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 2022 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:

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 facilities		
2.5-2	**ACCOMMODATIONS FOR CARE OF INDIVIDUALS 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 individuals 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 individuals 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 individuals of size accommodates maximum patient weight of patient population		
2.1-2.6	___ Patient toilet room		
2.1-2.6.1.1	___ expanded-capacity toilet	Ventilation:	
	___ mounted Min. 36” from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift)	___ Min. 4 air changes per hour	Table 8-2
		___ Exhaust	
		___ Negative pressure	
		___ No recirculating room units	
	or		
2.1-2.6.1.2	___ 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		
2.1-2.6.1.3	___ rectangular clear floor area min. 46” wide extends 72” from front of toilet		
2.1-2.6.2.1	___ grab bars in toilet rooms intended for use by individuals of size are anchored to sustain concentrated load of 800 pounds		
2.1-2.6.2.2	___ adjustable/foldable grab bar mounted on horizontally movable track is provided		
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. 2 air changes per hour	Table 8-2
2.1-2.7.1.1(2)	___ min. 3'-0" clearance on non-transfer side of expanded- capacity exam table	Lighting:	
		___ Portable or fixed exam light	2.1-8.3.4.2(1)

Architectural Requirements

(3)(a) ___ min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift

or

(3)(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 individuals of size min. clear width 45.5"

2.1-2.10.2.2 ___ door openings to toilet rooms designated for individuals of size min. clear width 45.5"

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 serving 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

Building Systems Requirements

Power:

___ Min. 8 receptacles Table 2.1-1

___ 4 convenient to head of exam table or gurney

Architectural Requirements **Building Systems Requirements**

140.203 **CONSULTATION, EXAMINATION AND TREATMENT AREAS**

___ Each clinic shall provide consultation, examination, treatment and dressing areas appropriate to services provided by clinic

___ Each clinic furnish & arrange such areas in a manner consistent with their use & that safeguards personal dignity & privacy (in terms of both sight & sound) of patient during interview, examination & treatment

2.5-3.3.1 **URGENT CARE EXAMINATION ROOMS**

2.1-3.2.1.1 (1)(b) ___ Provisions to preserve patient privacy from observation from outside exam room

2.1-3.2.2.2 ___ 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

___ room arrangement shown in the plans for each exam room (Layout #1)

Ventilation:	
___ Min. 2 air changes per hour	Table 8-2
Power:	
___ Min. 8 receptacles	Table 2.1-1
___ 4 convenient to head of exam table or gurney	

(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

2.1-3.2.2.2 ___ 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. 2 air changes per hour	Table 8-2

	Architectural Requirements	Building Systems Requirements
	___ room arrangement shown in the plans for each exam room (Layout #1)	Power: ___ Min. 8 receptacles Table 2.1-1 ___ 4 convenient to head of exam table or gurney
(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	
2.5-3.3.3	**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	
2.8-3.4.2.1(1)	Area: ___ min. clear floor area of 120 sf ___ min. clear dimension of 10'-0"	Ventilation: ___ Min. 2 air changes per hour Table 8-2 Power: ___ Min. 8 receptacles Table 2.1-1 ___ 4 convenient to head of exam table or gurney
2.8-3.4.2.1(2) (a)	Clearances: ___ room size allows min. clearance 3'-0" at each side & at foot of exam table ___ room arrangement shown in the plans for treatment room (Layout #1)	
(b)	___ room arrangement in which exam table 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	
2.8-3.4.2.2	Treatment room features:	
(1)	___ portable or fixed exam light	
(2)	___ accommodations for written and/or electronic documentation	
(3)	___ space for visitor chair	

	Architectural Requirements	Building Systems Requirements
(4)	___ handwashing station	
(5)	___ storage for supplies	
(6)	___ space for medical equipment	
(7)	___ view panel designed for patient visual privacy adjacent to and/or in door	
2.5-3.4	**OBSERVATION FACILITIES**	
2.5-3.4.1.1	___ Facilities for holding urgent care patients until they can be discharged or transferred to appropriate hospital	
2.5-3.4.1.2	___ Examination or treatment room(s) designated as observation rooms	
2.5-3.4.3.1	___ Direct visual observation of each patient or door to examination or treatment room(s) from nurse station	
2.5-3.4.3.2(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 2.5-3.4.3.2(2)	___ Patient toilet room ___ readily accessible to each observation space	
2.1-3.10.2.1	___ separate from public use toilet rooms ___ located to permit access from patient care areas without passing through publicly accessible areas	Ventilation: ___ Min. 4 air changes per hour Table 8-2 ___ Exhaust ___ Negative pressure ___ No recirculating room units
2.1-3.10.2.2	___ equipped w/ toilet & handwashing station	
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 Wall Finishes: ___ washable Ceiling: ___ cleanable with routine housekeeping equipment	Ventilation: ___ Min. 3 air changes per hour Table 8-2 Power: ___ Min. 8 receptacles Table 2.1-1 ___ 4 on each lateral side of the imaging gantry
2.1-3.5.2.3(1)	___ handwashing station	
2.1-3.5.1.2	Radiation Protection: ___ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections ___ specifications of radiation shielding have been submitted to DPH Radiation Control Program	

Architectural Requirements **Building Systems Requirements**

(1) ___ shielded control alcove or room
(a) ___ control room or alcove is at min. sized & configured in compliance with equipment manufacturer's recommendations for installation service & maintenance
(b) ___ shared control room or alcove
☐ check if not included in project
___ control room or alcove permitted to serve more than one imaging room provided manufacturer recommendations for installation service & maintenance are met for all rooms served
___ means to prevent patient in one imaging room from viewing patient in another imaging room

(c) ___ control room or alcove includes shielded view window
___ designed to provide full view of exam/procedure table & patient at all times including full view of patient during imaging activities (e.g. when table is tilted or chest X-ray is in use)
or
___ use of closed-circuit video monitoring in addition to view window

(2) ___ radiation protection requirements are incorporated into specifications & building plans

2.1-3.5.2.2 Space requirements:
(1)(a) ___ imaging room meets manufacturer recommended clearances for installation service & maintenance
___ installation plans from manufacturer have been submitted to DPH plan review
(1)(b) ___ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly
___ 4-foot clearance on at least one designated patient transfer side of imaging 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

	Architectural Requirements	Building Systems Requirements
2.1-3.5.2.5	___ System component room (SCR) ☐ check if not included in project	
(1)	Location:	
(a)	___ opens into corridor or vestibule outside imaging room **or** ___ opens into imaging room	
(2)	Space requirements: ___ SCR sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area:	
(a)	___ transformers	
(b)	___ power distribution equipment	
(c)	___ power conditioning/ uninterruptible power supply (UPS) equipment	
(d)	___ computers	
(e)	___ associated electronics & electrical gear	
2.1-3.5.8.3	___ Documentation area ___ accommodations for written and/or electronic documentation provided for staff	
2.1-3.5.8.15	___ Pre- & post-procedure patient care area	
(1)	___ min. of one patient care station provided for every three Class 1 imaging rooms or fraction thereof ☐ check if not included in project (only if imaging patients do not receive point-of-care lab work or injection preparation)	
2.1-3.5.8.16	___ Contrast media preparation area	
(3)	(may serve multiple imaging rooms) ☐ check if not included in project	
(1)(a) & (b)	___ sink & counter ☐ check if not included in project	
(2)	(only if prepared media are used)	
(c)	___ storage to accommodate preparation of contrast media	
(d)	___ secure lockable storage	
(4)	___ dedicated contrast media preparation area **or** ___ contrast media preparation area is integrated in medication preparation area	
2.1-3.5.8.17	___ Image management system	
2.1-6.3.5.1	___ to maintain confidentiality of records digital image management system area is restricted to staff access	

	Architectural Requirements	Building Systems Requirements	
2.1-6.3.5.2(1)	___ space provided for digital image management system		
	___ on-site location of image management system **or** ___ location of image management system off-site		
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 consulting basis, 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:		
2.1-3.5.10.2	___ Patient toilet rooms	Ventilation:	
	___ handwashing stations	___ Min. 4 air changes per hour	Table 8-2
(1)	___ immediately accessible to waiting areas & patient changing rooms	___ Exhaust ___ Negative pressure ___ No recirculating room units	
2.1-3.5.10.3	___ Patient changing rooms ☐ check if <u>not</u> included in project		
(1)	___ located adjacent* to imaging rooms		
(2)	___ each room has seat or bench & mirror		
(3)	___ means for individual lockable storage for patient clothing & valuables		
	___ immediately accessible to changing rooms		

	Architectural Requirements	Building Systems Requirements	
2.1-3.5.10.4	___ Patient waiting room or area		
(1)	___ waiting room or area for patients receiving imaging services		
(a)	___ access to toilet facilities		
(b)	___ access to drinking water		
(c)	___ access to public communications services		
2.5-3.8	**SUPPORT AREAS FOR PATIENT CARE & DIAGNOSTIC AREAS**		
2.5-3.8.2	___ Nurse station		
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. 2 air changes per hour	Table 8-2
	___ handwashing station	Lighting:	
	___ lockable refrigerator	___ Task lighting	2.1-3.8.8.1(2)
	___ locked storage for controlled drugs		
	___ sharps containers ☐ check if <u>not</u> included in project		
(b)	___ self-contained medication dispensing units ☐ check if <u>not</u> 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)

	Architectural Requirements	Building Systems Requirements	
(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		
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	Ventilation: ___ Min. 2 air changes per hour ___ Positive pressure	Table 8-2
2.1-3.8.11.3	___ used only for storage & holding as part of system for distribution of clean & sterile materials		
2.1-3.8.12.2	___ Soiled workroom		
2.1-3.8.12.1	___ does not have direct connection with clean workrooms or clean supply rooms	Ventilation: ___ Min. 6 air changes per hour	Table 8-2
140.204	___ handwashing station	___ Exhaust	
140.204	___ clinical service sink	___ Negative pressure	
2.1-3.8.12.2(1)(d)	___ work counter	___ No recirculating room units	
2.1-3.8.12.2 (1)(e)	___ space for separate covered containers for waste & soiled linen		
2.1-3.8.12.2(2)	___ fluid waste management system ☐ check if not included in project		
(a)	___ electrical & plumbing connections that meet manufacturer requirements		
(b)	___ space for docking station		
	or		
2.1-3.8.12.3	___ Soiled holding room		
2.1-3.8.12.1	___ does not have direct connection with clean workrooms or clean supply rooms	Ventilation: ___ Min. 6 air changes per hour	Table 8-2
140.204	___ handwashing station	___ Exhaust	
2.1-3.8.12.3(2)	___ space for separate covered containers for waste & soiled linen	___ Negative pressure ___ No recirculating room units	
(2)	___ space for separate covered containers for waste & soiled linen	___ Negative pressure ___ No recirculating room units	

	Architectural Requirements	Building Systems Requirements	
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)	___ access to all utility connections required for the equipment		
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. 3 air changes per hour ___ Negative pressure	Table 8-2
2.1-4.1.2.5(1)	___ terminal sterilization provisions before transport ☐ check if not included in project		
(a)	___ facilities & equipment (autoclave or electric oven) provided for terminal sterilization of bio-hazardous waste		
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. 4 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2

	Architectural Requirements	Building Systems Requirements	
2.1-4.1.8.2(2)	___ drug screening requiring chain of custody ☐ check if not included in project ___ handwashing station meets requirements established in "Department of Health & Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs" (including securing water supply)		
(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 2.1-4.1.9.2 2.1-4.1.9.1	**Support Areas for Laboratory Staff** (may be shared with other clinical services) ___ staff lounge & lockers ___ staff toilet room ___ readily accessible for laboratory staff	Ventilation: ___ Min. 4 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
2.5-5 2.5-5.3 2.1-5.3.1.1(3) 2.1-5.3.1.1(1) 2.1-5.3.1.1(2) 2.1-5.3.1.2(1) 2.1-5.3.1.2(2) 2.1-5.3.1.2(3)	**BUILDING SUPPORT FACILITIES** ___ Environmental services room (may serve more than one clinical service area on same floor) ___ min. one ES room per floor ___ additional ES rooms provided on floor according to needs of areas served ___ service sink or floor-mounted mop sink ___ provisions for storage of supplies & housekeeping equipment ___ handwashing station or hand sanitation dispenser	Ventilation: ___ Min. 6 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
2.5-6.2 2.1-6.2.1 2.1-6.2.1.1 2.1-6.2.1.2 2.1-6.2.1.3 2.5-6.2.1	**PUBLIC AREAS** ___ Vehicular drop-off & pedestrian entrance ___ min. of one building entrance reachable from grade level ___ building entrances used to reach outpatient services be clearly marked ___ 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) ___ Vehicular drop-off & pedestrian entrance		

	Architectural Requirements	Building Systems Requirements	
	___ 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. 4 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
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**		
2.5-6.3.2	___ Interview space		
	☐ check if not included in project		
2.1-6.3.2.2	(may be combined with consultation room or triage room)		
2.1-6.3.2.1	___ suitable for private interviews		
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		

Architectural Requirements **Building Systems Requirements**

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 doorway, pass-through, or other opening without going through intervening room or public space

Adjacent: Located next to but not necessarily connected to the identified area or room

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

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

Architectural Details & MEP Requirements

2.1-7.2.2 **ARCHITECTURAL DETAILS**
CORRIDOR WIDTH:
2.1-7.2.2.1 IBC 1018.2 ___ Min. 44”
or
___ Detailed code review incorporated in Project Narrative

421 CMR 6.00 ___ Corridors include turning spaces for wheelchairs

2.1-7.2.2.1(2) ___ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0”

2.1-7.2.2.2 CEILING HEIGHT:
(1) ___ Min. height 7'-6” in corridors & normally unoccupied spaces
(2) ___ 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. 32” 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
(1) ___ Rail ends return to wall or floor
(2) ___ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius
(3) ___ Handrails have eased edges & corners
(4) ___ Handrail finishes are cleanable

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 rooms listed below
- soiled workrooms & soiled holding rooms
- airborne infection isolation (AII) room & any anteroom

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 8-2 in Part 3 ASHRAE Standard 170

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 depend 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 not more than 25'-0" long

(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 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 are designed with basins & faucets 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 & 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 sinks:
☐ check if not included in project
(1) ___ trimmed with valves that can are operated without hands
(a) (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