



WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

All waiver requests regarding a PHYSICAL PLANT REQUIREMENT MUST BE ACCOMPANIED BY REDUCED PLANS on 8½" x 11" sheets for clarification of specific physical plant condition to be waived. Physical plant waiver requests received without accompanying plans will be returned as "DENIED".

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT FOR WHICH A WAIVER IS REQUESTED.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS

Facility's Licensed Name or Proposed Name Address, including zip code

WORCESTER HEALTH CENTER, 470 PLEASANT STREET, WORCESTER, MA 01609

If Hospital/Clinic Satellite, Name Address, including zip code

N/A Hospital/Clinic Department Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: AIA Guidelines 2006, Section 3.1 - 7.2.3.1 (1)
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Ventilation Requirements for Specific Locations - Operating Rooms

(1) Air supply

- (a) In new construction and major renovation work, air supply for operating rooms shall be from non-aspirating ceiling diffusers with a face velocity in the range of 25-35 fpm (0.13 to 0.18 m/s), located at the ceiling above the center of the work area. Return air shall be near the floor level, at a minimum. Return air shall be permitted high on the walls, in addition to the low returns.
- (b) each operating and delivery room shall have at least two return-air inlets located as far from each other as practical.
- (c) Turbulence and other factors of air movement shall be considered to minimize the fall of particulates onto sterile surfaces.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

As described in the project narrative, the 7 One-Rooms have been designed to accommodate the combined functions of examination, treatment, and phase II recovery. As the treatments are non-invasive, the referenced requirements for operating rooms do not apply. Supply air will be provided from non-aspirating linear diffusers located above the windows, eliminating the potential for cold drafts being experienced by patients or staff sitting near by. Air return will be at high level in the opposite corners of the rooms increasing the efficiency of fresh air delivery.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.1 - 7.2.3.1 (1)

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Ventilation system requirements greater than necessary would cause undue hardship relative to similar women's health care centers offering comparable services approved under former guidelines.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Functionally, PPLM is an outpatient exam and treatment facility; procedures performed at this facility are non-invasive. Providing a ventilation system as described in section 2 will not jeopardize patient health and safety.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing: 1055 Commonwealth Ave
Boston, MA 02215

Name: Karen Caponi
Title: Health Services Director
Tel #: 508-854-330, ext 1103

Signature: [Handwritten Signature]

Signature: [Handwritten Signature]

For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: [Signature] 09/04/08 [X] Approved [] Approved w/Conditions [] Denied

Reviewed by: [Signature] 9/18/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.

