**COMPLIANCE CHECKLIST**

**OP7\_Urgent Care Centers**

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** |  |
| --- | --- | --- | --- |
| 2.5  | **URGENT CARE CENTERS** |  |  |
|  |  |  |  |
| 2.5-1.1 | **APPLICATION** |  |  |
| 2.5-1.1.1 |       Facilities that provide urgent care but are not emergency departments or do not provide care on 24-hour-per-day, 7-day-per-week basis |  |  |
|  |  |  |  |
| 2.5-2 | **ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE** |  |  |
| 2.1-2.1.1.2 | [ ]  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 |
| 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 |  |  |
|  |  |  |  |
| 2.1-2.7 |       Single-patient exam/observation room |  |  |
| 2.1-2.7.1 |  Space Requirements: |  |  |
| 2.1-2.7.1.1 |  |  |  |
| (1)  |       min. 5'-0" clearance at foot of expanded‑capacity exam table | Ventilation:      Min. 4 air changes per hour | Table 8.1 |
|  |  |  |  |
| (2)  |       min. 3'-0" clearance on non-transfer side of expanded- capacity exam table | Lighting:      Portable or fixed exam light | 2.1-8.3.4.3(1) |
| (3)  |  |  |  |
| (a)  |       min. 5’-0” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift**or** | Power:      Min. 8 receptacles      4 convenient to head of exam table or gurney | Table 2.1-1 |
| (b)  |       min. 7’-0” on transfer side of expanded-capacity exam table without ceiling- or wall-mounted lift |  |  |
|  |  |  |  |
| 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”  |  |  |
|  |  |  |  |
| 2.5-3.2.1 | **URGENT CARE EXAMINATION ROOM** |  |  |
| 2.1-3.2.1.1(1)(b)  |       Provisions to preserve patient privacy from observation from outside exam room |  |  |
|  |  |  |  |
| 2.1-3.2.1.2 |       Single-patient examination room[ ]  check if not included in project  |  |  |
|  |  Space Requirements: |  |  |
| (2)(a)  |       min. clear floor area of 80 sf |  |  |
|  |       room size allows min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:      Min. 4 air changes per hour | Table 8.1 |
|  |       room arrangement shown in the plans for each exam room (Layout #1) |  |  |
| (1)(b)  |       room arranged with particular placement of exam table, recliner or chair to accommodate type of patient being served[ ]  check if not included in project  |  |  |
|  |       room arrangement shown in the plans (Layout #2) |  |  |
|  |       proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| (3)  |  Exam Room Features: |  |  |
| (a)  |       portable or fixed exam light  |  |  |
| (b)  |       storage for supplies |  |  |
| (c)  |       accommodations for written or electronic documentation |  |  |
| (d)  |       space for visitor’s chair |  |  |
| (e)  |       handwashing station |  |  |
|  |  |  |  |
| 2.1-3.2.1.2 |       Single-patient exam/observation room[ ]  check if not included in project  |  |  |
| (1)(a)  |       immediately accessible\* to nurse or control station & toilet room |  |  |
|  |  |  |  |
|  |  Space Requirements: |  |  |
| (2)(a)  |       min. clear floor area of 80 sf |  |  |
|  |       room size allows min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:      Min. 4 air changes per hour | Table 8.1 |
|  |       room arrangement shown in the plans for each exam room (Layout #1) |  |  |
| (1)(b)  |       room arrangement in which exam table recliner or chair is placed at angle closer to one wall than another or against wall to accommodate type of patient being served |  |  |
|  | [ ]  check if not included in project      room arrangement shown in the plans (Layout #2)      proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| (3)  |  Exam Room Features: |  |  |
| (a)  |       portable or fixed exam light  |  |  |
| (b)  |       storage for supplies |  |  |
| (c)  |       accommodations for written or electronic documentation |  |  |
| (d)  |       space for visitor’s chair |  |  |
| (e)  |       handwashing station |  |  |
|  |  |  |  |
| 2.5-3.2.2 | **URGENT CARE TREATMENT ROOM**[ ]  check if not included in project  |  |  |
| 2.1-3.2.1.1(1)(b)  |       Provisions to preserve patient privacy from observation from outside exam room |  |  |
|  |  |  |  |
| [2.1-3.2.1.2](http://www.madcad.com/library/230717/664414/#section-2.1-3.2.1.2)(2)(b)  |  Space Requirements: |  |  |
|  |       min. clear floor area 100 sf |  |  |
|  |       min. clearance 3’-6” at sides, head or foot of exam table or chair that corresponds with care providers expected work positions | Ventilation:      Min. 4 air changes per hour | Table 8.1 |
|  |       min. clearance 1'-0" at sides, head or foot of exam table or chair other than work positions |  |  |
|  |  |  |  |
| [2.1-3.2.1.2](http://www.madcad.com/library/230717/664414/#section-2.1-3.2.1.2)(3)  |  Exam Room Features: |  |  |
| (a)  |       portable or fixed exam light  |  |  |
| (b)  |       storage for supplies |  |  |
| (c)  |       accommodations for written or electronic documentation |  |  |
| (d)  |       space for visitor’s chair |  |  |
| (e)  |       handwashing station |  |  |
| 2.5-3.2.2.2 |       washable floor |  |  |
|  |  |  |  |
| 2.5-3.2.3 | **TRIAGE AREA** |  |  |
| 2.5-3.2.3.1 |  **Location**: |  |  |
| (1)  |       dedicated triage space**or** |  |  |
| (2)  |       patient care station**or** |  |  |
| (3)  |       space in consultation room or other patient care area |  |  |
|  |  |  |  |
| 2.1-3.1.2 |  Patient Privacy: |  |  |
|  |       triage area design ensures appropriate levels of patient speech & visual privacy & dignity throughout care process |  |  |
|  |  |  |  |
| 2.5-3.2.3.3 |       Handwashing stations       directly accessible\* to triage area |  |  |
| 2.1-3.8.7.1 |       located in each room where hands-on patient care is provided |  |  |
| 2.1-3.8.7.3 |       handwashing station serves multiple patient care stations[ ]  check if not included in project  |  |  |
| (1)  |       at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof |  |  |
| (2)  |       handwashing stations evenly distributed based on arrangement of patient care stations  |  |  |
|  |  |  |  |
| 2.5-3.3 | **OBSERVATION FACILITIES** |  |  |
| 2.5-3.3.1.1 |       Facilities for holding urgent care patients until they can be discharged or transferred to appropriate hospital |  |  |
|  |       dedicated observation space**or** |  |  |
| 2.5-3.3.1.2 |       examination or treatment room(s) designated as observation rooms |  |  |
|  |  |  |  |
| 2.5-3.3.3.1 |       Direct visual observation of each patient or door to examination or treatment room(s) from nurse station  |  |  |
| 2.5-3.3.3.2(1) |  |  |  |
| 2.1-3.1.2 |       Each observation space design ensures appropriate levels of patient speech & visual privacy & dignity throughout care process |  |  |
|  |  |  |  |
| 2.1-3.10.2 |       Patient toilet room |  |  |
| 2.5-3.3.3.2(2) |       readily accessible\* to each observation space |  |  |
| 2.1-3.10.2.12.1-3.10.2.2 |       separate from public use toilet rooms       located to permit access from patient care areas without passing through publicly accessible areas      equipped with toilet & handwashing station | Ventilation:      Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
|  |  |  |  |
| 2.5-3.5 | **RADIOGRAPHY SERVICES**[ ]  check if not included in project  |  |  |
|  | (if other imaging modalities are provided, Compliance Checklist OP5 must be submitted to DPH Plan Review) |  |  |
|  |  |  |  |
| Table 2.1-5 |       Radiography room |  |  |
|  | Flooring:       cleanable & wear-resistant for the location; stable, firm & slip-resistant | Ventilation:      Min. 6 air changes per hour | Table 8.1 |
|  |  Wall Finishes:       washable Ceiling:      cleanable with routine housekeeping equipment | Power:      Min. 8 receptacles      4 on each lateral side of the imaging gantry | Table 2.1-1 |
| 2.1-3.5.2.3(1)  |       handwashing station |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.1-3.5.8.15 |       Pre- & post-procedure patient care area |  |  |
| (1) |       min. one patient care station where patients receive point-of-care lab work or injection preparation |  |  |
| 2.1-3.5.8.3 |       Documentation area |  |  |
| 2.1‑2.8.3.1 |       work surface to support documentation process |  |  |
|  |  |  |  |
| 2.1-3.5.8.16(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 |  |  |
| 105 CMR 140.361 |       Urgent Care Center has retained, at least on a consulting basis, a board certified or board qualified radiologist for the proper performance of the radiological services |  |  |
|   | **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 |  |  |
|  |  |  |  |
| 2.1-3.5.10 |  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 hour      exhaust or recirculation through HEPA filter      negative pressure**or**      ICRA attached to Project Narrative indicates that no special measures are needed to reduce risk of airborne infection transmission | Table 8.12.1-3.5.10.1(5) |
| 2.5-3.8 | **SUPPORT AREAS FOR PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.5-3.8.2 |       Nurse control & workstation |  |  |
| 2.5-3.8.2.2 |       located to permit direct observation of clinical area & access to it |  |  |
| 2.5-3.8.2.3 |       communication links for staff with examination room, procedure room, reception, laboratory & imaging services |  |  |
| 2.1-3.8.2.1 |       work counter |  |  |
| 2.1-3.8.2.2 |       means for facilitating staff communication |  |  |
| 2.1-3.8.2.3 |       space for supplies |  |  |
| 2.1-3.8.2.4 |       accommodations for written or electronic documentation |  |  |
| 2.1-3.8.2.5 |       hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.5-3.8.8 |       Medication safety zone |  |  |
| 2.1-3.8.8.1(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 | 2.1-3.8.8.1(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 |  |  |
| 2.1-3.8.8.2 |  |  |  |
| (1)  |       medication preparation room | Ventilation: |  |
| (a) |       work counter |       Min. 4 air changes per hour | Table 8.1 |
|  |       handwashing station | Lighting: |  |
|  |       lockable refrigerator |       Task lighting | 2.1-3.8.8.1(2) |
|  |       locked storage for controlled drugs |  |  |
|  |       sharps containers[ ]  check if not included in project  |  |  |
| (b)  |       self-contained medication dispensing units[ ]  check if not included in project  |  |  |
|  |       room designed with space to prepare medications |  |  |
|  |  **or** |  |  |
| (2) |       automated medication‑dispensing unit |  |  |
| (a) |       located at nurse station, in clean workroom or in alcove | Lighting:      Task lighting | 2.1-3.8.8.1(2)(d) |
| (b)  |       handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units |  |  |
| (c)  |       countertop or cart provided adjacent\* to stationary medication-dispensing units |  |  |
|  |  |  |  |
| 2.5-3.8.9 |       Nourishment area or room[ ]  check if not included in project  |  |  |
| 2.1-3.8.9.1 |       handwashing station in or directly accessible\* to nourishment room or area | Ventilation:      Min. 2 air changes per hour | Table 8.1 |
| 2.1-3.8.9.2 |       work counter |  |  |
| 2.1-3.8.9.3 |       storage |  |  |
| 2.1-3.8.9.4 |       fixtures & appliances for beverages & nourishment |  |  |
|  |  |  |  |
| 2.5-3.8.11 |       Clean supply room |  |  |
| 2.1-3.8.11.1 |       separate from & have no direct connection with soiled workrooms or soiled holding rooms |  |  |
| 2.1-3.8.11.3 |       used only for storage & holding as part of system for distribution of clean & sterile materials | Ventilation:      Min. 4 air changes per hour      Positive pressure | Table 8.1 |
|  |  |  |  |
| 2.5-3.8.12 |       Soiled holding room |  |  |
| 140.204 |       patient care does not involve disposal of fluid waste | Ventilation:      Min. 10 air changes per hour | Table 8.1 |
| 2.1-3.8.12.1 |       does not have direct connection with clean workrooms or clean supply rooms |       Exhaust      Negative pressure      No recirculating room units |  |
| 140.204 |       handwashing station |  |  |
| 2.1-3.8.12.3(2)  |       space for separate covered containers for waste & soiled linen**or** |  |  |
|  |       Soiled workroom | Ventilation: |  |
| 2.1-3.8.12.1140.204 |       does not have direct connection with clean workrooms or clean supply rooms      handwashing station |       Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
| 2.1-3.8.12.3(2) 140.204 |       space for separate covered containers for waste & soiled linen      clinical service sink |  |  |
|  |  |  |  |
| 2.5-3.8.13.3 |       Wheelchair & stretcher storage       provided in clinical area |  |  |
|  |  |  |  |
| 2.5-3.8.13.4 |       Emergency equipment storage |  |  |
| 2.1-3.8.13.4(2)  |       readily accessible\*       under staff control |  |  |
| 2.1-3.8.13.4(3)  |       storage of battery-powered CPR cart       electrical outlet for battery charging is provided |  |  |
|  |  |  |  |
| 2.5-4.1 | **LABORATORY SERVICES**[ ]  check if not included in project  |  |  |
| 2.1-4.1.1.1 |       Facilities for laboratory services provided on-site are located in or immediately accessible\* to outpatient facility |  |  |
| 2.1-4.1.1.2 |       All laboratory equipment requiring permanent connections to power, water, ventilation or other utility systems are identified in equipment plan      equipment plan & equipment schedule have been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.1-4.1.2 |       Laboratory work area[ ]  check if not included in project (only if laboratory tests are performed off-site) |  |  |
| 2.1-4.1.2.1 |       separate dedicated room[ ]  check if not included in project (only if laboratory testing in open laboratory is limited to CLIA waived tests)  |  |  |
| 2.1-4.1.2.2 |       laboratory workstations |  |  |
| (1)(a)  |       work counter |  |  |
| (1)(b)  |       laboratory sink |  |  |
| 2.1-4.1.2.3 |       handwashing station |  |  |
| 2.1-4.1.2.4 |       all work counter in areas used for specimen handling, preparation of specimens or reagents & laboratory testing are constructed of non‑porous materials | Ventilation:      Min. 6 air changes per hour      Negative pressure | Table 8.1 |
| 2.1-4.1.2.5(1)  |       terminal sterilization provisions facilities & equipment (autoclave or electric oven) provided for terminal sterilization of bio‑hazardous waste before transport |  |  |
|  |  |  |  |
| 2.1-4.1.8 |  **Support Areas for Laboratory** |  |  |
| 2.1-4.1.8.1 |       Storage cabinet or closet |  |  |
| (1)  |       storage for reagents, specimens, flammable materials, acids, bases & other supplies used in laboratory |  |  |
| 2.1-4.1.8.2 |       Specimen collection facilities |  |  |
| (1)  |       urine or feces specimen collection[ ]  check if not included in project  |  |  |
|  |       dedicated specimen toilet room       handwashing station       staff-controlled access | Ventilation:      Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1/ Policy |
| (2)  |       urine collection for drug screening [ ]  check if not included in project  |  |  |
|  |       handwashing station located directly outside toilet room & under staff control **or**       handwashing station located in toilet room      water controlled by shutoff valves located outside room & directly accessible\* to staff |  |  |
|  |  |  |  |
| (3)  |       blood collection facilities |  |  |
| (a)  |       work counter |  |  |
| (b)  |       seating space for patients |  |  |
| (c)  |       handwashing station |  |  |
| (d)  |       supply storage |  |  |
|  |  |  |  |
| 2.1-4.1.8.3 |  Administrative Area:       space for clerical work, filing & record maintenance/storage |  |  |
|  |  |  |  |
| 2.1-4.1.9 |  **Support Areas for Laboratory Staff** |  |  |
| 2.1-4.1.9.2 | (may be shared with other clinical services) |  |  |
| 2.1-4.1.9.1 |       staff lounge & lockers       staff toilet room       readily accessible\* for laboratory staff | Ventilation:      Min. 10 air changes per hour      Exhaust      Negative pressure      No recirculating room units | Table 8.1 |
| 2.5-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.5-5.3 |       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 ES room per floor |  |  |
| 2.1-5.3.1.1(2)  |       additional ES rooms provided on floor according to needs of areas served | Ventilation:      Min. 10 air changes per hour | Table 8.1/  |
| 2.1-5.3.1.2(1)  |       service sink or floor-mounted mop sink |       Exhaust | Policy |
| 2.1-5.3.1.2(2)  |       provisions for storage of supplies & housekeeping equipment |       Negative pressure      No recirculating room units |  |
| 2.1-5.3.1.2(3)  |       handwashing station or hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.5-6.2 | **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) |  |  |
| 2.5-6.2.1 |       Vehicular drop-off & pedestrian entrance |  |  |
|  |       access to wheelchairs provided at urgent care center entrance |  |  |
|  |  |  |  |
| 2.1-6.2.2 |       Reception area |  |  |
|  |       reception & information counter, desk or kiosk provided at main entry |  |  |
| 2.5-6.2.2 |       provides for direct observation of urgent care center entrance       provides for direct observation of access to patient care area |  |  |
| 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 |  |  |
|  |       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 |  |  |
|  |  |  |  |
| 2.5-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.5-6.3.22.1-6.3.2(2) |       Interview space[ ]  check if not included in project (may be combined with consultation room) |  |  |
| 2.1-6.3.2(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 |  |  |
|  |  |  |  |
| 2.5-6.3.4 |       Staff conference space |  |  |
| 2.5-6.3.4.2 | (may be combined with another functional space in urgent care center) |  |  |
|  |  |  |  |

\*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: |
| 2.1‑7.2.2.1IBC 1018.2 |       Min. 44” **or**      Detailed code review incorporated in Project Narrative |
|  |  |
| 421 CMR 6.00 |       Corridors include turning spaces for wheelchairs |
|  |  |
| 2.1‑7.2.2.1(2)  |       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 room & procedure room from floor to lowest protruding element of equipment or fixture in stowed position [ ]  check if not included in project  |
| (4) |       Min. height 7’‑6” above floor of suspended tracks, rails & pipes located in traffic path |
|  |       Min. ceiling height 7’‑10” in other areas |
|  |  |
| 2.1‑7.2.2.3(1)(a) | DOORS & DOOR HARDWARE:Door Type:      doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors |
|  (b) |       sliding doors[ ]  check if not included in project |
|  |       manual or automatic sliding doors comply with NFPA 101      detailed code review incorporated in Project Narrative      no floor tracks |
| (2)(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  |
| (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 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 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 airborne infection isolation (AII) room & any anteroom[ ]  check if not included in project  |
|  |  |
| 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 one pound per square foot |
| (c)  |       no perforated, tegular, serrated or highly textured tiles in semi‑restricted areas |
|  | **or**      ceilings of monolithic construction |
|  |  |
| 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 |
|  |  |
| 2.1‑8.3.5 | **ELECTRICAL EQUIPMENT** |
| 2.1‑8.3.5.1 |       Handwashing sinks that depends on building electrical service for operation are connected to essential electrical system[ ]  check if not included in project  |
|  |  |
| 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 |
|  |  |
| 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, 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: [ ]  check if not included in project       copper tubing provided for supply connections to ice‑making equipment |
|  |  |
| 2.1‑8.4.3.5 |  Clinical Flushing-Rim Sinks:[ ]  check if not included in project  |
| (1) (a) |       trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b)  |       handles are at least 6 in. long |
| (2)  |       integral trap wherein upper portion of water trap provides visible seal |
|  |  |
| 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 |
|  |  |