are adequately controlled through facility planning)        assessed by certified physicist |  |  |
|  |  |  |  |
| 2.1-3.5.5.9 | Special Design Elements for MRI Scanner Room: |  |  |
| (1)(a) | ferromagnetic materials that may become detached or otherwise interfere with operation of MRI scanner are not used in MRI scanner rooms |  |  |
| (1)(b) | MRI scanner room located or shielded to avoid interference from elevators or other electromagnetic equipment |  |  |
| (2)(a) | floor structure designed to support weight of MRI scanner equipment minimize disturbance to MRI magnetic field & mitigate disruptive environmental vibrations |  |  |
| (2)(b) | MRI rooms be marked with lighted sign with red light to indicate that magnet is always on |  |  |
| (2)(c) | acoustic control provided to mitigate noise emitted by MRI scanner per Table 1.2-6 |  |  |
|  |  |  |  |
| 2.1-3.5.6 | **ULTRASOUND FACILITIES**  check if not included in project |  |  |
|  | Ultrasound room |  |  |
| 2.1-3.5.3.1 | meets above requirements for Class 1 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.6.1 | Space Requirements: |  |  |
| (1)(a) | min. clearance 3’-0” on all circulating sides of patient table or procedural chair |  |  |
|  |  |  |  |
| 2.1-3.5.6.2 | Patient toilet room |  |  |
| 2.1-3.5.10.2(2)  (a) | directly accessible\* from imaging room | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
| 2.1-3.5.10.2(2)  (b)  (c) | each toilet room serves one ultrasound room only  **or**        patient toilet room serves more than one ultrasound room        shared toilet rooms have interlocking door access hardware |  |  |
| 2.1-3.5.7 | **NUCLEAR IMAGING SERVICES**  check if not included in project |  |  |
| 2.1-3.5.7.1 |  |  |  |
| 2.1-3.5.3.1 | Nuclear imaging room meets above requirements for Class 1 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(3) | Exercise area or room  check if not included in project |  |  |
| (a) | space for exercise equipment in imaging room  **or**        space for exercise equipment in separate room directly accessible\* to imaging room |  |  |
|  |  |  |  |
| (b) | staff work space in imaging room  **or**        staff work space in separate room directly accessible\* to imaging room |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(4) | Handwashing Stations:        provided throughout nuclear imaging suite at locations of patient contact &        provided throughout nuclear imaging suite at locations where radiopharmaceutical materials are handled, prepared or disposed |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(5)  (c)(d) | Nuclear imaging dose administration area  (may be combined with pre-procedure patient care area or PET patient uptake/cool-down room) |  |  |
| (a) | located near preparation area |  |  |
| (b) | provisions for visual privacy from other areas |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(6) | Surfaces throughout nuclear imaging suite constructed of cleanable non-porous materials that can be decontaminated |  |  |
|  |  |  |  |
| 2.1-3.5.7.2 | Scintigraphy (gamma camera) rooms  check if not included in project |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacturer’s recommendations for installation service & maintenance        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.7.3 | Positron emission tomography suite (PET)  check if not included in project |  |  |
| (1) | PET Suite Configuration: |  |  |
| (a) | PET suites designed & positioned in facility to restrict incidental exposure to ionizing radiation sources by persons not immediately involved in PET examination |  |  |
| (b) | certified radiation physicist has determined extent of radiation shielding at radio-pharmacy, hot lab, scanner room, patient holding & other spaces |  |  |
|  | specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
| (2) | PET scanner room |  |  |
| 2.1-3.5.3.1 | PET scanner room meets above requirements for Class 1 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacturer’s recommendations        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.7.3(3)(b) | control room (may serve more than one PET scanner room) |  |  |
| 2.1-3.5.3.3 |  |  |  |
| 2.1-3.5.2.5 | system component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.7.3(5) | cyclotron room  check if not included in project (only if radiopharmaceuticals are provided by commercial sources) |  |  |
| (a) | located in access-restricted areas |  |  |
| (b) | shielding requirements for cyclotron facilities coordinated between equipment manufacturer & reviewing medical physicist |  |  |
|  | specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
| (c) | handwashing station |  |  |
|  |  |  |  |
| (6) | patient uptake/cool-down room        radiation shielding provided for patient uptake/cool-down |  |  |
| (a) | provided as appropriate to examinations & radiopharmaceuticals used for PET service |  |  |
| (b) | configured & appointed to minimize patient movement during radiopharmaceutical uptake period |  |  |
| (c) | toilet room with handwashing station & dedicated “hot” toilet to accommodate radioactive waste        directly accessible\* or adjacent\* to uptake/cool-down room | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
|  |  |  |  |
| 2.1-3.5.7.4 | Single-photon emission computed tomography room (SPECT)  check if not included in project |  |  |
| 2.1-3.5.3.1 | SPECT scanner room meets above requirements for Class 1 imaging rooms |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms are sized & configured to comply with manufacturer’s recommendations        installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:        floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.8.15(1) | **PRE- & POST-PROCEDURE PATIENT CARE AREA FOR CLASS 1 IMAGING ROOMS:** |  |  |
| (1) | Min. one patient care station for every three Class 1 imaging rooms or fraction thereof where patients receive point-of-care lab work or injection preparation with non‑radiopharmaceutical contrast agents |  |  |
|  |  |  |  |
| 2.1-3.5.8 | **SUPPORT AREAS FOR IMAGING SERVICES** |  |  |
|  | (may be shared with other clinical services) |  |  |
| 2.1-3.5.8.2 | Reception area with control desk |  |  |
| 2.1-3.5.8.3 | Documentation area |  |  |
| 2.1‑2.8.3.1 | work surface for documentation process |  |  |
| 2.1-3.5.8.4 | Consultation area        for consultation with patients or referring clinician (including remote consultation) |  |  |
|  |  |  |  |
| 2.1-3.5.8.8(1) | Medication safety zone & storage  check if not included in project |  |  |
|  | immediately accessible\* from pre- & post-procedure patient care areas |  |  |
| 2.1-3.5.8.8(2) | provision for locked storage of medications |  |  |
|  |  |  |  |
| 2.1‑2.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | medication safety zones located out of circulation paths |  |  |
| (b) | work space designed so that staff can access information & perform required tasks | Lighting:        Task‑specific lighting level min. 100 foot‑candles | 2.1‑2.8.8.1(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 |  |  |
| (f) | max. 45 dBA noise level caused by building systems |  |  |
|  |  |  |  |
| 2.1‑2.8.8.2(1) | medication preparation room |  |  |
| (a) | under visual control of nursing staff | Ventilation: |  |
| (b) | work counter | Min. 4 air changes per hour | Table 8.1/ |
|  | handwashing station | Lighting: | Policy |
|  | lockable refrigerator | Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | locked storage for controlled drugs |  |  |
|  | sharps containers  check if not included in project |  |  |
|  |  |  |  |
| (c) | self‑contained medication‑dispensing unit  check if not included in project |  |  |
|  | room designed with space to prepare medications  **or** |  |  |
| 2.1‑2.8.8.2(2) | automated medication‑dispensing unit |  |  |
| (a) | located at nurse station, in clean workroom or in alcove | Lighting:        Task lighting | 2.1‑2.8.8.1(2)(d) |
| (c) | handwashing station located next to stationary medication-dispensing units or stations |  |  |
|  |  |  |  |
| 2.1-3.5.8.11 | Clean workroom or clean supply room |  |  |
| (1) | readily accessible\* to imaging rooms |  |  |
| 2.1‑2.8.11.2 | clean workroom        used for preparing patient care items | Ventilation:        Min. 4 air changes per hour | Table 8.1/ |
| (1) | work counter | Positive pressure | Policy |
| (2) | handwashing station |  |  |
| (3) | storage facilities for clean & sterile supplies  **or** |  |  |
| 2.1‑2.8.11.3 | clean supply room | Ventilation: |  |
|  | used only for storage & holding as part of system for distribution of clean & sterile supplies | Min. 4 air changes per hour        Positive pressure | Table 8.1/  Policy |
|  |  |  |  |
| 2.1-3.5.8.12 | Soiled workroom or soiled holding room |  |  |
| 2.1‑2.8.12.2 | soiled workroom | Ventilation:        Min. 10 air changes per hour | Table 8.1/ |
| (1)(a) | handwashing station | Exhaust | Policy |
| (1)(b) | flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | Negative pressure        No recirculating room units |  |
| (1)(c) | work counter |  |  |
| (1)(d) | space for separate covered containers for waste & soiled linen |  |  |
| (b) | **or** |  |  |
| 2.1‑2.8.12.3 | soiled holding room | Ventilation:        Min. 10 air changes per hour | Table 8.1/ |
| (1) | handwashing station or hand sanitation station | Exhaust        Negative pressure | Policy |
| (2) | space for separate covered containers for waste & soiled linen | No recirculating room units |  |
|  |  |  |  |
| 2.1-3.5.8.12(2) | Contaminated (hot) soiled holding  check if not included in project (only if written statement from medical physicist is included) |  |  |
| (a) | provided in soiled workroom or soiled holding room        separate from other waste holding areas |  |  |
|  |  |  |  |
| 2.1-3.5.8.13(4)  + Errata | Clean linen storage |  |  |
|  |  |  |  |
| 2.1-3.5.8.14 | Environmental services room |  |  |
| (1) | immediate access to imaging suite |  |  |
| 2.1‑2.8.14.2 |  |  |  |
| (1) | service sink or floor‑mounted mop sink |  |  |
| (2) | provisions for storage of supplies & housekeeping equipment | Ventilation:        Min. 10 air changes per hour | Table 8.1/ |
| (3) | handwashing station  **or**        hand sanitation station | Exhaust        Negative pressure        No recirculating room units | Policy |
| 2.1-3.5.8.16  (3) | Contrast media preparation area  (may serve multiple imaging rooms)  check if not included in project |  |  |
| (1)(a) & (b)  (2) | sink & counter  check if not included in project (only if prepared media are used) |  |  |
| (c) | storage to accommodate preparation of contrast media |  |  |
|  |  |  |  |
| 2.1-3.5.8.17 | Image management system |  |  |
| (1) | space provided for digital image management system to be used for image acquisition & transmission |  |  |
|  |  |  |  |
| 2.1-3.5.8.18 | Image interpretation/reading rooms |  |  |
| (1) | remote location of image interpretation/ reading areas        radiologist is immediately available when interventional imaging procedures are performed |  |  |
|  | **or** |  |  |
| (2) | on-site location of image interpretation/ reading areas |  |  |
| (a) | adjustable ambient lighting with minimal glare projected onto computer monitors |  |  |
|  | higher level of illumination for room maintenance (activated separately from ambient reading lighting) |  |  |
|  | workstation task lighting for writing or reading hard copy |  |  |
| (b) | acoustic control        materials, finishes & sound masking minimize disruption from conversational speaking dictation & surrounding noise |  |  |
|  |  |  |  |
| 2.1-3.5.8.19 | Facilities for Processing Ultrasound Probes:  check if not included in project (only if ultrasound room is not provided) |  |  |
| (1) | dedicated ultrasound probe processing room | Ventilation:        Min. 10 air changes per hour | Table 8.1/ |
| (c) | processing room allows for flow of ultrasound probes from decontamination area to clean area & then to storage | Exhaust        Negative pressure        No recirculating room units | Policy |
| (d) | decontamination area |  |  |
|  | work counter |  |  |
| Errata | instrument-washing sink appropriate to method of decontamination used |  |  |
|  | handwashing station |  |  |
|  | space & utility connections to support high-level disinfection process & equipment used |  |  |
|  | **or** |  |  |
| (2) | ultrasound probes processed at point of use or in separate room or area using self‑contained automated high-level disinfection unit specifically designed for ultrasound probes |  |  |
| (a) | space for disinfection device with access to electrical receptacle |  |  |
| (b)  + Errata | access to soiled workroom provided in same clinical area to support probe decontamination        soiled workroom equipped with instrument-washing sink |  |  |
|  |  |  |  |
| (3) | clean ultrasound probe storage |  |  |
|  |  |  |  |
| 2.1-3.5.8.21 | Radiopharmaceutical production pharmacy  check if not included in project |  |  |
|  | radiopharmacy provided with appropriate shielding |  |  |
|  |  |  |  |
| (1) | Space Requirements: |  |  |
| (a) | space provided for dose calibration quality assurance & record-keeping activities |  |  |
| (b) | space provided for storage of radionuclides chemicals for preparation dose calibrators & records | Ventilation:        Hoods for pharmaceutical preparation meet applicable standards | 2.1-3.5.8.21 (3) |
| (2) | floors & walls be constructed of easily decontaminated materials |  |  |
|  |  |  |  |
| 2.1-3.5.8.22 | Hot lab for nuclear imaging services  check if not included in project |  |  |
|  | securable area or room for storage & dosage of radiopharmaceuticals |  |  |
| (2) | hot lab shielded according to manufacturer’s technical specifications        manufacturer’s technical specifications have been submitted to DPH | Ventilation:        Min. 6 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
| (3)(a) | source storage area |  |  |
| (3)(b) | dose storage area |  |  |
| (3)(c) | storage area for syringe shields |  |  |
| (3)(d) | emergency eyewash & shower |  |  |
|  |  |  |  |
| 2.1-3.5.9 | **SUPPORT AREAS FOR IMAGING SERVICES STAFF** |  |  |
| 2.1-3.5.9.1 | Staff lounge |  |  |
| (1) | readily accessible\* to imaging suite |  |  |
|  |  |  |  |
| (2) | Provisions for securing staff belongings |  |  |
|  |  |  |  |
| 2.1-3.5.9.2 | Staff toilet room |  |  |
| (2) | imaging suite has fewer than 3 imaging rooms        staff toilet room readily accessible\* to imaging suite  **or**        imaging suite has 3 or more imaging rooms        staff toilet room immediately accessible\* to imaging suite | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
|  |  |  |  |
| 2.1-3.5.10 | **SUPPORT AREAS FOR IMAGING PATIENTS** |  |  |
| 2.1-3.5.10.1 | Patient waiting room or area | Ventilation: |  |
| (1)  (2) | screened & separated from unrelated traffic        under staff control        seating capacity accommodates maximum expected patient volume | X-ray imaging rooms served        min. 12 air changes per hr        exhaust or recirculation through HEPA filter        negative pressure  **or**        no X-ray imaging rooms served  **or**        ICRA attached to Project Narrative indicates that no special measures are needed to reduce risk of airborne infection transmission | Table 8.1/  Policy  2.1-3.5.10.1(5) |
| (4) | Sub-Waiting Areas:  check if not included in project |  |  |
|  | provision of waiting areas for individual imaging modalities or sharing of waiting areas among similar modalities        located adjacent\* to imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.10.2 | Patient toilet rooms |  |  |
| (1) | immediately accessible\* to waiting areas        immediately accessible\* to changing rooms        handwashing stations | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
|  |  |  |  |
| (3) | Toilet rooms for nuclear imaging patients  check if not included in project (only if Nuclear Imaging services are not included) |  |  |
| (a) | immediately accessible\* to waiting areas        immediately accessible\* to nuclear imaging rooms | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
| (b) | dedicated “hot” toilet rooms for dosed nuclear imaging patients | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1/  Policy |
| 2.1-3.5.10.3 | Patient changing rooms  check if not included in project |  |  |
| (1) | located adjacent\* to imaging rooms |  |  |
| (2) | each room includes seat or bench & mirror |  |  |
| (3) | provisions for hanging patient clothing & securing valuables located either in patient changing room or in shared secured storage |  |  |
|  |  |  |  |
| 2.3-4.4 | **LINEN SERVICES** |  |  |
| 2.1-4.4.2 | Dedicated on-site linen processing area  check if not included in project (only if linen is processed off-site) |  |  |
| 2.1-4.4.2.1(1) | area large enough to accommodate washer, dryer & any plumbing equipment needed to meet temperature requirements |  |  |
| 2.1-4.4.2.1(2) | area divided into distinct soiled area (sorting & washing) & clean area (drying & folding) |  |  |
| 2.1-4.4.2.2 | storage for laundry supplies |  |  |
| 2.1-4.4.2.3 | clean linen storage |  |  |
| 2.1-4.4.2.4 | handwashing station |  |  |
| 2.1-4.4.3 | Support areas for outpatient facilities using off-site laundry services  check if not included in project (only if linen is processed on-site) |  |  |
| 2.1-4.4.3.1 | soiled linen holding area or dedicated area for soiled laundry carts |  |  |
| 2.1-4.4.3.2 | clean linen storage area or dedicated area for clean linen carts |  |  |
|  |  |  |  |
| 2.3-5.1 | **MATERIALS MANAGEMENT** |  |  |
| 2.1-5.1.2 | Receiving facilities |  |  |
|  | unpacking or box breakdown area accessible from designated delivery door |  |  |
| 2.1-5.1.3 | Service entrance  check if not included in project |  |  |
|  | protected from inclement weather |  |  |
|  |  |  |  |
| 2.3-5.3 | **ENVIRONMENTAL SERVICES** |  |  |
| 2.1-5.3.1 | Environmental services room |  |  |
| 2.1-5.3.1.1(3) | (may serve more than one clinical service area on same floor) |  |  |
| 2.1-5.3.1.1(1)  2.1-5.3.1.1(2) | min. one environmental services room per floor        additional ES rooms provided on floor according to needs of areas served | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure | Table 8.1/ Policy |
| 2.1-5.3.1.2(1) | service sink or floor-mounted mop sink | No recirculating room units |  |
| 2.1-5.3.1.2(2) | provisions for storage of supplies & housekeeping equipment |  |  |
| 2.1-5.3.1.2(3) | handwashing station or hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.1-5.4.2.1 | Equipment rooms for HVAC, telecom. & electrical equipment |  |  |
| 2.1-5.4.2.2 | secured with controlled access |  |  |
| 2.1-5.4.3 | Building maintenance supplies & equipment storage room |  |  |
|  |  |  |  |
| 2.3-5.4 | **ENGINEERING & MAINTENANCE SERVICES** |  |  |
| 2.1-5.4.2.1 | Equipment rooms for HVAC, telecom. & electrical equipment |  |  |
| 2.1-5.4.2.2 | secured with controlled access |  |  |
| 2.1-5.4.3 | Building maintenance supplies & equipment storage room |  |  |
|  |  |  |  |
| 2.1-6.2 | **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 be 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 |  |  |
|  |  |  |  |
| 2.1-6.2.7.1 | 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  check if not included in project (only if facility provides services that do not require patients to transfer to facility chair, recliner, exam table or stretcher) |  |  |
|  | 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 |  |  |
|  |  |  |  |
| 2.1-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.1-6.3.2  (2) | Interview space  check if not included in project  (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 |  |  |
|  |  |  |  |
| 2.1-6.4 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.1-6.4.1 | Staff lounge  check if not included in project |  |  |
|  | handwashing station |  |  |
| 2.1-6.4.2 | Storage for staff personal effects        locking drawers cabinets or lockers        readily accessible\* to individual work areas |  |  |
|  |  |  |  |

\*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: | |
| 2.1‑7.2.2.1  IBC 1018.2 | | Min. 44”  **or**        Detailed code review incorporated in Project Narrative | |
|  | |  | |
| 421 CMR 6.00 | | Corridors include turning spaces for wheelchairs | |
|  | |  | |
| 2.1‑7.2.2.2 | | CEILING HEIGHT: | |
| (2)  (4) | | Min. height 7’‑0” in radiography rooms from floor to lowest protruding element of equipment or fixture in stowed position        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 (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 | |
| (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 | |
|  | |  | |
| 2.1-7.2.2.14 | | 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 | |
| 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) | |
|  | |  | |
| 2.1‑8.3 | | **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)  (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 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 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 in handwashing stations are designed with basins that will reduce risk of splashing to areas where direct patient care is provided & 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 | |
|  | |  | |
| 2.1‑8.7 | | **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 | |
|  | |  | |