**COMPLIANCE CHECKLIST**

## OP6_Outpatient Classes 2 & 3 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:

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

Instructions:

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

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

**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 <u>not</u> be used for an existing required support space associated with a new patient care room or area.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

**W** = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request.

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

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Patient Care Unit Bed Complements:

Current = Proposed =

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 CLASSES 2 & 3 IMAGING FACILITIES** | | |
| 2.3-1.1 | **APPLICATION** | | |
| 2.3-1.1.1 | ___ Outpatient Classes 2 & 3 imaging facility that is separate from acute care hospital | | |
| 2.3-2 | **ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE** | | |
| 2.1-2.1.1.2 | ☐ check if <u>not</u> 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:<br>___ 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<br>___ mounted min. 36 inches from finished wall to centerline of toilet on both sides (for caregiver assistance with lifts) | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| | **or** | | |
| 2.1-2.6.2 | ___ regular toilet<br>___ 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 | | |

**Architectural Requirements** **Building Systems Requirements**

2.1-2.10.2 Door Openings:

2.1-2.10.2.1 ___ all door openings used for path of travel to public areas & areas where care will be provided for patients of size have min. clear width of 45.5”

2.1-2.10.2.2 ___ door openings to toilet rooms designated for patients of size have min. clear width of 45.5”

2.3-3.2 **GENERAL REQUIREMENTS FOR IMAGING ROOMS**

2.1-3.5.1.2 ___ **Class 2** Imaging Room:
Table 2.1-5 (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures)
☐ check if not included in project
___ room is a semi-restricted area
___ accessed from unrestricted area or semi-restricted area

Flooring:
___ cleanable & wear-resistant for the location; stable, firm & slip-resistant
___ monolithic floor with integral coved wall base carried up the wall min. 6”

Wall Finishes:
___ washable, free of fissures, open joints or crevices

Ceiling:
___ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals
___ lay-in ceiling
☐ check if not included in project
___ gasketed or each ceiling tile weighs at least 1 lbs/sq. ft.
___ no perforated, tegular, serrated, or highly textured tiles

Ventilation: Table 8.1
___ Min. 15 air changes per hour
___ Positive pressure
___ No recirculating room units

Power:
___ Min. 12 receptacles in total Table 2.1-1
___ Min. 8 receptacles convenient to table placement with at least one on each wall

Nurse Call System:
___ Staff assistance station Table 2.1-3
___ Emergency call station

Medical Gases:
___ 1 OX, 2 VAC Table 2.1-2
___ 1 MA (may be portable)

2.1-3.5.2.3(2) Handwashing Station or Hand Scrub Facilities:

___ handwashing station

(a) ___ directly accessible* to Class 2 imaging room

**or**

(b) ___ hand scrub facilities

___ hand scrub position directly outside entrance to Class 2 imaging room

2.1-2.8.6.3 ___ placement of scrub station does not restrict min. required corridor width

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-3.5.1.2<br>Table 2.1-5 | ___ **Class 3** Imaging Room<br>(for invasive procedures, i.e. any Class 2 procedure during which patient will require physiological monitoring & is anticipated to require active life support)<br>☐ check if not included in project<br>___ room is a restricted area<br>___ accessed from semi-restricted area | | |
| | Flooring:<br>___ cleanable and wear-resistant for the location; stable, firm & slip-resistant<br>___ monolithic floor with integral coved wall base carried up the wall min. 6”<br>Wall Finishes:<br>___ washable; free of fissures, open joints, or crevices<br><br>Ceiling:<br>___ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals<br>___ gasketed access openings | Ventilation:<br>___ Min. 20 air changes per hour<br>___ Positive pressure<br>___ No recirculating room units<br><br>Power:<br>___ Min. 36 receptacles in total<br>___ Min. 12 receptacles convenient to patient table<br>___ Min. 2 on each wall<br>Nurse Call System:<br>___ Staff assistance station<br>___ Emergency call station | Table 8.1<br><br>Table 2.1-1<br><br>Table 2.1-3 |
| 2.1-3.5.2.3(3) | Hand Scrub Facilities:<br>___ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms<br>___ placement of scrub station does not restrict min. required corridor width | Medical Gases:<br>___ 2 OX, 3 VAC<br>___ 1 MA (may be portable) | Table 2.1-2 |
| 2.1-3.5.1.3 | Radiation Protection:<br>☐ check if not included in project (only if imaging equipment does not emit ionizing radiations)<br>___ certified radiation physicist representing owner has specified type, location & amount of radiation protection to be installed in accordance with layout & equipment selections<br>___ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |
| (1) | ___ shielded control alcove or room<br>☐ check if not included in project (only if radiation-emitting imaging equipment is portable) | | |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.1-3.5.3 | **COMPUTED TOMOGRAPHY (CT) FACILITIES**<br>☐ check if not included in project | |
| 2.1-3.5.3.1 | ___ CT scanner room meets above requirements for Class 2 imaging rooms<br>**or**<br>___ CT scanner room meets above requirements for Class 3 imaging rooms | |
| 2.1-3.5.3.2 | | |
| 2.1-3.5.1.3(1) | ___ Shielded control alcove or room | |
| (a) | Space Requirements:<br>___ 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) | ___ control room enclosed with walls & door | |
| (e) | ☐ 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<br>___ 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:<br>___ 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<br>☐ check if not included in project | |
| (1) | Location: | |
| (a) | ___ accessed only from unrestricted or semi-restricted space outside imaging room | |
| (2) | Space Requirements:<br>___ room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: | |
| (a) | ___ transformers | |

**Architectural Requirements** **Building Systems Requirements**

(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 2 imaging rooms
**or**
___ Fluoroscopy room meets above requirements for Class 3 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) ___ control room enclosed with walls & door
(e) ☐ check if not included in project (only 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
___ 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

**Architectural Requirements** **Building Systems Requirements**

(2) Space Requirements:
___ room size accommodates equipment listed below as indicated by imaging equipment manufacturer:
(a) ___ transformers
(b) ___ power distribution equipment
(c) ___ power conditioning/UPS equipment
(d) ___ computers
(e) ___ associated electronics & electrical gear

2.1-3.5.4.4 **MAMMOGRAPHY ROOM**
☐ check if not included in project

2.1-3.5.3.1 ___ Mammography meets above requirements for Class 2 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(3) ___ handwashing station

2.1-3.5.4.4(4) ___ Changing rooms for mammography patients
☐ check if not included in project (only if changing area 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

**Architectural Requirements** **Building Systems Requirements**

2.1-3.5.5 **MAGNETIC RESONANCE IMAGING (MRI) FACILITIES**
☐ check if not included in project

2.1-3.5.5.1 Planning Configuration of MRI Suite:

(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

(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

**Architectural Requirements**

2.1-3.5.5.2 ___ MRI scanner room

2.1-3.5.3.1
- ___ MRI scanner room meets above requirements for Class 2 imaging rooms

**or**

- ___ MRI scanner room meets above requirements for Class 3 imaging rooms

2.1-3.5.2.3(2) Handwashing Station or Hand Scrub Facilities:

2.1-3.5.2.3(2)(a)
- ___ handwashing station
  - ___ directly accessible* to Class 2 MRI scanner room

**or**

2.1-3.5.2.3(2)(b)
- ___ hand scrub facilities
  - ___ hand scrub position directly outside entrance to Class 2 or Class 3 imaging room

2.1-2.8.6.3
  - ___ placement of scrub station does not restrict min. required corridor width

2.1-3.5.2.2 Space Requirements:

(1)
- ___ imaging rooms sized & configured to comply w/ manufacturer 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 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 size accommodates equipment listed below as indicated by imaging equipment manufacturer:

(a)
    - ___ transformers

(b)
    - ___ power distribution equipment

(c)
    - ___ power conditioning/UPS equipment

(d)
    - ___ computers

(e)
    - ___ associated electronics & electrical gear

**Building Systems Requirements**

Cryogen Venting System:

___ Emergency exhaust provided in accordance with equipment manufacturer specifications 2.1-3.5.5.3

___ Passive pressure relief provided in accordance with equipment manufacturer specifications

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 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<br>☐ check if not included in project<br>___ 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:<br>___ sized & configured according to manufacturer's recommendations | | |
| 2.1-3.5.1.3(1) (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) | | |
| 2.1-3.5.1.3(1) (d) 2.1-3.5.1.3(1) (e) | ___ control room enclosed with walls & door<br>☐ check if not included in project<br>(only where imaging room is not required to be under positive or negative pressure) | | |
| 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<br>**or**<br>___ control vestibule directly visible from control room | | |
| 2.1-3.5.5.6 | ___ Patient treatment/resuscitation area<br>___ adjacent* to MRI room<br>___ space suitable for patient code treatment/resuscitation | Ventilation:<br>___ Min. 6 air changes per hour | Table 8.1 |
| 2.1-3.5.5.7 2.1-3.5.2.5 | ___ System component room<br>☐ check if not included in project | | |
| (1) (a) | Location:<br>___ accessed only from unrestricted or semi-restricted space outside imaging room | | |
| (2) | Space Requirements:<br>___ room size accommodates equipment listed below as indicated by imaging equipment manufacturer: | | |
| (a) | ___ transformers | | |
| (b) | ___ power distribution equipment | | |

**Architectural Requirements** **Building Systems Requirements**

(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 be located and/or shielded to avoid electromagnetic 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

2.1-3.5.7 **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 2 imaging rooms
**or**
___ Nuclear imaging room meets above requirements for Class 3 imaging rooms

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.1-3.5.7.1(3) | ___ Exercise area or room<br>☐ check if not included in project | |
| (a) | ___ space for exercise equipment in imaging room<br>**or**<br>___ space for exercise equipment in separate room directly accessible* to imaging room | |
| (b) | ___ staff work space in imaging room<br>**or**<br>___ staff work space in separate room directly accessible* to imaging room | |
| 2.1-3.5.7.1(4) | ___ Handwashing stations<br>___ provided throughout nuclear imaging suite at locations of patient contact<br>___ provided throughout nuclear imaging suite 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<br>☐ check if not included in project | |
| 2.1-3.5.2.2 | Space Requirements: | |
| (1) | ___ imaging rooms are sized & configured to comply with manufacturer recommendations<br>___ 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:<br>___ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | |
| 2.1-3.5.7.2(2) | ___ handwashing station | |

**Architectural Requirements** **Building Systems Requirements**

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 size accommodates equipment listed below as indicated by imaging equipment manufacturer:
(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 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 2 imaging rooms
**or**
___ PET scanner room meets above requirements for Class 3 imaging rooms

2.1-3.5.2.2 Space Requirements:
(1) ___ imaging rooms are sized & configured to comply with manufacturer 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

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.1-3.5.2.4(d) | Structural Support:<br>___ 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(2)(b) | ___ handwashing station | |
| (3)(b) | ___ control room (may serve more than one PET scanner room) | |
| 2.1-3.5.3.3<br>2.1-3.5.2.5 | ___ system component room<br>☐ check if <u>not</u> included in project | |
| (1) | Location: | |
| (a) | ___ accessed only from unrestricted or semi-restricted space outside imaging room | |
| (2) | Space Requirements:<br>___ room size accommodates equipment listed below as indicated by imaging equipment manufacturer:: | |
| (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<br>☐ check if <u>not</u> 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<br>___ specifications of radiation shielding have been submitted to DPH Radiation Control Program | |
| (c) | ___ handwashing station | |
| (6) | ___ patient uptake/cool-down room<br>___ 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 | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| (c) | ___ toilet room with handwashing station & dedicated "hot" toilet to accommodate radioactive waste<br>___ directly accessible* or adjacent* to uptake/cool-down room | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| 2.1-3.5.7.4 | ___ Single-photon emission computed tomography room (SPECT) | | |
| 2.1-3.5.3.1 | ___ SPECT scanner room meets above requirements for Class 2 imaging rooms<br>**or**<br>___ SPECT scanner room meets above requirements for Class 3 imaging rooms | | |
| 2.1-3.5.2.2<br>(1) | Space Requirements:<br>___ imaging rooms are sized & configured to comply with manufacturer recommendations<br>___ 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:<br>___ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |
| 2.1-3.5.7.4(2) | ___ handwashing station | | |
| 2.1-3.5.2.5 | ___ System component room<br>☐ check if <u>not</u> included in project | | |
| (2) | Space Requirements:<br>___ room size accommodates equipment listed below as indicated by imaging equipment manufacturer:: | | |
| (a) | ___ transformers | | |
| (b) | ___ power distribution equipment | | |
| (c) | ___ power conditioning/UPS equipment | | |
| (d) | ___ computers | | |
| (e) | ___ associated electronics & electrical gear | | |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.1-3.5.8.15(2) | **PRE- & POST-PROCEDURE PATIENT CARE AREA FOR CLASS 2 OR 3 IMAGING ROOMS:**<br>☐ check if Class 2 & Class 3 imaging rooms are not included in project | |
| (3) | (may be shared with adjacent* surgical services) | |
| 2.1-3.4.1.1 | ___ Patient care stations accommodate lounge chairs, gurneys or beds for pre- & post-procedure (recovery) patient care | |
| | ___ Patient care stations accommodate seating space for family/visitors | |
| 2.1-3.4.1.2 | ___ Location in unrestricted area | |
| 130.960(B) | Cardiac Catheterization & Electrophysiology:<br>☐ check if not included in project | |
| | ___ patient recovery area directly accessible* from the procedure room | |
| 2.1-3.4.1.3(2) | Layout: | |
| (a) | ___ combination of pre- & post-procedure patient care stations in one patient care area | |
| | ___ patient care stations combined in same area meet most restrictive requirements of areas to be combined | |
| | **or** | |
| (b) | ___ separate pre-procedure patient care area & post-procedure recovery area | |
| | ___ patient care stations combined in same area meet most restrictive requirements of areas to be combined | |
| | **or** | |
| (c) | ___ three areas: pre-procedure patient care area Phase I post-anesthetic care unit (PACU) & Phase II recovery area | |
| 2.1-3.4.1.4 | Number of Patient Care Stations: | |
| (1) | ___ pre- & post-procedure patient care stations are combined into one patient care area<br>☐ check if not included in project | |
| | ___ at least two patient care stations for each Class 2 & Class 3 imaging room | |
| (2) | ___ separate pre-procedure & recovery areas<br>☐ check if not included in project | |
| 2.1-3.4.3 | ___ pre-procedure patient care room or area provides minimum of one patient care station per imaging room | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-3.4.4 | ___ Phase I post-anesthetic care unit (PACU) provides minimum of one Phase I patient care station per Class 3 imaging room | | |
| 2.1-3.4.5 | ___ Phase II recovery room(s) or area<br>___ min. one Phase II patient care station per Class 2 or Class 3 imaging room | | |
| 2.1-3.4.2.2 (2)(a) | Space Requirements:<br>___ patient care bays<br>☐ check if not included in project<br>___ min. clearance 5'-0" between sides of patient beds/gurneys/lounge chairs<br>___ min. clearance 3'-0" between sides of patient beds/gurneys/lounge chairs & adjacent* walls or partitions<br>___ min. clearance 2'-0" between foot of patient beds/gurneys/lounge chairs & cubicle curtain | Ventilation:<br>___ Min. 6 air changes per hour<br>___ No recirculating room units<br>Power:<br>___ Min. 8 receptacles in total<br>___ convenient to head of gurney or bed<br>Nurse Call System:<br>___ Patient station<br>___ Staff assistance station<br>___ Emergency call station<br>Medical Gases:<br>___ 1 OX, 3 VAC per station | Table 8.1<br><br>Table 2.1-1<br><br>Table 2.1-3<br><br>Table 2.1-2 |
| (2)(b) | ___ patient care cubicles<br>☐ check if not included in project<br>___ min. clearance 3'-0" between sides of patient beds/gurneys/lounge chairs & adjacent* walls or partitions<br>___ min. clearance 2'-0" between foot of patient beds/gurneys/lounge chairs & cubicle curtain | Ventilation:<br>___ Min. 6 air changes per hour<br>___ No recirculating room units<br>Power:<br>___ Min. 8 receptacles in total<br>___ convenient to head of gurney or bed<br>Nurse Call System:<br>___ Patient station<br>___ Staff assistance station<br>___ Emergency call station<br>Medical Gases:<br>___ 1 OX, 3 VAC per station | Table 8.1<br><br>Table 2.1-1<br><br>Table 2.1-3<br><br>Table 2.1-2 |
| | ___ bays or cubicles face each other<br>☐ check if not included in project<br>___ aisle with min. clearance 8'-0" independent of foot clearance between patient stations or other fixed objects | | |
| (2)(c) | ___ single-patient rooms<br>☐ check if not included in project<br>___ min. clearance 3'-0" between sides & foot of beds/gurneys/lounge chairs & adjacent* walls or partitions | Ventilation:<br>___ Min. 6 air changes per hour<br>___ No recirculating room units | Table 8.1 |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| | | Power: | |
| | | ___ Min. 8 receptacles in total | Table 2.1-1 |
| | | ___ convenient to head of gurney or bed | |
| | | Nurse Call System: | |
| | | ___ Patient station | Table 2.1-3 |
| | | ___ Staff assistance station | |
| | | ___ Emergency call station | |
| | | Medical Gases: | |
| | | ___ 1 OX, 3 VAC per station | Table 2.1-2 |
| 2.1-3.4.2.4 | Patient Privacy: | | |
| 2.1-2.1.2 | ___ provisions are made to address patient visual & speech privacy | | |
| 2.1-3.4.2.5 | ___ Handwashing stations | | |
| 2.1-2.8.7.1 | ___ located in each room where hands-on patient care is provided | | |
| 2.1-2.8.7.3 | ___ handwashing station serves multiple patient care stations | | |
| | ☐ check if not included in project | | |
| (1) | ___ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof | | |
| (2) | ___ handwashing stations evenly distributed | | |
| 2.1-3.4.4.2 | ___ At least one route of patient transport provides direct access from semi-restricted area of surgical suite to Phase I recovery area without crossing public corridors | | |
| 2.1-3.4.4.3 | ___ Design of Phase I recovery area provides observation of all patient care stations from nurse station | | |
| 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 to support 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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 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:<br>___ 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/ Policy |
| | ___ handwashing station | Lighting: | |
| | ___ lockable refrigerator | ___ Task lighting | 2.1-2.8.8.1(2)(d) |
| | ___ locked storage for controlled drugs | | |
| | ___ sharps containers<br>☐ check if not included in project | | |
| (c) | ___ self-contained medication-dispensing unit<br>☐ 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:<br>___ 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 (2) (1) | ___ Clean workroom or clean supply room (may be shared with other clinical services)<br>___ readily accessible* to imaging rooms | | |
| 2.1-2.8.11.2 | ___ clean workroom | Ventilation: | |
| | ___ used for preparing patient care items | ___ Min. 4 air changes per hour | Table 8.1 |
| (1) | ___ work counter | ___ Positive pressure | |
| (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<br>___ Positive pressure | Table 8.1 |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 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 | |
| (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 | | |
| (2) | ___ fluid management system is used | | |
| | ☐ check if <u>not</u> included in project | | |
| (a) | ___ electrical & plumbing connections that meet manufacturer requirements | | |
| (b) | ___ space for docking station | | |
| | **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 | |
| (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 <u>not</u> 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) | ___ Clean linen storage | | |
| | ___ storage area for clean linen | | |
| | ___ handwashing station provided in clean linen storage area | | |
| 2.1-3.5.8.14 | ___ Environmental services room | | |
| (2) | (may be shared with other clinical services) | | |
| (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 | ___ Exhaust | |
| | **or** | ___ Negative pressure | |
| | ___ hand sanitation station | ___ No recirculating room units | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-3.5.8.16 (3) | ___ Contrast media preparation area (may serve multiple imaging rooms)<br>☐ check if not included in project | | |
| (1)(a) & (b) | ___ sink & counter<br>☐ check if not included in project (only if prepared media are used) | | |
| (2) | | | |
| (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 | | |
| 2.1-3.5.8.21 | ___ Radiopharmaceutical production pharmacy<br>☐ 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 for preparation dose calibrators & records | Ventilation:<br>___ Hoods for pharmaceutical preparation | 2.1-3.5.8.21 (3) |
| (2) | ___ floors & walls be constructed of easily decontaminated materials | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-3.5.8.22 | ___ Hot lab for nuclear imaging services<br>☐ check if <u>not</u> included in project | | |
| | ___ securable area or room for storage & dosage of radiopharmaceuticals | Ventilation: | |
| (2) | ___ hot lab shielded according to manufacturer's technical specifications | ___ Min. 6 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| | ___ manufacturer technical specifications have been submitted to DPH | | |
| (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) | ___ fewer than 3 imaging rms in imaging suite | Ventilation: | |
| | ___ staff toilet room <u>readily</u> accessible* to imaging suite | ___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| | **or** | | |
| | ___ 3 or more imaging rms in imaging suite | | |
| | ___ staff toilet room <u>immediately</u> accessible* to imaging suite | | |
| 2.1-3.5.9.4 | ___ Staff changing area (may be shared with surgery services) | | |
| 2.2-3.3.9.4(1) | ___ staff changing area with one or more private changing rooms or areas provided for male & female staff | | |
| 2.2-3.3.9.4(2) | | | |
| (a) | ___ lockers | | |
| (b) | ___ showers | | |
| (c) | ___ toilets | Ventilation: | |
| | | ___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| (d) | ___ handwashing stations | | |
| (e) | ___ space for donning & doffing surgical attire | | |
| (f) | ___ provision for separate storage of clean & soiled surgical attire | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.1-3.5.10 | **SUPPORT AREAS FOR IMAGING PATIENTS** | | |
| 2.1-3.5.10.1 | ___ Patient waiting room or area | Ventilation: | |
| (1) | ___ screened & separated from unrelated traffic<br>___ under staff control | ___ X-ray imaging rooms served<br>___ min. 12 air changes per hr<br>___ exhaust or recirculation through HEPA filter<br>___ negative pressure | Table 8.1 |
| (2) | ___ seating capacity accommodates maximum expected patient volume | **or**<br>___ no X-ray imaging rooms served<br>**or**<br>___ ICRA attached to Project Narrative indicates that no special measures are needed to reduce risk of airborne infection transmission | 2.1-3.5.10.1(5) |
| (4) | Sub-Waiting Areas:<br>☐ check if not included in project<br>___ provision of waiting areas for individual imaging modalities or sharing of waiting areas among similar modalities<br>___ located adjacent* to imaging rooms | | |
| 2.1-3.5.10.2 | ___ Patient toilet rooms | | |
| (1) | ___ immediately accessible* to waiting areas<br>___ immediately accessible* to changing rooms<br>___ handwashing stations | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| (3) | ___ Toilet rooms for nuclear imaging patients<br>☐ check if not included in project (only if nuclear imaging is not provided) | | |
| (a) | ___ immediately accessible* to waiting areas<br>___ immediately accessible* to nuclear imaging rooms | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| (b) | ___ Dedicated “hot” toilet rooms for dosed nuclear imaging patients | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| 2.1-3.5.10.3 | ___ Patient changing rooms<br>☐ 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 | | |
| | **STERILE PROCESSING**<br>☐ check if not included in project<br>___ Compliance Checklist OP4 has been submitted to DPH Plan Review | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.3-4.3 | **STERILE PROCESSING** | | |
| 2.7-4.3.2 | ___ Facilities for on-site sterile processing<br>☐ check if not included in project<br>___ Compliance Checklist OP4 has been submitted | | |
| 2.7-4.3.3 | ___ Support areas for facilities using off-site sterile processing<br>☐ check if not included in project (only if sterile processing is performed on-site) | | |
| 2.1-4.3.3.1 | ___ room for breakdown (receiving/unpacking) of clean/sterile supplies | | |
| 2.1-4.3.3.2 | ___ room for on-site storage of clean & sterile supplies | | |
| 2.1-4.3.2.4(1) | ___ storage for sterile & clean instruments & supplies | | |
| (a) | ___ separate equipment & supply storage room<br>**or**<br>___ designated equipment & supply storage area in clean workroom | Ventilation:<br>___ Min. 4 air changes per hour<br>___ Positive pressure | Table 8.1 |
| (b) | ___ space for case cart storage<br>☐ check if not included in project (only if case carts are not used) | | |
| (c) | ___ provisions to maintain humidity & temperature levels | | |
| 2.1-4.3.3.3 | ___ room with flush-type device for gross decontamination & holding of soiled instruments | | |
| 2.1-3.8.12.1 | ___ does not have direct connection with clean workrooms or clean supply rooms | | |
| 2.1-3.8.12.2(1) | | | |
| (a) | ___ handwashing station | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ No recirculating room units | Table 8.1 |
| (b) | ___ flushing-rim clinical service sink or equivalent flushing-rim fixture | | |
| (c) | ___ work counter | | |
| (d) | ___ space for separate covered containers for waste & soiled linen | | |
| (2) | ___ fluid management system<br>☐ check if not included in project | | |
| (a) | ___ electrical & plumbing connections that meet manufacturer requirements | | |
| (b) | ___ space for docking station | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 2.3-4.4 | **LINEN SERVICES** | | |
| 2.1-4.4.2 | ___ Dedicated on-site linen processing area<br>☐ 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<br>☐ 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<br>☐ 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) | ___ min. one environmental services room per floor | Ventilation:<br>___ Min. 10 air changes per hour<br>___ Exhaust | Table 8.1/ Policy |
| 2.1-5.3.1.2(1) | ___ service sink or floor-mounted mop sink | ___ Negative pressure | |
| 2.1-5.3.1.2(2) | ___ provisions for storage of supplies & housekeeping equipment | ___ No recirculating room units | |
| 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 | | |

| | Architectural Requirements | Building Systems Requirements | |
|---|---|---|---|
| 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:<br>___ Min. 10 air changes per hour<br>___ Exhaust<br>___ Negative pressure<br>___ 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 <u>not</u> 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 <u>not</u> 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 | | |

| | Architectural Requirements | Building Systems Requirements |
|---|---|---|
| 2.1-6.3 | **ADMINISTRATIVE AREAS** | |
| 2.1-6.3.2 | ___ Interview space | |
| | ☐ check if not included in project | |
| (2) | (may be combined with consultation room) | |
| (1) | ___ separate from public areas | |
| 2.1-6.3.3 | ___ Office space for business, administrative & professional staffs | |
| 2.1-6.3.5 | ___ Medical records space | |
| | ___ provisions be made for securing medical records of all media types used by facility | |
| 2.1-6.3.5.1 | ___ location restricted to staff access to maintain confidentiality of record | |
| 2.1-6.3.5.2 | Space Requirements: | |
| (1) | ___ space provided for medical records management | |
| (2) | ___ physical space for electronic storage of forms or documents | |
| 2.1-6.3.6 | ___ Storage for office equipment & supplies | |
| 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 (2)
___ Corridors include turning spaces for wheelchairs
___ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0”

2.1-7.2.2.2 CEILING HEIGHT:

(2)
___ Min. height 7’-0” in radiography, procedure, operating rooms from floor to lowest protruding element of equipment or fixture in stowed position

(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 DOORS & DOOR HARDWARE:

(1) Door Type:

(a)
___ 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

(b) Rooms with Gurney Access:
___ 41.5” min. clear door width
___ 79.5” min. clear door height

(3) Door Swing:

(a)
___ doors do not swing into corridors except doors to non-occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware

(4)
___ Lever hardware or push/pull latch hardware

(5) Doors for Patient Toilet Facilities:

(a)
___ door that swings outward
**or**
___ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)
**or**
___ sliding door other than pocket door

(b)
___ toilet room opens onto public area or corridor
☐ check if not included in project
___ visual privacy is maintained

2.1-7.2.2.8 HANDWASHING STATIONS:

(3)(a)
___ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly

(3)(b)
___ Countertops substrate
☐ check if not included in project
___ marine-grade plywood (or equivalent material) with impervious seal

(4)
___ Handwashing station casework
☐ check if not included in project
___ designed to prevent storage beneath sink

(5)
___ Provisions for drying hands
☐ check if not included in project
(only at hand scrub facilities)

(a)
___ hand-drying device does not require hands to contact dispenser

(b)
___ hand-drying device is enclosed to protect against dust or soil

(6)
___ Liquid or foam soap dispensers

2.1-7.2.2.9 GRAB BARS:

(1)
___ Grab bars anchored to sustain concentrated load 250 pounds

(3)
___ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors

2.1-7.2.2.10 HANDRAILS:
☐ check if not included in project

(2)
___ Rail ends return to wall or floor

(3)
___ Handrail gripping surfaces & fasteners are smooth 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 installations are shown in the plans
___ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program

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

2.1-7.2.3 **SURFACES**

2.1-7.2.3.1 FLOORING & WALL BASES:
(1) ___ Flooring surfaces cleanable & wear-resistant for location
(3) ___ Smooth transitions provided between different flooring materials
(4) ___ Flooring surfaces including those on stairways are stable, firm & slip-resistant
(5) ___ Floors & wall bases of all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions
(6)(a) ___ Floors are monolithic & integral coved wall bases are at least 6" high & tightly sealed to wall in Class 2 & Class 3 imaging rooms

2.1-7.2.3.2 WALLS & WALL PROTECTION:
(1)(a) ___ Wall finishes are washable
(1)(b) ___ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(2) ___ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth
(4) ___ Wall protection devices & corner guards durable & scrubbable

2.1-7.2.3.3 CEILINGS:
(1) ___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
(a) ___ Ceilings cleanable with routine housekeeping equipment
(b) ___ Acoustic & lay-in ceilings where used do not create ledges or crevices
(2) Semi-Restricted Areas:
☐ check if not included in project
(a) ___ ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals
(b) ___ lay-in ceilings
___ gasketed or each ceiling tile weighs at least 1 Lbs/sq. ft.
(c) ___ no perforated tegular serrated or highly textured tiles in semi-restricted areas
**or**
___ ceilings of monolithic construction
(3) Restricted Areas:
☐ check if not included in project
(a) ___ ceilings of monolithic construction (except for central diffuser array)
(b) ___ ceiling finishes scrubbable & capable of withstanding cleaning & disinfecting chemicals
(c) ___ access openings are gasketed

2.1-7.2.4.3 ___ Privacy curtains in patient care areas are washable

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

Part 3/6.1 UTILITIES:
Part 3/6.1.1 Ventilation Upon Loss of Electrical Power:
___ space ventilation & pressure relationship requirements of Table 8.1 are maintained for AII Rooms & Operating Rooms in event of loss of normal electrical power
☐ check if not included in project

Part 3/6.1.2 Heating & Cooling Sources:
Part 3/6.1.2.1 ___ heat sources & essential accessories sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance
___ capacity of remaining source or sources is sufficient to provide heating for operating rooms & recovery rooms

Part 3/6.1.2.2 Central cooling systems greater than 400 tons (1407 kW) peak cooling load
☐ check if not included in project
___ cooling sources & essential accessories sufficient to support facility operation plan upon breakdown or routine maintenance of any one of cooling sources

Part 3/6.2 AIR-HANDLING UNIT (AHU) DESIGN:
Part 3/6.2.1 ___ AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance

.

Part 3/6.3 OUTDOOR AIR INTAKES & EXHAUST DISCHARGES:
Part 3/6.3.1 Outdoor Air Intakes:
Part 3/6.3.1.1 ___ located min. of 25'-0" from cooling towers & all exhaust & vent discharges
___ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade
___ air intakes located away from public access
___ all intakes are designed to prevent entrainment of wind-driven rain

Part 3/6.3.1.3 ___ intakes on top of buildings
☐ check if not included in project
___ located with bottom of air intake min. of 3'-0" above roof level

Part 3/6.3.1.4 ___ intake in areaway
☐ check if not included in project
___ bottom of areaway air intake opening is at least 6'-0" above grade
___ bottom of air intake opening from areaway into building is at least 3'-0" above bottom of areaway

Part 3/6.3.2 Contaminated Exhaust Discharges:
☐ check if not included in project
Part 3/6.3.2.1 ___ ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms or HD sterile compounding pharmacy)
___ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building
Part 3/6.3.2.2 ___ exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10 feet above adjoining roof level
___ exhaust discharge outlets from laboratory work area chemical fume hoods discharge with stack velocity of at least 2500 fpm
___ exhaust discharge outlets from AII rooms bronchoscopy & sputum collection exhaust & laboratory work area chemical fume hoods is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public

Part 3/6.4 FILTRATION:
___ Two filter banks for operating rooms, ambulatory diagnostic & therapeutic radiology (see Table 6.4)
___ Filter Bank No. 1: MERV 7
___ Filter Bank No. 2: MERV 14
___ All other outpatient spaces one filter bank MERV 7
___ One filter bank MERV 13 for laboratories
___ Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed

Part 3/6.4.1 ___ Filter Bank No. 1 placed upstream of heating & cooling coils
Part 3/6.4.2 ___ Filter Bank No. 2 placed downstream of all wet-air cooling coils & supply fan

Part 3/6.5 HEATING & COOLING SYSTEMS:
Part 3/6.5.3 ___ Radiant heating systems
☐ check if not included in project
___ ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room, OR or procedure room

Part 3/6.7 AIR DISTRIBUTION SYSTEMS:

Part 3/6.7.1
___ Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation
___ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems
___ Recovery rooms are served by fully ducted return or exhaust systems

Part 3/6.7.2 Air Distribution Devices:
___ supply air outlets comply with Table 6.7.2

Part 3/6.7.3 Smoke Barriers:
___ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.

Part 3/6.8 ENERGY RECOVERY SYSTEMS:
☐ check if not included in project

Part 3/6.8.1 ___ Located upstream of Filter Bank No. 2

Part 3/6.8.2 ___ AII room exhaust systems are not used for energy recovery

Part 3/6.8.3 ___ Energy recovery systems with leakage potential
☐ check if not included in project
___ arranged to minimize potential to transfer exhaust air directly back into supply airstream
___ designed to have no more than 5% of total supply airstream consisting of exhaust air
___ not used from these exhaust airstream sources: waste anesthesia gas disposal, endoscope cleaning, central medical & surgical supply, soiled or decontamination room

Part 3/7 SPACE VENTILATION:

Part 3/7.1.a ___ Complies with Table 8.1

Part 3/7.1.a.1 ___ Air movement is from clean to less-clean areas

Part 3/7.1.a.3
___ Min. number of total air changes required for positive pressure rooms is provided by total supply airflow
___ Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow

Part 3/7.1.a.4 ___ Entire minimum outdoor air changes per hour required by Table 8.1 for each space meet filtration requirements of Section 6.4

Part 3/7.1a.5 ___ Air recirculation through room unit
☐ check if not included in project
___ complies with Table 8.1
___ room unit receive filtered & conditioned outdoor air
___ serve only a single space
___ provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered

Part 3/7.2 ADDITIONAL ROOM-SPECIFIC REQUIREMENTS:

Part 3/7.2.1 Airborne Infection Isolation (AII) Rooms
☐ check if not included in project
___ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor
___ Local visual means is provided to indicate whenever negative differential pressure is not maintained
___ Air from AII room is exhausted directly to outdoors
___ Exhaust air from AII rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system
___ Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed

___ Anteroom
☐ check if not included in project
___ AII room is at negative pressure with respect to anteroom
___ Anteroom is at negative pressure with respect to corridor

Part 3/7.4.1 Class 3 Imaging Rooms
☐ check if not included in project
___ Each IR has individual temperature control
___ IR is provided with primary supply diffuser array designed as follows:
___ airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft$^2$
___ diffusers are concentrated to provide airflow pattern over patient & surgical team

___ coverage area of primary supply diffuser array extends min. 12" beyond footprint of surgical table on each side
___ no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses
___ additional supply diffusers provided within room outside of primary supply diffuser array
☐ check if not included in project
___ each IR has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8" above floor

Part 3/7.4.3 Imaging Procedure Rooms
☐ check if not included in project
___ Anesthetic gases are administered
___ ventilation requirements for operating rooms are met
**or**
___ No anesthetic gases are administered

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

2.1-8.3.2.2 Panelboards:
(1) ___ all panelboards accessible to health care tenants they serve
(2) ___ panelboard serving critical branch circuits serve floors on which they are located
(3) ___ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below
(4) ___ panelboards not located in exit enclosures or exit passageways

2.1-8.3.2.3 Ground-Fault Circuit Interrupters in Critical Care Areas:
☐ check if not included in project
(2) ___ each receptacle individually protected by single GFCI device

2.1-8.3.3 **POWER-GENERATING & -STORING EQUIPMENT**

2.1-8.3.3.1 ___ Essential electrical system or emergency electrical power
(1) ___ essential electrical system complies with NFPA 99
(2) ___ emergency electrical power complies with NFPA 99

2.1-8.3.5 **ELECTRICAL EQUIPMENT**

2.1-8.3.5.1 ___ Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system

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 length max. 25'-0"
(3)(a) ___ no installation of dead-end piping (except for empty risers
(3)(c) 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: 105–120°F

2.1-8.4.2.6 Drainage Systems:
(1)(a) ___ drainage piping installed above ceiling of or exposed in rooms listed below piping have special provisions to protect space below from leakage & condensation
- sterile processing facilities
- Class 2 & 3 imaging rooms,
- electronic data processing areas
- electrical rooms

(1)(b) ___ drip pan for drainage piping above ceiling of sensitive area
☐ check if not included in project
___ accessible
___ overflow drain with outlet located in normally occupied area that is not open to restricted area

(2) Floor Drains:
(a) ___ no floor drains in Class 2 & 3 imaging rooms

2.1-8.4.3 **PLUMBING FIXTURES**

2.1-8.4.3.1(1) ___ Materials used for plumbing fixtures are non-absorptive & acid-resistant

2.1-8.4.3.2 Handwashing Station Sinks:

(1) ___ sinks are designed with basins that will reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared

(2) ___ sink basins have nominal size of no less than 144 square inches

___ sink basins have min. dimension 9 inches in width or length

(3) ___ sink basins are made of porcelain, stainless steel or solid-surface materials

(5) ___ water discharge point min. 10" above bottom of basin

(7) ___ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied

(8) ___ sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)

(a) ___ blade handles

☐ check if not included in project

___ at least 4 inches in length

___ provide clearance required for operation

(b) ___ sensor-regulated water fixtures

☐ check if not included in project

___ meet user need for temperature & length of time water flows

___ designed to function at all times and during loss of normal power

2.1-8.4.3.4 Ice-Making Equipment:

___ copper tubing provided for supply connections to ice-making equipment

2.1-8.4.3.5 Clinical Flushing-Rim Sinks:

(1) ___ trimmed with valves that can are operated without hands (may be single-lever or wrist blade devices)

(a) ___ handles are at least 6 in. long

(b) ___ integral trap wherein upper portion of water trap provides visible seal

(2) 2.1-8.4.3.6 Scrub Sinks:

(1) ___ freestanding scrub sinks are trimmed with foot, knee or electronic sensor controls

(2) ___ no single-lever wrist blades except for temperature pre-set valve

2.1-8.4.4 **MEDICAL GAS & VACUUM SYSTEMS**

___ Station outlets provided as indicated in Table 2.1-2

2.1-8.5.1 **CALL SYSTEMS**

2.1-8.5.1.1(1) ___ Nurse call stations provided as required in Table 2.1-3

2.1-8.7 **ELEVATORS**

☐ check if not included in project

2.1-8.7.3 Dimensions of Elevators Used for Transport of Outpatients on Gurneys:

___ min. interior car dimensions 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