Alabama Society for Healthcare Engineering
Environment of Care, Life Safety, and Emergency Management Update
May 2017

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Engineering Department
The Joint Commission

Statement of Conditions™
Effective August 1, 2016
Statement of Conditions - Terms

- **BBI: Basic Building Information**
  - Sites are populated by eApp (electronic application)
  - Buildings are created, modified, and deleted by the HCO

- **PFI: Plan For Improvement**
  - No longer recognized in the survey process effective August 1, 2016
  - *Organization may continue to utilize as a resource*
  - *Benefits with new SAFER Matrix*

- **Extensions**
  - No longer utilized effective August 1, 2016
  - Organizations may now modify all PFIs in their SOC

- **SPFI: Survey-Related Plan For Improvement**

- **TLW: Time Limited Waiver**

- **Equivalency:**
  - Traditional or FSES (Fire Safety Evaluation System)

Statement of Conditions - Background

- Organizations conduct routine building inspections
- During inspections deficiencies are discovered
- Resolution of deficiencies occurs either
  - Immediately
    - **NEW FAQ:** “Immediately Corrected” is defined by the Joint Commission as the shift in which the deficiency was identified, plus one additional shift.
    - Scheduled activity (i.e. corrective maintenance)
    - Scheduled activity (i.e. Plan For Improvement)
Statement of Conditions - Background

- In 1995 the Joint Commission introduced the Statement of Conditions™ (SOC) \[electronic in 2006 – 2007]\:
  - Basic Building Information
  - Plan For Improvement
- Plan For Improvement (PFI) are the documented observation of a deficiency with a Projected Completion Date
- Interim Life Safety Measures (ILSM) are an important part of the PFI process
  - ILSM ensures the building remains safe for occupants as interim measures are implemented

Statement of Conditions

- Effective August 1, 2016 the survey process will no longer recognize the PFI process.
- Surveyors no longer have access to the SOC.
- CFR Title 42: Public Health... §488.28(d)
  “Ordinarily a provider or supplier is expected to take the steps needed to achieve compliance within 60-days of being notified of the deficiencies, but the State survey agency may recommend that additional time be granted by the Secretary in individual situations, if in its judgment, it is not reasonable to expect compliance within 60-days, for example, a facility must obtain the approval of its governing body, or engage in competitive bidding.”
Statement of Conditions

All RFIs effective January 1, 2017 will have a 60 day ESC from the last day of survey.

If a physical environment deficiency that is scored under EC or LS cannot be resolved within the 60 day ESC, no later than 30 days from the last day of survey the organization must submit for a SPFI and a TLW.

- If the organization is planning on submitting an Equivalency, the SPFI and TLW may be submitted prior to the submission of the Equivalency. The organization’s SPFI and TLW request should consider the time to develop and approve an equivalency.
- Once the Joint Commission approves an equivalency it will be documented in the organization’s History/Audit Trail and then sent to CMS for approval (if applicable).

The organization does not need to have an approved SPFI or TLW for the ESC submission. They just need to be submitted.

Follow-up surveys need to either show:
1. The RFI has been corrected
2. Evidence that the RFI will be completed within the 60 day ESC (work order, invoice, etc.)
3. A submitted SPFI and a Joint Commission approved TLW

TLWs and Equivalencies are only sent to CMS for deemed status HCOs
Documenting your mitigation actions

**Time Limited Waiver (TLW)**

- A Time Limited Waiver is a process to provide additional time to complete Life Safety Chapter corrective actions.
- Organizations that use Joint Commission accreditation for deemed status purposes are to follow this process:
  - Create a Survey-related Plan For Improvement (SPFI)
  - Enter the requested date in the Scheduled Completion Date field
  - When prompted, complete the Time Limited Waiver form
  - Submit to the Joint Commission
- The Joint Commission will review and forward the request to the Regional Office for final decision.
- Once the final RO decision has been made the Department of Engineering enters the organization SPFI and accepts the new date.
- After the Department of Engineering modifies the SPFI they will annotate the History Audit Trail.
**Time Limited Waiver (TLW)**

- A Time Limited Waiver is a process to provide additional time to complete Life Safety Chapter corrective actions
- Organizations that **DO NOT** use Joint Commission accreditation for deemed status purposes:
  - Create a Survey-related Plan For Improvement (SPFI)
  - Enter the requested date in the Scheduled Completion Date field
  - When prompted, complete the Time Limited Waiver form
  - Submit to the Joint Commission
- The Joint Commission will review the request
- Once the decision has been made the Department of Engineering enters the organization SPFI and accepts the new date
- After the Department of Engineering modifies the SPFI they will annotate the History Audit Trail

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**Statement of Conditions™**

**Equivalencies**
CMS & Equivalencies

Organizations that **use** Joint Commission accreditation for deemed status purposes: *Survey-related* equivalencies will continue to be submitted to our offices

- The Engineering staff will work with the organizations until the request is acceptable
- Once the equivalency is considered acceptable the Joint Commission will forward the entire request to the CMS Regional Office (RO) for final decision
- The CMS RO will send a response to both the organization and Joint Commission
  - If approved the History Audit Trail will be updated
  - If denied, the organization will need to either correct the deficiency or re-submit a corrected equivalency

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CMS & Equivalencies

Organizations that **DO NOT** use Joint Commission accreditation for deemed status purposes: *Survey-related* equivalencies will continue to be submitted to our offices

- The Engineering staff will work with the organizations until the request is acceptable
- Once the equivalency is considered acceptable the Joint Commission will respond to the organization in the History Audit Trail

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**August 2016 Perspectives**
Challenging Standards

Top 10 Findings

<table>
<thead>
<tr>
<th>Standard</th>
<th>2016 % Non-compliant</th>
<th>2016 Rank</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.06.01</td>
<td>66%</td>
<td>1</td>
<td>Maintain a safe, functional environment</td>
</tr>
<tr>
<td>IC.02.02.01</td>
<td>59%</td>
<td>2</td>
<td>Reduces risk of infections associated with equipment, devices and supplies</td>
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<tr>
<td>EC.02.05.01</td>
<td>56%</td>
<td>3</td>
<td>Manage risk associated with Utility Systems</td>
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<tr>
<td>LS.02.01.20</td>
<td>50%</td>
<td>4</td>
<td>Manage the Means of Egress</td>
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<td>LS.02.01.35</td>
<td>47%</td>
<td>5</td>
<td>Manage systems for extinguishing fires</td>
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<tr>
<td>LS.02.01.10</td>
<td>46%</td>
<td>6</td>
<td>Building and fire protection general requirements</td>
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<tr>
<td>LS.02.01.30</td>
<td>46%</td>
<td>6</td>
<td>Building and fire protection features</td>
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<tr>
<td>PC.02.01.03</td>
<td>46%</td>
<td>6</td>
<td>Provide care, treatment and services as prescribed</td>
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<td>EC.02.02.01</td>
<td>44%</td>
<td>7</td>
<td>Manage risk associated with hazardous materials</td>
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<tr>
<td>RC.01.01.01</td>
<td>44%</td>
<td>7</td>
<td>Maintain complete and accurate medical records</td>
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</table>
EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.

- **Cylinder management**
  - 2017 Scoring at EC.02.05.09 EP 6 NEW!
  - Storage – Secured, labeled, etc.
  - Segregation – Full vs. Empty
  - NFPA 99 – 2012
    - Chapter 11 – Gas Equipment
    - Chapter 5 – Gas and Vacuum Systems

- **Outside Cylinder Management**
  - 2017 Scoring at EC.02.05.09 EP 7 NEW!
  - Previously scored at EC.02.01.01 EP 5
  - Secured
  - Protected from the elements (sun, snow, water, etc.)
  - Protective shipping mesh or wraps
  - NFPA 99 – 2012
    - Chapter 11 – Gas Equipment
    - Chapter 5 – Gas and Vacuum Systems
EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.

- **Relocatable Power Taps (Power Strips)**
  - The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75 percent of the ampacity of the flexible cord supplying the receptacles.
  - The ampacity of the flexible cord is suitable in accordance with the current edition of NFPA 70, National Electric Code.
  - The electrical and mechanical integrity of the assembly is regularly verified and documented through an ongoing maintenance program.
  - Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.
#1 EC.02.06.01 EP 1

EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.

- **Relocatable Power Taps (Power Strips)**
  - Power strips may **not** be used in a patient care vicinity to power non-patient care-related electrical equipment (e.g., personal electronics).
  - Power strips **may** be used outside of the patient care vicinity for both patient care-related electrical equipment & non-patient-care-related electrical equipment.
  - Power strips providing power to patient care-related electrical equipment must be Special-Purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1.
  - Power strips providing power to non-patient-care-related electrical equipment must be Relocatable Power Taps (RPT) listed as UL 1363.

Definitions From NFPA 99-2012
#1 EC.02.06.01 EP 1 66%

- **EP 1** Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.
  - Ligature/self harm risks (i.e. BHC)
  - Current Risk Assessment
  - Best Practice Guidelines
    - Design Guide for the Built Environment of Behavioral Health Facilities
  - Stained ceiling tiles
  - Blocked or unlocked (if required by policy) electrical panels
    - 2017 Scoring EC.02.05.05 EP 6 NEW!

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#1 EC.02.06.01 EP 1 66%

- **Nurse Call Requirements**
  - Inaccessible emergency pull cords
    - Wrapped, Length, or Missing
    - Missing
  - Location and Length
    - EC.02.06.05 EP 1
      1. State rules and regulations
      2. 2014 FGI Guidelines or other reputable standards or guidelines.
    - Where optional, TJC requires a risk assessment
    - Length best practice is 4 to 6 inches
#1 EC.02.06.01 EP 13 66%

EP 13 The organization maintains ventilation, temperature and humidity levels suitable for the care, treatment and services provided.

- **2017 Scoring EC.02.05.01 EP 16 NEW!**
  - Ventilation:
    - i.e. doors held open by air pressure; odors
    - Propping doors or lack of self-closing devices can impact air pressure relationship
  - Temperature:
    - Hot / Cold calls
  - Humidity
    - Primary concern is for areas >60%RH
    - Mold growth is possible
    - Signs of moisture build up
    - Understanding when to report

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EP 13 & 20

- EP 13 The organization maintains ventilation, temperature and humidity levels suitable for the care, treatment and services provided.
  - Can be managed through staff surveillance during the regular course of performing their duties.
  - Includes decentralized locations that include sterile supplies.
  - Knowledgeable staff should examine sterile supplies before use and contact facilities management personnel if space temperature and RH levels are determined to be inadequate.
  - Critical scored at EC.02.05.01 EP 15

- **EP 20** Patient care areas are clean and free of offensive odors
Relative Humidity (RH)

- FGI Guidelines (2010) allows expanding the RH range from 35 – 60% to 20 – 60% RH
  - ≥ 35% RH is based on NFPA 99-1999, Section 5-4.1.1
  - 20 – 60% RH is based on ASHRAE 170-2008
  - See EC.02.06.05 EP 1
- CMS S&C 15-27-Hospital, CAH & ASC letter dated 2/20/2015
  - S&C 13-25-LSC & ASC permits hospitals and CAH to use a LSC categorical waiver to establish

Relative Humidity (RH)

- CMS S&C 15-27-Hospital, CAH & ASC letter dated 2/20/2015 stated
  - S&C 13-25-LSC & ASC permits hospitals and CAH to use a LSC categorical waiver to establish an RH level <35% in *anesthetizing (i.e. OR) locations*
  - Before electing to use the categorical waiver hospitals and CAHs are expected to ensure the humidity levels in their ORs are compatible with manufactures *instructions for use (IFUs)* for supplies and equipment used in that setting
Survey Process

EC.02.05.01

- CoP 482.41(c) referring specifically to NFPA 99-2012 for ventilation
- Endoscopy is required to be positive pressure
- Deemed vs. Non-deemed

#3 EC.02.05.01 EP 15 56%

Ventilation system is unable to provide appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature.

- What is the difference between EC.02.05.01 EP 15 and EC.02.06.01 EP 13?
  - Criticality – EC.02.05.01 EP 15 is specific to areas designed to control airborne contaminants.
  - Operating rooms, sterile storage, laboratory, etc.
  - Adjacent area that can impact these areas (i.e. clean and soiled utility, environmental service closets, adjacent non-sterile corridors)
#3 EC.02.05.01 EP 15 56%

Ventilation system is unable to provide appropriate pressure relationships, air-exchange rates, filtration efficiencies, **relative humidity**, and **temperature**.

- Specific areas lack
  - Negative or positive pressures in relationship to adjacent areas
  - Correct number of air changes per hour
  - Filtration
  - Temperature and Humidity

**Screening**

- Tissue test: only to be used as a pre-screening tool to evaluate if further investigation needs to occur
  - To perform the flutter test take a tissue and let it hang just off the floor near the bottom edge of a door
  - If the tissue indicates incorrect air flow, stabilize the area by closing doors and windows, wait a few minutes and re-test
  - If the organization presents a Testing & Balancing report the following questions should be asked
    - when was the balancing done (seasonal issues)
    - are any specific requirements (such as keeping a door closed) needed to achieve satisfactory results
Survey Process

EC.02.05.01 EP 15 will generate a CLD
- If the organization can repair the process that led to non-compliance the LSCS may review
- Following LSCS review, the LSCS may contact the Central Office to discuss the possibility of reducing the CLD to SLD, with no change to the finding
- Resolution should include the area affected by the equipment identified as non-compliant, not just the identified room/area
  - i.e. ensure zone is balanced
  - Is there an ongoing process to assess

#4 LS.02.01.20  50%

EP 1 Doors in a means of egress are not equipped with at latch or lock that requires the use of a tool or key from the egress side.

Unless permitted by one of the following:

(1) Locking arrangements complying with 19.2.2.2.5
(2) Delayed Egress
(3) Access Controlled
(4) Elevator lobby exit access door
(5) Approved existing door-locking installations
#4 LS.02.01.20

Locked arrangements complying with 19.2.2.5:

- **19.2.2.5.1**: Where the clinical needs of patients require specialized security measures or where patients pose a security threat. Must meet 19.2.2.6:

1. Provisions for rapid removal of occupants by one of the following:
   a) Remote control of locks
   b) Keying of all locks to keys carried by staff at all times
   c) Other such reliable means available to the staff at all times

2. Only one locking device on each door

3. More than one lock, must be approved by AHJ

#4 LS.02.01.20 EP 1

Locked arrangements complying with 19.2.2.5:

- **19.2.2.5.2** Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following are met:

1) Staff can readily unlock doors at all times in accordance with 19.2.2.6.

2) Smoke detection system throughout the locked space or locked doors can be remotely unlocked at a constantly attended location within the locked space.

3) Building is protected throughout by an supervised automatic sprinkler system.

4) Release upon loss of power

5) Release by activation of smoke detection and/or water flow
Special Locking Arrangements – ensure they meet all of the requirements:

- **Delayed-Egress Locking Systems**
  - Allowed on door assemblies serving low and ordinary hazards in buildings protected by an approved automatic fire detection system OR an approved automatic sprinkler system.
  - Door leaves shall unlock upon actuation of one of the following:
    - Sprinkler system
    - Not more than one heat detector
    - Not more than two smoke detectors
    - Loss of power controlling the lock or locking mechanism

- Irreversible process shall release the lock with 15 seconds (30 seconds where approved by AHJ)
  - Force shall not exceed 15 lbf.
  - Force shall not be required to be continuously applied for 3 seconds
  - Audible alarm
  - Relocking shall be by manual means only
  - Sign “Push Until Alarm Sounds Door Can Be Opened in 15 Seconds”

**NEW!**
- Egress side of doors equipped with delayed-egress locks shall be provided with emergency lighting.
Special Locking Arrangements – ensure they meet all of the requirements:

- **Access-Controlled Egress Door Assemblies**
  - Electrical lock hardware that prevents egress, provided that **ALL** the following criteria are met:
    - Sensor on egress side, arranged to unlock upon detection of approaching occupant.
    - Loss of power to the sensor OR to part of the access control system that locks the door leaves
    - Manual releasing device complying with **ALL** of the following:
      - Located on egress side 40 in. to 48 in. vertically above the floor, and within 60 in. of the secured door opening.
      - Sign “Push To Exit”
      - When operated it shall result in direct interruption of power to the lock and shall remain unlocked for not less than 30 seconds.
    - Activation of the building fire-protective signaling system and/or automatic sprinkler system and remain unlocked until the system has been manually reset.
#4 LS.02.01.20 EP 1

- Special Locking Arrangements – ensure they meet all of the requirements:
  - Access-Controlled Egress Door Assemblies
    - Activation of manual fire alarm boxes shall not be required to unlock.
    - The egress side of access-controlled egress doors, OTHER than existing access-controlled egress doors, shall be provided with emergency lighting.
      (Different than delayed-egress!)
  - Elevator Lobby Exit Access Door Assemblies Locking

#4 LS.02.01.20

- EP 13 The hospital maintains the integrity of the means of egress
- Anything in the egress corridor more than 30 minutes is storage
- Dead end corridors may be used for storage
  - Less than or equal to 50 sq.ft. space
- Wheeled equipment allowed as long as all of the following is met:
  a) The unobstructed corridor width shall not be less than 60 inches in width
  b) Fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
#4 LS.02.01.20  50%

- Wheeled equipment allowed as long as all of the following is met:
  - c) Wheeled equipment is limited to:
    - i. In-use Equipment (i.e. isolation carts, etc.)
    - ii. Medical emergency equipment not in use (i.e. crash carts, etc.)
    - iii. Patient lift and transport equipment
  - Fixed furniture allowances – 8 foot corridor

#5 LS.02.01.35  47%

- EP 4 Piping for the AASS is not used to support any other item.
#5 LS.02.01.35 47%

  - Missing escutcheons
    - 2017 Scoring **LS.02.01.35 EP 5 NEW!**
    - Gap greater than 1/8 scored here
  - Ceiling tiles misplaced in rooms
  - Blocked access to fire extinguishers
  - Missing K-type signage or within 30 feet required in NFPA 96 - 2011
  - Quick response sprinklers mixed with other types in patient sleeping smoke compartments
    - Compartments defined differently in NFPA 13 and 101

#6 LS.02.01.10 46%

- Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
  - **EP 5** Door issues
    - Now **EP 5 and EP 7 NEW!**
    - No blocking or wedging **NEW!**
  - **EP 9** Fire Barrier Penetrations
    - Now **EP 10 NEW!**
  - Barrier Management
#6 LS.02.01.30
The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

- **EP2** Hazardous Areas
  - Primarily door issues
- **EP 11** Corridor Doors
  - Includes suite doors

#7 EC.02.02.01
**EP 5** The hospital minimizes risk associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

- Personal protective equipment
- Emergency Showers and Eyewash Stations
  - OSHA 1910.151

- Reduce the risk of injury from contact with caustic and corrosive materials
- Risk Assessment
- OSHA “recommends” American National Standards Institute (ANSI) standard Z358.1-2009 for installation and maintenance
#7 EC.02.02.01

ANSI Z358.1-2009 for installation and maintenance:

- **Installation:**
  - Placed so that the eyewash is within 10 seconds or 55 feet from where the corrosive chemicals are used
  - Tepid water
    - Mixing valve or documentation to validate tepid water
    - Risk assess potential exposure to determine if cold water only would be acceptable

- **Maintenance:**
  - Weekly flush until clear is required
  - Annual inspection to ensure the system is fully functional

#7 EC.02.02.01

**EP 8 Manage hazardous medication disposal risks**

- **Inventory**
- **EPA RCRA**
  - Segregated into toxic or ignitable
  - P: includes epinephrine, nicotine, and warfarin
  - U: includes cyclophosphamide, lindane, melphalan, and mitomycin C
  - Heavy metals and mercury (i.e. vaccines, eye/ear drops, barium)
  - Ignitable - > 24% alcohol
EP 11: Has permits, licenses, manifests, and safety data sheets required by law and regulation.

- Department of Transportation (DOT) Title 49 for the Code of Federal Regulation, subchapter C Part 171
  - Training requirements for staff signing manifests
- Environmental Protection Agency (EPA), typically state level

**Cradle to Grave Responsibility**

EP 12: The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings*

- OSHA Bloodborne Pathogen Standards
- OSHA Hazard Communications Standards
- National Fire Protection Association (NFPA)
- See also IC.02.01.01, EP 6; IC.02.02.01, EP 3

- Pathological
  - Tissue
- Chemotherapy
  - Material with trace chemo (<3%)
  - No P and U-listed waste
- Transfer Containers
- Secondary Containers
- Clear & Legible
- Written in English
EC.02.03.03 Fire Drills

EP 1: The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code.

Note 1: Evacuation of patients during drills is not required.

Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.

Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

EC.02.03.03 Fire Drills

EP 3: When quarterly fire drills are required, at least 50% are unannounced. Fire drills are held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.

Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.

Note 2: For additional guidance, see NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.
EC.02.04.03 Sterilizers

EP 4: The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2).

- Manufacturer’s Recommendations
- Cleaning Procedures
- End User managing
- Daily, weekly, monthly, quarterly, etc.

Environment of Care, Emergency Management, & Life Safety

Changes to Standards
**Timeline for Creation of Standards**

**Adoption of 2012 Life Safety Code and K-Tag Creation**

- **LS/EC ESTIMATED Schedule**
  - Start: Fri 9/2/16
  - Finish: Tue 1/2/18
  - 487 days

- **K-Tag EP Production, CMS Responses, ILSM**
  - Fri 9/2/16 - Wed 1/18/17
  - 138 days

- **CMS Review Process**
  - Thu 1/19/17 - Fri 6/23/17
  - 155 days

- **Field notification, non-deemed programs**
  - Fri 6/30/17 - Thu 12/28/17
  - 181 days (6 months)

- **Publication Schedule**
  - Mon 7/24/17 - Tue 1/2/18
  - 162 days

- **Content Cut Off**
  - Mon 7/24/17

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**PROPOSED 2018 Elements of Performance**

- The following EP are in development and may be modified prior to final release

- These EP are based on compliance with the Life Safety Code® (NFPA 101-2012) and the Health Care Facilities Code (NFPA 99-2012)
  - CMS issued K Tags late in 2016, causing TJC to miss the 1/2017 release

- These are preliminary and not ready for publication
  - Slides will have “PROPOSED” on them
  - These are being reviewed and processed in 2017
    - The anticipated release date is 1/2018
    - Those discussed today are to be guiding EP and cited as recommended
EC.02.01.03  PROPOSED 2018

EP 3  Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient’s room, no sources of ignition are within the site of intentional expulsion (1-foot). When other oxygen delivery equipment is used or oxygen delivery is inside a patient’s room, no sources of ignition are within the area of administration (15-feet). Solid fuel-burning appliances are not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. (For full text refer to NFPA 99-2012: 11.5.1.1; Tentative Interim Amendment (TIS) 12-6)

EC.02.03.01  PROPOSED 2018

EP 9  The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Employees are periodically instructed and kept informed with their duties under the plan. A copy of the plan is readily available with the telephone operator or security.

EP 11  The organization meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15
EP 3 When quarterly fire drills are required, at least 50% are unannounced. Fire drills are held at unexpected times and under varying conditions. Fire drills include transmission of the fire alarm signal and simulation of emergency fire conditions.

EP 4 Periodic evaluations are made related to fire loss prevention in operating rooms, including hazards that could be encountered during surgical procedures, and fire prevention procedures are established. Procedures are established for operating room emergencies, including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing and equipment fires.
EC.02.03.03  PROPOSED 2018

- Training is provided to new OR personnel (including surgeons), continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually. When flammable germicide or antiseptics are employed during surgeries utilizing electro-surgery, cautery or lasers:
  - Packaging is nonflammable
  - Applicators are in unit does

EC.02.03.03  PROPOSED 2018

- Preoperative “time-out” is conducted prior to the initiation of any surgical procedure to verify:
  - application site is dry prior to draping and use of surgical equipment
  - pooling of solution has not occurred or has been corrected
  - solution-soaked materials have been removed from the OR prior to draping and use of surgical devices
  - policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use.

(For full text refer to NFPA 99-2012: 15.13)
EC.02.03.05

**EP 1** At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.

*Note 1:* For additional guidance on performing tests, see NFPA 72-2010: Table 14.3.1. **Correction 14.4.5**

*Note 2:* Supervisory signals include the following: control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.

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EC.02.03.05

**EP 2** Every 6 months, the hospital tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented.

*Note 1:* For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

*Note 2:* Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)
EC.02.03.05

**EP 5**  Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented.

*Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.*

**EP 7**  For automatic sprinkler systems: Every six months, the hospital tests water-storage tank high- and low-water level alarms. The results and completion dates are documented.

*Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.1; Table 9.2.1*

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EC.02.03.05

**EP 14**  Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented.

*Note 1: Discharge of the fire-extinguishing systems is not required.

*Note 2: For full text, refer to NFPA 101-2012: 9.7.3.1*

**EP 19**  Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.

*Note: For additional guidance on performing tests, see NFPA 90A-2012; 6.4.1*
EC.02.03.05 NEW

EP 25  The hospital has written documentation of annual inspection and testing of door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.

Note: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.

EC.02.03.05 NEW

EP 25  Defined by NFPA 101 (2012 edition) 7.2.1.15. Doors included in the scope of inspection are:

(1) Door leaves equipped with panic hardware or fire exit hardware in accordance with 7.2.1.7. These are fire-rated doors in any fire-rated barrier. Also included are non-fire-rated doors with panic hardware installed.

(2) Door assemblies in exit enclosures. These are fire rated doors.

(3) Electrically controlled egress doors. These could be any door in the means of egress that is so-equipped.
**EC.02.03.05 NEW**

**EP 25** Defined by NFPA 101 (2012 edition) 7.2.1.15. Doors included in the scope of inspection are:

- (4) Door assemblies with special locking arrangements subject to 7.2.1.6.
  - Delayed egress locking arrangements
  - Access-controlled egress door assemblies
  - Elevator lobby exit access door assemblies locking.
  - Also include any locking arrangements allowed by 18/19.2.2.2.4, to include locking arrangements permitted for the clinical needs of patients, patients that pose a security risk, and patients that require specialized protective measures.

**EP 27** Former EP 25 for documentation criteria
EC.02.03.05

Elevator Firefighter’s Service is operated monthly with a written record. (For full text refer to NFPA 101-2012: 9.4.2)

Note Revision

Note Revision

Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory are to be completed at 100%. AEM frequency is determined by the hospital AEM program.

- EC.02.04.01 EP 4
- EC.02.04.03 EP 3
- EC.02.05.05 EP 6
Summary

Surveyors will evaluate the effectiveness of the Medical Equipment Management and Utilities program by reviewing equipment against the organization’s program.

- This will include evaluating the completion of activities related to the inspection, testing and maintaining equipment.

EC.02.04.03

EP 7 Equipment listed for use in oxygen-enriched atmospheres are so labeled. Oxygen metering equipment and pressure reducing regulators are labeled “OXYGEN-USE NO OIL.” Flowmeters, pressure reducing regulators, and oxygen-dispensing apparatus are clearly and permanently labeled designating the gases for which they are intended. Oxygen-metering equipment, pressure reducing regulators, humidifiers, and nebulizers are labeled with the name of manufacturer or supplier. Cylinders and containers are labeled in accordance with CGA C-7. Color coding is not utilized as the primary method of determining cylinder or container contents. All labeling is durable and withstands cleaning and disinfecting. (For full text refer to NFPA 99-2012: 11.5.3.1)
EC.02.04.03

EP 8 All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012, Chapter 14.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: the hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA).

EC.02.04.03

EP 14 The hospital meets all other HealthCare Facilities Code requirements; facilities code for electrical equipment in the patient care vicinity as related to NFPA 99-2012: Chapter 10.
EC.02.04.03

EC.02.04.03 EP 14

- Library of service manuals, instructions manuals, procedures provided by manufacturer’s, maintenance manuals, technical bulletins, specification information and other information for the inspection, testing and maintenance of equipment systems. PROPOSED 2018 – EC.01.01.01 EP 3

- Extension Cords
- RPTs, SPRPTs if in patient care areas
- EC.02.06.01 EP 1 non-patient care

EC.02.05.01

EP 1 The hospital designs and installs utility systems that meet patient care and operational needs. Note: All utility systems, such as the fire alarms systems, HVAC system, medical gases and vacuum, and automatic sprinkler systems are designed and installed according to NFPA Codes.
**EC.02.05.01**

**EP 2** Building systems are designed to meet Categories 1-4 requirements. These are established by a formal and documented risk assessment procedure by **qualified personnel**. See NFPA 99-2012, Chapter 4 for description of the four categories related to gas, vacuum, electrical, and electrical equipment.

**EC.02.05.01**

**EP 8** The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

**Note 1:** Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.

**Note 2:** For example, the fire alarm system’s circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.
EC.02.05.01

EP 18 Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.
- Ventilation required by NFPA 55
  - Does not include medical gases and cryogenic fluids that are in use per Chapter 11.
- Indoor storage or manifold areas and storage or manifold buildings shall be provided with natural ventilation or mechanical exhaust ventilation.

EP 19 The emergency power supply system’s equipment and environment are maintained per manufacturers’ recommendations, including ambient temperature of at least 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)

EC.02.05.01

EP 20 Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) using medical gases or vacuum are in accordance with 8.7 and NFPA 99.
- Zone valves are located immediately outside each anesthetizing location for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others.
- Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems.
- Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20% and vacuum decreases of 12-inch gauge HgV, and provide visual and audible indication.
- Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies.

(For full text refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.4.8.7.2; 5.1.9.3; 5.1.9.3.4; and 6.4.2.2.4.2)
EC.02.05.01 PROPOSED 2018

EP 21 Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) has the EES critical branch supplying power in accordance with 8.7 and NFPA 99.

- The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system.

(For full text refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 6.4.2.2.4.2)

EC.02.05.01 PROPOSED 2018

EP 22 Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) has the heating, cooling and ventilation systems in accordance with 8.7 and NFPA 99.

- Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer’s instructions for use are considered before reducing humidity levels to those allowed by ASHRAE.

- Supply and exhaust systems for windowless anesthetizing locations have smoke control system(s) to automatically vent smoke, prevent the recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake, without interfering with exhaust function.

(For full text refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 9.3.1; 9.3.3; 9.3.7; 9.3.8; and 9.3.9)
EP 23  Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment conducted by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection.

(For full text refer to NFPA 99-2012: 6.3.2.2.8.4; 6.3.2.2.8.7; and 6.4.4.2)

EP 24 Electrical distribution shall be based on the following Categories:

- Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES.
- General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES.
- Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1 1/2 hours.

(For full text refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; 6.6.2.2.2; and 6.6.3.1.1)
**EC.02.05.01** PROPOSED 2018

**EP 25** Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms (other than nurseries), are listed tamper-resistant or employ a listed cover. Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. (For full text refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4; 6.4.2.2.6; 6.5.2.2.4.2; and 6.6.2.2.3.2)

**EC.02.05.01** PROPOSED 2018

**EP 26** Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics). Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the task for which it was installed and meets the conditions of 10.2.4. (For full text refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D), Tentative Interim Amendment (TIA 12-5)
**EC.02.05.01**

**EP 27** The emergency power supply system’s equipment and environment are maintained per manufacturers’ recommendations, including ambient temperature **not less than** 40°F; ventilation supply and exhaust; and water jacket temperature (when required).

**EC.02.05.03**

**EP 1** For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2; 6.4.2.2.6.
EP 3 The hospital provides emergency power within 10 seconds for new buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, emergency lighting at emergency generator locations and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5; and NFPA 99-2012: 6.4.2.2.3)

EP 10 Emergency lighting at emergency generator locations. The hospital’s emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.
**EC.02.05.03**

**EP 11** Equipment designated to be powered by the essential electrical system (EES) will be energized by the organization’s design. Staging of equipment start-up is **permissible**. The hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for non-ambulatory patients).

**EC.02.05.05**

**EP 7** The hospital meets all other HealthCare Facilities Code requirements for electrical distribution, HVAC, as related to NFPA 99-2012: Chapters 6 and 9.

- General anesthesia
  - EES critical branch
- Heating and cooling
  - ASHRAE and Manufacturer’s Instructions for medical supply and equipment
  - Smoke control systems in supply and exhaust systems for windowless locations
    - Prevents recirculation
- Operating rooms are considered wet locations unless risk assessment determines otherwise
  - Wet Location = protected by isolated power or ground-fault circuit interrupters.
EC.02.05.05

**EP 7** The hospital meets all other HealthCare Facilities Code requirements for electrical distribution, HVAC, as related to NFPA 99-2012: Chapters 6 and 9.

- Testing of hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered.
  - Initial after installation
  - Replacement
  - Servicing
- Tamper-resistant
  - Pediatric locations = patient rooms, bathrooms, play rooms, and activity rooms (does not include nurseries).
- Life safety and critical branch – electrical receptacles are a distinctive color or marking.

EC.02.05.07

**EP 1** Now includes EXIT signs in monthly inspections

- Inventory
- **EP 2** - Proposed

**EP 3** The hospital performs a functional test of Level 1 stored emergency power supply systems (SEPSS) on a **monthly basis** and performs a test of Level 2 SEPSS on a **quarterly basis**. Test duration is for five minutes or as specified for its class (whichever is less). The hospital performs an annual test at full load for 60% of the full duration of its class. The test results and completion dates are documented.

- Non-SEPSS critical for operations should be tested per manufacturers’ recommendations.

**EP 8** At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented.
EP 7  Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of ≤ 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals ≤ 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. (For full text refer to NFPA 99-2012: 6.3.2; 6.3.3; and 6.3.4)

EP 5  At least monthly, the hospital tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cool down period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text refer to NFPA 99-2012: 6.4.4.1)
EC.02.05.09

**EP 1** Medical gas, medical air, surgical vacuum, WAGD, and air supply systems in which is likely to cause major injury or death are designated:

- Category 1: Systems in which failure is likely to cause minor injury to patients are designated
- Category 2: Systems in which failure is not likely to cause injury, but can cause discomfort is designated
- Category 3: Deep sedation and general anesthesia are not administered when using a Category 3 medical gas system

(For full text refer to NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5)

**EC.02.05.09**

**EP 2** When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating “OXYGEN – NO SMOKING – NO OPEN FLAMES.”

**EP 3** The hospital’s emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.

**EP 4** The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented.
**EC.02.05.09**

**EP 6** The hospital implements a policy on all cylinders within the hospital that includes the following:

- Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety
- Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
- Labeling empty cylinders
- Prohibiting transfilling in any compartment with patient care rooms

- Refer to Chapter 11
- Formally scored at **EC.02.06.01 EP 1**

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**EC.02.05.09**

**EP 7** The hospital meets all other HealthCare Facilities Code requirements, gas and vacuum.

- Category warning systems
- Transfilling
- Signage requirements per Chapter 5 and 11 on rooms
- Additional cylinder storage requirements per Chapter 5 and 11
- Outside cylinder storage
  - NFPA 99-2012: 11.6.5.4
  - Protected from the elements (sun, snow, water, etc.)
  - Protective shipping mesh or wraps
- Formally scored at **EC.02.01.01 EP 5**
**EC.02.05.09 PROPOSED 2018**

**EP 2** All master, area, and local alarm systems used for medical gas and vacuum systems comply with the appropriate Category warning system requirements. (For full text refer to NFPA 99-2012: 5.1.9; 5.2.9; 5.3.6.2.2)

**EC.02.05.09 PROPOSED 2018**

**EP 3** Containers, cylinders and tanks are designed, fabricated, tested, and marked in accordance with 5.1.3.1.1 through 5.1.3.1.7. Locations containing only oxygen or medical air have doors labeled with "Medical Gases, NO Smoking or Open Flame." Locations containing other gases have doors labeled “Positive Pressure Gases, NO Smoking or Open Flame, Room May Have Insufficient Oxygen, Open Door and Allow Room to Ventilate Before Opening.” Only gas cylinders, reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders.
EC.02.05.09 PROPOSED 2018

EP 3 Continued…. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum “CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING.” Storage is planned so cylinders are used in order of which they are received from the supplier.

EC.02.05.09 PROPOSED 2018

EP 3 Continued…. When a facility employs cylinders with an integral pressure gauge, a threshold pressure considered empty is established. When the volume of stored gases is as follows:

- More than 300 but less than 3,000 cubic feet: the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.
- Less than 301 cubic feet in a single smoke compartment: individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.
EC.02.05.09  PROPOSED 2018

**EP 4** In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas and vacuum systems; **WAGD; or support gas systems**, including the source, distribution, inlets/outlets, and alarms that protect the piped medical gas systems. **Inventories shall include at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases and outlets.** *(For full text refer to NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13)*

EC.02.05.09  PROPOSED 2018

**EP 8** The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. **Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (see Table 5.1.11), and operating pressure if other than standard.** Labels are at intervals not more than 20 ft., are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. *(For full text refer to NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; and 5.3.11)*
EC.02.05.09  PROPOSED 2018

EP 9 The hospital implements a policy on all cylinders within the hospital that includes the following:

- Cylinders are labeled and handled in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2
- Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety
- Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
- Adaptors or conversion fittings are prohibited

EC.02.05.09  PROPOSED 2018

- Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care
- Cylinders are kept away from heat and flammable materials, and are prevented from exceeding 130°F
- Nitrous oxide and carbon dioxide cylinders are prevented from reaching temperatures lower than manufacture recommendations or 20°F
- Valve protection caps are secured in place if supplied and cylinder is not in use
- Labeling empty cylinders
EC.02.05.09  PROPOSED 2018

EP 10  At no time is transfilling of cylinders done in any patient care room. A designated area is used that is away from any portion of a facility where patients are housed, treated or examined, and is separated by a barrier of at least 1-hour construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, sprinklered, and has a ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections NFPA 99-2012: 11.7.2 – 11.7.4. (For full text refer to NFPA 99-2012: 11.5.2.2; 11.5.2.3.1; 11.5.2.3.2; 11.7.2 – 11.7.4)

EC.02.06.01  EP 1  Survey Process Change

EP 1  Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.

- Ligature/self harm risks
  - Behavioral Health Care Units
  - Behavioral Health Designated Areas
  - Emergency Department and other units
- ITL vs. High Risk vs. Moderate Risk
- Current Risk Assessment
- Best Practice Guidelines
  - FGI Guidelines
  - Design Guide for the Built Environment of Behavioral Health Facilities
EC.02.06.05

EP 3 The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation or general maintenance.

EC.03.01.01

EP 1 Personnel responsible for the maintenance, inspection and testing and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and the safe handling of hazardous materials and waste are competent and receive continuing education and training.
EP 2 In time frames defined by the hospital, the hospital performs a building assessment to determine compliance with the Life Safety chapter.

- Defined by the organization
- Depends on the size of the facility
- May be broken up between survey cycle

EP 3 The hospital maintains current and accurate drawings denoting features of fire safety and related square footage.

Fire safety features include the following:

- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- All hazardous storage areas
- Locations of all fire-rated barriers
- Locations of all smoke-rated barriers
- Sleeping and non-sleeping suite boundaries, including the size of the identified suites
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers
LS.01.01.01

**EP 4** When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the hospital meets the 60-day time frame.

- **Adverse decision = AFS10**
- Automatic notification sent to Central Office and unannounced survey scheduled

The hospital does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the *Life Safety Code*, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3)

- i.e. 2000 new construction hazardous room required to be 1 hour; 2012 may not diminish

LS.01.02.01

**EP 1** Adverse decision = AFS10

**EP 2** When the hospital identifies *Life Safety Code* deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than **4 out of 24 hours** or a sprinkler system is out of service more than **10 hours in a 24-hour period** in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)

- **FAQ:** Immediately Corrected is the shift identified, plus one shift.

**EP 15** Other – PROPOSED, but already in SOC.
LS.01.02.01  PROPOSED 2018

EP 15 The hospital’s policy allows the use of other ILSMs not addressed in EPs 2-14.

Note 1: The hospital’s ILSM policy addresses Life Safety Code Requirements for Improvement (RFI) that are not immediately corrected during survey.

Note 2: The “other” ILSMs used are documented by selecting “other” and annotating the associated text box in the hospital’s Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).

LS.02.01.10  PROPOSED 2018

EP 1 Buildings meets requirements for construction type in accordance with NFPA 101-2012: 18/19.1.6.2. Buildings meet requirements for height and construction type. In Type 1 and II construction, alternative measures are permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. New buildings contain approved sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by construction type. (For full text refer to NFPA 101-2012: 18/19.1.6; 18/19.3.5.5; 18/19.3.5.4; 18.3.5.1; 18.3.5.6; 19.3.5.3)
When building rehabilitation occurs, the hospital incorporates both NFPA 101-2012: chapters 18, 19, and 43 (Building Rehabilitation). (For full text, refer to NFPA 101-2012: Chapter 43; 18/19.1.1.4.3; 18.4.3.1 – 18.4.3.5 and 19.4.3)

- Includes buildings undergoing a change in use or change in occupancy
- Additions must comply with Chapter 18 and 43.8
- Major rehabilitation (modification of more than 50% or 4500 sq. ft. of the smoke compartment)
  - Sprinkler requirements of non-sprinklered smoke compartments
  - Non-sprinklered buildings sprinkler requirements

Any building undergoing change of use or change of occupancy classification complies with Chapter 43.7, unless permitted by 18/19.1.1.4.2.

When an addition is made to a building the building is in compliance with Chapter 18 and Chapter 43.8 of NFPA 101-2012 Life Safety Code.

When non-sprinklered smoke compartment has undergone major rehabilitation the automatic sprinkler requirements of Chapter 18.3.5 have been applied. For buildings without protection from automatic sprinkler systems, comply also with Chapter 18.4.3.2; 18.4.3.3; and 18.4.3.8. NOTE: Major rehabilitation involves the modification of more that 50%, or 4500 sq. ft. of the area of the smoke compartment (see also Chapter 18/19.1.1.4.3.3).
LS.02.01.10

PROPOSED 2018

EP 7 Common walls are fire rated for two hours that are within buildings (occupancy separation), between buildings, or the building has a common wall with a non-conforming building.

EP 8 When multiple occupancies are identified they are in accordance with 18/19.1.3.2 or 18/19.1.3.4, and the most stringent construction type is provided throughout the building.

Note 1: If a 2-hour separation is provided in accordance with 8.2.1.3, the construction type is determined as follows:
• The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1.
• The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable with 18.1.3.5, 19.1.3.5, 8.2.1.3.

Note 2: Outpatient Surgical departments must be classified as Ambulatory Health Care occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1

EP 10 For new construction, exit stairs connecting three or fewer floors are fire rated for 1 hour; exit stairs connecting four or more floors are fire rated for 2 hours. In existing buildings that are not high rise, the exit stair shall have at least 1 hour fire resistance rating. (Refer to: NPFA 101-2012: 7.1.3.2.1)

EP 11 (Currently EP 8) Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with 7.2.1.8.2).....
EP 8 (2017) Requirements for fire-rated doors

- Now prohibits the blocking or wedging open

PROPOSED 2018

EP 1  Doors in the means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as delayed-egress locking system as defined by NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. **Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3.** (For full text, refer to NFPA 101-2012: 18/19.2.2.4; 18/19.2.2.5; 18/19.2.2.6)

EP 2  Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.5.1; 18/19.2.2.5.2)
**LS.02.01.20 PROPOSED 2018**

**EP 3** Horizontal sliding doors permitted by 7.2.1.14 that are not automatic-closing are limited to a single leaf and shall have a latch or other mechanism to ensure the door will not rebound. (For full text refer to NFPA 101-2012: 18/19.2.2.2.10.1)

**EP 4** Horizontal sliding doors serving an occupant load fewer than 10 shall be permitted, providing they comply with NFPA 101-2012: 18/19.2.2.2.10.2.

Note: the following criteria must be met:
- Area served by the door has no hazards
- Door is operable from either side without special knowledge or effort
- Force required to operate the door in the direction of travel is ≤30 lbf to set the door in motion and ≤15 lbf to close or open to the required width
- Assembly is appropriately fire rated, and where rated is self- or automatic-closing by smoke detection per 7.2.1.8, and installed per NFPA 80
- Where required to latch, the door has a latch or other mechanism to ensure the door will not rebound. 18.2.2.2.10, 19.2.2.2.10

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**LS.02.01.20 PROPOSED 2018**

**EP 8** Adding NFPA 101-2012 reference 7.2.2.5.2

**EP 9** Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. *Ramps, exit passageways, fire and slide escapes, alternating tread devices and areas of refuge are in accordance with Chapters 7.2.5 – 7.5.12.*

**EP 10** New stairs serving three or more stories and existing stairs serving stairs five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. *Floor level designation shall also be tactile in accordance with ICC/ANSI A117.1.* The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed.
EP 11  The capacity of the means of egress shall be in accordance with 7.3. (For full text refer to NFPA 101-2012: 18/19.2.3.1)

EP 12  Exit discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge shall be a hard packed all weather travel surface, free from obstructions and terminates at the public way or at an exterior exit discharge.

EP 16  Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall also be provided with two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. (For full text refer to NFPA 101-2012: 18/19.2.4.1-18/19.2.4.4)

EP 17  Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. (For full text refer to NFPA 101-2012: 18/19.2.5.4)

EP 20  Existing exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for exiting 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. (For full text refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7)
EP 21 New exit access doors and exit doors are of the swinging type and are at least 41 ½ inches in clear width. In psychiatric hospitals or limited care facilities, doors are at least 32 inches wide. Doors not subject to patient use, in exit stairway enclosures, or serving newborn nurseries shall be no less than 32 inches in clear width. If using a pair of doors, the doors shall be provided with a rabbet, bevel, or astragal at the meeting edge, at least one of the doors shall provide 32 inches in clear width, and the inactive leaf of the pair shall be secured with automatic flush bolts. (For full text refer to NFPA 101-2012: 18.2.3.6, 18.2.3.7)

EP 24 (2018) The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)

Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 4 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height.

EP 25 In new buildings, no dead-end corridor is longer than 30 feet and common path of travel does not exceed 100 feet.

EP 26 Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping rooms with less than eight patient beds may have one intervening room to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system.
**LS.02.01.20**

**EP 2** MOVED Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock the doors at all times.

**EP 37** Travel distance to exits (excluding suites) are measured in accordance with 7.6.
- From any point in the room or suite to exit < 150 feet (< 200 feet if the building is fully sprinklered)
- Point in a room to room door < 50 feet 18.2.6, 19.2.6

**EP 39** Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness (<0.2 foot candles). **Emergency lighting of at least 1 ½ hour duration is provided automatically in accordance with 7.9.**

**EP 40** Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). **Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system unless the building is one story with less than 30 occupants, and the line of exit travel is obvious.** (For full text, refer to NFPA 101-2012: 18/19.2.10; **7.10.4.1**; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)
LS.02.01.30  PROPOSED 2018

EP 4 Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard shall be in accordance with Section 8.7 and the provisions of NFPA 99, Health Care Facilities Code, applicable to administration, maintenance, and testing. (For full text refer to NFPA 101-2012: 18/19.3.2.2)

LS.02.01.30  PROPOSED 2018

EP 6 (Replaces current verbiage) Alcohol-Based Hand Rubs (ABHR) are protected in accordance with 8.7.3.1, unless all conditions are met:
- Corridor is at least 6 feet wide
- Maximum individual dispenser capacity is 0.32 gal. (0.53 gal. in suites) of fluid and 18 oz. of Level 1 aerosols
- Dispensers shall have a minimum of 4-foot horizontal spacing
- Not more than an aggregate of 10 gallons of fluid or 135 oz. aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room
- Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30
- Dispensers are not installed within 1 inch of an ignition source
- If floor is carpeted, the building is fully sprinkler protected
- ABHR does not exceed 95% alcohol
- Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11)
- ABHR is protected against inappropriate access
(For full text refer to NFPA 101-2012: 18/19.3.2.6; 8.7.3.1; CFR 416.44)
LS.02.01.30

EP 23 Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). (For full text, refer to NFPA 101-2006: 18/19.3.8)

Note: Windows in atrium walls are considered outside windows.

EP 24 In new buildings, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. (For full text, refer to NFPA 101-2006: 18.3.8.2)

LS.02.01.34

PROPOSED 2018

EP 1 A fire alarm system is installed with systems and components in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building.

EP 2 The master fire alarm control panel is located in an area with a smoke detector or is in an area that is continuously occupied and protected environment, which is an area enclosed with 1-hour fire-rated walls and ¾-hour fire-rated doors. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text refer to NFPA 101-2012: 18/19.3.4.1; 9.6.1.8;9.6.4)
EP 1  A fire alarm system is installed with systems and components in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building.

EP 2  The master fire alarm control panel is located in an area with a smoke detector or is in an area that is continuously occupied and protected environment, which is an area enclosed with 1-hour fire-rated walls and ¾-hour fire-rated doors. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text refer to NFPA 101-2012: 18/19.3.4.1; 9.6.1.8;9.6.4)

PROPOSED 2018

EP 3  Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse’s stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200 feet travel distance is not exceeded. (For full text refer to NFPA 101-2012: 18/19.3.4.2.1; 18/19.3.4.2.2; 9.6.2.5)
FOR PROPOSED 2018

**EP 4** For new buildings, occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation zoning for the fire alarm and sprinkler shall be provided by audible and visual indicators and zones shall not be larger than 22,500 square feet per zone. (For full text refer to NFPA 101-2012: 18.3.4.3 – 18.3.4.4.3; 9.6.4)

**EP 5** Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text refer to NFPA 101-2012: 19.3.4.3; 19.3.4.3.1; 19.3.4.3.2; 9.6.4; 9.7.1.1(1))

**EP 6** Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72. (For full text refer to NFPA 101-2012: 18/19.3.4.4; 9.6.1; 9.6.5; NFPA 72)

**EP 8** Smoke detection systems are provided in spaces open to corridors as required by (For full text refer to NFPA 101-2012: 18/19.3.4.5.2; 18/19.3.6.1)
LS.02.01.35

EP 7 At least six spare sprinkler heads for each type of system, with associated wrenches, are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.4.1; 5.4.1.4.2; 5.4.1.6; 5.4.1.6.1; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)

- Every type, minimal 6
- 6.2.9.5 The stock of spare sprinklers shall include all types and ratings installed and shall be as follows:
  - Under 300 = no fewer than 6
  - 300 to 1000 = no fewer than 12
  - Over 1000 = no fewer than 24

LS.02.01.35

PROPOSED 2018

EP 9 In new buildings, quick response sprinklers are installed in smoke compartments with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18.3.5.6)
LS.02.01.35

EP 10 The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed either in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor.

EP 11 Now specifies the requirement for the placard “A placard is conspicuously placed near the extinguisher stating that the fire protection system should be activated prior to using the fire extinguisher.

LS.02.01.50

EP 1 Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, and electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided the installations present to hazard to life. (For full text refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)

EP 2 Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer’s specifications. (For full text refer to NFPA 101-2012: 18/19.5.2.1; 9.2)
LS.02.01.50

**EP 3** Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. (For full text refer to NFPA 101-2012: 18/19.5.2.2)

Note: If fuel fired, the device also:

- Is chimney or vent connected
- Takes air for combustion from outside
- Combustion system is separate from occupied area atmosphere

**EP 4** Suspended unit heaters are permitted if they:

- Are not located in means of egress or in patient rooms
- Are located high enough to be out of reach of people in the area
- Have a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure

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LS.02.01.50

**EP 6** Solid fuel-burning fireplaces are permitted in other than patient sleeping areas provided:

- Areas are separated by 1-hour fire resistance construction
- Fireplace complies with 9.2.2
- Fireplace enclosures resists breakage up to 650 degrees Fahrenheit and has heat-tempered glass
- Room has supervised CO detection per 9.8

(For full text, refer to NFPA 101-2012: 18/19.5.2.3.(3))

**EP 8** Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. Includes escalator emergency stop buttons and automatic skirt obstruction stop. For power dumbwaiters, includes hoist way door locking to keep doors closed except for floor where car is being loaded or unloaded. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2)
**LS.02.01.70**

**EP 1** Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read “NO SMOKING” or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4)

Note: The secondary sign exception is not applicable to medical gas storage areas.

**PROPOSED 2018**

**EP 3** Draperies, curtains (including cubicle curtains) and loosely hanging fabric or films shall be in accordance with 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1)

Note: Exception – at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 sq. ft. or total area does not exceed 20% of wall.

**EP 4** In buildings without sprinkler protection, newly introduced upholstered furniture meets Class I or char length, and heat release criteria in accordance with 10.3.2.1 and 10.3.3. Newly introduced mattresses shall meet char length and heat release criteria in accordance with 10.3.2.2 and 10.3.4. (For full text refer to NFPA 101-2012: 18/19.7.5.2; 18/19.7.5.4)

Note: Newly introduced upholstered furniture and mattresses means purchased on or after July 5, 2016.
**LS.02.01.70**  
**PROPOSED 2018**

**EP 3** When installed, newly engineered smoke control systems are tested in accordance with NFPA 92, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 18/19.7.7)

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**Catch All EPs**

- At the end of the majority of the Standards are the “Catch All” Elements of Performance requirements.
- These are normally less cited items, but may contain future EPs and code requirements under NFPA 101 – 2012, NFPA 99 – 2012, and other references under Chapter 2.
The purpose of this portal is to provide guidance and education to reduce instances of non-compliance with the top eight Environment of Care/Life Safety standards.

About this Portal
The Joint Commission has identified several Standards that have been frequently cited during survey activity over the past few years. This portal, in partnership with the American Society for Healthcare Engineering (ASHE), will provide information to reduce findings of non-compliance.

Focus of the Portal:
- Eight identified Standards
- Each Standard will be addressed over two months:
  - First month - requirements and compliance
  - Second month - Leadership, evaluation organization level compliance

Questions

http://www.jointcommission.org/topics/the_physical_environment.aspx
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