



Accreditation Program: Laboratory
Environment of Care

Standard EC.01.01.01

The laboratory plans activities that minimize risks in the environment of care.

Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Rationale for EC.01.01.01

Risks are inherent in the environment because of the types of care provided and the equipment and materials that are necessary to provide that care. The best way to manage these risks is through a systematic approach that involves the proactive evaluation of the harm that could occur. By identifying one or more individuals to coordinate and manage risk assessment and reduction activities - and to intervene when conditions immediately threaten life and health - laboratories can be more confident that they have minimized the potential for harm. Risks in the environment include safety and security for people, equipment, and other material; the handling of hazardous materials and waste; the potential for fire; the use of laboratory equipment; and utility systems.

Written management plans help the laboratory manage risks. These plans are not the same as operational plans, but they do provide a framework for managing the environment of care. These plans should also address the scope and objectives of risk assessment and management, describe the responsibilities of individuals or groups, and give time frames for specific activities identified in the plan.

Note: It is not necessary to have a separate plan for each of the areas identified in the standard; they may all be contained in a single document.

Elements of Performance for EC.01.01.01

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| 1. | Laboratory leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the environment of care, collect information on deficiencies, and disseminate summaries of actions and results.
Note 1: This information is disseminated to individuals with responsibility for the issues being addressed.
Note 2: Deficiencies include injuries, problems, or use errors. | A |
| 2. | Laboratory leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings. | A |
| 3. | D The laboratory has a written plan for providing a safe environment for everyone who enters the laboratory's facilities. (See also EC.04.01.01, EP 15) | A |
| 4. | D The laboratory has a written plan for providing a secure environment for everyone who enters the laboratory's facilities. (See also EC.04.01.01, EP 15) | A |
| 5. | D The laboratory has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15) | A |
| 6. | D The laboratory has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15) | A |
| 7. | D The laboratory has a written plan for managing the following: Laboratory equipment. (See also EC.04.01.01, EP 15) | A |
| 8. | D The laboratory has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15) | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard EC.02.01.01







The organization manages safety and security risks.





Rationale for EC.02.01.01

Safety and security risks are present in most health care environments. These risks affect all individuals in the organization – patients, visitors, and those who work in the laboratory. It is important to identify these risks in advance so that the laboratory can prevent or effectively respond to incidents. In some laboratories, safety and security are treated as a single function, although in others they are treated as separate functions.

Safety risks may arise from the structure of the physical environment or the performance of everyday tasks, or be related to situations beyond the laboratory's control, such as the weather. Safety incidents are most often accidental. On the other hand, security incidents are often intentional. Security protects individuals and property against harm or loss. Examples of security risks include workplace violence, theft, and unrestricted access to medications. Security incidents are caused by individuals from either outside or inside the laboratory.

Elements of Performance for EC.02.01.01

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| 1. | The laboratory identifies safety and security risks associated with the environment of care.
Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14) | A |
|  3. | The laboratory takes action to minimize or eliminate identified safety and security risks associated with the physical environment. |  C |
|  5. | The laboratory maintains all grounds and equipment.
Note 1: When the laboratory is located within a hospital, the hospital is responsible for maintenance of the grounds.
Note 2: For additional requirements regarding laboratory equipment, please refer to EC.02.04.01 and EC.02.04.03. | C |
|  7. | The laboratory identifies individuals permitted to enter its facilities.
Note: Determination of those individuals requiring identification and the method for doing so is at the laboratory's discretion. | C |
| 8. | The laboratory controls access to and from areas it identifies as security sensitive. |  A |
|  11. | The laboratory acts in accordance with product notices and recalls. | C |
| 12. | The laboratory establishes safety policies and procedures that are distributed, practiced, enforced, and reviewed as defined by the laboratory. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard EC.02.01.03

The laboratory prohibits smoking.

Elements of Performance for EC.02.01.03

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| | 1. Smoking is not permitted in the laboratory and areas under the control of the laboratory. | A |
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Standard EC.02.02.01

The laboratory manages risks related to hazardous materials and waste.

Rationale for EC.02.02.01

Hazardous materials and waste cause harm if they are not managed properly. Examples of such materials include chemicals (such as cleaning products, solvents, and pesticides), compressed gases, and hazardous energy sources. Federal, state, or local regulations often guide the handling, use, and storage of hazardous materials and waste. The laboratory identifies materials it uses that need special handling to minimize the risks of unsafe use and improper disposal.

This chapter previously addressed infectious and regulated medical waste, but this requirement has moved to the "Infection Prevention and Control" (IC) chapter. Nevertheless, it is important for laboratories to be aware that the presence of these substances in the environment could be harmful to staff.

Note: This standard does not address oxygen because it is not a "hazardous material." Oxygen is covered under the safety standard, EC.02.01.01. However, other substances such as blood are covered by this standard.

Elements of Performance for EC.02.02.01

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| | 1. D The laboratory maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6) | A |
| | 3. D The laboratory has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 3) | A |
| | 4. The laboratory implements its procedures in response to hazardous material and waste spills or exposures. | 3 A |
| M | 5. The laboratory minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. | C |
| | 6. The laboratory minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials. (See also QSA.19.01.01, EP 2) | 3 A |
| M | 7. The laboratory minimizes risks associated with the selection and use of hazardous energy sources.
Note: Hazardous energy sources include, but are not limited to, those generated while using electron microscopy. | 3 C |

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- M** 9. The laboratory implements processes to minimize risks associated with the selection, handling, storage, transport, use, and disposing of hazardous gases and vapors. **C**
 Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, formalin, and xylene.
- 10. The laboratory monitors levels of hazardous gases and vapors to determine that they are in safe range. **3 A**
 Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.
 Footnote: See <http://www.osha.gov> and <http://www.cdc.gov/niosh/> for guidance in establishing safe ranges.
- 11. **D** For managing hazardous materials and waste, the laboratory has the permits, licenses, manifests, and material safety data sheets required by law and regulation. **A**
- 12. The laboratory labels hazardous materials and waste. Labels identify the contents and hazard warnings. **A**
 Footnote: The National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards provide details on labeling requirements.

Standard EC.02.03.01

The laboratory manages fire risks.

Rationale for EC.02.03.01

The laboratory's plan for fire response is an essential part of achieving a fire-safe environment. It is important that this response be evaluated in drill scenarios or actual fire situations in order to assess performance of staff and fire safety equipment. Testing the fire response plan should involve realistic situations, although actual evacuation of patients during the drills is not required.

Elements of Performance for EC.02.03.01

- M** 1. The laboratory minimizes the potential for harm from fire, smoke, and other products of combustion. **3 C**
- 3. When a laboratory is part of an accredited organization, it works with the accredited organization to establish mutual responsibilities for fire safety activities. **A**
 Note: When the laboratory is located in an accredited organization's building(s), compliance with the Life Safety Code for the laboratory is the responsibility of the accredited organization. The laboratory should, however, request information on any Life Safety Code deficiencies that might compromise its safety.
- 4. The laboratory maintains free and unobstructed access to all exits. **3 A**
- 9. **D** For independent laboratories that are not owned by or affiliated with a health care organization, such as a reference lab: The laboratory has a written fire response plan. **A**
- 10. 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 fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also EC.02.03.03, EP 5) **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard EC.02.03.03

The laboratory conducts fire drills.

Elements of Performance for EC.02.03.03

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| 2. | The laboratory conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.
Note 1: When a laboratory shares a building with others, drills need to be conducted only in areas that the laboratory occupies.
Note 2: An organization-wide fire drill meets this requirement for laboratories that are part of an accredited organization. | A |
| 5. | (D) The laboratory critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The critiques are documented. (See also EC.02.03.01, EP 10) | A |

Standard EC.02.03.05

The laboratory maintains fire safety equipment and fire safety building features.

Note: This standard does not require laboratories to have the types of fire safety equipment and building features described in the elements of performance of this standard. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Elements of Performance for EC.02.03.05

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| (M) | 15. (D) At least monthly, the laboratory inspects portable fire extinguishers. The completion dates of the inspections are documented.
Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
Note 2: Inspections involve a visual check for the presence and correct type of extinguisher, broken parts, full charge, and ease of access.
Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4). | C |
| (M) | 16. (D) Every 12 months, the laboratory performs maintenance on portable fire extinguishers. The completion date of the maintenance is documented.
Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10, 1998 edition (Sections 1-6, 4-3, and 4-4). | C |
| (M) | 21. (D) The laboratory tests fire-alarm and fire-detection systems in time frames it establishes. The completion date of the tests is documented. | C |
| 22. | (D) Every 12 months, the laboratory performs preventive maintenance on fire-alarm and fire-detection system components. The completion date of the maintenance is documented. | A |
| 23. | (D) Every 12 months, the laboratory inspects and tests (with or without discharge) automatic fire-extinguishing systems. The completion date of the tests is documented. | A |

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- M** 24. Fans or dampers in air-handling and smoke-management systems are functional. **C**

Standard EC.02.04.01

The laboratory manages laboratory equipment risks.

Elements of Performance for EC.02.04.01

1. The laboratory solicits input from individuals who operate and service equipment when it selects and acquires laboratory equipment. **A**
2. **D** The laboratory maintains a written inventory of laboratory equipment and equipment incident history. The laboratory evaluates new types of equipment before initial use to determine whether they should be included in the inventory. **A**
- M** 3. **D** The laboratory identifies, in writing, the activities and frequencies for inspecting, testing (including function checks), and maintaining laboratory equipment based on the following: **C**
 - Manufacturers' recommendations when available
 - Identified risks
 - Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) guidelines
 - History and experience with the laboratory equipment

(See also EC.02.04.03, EPs 7-9; QSA.02.02.01, EP 5)
 Note: This requirement also applies whenever the laboratory modifies commercially available equipment or for equipment that is used in a test system developed by the laboratory.
4. **D** The laboratory identifies, in writing, frequencies for inspecting, testing, and maintaining laboratory equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current laboratory experience. **A**
5. The laboratory monitors and reports all incidents in which laboratory equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990. **A**
 Note: Laboratory equipment includes instruments and machines intended for use in diagnosing disease or other conditions.

Standard EC.02.04.03

The laboratory inspects, tests, and maintains laboratory equipment.

Elements of Performance for EC.02.04.03

4. **D** The laboratory conducts performance testing of and maintains all sterilizers (autoclaves). These activities are documented. (See also IC.02.02.01, EP 2) **3 A**
- M** 6. **D** The laboratory documents major repairs and parts replacement for each instrument or piece of equipment, for the life of the instrument or equipment. **C**
- M** 7. **D** The laboratory performs preventive maintenance, periodic inspection, and performance testing of each instrument or piece of equipment. These activities are documented. (See also EC.02.04.01, EP 3) **C**

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| M | 8. D | The laboratory evaluates analytical measuring equipment and instruments for all critical operating characteristics. This evaluation is documented. (See also EC.02.04.01, EP 3) | C |
| M | 9. D | The laboratory evaluates automated volumetric equipment. This evaluation is documented. (See also EC.02.04.01, EP 3) | C |
| M | 10. D | The laboratory monitors temperature-controlled spaces and equipment at frequencies established by the laboratory, using manufacturers' guidelines. The temperature is documented. | C |
| M | 11. D | For each instrument or piece of equipment, the laboratory retains any daily, weekly, monthly, quarterly, or semiannual performance testing and function checks for at least two years. | C |


Standard EC.02.05.01

The laboratory manages risks associated with its utility systems.

Elements of Performance for EC.02.05.01

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| 2. D | The laboratory maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to laboratory services. The laboratory evaluates new types of utility components before initial use to determine whether they should be included in the inventory. (See also EC.02.05.05, EPs 1 and 5)
Note: A laboratory within an accredited organization that has an inventory can substitute that inventory for its own, as long as the laboratory has input into its formation. | A |
| M 3. D | The laboratory identifies, in writing, the activities for inspecting, testing, and maintaining all operating components of utility systems on the inventory. The activities are based on criteria such as manufacturers' recommendations, risk levels, and laboratory experience. (See also EC.02.05.05, EP 5)
Note: Laboratories may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for dependable performance. | C |
| 4. D | The laboratory identifies, in writing, the intervals for inspecting, testing, and maintaining all operating components of the utility systems on the inventory, based on criteria such as manufacturers' recommendations, risk levels, or laboratory experience. (See also EC.02.05.05, EP 5) | A |
| 6. | In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. | 3 A |
| 7. D | The laboratory maps the distribution of its utility systems. | A |
| 8. | The laboratory labels utility system controls so that staff are able to partially or completely shut down systems in emergencies. | A |
| 9. D | The laboratory has written procedures for responding to utility system disruptions. | A |
| 10. | The laboratory's procedures address shutting off the malfunctioning system and notifying staff in affected areas. | A |





KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 11. | The laboratory's procedures address performing emergency clinical interventions during utility system disruptions. | A |
| 12. | The laboratory's procedures address how to obtain emergency repair services. | A |
| 13. | The laboratory responds to utility system disruptions as described in its procedures. |  A |

Standard EC.02.05.03

The laboratory has a reliable emergency electrical power source.

Elements of Performance for EC.02.05.03





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| 1. | The laboratory has emergency power for the following: Alarm systems, as required by the Life Safety Code.
Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 13-3.3). |  A |
| 2. | The laboratory provides emergency power for the following: Exit route and exit sign illumination, as required by the Life Safety Code. |  A |
| 3. | The laboratory provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code. |  A |
| 7. | The laboratory provides emergency power for the following: Blood, bone, and tissue storage units. |  A |
| 8. | The laboratory provides emergency power for the following: Essential refrigeration and heating as identified by the laboratory, such as designated refrigerators, freezers, and incubators. | A |
| 9. | The laboratory provides emergency power for the following: Essential laboratory equipment as identified by the laboratory, such as blood gas equipment in a stat lab. | A |





Standard EC.02.05.05

The laboratory inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service. In these cases, laboratories are not required to possess maintenance documentation but have access to such documentation during survey and as needed.

Elements of Performance for EC.02.05.05

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|  | 1.  The laboratory tests utility system components on the inventory before initial use. The completion date of the tests is documented. (See also EC.02.05.01, EP 2) | C |
|  | 5.  The laboratory inspects, tests, and maintains the following: Non-life-support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2-4) | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard EC.02.05.07

The laboratory inspects, tests, and maintains emergency power systems.

Note: This standard does not require laboratories to have the types of emergency power equipment described in the elements of performance of this standard. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Rationale for EC.02.05.07

Emergency electrical power supply systems may fail during a power disruption, leaving the laboratory unable to deliver laboratory services to patients. Testing these systems for sufficient lengths of time at regular frequencies increases the likelihood of detecting reliability problems and reduces the risk of losing this critical resource when it is most needed.

Elements of Performance for EC.02.05.07

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| <p>M 1. D At 30-day intervals, the laboratory performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the tests is documented.</p> | C |
| <p>M 2. D Every 12 months, the laboratory either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the laboratory replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.</p> | C |
| <p>3. D Every quarter, the laboratory performs a functional test of stored emergency power supply systems (SEPSS) for 5 minutes or as specified for its class (whichever is less). The laboratory performs an annual test at full load for 60% of the full duration of its class. The completion dates of the tests are documented.</p> <p>Note 1: Non-SEPSS battery backup emergency power systems that the laboratory has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturers' recommendations.</p> <p>Note 2: SEPSS are intended to automatically supply illumination or power to critical areas and equipment essential for safety to human life. Included are systems that supply emergency power for such functions as illumination for safe exiting, ventilation where it is essential to maintain life, fire detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to patients, the public, or staff.</p> <p>Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. For additional guidance, see NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems, 1996 edition.</p> | A |
| <p>4. D Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the laboratory tests each emergency generator for at least 30 continuous minutes. The completion dates of the tests are documented.</p> | <p>3 A</p> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 5. | The emergency generator tests are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature. If the laboratory does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test each emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours. | ▲ ₃ A |
| 6. | ⓓ Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the laboratory tests all automatic transfer switches. The completion date of the tests is documented. | ▲ ₃ A |
| 7. | ⓓ At least once every 36 months, laboratories with a generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. The completion date of the tests is documented.
Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems. | ▲ ₃ A |
| 8. | The 36-month emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature. | ▲ ₃ A |
| 9. | If a required emergency power system test fails, the laboratory implements measures to protect patients, visitors, and staff until necessary repairs or corrections are completed. | ▲ ₃ A |
| 10. | If a required emergency power system test fails, the laboratory performs a retest after making the necessary repairs or corrections. | A |

Standard EC.02.06.01

The laboratory establishes and maintains a safe, functional environment.

Elements of Performance for EC.02.06.01

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| 13. | The laboratory maintains ventilation, temperature, and humidity levels suitable for the laboratory services provided. | A |
| 28. | Work areas have enough space and are configured to efficiently handle and house equipment and reagents. The features of work areas do not adversely affect test outcomes or compromise staff safety. | A |
| 29. | Equipment, instruments, reagents, materials, and supplies are provided for the type and volume of testing the laboratory performs. | A |
| 30. | All laboratory areas are safe for staff and visitors. | A |
| 31. | Molecular amplification procedures that are not contained in closed systems have a unidirectional workflow that includes separate areas for specimen preparation, amplification and product detection, and reagent preparation. | A |

KEY: A indicates scoring category A; C indicates scoring category C; ▲₂ indicates situational decision rules apply; ▲₃ indicates direct impact requirements apply; M indicates Measure of Success if needed; ⓓ indicates that documentation is required

Standard EC.02.06.05

The laboratory manages its environment during demolition, renovation, or new construction to reduce risk to those in the laboratory.

Rationale for EC.02.06.05

In addition to fire safety, there are other hazards and risks resulting from demolition, renovation, or new construction that must be addressed. It is important to plan and conduct risk assessments before construction begins. Authoritative guidelines and state regulations can provide valuable information to guide demolition, renovation, or new construction.

Elements of Performance for EC.02.06.05

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| 1. | When planning for new, altered, or renovated space, the laboratory uses one of the following design criteria:
- State rules and regulations
- Laboratory design guidelines published by the Clinical Laboratory Standards Institute
- Guidelines for Design and Construction of Hospitals and Health Care Facilities, 2001 edition, published by the American Institute of Architects
When the above rules, regulations, and guidelines do not meet specific design needs, the laboratory uses other reputable standards and guidelines that provide equivalent design criteria. | A |
| 5. | When site conditions or specific clinical needs require modification of design criteria, the laboratory identifies the need to train staff about using space and equipment. | A |




Standard EC.03.01.01





Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

Rationale for EC.03.01.01

People are the key to successfully managing risks in the physical environment. Plans and procedures are of no value if those who work in the laboratory do not know how to follow them. Everyone who works in the laboratory is responsible for safety, and it is important for them to know how to identify and minimize risks, what actions to take when an incident occurs, and how to report it.

Elements of Performance for EC.03.01.01









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|  | 1. Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. (See also HR.01.04.01, EP 1) | C |
|  | 2. Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also HR.01.04.01, EP 1) | C |
|  | 3. Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1) | C |





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
Standard EC.04.01.01

The laboratory collects information to monitor conditions in the environment.

Elements of Performance for EC.04.01.01

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| 1. | The laboratory establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
- Injuries to patients or others within the laboratory
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors
Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.
Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve laboratory services, or to prevent similar incidents, are not lost as a result of following the legal process. | A |
|  3. | The laboratory reports and investigates the following: Injuries occurring in the laboratory. (See also EC.04.01.03, EP 1) | C |
|  4. | The laboratory reports and investigates the following: Occupational illnesses and staff injuries. (See also EC.04.01.03, EP 1) | C |
|  5. | The laboratory reports and investigates the following: Incidents of damage to its property or the property of others in locations it controls. (See also EC.04.01.03, EP 1) | C |
|  6. | The laboratory reports and investigates the following: Security incidents involving patients, staff, or others in locations it controls. (See also EC.04.01.03, EP 1) | C |
|  8. | The laboratory reports and investigates the following: Hazardous materials and waste spills and exposures. (See also EC.04.01.03, EP 1) | C |
|  9. | The laboratory reports and investigates the following: Fire safety management problems, deficiencies, and failures. (See also EC.04.01.03, EP 1) | C |
|  10. | The laboratory reports and investigates the following: Laboratory equipment management problems, failures, and use errors. (See also EC.04.01.03, EP 1) | C |
|  11. | The laboratory reports and investigates the following: Utility systems management problems, failures, or use errors. (See also EC.04.01.03, EP 1) | C |
| 13. | The laboratory conducts environmental tours at least annually. | A |


KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

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|-----|--|--|
| 14. | The laboratory uses its tours to identify environmental deficiencies, hazards, and unsafe practices. (See also EC.02.01.01, EP 1; EC.04.01.03, EP 1) | A |
| 15. | Every 12 months, the laboratory evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. (See also EC.01.01.01, EPs 3-8; EC.04.01.03, EP 1) |  A |

Standard EC.04.01.03

The laboratory analyzes identified environment of care issues.



Elements of Performance for EC.04.01.03





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|---|--|----------|
| 1. | Representatives from the laboratory participate in the analysis of environment of care data. (See also EC.04.01.01, EPs 3-6, 8-11, and 14-15) | A |
|  | 2. The laboratory uses the results of data analysis to identify opportunities to resolve environmental safety issues. (See also EC.04.01.05, EP 1) | C |
| 3. | Annually, representatives from the laboratory recommend one or more priorities for improving the environment of care. | A |

Standard EC.04.01.05

The laboratory improves its environment of care.

Elements of Performance for EC.04.01.05

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|---|---|----------|
|  | 1. The laboratory takes action on the identified opportunities to resolve environmental safety issues. (See also EC.04.01.03, EP 2) | C |
|  | 2. The laboratory evaluates changes to determine if they resolved environmental safety issues. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required