George Mills, FASHE, FAAMI, FRSPH, CHFM
President, The George Mills Company

Agenda

Accreditation Fundamentals

- Understanding the PE Chapter

ICRA/PCRA, ILSM

- Barrier Management

Open Session, Q & A

ECS
A Service Logic Company
Engineered
Cooling
Services

The
George Mills
Company
Compliance Drives Quality

~~Environment of Care & Life Safety Chapter~~

Physical Environment Update

The George Mills Company
Compliance Drives Quality

George Mills, FASHE, FAAMI, FRSPH, CHFM
President, The George Mills Company

The Joint Commission
General Update

First Update:

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Compliance Drives Quality

The Joint Commission
General Update

First Update:

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~~The~~ Joint Commission General Update

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Joint Commission
General Update

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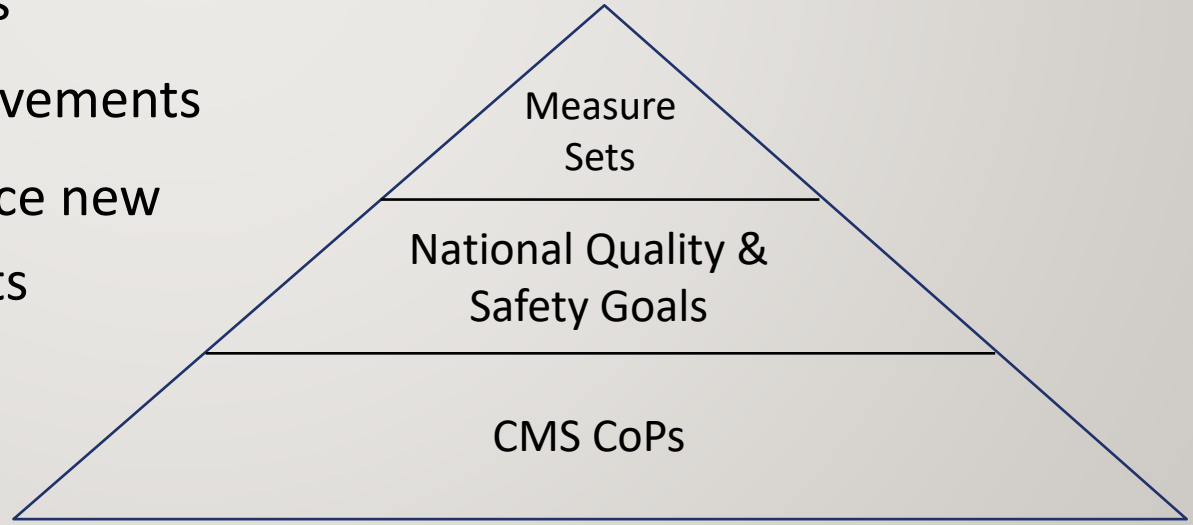
Standards of the Future: Coming in 2026

Accreditation 360: The New Standard

Accreditation Standards Re-Write

- CMS proposed rule requiring Conditions of Participation (CoP) and survey process alignment
  - Joint Commission is under greater scrutiny by CMS
- Joint Commission modified vision for the future:
  - Continue to reduce the burden for healthcare organizations by aligning Joint Commission standards with the CoPs
    - Results in quality and safety improvements
  - Flexibility, ability to develop/introduce new patient safety requirements/products without impacting CMS product



Accreditation 360 (A360) Implementation

- June 30, 2025: announcement in Joint Commission Perspectives
- Full manuals and survey process guides are now available on the Joint Commission Website Standards/Prepublications page
- FAQ's have been developed to assist with the changes
- On-Demand Webinars have started in mid-August
- E-dition is available mid-September

Standards to CoP Alignment: Accreditation 360: The New Standard

- Established clear, concise language compatibile to CoPs
- Evaluated EP's for removal based on relationship to CoP's and relevance
  - 1/1/2026 the Environment of Care (EC) and Life Safety (LS) chapters will be retired
- Replaced EC / LS with *NEW* Physical Environment (PE) Standards
  - PE Standards will retain the 2025 numbering structure:
    - PE.xx.xx.xx EP x
- The Joint Commission continues to use the NFPA 101-2012 (Life Safety Code) and NFPA 99-2012 (Health Care Facilities Code)

Survey Process

No changes to Survey Process

- Daily Briefing with limited participation
- Facility Orientation
- Document Review
- Life Safety Tour
- Emergency Management
- Exit Conference

Physical Environment Chapter

Applicable to hospitals, critical access hospitals and freestanding hospice

- Language based on CMS Physical Environment CoPs

§482.41 *[Hospital]* Condition of Participation: Physical Environment

"The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community."

§485.623 *[Critical Access Hospital]* Condition of Participation: Physical Plant and Environment

§418.110 *[Home Care]* Condition of Participation: Hospice Care

CMS Requirements & Joint Commission PE Chapter

Code of Federal Regulations (CFR)

Code of Federal Regulations: Title 42—Public Health

42 CFR Chapter IV - CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Chapter IV, Subchapter G - STANDARDS AND CERTIFICATION

42 CFR Part 482 - CONDITIONS OF PARTICIPATION FOR HOSPITALS

42 CFR Part 482 - Subpart C - Basic Hospital Functions

§ 482.41 Condition of participation: Physical Environment

State Operations Manual (SOM)

State Operations Manual (SOM) Appendix A (Hospital)

State Operations Manual (SOM) Appendix I (LSC)

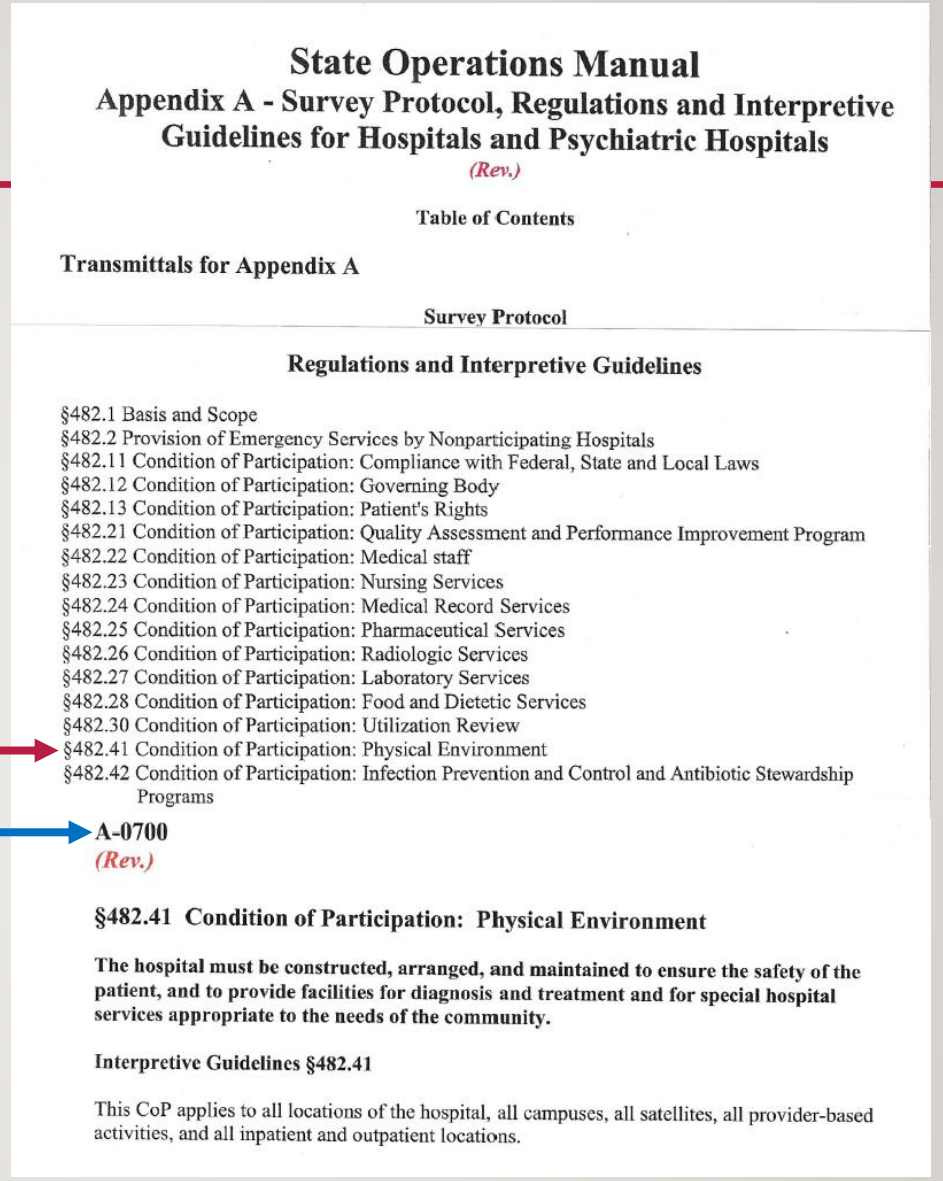
Joint Commission

Physical Environment

Standards
&
Elements of
Performance

State Operations Manual – Appendix A

See §482.41 Condition of Participation: Physical Environment



State Operations Manual
Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals and Psychiatric Hospitals
(Rev.)

Table of Contents

Transmittals for Appendix A

Survey Protocol

Regulations and Interpretive Guidelines

A-0700
(Rev.)

§482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

Interpretive Guidelines §482.41

This CoP applies to all locations of the hospital, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations.

www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_a_hospitals.pdf

Excerpt: CMS State Operations Manual (SOM) Conditions of Participation: §482.41(b)(1)(i) Physical Environment

(b) *Standard: Life safety from fire.* ***[A-0710]***

(1) Except as otherwise provided in this section—

(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.

(ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.

(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.

(3) The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.

The 8 Physical Environment (PE) Standards

- PE.01.01.01 The hospital has a safe and adequate physical environment.
- PE.02.01.01 The hospital manages risks related to hazardous materials & waste.
- PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.
- PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.
- PE.04.01.01 The hospital addresses building safety and facility management.
- PE.04.01.03 The hospital manages utility systems.
- PE.04.01.05 The hospital has a water management program that addresses Legionella and other waterborne pathogens.
- PE.05.01.01 The hospital manages imaging safety risks.

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- PE.05.01.01 The hospital manages imaging safety risks.

PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.

EP 3 The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).

- Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.
- Note 2: For hospitals … for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in hospitals.
- Note 3: For hospitals … for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.
- Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
- CoP(s): §482.41(b), §482.41(b)(1)(i), §482.41(b)(2), §482.41(b)(3), §482.41(e)(1)(ix), §482.41(e)(1)(vii), §482.41(e) (1)(viii), §482.41(e)(1)(x), §482.41(e)(1)(xi)

The hospital manages utility systems. (SOM & COP)

A-0702

§482.41(a)(1) - There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

Interpretive Guidelines §482.41(a)(1)

The hospital must comply with the applicable provisions of the Life Safety Code, National Fire Protection Association (NFPA) 101–2000 Edition and applicable references, such as, NFPA-99: Health Care Facilities, for emergency lighting and emergency power.

Survey Procedures §482.41(a)(1)

Use the **Life Safety Code Survey Report Form (CMS-2786)** to evaluate compliance with this item.

PE.04.01.03 The hospital manages utility systems.

EP 1 The hospital has emergency power and lighting in the following areas, at a minimum:

- Operating Rooms
- Intensive Care
- Stairwells
- Recovery Rooms
- Emergency Rooms

Battery lamps and flashlights are available in all other areas not serviced by the emergency power supply source.

CoP(s): §482.41(a)(1)

A-0702

§482.41(a)(1) - There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

Interpretive Guidelines §482.41(a)(1)

The hospital must comply with the applicable provisions of the Life Safety Code, National Fire Protection Amendments (NFPA) 101, 2000 Edition and applicable references, such as, NFPA-99: Health Care Facilities, for emergency lighting and emergency power.

Survey Procedures §482.41(a)(1)

Use the **Life Safety Code Survey Report Form (CMS-2786)** to evaluate compliance with this item.

EC.02.05.03: The hospital has a reliable emergency electrical power source.

For hospitals that use Joint Commission accreditation for deemed status purposes: Battery lamps and flashlights are available in areas not serviced by the emergency supply source.

§482.41(a)(1)

CMS K-Tags Required in SOM Appendix I

State Operations Manual, Appendix I – Survey Procedures for Life Safety Code Surveys

Introduction (Rev. 209; Issued: 12-09-22; Effective: 10-01-22; Implementation: 10-01-22) Use the survey procedures in this appendix section for all Life Safety Code (LSC) surveys (initial and recertification) of facilities subject to Quality, Safety and Oversight surveys for Medicare/Medicaid certification.

Procedures The fire safety survey report forms, worksheets and procedures are designed to assist in the gathering information about the level of fire safety provided by the facility. **The K-Tags refer to the data tags on the Fire Safety Survey Report form**. For each item on the report form page indicate "Met" or "Not Met" or "Not Applicable." For each item marked "Not Met," enter the appropriate documentation in the Explanatory Remarks section explaining the nature of the deficiency and the degree of hazard it presents.

- To ensure quality care and safety for patients, hospitals must comply with **CMS K-Tags**:
  - K-Tags are part of the CMS regulations that set standards for hospital operations.
  - Compliance ensures hospitals meet health and safety requirements for patient care.
  - K-Tags help identify deficiencies in hospital practices and promote improvements.

Physical Environment & Joint Commission Resources

- There are resources available at the Joint Commission website
  - Go to Jointcommission.org, then select Standards from the header
  - Once in Standards, select Prepublication Standards
  - Next, scroll down to “Critical Access Hospital and Hospital Requirements Streamlined to Reduce Burden”
  - There are five tabs to chose from:
    - Accreditation Requirements
    - Crosswalks
    - Survey Process Guides
    - Crosswalk Compare Reports
    - Disposition Reports

https://www.jointcommission.org/standards/prepublication-standards/critical-access-hospital-and-hospital-requirements-streamlined-to-reduce-burden/

Accreditation Requirements

The new HAP Manual & New PE Chapter

PE.04.01.01

The hospital addresses building safety and facility management.

Element(s) of Performance for PE.04.01.01

1. The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
   Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.
   Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.
   Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.

   CoP(s): §482.15(e)(1), §482.15(h)(1)(i), §482.15(h)(1)(ii), §482.15(h)(1)(iii), §482.15(h)(1)(iv), §482.15(h)(1)(v), §482.15(h)(1)(vi), §482.41(c), §482.41(c)(1), §482.41(c)(2), §482.41(e)(1)(i), §482.41(e)(1)(ii), §482.41(e)(1)(iii), §482.41(e)(1)(iv), §482.41(e)(1)(v), §482.41(e)(1)(vi), §482.42

2. The hospital maintains essential equipment in safe operating condition.

   CoP(s): §482.41(d)(2)

3. The hospital has proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.

   CoP(s): §482.41(d)(4)

4. The hospital maintains equipment and supplies appropriate for the types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance.

   CoP(s): §482.53(c), §482.53(c)(1)

5. The hospital maintains supplies to ensure an acceptable level of safety and quality.
   Note: Supplies are stored in a manner to ensure the safety of the stored supplies and to not violate fire codes or otherwise endanger patients.

   CoP(s): §482.41(d)(2)

§482.41(d)(2) CoP Physical Environment A-0724 (d)(2)

(d) ***Standard: Facilities.*** The hospital must maintain adequate facilities for its services. **[A-0722]**

(1) Diagnostic and therapeutic facilities must be located for the safety of patients. **[A-0723]**

(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. **[A-0724]**

(3) The extent and complexity of facilities must be determined by the services offered. **[A-0725]**

(4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas. **[A-0726]**

Crosswalk

CoP & Equivalent Joint Commission Physical Environment (PE)

CFR Number §482.41(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.41(c)(2)	**TAG: A-0720**	**PE.04.01.01**	**The hospital addresses building safety and facility management.**
(2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the hospital, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.		**EP 1**	The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(d)	**TAG: A-0722**	**PE.01.01.01**	**The hospital has a safe and adequate physical environment.**
§482.41(d) Standard: Facilities The hospital must maintain adequate facilities for its services.		**EP 1**	The hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients. Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided. Note 2: When planning for new, altered, or renovated space, the hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.
		EP 2	The hospital has adequate space and facilities for the services it provides, including facilities for the diagnosis and treatment of patients and for any special services offered to meet the needs of the community served. Note: The extent and complexity of facilities is determined by the services offered.
§482.41(d)(1)	**TAG: A-0723**	**PE.01.01.01**	**The hospital has a safe and adequate physical environment.**
(1) Diagnostic and therapeutic facilities must be located for the safety of patients.		**EP 1**	The hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients. Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided. Note 2: When planning for new, altered, or renovated space, the hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.
§482.41(d)(2)	**TAG: A-0724**	**PE.04.01.01**	**The hospital addresses building safety and facility management.**
(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.		**EP 2**	The hospital maintains essential equipment in safe operating condition.
		EP 5	The hospital maintains supplies to ensure an acceptable level of safety and quality. Note: Supplies are stored in a manner to ensure the safety of the stored supplies and to not violate fire codes or otherwise endanger patients.
		PE.04.01.05	**The hospital has a water management program that addresses Legionella and other waterborne pathogens. Note: The water management program is in accordance with law and regulation.**
		EP 1	The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.

Survey Process Guide (SPG)

Hospital Physical Environment Document List & Review Tool

PE.04.01.01 EP 2: The hospital maintains essential equipment in safe operating condition.

§ 482.41(d)(2)

Hospital Physical Environment Document List & Review Tool

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
PE.04.01.01					**Fire Protection and Suppression Testing and Inspection**					
EP 2					NFPA 72-2010: Table 14.4.5 NFPA 25-2011: Table 5.1.1.2					
					Tamper switches NFPA 72-2010: Table 14.4.5	Semiannual				
EP 2					Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14	Annually				
EP 2					Notification devices (audible & visual), and door-releasing devices NFPA 72-2010: Table 14.4.5	Annually				
EP 2					Emergency services notification transmission equipment NFPA 72-2010: Table 14.4.5	Annually				
EP 2					Electric motor-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Weekly				
EP 2					Sprinkler systems main drain tests on all risers NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1	Annually				
EP 2					Fire department connections inspected (Fire hose connections N/A) NFPA 25-2011: 13.7; Table 13.1.1.2	Quarterly				
EP 2					Fire pump(s) tested – under flow Fire pump supervisory signals for pump running and pump power loss tested NFPA 25-2011: 8.3.3; 8.3.3.4	Annually				
EP 2					Standpipe flow test every 5 years	5 years				

Survey Process: Documentation

- Document review is ‘limited’ to 4 hours
  - Generally, takes between 90 and 120 minutes
- Electronic records are acceptable
  - Ensure the program or other data source works as expected
  - Ensure the program or other data source can sort high risk vs non-high risk
- Documents required for Surveyor review during Survey include:
  - Life Safety Drawings
  - Written Fire Response Plan
  - Documentation and Evaluations of Fire Drills for previous 12 months
  - ILSM Policy
- Cover Sheet may not be acceptable if it is not integrated into the test results

SPG

Document Checklist

Hospital Physical Environment Document List & Review Tool

Revised - Effective: 4/20/2024

The following pages present documentation required by the Hospital Accreditation program Physical Environment (PE) standards. The Life Safety surveyor will begin review of these documents soon after arrival for the on-site survey. Surveyors may request other documents, as needed, throughout the survey. This list also includes some elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these expectations.

Please conduct during Facility Orientation.

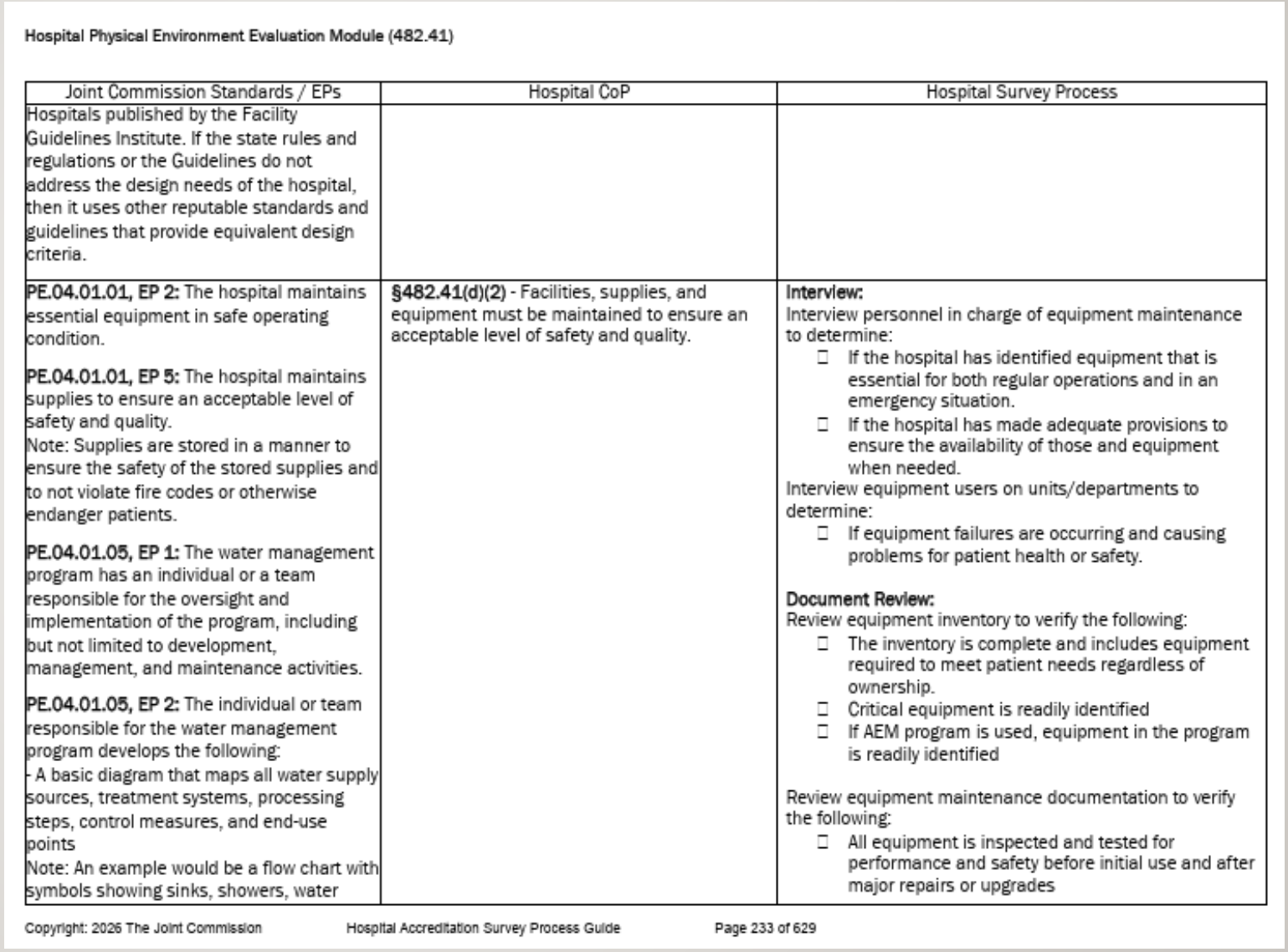
Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Yes	No	
PE.03.01.01					**Buildings serving patients comply w/ NFPA 101 (2012)**			
EP 1					Current and accurate drawings w/ fire safety features & related square footage a. Areas of building fully sprinklered (if building only partially sprinklered) ☐ b. Locations of all hazardous storage areas ☐ c. Locations of all fire-rated barriers ☐ d. Locations of all smoke-rated barriers ☐ e. Sleeping and non-sleeping suite boundaries, including size of identified suites ☐ f. Locations of designated smoke compartments ☐ g. Locations of chutes and shafts ☐ h. Any approved equivalencies or waivers ☐	☐	☐	
EP 5					The hospital maintains written evidence of regular inspection and approval by state or local fire control agencies.			
EP 2					The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).			
COMMENTS:								

Survey Process Guides (SPG)

Hospital Physical Environment Evaluation Module §482.41

- The Same Survey Process Guide(SPG) will be utilized by surveyors and accredited organizations to promote transparency and consistency
- New SPG will replace existing Survey Activity Guide (SAG)
- Aligns with CMS interpretive guidelines that contain “must” directives and survey procedures

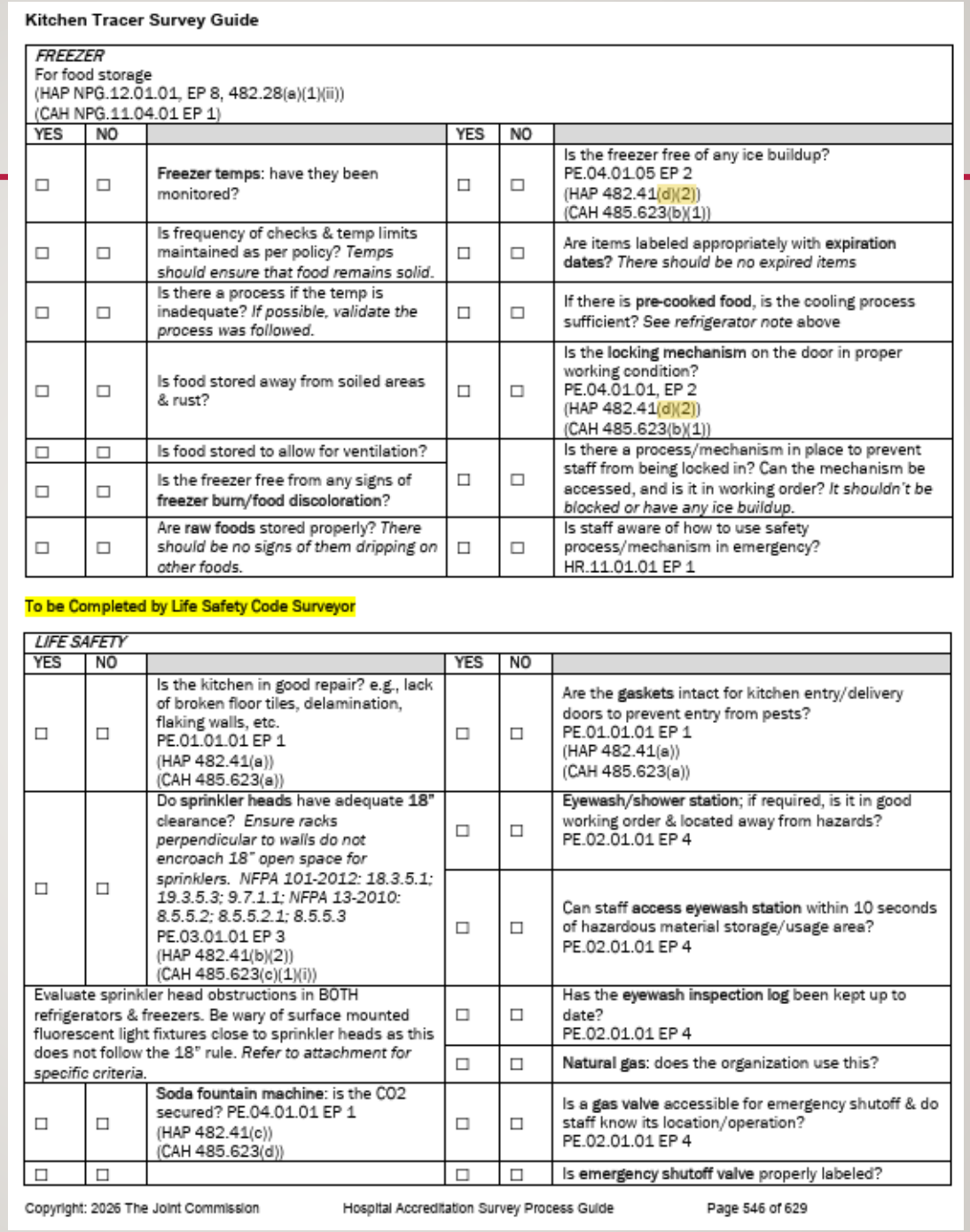


Hospital Physical Environment Evaluation Module (482.41)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.		
PE.04.01.01, EP 2: The hospital maintains essential equipment in safe operating condition. **PE.04.01.01, EP 5:** The hospital maintains supplies to ensure an acceptable level of safety and quality. Note: Supplies are stored in a manner to ensure the safety of the stored supplies and to not violate fire codes or otherwise endanger patients. **PE.04.01.05, EP 1:** The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities. **PE.04.01.05, EP 2:** The individual or team responsible for the water management program develops the following: - A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points Note: An example would be a flow chart with symbols showing sinks, showers, water	**§482.41(d)(2)** - Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.	**Interview:** Interview personnel in charge of equipment maintenance to determine: ☐ If the hospital has identified equipment that is essential for both regular operations and in an emergency situation. ☐ If the hospital has made adequate provisions to ensure the availability of those and equipment when needed. Interview equipment users on units/departments to determine: ☐ If equipment failures are occurring and causing problems for patient health or safety. **Document Review:** Review equipment inventory to verify the following: ☐ The inventory is complete and includes equipment required to meet patient needs regardless of ownership. ☐ Critical equipment is readily identified ☐ If AEM program is used, equipment in the program is readily identified Review equipment maintenance documentation to verify the following: ☐ All equipment is inspected and tested for performance and safety before initial use and after major repairs or upgrades

Survey Process Guides

Kitchen Checklist



Kitchen Tracer Survey Guide

FREEZER For food storage (HAP NPG.12.01.01, EP 8, 482.28(a)(1)(ii)) (CAH NPG.11.04.01 EP 1)					
YES	NO		YES	NO	
☐	☐	**Freezer temps**: have they been monitored?	☐	☐	Is the freezer free of any ice buildup? PE.04.01.05 EP 2 (HAP 482.41(d)(2)) (CAH 485.623(b)(1))
☐	☐	Is frequency of checks & temp limits maintained as per policy? *Temps should ensure that food remains solid.*	☐	☐	Are items labeled appropriately with **expiration dates?** *There should be no expired items*
☐	☐	Is there a process if the temp is inadequate? *If possible, validate the process was followed.*	☐	☐	If there is **pre-cooked food**, is the cooling process sufficient? See *refrigerator note* above
☐	☐	Is food stored away from soiled areas & rust?	☐	☐	Is the **locking mechanism** on the door in proper working condition? PE.04.01.01, EP 2 (HAP 482.41(d)(2)) (CAH 485.623(b)(1))
☐	☐	Is food stored to allow for ventilation?	☐	☐	Is there a process/mechanism in place to prevent staff from being locked in? Can the mechanism be accessed, and is it in working order? *It shouldn't be blocked or have any ice buildup.*
☐	☐	Is the freezer free from any signs of **freezer burn/food discoloration**?			
☐	☐	Are **raw foods** stored properly? *There should be no signs of them dripping on other foods.*	☐	☐	Is staff aware of how to use safety process/mechanism in emergency? HR.11.01.01 EP 1

To be Completed by Life Safety Code Surveyor

LIFE SAFETY					
YES	NO		YES	NO	
☐	☐	Is the kitchen in good repair? e.g., lack of broken floor tiles, delamination, flaking walls, etc. PE.01.01.01 EP 1 (HAP 482.41(a)) (CAH 485.623(a))	☐	☐	Are the **gaskets** intact for kitchen entry/delivery doors to prevent entry from pests? PE.01.01.01 EP 1 (HAP 482.41(a)) (CAH 485.623(a))
☐	☐	Do **sprinkler heads** have adequate **18"** clearance? *Ensure racks perpendicular to walls do not encroach 18" open space for sprinklers. NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3* PE.03.01.01 EP 3 (HAP 482.41(b)(2)) (CAH 485.623(c)(1)(i))	☐	☐	**Eyewash/shower station**; if required, is it in good working order & located away from hazards? PE.02.01.01 EP 4
			☐	☐	Can staff **access eyewash station** within 10 seconds of hazardous material storage/usage area? PE.02.01.01 EP 4
Evaluate sprinkler head obstructions in BOTH refrigerators & freezers. Be wary of surface mounted fluorescent light fixtures close to sprinkler heads as this does not follow the 18" rule. *Refer to attachment for specific criteria.*			☐	☐	Has the **eyewash inspection log** been kept up to date? PE.02.01.01 EP 4
			☐	☐	**Natural gas**: does the organization use this?
☐	☐	**Soda fountain machine**: is the CO2 secured? PE.04.01.01 EP 1 (HAP 482.41(c)) (CAH 485.623(d))	☐	☐	Is a **gas valve** accessible for emergency shutoff & do staff know its location/operation? PE.02.01.01 EP 4
☐	☐		☐	☐	Is **emergency shutoff valve** properly labeled?

CMS K-Tags Required in SOM Appendix I

State Operations Manual, Appendix I – Survey Procedures for Life Safety Code Surveys

Introduction (Rev. 209; Issued: 12-09-22; Effective: 10-01-22; Implementation: 10-01-22) Use the survey procedures in this appendix section for all Life Safety Code (LSC) surveys (initial and recertification) of facilities subject to Quality, Safety and Oversight surveys for Medicare/Medicaid certification.

Procedures The fire safety survey report forms, worksheets and procedures are designed to assist in the gathering information about the level of fire safety provided by the facility. **The K-Tags refer to the data tags on the Fire Safety Survey Report form**. For each item on the report form page indicate "Met" or "Not Met" or "Not Applicable." For each item marked "Not Met," enter the appropriate documentation in the Explanatory Remarks section explaining the nature of the deficiency and the degree of hazard it presents.

- To ensure quality care and safety for patients, hospitals must comply with **CMS K-Tags**:
  - K-Tags are part of the CMS regulations that set standards for hospital operations.
  - Compliance ensures hospitals meet health and safety requirements for patient care.
  - K-Tags help identify deficiencies in hospital practices and promote improvements.

Survey Process Guides (SPG)

Health Care Occupancy LSC and HCFC Evaluation Tool

Health Care Occupancy LSC and HCFC Evaluation Tool

K-tag	Code Requirement	CoP	TJC EP	Comments
K200	**Means of Egress Requirements – Other** Any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included in the finding.	HAP 482.41(b)(1)(i) CAH 485.623(c)(1)(i)	**PE.03.01.01, EP 3**	
K211	**Means of Egress – General** Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1	HAP 482.41(b)(1)(i) CAH 485.623(c)(1)(i)	**PE.03.01.01, EP 3**	
K221	**Patient Sleeping Room Doors** Locks on patient sleeping room doors are not permitted unless the key- locking device that restricts access from the corridor does not restrict egress from the patient room, or the locking arrangement is permitted for patient clinical, security or safety needs in accordance with 18.2.2.2.5 or 19.2.2.2.5. 18.2.2.2, 19.2.2.2, TIA 12-4	HAP 482.41(b)(1)(i) CAH 485.623(c)(1)(i)	**PE.03.01.01, EP 3**	
K222	**Egress Doors** Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: ☐ CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 ☐ SPECIAL NEEDS LOCKINGARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of	HAP 482.41(b)(1)(i) CAH 485.623(c)(1)(i)	**PE.03.01.01, EP 3**	

Crosswalk Compare Reports (2025 vs 2026)

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.41	§482.41 Condition of Participation: Physical Environment The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.	**EC.02.05.01, EP 1** The hospital designs and installs utility systems according to National Fire Protection Association codes to meet patient care and operational needs. **EC.02.06.01, EP 1** Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.	**PE.01.01.01, EP 1** The hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients. Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided. Note 2: When planning for new, altered, or renovated space, the hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility
§482.41(a)	§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.	**EC.01.01.01, EP 4** The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities. **EC.01.01.01, EP 6** The hospital has a written plan for managing the following: Hazardous materials and waste. **EC.01.01.01, EP 7** The hospital has a written plan for managing the following: Fire safety. **EC.01.01.01, EP 8** The hospital has a written plan for managing the	**PE.01.01.01, EP 1** The hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients. Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided. Note 2: When planning for new, altered, or renovated space, the hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria. **PE.01.01.01, EP 2**

Disposition Reports

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	The need for increased surveillance is based on criteria in the hospital's interim life safety measures (ILSM) policy.			surveillance is based on criteria in the hospital's interim life safety measures (ILSM) policy.
LS.01.02.01, EP 9	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measures (ILSM) policy.	Moved and Revised	PE.03.02.01, EP 9	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measures (ILSM) policy.
LS.01.02.01, EP 10	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measures (ILSM) policy.	Moved and Revised	PE.03.02.01, EP 10	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measures (ILSM) policy.
LS.01.02.01, EP 11	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measures (ILSM) policy.	Moved and Revised	PE.03.02.01, EP 11	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measures (ILSM) policy.
LS.01.02.01, EP 12	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measures (ILSM) policy.	Moved and Revised	PE.03.02.01, EP 12	When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measures (ILSM) policy.
LS.01.02.01, EP 13	The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measures (ILSM) policy.	Moved	PE.03.02.01, EP 13	The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measures (ILSM) policy.
LS.01.02.01, EP 14	The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measures (ILSM) policy. Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.	Moved	PE.03.02.01, EP 14	The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measures (ILSM) policy. Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.
LS.01.02.01, EP 15	The hospital's policy allows the use of other ILSMs not addressed in EPs 2–14. Note: 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). CoPs: §482.41(b)(1)(i)	Moved and Revised	PE.03.02.01, EP 15	The hospital's policy allows the use of other interim life safety measures (ILSMs) not addressed in EPs 3–14. Note: 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).

Additional Standards: National Performance Goals (NPG)

- National Performance Goals (NPG)
  - Above and Beyond Standards
  - NPG.02.04.01 – The hospital has a workplace violence prevention program.
  - Some of Emergency Preparedness requirements are in the NPG at NPG.03.01.01; NPG.03.02.01 – NPG.03.02.06; NPG.03.03.01; NPG.03.04.01; NPG.03.05.01; NPG.03.06.01
  - Other issues in the NPG:
    - Utility Systems NPG.11.03.01
    - Security Risks NPG.11.01.01
    - Suicide Risks NPG.08.01.01

Two New Ideas from the Joint Commission

- **Continuous Engagement model.** This voluntary option offers the opportunity for ongoing support to drive successful safety and quality practices and perpetual survey readiness.
  - The Joint Commission is currently piloting this aspect of the program and refining how it interacts with health care organizations between surveys.
- **Broadened resources.** The Joint Commission is currently piloting its new **S**urvey **A**nalysis **F**or **E**valuating **ST**rengths (**SAFEST**) Program to recognize leading practices at accredited organizations and to support the dissemination of safety and quality improvement insight.
  - As part of SAFEST, Joint Commission surveyors will identify performance strengths during surveys, and organizations may be asked to further develop these strengths into leading practices shared with all Joint Commission-accredited organizations.
  - This will ultimately evolve into a database of leading practices where surveyors can access organizations' performance strengths for industry-wide collaborative learning.

Outpatient & Freestanding Hospice

Outpatient Facilities

- Staffing will match clinical team
  - Minus days already included for ASC and FSED
    - ASC & FSED were added to the LSCS in 2020
  - Clinical team identifies what off-site locations and shares with the LSCS
    - LSCS may or may not survey at the same time as the clinical team
- Scoring for Outpatient Facilities is based on occupancy type
  - Healthcare occupancy: LS.02.xx.xx
  - Ambulatory occupancy: LS.03.xx.xx
  - Business occupancy: LS.05.xx.xx
- Examples of Outpatient Facilities
  - Intensive Chemotherapy
  - Advanced Cardiac Rehab
  - Complex Wound Care
  - Intensive Medication Management

LSCS will perform:
- ITM Document Review
- LSC Drawings
- Above Ceiling Inspection
- SOC/BBI Documentation Review

Freestanding & Hospital-based Hospice

<u>LSCS will now survey Freestanding Hospice</u>

- Effective 3/2025 in the Home Care Program
  - Deemed programs (not the VA or DoD)
  - Different CoP's: §418.110 Condition of participation, Hospice Care
    - Durable Medical Equipment is maintained: §418.106(f)
    - Physical Environment §418.110(c) – (i)
    - Emergency Preparedness §418.113
  - Both Freestanding and Hospital-based
    - Freestanding will include 1 LSCS day for each inpatient location
    - Hospital-based is already built into the hospital survey team compliment

Plant Operations Staff Competency

- Evaluation of the Facilities Director / Manager (or equivalent) will be incorporated into the HR Review session
- The LSCS will review staff / vendors competency during document review session
  - Functional areas where staff competency is reviewed
    - Fire Alarm (i.e. NICET Certified)
    - Medical Gases
    - Fire Doors (although a license or certificate is not required, evidence of competency would be expected)
    - Others based on municipality
      - i.e. Boiler Operator License

Clarifications to the Environment of Care

EC.02.05.01 OR Temp. Ranges Outside Established Ranges

- The Joint Commission references NFPA 99-2012 Ch 9, which requires the use of ASHRAE 170-2008 Ventilation Table 7-1
  - NOTE: the Joint Commission uses the edition of the FGI Guidelines the space was designed & built to, unless renovated (see NFPA 101-2012 Ch 42)
- ASHRAE table provides allowances to exceed minimum temperature ranges.
  - To use this exception, *follow established organization policy.*
  - This must be on a case-by-case basis and restored to normal ranges following the procedures.
    - Based on either surgeon, patient or procedure
  - **IT IS NOT ACCEPTABLE TO APPLY THIS EXCEPTION CONSISTENTLY**
    - **"THIS IS NOT A BLANKET WAIVER"**
- *Expectation is the Operating Room RH range is ≤60%*
  - *Operating Room Temperature range is 68°F – 75°F*

EC.02.05.01 OR Temp. Ranges Outside Established Ranges

For critical spaces, to include operating rooms, standard EC.02.05.01 EP 15 uses the 2008 ASHRAE 170, Ventilation Table 7-1.

- Note "l" has an allowance to deviate from the prescribed temperature ranges. It states, *"lower or higher temperature shall be permitted when patients' comfort and/or medical conditions required those conditions."*
- Note “o” states, *“Surgeons or surgical procedures may require room temperatures, ventilation rates, humidity ranges, and/or air distribution methods that exceed the minimum indicated ranges”*.

These notes indicate that organizations may take allowances to meeting the range requirements however these are not blanket allowances but based on specific patient, surgeon and or procedure requirements.

- This is inferred by Note “o” as the guidance begins with “Surgeons or surgical procedures…”

Questions?

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The 8 Physical Environment (PE) Standards & Number of EP's

- PE.01.01.01 The hospital has a safe and adequate physical environment. [3 EP's]
- PE.02.01.01 The hospital manages risks related to hazardous materials and waste. [6 EP's]
- PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code. [9 EP's].
- PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction. [15 EP's]
- PE.04.01.01 The hospital addresses building safety and facility management. [5 EP's]
- PE.04.01.03 The hospital manages utility systems. [4 EP's]
- PE.04.01.05 The hospital has a water management program that addresses Legionella and other waterborne pathogens. [4 EP's]
- PE.05.01.01 The hospital manages imaging safety risks. [4 EP's]

PCRA

ASHE ICRA 2.0

PCRA (Pre-Construction Risk Assessment)

- Pre-Construction Risk Assessment (PCRA) is a necessary component of the early project planning phase needed to identify and assess potential impacts/risks to the facility systems as well as potential impacts to patients, staff and visitors.
- This pre-assessment includes
  - a review of the potential impact to building systems
    - med-gas
    - Electrical
    - Plumbing
    - Mechanical
    - Communication
    - Security
    - Life Safety
    - Other systems supporting patient care
    - Spaces
  - The PCRA recommendations will need to be evaluated during the ICRA process, which comes later in the design phase when the actual work activities have been determined.

ASHE ICRA 2.0 (Infection Control Risk Assessment)

ASHE ICRA 2.0* assesses infection risks to improve patient protections.

There are now five steps (rather than the previous four steps) that must occur at the beginning of design, prior to any work:

1. Define work activity or work to be done
2. Identify patient risk associated with the location of work activities
3. Define class of precaution, including the use of standing orders
4. Assess surrounding area and determine controls for adjacent areas
5. Establish mitigation plan

*ASHE ICRA 2.0 includes a better understanding of the ICRA process, expanded definitions of work activities and areas, and greater explanation of controls.

ASHE ICRA 2.0

- Questions associated with implementation of ASHE ICRA 2.0:
  - When is an ASHE ICRA 2.0 needed?
  - How should the organization approach changing project phases or multiple ICRAs?
  - When should standing orders be considered and for what type of work?
  - What is the approval process?
  - What types of project work require outside authorities' approval (i.e. AHJs)?
  - What are our requirements for posting the ASHE ICRA 2.0?
  - What are the conditions that will trigger
    - Reassessment
    - Downgrading or increasing controls
    - Discontinuation of controls?

When is an ASHE ICRA 2.0 needed?

- An ICRA is required anytime construction, renovation or maintenance (CRM) or significant work involving alteration or replacement of building systems performed that:
  - creates dust
  - impacts environmental conditions that could affect human health and increase infection risk
    - such as disruption of water or ventilation systems
    - demolition or construction activities creating airborne dust
    - interference with patient, care provider and/or supply pathways through the building

What Information is Needed for the ASHE ICRA 2.0?

- The process starts with the hospital or facility project manager developing clear and accurate project information to present to the ICRA team.
- Including the contractor or other non-health care staff can be appropriate, it is the health care organization's responsibility to collect all information and complete the ICRA process, not that of the contractor or worker doing the work.
- Overall information needed to assess risks and define classes of precautions includes the following:
  - Type of work to be done.
    - Complete description of work being performed.
    - Phasing of work activities.
    - Proposed start and end dates.

What Information is Needed for the ASHE ICRA 2.0? (continued)

- Area or location of work activities
- Areas impacted by project:
  - Direct construction work area.
  - Contractor and materials path of travel.
- Indirect areas impacted:
  - Immediately adjacent, above and below.
  - Remote areas where access to building systems is required.
- Safety risk assessment (SRA) & Pre-Construction Risk Assessment (PCRA) elements.
- Support services.
- Hospital contact for project.

ASHE ICRA 2.0 Creating the Team

- Decision-makers, including Leadership to demonstrate support & committment
- Leaders whose teams will be affected by the project
  - Department Managers, Clinical leaders
- Those with knowledge of the project
    - Facilities management, Project Managers
  - Those with experience in developing control strategies
      - Safety, Infection Prevention, Facilities Management)

ASHE ICRA 2.0 Worker Activities in the HC Environment

- Healthcare facility construction/work activities & increased patient infection risks is well documented
  - Soiled or dirty clothing, tools, and materials can increase dispersed dust and contaminants
  - Environmental assessments have shown that worker activities and the route by which materials are brought into or out of health care facilities can impact the environment
  - The methods and locations of trash collection and removal directly impacts the indoor environment
    - Materials staging, trash container locations and equipment/trash container proximity to air intakes have all been associated with increased risk of patient infection
- Incidental work: this is work outside the previously identified ICRA work, and is NOT ALLOWED
- Entering & leaving the work areas: Strict adherence to precautions must be clearly defined
- Worker clothing: Clean and free of dust when entering and leaving the work site and general areas
- Materials and Equipment: must be wiped down and clean when leaving the work areas

ASHE ICRA 2.0 Step 1: Activities Defined

Key Questions to Evaluate & Define Scope of Work

- How invasive/disruptive is the work?
- How long will the work take before it is completed?
- How much space will your scope of work impose upon?
- What sub-work can we expect as a result of this work?

- What is the level of effort for the activity? See Table 1: Activity Type
  - Type A: least disruptive or invasive
  - Type D: most disruptive and invasive

Table 1

Table 1 - Activity Type: _____

Type A	**Inspection and non-invasive activities.** Includes but is not limited to: • Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time. • Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris. • Clean plumbing activity limited in nature.
Type B	**Small-scale, short duration activities that create minimal dust and debris.** Includes but is not limited to: • Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces). • Fan shutdown/startup. • Installation of electrical devices or new flooring that produces minimal dust and debris. • The removal of drywall where minimal dust and debris is created. • Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.

Table 1, continued

Type C	**Large-scale, longer duration activities that create a moderate amount of dust and debris.** Includes but is not limited to: • Removal of preexisting floor covering, walls, casework or other building components. • New drywall placement. • Renovation work in a single room. • Non-existing cable pathway or invasive electrical work above ceilings. • The removal of drywall where a moderate amount of dust and debris is created. • Dry sanding where a moderate amount of dust and debris is created. • Work creating significant vibration and/or noise. • Any activity that cannot be completed in a single work shift.
Type D	**Major demolition and construction activities.** Includes but is not limited to: • Removal or replacement of building system component(s). • Removal/installation of drywall partitions. • Invasive large-scale new building construction. • Renovation work in two or more rooms.

ASHE ICRA 2.0 Step 2 Identify Patient Risk

- The relationship between construction, renovation and maintenance activities conducted in health care facilities and increased patient infection risk is well recognized.
- Researchers have reported concerns with fungal or microbial contaminants in hospitals over the past 70 years.
- At-risk patients can be exposed and infected through the introduction and dispersal of contaminants in the health care environment.
  - At risk patients include bone marrow transplant, Surgical, Neonate and immunocompromised
- It is understood that CRM activities can increase the risk of infectious contaminants being released into the environment, putting patients, staff and visitors at risk of exposure.
- KNOW YOUR PATIENT POPULATION THAT CAN BE IMPACTED

Step 2: Table 2

Step Two:

Using Table 2, identify the Patient Risk Group(s) that will be affected. If more than one risk group will be affected, select the higher risk group.

Table 2 - Patient Risk Group: _____

Low Risk Non-patient care areas such as:	Medium Risk Patient care support areas such as:	High Risk Patient care areas such as:	Highest Risk Procedural, invasive, sterile support and highly compromised patient care areas such as:
• Public hallways and gathering areas not on clinical units. • Office areas not on clinical units. • Breakrooms not on clinical units. • Bathrooms or locker rooms not on clinical units. • Mechanical rooms not on clinical units. • EVS closets not on clinical units.	• Waiting areas. • Clinical engineering. • Materials management. • Sterile processing department - dirty side. • Kitchen, cafeteria, gift shop, coffee shop, and food kiosks.	• Patient care rooms and areas • All acute care units • Emergency department • Employee health • Pharmacy - general work zone • Medication rooms and clean utility rooms • Imaging suites: diagnostic imaging • Laboratory.	• All transplant and intensive care units. • All oncology units. • OR theaters and restricted areas. • Procedural suites. • Pharmacy compounding. • Sterile processing department - clean side. • Transfusion services. • Dedicated isolation wards/units. • Imaging suites: invasive imaging.

ASHE ICRA 2.0 Step 3: Define Class of Precaution

- In all projects, protections are adapted to make the work safer for both workers and occupants within the space where the work takes place.
- Infection prevention controls can prompt many different actions.
- The following list includes various controls that may be introduced during a project:

  - Protective clothing (cover suits and shoe covers).
  - Impact reduction.
  - Barriers.
  - Ventilation and airflow.
  - Exhaust and air filtration.
  - Water systems flushing.
  - Systems shutdowns and backups.
  - Trash and debris containment.
  - Anterooms.
  - Rerouted traffic flow and egress.
  - Enhanced cleaning in the areas.

ASHE ICRA 2.0 Step 3: Define Class of Precaution

- This is the Activity Type Table and should be used as a guide to select the appropriate class of precaution based on Activity Type (A, B, C or D) and Patient Risk Group (Low Risk, Medium Risk, High Risk or Highest Risk).

Patient Risk Group	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III*
MEDIUM Risk Group	I	II	III*	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

ASHE ICRA 2.0

In the ASHE ICRA 2.0, the following informative notes are listed below the matrix:

- Infection control permit and approval will be required when Class of Precautions III (Type C) and all Class of Precautions IV or V are necessary.

- Environmental conditions that could affect human health, such as sewage, mold, asbestos, gray water and black water will require Class of Precautions IV for LOW and MEDIUM Risk Groups and Class of Precautions V for HIGH and HIGHEST Risk Groups.

- *Type C (Medium Risk Groups) and Type D (Low Risk Groups) work areas (Class III Precautions) that cannot be sealed and completely isolated from occupied patient care spaces should be elevated to include negative air exhaust requirements as listed in Class IV Precautions.

ASHE ICRA 2.0 Standing Orders

- Some health care organizations will create standard precaution guidelines for low-risk work practices, referred to as **Standing Order ICRAs**, to avoid redundant creation of ICRA documents while still providing necessary protection to patients, staff and visitors.
- This practice is appropriate for routine work in health care facilities completed by in-house facilities staff and personnel.
- Incorporating facility-driven standing orders for protection can be a major improvement and time saver for facilities.
  - It also establishes agreements between facilities and IP, allowing the facilities team to perform routine work with the necessary mitigation activities properly applied without the need consult with Infection Preventionist.

Interim Life Safety Measures
ILSM

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

Element(s) of Performance for PE.03.02.01

1. The hospital has a written interim life safety measures (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital implements PE.03.02.01, EPs 2–15, to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.
    a. Note: For any Life Safety Code (LSC) deficiency that cannot be immediately corrected during survey, the hospital identifies which ILSMs in its policy will be implemented until the issue is corrected

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

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 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)

3. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital posts signage identifying the location of alternative exits to everyone affected.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

4. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measures (ILSM) policy.

5. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measures (ILSM) policy.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

6. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measures (ILSM) policy.

7. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital uses temporary construction partitions that are smoke-tight or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the hospital's interim life safety measures (ILSM) policy.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

8. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the hospital's interim life safety measures (ILSM) policy.

9. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital enforces storage, housekeeping, and debris-removal practices that reduce the building’s flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measures (ILSM) policy.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

10. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measures (ILSM) policy.

11. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measures (ILSM) policy.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

12. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measures (ILSM) policy.

13. The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measures (ILSM) policy.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

14. The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measures (ILSM) policy.
    a. Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.

PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction

15. The hospital's policy allows the use of other interim life safety measures (ILSMs) not addressed in EPs 3–14. Note: 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).

Barrier Management

Barrier Management Program

- Barriers include
  - Walls
  - Joints
  - Doors
  - Other openings
    - Windows
    - Ductwork
    - Pipes, conduits, etc.
    - Chutes, shafts, vertical openings

Barrier Management Program: Policy, Permit, Educate and Inspect

- Policy:
  - Define
    - Scope
    - Authority
    - Management process
  - Interim Life Safety Measures
  - Pre-Construction Risk Assessment

Barrier Management Program: Policy, Permit, Educate and Inspect

- Permit
  - Follows policy
  - Define when permits are issued
  - Define criteria for awarding permits
  - Define permit display requirements
  - Define scope of permit: where the work is being done
  - Define time frame for the permit will expire

Barrier Management Program: Policy, Permit, Educate and Inspect

- Educate
  - Facilities staff
    - Components of the Barrier System
    - Maintenance of the Components
  - All other staff
    - Barrier System awareness
    - Permit awareness
  - Contractors
    - Barrier Management expectations

Barrier Management Program: Policy, Permit, Educate and Inspect

- Inspect
  - Establish inspection frequencies
    - Hospital experience
    - Reliability Centered Maintenance
  - Management inspections
    - Verify quality
    - Modify program as needed
  - Document inspection activities

Deficiency Resolution

- Deficiency Resolution Options:
  - Correct it immediately
  - Correct it within 60 days from end of discovery
    - Management process that documents the deficiency and actions to resolve
    - ILSM must be implemented
  - Survey-related Time Limited Waiver (TLW) located in the Statement of Conditions™ (See Survey-related Plan For Improvement, SPFI)
    - PE.03.02.01 EP 15
    - For additional time beyond the initial 60 days
    - Must be requested within 30 days from survey end
    - ILSM must be implemented

PCRA

Pre-Construction Risk Assessment (PCRA)

Construction or renovation in occupied healthcare facilities can result in environmental problems such as:

- Noise
- Vibration
- Creation or spread of contaminants
- Disruption of essential services
- Emergency Procedures
- Air quality

Interim Life Safety Measures

- Order of Standards (PE.03.02.01)
  - EP 1 must clearly define the ILSM policy including
    - Criteria to consider ILSM implementation
    - What to do to protect occupants
    - Both construction related and non-compliance with the LSC
  - EP 2 immediate ILSM actions
  - EPs 3 – 14 align with policy and implementation strategies
  - EP 15: Other, used for other ILSM

Questions?

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Affiliations & Education

- Fellow with the American Society for Healthcare Engineering (FASHE)
- Fellow with the Association for the Advancement of Medical Instrumentation (FAAMI)
- Fellow with the Royal Society of Public Health (FRSPH)
- Certified Healthcare Facility Manager, (CHFM)
- Certified Energy Manager, Retired (CEM-R)
- Certified Healthcare Safety Professional (CHSP)
- Certified Hospital Operations Professional (CHOP-DNV)
- MBA, California Coast University in Santa Ana, CA
- Past President of HESNI – a local ASHE chapter

Work Experience

JLL; Joint Commission; ARAMARK; ASHE; Joint Commission; ServiceMaster; Creation Day; Maxson Steel