COMPLIANCE CHECKLIST

IP20: Respiratory Therapy

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 2014 Edition of the FGI Guidelines for Design and Construction of Hospitals and 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:

- State Building Code (780 CMR)
- Joint Commission on the Accreditation of Health Care Organizations
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797
- 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 Part II of the 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 symbols, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the symbol “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.
   -  = 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).

4. All room functions marked with “X” must be shown on the plans with the same name labels 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, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations “OX”, “VAC”, “MA”, & “WAGD”.
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.

Facility Name:

Facility Address:

Satellite Name: (if applicable)

Satellite Address: (if applicable)

Project Description:

DoN Project Number: (if applicable)

Building/Floor Location:

Submission Dates:

Initial Date:

Revision Date:

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2.2-3.9.2 LOCATIONS FOR COUGH-INDUCING & AEROSOL-GENERATING PROCEDURES
☐ check if not included in project

2.2-3.9.2.1 Booths or special enclosures

2.2-3.9.2.2 __ ventilated booth

Ventilation:
☐ Discharge with HEPA filters
☐ Exhaust directly to outside

2.2-3.9.2.3 ___ ventilated therapy room

☐ meets ventilation requirements for airborne infection control

Ventilation:
☐ Min. 12 air changes per hour
☐ Min. exhaust airflow 50 CFM

2.2-3.9.3 OUTPATIENT TESTING & DEMONSTRATION SERVICES
☐ check if not included in project

2.2-3.9.3.1 ___ Reception & control station

2.2-3.9.3.2 ___ Room for patient testing, education & demonstration

2.1-3.2.2.1 Space Requirements:
☐ min. clear floor area of 120 sf with min. clear dimension of 10'-0"

(2)
(a) ___ room size permits min. clearance of 3'-0" at each side & at foot of exam table
(b) ___ room arrangement permits placement of exam table, recliner, or chair at an angle, closer to one wall than another, or against wall to accommodate type of patient being served

2.1-3.2.2.2 Room Features:
(1) ___ examination light
(2) ___ storage for supplies
(3) ___ accommodations for written or electronic documentation
(4) ___ space for visitor’s chair
(5) ___ handwashing station

2.2-3.9.3.3 ___ Patient waiting area

☐ provision for wheelchairs

2.2-3.9.3.4 ___ Patient toilets & handwashing stations

Ventilation:
☐ Min. 10 air changes per hour
☐ Exhaust

Table 7.1
Architectural Requirements

SUPPORT AREAS FOR RESPIRATORY THERAPY SERVICES

2.2-3.9.6.1   __ Reception & control station (may be combined with office & clerical space)
               __ permits visual control of waiting & activity areas

2.2-3.9.6.3   __ Office & clerical space

2.2-3.9.6.10  __ Facilities for cleaning & decontaminating respiratory equipment
               __ independent of handwashing stations
               __ dedicated reprocessing room
               __ check if not included in project

(a)  __ room arranged to provide soiled-to-clean workflow
(b)  __ work counters for drop-off, soaking tubs & pasteurization units
     __ documentation area
     __ handwashing station
     __ large sink for washing instruments
     __ appropriate local exhaust ventilation

2.2-3.9.6.11  __ Equipment & supply storage

SUPPORT AREAS FOR STAFF

2.2-3.9.7.2   __ Staff toilet room
               __ located in respiratory service area

2.2-3.9.7.3   __ Staff storage
               __ locking closets or cabinets in vicinity of each work area for securing staff personal effects

Building Systems Requirements

2.1-7.2.2.2   CEILING HEIGHT:
               (1)  __ Min. ceiling height 7'-6" in corridors & normally unoccupied spaces
               (4)  __ Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path for patients in beds &/or on stretchers

2.1-7.2.2.3   DOORS & DOOR HARDWARE:
               (1)  __ Doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors
               (a)  __ check if not included in project
               __ manual or automatic sliding doors comply with NFPA 101
               __ code review sheet attached
               (b)  __ no floor tracks
### Compliance Checklist: Respiratory Therapy

**2.1-7.2.2.7 GLAZING MATERIALS:**

- **(4)** Glazing within 18" of floor
  - □ check if not included in project
  - safety glass, wire glass or plastic break-resistant material

**2.1-7.2.2.8 HANDWASHING STATIONS:**

- **(1)** Handwashing stations in patient care areas located to be visible & unobstructed

**2.1-7.2.3 SURFACES**

#### 2.1-7.2.3.1 FLOORING & WALL BASES:

- □ Selected flooring surfaces cleanable & wear-resistant for location
- □ Smooth transitions between different flooring materials

#### 2.1-7.2.3.2 WALLS & WALL PROTECTION:

- □ Washable wall finishes
- □ Wall finishes near plumbing fixtures stable, firm & slip-resistant

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<table>
<thead>
<tr>
<th>Compliance Item</th>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>2.1-7.2.2.9</strong></td>
<td>GRAB BARS:</td>
</tr>
<tr>
<td>(a)</td>
<td>Hand-drying device does not require hands to contact dispenser</td>
</tr>
<tr>
<td>(d)</td>
<td>Liquid or foam soap dispensers</td>
</tr>
<tr>
<td>(7)</td>
<td>Directly accessible* to sinks</td>
</tr>
<tr>
<td><strong>2.1-7.2.2.10</strong></td>
<td>HANDBARS:</td>
</tr>
<tr>
<td>(2)</td>
<td>Grab bars anchored to sustain concentrated load of 250 lbs.</td>
</tr>
<tr>
<td><strong>2.1-7.2.2.11</strong></td>
<td>RADIATION PROTECTION:</td>
</tr>
<tr>
<td>(2)</td>
<td>Partitions, floors &amp; ceiling construction in patient areas conform to Table 1.2-6</td>
</tr>
<tr>
<td><strong>2.1-7.2.2.12</strong></td>
<td>NOISE CONTROL:</td>
</tr>
<tr>
<td>(2)</td>
<td>Partitions, floors &amp; ceiling construction in patient areas conform to Table 1.2-6</td>
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</tbody>
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05/15 IP20
**Compliance Checklist: Respiratory Therapy**

<table>
<thead>
<tr>
<th>Compliance Item</th>
<th>Details</th>
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<tbody>
<tr>
<td>(2) Monolithic wall surfaces in areas routinely subjected to wet spray or splatter</td>
<td></td>
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<tr>
<td>(5) No sharp, protruding corners</td>
<td></td>
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<tr>
<td>(6) Wall protection devices &amp; corner guards durable &amp; scrubbable</td>
<td></td>
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</tbody>
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### 2.1-7.2.3.3 CEILINGS:

1. **Cleanable with routine housekeeping equipment**
2. **Acoustic & lay-in ceilings do not create ledges or crevices**

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

#### 4/6.3.1 Outdoor Air Intakes:

1. Located min. 25 feet from cooling towers & all exhaust & vent discharges
2. Bottom of air intake is at least 6'-0" above grade

#### 4/6.3.1.2 Roof Mounted Air Intakes:

- Check if not included in project
- Bottom min. 3'-0" above roof level

#### 4/6.3.2 Exhaust Discharges for Contaminated Exhaust Air:

- Check if not included in project
- Ductwork under negative pressure (except in mechanical room)
- Discharge in vertical direction at least 10'-0" above roof level
- Located not less than 10'-0" horizontally from air intakes & operable windows/doors

#### 4/6.4 Filtration:

- Filter banks conform to Table 6.4

#### 4/6.4.1 Filter Bank #1 placed upstream of heating & cooling coils

#### 4/6.4.2 Filter Bank No. 2 installed downstream of cooling coils & supply fan

#### 4/6.7 Air Distribution Systems

- Ducted return or exhaust systems in spaces listed in Table 7.1 with required pressure relationships
- Ducted return or exhaust systems in inpatient care areas

### 4/6.8 Energy Recovery Systems

- Exhaust systems serving potentially contaminated rooms are not used for energy recovery

### 4/7. Space Ventilation

- Spaces ventilated per Table 7.1
- Air movement from clean areas to less clean areas
- Min. number of total air changes indicated either supplied for positive pressure rooms or exhausted for negative pressure rooms
- Recirculating room HVAC units check if not included in project each unit serves only single space min. MERV 6 filter for airflow downstream of cooling coils

#### 2.1-8.2.1.1 Acoustic Considerations:

- Equipment location or acoustic provisions limit noise associated with outdoor mechanical equipment to 65 dBA at building façade

#### 2.1-8.2.1.2 Ventilation & Space-Conditioning:

- All rooms & areas used for patient care have provisions for ventilation
- Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4

### 2.1-8.3 ELECTRICAL SYSTEMS

#### 2.1-8.3.2 ELECTRICAL DISTRIBUTION & TRANSMISSION

**Switchboards Locations:**

- Located in areas separate from piping & plumbing equipment
- Not located in rooms they support
- Accessible to authorized persons only
- Located in dry, ventilated space free of corrosive gases or flammable material
2.1-8.3.2.2 Panelboards:
(1) Panelboards serving life safety branch emergency circuits only serve same floor, floor above & floor below
(2) Panelboards serving critical branch emergency circuits only serve same floor
(3) New panelboards not located in exit enclosures

2.1-8.3.3.1 EMERGENCY ELECTRICAL SERVICE
(1) Emergency power per NFPA 99, NFPA 101 & NFPA 110

2.1-8.3.5 ELECTRICAL EQUIPMENT
2.1-8.3.5.2 Required handwashing station tied to building electrical service
☐ check if not included in project
☐ connected to essential electrical system

2.1-8.3.6 ELECTRICAL RECEPTACLES
2.1-8.3.6.2 Receptacles in Patient Care Areas:
☐ receptacles provided according to Table 2.1-1

2.1-8.3.7 CALL SYSTEMS
☐ Nurse call equipment legend includes patient stations, bath stations, staff emergency stations & code call stations

2.1-8.3.7.1 Nurse call system locations provided as required in Table 2.1-2

2.1-8.3.7.3 Bath Stations:
(1) alarm turned off only at bath station where it was initiated
(3) located to side of toilets within 12" of front of toilet bowl & 3'-0" to 4'-0" above floor

2.1-8.3.7.4 Staff emergency stations for summoning local staff assistance for non-life-threatening situations at each patient care location

2.1-8.3.7.5 Code call station equipped with continuous audible or visual signal at point of origin

2.1-8.4.2 PLUMBING & OTHER PIPING SYSTEMS
2.1-8.4.2.5 Heated Potable Water Distribution Systems:
(2) systems serving patient care areas are under constant recirculation
(3) non-recirculated fixture branch piping does not exceed 25'-0" in length
(4) no dead-end piping
(5) water-heating system has supply capacity at minimum temperatures & amounts indicated in Table 2.1-3

2.1-8.4.3 PLUMBING FIXTURES
2.1-8.4.3.1(1) Materials material used for plumbing fixtures non-absorptive & acid resistant
2.1-8.4.3.2 Handwashing Station Sinks:
(1) basins reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared
(3) basin min. 144 square inches
(5) min. dimension 9 inches
(7) made of porcelain, stainless steel, or solid-surface materials
(9) water discharge point of faucets at least 10 inches above bottom of basin
(10) anchoring for sinks withstands min. vertical or horizontal force of 250 lbs.
(12) fittings operated without using hands for sinks used by medical & nursing staff, patients, public & food handlers
(a) blade handles or single lever
(2) min. 4 inches long
(4) provide clearance required for operation
(b) sensor-regulated water fixtures
(6) meet user need for temperature & length of time water flows
(8) designed to function at all times & during loss of normal power
2.1-8.4.3.4  Ice-Making Equipment: 
   copper tubing provided for supply connections

2.1-8.4.3.5  Clinical Sinks: 
   check if not included in project
   (1) trimmed with valves that can be operated without hands handles min. 6 inches long
   (2) integral trap wherein upper portion of water trap provides visible seal

2.1-8.4.4  MEDICAL GAS & VACUUM SYSTEMS
   Station outlets provided as indicated in Table 2.1-4

2.1-8.4.4.2  Vacuum discharge at least 25'-0" from all outside air intakes, doors & operable windows

2.1-8.6.2  ELECTRONIC SURVEILLANCE SYSTEMS
   check if not included in project
   2.1-8.6.2.1 Devices in patient areas mounted in unobtrusive & tamper-resistant enclosures
   2.1-8.6.2.2 Monitoring devices not readily observable by general public or patients
   2.1-8.6.2.3 Receive power from emergency electrical system