



Accreditation Program: Behavioral Health Care  
Environment of Care

**Standard EC.01.01.01**

The organization 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 - organizations can be more confident that they have minimized the potential for harm. Risks in the environment include safety and security for people, the handling of hazardous materials, the potential for fire, and utility systems.

Written management plans help the organization 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. | 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.<br>Note 1: This information is disseminated to individuals with responsibility for the issues being addressed.<br>Note 2: Deficiencies include injuries, problems, or use errors. | <b>A</b> |
| 2. | Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.  | <b>A</b> |
| 3. | <b>D</b> The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities. (See also EC.04.01.01, EP 15)<br>Note: Facilities include both leased and owned spaces.  | <b>A</b> |
| 4. | <b>D</b> The organization has a written plan for providing a secure environment for everyone who enters the organization's facilities. (See also EC.04.01.01, EP 15)<br>Note: Facilities include both leased and owned spaces.  | <b>A</b> |
| 6. | <b>D</b> The organization has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)   | <b>A</b> |
| 8. | <b>D</b> The organization has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15)   | <b>A</b> |

**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 – individuals served, visitors, and those who work in the organization. It is important to identify these risks in advance so that the organization can prevent or effectively respond to incidents. In some organizations, 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 organization'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 organization.

**Elements of Performance for EC.02.01.01**

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| 1.  | The organization identifies safety and security risks associated with the environment of care.<br>Note 1: 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)<br>Note 2: Examples of risks associated with the physical environment include those that might contribute to suicide or acts of violence. | <b>A</b>  |
|  3.    | The organization takes action to minimize identified safety and security risks associated with the physical environment.  |  <b>C</b>  |
|  5.    | The organization maintains all grounds and equipment.   | <b>C</b>  |
| 8.  | The organization controls access to and from areas it identifies as security sensitive.   |  <b>A</b> |
|  11. | The organization acts in accordance with product notices and recalls. (See also MM.05.01.17, EPs 1-4)   | <b>C</b>  |
| 13.   | For opioid treatment programs: The organization establishes procedures for handling physical or verbal threats, acts of violence, inappropriate behavior, or other escalating and potentially dangerous situations. This includes situations in which security guards or police need to be summoned.  | <b>A</b>  |

**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 organization prohibits smoking except in specific circumstances.

**Elements of Performance for EC.02.01.03**

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| 1. | Ⓓ The organization develops a written policy prohibiting smoking in buildings, except in specific circumstances for adult individuals served in 24-hour-care settings. The organization defines specific circumstances that may result in exceptions to the policy for individuals served.  | A |
| 3. | Ⓓ If the organization decides that certain adult individuals served may smoke in 24-hour-care buildings, the clinical staff develops written criteria identifying the circumstances under which those individuals may smoke.  | A |
| 4. | If the organization decides that an adult individual may smoke in specific 24-hour-care buildings, it designates smoking areas that are physically separate from care, treatment, or service areas. (See also EC.02.03.01, EP 2)<br>Note: This does not require that a designated smoking area be a specific distance from care, treatment, or service areas. A physically separate, well-ventilated room that is exhausted to the outside is acceptable. | A |
| 6. | Ⓜ The organization takes action to maintain compliance with its smoking policy.   | C |

**Standard EC.02.01.05**

For foster care: The agency places individuals in foster care in physically safe environments.

Note: This standard applies to foster care agencies that make placement decisions.

**Elements of Performance for EC.02.01.05**

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| 1. | Ⓓ For foster care: The foster care agency defines, in writing, criteria for assessing the safety of the foster care family's physical environment.  | ⚠ A |
| 2. | For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: The adequacy of sanitary conditions.   | ⚠ A |
| 3. | For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from toxic materials and medications.  | ⚠ A |
| 4. | For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from pets; this includes verifying that pet vaccinations are current, in accordance with law and regulation. | ⚠ A |
| 5. | For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from firearms in the home.   | ⚠ A |
| 6. | For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Other issues as identified by national or state organizations and local, state, tribal, and federal law (such as licensing standards).     | ⚠ 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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| 7.  | For foster care: The foster care agency verifies that fire protection equipment (for example, smoke detectors, portable fire extinguishers) is inspected, tested, and maintained in a time frame determined by the organization.  | 3 A |
| 8.  | For foster care: The foster care agency verifies that emergency procedures for responding to fire are in place.   | 3 A |
| 9.  | For foster care: The foster care agency verifies the existence of a door for the sleeping room of the individual in foster care.  | 3 A |
| 10. | For foster care: The foster care agency verifies the existence of at least two of the following means of escape from the sleeping room of the individual in foster care:<br>- An operable exterior window large enough for emergency escape<br>- A door leading directly to the outside<br>- Access to a means of escape such as an unenclosed stairway | 3 A |
| 11. | For foster care: The foster care agency verifies the existence of a smoke detector on each floor and near the sleeping room of the individual in foster care.   | 3 A |
| 13. | (D) For foster care: The foster care agency reassesses safety during the periodic evaluation of the case plan, or as required by law and regulation. The safety assessment is documented.   | 3 A |

### Standard EC.02.02.01

The organization manages risks related to hazardous materials.

#### Rationale for EC.02.02.01

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

#### Elements of Performance for EC.02.02.01

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| (M) 2. | The organization manages hazardous materials from receipt through final use or disposal. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3) | C |
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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.02.03.01**








The organization manages fire risks.



**Rationale for EC.02.03.01**

The organization'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 individuals served during the drills is not required.

An effective fire plan accounts for the needs of the population served. For example, the plan should address how individuals in restraints will be protected during a fire.

**Elements of Performance for EC.02.03.01**

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| <b>M</b> | 1. The organization minimizes the potential for harm from fire, smoke, and other products of combustion.   |  <b>C</b>   |
|          | 2. If adults are permitted to smoke in 24-hour-care buildings, the organization takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)   |  <b>A</b>   |
|          | 4. The organization maintains free and unobstructed access to all exits.<br>Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.   |  <b>A</b>   |
|          | 5. In buildings housing three or fewer individuals served, the organization provides doors for sleeping rooms of the individuals served.<br>Footnote: The "Life Safety" (LS) chapter contains sleeping room requirements for buildings housing four or more individuals served.  |  <b>A</b>   |
|          | 6. In buildings housing three or fewer individuals served, the organization provides at least two of the following from the individual's sleeping room:<br>- An operable, exterior window large enough for emergency escape<br>- A door leading directly to the outside<br>- Access to another means of escape such as an unenclosed stairway    |  <b>A</b>   |
|          | 7. In buildings housing three or fewer individuals served, the organization installs a smoke detector in or near the individual's sleeping room.   |  <b>A</b> |
|          | 8. In buildings housing three or fewer individuals served, the organization establishes emergency procedures for responding to fire (including identifying primary and secondary means of escape).   |  <b>A</b> |
|          | 9. <b>D</b> The organization has a written fire response plan.   | <b>A</b>   |
|          | 10. The written fire response plan describes the specific roles of staff during a fire situation, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, when and how to transmit for off-site fire responders, and how to evacuate to areas of refuge. (See also EC.02.03.03, EPs 4 and 5) | <b>A</b>   |

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

**Standard EC.02.03.03**

The organization conducts fire drills.

**Elements of Performance for EC.02.03.03**

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| 1.          | The organization conducts fire drills once per quarter in each 24-hour-care building under its control. (See also LS.01.02.01, EP 11; LS.02.01.70, EP 4; LS.04.01.20, EP 9)<br>Note 1: Individuals served may, but need not be, evacuated during drills.<br>Note 2: In shared facilities, drills need to be conducted only in areas of the building that the organization occupies.<br>Note 3: This element of performance does not apply to facilities housing three or fewer individuals served. | <b>A</b> |
| 2.          | The organization conducts fire drills every 12 months from the date of the last drill in each area that is defined as a business occupancy by the Life Safety Code and in which care, treatment, or services are provided.<br>Note: In leased or rented facilities, drills need to be conducted only in areas of the building that the organization occupies.  | <b>A</b> |
| 3.          | When quarterly fire drills are required, at least 50% are unannounced.   | <b>A</b> |
| <b>M</b> 4. | Staff who work in buildings where individuals served are housed or treated participate in drills according to the organization's fire response plan. (See also EC.02.03.01, EP 10)<br>Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., the organization may use alternative methods to notify staff instead of activating the building's fire alarm system.  | <b>C</b> |
| 5.          | The organization critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. (See also EC.02.03.01, EP 10)   | <b>A</b> |

**Standard EC.02.03.05**

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

Note: This standard does not require organizations 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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| 1. | <b>D</b> At least quarterly, the organization tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented.<br>Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2). | <b>A</b> |
| 2. | <b>D</b> Every 6 months, the organization tests valve tamper switches and water flow devices. The completion date of the tests is documented.<br>Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).                  | <b>A</b> |

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3. **M** **D** Every 12 months, the organization tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
4. **M** **D** Every 12 months, the organization tests visual and audible fire alarms, including speakers. The completion date of the tests is documented. **3** **C**  
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
5. **D** Every quarter, the organization tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented. **A**  
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
6. **M** **D** For automatic sprinkler systems: Every week the organization tests fire pumps under no-flow conditions. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.
7. **M** **D** For automatic sprinkler systems: Every 6 months the organization tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3.5).
8. **M** **D** For automatic sprinkler systems: Every month during cold weather, the organization tests water-storage tank temperature alarms. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3).
9. **M** **D** For automatic sprinkler systems: Every 12 months the organization tests main drains at system low point or at all system risers. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-2.6).
10. **D** For automatic sprinkler systems: Every quarter the organization inspects all fire department water supply connections. The completion dates of the inspections are documented. **A**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-7.1).
11. **D** For automatic sprinkler systems: Every 12 months the organization tests fire pumps under flow. The completion date of the tests is documented. **3** **A**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.
12. **M** **D** Every 5 years the organization conducts water-flow tests for standpipe systems. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.
13. **D** Every 6 months the organization inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented. **A**  
 Note 1: Discharge of the fire-extinguishing systems is not required.  
 Note 2: For additional guidance on performing inspections, see NFPA 96, 1998 edition.

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14. **D** Every 12 months the organization tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion date of the tests is documented. **A**  
 Note: Discharge of the fire-extinguishing systems is not required.
- M** 15. **D** At least monthly, the organization inspects portable fire extinguishers. The completion dates of the inspections are documented. **C**  
 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 the 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).
- M** 16. **D** Every 12 months, the organization performs maintenance on portable fire extinguishers. The completion date of the maintenance is documented. **C**  
 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, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).
- M** 17. **D** The organization conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The completion date of the tests is documented. **C**  
 Note: For additional guidance on hydrostatic testing, see NFPA 1962, 1998 edition (Section 2-3), and NFPA 25, 1998 edition.
- M** 18. **D** The organization operates fire and smoke dampers at least every 4 years to verify that they fully close. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 3-4.7).
- M** 19. **D** Every 12 months, the organization tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented. **3 C**  
 Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).
- M** 20. **D** Every 12 months the organization tests sliding and rolling fire doors for proper operation and full closure. The completion date of the tests is documented. **C**  
 Note: For additional guidance on performing tests, see NFPA 80, 1999 edition (Section 15-3.4).

**Standard EC.02.05.01**

The organization manages risks associated with its utility systems.

**Elements of Performance for EC.02.05.01**

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| <p><b>M</b> 3. The organization identifies inspection and maintenance activities for all operating components of utility systems. (See also EC.02.05.05, EP 2)<br/>         Note: Organizations 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.</p> <p>4. The organization identifies the frequencies for inspecting, testing, and maintaining all operating components of the utility systems, based on criteria such as manufacturers' recommendations, risk levels, or organization experience. (See also EC.02.05.05, EP 2)</p> <p>7. The organization has information about the distribution of its utility systems.</p> <p>8. The organization labels utility system controls so that staff are able to partially or completely shut down systems in emergencies.</p> <p>9. <b>D</b> The organization has written procedures for responding to utility system disruptions.</p> <p>10. The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p> <p>13. The organization responds to utility system disruptions as described in its procedures.</p> | <p><b>C</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> |
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**3** **A**

**Standard EC.02.05.03**

The organization has a reliable emergency electrical power source.

**Elements of Performance for EC.02.05.03**

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| <p>1. The organization provides emergency power for the following: Alarm systems, as required by the occupancies defined in the Life Safety Code.<br/>         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).</p> <p>2. The organization provides emergency power for the following: Exit route and exit sign illumination, as required by the occupancies defined in the Life Safety Code.</p> <p>3. The organization provides emergency power for the following: Emergency communication systems, as required by the occupancies defined in the Life Safety Code.</p> <p>4. When elevators exist in 24-hour-care settings, the organization has a method for safely evacuating nonambulatory individuals when power is lost.<br/>         Note: Acceptable solutions include providing elevators with emergency power or using evacuation techniques such as carrying.</p> | <p><b>3</b> <b>A</b></p> <p><b>3</b> <b>A</b></p> <p><b>3</b> <b>A</b></p> <p><b>A</b></p> |
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**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.02.05.05**

The organization inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service. In these cases, organizations 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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| <b>M</b> | 1. <b>D</b> The organization tests utility system components before initial use. The completion date of the tests is documented.                                 | <b>C</b> |
| <b>M</b> | 2. <b>D</b> The organization inspects, tests, and maintains the following: Utility systems. These activities are documented. (See also EC.02.05.01, EPs 3 and 4) | <b>C</b> |

**Standard EC.02.05.07**

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





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

**Rationale for EC.02.05.07**

Emergency electrical power supply systems may fail during a power disruption, leaving the organization unable to deliver safe care, treatment, or services to individuals. 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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| <b>M</b> | 1. <b>D</b> At 30-day intervals, the organization 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.   | <b>C</b> |
| <b>M</b> | 2. <b>D</b> Every 12 months, the organization either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the organization 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. | <b>C</b> |



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| 3.  | <p><b>D</b> Every quarter, the organization performs a functional test of stored emergency power supply systems (SEPSS) for 5 minutes or as specified for its class (whichever is less). The organization 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 organization has determined to be critical for operations during a power failure (for example, 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, fire detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to individuals served, 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   |
| 4.  | <p><b>D</b> Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the organization tests each emergency generator for at least 30 continuous minutes. The completion dates of the tests are documented.</p>  |  A |
| 5.  | <p>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 organization 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.</p>   |  A |
| 6.  | <p><b>D</b> Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the organization tests all automatic transfer switches. The completion date of the tests is documented.</p>  |  A |
| 9.  | <p>If a required emergency power system test fails, the organization implements measures to protect individuals served, visitors, and staff until necessary repairs or corrections are completed.</p>  |  A |
| 10. | <p>If a required emergency power system test fails, the organization performs a retest after making the necessary repairs or corrections.</p>  | A   |

### Standard EC.02.06.01

The organization establishes and maintains a safe, functional environment.

#### Elements of Performance for EC.02.06.01

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| 1. | <p><b>M</b> Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.</p>  | C |
| 4. | <p>The organization provides outside areas for use by individuals served, based on the individual's needs and suitable to the individual's age or other characteristics.</p> <p>Note: Outdoor areas may include facility grounds, nearby parks and playgrounds, and adjacent countryside.</p> | A |

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<p><b>M</b> 5. The organization provides storage space to meet the needs of the individual served.</p> <p>8. Waiting and reception areas are adequate in size and number and staffed according to the needs of the individuals served.</p> <p>9. Restrooms are adequate in size and number for people using the facility.</p> <p>10. For opioid treatment programs: The use of physical space, including bathrooms, reflects the special needs of female patients.</p> <p>11. Lighting is suitable for care, treatment, or services.</p> <p>12. Lighting is controlled by the individuals served, consistent with care, treatment, or services provided.</p> <p>13. The organization maintains ventilation, temperature, and humidity levels suitable for the care, treatment, or services provided.</p> <p>19. Drinking fountains or water coolers are available for the individuals served.</p> <p>20. Areas used by individuals served are safe, clean, and comfortable.</p> <p>24. Furnishings and equipment should reflect the ability and needs of the individual served.</p> <p>25. Door locks and other structural restraints (such as fences) have the following characteristics:          - They are consistent with the organization's mission, program goals, program policy, and law and regulation.          - They provide the least-restrictive environment.          - They meet the needs of the individual served.          - They provide for emergency access to locked, occupied spaces.</p> <p><b>M</b> 26. The organization keeps furnishings and equipment safe and in good repair.</p> <p>36. For opioid treatment programs: The program has private, individual offices available for counseling.</p>	<p><b>C</b></p> <p><b>A</b></p> <p><b>C</b></p> <p><b>A</b></p> <p><b>C</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>C</b></p> <p><b>A</b></p>
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**Standard EC.02.06.03**

The organization establishes and maintains a safe and functional dining environment when food is provided.

**Elements of Performance for EC.02.06.03**

<p>1. The dining environment encourages eating and socialization.</p> <p>2. Dining areas are free from loud and distracting noises.</p> <p>3. Dining areas are arranged to seat small groups.</p> <p>4. Consistent with program goals, facilities for preparing snacks and meals for special occasions are available.</p> <p>5. The facilities for serving snacks, preparing meals, and engaging in recreational activities support the participation of the individuals served.</p>	<p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p>
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**Standard EC.02.06.05**


The organization manages its space during demolition, renovation, or new construction.

Note: These elements of performance are applicable to all occupancy types.

**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**

- |    |   |  |
|----|---|--|
| 1. | The organization uses design criteria when planning for new, altered, or renovated space that are consistent with applicable local, state, and federal law and regulation.  | <b>A</b>   |
| 2. | When planning demolition, construction, or renovation, the organization conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, or services.<br>Note: Refer to LS.01.02.01 for information on fire safety procedures to implement during construction or renovation. | <b>A</b>   |
| 3. | The organization takes action based on its assessment to minimize risks during demolition, construction, or renovation.   |  <b>A</b> |




**Standard EC.03.01.01**





Staff 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 organization do not know how to follow them. Everyone who works in the organization 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**

- |   |  |          |
|---|--|----------|
|  | 1. Staff can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. | <b>C</b> |
|  | 2. Staff can describe or demonstrate actions to take in the event of an environment of care incident.                  | <b>C</b> |
|  | 3. Staff can describe or demonstrate how to report environment of care risks.  | <b>C</b> |

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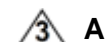
**Standard EC.04.01.01**

The organization collects information to monitor conditions in the environment.

**Elements of Performance for EC.04.01.01**

- |          |   |          |
|----------|---|----------|
| 1.       | The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following: <ul style="list-style-type: none"> <li>- Injuries to individuals served or others within the organization's facilities</li> <li>- Occupational illnesses and staff injuries</li> <li>- Incidents of damage to its property or the property of others in locations it controls</li> <li>- Security incidents involving individuals served, staff, or others in locations it controls</li> <li>- Fire safety management problems, deficiencies, and failures</li> </ul> <p>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.</p> <p>Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.</p> | <b>A</b> |
| <b>M</b> | 2. Based on its process(es), the organization reports and investigates the following: Problems and incidents related to each of the environment of care management plans. (See also EC.04.01.03, EP 1)  | <b>C</b> |
| <b>M</b> | 3. Based on its process(es), the organization reports and investigates the following: Injuries to individuals served or others within the organization's facilities. (See also EC.04.01.03, EP 1)   | <b>C</b> |
| <b>M</b> | 4. Based on its process(es), the organization reports and investigates the following: Occupational illnesses and staff injuries. (See also EC.04.01.03, EP 1)   | <b>C</b> |
|          | Note: This requirement applies to issues in the workplace, such as back injuries or allergies. It does not apply to communicable diseases.  |          |
| <b>M</b> | 5. Based on its process(es), the organization 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)  | <b>C</b> |
| 14.      | The organization monitors environmental deficiencies, hazards, and unsafe practices. (See also EC.02.01.01, EP 1; EC.04.01.03, EP 1)  | <b>A</b> |

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15. Every 12 months, the organization 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, 4, 6, 8; EC.04.01.03, EP 1)  
 Note: By evaluating the management plans, the organization can make sure that they remain relevant and useful guides for managing the environment of care. A review of the plans' scope includes a determination of whether any new services, programs, or sites added in the past year need to be addressed by the plans or if new hazards have been introduced into the environment that now need to be covered. A review of the plans' effectiveness could be accomplished through a review of incident reports as well as evaluation of other known problems that are not found on the incident reports (such as problems identified in the critique of a fire drill). A review of the plans' objectives would include a determination of whether the previous year's objectives were met and if any new objectives should be established to address problems identified in the review of the plans' effectiveness.

**Standard EC.04.01.03**

The organization analyzes identified environment of care issues.

**Elements of Performance for EC.04.01.03**

- |          |    |   |          |
|----------|----|---|----------|
|          | 1. | Representatives from clinical, administrative, and support services participate in the analysis of environment of care data. (See also EC.04.01.01, EPs 2-5, and 14-15) | <b>A</b> |
| <b>M</b> | 2. | The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues. (See also EC.04.01.05, EP 1)                       | <b>C</b> |

**Standard EC.04.01.05**

The organization improves its environment of care.

**Elements of Performance for EC.04.01.05**

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

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