

I. BUILDING CONDITION AND DESIGN

1.1 Building Condition

- A** Sound construction; both durable and cleanable materials.
- B** Constructed to be accessible and in compliance – Rehabilitation Act, UFAS, ADAAG.
- C** ADAAG – compliant.
- D** Exam room doors- 2'8" (32") clearance; 3'8" (44") for bed transport.
- E** Arctic entry - appropriate design, maintained, does not impede entrance or egress.
- F** Exam rooms - 80 ft²; Treatment room - 100 ft²
- G** Perimeter doors equipped with functioning-high quality locking systems.
- H** Adequate storage space, no combustible storage in furnace or electrical rooms.
- I** Right to privacy.
- J** Enclosed and locking bathroom with ability to unlock from outside in case of emergency.

1.2 Combined Lab & Pharmacy

- A** Separation - no shared counter space unless separated by sink, no shared sink unless partitioned.
- B** Staff should be prohibited from working in both laboratory and pharmacy areas at the same time.
- C** Separate refrigerators.
- D** Minimum of one sink - if shared, partitioned lab and pharmacy.
- E** Hand hygiene including use of alcohol-based hand rub.
- F** Pharmaceuticals stored in closeable units (shelving, cabinet).
- G** Secured area – locked when not in use.

1.4 Heating and Ventilation (Mechanical)

- A** Airborne Infection Isolation (AII) room (negative pressure room), see TB section.
- B** Central heating appliances installed/maintained per manufacturer's instructions and applicable codes - by qualified person(s).
- C** Fuel gas piping including (valves, connectors, etc.) should be installed and maintained in according to code - by qualified persons(s).
- D** Outside air should be supplied for combustion and ventilation - air openings should be unobstructed not less than six inches in front of opening.
- E** Minimum temperature of 68°F when occupied, 50°F when unoccupied, patient care areas 75°F.
- F** Bathrooms and janitor's closets should be mechanically ventilated according to code (~10 ACH).
- G** Exam rooms and labs should have ventilation at a minimum rate of 6 ACH. Small clinics (>4 exam rooms) only need natural ventilation.
- H** Heating systems should be thermostatically controlled.
- I** Use listed portable heaters while the facility is occupied. BMP - automatic tip over shut-off switch, heating element not exceed 212F.
- J** Listed kerosene heaters installed per manufacturer's guidelines, meet all applicable requirements of the latest edition of NFPA 31.
- K** Fuel tanks and connections properly constructed and installed per latest edition IFGC 403-411 or NFPA 54 & 58.
- L** Fuel lines should be supported and protected to prevent unintentional releases.
- M** Fuel tanks should be located no closer than 100 feet from any private or community water supply.
- N** In areas subject to frost heaves, fuel lines between the fuel tank and the building should be equipped to protect piping connections.
- O** If total fuel tank storage capacity exceeds 1,320 gallons or single tank exceeds 660 gallons - secondary spill protection. > 1320 gallons need SPCCP.
- P** If fuel storage capacity exceeds 1,000 gallons, ADEC flyer must be posted in the clinic.

I. BUILDING CONDITION AND DESIGN (CONTINUED)

1.3 Electrical

- A** Wiring installed/maintained/documented according to code and by qualified person(s).
- B** Sufficient receptacles available – access to at least two receptacles in exam areas.
- C** GFCI outlets in bathrooms and outlets within 6 feet of outside edge of sinks and wet areas (excludes pt. areas).
- D** GFCI outlet for water fountain – clinics.
- E** All electrical covers kept in good repair - child occupied areas have listed tamper resistant receptacles (caps and plugs not recommended).
- F** Circuit breakers properly labeled and 3-foot clearance (not blocked).
- G** Cords and plugs not frayed, worn, or damaged - visually inspected before use and removed when damaged.
- H** Cords and power strips used according to manufacturer's recommendations (not daisy-chained, through walls, or permanent). If available see attached label.
- I** Appliances should be listed (i.e. UL).

1.5 Lighting

- A** A Minimum level of lighting (illuminance) should be provided in the clinic.
- B** Entrance should be provided with external light source sufficient for safe ingress and egress during dark periods.
- C** Emergency lighting should be provided for all village health clinics (30s/30days & 1.5h/annually) section 4.1.E.
- D** Light fixtures less than eight feet from the floor or in areas prone to breakage should be shielded.

1.6 Plumbing

- A** Plumbing installed per latest UPC or IMC and existing systems should be maintained - by qualified person(s).
- B** Handwashing sink provided in each exam room and one exclusive to toilet room. Temp range 105F-120F.
- C** W/O running water, a chemical toilet, box-and-pail type toilet, or other approved toilet system should be provided.
- D** A utility sink should be provided in the custodian's closet with vacuum breaker or backflow prevention device.
- E** All fixtures should be kept clean and in good repair.

II. DENTAL

2.1 Dental Unit Waterline

- A** Control biofilms in the waterlines and ensure instructions for treatment of device are followed.
- B** If monitoring is indicated by the manufacturer, acceptable water monitoring results would be < 500 CFU/ml.

2.2 Sterilization

See section 6.5

2.3 Waste Amalgam

- A** Amalgam waste should be recycled and not disposed in the garbage, sharps container, or red bag waste.

III. ENVIRONMENTAL SERVICES - HOUSEKEEPING

3.1 Cleaning and Sanitizing

- A** The clinic should be maintained in a clean and sanitary condition – written cleaning schedule and methods of decontamination.
- B** Written policies and procedures identifying areas, cleaning procedures, agents, equipment, and PPE.

3.2 Cleaning Schedule

- A** Cleaning schedules and procedures should move from least soiled to most soiled areas starting high to low.

3.3 Cleaning Supply and Storage

- A** A lockable custodian's closet with shelving, mop and broom holders, utility sink and ample space for equipment and supplies. **Chemicals not stored at or above eye level.**
- B** Storage areas for housekeeping supplies should be identified.
- C** Closely evaluate the type of disinfectants used and whether or not they are dispensed in concentrated form.

3.4 Laundry Services

- A** Clinics often use disposable table covers and gowns to prevent the need to launder contaminated items.
- B** Contaminated laundry removed, containerized and marked similar to the regulated medical waste.

IV. FIRE SAFETY (LIFE SAFETY)

4.1 Exits and Exit Signs

- A** Clinics should have at least two remotely located exits. Exceptions do exist for one exit.
- B** Exits and exit access doors should be marked by an approved exit sign readily visible from any direction of egress travel and visually inspected at least every 30 days.
- C** Exit signs should be continuously illuminated by either external means, by internal means, or be self-luminous.
- D** Provide means to ensure exit access ways are continuously illuminated to at least one-foot candle during use.
- E** Battery-powered emergency lighting tested for min 30 seconds and documented at 30 day intervals and tested annually for 1.5 hours.
- F** All exits should be kept free of obstructions, including snow, to allow instant use in the case of fire or other emergency.

4.2 General

- A** Smoke detectors are not required in one-story, village health clinics that do not allow lodging and the occupancy will not exceed 300 people. However, if present must be maintained and remain functional.
- B** Clinics should have fire extinguishers, travel < 30 feet, height < 5 feet from floor, mounted > 4 inches above the floor, not blocked.
- C** Extinguishers should be inspected monthly for proper condition and documented for 12 months. Any competent person can perform this duty.
- D** Extinguishers inspected/maintained annually by someone recognized by the State of Alaska to hold a permit.
- E** Stored-pressure fire extinguishers that are rechargeable and require a 12-year hydrostatic test also require a 6-year internal exam (time begins from date of manufacture).
- F** Document annual fire extinguisher training for staff.
- G** Staff should participate in annual fire drills. Documentation of drills should be maintained at the clinic.

4.3 Lodging in Clinics (Life Safety)

- A** In most situations, any portion of the clinic used for sleeping, classifies the entire building as lodging unless fire rated separation exists and egress not shared.
- B** Clinics with gas fired appliances should have a CO detector in the sleeping quarters.
- C** Approved single-station smoke alarm should be in all sleeping rooms.
- D** "clinics built after 2008 that accommodate [lodging]... an automatic sprinkler system must be provided throughout the building".
- E** Every sleeping room should have a primary means of escape and a secondary means of escape.
- F** Fire alarm system.
- H** Establish maintenance and inspection schedules for heating devices - exceptions apply.
- I** TJC clinics require hazardous areas to be separated from other parts of the building with fire barriers and auto extinguishing system.
- J** All fixed-in-place fuel fired heating devices should be properly vented to ensure combustion product removal.
- K** All pressure relief valves on water heaters should be vented at a safe height and direction, away from persons that may be in the vicinity.
- L** Smoking should not be allowed in any of the clinic buildings.
- M** All life safety features must be continuously maintained.
- N** Alcohol-based hand sanitizer dispensers not installed directly adjacent to, directly above or below ignition sources (electrical).

V. FURNISHINGS

5.1 Appliances

- A Telephone line or secure method for communicating available for emergency communication and consultation - patient privacy.

5.2 Clinical

- A Medical records and information should be kept confidential, kept locked when not in use and not stored in public area.

5.3 Furniture

- A Furniture that can readily absorb liquid should not be placed in areas where it will be exposed to spills or heavy spoilage.
- B Carpeting, if maintained in clean and good repair, is allowed in areas of the clinic not subject to frequent spillage or heavy spoilage.
- C Furniture should not obstruct exits.

VI. INFECTION PREVENTION AND CONTROL

6.1 Blood and Potentially Infectious Material Spills

- A Spills of blood or other potentially infectious materials should be disinfected.
- B If carpeting or furniture upholstery is still stained with blood or other potentially infectious material after cleaning, discard/replace.
- C Broken glassware or other sharp objects possibly contaminated should not be picked up directly with the hands – use brush, dust pan, tongs.

6.2 Environmental Surfaces and Non-patient Care Items, Disinfecting *(see section 3.1)*

6.3 Hand Hygiene (Handwashing)

- A All staff familiar with the recommendations outlined in the CDC and WHO guidelines for successful hand hygiene practices. Review thoroughly.
- B Clinics must have adequate handwashing stations readily available in all examination and toilet rooms (soap, water, paper towels).
- C In Clinics without running water; handwashing station or wipes and alcohol-based hand rub.

6.4 Insect and Rodent Control

- A Facility design: screens with at least 16 mesh and self-closing doors on exterior.
- B Monitoring should be used in place of pesticidal treatments.
- C Clutter and other harborage areas should be reduced, Food should not be left out, all cracks or seams sealed.
- D Pest Control with Pesticides limited to areas of pest activity and only use the least toxic effective product (keep out of reach of children).

6.6 Personal Protective Equipment (PPE)

- 1 Gloves - latex allergies? Policy?
- 2 Masks, eye protection, and face shields when/where reasonably anticipated.
- 3 Gowns, Aprons, and Other Protective Body Clothing – delineated in the BBP program.

6.7 Thermometers, Disinfection

- A Disposable plastic sleeves should be used with digital thermometers, probe body wiped with disinfectant after each use.

6.8 Toys, Disinfection

- A When toys are made available, only toys that can be washed and disinfected should be provided.
- B Cleaning criteria: set aside or clean after each use, when visibly soiled, all used toys cleaned at the end of the day.
- C Toys should be rinsed after disinfection.
- D Small toys with hard surfaces can be set aside for cleaning by putting them into a dish pan labeled “soiled toys”.
- E Using a mechanical dishwasher is an acceptable under certain conditions.

VI. INFECTION PREVENTION AND CONTROL (CONTINUED)

6.5 Patient-care Medical Devices, Disinfecting and Sterilizing

- A Physical Facilities:** Items receiving sterilization or high-level disinfection should flow in a process from dirty to clean.
- B Decontamination:** transport in bio-hazardous receptacle, clean to remove foreign matter before disinfection.
- C Packaging:** develop and follow own policy for marking packages, tracking of packages sterilized in each batch, expiration dates (event-related or date).
- D Sterilization/High Level Disinfection:** process should be monitored using chemical, mechanical, and biological monitoring (dry package).
- E Storage:** first in first out, package integrity, not stored under sinks or on floor, items appear "clean".
- F Recall:** follow a policy on how and when to recall items from a sterilization batch where one of the process indicators has failed.

VIII. SAFETY AND HEALTH

8.1 Asbestos

- A** Presumed Asbestos Containing Material (PACM) if installed before 1980: thermal insulation, surfacing materials, vinyl floors and asphalt.
- B** PACM may be proven asbestos free under certain scenarios.
- C** Clinics containing ACM or PACM should receive annual asbestos awareness training: housekeeping and maintenance.

8.2 Bloodborne Pathogen Program (BPP)

- A** Written BBP program per [29 CFR 1910.1030](#): identify high exposure risk jobs/tasks, employee training, safe work procedures, engineering controls, PPE, labeling and disposal, monitoring, recordkeeping, confidentiality.

8.3 Compressed Gases

- A** Compressed gas cylinders, specifically oxygen bottles, must be secured at all times including when not in use.
- B** To prevent combustion, all components of the oxygen supply system must be kept free of petroleum products, such as grease or oil.
- C** Cylinder-valve protection caps kept in place and be hand tightened, except when cylinders are in use or connected for use.
- D** Not required but if available, expiration label for the oxygen must be followed.
- E** The DOT date stamped on cylinder is to determine when the cylinder must be re-qualified for shipping purposes.
- F** Very cold cylinders or containers should be handled with care to avoid injury.

8.6 Lead

The use of lead in paint was banned in 1978, clinics built around this time or earlier may have Lead Based Paint (LBP).

8.7 Medicine and Poison Control

- A** Drugs, medicines and other pharmaceuticals should be stored in a locked room or cabinet. Controlled substances securely locked and unmovable.
- B** Outdated or expired medicines should be returned to the regional hospital/health center or vendor for proper disposal.
- C** Multiple-dose containers with antimicrobial preservatives should not be used beyond 28 days after it is initially opened or entered.
- D** Single-use items, such as sodium chloride irrigation bottles (sterile water), should be discarded and not reused as per the manufacturers' guidelines.
- E** Toxic products or hazardous materials should be stored separately away from food or medicines.
- F** Refrigerators/freezers for temperature sensitive medicines - monitored (36F to 46F and 5F to -14F, respectively).
- G** Laboratory specimens (cultures, throat swabs or other contaminated items), physically separated and stored away from pharmaceuticals.
- H** Local poison control number posted and available at all times: **1-800-222-1222** for the state of Alaska.

8.8 Radiation Protection

ANTHC/DEHE Radiation Protection surveyors perform radiological health surveys at clinics with medical and dental x-ray equipment.

VIII. SAFETY AND HEALTH (CONTINUED)

8.4 Hazard Communication

- A** Hazard Communication Program as required by OSHA Standard [29 CFR 1910.1200](#) should be in place.
- B** MSDS should be maintained and be available to employees at all times along with applicable PPE.
- C** Physical Agent Data Sheets (PADS) should be maintained in the clinics for physical hazards that exceed TLVs.
- D** Mandatory posters in common area (15).

8.5 Injury Control

- A** The clinic facility should be maintained to minimize potential injury hazards – corrected when identified.
- B** Unless a room is kept locked, assume a child could enter that room: chemicals, sharps, medications, heaters, outlets, cords, standing water, infectious material, furniture, etc.

8.9 Tuberculosis (TB) Precautions

- A** Written policies detailing infection control procedures as recommended by the CDC.
- B** Conduct initial and ongoing evaluations of the risk for transmission of TB.
- C** If risk assessment determines everyone needs to don N-95 respirators, then plans for environmental controls should be established.
- D** Prior to donning N-95 respirators, the requirements of [29 CFR 1910.134](#) must be met, including medical questionnaire, medical clearance, proper respirator selection, annual fit testing and training.

- C** Snow and ice removal from stairways should be provided as a function of routine maintenance or janitorial services.
- D** Fall or trip hazards eliminated through the use of railings on steps, stairways or ramps and non-slip surfaces.

IX. SANITATION

9.1 Refuse

- A** Classifications and Practices: 1. Refuse (or solid waste) includes all putrescible and non-putrescible waste, except human body waste.
- B** Collection Frequency: solid waste and RMW daily, sharps before overfilled at a min and according to policy, should not create a health hazard.
- C** Inside Storage: non-infectious refuse stored in durable, watertight, corrosion resistant, easily cleanable containers - in good repair.
- D** Outside Storage Areas: solid waste storage with lids and stored on racks or platforms, no accumulation.
- E** Regulated Medical Waste (RMW): see Guidelines.
- F** Storage and Disposal: solid waste should be disposed of in accordance with Regulations.
- G** Sharps: see Guidelines
Container inlet opening below eye height, easily accessible, out of reach of children.

9.2 Sewage Disposal

- A** Where available, the health clinic should be connected to an approved community sewer system.
- B** Liquid waste should be disposed of in accordance with the UPC and ADEC regulations and maintained.
- C** Honey buckets should be emptied a minimum of once per day, Septic tank sludge measured and pumped annually.

9.3 Water Supply

- A** **Distribution:** Provisions should be made for conveniently accessible drinking water to both staff and patients.
- B** **Source:** Potable water should be provided in all clinics and meet ADEC drinking water regulations.
- C** **Storage and Disinfection:** Closed haul-system (residual chlorine 0.2mg/L), other than community source - water must be treated/filtered.
- D** **Testing:** the system should be protected, maintained, and have the water tested as determined by its classification - records should be maintained.