

COMPLIANCE CHECKLIST**OP1 General & Specialty Medical Services 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 2018 Edition of the FGI Guidelines for Design and Construction of 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 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:

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- 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.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

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:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Architectural Requirements**Building Systems Requirements****2.2 GENERAL & SPECIALTY MEDICAL SERVICES FACILITIES****2.2-2 ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE**

2.1-2.1.1.2 ☐ check if not included in project (only if a Patient Handling & Movement Assessment that determines that the outpatient service does not have a need for expanded-capacity lifts & architectural details that support movement of patients of size in patient areas is attached to the Project Narrative)

2.1-2.1.2 Location:
☐ spaces designated for care of or use by patients of size are provided in locations to accommodate population expected to be served by facility

2.1-2.5 ☐ Handwashing stations
 2.1-2.5.2 ☐ downward static force required for handwashing stations designated for patients of size accommodates maximum patient weight of patient population

2.1-2.6 ☐ Patient toilet room
 2.1-2.6.1 ☐ expanded-capacity toilet
☐ mounted min. 36" from finished wall to centerline of toilet on both sides (for caregiver assistance with lifts)

2.1-2.6.2 **or**
☐ regular toilet
☐ mounted min. 44" from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet

Ventilation:

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

Table 8.1/
Policy

2.1-2.6.3 ☐ rectangular clear floor area min. 46" wide extends 72" from front of toilet

2.1-2.7 ☐ Single-patient exam/observation room

2.1-2.7.1 Space Requirements:

2.1-2.7.1.1(1) ☐ min. 5'-0" clearance at foot of expanded-capacity exam table
 (2) ☐ min. 3'-0" clearance on non-transfer side of expanded-capacity exam table

(3)(a) ☐ min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift

(3)(b) **or**
☐ min. 7'-0" on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift

Ventilation:

☐ Min. 4 air changes per hour
Power:
☐ Each exam table is served by at least one duplex receptacle

Table 8.1/
Policy

2.2-8.3.6.2

2.1-2.8 ☐ Equipment & supply storage

2.1-2.9 ☐ Waiting areas

2.1-2.9.1 ☐ seating for persons of size be provided in waiting areas in outpatient facilities

Architectural Requirements**Building Systems Requirements**

2.1-2.9.2 ☐ waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size

2.1-2.10.1 ☐ All plumbing fixtures, handrails, grab bars, patient lift, equipment, built-in furniture & other furnishings designed to accommodate maximum patient weight

2.1-2.10.2 Door Openings:
2.1-2.10.2.1 ☐ all door openings used for path of travel to public areas & areas where care will be provided for patients of size have min. clear width of 45.5" to provide access for expanded-capacity wheelchairs
2.1-2.10.2.2 ☐ door openings to toilet rooms designated for patients of size have min. clear width of 45.5"

2.2-3.2.1 **EXAMINATION ROOMS**
2.2-3.2.1.2 (may serve as both examination & treatment spaces)
2.1-3.2.1.1(1)(b) ☐ Provisions to preserve patient privacy from observation from outside exam room

2.1-3.2.1.2 ☐ Single-patient examination room
☐ check if not included in project

(2)(a) ☐ Space Requirements:
☐ min. clear floor area of 80 sf
☐ room size allows min. clearance 2'-8" at each side & at foot of exam table or recliner
☐ room arrangement shown in the plans for each exam room (Layout #1)
(1)(b) ☐ room arranged with particular placement of exam table, recliner or chair to accommodate type of patient being served

☐ check if not included in project
☐ room arrangement shown in the plans (Layout #2)
☐ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative

(3) Exam Room Features:
(a) ☐ portable or fixed exam light
(b) ☐ storage for supplies
(c) ☐ accommodations for written or electronic documentation
(d) ☐ space for visitor's chair
(e) ☐ handwashing station

Ventilation:
☐ Min. 4 air changes per hour Table 8.1/ Policy
Power:
☐ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2

Architectural Requirements**Building Systems Requirements**

- 2.1-3.2.1.2 ☐ Single-patient exam/observation room
☐ check if not included in project
- (1)(a) ☐ immediately accessible* to nurse or control station & toilet room
- (2)(a) ☐ Space Requirements:
☐ min. clear floor area of 80 sf
☐ room size allows min. clearance 2'-8" at each side & at foot of exam table or recliner
☐ room arrangement shown in the plans for each exam room (Layout #1)
- (1)(b) ☐ particular placement of exam table, recliner or chair
☐ check if not included in project
☐ room arrangement shown in the plans (Layout #2)
☐ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative
- (3) ☐ Exam Room Features:
 (a) ☐ portable or fixed exam light
 (b) ☐ storage for supplies
 (c) ☐ accommodations for written or electronic documentation
 (d) ☐ space for visitor's chair
 (e) ☐ handwashing station
- (2)(b) ☐ Single-patient exam room for specialty clinical services (ENT or Eye examinations)
☐ check if not included in project
☐ Space Requirements:
☐ min. clear floor area 100 sf
☐ min. clearance 3'-6" at sides, head or foot of exam table/chair as needed for staff expected work positions
☐ min. clearance 1'-0" at sides, head or foot of exam table or chair other than work positions
- (3) ☐ Exam Room Features:
 (a) ☐ portable or fixed exam light
 (b) ☐ storage for supplies
 (c) ☐ accommodations for written or electronic documentation
 (d) ☐ space for visitor's chair
 (e) ☐ handwashing station

- Ventilation:
☐ Min. 4 air changes per hour Table 8.1/ Policy
- Power:
☐ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2
- Ventilation:
☐ Min. 4 air changes per hour Table 8.1/ Policy
- Power:
☐ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2

2.2-3.8 **SUPPORT AREAS FOR GENERAL & SPECIALTY MEDICAL SERVICES FACILITIES**

- 2.1-3.8.11.2 ☐ Clean workroom or clean work area
- (1) ☐ work counter
- (2) ☐ handwashing station
- (3) ☐ storage for clean & sterile supplies
- or**

- Ventilation:
☐ Min. 4 air changes per hour Table 8.1/ Policy
☐ Positive pressure

Architectural Requirements		Building Systems Requirements	
2.1-3.8.11.3	___ Clean supply room or clean supply area ___ used only for storage & holding as part of system for distribution of clean & sterile materials	Ventilation: ___ Min. 4 air changes per hour ___ Positive pressure	Table 8.1/ Policy
2.2-3.8.12 140.204	___ Soiled holding room ___ patient care does not involve disposal of fluid waste	Ventilation: ___ Min. 10 air changes per hour	Table 8.1/ Policy
2.1-3.8.12.1	___ does not have direct connection with clean workrooms or clean supply rooms	___ Exhaust ___ Negative pressure ___ No recirculating room units	
140.204 2.1-3.8.12.3(2)	___ handwashing station ___ space for separate covered containers for waste & soiled linen		
	or		
2.1-3.8.12.1	___ Soiled workroom ___ does not have direct connection with clean workrooms or clean supply rooms	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8.1/ Policy
140.204 2.1-3.8.12.3(2)	___ handwashing station ___ space for separate covered containers for waste & soiled linen		
140.204	___ clinical service sink		
2.2-3.8.13	___ Equipment & supply storage		
2.2-4.2	___ Medication safety zones ___ check if <u>not</u> included in project (only if a pharmacy is provided)		
2.1-3.8.8.1(2) (a)	Design Promoting Safe Medication Use: ___ medication safety zones located out of circulation paths		
(e)	___ sharps containers placed at height that allows users to see top of container		
2.1-3.8.8.2 (1) (a)	___ medication preparation room ___ work counter ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs ___ sharps containers ___ check if not included in project	Ventilation: ___ Min. 4 air changes per hour	Table 8.1
(b)	___ self-contained medication dispensing units ___ check if not included in project	Lighting: ___ Task lighting	2.1-2.8.8.1(2)(d)
	or		
(2) (a)	___ automated medication-dispensing unit ___ located at nurse station, in clean workroom or in alcove	Lighting: ___ Task lighting	2.1-3.8.8.1(2)(d)
(b)	___ handwashing station or hand sanitation dispenser provided next to stationary med.-dispensing units		
(c)	___ countertop or cart provided adjacent* to stationary med.-dispensing units		

Architectural Requirements**Building Systems Requirements****2.2-3.10 SUPPORT AREAS FOR PATIENTS**

- 2.2-3.10.2 ☐ Patient toilet room
(may also serve waiting areas)
- 2.2-3.10.2.2 ☐ readily accessible* from exam rooms
- 2.2-3.10.2.1 ☐ located to permit access from patient care areas without passing through publicly accessible areas
- 2.1-3.10.2.1 ☐ toilet & handwashing station

Ventilation:

- ☐ Min. 10 air changes per hour Table 8.1/
Policy
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

2.2-4.1 LABORATORY SERVICES

- ☐ Laboratory services provided on-site
- ☐ Compliance Checklist OP2 has been submitted
- or**
- ☐ Laboratory services provided off-site

2.2-4.1.8 SPECIMEN COLLECTION & STORAGE

- 2.2-4.1.8.1 (1) ☐ Specimen Collection:
- ☐ dedicated specimen collection toilet room
- ☐ accessible without reentering waiting room or leaving clinical services area
- or**
- ☐ patient toilet room used for specimen collection
- ☐ accessible without reentering waiting room or leaving clinical services area

Ventilation:

- ☐ Min. 10 air changes per hour Table 8.1/
Policy
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

- (2) ☐ dedicated blood collection area
- or**
- ☐ exam rooms used for blood collection

- 2.2-4.1.8.2 (1) ☐ Specimen storage
- ☐ accommodations for storage of blood, urine & other specimens
- (2) ☐ blood storage facilities meet requirements of CLIA standards for blood banks
- §493.1103(c)(1) ☐ blood specimen stored in monitored refrigerator
- or**
- ☐ blood storage conditions prevent deterioration of blood specimens

2.2-4.3 STERILE PROCESSING

- ☐ check if not included in project (only if only disposable instruments & supplies are used)

- 2.2-4.3.2 ☐ Facilities for on-site sterile processing are provided
- ☐ Compliance Checklist OP4 has been submitted

or

- 2.2-4.3.3 ☐ Sterile processing is performed off-site
- ☐ Section 2.1-4.3.3 below is completed

Architectural Requirements**Building Systems Requirements**

2.1-4.3.3 ☐ Support areas for outpatient facilities using off-site sterile processing
☐ check if not included in project (only if sterile processing services are provided on-site & Compliance Checklist OP4 has been submitted)

2.2-4.3.3.1 ☐ area for breakdown (receiving/unpacking) of clean/sterile supplies

2.2-4.3.3.1 ☐ area for on-site storage of clean & sterile supplies

2.1-4.3.2.4(1) ☐ storage for sterile & clean instruments & supplies

(a) ☐ separate equipment & supply storage room

or

☐ designated equipment & supply storage area in clean workroom

2.1-4.3.3.3 ☐ room with flush-type device for gross decontamination & holding of soiled instruments (may be combined with soiled workroom)

2.2-4.3.3.2(2) ☐ does not have direct connection with clean workrooms or clean supply rooms

2.1-3.8.12.1 ☐ does not have direct connection with clean workrooms or clean supply rooms

2.1-3.8.12.2(1) (a) ☐ handwashing station

(b) ☐ flushing-rim clinical service sink or equivalent flushing-rim fixture

(c) ☐ work counter

(d) ☐ space for separate covered containers for waste & soiled linen

Ventilation:

☐ Min. 10 air changes per hour

☐ Exhaust

☐ Negative pressure

☐ No recirculating room units

Table 8.1

2.2-4.4 **LINEN SERVICES**

☐ check if not included in project (only if no linens are used in the facility)

2.1-4.4.2 ☐ Dedicated on-site linen processing area

2.1-4.4.2.1(1) ☐ area large enough for washer, dryer & any plumbing equipment needed to meet temperature requirements

2.1-4.4.2.1(2) ☐ area divided into distinct soiled area (sorting & washing) & clean area (drying & folding)

2.1-4.4.2.2 ☐ storage for laundry supplies

2.1-4.4.2.3 ☐ clean linen storage

2.1-4.4.2.4 ☐ handwashing station

or

2.1-4.4.3 ☐ Outpatient facility uses off-site laundry services

2.1-4.4.3.1 ☐ soiled linen holding area or dedicated area for soiled laundry carts

2.1-4.4.3.2 ☐ clean linen storage area or dedicated area for clean linen carts

Architectural Requirements**Building Systems Requirements**

2.2-5.3

ENVIRONMENTAL SERVICES

2.1-5.3.1

___ Environmental services room
(may serve more than one clinical service area on same floor)

2.1-5.3.1.1(3)

___ min. one ES room per floor

2.1-5.3.1.2(1)

___ service sink or floor-mounted mop sink

2.1-5.3.1.2(2)

___ provisions for storage of supplies & housekeeping equipment

2.1-5.3.1.2(3)

___ handwashing station or hand sanitation dispenser

Ventilation:

___ Min. 10 air changes per hour

___ Exhaust

___ Negative pressure

___ No recirculating room units

Table 8.1/
Policy

2.2-5.4

ENGINEERING & MAINTENANCE SERVICES

2.1-5.4.2.1

___ Equipment rooms for HVAC, telecom. & electrical equipment

2.1-5.4.2.2

___ secured with controlled access

2.1-5.4.3

___ Building maintenance supplies & equipment storage room (may be shared)

2.2-6.2

PUBLIC AREAS

2.1-6.2.1

___ Vehicular drop-off & pedestrian entrance

2.1-6.2.1.1

___ min. of one building entrance reachable from grade level

2.1-6.2.1.2

___ building entrances used to reach outpatient services are clearly marked

2.1-6.2.1.3

___ building entrances used to reach outpatient services located so patients need not go through other activity areas (except for shared lobbies in multi-occupancy buildings)

2.1-6.2.2

___ Reception

___ reception & information counter, desk or kiosk provided either at main entry or at each clinical service

2.1-6.2.3

___ Waiting area

2.1-6.2.3.2

___ visible from staff area either by camera or direct staff sight line

2.1-6.2.4

___ Public toilet room

2.1-6.2.4.2

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

2.1-6.2.4.1

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

Ventilation:

___ Min. 10 air changes per hour

___ Exhaust

___ Negative pressure

___ No recirculating room units

Table 8.1

2.1-6.2.5

___ Provisions for telephone access

___ access to make local phone calls

2.1-6.2.6

___ Provisions for drinking water

2.1-6.2.7.1

___ Wheelchair storage

☐ check if not included in project

___ located out of required corridor width

___ directly accessible* to entrance

___ provided for at least one wheelchair

2.1-6.2.7.2

___ Wheelchair parking space

___ designated area for at least one patient-owned wheelchair in non-public area

___ located out of any required egress width or other required clearance

Architectural Requirements**Building Systems Requirements**

- 2.2-6.3 **ADMINISTRATIVE AREAS**
- 2.1-6.3.2 ☐ Interview space
☐ check if not included in project
 (2) (may be combined with consultation room)
- (1) ☐ separate from public areas
- 2.1-6.3.3 ☐ Office space for business, administrative & professional staffs
- 2.1-6.3.5 ☐ Medical records space
☐ provisions made for securing medical records of all media types used by facility
- 2.1-6.3.5.1 ☐ location restricted to staff access to maintain confidentiality of record
- 2.1-6.3.5.2 Space Requirements:
 (1) ☐ space provided for medical records management
 (2) ☐ physical space for electronic storage of forms or documents
- 2.1-6.3.6 ☐ Storage for office equipment & supplies
- 2.2-6.4 **SUPPORT AREAS FOR STAFF**
- 2.1-6.4.1 ☐ Staff lounge
☐ check if not included in project
☐ handwashing station
- 2.1-6.4.2 ☐ Storage for staff personal effects
☐ locking drawers cabinets or lockers
☐ readily accessible* to individual work areas

***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 & MEP Requirements

- 2.1-7.2.2 **ARCHITECTURAL DETAILS**
- 2.1-7.2.2.1 **CORRIDOR WIDTH:**
 IBC 1018.2 ☐ Min. 44"
or
☐ Detailed code review incorporated in Project Narrative
- 421 CMR 6.00 ☐ Corridors include turning spaces for wheelchairs
- 2.1-7.2.2.2 **CEILING HEIGHT:**
 (1) ☐ Min ceiling height 7'-6" in corridors & in normally unoccupied spaces
☐ Min. ceiling height 7'-10" in other areas

- 2.1-7.2.2.3 **DOORS & DOOR HARDWARE:**
- (1) Door Type:
 (a) ☐ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors
 (b) ☐ sliding doors
☐ check if not included in project
☐ manual or automatic sliding doors comply with NFPA 101
☐ detailed code review incorporated in Project Narrative
☐ no floor tracks
- (2) Door Opening:
 (a) ☐ min. 34" clear door width
☐ min. 83.5" clear door height

(3) (a)	Door Swing: _____ doors do not swing into corridors except doors to non-occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware	2.1-7.2.3 2.1-7.2.3.1 (1)	SURFACES FLOORING & WALL BASES: _____ Flooring surfaces cleanable & wear-resistant for location
(4)	_____ Lever hardware or push/pull latch hardware	(3)	_____ Smooth transitions provided between different flooring materials
(5) (a)	Doors for Patient Toilet Facilities: _____ door that swings outward or _____ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door) or _____ sliding door (not pocket door)	(4)	_____ Flooring surfaces including those on stairways are stable, firm & slip-resistant
(b)	_____ toilet room opens onto public area or corridor <input type="checkbox"/> check if <u>not</u> included in project _____ visual privacy is maintained	(5)	_____ Floors & wall bases of all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions
2.1-7.2.2.8	HANDWASHING STATIONS:	2.1-7.2.3.2 (1)(a) (1)(b)	WALLS & WALL PROTECTION: _____ Wall finishes are washable
(3) (a)	_____ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly	(2)	_____ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(b)	_____ Countertops substrate <input type="checkbox"/> check if <u>not</u> included in project _____ marine-grade plywood (or equivalent material) with impervious seal		_____ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth
(4)	_____ Handwashing station casework <input type="checkbox"/> check if <u>not</u> included in project _____ designed to prevent storage beneath sink	2.1-7.2.3.3 (1)	CEILINGS: _____ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
(5)	_____ Provisions for drying hands <input type="checkbox"/> check if <u>not</u> included in project (only at hand scrub facilities)	(a)	_____ Ceilings cleanable with routine housekeeping equipment
(a)	_____ hand-drying device does not require hands to contact dispenser	(b)	_____ Acoustic & lay-in ceilings where used do not create ledges or crevices
(b)	_____ hand-drying device is enclosed to protect against dust or soil	2.1-7.2.4.3	_____ Privacy curtains in patient care areas are washable
(6)	_____ Liquid or foam soap dispensers	2.1-8.2	HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS
2.1-7.2.2.9	GRAB BARS:	2.1-8.2.1.3/ Policy	_____ Ventilation rates meet requirements of Table 8.1 in Part 3 ASHRAE Standard 170 (Policy based on input from Facility Guidelines Institute)
(1)	_____ Grab bars anchored to sustain concentrated load 250 pounds	2.2-8.3	ELECTRICAL SYSTEMS
(3)	_____ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors	2.2-8.3.4	EMERGENCY EGRESS LIGHTING _____ Automatic emergency lighting or _____ Facility has total floor area of not more than 1,000 sf, is located at grade level & has direct access to exits to grade