COMPLIANCE CHECKLIST

OP15: Mobile & Transportable Diagnostic Units

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 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.

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: ____________________________  DoN Project Number: (if applicable)

Facility Address: ____________________________

Satellite Name: (if applicable)  Building/Floor Location: ____________________________

Satellite Address: (if applicable)  Submission Dates:

Project Description: ____________________________  Initial Date:

____________________________________________________________________________________

____________________________________________________________________________________

MDPH/DHCFLC 05/15 OP15
Architectural Requirements

**MOBILE & TRANSPORTABLE DIAGNOSTIC UNITS**

- Compliance Checklists OP3 or OP4 have been submitted for the diagnostic modalities involved in this project

3.13-1.1.1.1 Mobile unit

- [ ] check if not included in project
- [ ] trailer or self-propelled unit
- [ ] equipped with chassis on wheels
- [ ] intended to provide medical services on temporary basis
- [ ] maintained & equipped to be moved

3.13-1.1.1.2 Transportable unit

- [ ] check if not included in project
- [ ] pre-manufactured structure or trailer
- [ ] equipped with chassis on wheels
- [ ] intended to provide medical services on an extended temporary basis

3.13-1.1.3 Maximum Size:

- [ ] facilities limited in size & scope to accommodate four or fewer workers at any one time

3.13-1.3 SITE

3.13-1.3.1 Unit Access to Docking Location:

3.13-1.3.1.1 (1) turning radius of vehicles (appropriate for size & type of unit)
(2) approach slopes of 6% maximum
(3) ease of maneuverability

3.13-1.3.1.2 (1) mobile unit parked on solid, level surface safeguards in place adequate to prevent movement of unit while in use
(2) separation min. 30'-0" between any building outside air intake & any HVAC or generator exhaust from unit
(3) separation min. 20'-0" between mobile unit & any unsprinklered building
(4) location of unit & routing of utilities avoid interference with appropriate access to & exiting from all occupied areas, including exterior means of egress to public way
(5) required exit from building not used as access point to mobile unit unless exit is specifically designed to serve both functions
(6) unit located to avoid interference with fire lanes & direct access to host facility by emergency personnel & vehicles during an emergency
(7) unit sited to accommodate delivery services to host facility
### Architectural Requirements

<table>
<thead>
<tr>
<th>Code</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>3.13-1.3.2</td>
<td>Parking &amp; Drop-Off Zones:</td>
</tr>
<tr>
<td>3.13-1.3.2.1</td>
<td>hazard-free drop-off zones</td>
</tr>
<tr>
<td>3.13-1.3.2.2</td>
<td>adequate parking for patients</td>
</tr>
<tr>
<td>3.13-1.3.2.2</td>
<td>parking area for transporting carrier during unit's stay at host facility</td>
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</tbody>
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<table>
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<tr>
<th>Code</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>3.13-1.3.3</td>
<td>Facility Access:</td>
</tr>
<tr>
<td>3.13-1.3.3.1</td>
<td>access to unit for wheelchair/stretcher patients</td>
</tr>
<tr>
<td>3.13-1.3.3.2</td>
<td>protection from elements during transport of patients from host facility to mobile unit</td>
</tr>
<tr>
<td>3.13-1.3.3.3</td>
<td>access to mobile unit from host facility marked &amp; lighted</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Code</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>3.13-1.3.4</td>
<td>Utility Requirements:</td>
</tr>
<tr>
<td>3.13-1.3.4.2</td>
<td>adequate protection for utility hook-ups, cables &amp; wires by concealing them in conduits, burying them underground, or installing them overhead</td>
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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>3.13-1.3.5</td>
<td>Foundation:</td>
</tr>
<tr>
<td>3.13-1.3.5.1</td>
<td>level concrete pads or piers</td>
</tr>
<tr>
<td>3.13-1.3.5.2</td>
<td>designed for structural loads of unit construction of pads</td>
</tr>
<tr>
<td>3.13-1.3.5.3</td>
<td>conform to manufacturer requirements</td>
</tr>
<tr>
<td>3.13-1.3.5.2</td>
<td>means of controlling unit movement</td>
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<th>Code</th>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td>3.13-1.3.6</td>
<td>MRI Unit Site Considerations:</td>
</tr>
<tr>
<td>3.13-1.3.6.1</td>
<td>check if not included in project (only if no MRI unit in trailer)</td>
</tr>
<tr>
<td>3.13-1.3.6.1</td>
<td>minimize gauss fields &amp; radio frequency interference between MRI units and adjacent devices, materials, and/or persons</td>
</tr>
<tr>
<td>3.13-1.3.6.2</td>
<td>access for cryogen-servicing of magnet per manufacturer recommendations</td>
</tr>
</tbody>
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### Diagnostic & Treatment Locations

<table>
<thead>
<tr>
<th>Code</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>3.13-3.1</td>
<td>Mobile Unit:</td>
</tr>
<tr>
<td>3.13-3.1.5.1</td>
<td>check if not included in project</td>
</tr>
<tr>
<td>3.13-3.1.5.1</td>
<td>handwashing station in mobile unit</td>
</tr>
<tr>
<td>3.13-3.1.5.2</td>
<td>handwashing station within 25'-0&quot; of mobile unit</td>
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<tr>
<th>Code</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>3.13-3.2</td>
<td>Transportable Units:</td>
</tr>
<tr>
<td>3.13-3.2.1</td>
<td>check if not included in project</td>
</tr>
<tr>
<td>3.13-3.2.1</td>
<td>handwashing station located in transportable unit</td>
</tr>
</tbody>
</table>
### Architectural Requirements

#### SUPPORT AREAS FOR PATIENT CARE - GENERAL

3.13-3.5.2 **Location:**
- Required support areas inside licensed building or in mobile unit

### Building Systems Requirements

#### SUPPORT AREAS FOR MOBILE, TRANSPORTABLE & RELOCATABLE UNITS

3.13-3.6.2.1 **Clean utility room** (may be shared with adjacent unit in host facility)

3.13-3.6.2.2 **Soiled utility room** (may be shared with adjacent unit in host facility)

(2)
- (a) Supply storage
- (b) Work counter
- (c) Handwashing station
- (d) Clinical service sink for disposal of solid & liquid waste

3.13-3.6.3 **Equipment & supply storage**

- (a) Storage areas for clean supplies adjacent to access point to mobile unit
- (b) Cryogenic equipment & supply storage
  - Check if not included in project

3.13-3.6.4 **Environmental services closet**

#### SUPPORT AREAS FOR PATIENTS

- Patient gowning areas designed for privacy of patients

### PUBLIC AREAS

3.13-6.2 **Patient protection from elements during transport to & from mobile unit**

3.13-6.2.2 **Reception area**

3.13-6.2.3 **Public waiting space**
- Drinking fountains
- Public telephone
- Toilet room (may be shared with other departments and/or be part of waiting areas in host facility)

3.13-6.2.4 **Toilet rooms**
- Host facility provides patient/staff toilet rooms as close to unit docking area as possible
### DESIGN & CONSTRUCTION REQUIREMENTS

#### 3.13-7.1.1.2
- Tractors and/or cabs that have fuel tanks with capacity of less than or equal to 100 gallons & that do not support mobile unit while it is in use detached & located more than 10'-0" from host facility
- Tractors and/or cabs with fuel capacities greater than 100 gallons meet requirements of NFPA 30

#### 3.13-7.1.2
- Radiation protection
  - radiation protection for X-ray & gamma ray installations

#### 3.13-7.2.1
**ARCHITECTURAL DETAILS**

#### 3.13-7.2.12
1. Stairs
   - Stairs for mobile & transportable units comply with Table 3.13-1

2. Dimensions:
   - Tolerance between largest & smallest tread does not exceed 3/8 inch in any flight
   - No variation exceeding 3/16 inch in depth of adjacent treads or in height of adjacent risers (exception: where bottom riser adjoins public way serving as landing, landing cross-slope does not exceed 1 in 12)
   - Adjustable legs at bottom of stair assembly permitted to allow for grade differences
   - Handrail on at least one side

#### 3.13-7.2.2
**SURFACES**

Transportable Unit:
- [ ] check if not included in project

#### 3.13-7.2.2.2
1. Exterior Finish Materials:
   - Connecting link to host facility is made of fireresistive or flame-retardant material