COMPLIANCE CHECKLIST

OP1: Primary Care Facilities

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 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)

Satellite Address: (if applicable)

Project Description: ____________________________

Building/Floor Location: __________________________

Submission Dates:
Initial Date: __________________________
Revision Date: __________________________

MDPH/DHCFLC 07/15 OP1
### Architectural Requirements

**PRIMARY CARE FACILITIES**

#### 3.1-1.2.2 PATIENT PRIVACY
- Each facility design ensures appropriate levels of patient acoustic & visual privacy & dignity throughout care process.

#### 3.1-1.2.3 SHARED/PURCHASED SERVICES
- [ ] check if not included in project
- Details of shared or purchased space and/or services indicated in Project Narrative
- Waiver requests have been submitted for shared or purchased space (except as explicitly allowed below).

#### 3.1-1.3.2 PARKING
- [ ] Parking capacity sufficient to satisfy needs of patients, personnel & public

#### ACCESS
- 140.209
- Facility is accessible to handicapped individuals

#### 3.1-1.3.3 ENTRANCE
- [ ] At grade level
- [ ] Clearly marked
- [ ] Located so patients need not go through other activity areas (public lobbies may be shared)

#### 3.1-1.4 FACILITY LAYOUT
- [ ] Precludes unrelated traffic in facility

#### 3.2-3.2 EXAMINATION ROOMS

<table>
<thead>
<tr>
<th></th>
<th>Space Requirements:</th>
<th>Ventilation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>min. clear floor area 80 sf</td>
<td>Min. 6 air changes per hour</td>
</tr>
<tr>
<td>(2)</td>
<td>min. clearance 2'-8&quot; at each side &amp; at foot of exam table, recliner, or chair</td>
<td>Power:</td>
</tr>
<tr>
<td></td>
<td>exam table, recliner, or chair shown with clearance zone</td>
<td>[ ] Min. 8 receptacles</td>
</tr>
<tr>
<td></td>
<td>or</td>
<td>[ ] Min. 4 receptacles convenient to head of exam table</td>
</tr>
<tr>
<td>(2b)</td>
<td>room arranged with exam table, recliner, or chair placed at an angle, closer to one wall than another, or against wall</td>
<td></td>
</tr>
</tbody>
</table>

---

MDPH/DHCFLC 07/15 OP1
<table>
<thead>
<tr>
<th>Architectural Requirements</th>
<th>Building Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Project Narrative explains why this room arrangement is</td>
<td>___ Handwashing station</td>
</tr>
<tr>
<td>proposed to accommodate type of patient served</td>
<td>3.1-3.2.3</td>
</tr>
<tr>
<td>___ alternate location shown for exam table, recliner, or chair</td>
<td>3.1-3.2.4 documentation area for written or electronic documentation</td>
</tr>
<tr>
<td>___ clearance zone with min. clearance 2'-8&quot; at each side &amp; at foot of alternate location</td>
<td></td>
</tr>
</tbody>
</table>

3.1-3.2.2.3 ___ handwashing station
3.1-3.2.2.4 ___ documentation area for written or electronic documentation

3.1-3.2.2 ___ Combined General Examination/Observation Room
☐ check if not included in project

3.1-3.2.1 ___ provision made to preserve patient privacy from observation from outside exam room through open door

3.1-3.2.2.1 ___ located immediately accessible to nurse station & toilet room

3.1-3.2.2.2 Space Requirements: Ventilation:
(1) ___ min. clear floor area 80 sf ___ Min. 6 air changes per hour Table 7.1
(2) ___ min. clearance 2'-8" at each side & at foot of exam table, recliner, or chair
___ exam table, recliner, or chair shown with clearance zone
___ room arranged with exam table, recliner, or chair placed at an angle, closer to one wall than another, or against wall
___ Project Narrative explains why this room arrangement is proposed to accommodate type of patient served
___ alternate location shown for exam table, recliner, or chair
___ clearance zone with min. clearance 2'-8" at each side & at foot of alternate location

3.1-3.2.3 ___ handwashing station
3.1-3.2.4 ___ documentation area for written or electronic documentation
### Architectural Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1-3.2.3</strong> Special Purpose Examination Room</td>
<td>check if not included in project</td>
</tr>
<tr>
<td><strong>3.1-3.2.1</strong> provision made to preserve patient privacy from observation from outside exam room through open door</td>
<td></td>
</tr>
<tr>
<td><strong>3.1-3.2.3.2</strong> Space Requirements:</td>
<td></td>
</tr>
<tr>
<td>(1) min. clear floor area 100 sf</td>
<td></td>
</tr>
<tr>
<td>(2)(a) room size permits min. clearance 3'-6&quot; at side, head, or foot of exam table, bed, or chair that corresponds with care provider's expected work position</td>
<td></td>
</tr>
<tr>
<td>(2)(b) min. clearance 1'-0&quot; at all sides of exam table, bed, or chair other than work position</td>
<td></td>
</tr>
<tr>
<td><strong>3.1-3.2.3.3</strong> handwashing station</td>
<td></td>
</tr>
<tr>
<td><strong>3.1-3.2.3.4</strong> documentation area for written or electronic documentation</td>
<td></td>
</tr>
</tbody>
</table>

### Building Systems Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilation:</td>
<td></td>
</tr>
<tr>
<td>3.1-3.2.1 provision made to preserve patient privacy from observation from outside exam room through open door</td>
<td></td>
</tr>
<tr>
<td><strong>3.1-3.4.2</strong> Airborne Infection Isolation (AII) Room</td>
<td>check if not included in project</td>
</tr>
<tr>
<td><strong>3.1-3.4.2.2</strong> accommodates only one patient at one time</td>
<td></td>
</tr>
<tr>
<td>(2) handwashing station</td>
<td></td>
</tr>
<tr>
<td>(3) provision made for personal protective equipment storage at entrance to room</td>
<td></td>
</tr>
<tr>
<td><strong>3.1-3.4.2.3</strong> anteroom</td>
<td></td>
</tr>
<tr>
<td>(1) space for persons to don personal protective equipment before entering patient room</td>
<td></td>
</tr>
<tr>
<td><strong>3.1-3.4.2.4</strong> Airborne Infection Isolation (AII) Room</td>
<td>check if not included in project</td>
</tr>
</tbody>
</table>

### Table 7.1

- Min. 6 air changes per hour
- Min. 12 air changes per hour
- Min. 8 receptacles
- Min. 4 receptacles convenient to head of exam table
- Min. 8 receptacles
- Min. 4 receptacles convenient to head of exam table

### Table 3.1-1

- Min. 8 receptacles
- Min. 4 receptacles convenient to head of exam table
**Architectural Requirements**

(2) all doors to anteroom self-closing devices or an audible alarm arrangement that can be activated when in use as an isolation room

(3)
(a) handwashing station
(b) storage for unused personal protective equipment
(c) disposal/holding container for used protective equipment

3.1-3.4.2.4(1) Architectural Details:
(b) self-closing devices on all room exit doors
(c) doors edge seals

3.2-3.2.6 SUPPORT AREAS FOR EXAMINATION ROOMS

3.1-3.6.1 Nurse station

3.1-3.6.1.1 work counter
3.1-3.6.1.2 communication system
3.1-3.6.1.3 space for supplies
3.1-3.6.1.4 accommodations for written or electronic documentation

3.1-3.6.5 Handwashing Stations:
3.1-3.6.5.1 located in each room where hands-on patient care is provided

3.1-3.6.6 Medication safety zones

☐ check if **not** included in project

(only if no medication is prepared or dispensed)

3.1-3.6.6.1(2)
(a) located out of circulation paths to minimize distraction & interruption
(c) work counters
(d) task lighting

3.1-3.6.6.2
(1) medication preparation room/area

☐ check if **not** included in project

Ventilation:

☐ check if **not** included in project

Min. 4 air changes per hour Table 7.1

(a) work counter
handwashing station
lockable refrigerator
locked storage for controlled drugs
Sharps Containers:

☐ check if **not** included in project

placed at height that allows users to see top of container

(c) space to prepare medicines in addition to any self-contained medicine-dispensing unit

(2) self-contained medication dispensing unit

☐ check if **not** included in project

(a) located at nurse station, in clean workroom or in an alcove
Architectural Requirements

- Lockable unit to secure controlled drugs
- Handwashing station or hand sanitation located next to stationary medication-dispensing units

Building Systems Requirements

3.1-3.6.7

- Nourishment area or room
  - Check if not included in project
  - Handwashing station located in or directly accessible
  - Food preparation sink
    - Check if not included in project
    - Only when meals are not prepared in nourishment area
  - Work counter
  - Storage
  - Fixtures & appliances for beverages and/or nourishment

3.2.2.6.7

- Patient toilet rooms
  - Accessible from examination rooms without reentering waiting room or leaving primary care clinic

3.2.2.6.9

- Clean work area
  - Separate room or isolated area
  - Counter
  - Handwashing station
  - Storage for clean supplies

140.204

- Soiled workroom
  - Check if not included in project
  - Only if outpatient suite is located in hospital or hospital satellite
  - Handwashing station
  - Clinical flushing-rim sink

or

- Soiled holding room
  - Patient care does not involve disposing of fluid waste
  - Handwashing station

3.1-3.6.10

- Provisions made for separate collection, storage & disposal of soiled materials

140.211

- Sterilization Equipment:
  - Check if not included in project
  - Only if outpatient suite is located in hospital or hospital satellite
  - Means of sterilization provided for non-disposable supplies
  - Sterilization equipment in facility

MDPH/DHCFLC
Architectural Requirements | Building Systems Requirements
---|---
— arrangement to obtain such services from a source approved by the Department
or — no means of sterilization provided if only disposable supplies are used

3.1-4.1 LABORATORY SERVICES

3.2-4.1.2.1 Specimen collection
(1) urine collection room equipped with toilet & handwashing station

3.2-4.1.2.2 Blood collection facilities
(1) space for chair & work counter
(2) handwashing station

3.2-4.1.3 Specimen Storage

3.1-4.1.2 Laboratory testing/work area
☐ check if not included in project

3.1-4.1.2.1 all lab tests are performed on-site
or — separate dedicated room

3.1-4.1.2.2 (2) work areas sized for equipment specifications
☐ equipment specifications have been submitted
(a) work counter
(b) laboratory sink
(c) access to tele/data service
(d) electrical service

3.1-4.1.2.3 handwashing station

Ventilation:
— Min. 6 air changes per hour Table 7.1
— Negative pressure

3.1-4.1.3 Support Areas for Laboratory:

3.1-4.1.3.1 storage cabinet or closet

3.1-4.1.3.2 specimen collection facilities
(1) toilet room with staff-controlled access
(a) handwashing station
☐ check if not included in project
(b) collection for drug screening

Ventilation:
— Min. 10 air changes per hour Table 7.1
— Exhaust

or handwashing station in toilet room
— controlled by shutoff valves outside room & directly accessible to staff
### Architectural Requirements

| (2)  | blood collection facilities |
| (b)  | work counter |
| (a)  | seating space for patients |
| (c)  | handwashing station |
| (d)  | reclining chair or gurney for patients who become unsteady |

### Building Systems Requirements

| 3.2.5 | GENERAL SUPPORT FACILITIES |
| 3.1-5.2 | Linen Services: |
| 3.1-5.2.2 | on-site linen processing |
| 3.1-5.2.2.1 | dedicated linen processing area |
| (1) | accommodates washer & dryer |
| (2) | area divided into distinct soiled (sorting & washing) & clean (drying & folding) areas |
| 3.1-5.2.2.2 | storage for laundry supplies |
| 3.1-5.2.2.3 | clean linen storage |
| 3.1-5.2.2.4 | handwashing station |

**or**

| 3.1-5.2.3 | off-site laundry services |
| 3.1-5.2.3.1 | soiled linen holding area or dedicated area for soiled laundry cart |
| 3.1-5.2.3.2 | clean linen storage area |

| 3.1-5.5.1 | Environmental services room |
| 3.1-5.5.1.1 | min. one ES room per floor |
| 3.1-5.5.1.2 | service sink or floor-mounted mop sink |
| (1) | provisions for storage of supplies & housekeeping equipment |
| (2) | handwashing station or hand sanitation dispenser |

### Public Areas

| 3.2-6.2 | Vehicular drop-off & pedestrian entrance |
| 3.1-6.2.1 | Reception/information counter |
| 3.2-6.2.2 | control counter |
| (1) | access to patient files & records for scheduling of services |
| 3.2-6.2.3 | Waiting area |
| 3.2-6.2.3.1 | under staff control |
| 3.2-6.2.3.2 | space for at least 2 seats for each examination room |
| 3.2-6.2.3.3 | separate controlled waiting area for pediatric patients |
| 3.2-6.2.3.4 | provisions for wheelchairs |

**Ventilation:**

| Min. 10 air changes per hour | Table 7.1 |
| Exhaust | Negative pressure |
Architectural Requirements

3.1-6.2.4

___ Public toilets (may be located off public
   corridor in multi-tenant building)

3.1-6.2.4.1

___ readily accessible from waiting area
   without passing through patient care or
   staff work areas

___ Local telephone access

3.1-6.2.5

___ Provisions for drinking water

3.1-6.2.6

___ Wheelchair storage

Building Systems Requirements

Ventilation:

___ Min. 10 air changes per hour
   Table 7.1

___ Exhaust

ADMINISTRATIVE AREAS

3.2-6.3

3.2-6.3.3.1

(1) ___ Office

___ separate & enclosed
___ provisions for privacy

(2) ___ Clerical space

___ separate from public areas

3.2-6.3.4

___ Multipurpose room

3.2-6.3.4.1

___ suitable for conferences, meetings &
   health education

3.2-6.3.4.2

___ accessible to public as needed

3.2-6.3.5

___ Medical records

3.1-6.3.5.1

___ restricted to staff access

SUPPORT AREAS FOR STAFF

3.2-6.4

3.2-6.4.1

___ Staff toilet room

___ in addition to & separate from public &
   patient facilities

___ Staff lounge

___ Ventilation:

___ Min. 10 air changes per hour
   Table 7.1

___ Exhaust

ARCHITECTURAL DETAILS

3.1-7.2.2

3.1-7.2.2.1

Corridor Width:

IBC 1018.2

___ Min. 44” except in corridors used to
   transport patients on stretchers

or

___ Compliance of corridor width with
   State Building Code is established
   in submitted Code Review Sheet

421 CMR

6.00

___ Corridors include turning spaces for
   wheelchairs

3.1-7.2.2.2

Ceiling Height:

___ Min. 7’-10” (except in spaces listed
   below in this section)

(1) ___ Min. 7’-6” in corridors

___ Min. 7’-6” in normally unoccupied
   spaces

3.1-7.2.2.3

Doors & Door Hardware:

(1)

Door Type:

(a) ___ all doors between corridors,
   rooms, or spaces subject to
   occupancy of swing type or
   sliding doors

(b) ___ sliding doors

___ check if not included in project

___ no floor tracks in patient
   care areas

(3) ___ do not swing into corridors
   except doors in behavioral
   health units & doors to non-
   occupiable spaces

(4)

(b) ___ doors to patient use toilets in
   patient care & treatment areas

___ have hardware that allows staff
   emergency access

MDPH/DHCFLC 07/15 OP1
3.1-7.2.2.8 Handwashing Stations:

(3) Anchored to support vertical or horizontal force of 250 lbs.

(4) Counter-Mounted Sinks:

(a) countertops made of porcelain, stainless steel, or solid surface materials

(b) plastic laminate countertops □ check if not included in project

At minimum substrate □ marine-grade plywood with impervious seal

(5) No storage casework beneath sink

(6) Provisions for drying hands at all handwashing stations

(a) Hand-drying device does not require hand contact

(b) Hand-drying provisions enclosed to protect against dust or soil

Liquid or foam soap dispensers

3.1-8.2 HVAC SYSTEMS

4/6.3.1 Outdoor Air Intakes:

□ Located min. 25 feet from cooling towers & all exhaust & vent discharges

□ Bottom of air intake is at least 6'-0" above grade

Roof Mounted Air Intakes:

□ check if not included in project

□ Bottom min. 3'-0" above roof level

4/6.4 Filtration:

□ Filter banks conform to Table 6.4

4/6.7 Air Distribution Systems:

□ Ducted return or exhaust systems in spaces listed in Table 7.1 with required pressure relationships

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

3.1-8.2.1.1(5) Acoustical Considerations:

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

3.1-8.2.1.2 Ventilation & Space-Conditioning:

(1) All rooms & areas used for patient care have provisions for ventilation

(2) Natural ventilation only allowed for non sensitive areas via operable windows

□ Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4

3.1-8.3 ELECTRICAL SYSTEMS

□ Corner guards durable & scrubbable
### ELECTRICAL DISTRIBUTION & TRANSMISSION

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.3.2.1(1)</td>
<td>Switchboards Locations:</td>
</tr>
<tr>
<td>(a)</td>
<td>located in areas separate from piping &amp; plumbing equipment</td>
</tr>
<tr>
<td>(b)</td>
<td>not located in rooms they support</td>
</tr>
<tr>
<td>(c)</td>
<td>accessible to authorized persons only</td>
</tr>
<tr>
<td>(d)</td>
<td>easily accessible</td>
</tr>
<tr>
<td>(e)</td>
<td>located in dry, ventilated space free of corrosive gases or flammable material</td>
</tr>
</tbody>
</table>

### LIGHTING

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.3.4</td>
<td>Portable or fixed examination light in exam rooms &amp; treatment rooms</td>
</tr>
</tbody>
</table>

### ELECTRICAL RECEPTACLES

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.3.6</td>
<td>Receptacles in patient care areas conform to Table 3.1-1</td>
</tr>
</tbody>
</table>

### PLUMBING SYSTEMS

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.4.2.5</td>
<td>Heated Potable Water Distribution Systems:</td>
</tr>
<tr>
<td>(2)</td>
<td>Systems serving patient care areas are under constant recirculation</td>
</tr>
<tr>
<td>(3)</td>
<td>Non-recirculated fixture branch piping does not exceed 25'-0&quot; in length</td>
</tr>
<tr>
<td>(4)</td>
<td>Water-heating piping has supply capacity at minimum temperatures &amp; amounts indicated in Table 2.1-3</td>
</tr>
<tr>
<td>(5)</td>
<td>Handwashing stations supplied as required above</td>
</tr>
</tbody>
</table>

### PLUMBING FIXTURES

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.4.3.1</td>
<td>Materials material used for plumbing fixtures non-absorptive &amp; acid resistant</td>
</tr>
</tbody>
</table>

### ELEVATORS

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.7.2</td>
<td>Outpatient facility located on more than one floor or on floor other than an entrance floor at grade level</td>
</tr>
</tbody>
</table>

### Handwashing Station Sinks:

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1-8.4.3.2</td>
<td>Basins reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed &amp; medications are prepared</td>
</tr>
</tbody>
</table>