COMPLIANCE CHECKLIST

IP22 Hyperbaric Suite

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 Hospitals. 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)
- 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 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.

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, 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: ______________________

Building/Floor Location: ______________________

Satellite Name: (if applicable) ______________________

Submission Dates: ______________________

Initial Date: ______________________

Satellite Address: (if applicable) ______________________

Revision Date: ______________________

Project Description: ______________________

MDPH/DHCFLC 12/18 IP22
Architectural Requirements

2.2-3.13 HYPERBARIC SUITE

2.2-3.13.1 HYPERBARIC TREATMENT AREA
2.2-3.13.1.1(1) (designated for clinical hyperbaric oxygen therapy)

2.2-3.13.1.1(2) ___ Hyperbaric treatment area meets requirements of “Hyperbaric Facilities” chapter in NFPA 99

2.2-3.13.1.2(1) ___ Multiplace (Class “A” Chamber) facilities
☐ check if not included in project
(a) ___ space provided to house Class “A” chambers & supporting equipment
accommodate equipment manufacturer’s technical specifications
___ manufacturer’s technical specifications have been submitted to DPH Plan Review
(b) ___ min. clearance 3’-0” around chamber
___ min. clearance 8’-0” for stretcher or gurney access area in front of chamber
___ min. clearance 5’-0” for wheelchair access area in front of chamber entries
(c) ___ entries designed for wheelchairs or gurneys provided with access ramps that are flush with chamber entry doorway
___ min. 3’-0” wide chamber entries not designed for gurney/stretcher access

2.2-3.13.1.2(2) ___ Monoplace (Class “B” Chamber) facilities
(a) ___ space provided to house Class “B” chambers & supporting equipment
accommodate equipment manufacturer’s technical specifications
___ manufacturer’s technical specifications have been submitted to DPH Plan Review
(b) ___ min. clearance 2’-0” around chamber
___ min. clearance 3’-0” between control sides of two chambers
☐ check if not included in project (only if one chamber provided)
___ min. passage 12” at foot end of each chamber & any wall or obstruction
___ min. clearance 8’-0” in front of chamber entry designed for gurney or stretcher access
(c) ___ oxygen service valve provided for each chamber
### Architectural Requirements

**2.2-3.13.4**  
**PRE-PROCEDURE PATIENT CARE AREA**

- ☐ check if not included in project (only if facility has two or fewer Class “B” hyperbaric chambers)

**2.2-3.13.4.1**  
- Patient holding area
  - ☐ under staff control
  - ☐ out of traffic flow from chamber
  - ☐ does not obstruct access to exits from hyperbaric suite

**2.2-3.13.4.1(2)**  
- Gurney patients in holding area be out of direct line of normal traffic

**2.2-3.13.4.2**  
- Space Requirements:
  - ☐ patient holding area sized to accommodate inpatients on gurneys or beds

**2.2-3.13.8**  
**SUPPORT AREAS FOR HYPERBARIC SUITE**

- (may be shared with wound care department)

**2.2-3.13.8.2**  
- Reception/control desk

**2.2-3.13.8.4**  
- Consultation/treatment room

**2.1-3.2.2.1**  
- Space Requirements:
  1. ☐ min. clear floor area 120 sf
  2. ☐ min. clear dimension 10’-0”

**2.2-3.12.8.2**  
- Nurse station

### Building Systems Requirements

**Medical Gases:**

- ☐ 1 OX, 2 VAC

**Table 2.1-3**

**Ventilation:**

- ☐ Min. 6 air changes per hour

**Table 7.1**

**2.1-8.3.4.3(3)**

**Lighting:**

- ☐ Portable or fixed exam light

**Power:**

- ☐ Min. 8 receptacles in total
- ☐ Min. 4 receptacles convenient to head of gurney or bed

**Nurse Call System:**

- ☐ Staff assistance station
- ☐ Emergency call station

**Table 2.1-2**

**2.1-3.2.2.2**

- ☐ storage for supplies
- ☐ accommodations for written or electronic documentation
- ☐ space for visitor’s chair
- ☐ handwashing station

**2.1-3.12.8.2**  
- Nurse station

**2.1-2.8.2.1(1)**  
- Space for counters
Architectural Requirements

2.1-2.8.2.1(2)  ____ handwashing station next to or directly accessible*

or

 ____ hand sanitation dispenser next to or directly accessible*

2.2-3.12.8.8

Medication Safety Zone:

2.1-2.8.8.2(1)

 ____ medication preparation room

(a)  ____ under visual control of nursing staff

(b)  ____ work counter

 ____ handwashing station

 ____ lockable refrigerator

 ____ locked storage for controlled drugs

 ____ sharps containers

☐ check if not included in project

(c)  ____ self-contained medication-dispensing unit

☐ check if not included in project

 ____ room designed with space to prepare medications

2.2-3.12.8.9

Nourishment area or room

2.1-2.8.9.2(1)  ____ handwashing station

2.1-2.8.9.2(2)  ____ work counter

2.1-2.8.9.2(3)  ____ refrigerator

2.1-2.8.9.2(4)  ____ microwave

2.1-2.8.9.2(5)  ____ storage cabinets

2.1-2.8.9.2(6)  ____ space for temporary storage of food service implements

2.1-2.8.9.3

 ____ provisions & space are included for separate temporary storage of unused & soiled meal trays

2.2-3.12.8.9(2)

 ____ provisions for drinking water for patient use provided separate from handwashing station

2.2-3.12.8.11

Clean workroom or clean supply room

2.1-2.8.11.2  ____ clean workroom

 ____ used for preparing patient care items

 ____ work counter

 ____ handwashing station

 ____ storage facilities for clean & sterile supplies

 ____ used only for storage & holding as part of system for distribution of clean & sterile supplies

or

2.1-2.8.11.3  ____ clean supply room

 ____ used only for storage & holding as part of system for distribution of clean & sterile supplies

Building Systems Requirements

Ventilation:

 ____ Min. 4 air changes per hour  Table 7.1

Lighting:

 ____ Task lighting  2.1-2.8.8.1(2)(d)

Nurse Call System:

 ____ Duty station (light/sound signal)  Table 2.1-2

Ventilation:

 ____ Min. 2 air changes per hour  Table 7.1

Nurse Call System:

 ____ Duty station (light/sound signal)  2.1-8.5.1.2(b)

Ventilation:

 ____ Min. 4 air changes per hour  Table 7.1

 ____ Positive pressure

Nurse Call System:

 ____ Duty station (light/sound signal)  Table 2.1-2

Ventilation:

 ____ Min. 4 air changes per hour  Table 7.1

 ____ Positive pressure
## Architectural Requirements

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2-3.12.8.12</td>
<td>Soiled workroom or soiled holding room</td>
</tr>
<tr>
<td>2.1-2.8.12.2</td>
<td></td>
</tr>
<tr>
<td>2.1-2.8.12.3</td>
<td>Soiled holding room</td>
</tr>
<tr>
<td>2.2-3.12.8.13(1)</td>
<td>Clean linen storage</td>
</tr>
<tr>
<td>2.2-3.13.8.13(1)</td>
<td>Separate supply storage room (may be shared with another department)</td>
</tr>
<tr>
<td>2.2-3.12.8.13(3)</td>
<td>Gurney/wheelchair storage space</td>
</tr>
<tr>
<td>2.2-3.13.8.13(4)</td>
<td>Gas cylinder room provided for Class “A” facilities</td>
</tr>
<tr>
<td>2.2-3.13.8.14</td>
<td>Environmental services room</td>
</tr>
</tbody>
</table>

### Building Systems Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
</table>
| Soiled workroom  
(1)(a) Handwashing station  
(1)(b) Flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture  
(1)(c) Work counter  
(1)(d) Space for separate covered containers for waste & soiled linen  
(2) Fluid management system is used  
☐ check if not included in project  
☐ Electrical & plumbing connections that meet manufacturer requirements  
☐ Space for docking station |  |
| Soiled holding room  
(1) Handwashing station or hand sanitation station  
(2) Space for separate covered containers for waste & soiled linen |  |
| Clean linen storage  
(1) Stored in clean workroom  
☐ Covered cart distribution system  
(2) Storage of clean linen carts in designated corridor alcoves, clean workroom or closets |  |
| Separate supply storage room  
☐ May be shared with another department |  |
| Gurney/wheelchair storage space |  |
| Gas cylinder room provided for Class “A” facilities  
☐ Check if not included in project (only if bariatric chambers are restricted to Class “B”)  
☐ Space to house eight (H) cylinders  
☐ Space to house two gas manifolds consisting of at least two (H) cylinders on each manifold |  |
| Environmental services room  
(1) Immediately accessible to hyperbaric suite |  |
| Service sink or floor-mounted mop sink |  |
| Provisions for storage of supplies & housekeeping equipment |  |

### Ventilation

- Min. 10 air changes per hour  
- Exhaust  
- Negative pressure  
- No recirculating room units  

### Nurse Call System

- Duty station (light/sound signal)  

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Table 7.1**
### Architectural Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| 2.1-2.8.14.2(3) | ___ handwashing station  
or  
___ hand sanitation station |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| 2.2-3.13.8.16 | ___ Compressor room  
(1) large enough to house chamber compressors, accumulator tanks & fire suppression system |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| 2.2-3.13.9 | SUPPORT AREAS FOR STAFF  
___ Staff toilet room  
___ handwashing station  
___ immediately accessible* to hyperbaric suite |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| 2.2-3.13.10 | SUPPORT AREAS FOR PATIENTS  
2.2-3.13.10.1 | Patient waiting area  
☐ check if not included in project (only in facilities with two or fewer Class “B” hyperbaric chambers)  
(1) screened from unrelated traffic  
____ under staff control  
____ separated from hyperbaric suite by door |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| (3) | Hyperbaric Suite Routinely Used for Inpatients:  
☐ check if not included in project  
___ outpatient waiting & inpatient holding areas separated & screened to provide visual & acoustic privacy between outpatients and inpatients |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| 2.2-3.13.10.2 | Patient toilet room  
___ handwashing station  
___ directly accessible* to hyperbaric suite |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| 2.2-3.13.10.3 | Patient changing rooms  
(1)(a) seat or bench made of non-absorbable material  
(1)(b) mirror  
(1)(c) provisions for hanging patients clothing  
___ provisions for securing valuables  
(2) at least one changing room  
___ accommodates wheelchair patients |

### Building Systems Requirements

**Ventilation:**
- ___ Min. 10 air changes per hour  
- Table 7.1
- Exhaust
- ___ Negative pressure
- ___ No recirculating room units

---

*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**

2.1-7.2.2.1 Aisle, corridors & ramps required for exit access in a hospital not less than 8'-0" in clear & unobstructed width

or

- Detailed code review incorporated in Project Narrative

2.1-7.2.2.2 Aisles, corridors & ramps in adjunct areas not intended for the housing, treatment, or use of inpatients not less than 44" in clear & unobstructed width

or

- Detailed code review incorporated in Project Narrative

2.1-7.2.2.3 Min. ceiling height 7'-6" in corridors & in normally unoccupied spaces

2.1-7.2.2.4 Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path for patients in beds & on stretchers

2.1-7.2.2.5 Min. ceiling height 7'-10" in other areas

2.1-7.2.2.6 Door Type:

- doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors

- sliding doors

  ☐ check if not included in project

  - sliding doors comply with NFPA 101

  - detailed code review included in Project Narrative

  - no floor tracks

2.1-7.2.2.7 Glazing within 1 foot 6 inches of floor

☐ check if not included in project

- must be safety glass, wire glass or plastic break-resistant material

2.1-7.2.2.8 Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly

☐ check if not included in project

- marine-grade plywood (or equivalent material) with impervious seal

2.1-7.2.2.9 Handwashing station casework

☐ check if not included in project

- designed to prevent storage beneath sink

2.1-7.2.2.10 Provisions for drying hands

☐ check if not included in project (only at hand scrub facilities)

- hand-drying device does not require hands to contact dispenser

- hand-drying device is enclosed to protect against dust or soil & to ensure single-unit dispensing

- 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:
(1) Handrails installed on both sides of patient use corridors
(3) Rail ends return to wall or floor
(4) Handrail gripping surfaces & fasteners are with 1/8-inch min. radius
(5) Handrails have eased edges & corners
(6) Handrail finishes are cleanable

2.1-7.2.12 NOISE CONTROL:
(2) Noise reduction criteria in Table 1.2-6 applicable to partitions, floors & ceiling construction are met in patient areas

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 soiled workrooms, toilet rooms & other areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions

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 are monolithic or have sealed seams that are tight & smooth
(5) 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

2.1-7.2.4 FURNISHINGS:
2.1-7.2.4.1 built-in furnishings upholstered with impervious materials in patient treatment areas with risks of exposure & contamination from bodily fluids & other fluids

2.1-8.2 HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS
PART 3/6.1 UTILITIES:
PART 3/6.1.2 Heating & Cooling Sources:
PART 3/6.1.2.1 heat sources & essential accessories provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance

PART 3/6.2 AIR-HANDLING UNIT (AHU) DESIGN:
PART 3/6.2.1 AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance

PART 3/6.3 OUTDOOR AIR INTAKES & EXHAUST DISCHARGES:
PART 3/6.3.1 Outdoor Air Intakes:
PART 3/6.3.1.1 located min. of 25'-0" from cooling towers & all exhaust & vent discharges
☐ check if not included in project located with bottom of air intake at least 6'-0" above grade
☐ check if not included in project located with bottom of air intake min. of 3'-0" above roof level
Part 3/6.3.1.4  
☐ intake in areaway  
☐ check if not included in project  
☐ bottom of areaway air  
☐ intake opening is at least 6'-0" above grade  
☐ bottom of air intake  
☐ opening from areaway into building is at least 3'-0" above bottom of areaway  

Part 3/6.4  
FILTRATION:  
☐ Two filter banks for inpatient care (see Table 6.4)  
☐ Filter Bank No. 1: MERV 7  
☐ Filter Bank No. 2: MERV 14  
☐ Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed  

Part 3/6.4.1  
Filter Bank No. 1 is placed upstream of heating & cooling coils  

Part 3/6.4.2  
Filter Bank No. 2 is placed downstream of all wet-air cooling coils & supply fan  

Part 3/6.7  
AIR DISTRIBUTION SYSTEMS:  
Part 3/6.7.1  
☐ Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation  
☐ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems  
☐ Inpatient facilities & recovery rooms are served by fully ducted return or exhaust systems  

Part 3/6.7.2  
Air Distribution Devices:  
☐ supply air outlets comply with Table 6.7.2  

Part 3/6.7.3  
Smoke Barriers:  
☐ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.  

Part 3/6.8  
ENERGY RECOVERY SYSTEMS:  
☐ check if not included in project  

Part 3/6.8.1  
Location upstream of Filter Bank No. 2  

Part 3/6.8.3  
Energy recovery systems with leakage potential  
☐ check if not included in project  
☐ arranged to minimize potential to transfer exhaust air directly back into supply airstream  
☐ designed to have no more than 5% of total supply airstream consisting of exhaust air  

Part 3/7  
SPACE VENTILATION  
Part 3/7.1.a  
☐ Spaces ventilated according to Table 7.1  

Part 3/7.1.a.1  
☐ Air movement is from clean to less-clean areas  

Part 3/7.1.a.3  
☐ Min. number of total air changes required for positive pressure rooms is provided by total supply airflow  
☐ Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow  

Part 3/7.1.a.4  
☐ Entire minimum outdoor air changes per hour required by Table 7.1 for each space meet filtration requirements of Section 6.4  

Part 3/7.1a.5  
☐ Air recirculation through room unit  
☐ check if not included in project  
☐ complies with Table 7.1  
☐ room unit receive filtered & conditioned outdoor air  
☐ serve only a single space  
☐ provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered  

2.1-8.3  
ELECTRICAL SYSTEMS  
2.1-8.3.2  
ELECTRICAL DISTRIBUTION & TRANSMISSION  
2.1-8.3.2.2  
Panelboards:  
(1) panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below  
(2) panelboard critical branch circuits serve floors on which they are located  
(3) panelboards not located in exit enclosures or exit passageways  

2.1-8.3.2.3  
Ground-Fault Circuit Interrupters in Critical Care Areas:  
☐ check if not included in project  
(2) each receptacle individually protected by single GFCI device  

2.1-8.3.3  
POWER-GENERATING & -STORING EQUIPMENT  
2.1-8.3.3.1  
☐ Essential electrical system or emergency electrical power  
(1) essential electrical system complies with NFPA 99  
(2) emergency electrical power complies with NFPA 99
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

2.1-8.3.5.2 Electronic health record system servers & centralized storage provided with uninterruptible power supply

2.1-8.3.6 ELECTRICAL RECEPTACLES
2.1-8.3.6.1 Receptacles In Corridors:
(1) duplex-grounded receptacles for general use installed 50'-0” apart or less in all corridors ☐
(2) duplex-grounded receptacles for general use installed within 25'-0” of corridor ends

2.1-8.3.6.3 Essential Electrical System Receptacles:
(1) cover plates for electrical receptacles supplied from essential electrical system are distinctively colored or marked for identification
(2) same color is used throughout facility

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 ☐
(3)(a) non-recirculated fixture branch piping length max. 25'-0”
(3)(c) any existing dead-end piping is removed ☐ check if not included in project
(3)(b) ☐
(4)(a) water-heating system supplies water at temperatures & amounts indicated in Table 2.1-4

2.1-8.4.2.6 Drainage Systems:
(1)(a) drainage piping installed above ceiling of or exposed in electronic data processing areas & electric closets ☐ check if not included in project
(1)(b) special provisions to protect space below from leakage & condensation

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 of faucets is at least 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)

2.1-8.4.4 Drainage Fixtures:
(1) ☐
(2) ☐
(3) ☐
(4) ☐
(5) ☐
(6) ☐
(7) ☐
(8) ☐
(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:
☐ 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) trimmed with valves that can
are operated without hands
(may be single-lever or wrist
blade devices)
(a)
(b) handles are at least 6 in. 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 2.1-3

2.1-8.5.1 CALL SYSTEMS
2.1-8.5.1.1
(1) Nurse call stations provided as
required in Table 2.1-2
(2) Nurse call systems report to attended
location with electronically supervised
visual & audible annunciation as
indicated in Table 2.1-2
(4) Call system complies with UL 1069
“Standard for Hospital Signaling &
Nurse Call Equipment”
(5) Wireless nurse call system
☐ check if not included in project
☐ complies with UL 1069

2.1-8.5.1.2(4) Nurse call system provided in each
patient care area as required in
Table 2.1-2

2.1-8.5.1.3 Bath Stations:
☐ bath station that can be
activated by patient lying on floor
provided at each patient toilet

(1) alarm in these areas can be
turned off only at bath station
where it was initiated

(3) toilet bath stations located on
the side of toilets within 12” of
front of toilet bowl & 3'-0” to
4'-0” above floor

2.1-8.5.1.5 Emergency call stations are
equipped with continuous audible or
visual confirmation to person who
initiated the code call

2.1-8.6.2 ELECTRONIC SURVEILLANCE
SYSTEMS
☐ check if not included in project

2.1-8.6.2.2 monitoring devices are located so
they are not readily observable by
general public or patients

2.1-8.6.2.3 electronic surveillance systems
receive power from essential
electrical system