Accreditation Program: Long Term 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, equipment, and other material; the handling of hazardous materials and waste; the potential for fire; the use of medical equipment; 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

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. 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.		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 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)	**A**
4.	(D)	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)	**A**
5.	(D)	The organization has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)	**A**
6.	(D)	The organization has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)	**A**
7.	(D)	The organization has a written plan for managing the following: Medical equipment. (See also EC.04.01.01, EP 15)	**A**
8.	(D)	The organization has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15)	**A**

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 including residents 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

	1.	The organization 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**
(M)	3.	The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.	3	**C**
(M)	5.	The organization maintains all grounds and equipment.		**C**
(M)	7.	The organization identifies individuals entering its facilities. Note: Determination of those individuals requiring identification and the method for doing so is at the organization's discretion.		**C**
	8.	The organization controls access to and from areas it identifies as security sensitive.	3	**A**
(M)	11.	The organization acts in accordance with product notices and recalls. (See also MM.05.01.17, EPs 1-4)		**C**

Standard EC.02.01.03

The organization prohibits smoking except in specific circumstances.

Elements of Performance for EC.02.01.03

(D)	1.	The organization develops a written policy prohibiting smoking in all buildings except for designated areas for residents in specific circumstances. The organization defines specific circumstances that may result in exceptions to the policy.	**A**

	3. (D)	If the organization decides that certain residents may smoke, the leaders develop written criteria identifying the specific circumstances under which they may smoke. The criteria also describe where and when they may smoke and whether supervision is required.	**A**
	4.	If the organization decides that certain residents may smoke, it designates smoking areas that are environmentally separate from care, treatment, and service areas. (See also EC.02.03.01, EP 2) Note: This does not require that a designated smoking area be a specific distance from care, treatment, and service areas. A physically separate, well-ventilated room that is exhausted to the outside is acceptable.	**A**
(M)	6.	The organization takes action to maintain compliance with its smoking policy.	**C**

Standard EC.02.02.01

The organization 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 organization identifies materials it uses that need special handling to minimize the risks of unsafe use and improper disposal.
Note: This standard does not address oxygen because it is not a "hazardous material." Oxygen is covered under the safety standard (see EC.02.01.01). However, other substances such as blood are covered by this standard.

Elements of Performance for EC.02.02.01

	1. (D)	The organization 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; MM.01.01.03, EP 3)		**A**
	3. (D)	The organization 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 organization implements its procedures in response to hazardous material and waste spills or exposures.	3	**A**
(M)	5.	The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.		**C**
(M)	7.	The organization minimizes risks associated with the selection and use of hazardous energy sources. Note: Hazardous energy is produced by both ionizing equipment (for example, portable x-ray machines) and nonionizing equipment (for example, lasers, microwaves).	3	**C**
(M)	8.	The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)	3	**C**
	11. (D)	For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and material safety data sheets required by law and regulation.		**A**

12.	The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. 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.	**A**

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 residents 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 residents with dementia will be protected during fires.

Elements of Performance for EC.02.03.01

(M)	1.	The organization minimizes the potential for harm from fire, smoke, and other products of combustion.	3 **C**
	2.	If residents are permitted to smoke, the organization takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)	3 **A**
	9. (D)	The organization 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, EPs 4 and 5)	**A**

Standard EC.02.03.03

The organization conducts fire drills.

Elements of Performance for EC.02.03.03

	1.	The organization conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11; LS.02.01.70, EP 4) Note 1: Residents may, but need not be, evacuated during drills. Note 2: In shared facilities, drills need to be conducted only in areas of the building that the organization occupies.	**A**
	3.	When quarterly fire drills are required, at least 50% are unannounced.	**A**
(M)	4.	Staff who work in buildings where residents are housed or treated participate in drills according to the organization's fire response plan. (See also EC.02.03.01, EP 10) 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.	**C**

5. (D) The organization 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 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

1. (D) At least quarterly, the organization tests supervisory signal devices (except valve tamper switches). 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).
2. (D) Every 6 months, the organization tests valve tamper switches and water flow devices. 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).
3. (M) (D) Every 12 months, the organization tests all 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).

(M) 9. (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.

(M) 12. (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.

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, 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.

Ⓜ 18. Ⓓ 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).

Ⓜ 19. Ⓓ Every 12 months the organization tests all 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).

Ⓜ 20. Ⓓ 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.02.04.01

The organization manages medical equipment risks.

Elements of Performance for EC.02.04.01

1. The organization solicits input from individuals who operate and service equipment when it selects and acquires medical equipment. **A**

2. Ⓓ The organization maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The organization evaluates new types of equipment before initial use to determine whether they should be included in the inventory. (See also EC.02.04.01, EPs 1 and 3) **A**

Ⓜ 3. Ⓓ The organization identifies, in writing, the activities for maintaining, inspecting, and testing for all medical equipment on the inventory. (See also EC.02.04.03, EPs 2 and 3) **C**
Note: Organizations may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for reliable performance.

4. Ⓓ The organization identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current organization experience. (See also EC.02.04.03, EPs 2 and 3) **A**

5. The organization monitors and reports all incidents in which medical 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**

6. Ⓓ The organization has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment. ③ **A**

Standard EC.02.04.03

The organization inspects, tests, and maintains medical equipment.

Elements of Performance for EC.02.04.03

M	1.	Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)	3	C
	2. D	The organization inspects, tests, and maintains all life-support equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4)	3	A
M	3. D	The organization inspects, tests, and maintains non–life-support equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2-4)		C
	5. D	The organization performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.	3	A

Standard EC.02.05.01

The organization manages risks associated with its utility systems.

Elements of Performance for EC.02.05.01

	1.	The organization designs and installs utility systems that meet resident care and operational needs. (See also EC.02.06.05, EP 1)		A
	2. D	The organization 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 resident care (including all life-support systems). The organization 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, 3-5)		A
M	3. D	The organization identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory. (See also EC.02.05.05, EPs 3-5; EC.02.05.09, EP 1) 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.		C
	4. D	The organization identifies, in writing, 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, EPs 3-5)		A
	5.	The organization minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.	3	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. Note: Areas designed for control of airborne contaminants include spaces such as special procedure rooms, rooms for residents diagnosed or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), residents in "protective environment" rooms, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Hospitals and Health Care Facilities, 2001 edition, published by the American Institute of Architects.	3	A
7. (D)	The organization maps the distribution of its utility systems.		A
8.	The organization labels utility system controls so that staff are able to partially or completely shut down systems in emergencies.		A
9. (D)	The organization has written procedures for responding to utility system disruptions.		A
10.	The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.		A
11.	The organization's procedures address performing emergency clinical interventions during utility system disruptions.		A
12.	The organization's procedures address how to obtain emergency repair services.		A
13.	The organization responds to utility system disruptions as described in its procedures.	3	A

Standard EC.02.05.03

The organization has a reliable emergency electrical power source.

Elements of Performance for EC.02.05.03

1.	The organization provides 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).	3	A
2.	The organization provides emergency power for the following: Exit route and exit sign illumination, as required by the Life Safety Code.	3	A
3.	The organization provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code.	3	A
4.	The organization provides emergency power for the following: Elevators (at least one for nonambulatory residents).		A
5.	The organization provides emergency power for the following: Equipment that could cause resident harm when it fails, including life-support systems; medical air compressors; and medical vacuum systems. (See also EM.02.02.09, EP 2)	3	A

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.

Rationale for EC.02.05.05

Equipment and life-support systems critical to resident care are almost always powered by electricity. When electrical power is disrupted unexpectedly, resident health and safety may be seriously threatened. For example, some communities introduce planned "brown-outs" when electric power sources are overloaded. Utility companies may not make special provisions for long term care organizations in these situations, which could compromise resident safety. The availability of emergency electrical power protects residents from utility disruptions.

Elements of Performance for EC.02.05.05

M	1. (D) The organization 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**
	3. (D) The organization inspects, tests, and maintains the following: Life-support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2-4)	3	**A**
	4. (D) The organization inspects, tests, and maintains the following: Infection control utility system components on the inventory (for example, ventilation systems supporting negative and positive air pressure isolation rooms). These activities are documented. (See also EC.02.05.01, EPs 2-4)	3	**A**
M	5. (D) The organization 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**

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 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 organization unable to deliver safe care, treatment, and services to residents. 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

M	1. (D) 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.		**C**

(M) 2. (D) 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. **C**

3. (D) 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. **A**
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, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturers' recommendations.
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 residents, the public, or staff.
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.

4. (D) 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. (3) **A**

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 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. (3) **A**

6. (D) 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. (3) **A**

7. (D) At least once every 36 months, organizations 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. (3) **A**
Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.

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 organization implements measures to protect residents, visitors, and staff until necessary repairs or corrections are completed. (3) **A**

10.	If a required emergency power system test fails, the organization performs a retest after making the necessary repairs or corrections.	**A**

Standard EC.02.05.09

The organization inspects, tests, and maintains medical gas and vacuum systems.
Note: This standard does not require organizations to have the medical gas and vacuum systems discussed below. However, if an organization has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Rationale for EC.02.05.09

Medical gas and vacuum systems must be reliable. Testing these systems increases the likelihood of detecting reliability problems and reduces the risk of losing this critical resource.

Elements of Performance for EC.02.05.09

1.	(D) In time frames defined by the organization, the organization inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented. (See also EC.02.05.01, EP 3)	3	**A**
2.	(D) The organization tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The completion date of the tests is documented.	3	**A**
3.	The organization makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.		**A**

Standard EC.02.06.01

The organization establishes and maintains a safe, functional environment.

Elements of Performance for EC.02.06.01

(M)	1.	Interior spaces meet the needs of the resident population for safety and suitability for the care, treatment, and services provided. Note: Interior spaces contain rehabilitation equipment and activities needed to accomplish a resident's goals, but they are arranged in a way that does not compromise the safety of the environment.	**C**
	4.	The organization provides outside areas for resident use, suitable to the resident's age or other characteristics.	**A**
(M)	5.	The organization provides storage space to meet resident needs.	**C**
	11.	Lighting is suitable for care, treatment, and services.	**C**
	13.	The organization maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.	**A**
(M)	18.	Interior spaces accommodate the use of equipment, such as wheelchairs, necessary to the activities of daily living.	**C**
(M)	20.	Areas used by residents are clean and free of offensive odors.	**C**

	22.	Spaces are accessible for safe wandering and exploring.	**A**
	23.	The organization provides emergency access to all locked and occupied spaces.	3 **A**
M	26.	The organization keeps furnishings and equipment safe and in good repair.	**C**
	34.	A sufficient number of electrical outlets with sufficient capacities are present to support the services offered to residents.	**A**

Standard EC.02.06.03

The organization establishes and maintains a safe and functional dining environment.

Elements of Performance for EC.02.06.03

1.	The dining environment encourages eating and socialization by providing small group settings and minimizing distractions, such as noise or activities.	**A**
6.	Dining areas have adequate space for residents with equipment required for care, treatment, and services.	**A**
7.	Dining areas have the following characteristics: - Offer residents a selection of seating - Include tables with height(s) to facilitate independent eating - Have staff that help residents sit in a regular dining chair, when the residents are able	**A**

Standard EC.02.06.05

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

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.	When planning for new, altered, or renovated space, the organization uses one of the following design criteria: - State rules and regulations - 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 organization uses other reputable standards and guidelines that provide equivalent design criteria. (See also EC.02.05.01, EP 1)	**A**

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, and services. **A**
   Note: Refer to LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

3. The organization takes action based on its assessment to minimize risks during demolition, construction, or renovation. 3 **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 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

M 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**

M 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**

M 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**

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: - Injuries to residents or others within the organization's facilities - Occupational illnesses and staff injuries - Incidents of damage to its property or the property of others in locations it controls - Security incidents involving residents, staff, or others in locations it controls - Hazardous materials and waste spills and exposures - Fire safety management problems, deficiencies, and failures - Medical 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 care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.	**A**
M	3.	Based on its process(es), the organization reports and investigates the following: Injuries to residents or others in the organization's facilities. (See also EC.04.01.03, EP 1)	**C**
M	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)	**C**
M	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)	**C**
M	6.	Based on its process(es), the organization reports and investigates the following: Security incidents involving residents, staff, or others in locations it controls. (See also EC.04.01.03, EP 1)	**C**
M	8.	Based on its process(es), the organization reports and investigates the following: Hazardous materials and waste spills and exposures. (See also EC.04.01.03, EP 1)	**C**
M	9.	Based on its process(es), the organization reports and investigates the following: Fire safety management problems, deficiencies, and failures. (See also EC.04.01.03, EP 1)	**C**
M	10.	Based on its process(es), the organization reports and investigates the following: Medical equipment management problems, failures, and use errors. (See also EC.04.01.03, EP 1)	**C**
M	11.	Based on its process(es), the organization reports and investigates the following: Utility systems management problems, failures, or use errors. (See also EC.04.01.03, EP 1)	**C**

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

	12.	The organization conducts environmental tours every six months in resident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment of care. (See also EC.04.01.03, EP 1)	**A**
M	13.	The organization conducts annual environmental tours in nonresident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment. (See also EC.04.01.03, EP 1)	**C**
	14.	The organization 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 organization evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. For those organizations seeking Medicare/Medicaid certification-based long term care accreditation that are not required to have environment of care management plans, the organization evaluates the scope, performance, and effectiveness of environment of care management activities. (See also EC.01.01.01, EPs 3-8; EC.04.01.03, EP 1)	3 **A**

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 3-6 and 8-15)	**A**
M	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)	**C**
	3.	Annually, representatives from clinical, administrative, and support services recommend one or more priorities for improving the environment of care. (See also LD.01.06.01, EP 4)	**A**

Standard EC.04.01.05

The organization improves its environment of care.

Elements of Performance for EC.04.01.05

M	1.	The organization takes action on the identified opportunities to resolve environmental safety issues. (See also EC.04.01.03, EP 2)	**C**
M	2.	The organization evaluates changes to determine if they resolved environmental safety issues.	**C**
	3.	The organization reports performance improvement results to those responsible for analyzing environment of care issues. (See also EM.03.01.03, EP 15)	**A**