

Environment of Care (EC) and Life Safety (LS) Chapter Revisions for the Life Safety Code Update

Ambulatory Health Care (AHC) Accreditation Program

EC.01.01.01

Current Requirement Text

The organization plans activities to 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.

<p>EC.01.01.01 EP: 1</p> <p>Current EP Text: Revision Type: Retain</p> <p>Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.</p>	<p>EC.01.01.01 EP: 1</p> <p>New EP Text:</p> <p>Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.</p>
<p>EC.01.01.01 EP: 2</p> <p>Current EP Text: Revision Type: Retain</p> <p>Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.</p>	<p>EC.01.01.01 EP: 2</p> <p>New EP Text:</p> <p>Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.</p>
<p>EC.01.01.01 EP: 3</p> <p>Current EP Text: Revision Type: Revised</p> <p>The organization has a written plan for managing the following: The environmental safety of everyone who enters the organization's facilities. (See also EC.04.01.01, EP 15)</p>	<p>EC.01.01.01 EP: 3</p> <p>New EP Text:</p> <p>The organization has a written plan for managing the following: The environmental safety of everyone who enters the organization's facilities.</p>

EC.01.01.01 **EP: 4**
Current EP Text: **Revision Type:** Revised
 The organization has a written plan for managing the following: The security of everyone who enters the organization's facilities. (See also EC.04.01.01, EP 15)

EC.01.01.01 **EP: 4**
New EP Text:
 The organization has a written plan for managing the following: The security of everyone who enters the organization's facilities.

EC.01.01.01 **EP: 5**
Current EP Text: **Revision Type:** Revised
 The organization has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)

EC.01.01.01 **EP: 5**
New EP Text:
 The organization has a written plan for managing the following: Hazardous materials and waste.

EC.01.01.01 **EP: 6**
Current EP Text: **Revision Type:** Revised
 The organization has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)

EC.01.01.01 **EP: 6**
New EP Text:
 The organization has a written plan for managing the following: Fire safety.

EC.01.01.01 **EP: 7**
Current EP Text: **Revision Type:** Revised
 The organization has a written plan for managing the following: Medical equipment. (See also EC.04.01.01, EP 15)

EC.01.01.01 **EP: 7**
New EP Text:
 The organization has a written plan for managing the following: Medical equipment.

EC.01.01.01 **EP: 8**
Current EP Text: **Revision Type:** Revised
 The organization has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15)

EC.01.01.01 **EP: 8**
New EP Text:
 The organization has a written plan for managing the following: Utility systems.

EC.02.01.01

Current Requirement Text

The organization manages safety and security risks.

EC.02.01.01

EP: 1

Current EP Text:

Revision Type: Revised

The organization identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization's facilities. (See also EC.04.01.01, EP 14)
 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.

EC.02.01.01

EP: 1

New EP Text:

The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization's facilities.
 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.

EC.02.01.01

EP: 3

Current EP Text:

Revision Type: Retain

The organization takes action to minimize identified safety and security risks in the physical environment.

EC.02.01.01

EP: 3

New EP Text:

The organization takes action to minimize identified safety and security risks in the physical environment.

EC.02.01.01

EP: 6

Current EP Text:

Revision Type: Retain

The organization manages safety risks related to entering and exiting the organization.

EC.02.01.01

EP: 6

New EP Text:

The organization manages safety risks related to entering and exiting the organization.

EC.02.01.01

EP: 8

Current EP Text:

Revision Type: Retain

The organization controls access to and from areas it identifies as security sensitive.

EC.02.01.01

EP: 8

New EP Text:

The organization controls access to and from areas it identifies as security sensitive.

EC.02.01.01

EP: 11

Current EP Text:

Revision Type: Retain

The organization responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)

EC.02.01.01

EP: 11

New EP Text:

The organization responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)

EC.02.01.01

EP: 14

Current EP Text:

Revision Type: Retain

The organization manages magnetic resonance imaging (MRI) safety risks associated with the following:

- Patients who may experience claustrophobia, anxiety, or emotional distress
- Patients who may require urgent or emergent medical care
- Patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel)
- Ferromagnetic objects entering the MRI environment
- Acoustic noise

EC.02.01.01

EP: 14

New EP Text:

The organization manages magnetic resonance imaging (MRI) safety risks associated with the following:

- Patients who may experience claustrophobia, anxiety, or emotional distress
- Patients who may require urgent or emergent medical care
- Patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel)
- Ferromagnetic objects entering the MRI environment
- Acoustic noise

EC.02.01.01

EP: 16

Current EP Text:

Revision Type: Retain

The organization manages magnetic resonance imaging (MRI) safety risks by doing the following:

- Restricting access of everyone not trained in MRI safety or screened by staff trained in MRI safety from the scanner room and the area that immediately precedes the entrance to the MRI scanner room.
- Making sure that these restricted areas are controlled by and under the direct supervision of staff trained in MRI safety.
- Posting signage at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room. Signage should also indicate that the magnet is always on except in cases where the MRI system, by its design, can have its magnetic field routinely turned on and off by the operator.

EC.02.01.01

EP: 16

New EP Text:

The organization manages magnetic resonance imaging (MRI) safety risks by doing the following:

- Restricting access of everyone not trained in MRI safety or screened by staff trained in MRI safety from the scanner room and the area that immediately precedes the entrance to the MRI scanner room.
- Making sure that these restricted areas are controlled by and under the direct supervision of staff trained in MRI safety.
- Posting signage at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room. Signage should also indicate that the magnet is always on except in cases where the MRI system, by its design, can have its magnetic field routinely turned on and off by the operator.

EC.02.01.03

Current Requirement Text

The organization prohibits smoking.

EC.02.01.03

EP: 1

Current EP Text:

Revision Type: Retain

Smoking is not permitted in the organization.
 Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

EC.02.01.03

EP: 1

New EP Text:

Smoking is not permitted in the organization.
 Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

EC.02.02.01

Current Requirement Text

The organization manages risks related to hazardous materials and waste.

EC.02.02.01

EP: 1

Current EP Text:

Revision Type: Retain

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)

EC.02.02.01

EP: 1

New EP Text:

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)

EC.02.02.01

EP: 3

Current EP Text:

Revision Type: Retain

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.

EC.02.02.01

EP: 3

New EP Text:

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.

EC.02.02.01

EP: 4

Current EP Text:

Revision Type: Retain

The organization implements its procedures in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)

EC.02.02.01

EP: 4

New EP Text:

The organization implements its procedures in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)

EC.02.02.01

EP: 5

Current EP Text:

Revision Type: Retain

The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

EC.02.02.01

EP: 5

New EP Text:

The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

EC.02.02.01

EP: 6

Current EP Text:

Revision Type: Retain

The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.

EC.02.02.01

EP: 6

New EP Text:

The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.

EC.02.02.01 **EP: 7**
Current EP Text: **Revision Type:** Retain
 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, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).

EC.02.02.01 **EP: 7**
New EP Text:
 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, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).

EC.02.02.01 **EP: 8**
Current EP Text: **Revision Type:** Revised
 The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)

EC.02.02.01 **EP: 8**
New EP Text:
 The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1–3)

EC.02.02.01 **EP: 9**
Current EP Text: **Revision Type:** Revised
 The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors.
 Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide.

EC.02.02.01 **EP: 9**
New EP Text:
 The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors.
 Note: Hazardous gases and vapors include, but are not limited to, ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)

EC.02.02.01 **EP: 10**
Current EP Text: **Revision Type:** Retain
 The organization monitors levels of hazardous gases and vapors to determine that they are in safe range.
 Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.

EC.02.02.01 **EP: 10**
New EP Text:
 The organization monitors levels of hazardous gases and vapors to determine that they are in safe range.
 Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.

EC.02.02.01 **EP: 11**
Current EP Text: **Revision Type:** Retain
 For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.

EC.02.02.01 **EP: 11**
New EP Text:
 For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.

EC.02.02.01 **EP: 12**
Current EP Text: **Revision Type:** Retain
 The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6)
 Footnote *: The Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.

EC.02.02.01 **EP: 12**
New EP Text:
 The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6)
 Footnote *: The Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.

EC.02.02.01 **EP: 14**
Current EP Text: **Revision Type:** Retain
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center checks radiology staff, according to time frames it defines, for radiation exposure, using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.

EC.02.02.01 **EP: 14**
New EP Text:
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center checks radiology staff, according to time frames it defines, for radiation exposure, using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.

EC.02.02.01 **EP: 15**
Current EP Text: **Revision Type:** Retain
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.

EC.02.02.01 **EP: 15**
New EP Text:
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.

EC.02.02.01 **EP: 17**
Current EP Text: **Revision Type:** Retain
 For organizations that provide computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: The results of staff dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are “as low as reasonably achievable” (ALARA) and below regulatory limits.
 Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.
 Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

EC.02.02.01 **EP: 17**
New EP Text:
 For organizations that provide computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: The results of staff dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are “as low as reasonably achievable” (ALARA) and below regulatory limits.
 Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.
 Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

EC.02.03.01

Current Requirement Text

The organization manages fire risks.

EC.02.03.01

EP: 1

Current EP Text:

The organization minimizes the potential for harm from fire, smoke, and other products of combustion.

Revision Type: Retain

EC.02.03.01

EP: 1

New EP Text:

The organization minimizes the potential for harm from fire, smoke, and other products of combustion.

EC.02.03.01

EP: 4

Current EP Text:

The organization maintains free and unobstructed access to all exits.
 Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.

Revision Type: Retain

EC.02.03.01

EP: 4

New EP Text:

The organization maintains free and unobstructed access to all exits.
 Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.

EC.02.03.01

EP: 9

Current EP Text:

The organization has a written fire response plan.
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A copy of the fire response plan is available to all supervisory personnel and is available in the telephone operator's position or at a security center.

Revision Type: Consolidated

EC.02.03.01

EP: 9

New EP Text:

The organization has a written fire response plan that describes the specific roles of staff and licensed independent practitioners during a fire, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge.
 Note 1: For additional information on the content of the fire response plan guidance, see NFPA 101, 2012 edition, 18/19: 7.1; 7.2.
 Note 2: For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: A copy of the fire response plan is available to all supervisory personnel and is available in the telephone operator's position or at a security center.

EC.02.03.01

EP: 10

Current EP Text:

Revision Type: Consolidated

The written fire response plan describes the specific roles of staff and licensed independent practitioners during a fire, 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)

Note: For additional information on the content of the fire response plan guidance, see NFPA 101, 2000 edition, section 20/21.7.2.2.

EC.02.03.01

EP: 9

New EP Text:

The organization has a written fire response plan that describes the specific roles of staff and licensed independent practitioners during a fire, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge.

Note 1: For additional information on the content of the fire response plan guidance, see NFPA 101, 2012 edition, 18/19: 7.1; 7.2.

Note 2: For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: A copy of the fire response plan is available to all supervisory personnel and is available in the telephone operator's position or at a security center.

EC.02.03.03

Current Requirement Text

The organization conducts fire drills.

EC.02.03.03

EP: 1

Current EP Text:

Revision Type: Revised

The organization conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11; LS.03.01.70, EP 6)

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

Note 2: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.

EC.02.03.03

EP: 1

New EP Text:

The organization conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11; LS.03.01.70, EP 6)

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

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

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

EC.02.03.03

EP: 2

Current EP Text:

Revision Type: Retain

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, or quarterly for ambulatory surgical centers seeking accreditation for Medicare certification.
 Note 1: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.

Note 2: In sites that are used on average 70 hours or less per month, the organization may choose either to review the fire response plan or to conduct a fire drill every 12 months. This note does not apply to ambulatory surgical centers that elect to use The Joint Commission deemed status option.

EC.02.03.03

EP: 2

New EP Text:

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, or quarterly for ambulatory surgical centers seeking accreditation for Medicare certification.
 Note 1: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.

Note 2: In sites that are used on average 70 hours or less per month, the organization may choose either to review the fire response plan or to conduct a fire drill every 12 months. This note does not apply to ambulatory surgical centers that elect to use The Joint Commission deemed status option.

EC.02.03.03

EP: 3

Current EP Text:

Revision Type: Revised

When quarterly fire drills are required, at least 50% are unannounced. Fire drills are held at unexpected times and under varying conditions.

EC.02.03.03

EP: 3

New EP Text:

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

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

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

EC.02.03.03

EP: 5

Current EP Text:

Revision Type: Revised

The organization critiques fire drills. (See also EC.02.03.01, EP 10)

EC.02.03.03

EP: 5

New EP Text:

The organization critiques fire drills.

EC.02.03.05

Current Requirement Text

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 below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

EC.02.03.05

EP: 1

Current EP Text:

Revision Type: Revised

At least quarterly, the organization tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05

EP: 1

New EP Text:

At least quarterly, the organization tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.
 Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.3.1.
 Note 2: Supervisory signals include the following: control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.

EC.02.03.05

EP: 2

Current EP Text:

Revision Type: Revised

Every 6 months, the organization tests valve tamper switches and water-flow devices. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05

EP: 2

New EP Text:

Every 6 months, the organization tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented.
 Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.
 Note 2: Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)

EC.02.03.05 **EP: 3**
Current EP Text: **Revision Type:** Revised
 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.
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05 **EP: 3**
New EP Text:
 Every 12 months, the organization tests duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5; 17.14.

EC.02.03.05 **EP: 4**
Current EP Text: **Revision Type:** Revised
 Every 12 months, the organization tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05 **EP: 4**
New EP Text:
 Every 12 months, the organization tests visual and audible fire alarms, including speakers and door-releasing devices on the inventory. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

EC.02.03.05 **EP: 5**
Current EP Text: **Revision Type:** Revised
 Every quarter, the organization tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05 **EP: 5**
New EP Text:
 Every 12 months the organization tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

EC.02.03.05 **EP: 6**
Current EP Text: **Revision Type:** Revised
 For automatic sprinkler systems: Every week, the organization tests fire pumps under no-flow conditions. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

EC.02.03.05 **EP: 6**
New EP Text:
 For automatic sprinkler systems: The organization tests electric motor-driven fire pumps monthly and diesel-engine-driven fire pumps weekly under no-flow conditions. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2.

EC.02.03.05 **EP: 7**
Current EP Text: **Revision Type:** Revised
 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.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 Edition, (Section 6-3.5).

EC.02.03.05 **EP: 7**
New EP Text:
 For automatic sprinkler systems: Every six months, the organization tests water-storage tank high- and low-water level alarms. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.1; Table 9.1.1.2.

EC.02.03.05 **EP: 8**
Current EP Text: **Revision Type:** Revised
 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.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3).

EC.02.03.05 **EP: 8**
New EP Text:
 For automatic sprinkler systems: Every month during cold weather, the organization tests water-storage tank temperature alarms. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.

EC.02.03.05 **EP: 9**
Current EP Text: **Revision Type:** Revised
 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.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-2.6).

EC.02.03.05 **EP: 9**
New EP Text:
 For automatic sprinkler systems: Every 12 months, the organization tests main drains at system low point or at all system risers. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1.

EC.02.03.05 **EP: 10**
Current EP Text: **Revision Type:** Revised
 For automatic sprinkler systems: Every quarter, the organization inspects all fire department water supply connections. The completion dates of the inspections are documented.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-7.1).

EC.02.03.05 **EP: 10**
New EP Text:
 For automatic sprinkler systems: Every quarter, the organization inspects all fire department water supply connections. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2.

EC.02.03.05 **EP: 11**
Current EP Text: **Revision Type:** Revised
 For automatic sprinkler systems: Every 12 months, the organization tests fire pumps under flow. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

EC.02.03.05 **EP: 11**
New EP Text:
 For automatic sprinkler systems: Every 12 months, the organization tests fire pumps under flow. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3.

EC.02.03.05 **EP: 12**
Current EP Text: **Revision Type:** Revised
 Every 5 years, the organization conducts water-flow tests for standpipe systems. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

EC.02.03.05 **EP: 12**
New EP Text:
 Every five years, the organization conducts hydrostatic and water-flow tests for standpipe systems. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2.

EC.02.03.05 **EP: 14**
Current EP Text: **Revision Type:** Revised
 Every 12 months, the organization tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion date of the tests is documented.
 Note: Discharge of the fire-extinguishing systems is not required.

EC.02.03.05 **EP: 14**
New EP Text:
 Every 12 months, the organization tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented.
 Note 1: Discharge of the fire-extinguishing systems is not required.
 Note 2: For full text, refer to NFPA 13-2010: 21.4.1.6(1).

EC.02.03.05 **EP: 15**
Current EP Text: **Revision Type:** Revised
 At least monthly, the organization 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).

EC.02.03.05 **EP: 15**
New EP Text:
 At least monthly, the organization inspects portable fire extinguishers. The results and completion dates 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 to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge.
 Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.

EC.02.03.05 **EP: 16**
Current EP Text: **Revision Type:** Revised
 Every 12 months, the organization 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, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).

EC.02.03.05 **EP: 16**
New EP Text:
 Every 12 months, the organization performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are 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 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.

EC.02.03.05 **EP: 17**
Current EP Text: **Revision Type:** Revised
 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.
 Note: For additional guidance on hydrostatic testing, see NFPA 1962, 1998 edition (Section 2-3), and NFPA 25, 1998 edition.

EC.02.03.05 **EP: 17**
New EP Text:
 The organization conducts hydrostatic tests on standpipe occupant hoses five years after installation and every three years thereafter. The results and completion dates are documented.
 Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008 (Chapter 7), and NFPA 25-2011.

EC.02.03.05 **EP: 18**
Current EP Text: **Revision Type:** Revised
 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.
 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).

EC.02.03.05 **EP: 18**
New EP Text:
 The organization operates fire and smoke dampers one year after installation and then at least every four years to verify that they fully close. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.

EC.02.03.05 **EP: 19**
Current EP Text: **Revision Type:** Revised
 Every 12 months, the organization tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.
 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).

EC.02.03.05 **EP: 19**
New EP Text:
 Every 12 months, the organization tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 90A-2010: 6.4.1.

EC.02.03.05 **EP: 20**
Current EP Text: **Revision Type:** Revised
 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.
 Note: For additional guidance on performing tests, see NFPA 80, 1999 edition (Section 15-2.4).

EC.02.03.05 **EP: 20**
New EP Text:
 Every 12 months, the organization tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.

EC.02.03.05

EP:

EC.02.03.05

EP: 25

Current EP Text:

Revision Type: New

New EP Text:

N/A

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

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

EC.02.04.01

Current Requirement Text

The organization manages medical equipment risks.

EC.02.04.01

EP: 1

EC.02.04.01

EP: 1

Current EP Text:

Revision Type: Retain

New EP Text:

The organization has a systematic approach to selecting and acquiring medical equipment.

The organization has a systematic approach to selecting and acquiring medical equipment.

EC.02.04.01

EP: 2

EC.02.04.01

EP: 2

Current EP Text:

Revision Type: Revised

New EP Text:

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.02.04.03, EPs 1 and 3)

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization maintains a written inventory of all medical equipment. (See also EC.02.04.03, EPs 1 and 3)

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.

For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization maintains a written inventory of all medical equipment.

EC.02.04.01 **EP: 3**
Current EP Text: **Revision Type:** Revised

The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience. (See also EC.02.04.03, EPs 2 and 3)

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements. (See also EC.02.04.03, EPs 2 and 3)

EC.02.04.01 **EP: 3**
New EP Text:

The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.

For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.

EC.02.04.01 **EP: 5**
Current EP Text: **Revision Type:** Retain

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.

EC.02.04.01 **EP: 5**
New EP Text:

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.

EC.02.04.01 **EP: 6**
Current EP Text: **Revision Type:** Retain

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

EC.02.04.01 **EP: 6**
New EP Text:

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

EC.02.04.01 **EP: 10**
Current EP Text: **Revision Type:** Revised

The organization identifies quality control and maintenance activities to maintain the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced. The organization identifies how often these activities should be conducted. (See also EC.02.04.03, EP 15)

EC.02.04.01 **EP: 10**
New EP Text:

The organization identifies quality control and maintenance activities to maintain the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced. The organization identifies how often these activities should be conducted.

EC.02.04.03

Current Requirement Text

The organization inspects, tests, and maintains medical equipment.

EC.02.04.03

EP: 1

Current EP Text:

Revision Type: Revised

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)

EC.02.04.03

EP: 1

New EP Text:

Before initial use of medical equipment on the medical equipment inventory, the organization performs safety, operational, and functional checks.

EC.02.04.03

EP: 2

Current EP Text:

Revision Type: Revised

The organization inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also EC.02.04.01, EP 3)
Note: High-risk equipment includes life-support equipment.

EC.02.04.03

EP: 2

New EP Text:

The organization inspects, tests, and maintains all high-risk equipment. These activities are documented.
Note: High-risk equipment includes life-support equipment.

EC.02.04.03

EP: 3

Current EP Text:

Revision Type: Revised

The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 3)

EC.02.04.03

EP: 3

New EP Text:

The organization inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.

EC.02.04.03

EP: 4

Current EP Text:

Revision Type: Retain

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

EC.02.04.03

EP: 4

New EP Text:

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

EC.02.04.03

EP: 5

Current EP Text:

Revision Type: Retain

The organization performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

EC.02.04.03

EP: 5

New EP Text:

The organization performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

EC.02.04.03

EP:

EC.02.04.03

EP: 14

Current EP Text:

Revision Type: New

New EP Text:

N/A

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

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: the organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-5.

EC.02.04.03

EP: 15

EC.02.04.03

EP: 17

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced. (See also EC.02.04.01, EP 10)

The organization maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.

EC.02.04.03

EP: 17

EC.02.04.03

EP: 19

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:
 - Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the organization, other commonly used CT protocols may be substituted.
 - Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.

Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 3: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; and LD.03.06.01, EP 4.)

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:
 - Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the organization, other commonly used CT protocols may be substituted.
 - Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.

Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 3: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03 **EP: 18**
Current EP Text: **Revision Type:** Retain
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Emergency equipment is maintained by qualified staff.

EC.02.04.03 **EP: 18**
New EP Text:
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Emergency equipment is maintained by qualified staff.

EC.02.04.03 **EP: 19**
Current EP Text: **Revision Type:** Moved and Revised
 For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:
 - Image uniformity
 - Slice thickness accuracy
 - Slice position accuracy (when prescribed from a scout image)
 - Alignment light accuracy
 - Table travel accuracy
 - Radiation beam width
 - High-contrast resolution
 - Low-contrast resolution
 - Geometric or distance accuracy
 - CT number accuracy and uniformity
 - Artifact evaluation
 Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
 Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; and LD.03.06.01, EP 4.)

EC.02.04.03 **EP: 20**
New EP Text:
 For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:
 - Image uniformity
 - Slice thickness accuracy
 - Slice position accuracy (when prescribed from a scout image)
 - Alignment light accuracy
 - Table travel accuracy
 - Radiation beam width
 - High-contrast resolution
 - Low-contrast resolution
 - Geometric or distance accuracy
 - CT number accuracy and uniformity
 - Artifact evaluation
 Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
 Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 20

Current EP Text:

Revision Type: Moved and Revised

At least annually, a diagnostic medical physicist or magnetic resonance imaging (MRI) scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:

- Image uniformity for all radiofrequency (RF) coils used clinically
- Signal-to-noise ratio (SNR) for all coils used clinically
- Slice thickness accuracy
- Slice position accuracy
- Alignment light accuracy
- High-contrast resolution
- Low-contrast resolution (or contrast-to-noise ratio)
- Geometric or distance accuracy
- Magnetic field homogeneity
- Artifact evaluation

Note: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; and LD.03.06.01, EP 4.)

EC.02.04.03

EP: 21

New EP Text:

At least annually, a diagnostic medical physicist or magnetic resonance imaging (MRI) scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:

- Image uniformity for all radiofrequency (RF) coils used clinically
- Signal-to-noise ratio (SNR) for all coils used clinically
- Slice thickness accuracy
- Slice position accuracy
- Alignment light accuracy
- High-contrast resolution
- Low-contrast resolution (or contrast-to-noise ratio)
- Geometric or distance accuracy
- Magnetic field homogeneity
- Artifact evaluation

Note: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 21

Current EP Text:

Revision Type: Moved and Revised

At least annually, a diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Sensitivity
- Energy resolution
- Count-rate performance
- Artifact evaluation

Note 1: The following test is recommended, but not required: Low-contrast resolution or detectability for non-planar acquisitions.

Note 2: The medical physicist or nuclear medicine physicist is accountable for these activities. He or she may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or nuclear medicine physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; and LD.03.06.01, EP 4.)

EC.02.04.03

EP: 22

New EP Text:

At least annually, a diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Sensitivity
- Energy resolution
- Count-rate performance
- Artifact evaluation

Note 1: The following test is recommended, but not required: Low-contrast resolution or detectability for non-planar acquisitions.

Note 2: The medical physicist or nuclear medicine physicist is accountable for these activities. He or she may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or nuclear medicine physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 22

Current EP Text:

Revision Type: Moved and Revised

At least annually, a diagnostic medical physicist conducts a performance evaluation of all positron emission tomography (PET) imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Low-contrast resolution or detectability (not applicable for planar acquisitions)
- Artifact evaluation

Note 1: The following tests are recommended, but not required, for PET scanner testing: sensitivity, energy resolution, and count-rate performance.
 Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; and LD.03.06.01, EP 4.)

EC.02.04.03

EP: 23

New EP Text:

At least annually, a diagnostic medical physicist conducts a performance evaluation of all positron emission tomography (PET) imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:

- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Low-contrast resolution or detectability (not applicable for planar acquisitions)
- Artifact evaluation

Note 1: The following tests are recommended, but not required, for PET scanner testing: sensitivity, energy resolution, and count-rate performance.
 Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.04.03

EP: 23

Current EP Text:

Revision Type: Moved and Revised

For computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The annual performance evaluation conducted by the diagnostic medical physicist or MRI scientist (for MRI only) includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.

Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 2: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; and LD.03.06.01, EP 4.)

EC.02.04.03

EP: 24

New EP Text:

For computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The annual performance evaluation conducted by the diagnostic medical physicist or MRI scientist (for MRI only) includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.

Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

Note 2: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EC.02.05.01

Current Requirement Text

The organization manages risks associated with its utility systems.

EC.02.05.01

EP: 3

Current EP Text:

Revision Type: Revised

The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience. (See also EC.02.05.05, EP 2; EC.02.05.09, EP 1).
 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements. (See also EC.02.05.05, EP 2; EC.02.05.09, EP 1)

EC.02.05.01

EP: 3

New EP Text:

The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. Various maintenance strategies may be used to ensure reliable performance (for example, predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience.
 For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all operating components of utility systems. These activities and frequencies must follow manufacturers' recommendations or other federal or state requirements.

EC.02.05.01

EP: 4

Current EP Text:

Revision Type: Revised

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides ventilation, temperature, and humidity levels in accordance with the levels established in the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standards followed during initial construction or subsequent major renovations, alterations, or modernizations of the facility.

EC.02.05.01

EP: 4

New EP Text:

For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization provides ventilation, temperature, and humidity levels in accordance with the levels established in the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standards followed during initial construction or subsequent major renovations, alterations, or modernizations of the facility.

EC.02.05.01

EP: 6

Current EP Text:

Revision Type: Revised

In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. (See also EC.02.06.01, EP 13 and EC.02.06.05, EP 1)

Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. For further information, refer to Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

EC.02.05.01

EP: 6

New EP Text:

In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature.

Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. For further information, refer to Guidelines for Design and Construction of Health Care Facilities, 2014 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

EC.02.05.01

EP: 7

Current EP Text:

Revision Type: Retain

The organization maps the distribution of its utility systems.

EC.02.05.01

EP: 7

New EP Text:

The organization maps the distribution of its utility systems.

EC.02.05.01

EP: 8

Current EP Text:

Revision Type: Revised

The organization labels utility system controls to facilitate partial or complete emergency shutdowns.

EC.02.05.01

EP: 8

New EP Text:

The organization labels utility system controls to facilitate partial or complete emergency shutdowns.

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

Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 20/21.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

<p>EC.02.05.01 Current EP Text: The organization has written procedures for responding to utility system disruptions.</p>	<p>EP: 9 Revision Type: Retain</p>	<p>EC.02.05.01 New EP Text: The organization has written procedures for responding to utility system disruptions.</p>	<p>EP: 9</p>
<p>EC.02.05.01 Current EP Text: The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p>	<p>EP: 10 Revision Type: Retain</p>	<p>EC.02.05.01 New EP Text: The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p>	<p>EP: 10</p>
<p>EC.02.05.01 Current EP Text: The organization's procedures address performing emergency clinical interventions during utility system disruptions.</p>	<p>EP: 11 Revision Type: Retain</p>	<p>EC.02.05.01 New EP Text: The organization's procedures address performing emergency clinical interventions during utility system disruptions.</p>	<p>EP: 11</p>
<p>EC.02.05.01 Current EP Text: The organization responds to utility system disruptions as described in its procedures.</p>	<p>EP: 13 Revision Type: Retain</p>	<p>EC.02.05.01 New EP Text: The organization responds to utility system disruptions as described in its procedures.</p>	<p>EP: 13</p>
<p>EC.02.05.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.01 New EP Text: In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. Note: Examples of non-critical care areas are general care nursing units; clean and soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.</p>	<p>EP: 16</p>
<p>EC.02.05.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.01 New EP Text: Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.</p>	<p>EP: 18</p>

EC.02.05.01

EP:

EC.02.05.01

EP: 19

Current EP Text:

Revision Type: New

New EP Text:

N/A

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

EC.02.05.03

Current Requirement Text

The organization has a reliable emergency electrical power source.

EC.02.05.03

EP: 1

EC.02.05.03

EP: 2

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

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).

The organization provides emergency power within 10 seconds 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 99-2012: 6.4.1.1; 6.4.2.2.3.3; 6.4.4.1.1; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 2

EC.02.05.03

EP: 3

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization provides emergency power for the following: Exit route and exit sign illumination, as required by the Life Safety Code.

The organization provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, 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 99-2012: 6.4.1.1.6; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 3

EC.02.05.03

EP: 4

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code.

The organization provides emergency power within 10 seconds for the following: Emergency communication 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 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 5

Current EP Text:

Revision Type: Revised

The organization provides emergency power for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems.

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Any newly installed, altered, or modified portion of an existing Essential Electrical Distribution System (EEDS) is a Type I system complying with NFPA 99, 1999 edition, section 13-3.3.2.

EC.02.05.03

EP: 5

New EP Text:

The organization provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems.

Note: For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: See NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a) for guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system).

EC.02.05.03

EP: 6

Current EP Text:

Revision Type: Revised

The organization provides emergency power for the following: Areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, and urgent care areas.

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Any newly installed, altered, or modified portion of an existing Essential Electrical Distribution System (EEDS) is a Type I system complying with NFPA 99, 1999 edition, section 13-3.3.2.

EC.02.05.03

EP: 6

New EP Text:

The organization provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, and urgent care areas.

Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 10

Current EP Text:

Revision Type: Moved and Revised

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: For facilities that were constructed, had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the organization has a Type I or Type 3 essential electrical systems (EES) in accordance with NFPA 99, 1999 edition.

EC.02.05.03

EP: 1

New EP Text:

For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the organization has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2; 6.4.2.2.6.

EC.02.05.03

Current EP Text:

N/A

EP:

Revision Type: New

EC.02.05.03

EP: 10

New EP Text:

The organization provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The organization's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.

Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2.3.3; NFPA 110-2010: 5.6.5.6; 7.3.1.

EC.02.05.05

Current Requirement Text

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 must have access to such documentation during survey and as needed.

EC.02.05.05

Current EP Text:

N/A

EP:

Revision Type: New

EC.02.05.05

EP: 1

New EP Text:

When performing repairs or maintenance activities, the organization has a process to manage risks associated with air-quality requirements; infection control; utility requirements; noise, odor, dust, vibration; and other hazards that affect care, treatment, or services for patients, staff, and visitors.

EC.02.05.05

Current EP Text:

The organization tests utility system components before initial use. The completion date of the tests is documented.

EP: 1

Revision Type: Moved and Revised

EC.02.05.05

EP: 2

New EP Text:

The organization tests utility system components before initial use. The completion date and the results of the tests are documented.

EC.02.05.05

Current EP Text:

The organization inspects, tests, and maintains the following: Utility systems. These activities are documented. (See also EC.02.05.01, EP 3)

EP: 2

Revision Type: Moved and Revised

EC.02.05.05

EP: 3

New EP Text:

The organization inspects, tests, and maintains the following: Utility systems. The completion date and the results of the activities are documented.

EC.02.05.05

EP:

EC.02.05.05

EP: 7

Current EP Text:

Revision Type: New

New EP Text:

N/A

The organization meets all other HealthCare Facilities Code requirements for electrical distribution, HVAC, as related to NFPA 99-2012: Chapters 6 and 9. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: the organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.

EC.02.05.07

Current Requirement Text

The organization inspects, tests, and maintains emergency power systems. Note: This standard does not require organizations to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

EC.02.05.07

EP: 1

EC.02.05.07

EP: 1

Current EP Text:

Revision Type: Revised

New EP Text:

At least monthly, 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.

At least monthly, the organization performs a functional test of battery-powered lights on the inventory required for egress for a minimum duration of 30 seconds and a visual inspection of EXIT signs. The test results and completion dates are documented. Note: For additional guidance, see NFPA 101-2012: 7.9.3; 7.10.9.

EC.02.05.07

EP: 2

EC.02.05.07

EP: 2

Current EP Text:

Revision Type: Revised

New EP Text:

Every 12 months, the organization performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours. The completion date of the tests is documented. For ambulatory surgical centers that do not elect to use The Joint Commission deemed status option: Organizations may choose to replace all batteries every 12 months and, during replacement, perform a random test of at least 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.

Every 12 months, the organization either performs a functional test of battery-powered lights on the inventory 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 and results of the tests are documented. For ambulatory surgical centers and outpatient surgery departments that elect to use The Joint Commission deemed status option: Every 12 months, the organization performs a functional test of battery-powered lights on the inventory required for egress for a duration of 1 1/2 hours. The completion date and results of the tests are documented.

EC.02.05.07 **EP:** 3
Current EP Text: **Revision Type:** Revised

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.

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 clinical 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 patients, 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.

EC.02.05.07 **EP:** 3
New EP Text:

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

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 clinical records) should be properly tested and maintained in accordance with manufacturers' recommendations.

Note 2: Level 1 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.

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 111-2010: 8.4.

EC.02.05.07 **EP:**
Current EP Text: **Revision Type:** New

N/A

EC.02.05.07 **EP:** 4
New EP Text:

At least weekly, the organization inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of weekly inspections are documented.

Note: For additional guidance, see NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1.

EC.02.05.07 **EP:** 4
Current EP Text: **Revision Type:** Moved and Revised

At least monthly, the organization tests each emergency generator under load for at least 30 continuous minutes. The completion dates of the tests are documented.

EC.02.05.07 **EP:** 5
New EP Text:

At least monthly, the organization tests each emergency generator under load for at least 30 continuous minutes. The cool-down period is not part of the 30 continuous minutes. The test results and completion dates are documented.

EC.02.05.07 **EP: 5**
Current EP Text: **Revision Type:** Moved and Revised

The monthly tests for diesel-powered emergency generators 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 the 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.
 Note: Tests for non–diesel-powered generators need only be conducted with available load.

EC.02.05.07 **EP: 6**
New EP Text:

The monthly tests for diesel-powered emergency generators 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 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1 ½ continuous hours.
 Note: Tests for non-diesel-powered generators need only be conducted with available load.

EC.02.05.07 **EP: 6**
Current EP Text: **Revision Type:** Moved and Revised

At least monthly, the organization tests all automatic transfer switches. The completion date of the tests is documented.

EC.02.05.07 **EP: 7**
New EP Text:

At least monthly, the organization tests all automatic transfer switches on the inventory. The test results and completion dates are documented.

EC.02.05.07 **EP: 7**
Current EP Text: **Revision Type:** Moved and Revised

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.
 Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.

EC.02.05.07 **EP: 9**
New EP Text:

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 test results and completion dates are documented.
 Note: For additional guidance, see NFPA 110-2010, Chapter 8.

EC.02.05.07 **EP:**
Current EP Text: **Revision Type:** New

N/A

EC.02.05.07 **EP: 8**
New EP Text:

At least annually, the organization tests the fuel quality to ASTM standards. The test results and completion dates are documented.
 Note: For additional guidance, see NFPA 110-2010: 8.3.8.

EC.02.05.07

EP: 8

Current EP Text:

The 36-month diesel-powered 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.
 Note: Tests for non–diesel-powered generators need only be conducted with available load.

Revision Type: Moved and Revised

EC.02.05.07

EP: 10

New EP Text:

The 36-month diesel-powered 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.
 Note: Tests for non-diesel-powered generators need only be conducted with available load.

EC.02.05.07

EP: 9

Current EP Text:

If a required emergency power system test fails, the organization implements measures to protect patients, visitors, and staff until necessary repairs or corrections are completed.

Revision Type: Moved

EC.02.05.07

EP: 11

New EP Text:

If a required emergency power system test fails, the organization implements measures to protect patients, visitors, and staff until necessary repairs or corrections are completed.

EC.02.05.07

EP: 10

Current EP Text:

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

Revision Type: Moved

EC.02.05.07

EP: 12

New EP Text:

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

EC.02.05.09

Current Requirement Text

The organization inspects, tests, and maintains medical gas and vacuum systems.

Note 1: 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.

Note 2: Piped medical gas systems include oxygen, nitrous oxide, and medical air systems. Piped vacuum systems include both medical-surgical vacuum and waste anesthetic gas disposal (WAGD) systems.

EC.02.05.09

New Requirement Text:

The organization inspects, tests, and maintains medical gas and vacuum systems.

Note 1: 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.

Note 2: Piped medical gas systems include oxygen, nitrous oxide, medical air, carbon dioxide, helium, nitrogen, instrument air and mixtures thereof. Piped vacuum systems include both medical-surgical vacuum and waste anesthetic gas disposal (WAGD) systems.

EC.02.05.09

EP: 1

Current EP Text:

Revision Type: Revised

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)

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In accordance with time frames established in NFPA 99, 1999 edition, section 4-3.4, the organization tests all piped medical gas and vacuum systems (including waste anesthetic gas disposal systems). These activities are documented. (See also EC.02.05.01, EP 3)

EC.02.05.09

EP: 1

New EP Text:

In time frames defined by the organization, the organization inspects, tests, and maintains critical components of piped medical gas and vacuum systems, including the source, distribution, inlets/outlets, and alarms that protect the piped medical gas systems. These activities and results are documented.

EC.02.05.09

EP:

Current EP Text:

Revision Type: New

N/A

EC.02.05.09

EP: 2

New EP Text:

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

Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.

EC.02.05.09 **EP: 2**
Current EP Text: **Revision Type:** Moved and Revised
 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.

EC.02.05.09 **EP: 4**
New EP Text:
 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 test results and completion dates are documented.

EC.02.05.09 **EP:**
Current EP Text: **Revision Type:** New
 N/A

EC.02.05.09 **EP: 3**
New EP Text:
 The organization's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.
 Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.

EC.02.05.09 **EP: 3**
Current EP Text: **Revision Type:** Moved
 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.

EC.02.05.09 **EP: 5**
New EP Text:
 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.

EC.02.05.09 **EP:**
Current EP Text: **Revision Type:** New
 N/A

EC.02.05.09 **EP: 6**
New EP Text:
 The organization implements a policy on all cylinders within the organization that includes the following:
 - Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety
 - Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
 - Labeling empty cylinders
 - Prohibiting transfilling in any compartment with patient care rooms
 Note: For additional guidance, see NFPA 99-2012: 11.5.2.3; 11.6.2; 11.6.2.3; 11.6.5; 11.6.5.2; 11.6.5.3; 11.7.3.2.

EC.02.05.09

EP:

EC.02.05.09

EP: 7

Current EP Text:

Revision Type: New

New EP Text:

N/A

The organization meets all other HealthCare Facilities Code requirements, gas and vacuum systems, and gas equipment, as related to NFPA 99-2012: Chapters 5 and 11.
 Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: the organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.

EC.02.06.01

Current Requirement Text

The organization establishes and maintains a safe, functional environment.

EC.02.06.01

EP: 1

EC.02.06.01

EP: 1

Current EP Text:

Revision Type: Retain

New EP Text:

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

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

EC.02.06.01

EP: 7

EC.02.06.01

EP: 7

Current EP Text:

Revision Type: Revised

New EP Text:

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides separate waiting and postanesthesia recovery areas.

For ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option: The organization provides separate waiting and postanesthesia recovery areas.

EC.02.06.01

EP: 11

EC.02.06.01

EP: 11

Current EP Text:

Revision Type: Retain

New EP Text:

Lighting is suitable for care, treatment, or services.

Lighting is suitable for care, treatment, or services.

EC.02.06.01

EP: 13

Current EP Text:

Revision Type: Deleted

The organization maintains ventilation, temperature, and humidity levels suitable for the care, treatment, or services provided. (See also EC.02.05.01, EP 6)

EC.02.06.01 **EP: 20**
Current EP Text: **Revision Type:** Retain
 Areas used by patients are clean.

EC.02.06.01 **EP: 20**
New EP Text:
 Areas used by patients are clean.

EC.02.06.01 **EP: 23**
Current EP Text: **Revision Type:** Retain
 The organization provides emergency access to all locked and occupied spaces.

EC.02.06.01 **EP: 23**
New EP Text:
 The organization provides emergency access to all locked and occupied spaces.

EC.02.06.05

Current Requirement Text

The organization manages its space during demolition, renovation, or new construction.
 Note: These elements of performance are applicable to all occupancy types.

EC.02.06.05 **EP: 1**
Current EP Text: **Revision Type:** Revised
 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 Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE)
 When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

EC.02.06.05 **EP: 1**
New EP Text:
 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 Health Care Facilities, 2014 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE) When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

EC.02.06.05 **EP: 2**
Current EP Text: **Revision Type:** Revised
 When planning for 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.
 Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

EC.02.06.05 **EP: 2**
New EP Text:
 When planning for demolition, construction, renovation, or general maintenance, 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.
 Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

EC.02.06.05 **EP: 3**
Current EP Text: **Revision Type:** Retain
 The organization takes action based on its assessment to minimize risks during demolition, construction, or renovation.

EC.02.06.05 **EP: 3**
New EP Text:
 The organization takes action based on its assessment to minimize risks during demolition, construction, or renovation.

EC.02.06.05 **EP: 4**
Current EP Text: **Revision Type:** Retain
 For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: Prior to installation of new imaging equipment, replacement of existing imaging equipment, or modification to rooms where ionizing radiation will be emitted or radioactive materials will be stored (such as scan rooms or hot labs), a medical physicist or health physicist conducts a structural shielding design * assessment to specify required radiation shielding.
 Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
 Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

EC.02.06.05 **EP: 4**
New EP Text:
 For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: Prior to installation of new imaging equipment, replacement of existing imaging equipment, or modification to rooms where ionizing radiation will be emitted or radioactive materials will be stored (such as scan rooms or hot labs), a medical physicist or health physicist conducts a structural shielding design * assessment to specify required radiation shielding.
 Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
 Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

EC.02.06.05 **EP: 6**
Current EP Text: **Revision Type:** Retain
 For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: After installation of imaging equipment or construction in rooms where ionizing radiation will be emitted or radioactive materials will be stored, a medical physicist or health physicist conducts a radiation protection survey to verify the adequacy of installed shielding. * This survey is conducted prior to clinical use of the room.
 Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
 Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

EC.02.06.05 **EP: 6**
New EP Text:
 For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: After installation of imaging equipment or construction in rooms where ionizing radiation will be emitted or radioactive materials will be stored, a medical physicist or health physicist conducts a radiation protection survey to verify the adequacy of installed shielding. * This survey is conducted prior to clinical use of the room.
 Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
 Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

EC.03.01.01

Current Requirement Text

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

EC.03.01.01

EP: 1

Current EP Text:

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)

Revision Type: Retain

EC.03.01.01

EP: 1

New EP Text:

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)

EC.03.01.01

EP: 2

Current EP Text:

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)

Revision Type: Retain

EC.03.01.01

EP: 2

New EP Text:

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)

EC.03.01.01

EP: 3

Current EP Text:

Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)

Revision Type: Retain

EC.03.01.01

EP: 3

New EP Text:

Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)

EC.04.01.01

Current Requirement Text

The organization collects information to monitor conditions in the environment.

EC.04.01.01

EP: 1

Current EP Text:

Revision Type: Retain

The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Problems and incidents related to risks addressed in the environment of care management plans
- Injuries to patients or others within the organization’s facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others

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.

EC.04.01.01

EP: 1

New EP Text:

The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Problems and incidents related to risks addressed in the environment of care management plans
- Injuries to patients or others within the organization’s facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others

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.

EC.04.01.01

EP: 2

Current EP Text:

Revision Type: Revised

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)

EC.04.01.01

EP: 2

New EP Text:

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.

EC.04.01.01

EP: 3

Current EP Text:

Revision Type: Revised

Based on its process(es), the organization reports and investigates the following: Injuries to patients or others within the organization’s facilities. (See also EC.04.01.03, EP 1)

EC.04.01.01

EP: 3

New EP Text:

Based on its process(es), the organization reports and investigates the following: Injuries to patients or others within the organization’s facilities.

EC.04.01.01 **EP: 4**
Current EP Text: **Revision Type:** Revised
 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)

EC.04.01.01 **EP: 4**
New EP Text:
 Based on its process(es), the organization reports and investigates the following: Occupational illnesses and staff injuries.

EC.04.01.01 **EP: 5**
Current EP Text: **Revision Type:** Revised
 Based on its process(es), the organization reports and investigates the following: Incidents of damage to its property or the property of others. (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 5**
New EP Text:
 Based on its process(es), the organization reports and investigates the following: Incidents of damage to its property or the property of others.

EC.04.01.01 **EP: 14**
Current EP Text: **Revision Type:** Revised
 The organization monitors environmental deficiencies, hazards, and unsafe practices. (See also EC.02.01.01, EP 1; EC.04.01.03, EP 1)

EC.04.01.01 **EP: 14**
New EP Text:
 The organization monitors environmental deficiencies, hazards, and unsafe practices.

EC.04.01.01 **EP: 15**
Current EP Text: **Revision Type:** Revised
 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 3-8; EC.04.01.03, EP 1)

EC.04.01.01 **EP: 15**
New EP Text:
 Every 12 months, the organization evaluates each environment of care management plan, including a review of the plan’s objectives, scope, performance, and effectiveness.

EC.04.01.03

Current Requirement Text

The organization analyzes identified environment of care issues.

EC.04.01.03 **EP: 1**
Current EP Text: **Revision Type:** Revised
 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)

EC.04.01.03 **EP: 1**
New EP Text:
 Representatives from clinical, administrative, and support services participate in the analysis of environment of care data.

EC.04.01.03

EP: 2

Current EP Text:

The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues. (See also EC.04.01.05, EP 1)

Revision Type: Revised

EC.04.01.03

EP: 2

New EP Text:

The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues.

EC.04.01.05

Current Requirement Text

The organization improves its environment of care.

EC.04.01.05

EP: 1

Current EP Text:

The organization takes action on the identified opportunities to resolve environmental safety issues. (See also EC.04.01.03, EP 2)

Revision Type: Revised

EC.04.01.05

EP: 1

New EP Text:

The organization takes action on the identified opportunities to resolve environmental safety issues.

EC.04.01.05

EP: 2

Current EP Text:

The organization evaluates changes to determine if they resolved environmental safety issues.

Revision Type: Retain

EC.04.01.05

EP: 2

New EP Text:

The organization evaluates changes to determine if they resolved environmental safety issues.

LS.01.01.01

Current Requirement Text

The organization designs and manages the physical environment to comply with the Life Safety Code.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in the event of an emergency in the organization.

Note 2: This standard applies to all Ambulatory Surgical Centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

LS.01.01.01

EP: 1

Current EP Text:

The organization assigns an individual(s) to assess compliance with the Life Safety Code, complete the electronic Statement of Conditions (SOC), and manage the resolution of deficiencies.

Revision Type: Revised

LS.01.01.01

EP: 1

New EP Text:

The organization assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies.

LS.01.01.01

EP: 2

Current EP Text:

The organization maintains a current electronic Statement of Conditions (SOC).

Note 1: The SOC is available to each organization through The Joint Commission Connect™ extranet site.

Note 2: For the process on how an organization may submit a request for an equivalency to The Joint Commission for review, please go to <http://www.jointcommission.org/assets/1/6/Equivalency-Request-Information.pdf>.

Revision Type: Revised

LS.01.01.01

EP: 2

New EP Text:

In time frames defined by the organization, the organization performs a building assessment to determine compliance with the Life Safety chapter.

LS.01.01.01

EP:

LS.01.01.01

EP: 3

Current EP Text:

Revision Type: New

New EP Text:

N/A

The organization maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following:

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

LS.01.01.01

EP: 3

LS.01.01.01

EP: 4

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

When the organization plans to resolve a deficiency through a Plan for Improvement (PFI), the organization meets the time frames identified in the PFI accepted by The Joint Commission. (See also LS.01.02.01, EPs 1, 2, 4-14)

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

Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.

Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).

Note 3: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: if there are existing alternative systems, methods, or devices, the organization may submit a waiver request using their Statement of Conditions (SOC).

Note 4: For additional guidance on equivalencies, see NFPA 2012: 101:1.4.3.

LS.01.01.01

EP:

LS.01.01.01

EP: 6

Current EP Text:

Revision Type: New

New EP Text:

N/A

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

LS.01.02.01

Current Requirement Text

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

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in the event of an emergency in the organization.

Note 2: This standard applies to all Ambulatory Surgical Centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

LS.01.02.01

EP: 2

Current EP Text:

Revision Type: Revised

When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.1.8 and 9.7.6.1) (See also LS.01.01.01, EP 3)

LS.01.02.01

EP: 2

New EP Text:

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

LS.01.02.01

EP: 3

Current EP Text:

Revision Type: Revised

When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Posts signage identifying the location of alternative exits to everyone affected. (See also LS.01.01.01, EP 3)

LS.01.02.01

EP: 3

New EP Text:

When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Posts signage identifying the location of alternative exits to everyone affected.

LS.01.02.01

EP: 4

Current EP Text:

Revision Type: Revised

When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects exits in affected areas on a daily basis. The organization determines when these inspections are needed. (See also LS.01.01.01, EP 3)

LS.01.02.01

EP: 4

New EP Text:

When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects exits in affected areas on a daily basis. The organization determines when these inspections are needed.

LS.01.02.01 **EP: 5**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The organization determines when these systems are needed. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 5**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The organization determines when these systems are needed.

LS.01.02.01 **EP: 6**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The organization determines when to provide this equipment. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 6**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The organization determines when to provide this equipment.

LS.01.02.01 **EP: 7**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The organization determines when to use these partitions. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 7**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The organization determines when to use these partitions.

LS.01.02.01 **EP: 8**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The organization determines when to increase surveillance. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 8**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The organization determines when to increase surveillance.

LS.01.02.01 **EP: 9**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The organization determines when these practices are needed. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 9**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The organization determines when these practices are needed.

LS.01.02.01 **EP: 10**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The organization determines when to provide additional training. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 10**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The organization determines when to provide additional training.

LS.01.02.01 **EP: 11**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per quarter. The organization determines when these additional fire drills are needed. (See also EC.02.03.03, EP 1; LS.01.01.01, EP 3)

LS.01.02.01 **EP: 11**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per quarter. The organization determines when these additional fire drills are needed. (See also EC.02.03.03, EP 1)

LS.01.02.01 **EP: 12**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The organization determines when these inspections and tests are needed. (See also LS.01.01.01, EP 3)

LS.01.02.01 **EP: 12**
New EP Text:
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The organization determines when these inspections and tests are needed.

LS.01.02.01

EP: 13

Current EP Text:

The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The organization determines when this education is needed. (See also LS.01.01.01, EP 3)

Revision Type: Revised

LS.01.02.01

EP: 13

New EP Text:

The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The organization determines when this education is needed.

LS.01.02.01

EP: 14

Current EP Text:

The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The organization determines when this training is needed. (See also LS.01.01.01, EP 3)
 Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.

Revision Type: Revised

LS.01.02.01

EP: 14

New EP Text:

The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The organization determines when this training is needed.
 Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.

LS.03.01.10

Current Requirement Text

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.10

EP: 1

Current EP Text:

Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 20/21.1.6.2 and 1.6.3. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6)

Revision Type: Revised

LS.03.01.10

EP: 1

New EP Text:

Buildings meet requirements for height and construction type in accordance with NFPA 101-2012: 20/21.1.6.2; 1.6.3.

LS.03.01.10

EP: 2

Current EP Text:

Buildings contain approved automatic sprinkler systems required by the construction type. (See also LS.03.01.35, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3)

Revision Type: Deleted

LS.03.01.10

EP: 3

Current EP Text:

Organizations located in multi-occupancy buildings are separated from health care occupancies by 2-hour fire-rated construction and from business occupancies by 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.2 and 20/21.3.7.1)

Revision Type: Moved and Revised

LS.03.01.10

EP: 2

New EP Text:

Ambulatory occupancies located in multi-occupancy buildings are separated from health care occupancies by two-hour fire-rated construction and from business occupancies by one-hour fire-rated walls. (For full text, refer to NFPA 101-2012: 20/21.1.3; 20/21.1.4; 20/21.3.7.1)

LS.03.01.10

EP: 4

Current EP Text:

Revision Type: Moved and Revised

Any 2-hour fire-rated walls (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above, and from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

LS.03.01.10

EP: 3

New EP Text:

Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)

LS.03.01.10

EP: 5

Current EP Text:

Revision Type: Moved and Revised

Openings in 2-hour fire-rated walls are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)

LS.03.01.10

EP: 4

New EP Text:

The fire protection rating for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions is as follows:

- Three hours in three-hour barriers and partitions
- Ninety minutes in two-hour barriers and partitions
- Forty-five minutes in one-hour barriers and partitions
- Twenty minutes in 1/2-hour barriers and partitions

Labels on fire door assemblies must be maintained in legible condition. (For full text, refer to NFPA 101-2012: 8.3.4.2; Table 8.3.4.2; 8.3.3.2.3; NFPA 80-2010: 5.2.13.3)

LS.03.01.10

EP: 6

Current EP Text:

Revision Type: Moved and Revised

Doors required to be fire-rated for 3/4 hour, 1 hour, or 1 1/2 hours have functioning hardware, including positive latching and self-closing or automatic-closing devices. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. (See also LS.03.01.30, EPs 3 and 6) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1 and 8.2.3.2.1; NFPA 80-1999: 2-4.4.3, 2-4.5, 2-3.1.7, 1-11.4)

LS.03.01.10

EP: 5

New EP Text:

Doors within walls and floors that are required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8-inch wide, and undercuts are no larger than 3/4 of an inch. Blocking or wedging open fire-rated doors is prohibited. Doors required to be fire rated in the walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

LS.03.01.10 **EP: 7**
Current EP Text: **Revision Type:** Moved and Revised
 Doors required to be fire-rated for 3/4 hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs. (For full text and any exceptions, refer to NFPA 80-1999: 1-3.5)

LS.03.01.10 **EP: 6**
New EP Text:
 Doors requiring a minimum fire rating of 3/4 of an hour are free of coverings, decorations, or other objects applied to the door face. Informational signs, which are applied with adhesive only, are allowed provided that the informational signage does not exceed 5% of the door face area. (For full text, refer to NFPA 80-2010: 4.1.4; 4.1.4.2.1)

LS.03.01.10 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 Ducts that penetrate a 2-hour fire-rated separation, are protected by dampers that are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to NFPA 90A-1999: 3-3.1)

LS.03.01.10 **EP: 7**
New EP Text:
 Ducts penetrating the walls and floors with a fire-resistance rating of less than three hours are protected by dampers that are fire rated for 1 1/2 hours; penetrations of three hours or greater are protected by fire dampers that are fire rated for three hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4)

LS.03.01.10 **EP: 9**
Current EP Text: **Revision Type:** Moved and Revised
 The space around pipes, conduits, bus ducts, cables/wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are filled with an approved fire-rated material.
 Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)

LS.03.01.10 **EP: 8**
New EP Text:
 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
 Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

LS.03.01.10 **EP: 10**
Current EP Text: **Revision Type:** Moved and Revised
 The organization meets all other Life Safety Code requirements related to NFPA 101-2000: 20/21.1.

LS.03.01.10 **EP: 9**
New EP Text:
 The organization meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1.

LS.03.01.20

Current Requirement Text

The organization maintains the integrity of the means of egress.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.20

EP: 1

Current EP Text:

Revision Type: Consolidated

When doors in exit passageways, stair enclosures, horizontal exits, hazardous areas, or smoke partitions are held open, they have an electrical device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors.

Note: The smoke detectors may be either installed to protect the entire building or installed in such a way to detect smoke on either side of the door opening. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.2.3)

LS.03.01.20

EP: 1

New EP Text:

Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)

LS.03.01.20

EP: 2

Current EP Text:

Revision Type: Deleted

Stairs and ramps serving as a required means of egress have handrails on at least one side in existing buildings and on both sides in new buildings. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.4.2)

LS.03.01.20 **EP: 3**
Current EP Text: **Revision Type:** Moved and Revised
 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text and any exceptions, refer to NFPA 101-2000: 7.7.1)

LS.03.01.20 **EP: 2**
New EP Text:
 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 20/21.2.1; 38/39.2.7; 7.2.6; 7.7)

LS.03.01.20 **EP: 4**
Current EP Text: **Revision Type:** Deleted
 Outside stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. These stairs extend vertically from the ground to a point 10 feet above the top landing of the stairs or roofline (whichever is lower) and extend 10 feet horizontally. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.6.3)

LS.03.01.20 **EP: 5**
Current EP Text: **Revision Type:** Consolidated
 When stairway doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.2.4)

LS.03.01.20 **EP: 1**
New EP Text:
 Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)

LS.03.01.20 **EP: 6**
Current EP Text: **Revision Type:** Consolidated
 Exit corridors or passageways serving as a means of egress are 44 or more inches wide.
 Note: When corridors are 6 feet wide or more, The Joint Commission permits certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. They must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.3)

LS.03.01.20 **EP: 4**
New EP Text:
 Exit corridors or passageways serving as a means of egress are 44 (or more) inches wide. Doors opening in the means of egress from diagnostic or treatment areas are 32 (or more) inches wide. (For full text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4)

LS.03.01.20 **EP: 7**
Current EP Text: **Revision Type:** Consolidated
 Doors opening in the means of egress from diagnostic or treatment areas are 32 or more inches wide. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.3.3)

LS.03.01.20 **EP: 4**
New EP Text:
 Exit corridors or passageways serving as a means of egress are 44 (or more) inches wide. Doors opening in the means of egress from diagnostic or treatment areas are 32 (or more) inches wide. (For full text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4)

LS.03.01.20 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

LS.03.01.20 **EP: 5**
New EP Text:
 Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 7.1.10.1)

LS.03.01.20 **EP: 9**
Current EP Text: **Revision Type:** Moved and Revised
 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.5.2.2)

LS.03.01.20 **EP: 6**
New EP Text:
 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.5.2.2.1)

LS.03.01.20 **EP: 10**
Current EP Text: **Revision Type:** Moved and Revised
 Floors or compartments of a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.4.1)

LS.03.01.20 **EP: 7**
New EP Text:
 Floors or compartments of a building have two or more approved exits that are located remotely from each other. (For full text, refer to NFPA 101-2012: 20/21.2.4.1; 2.4.2; 7.4; 38/39.2.4)

LS.03.01.20 **EP: 11**
Current EP Text: **Revision Type:** Moved and Revised
 In existing buildings, dead-end corridors are no longer than 50 feet. In new buildings, dead-end corridors are no longer than 20 feet (or no longer than 50 feet when there is an approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.5)

LS.03.01.20 **EP: 8**
New EP Text:
 In new buildings protected throughout by an approved automatic sprinkler system, dead-end corridors are no longer than 50 feet. In new buildings not provided with automatic sprinklers throughout, dead-end corridors are no longer than 20 feet. In existing buildings, dead-end corridors are no longer than 50 feet. (For full text, refer to NFPA 101-2012: 20/21.2.5; 38/39.2.5.2)

LS.03.01.20 **EP: 12**
Current EP Text: **Revision Type:** Consolidated
 The exits are arranged so that common paths of travel are 75 feet or less (or 100 feet or less when there are approved automatic sprinkler systems). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.5)

LS.03.01.20 **EP: 9**
New EP Text:
 The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)

LS.03.01.20 **EP: 13**
Current EP Text: **Revision Type:** Consolidated
 The travel distance between any room door and an exit is 100 feet or less (or 150 feet or less when equipped with an approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.6.2)

LS.03.01.20 **EP: 9**
New EP Text:
 The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)

LS.03.01.20 **EP: 14**
Current EP Text: **Revision Type:** Consolidated
 The travel distance from any point in a room to an exit is 150 feet or less (or 200 feet or less when equipped with an approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.6.2)

LS.03.01.20 **EP: 9**
New EP Text:
 The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)

LS.03.01.20 **EP: 15**
Current EP Text: **Revision Type:** Moved and Revised
 Nothing is stored in any exit enclosure. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.3)

LS.03.01.20 **EP: 10**
New EP Text:
 Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.2.2.5)

LS.03.01.20 **EP: 16**
Current EP Text: **Revision Type:** Moved and Revised
 Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.8)

LS.03.01.20 **EP: 11**
New EP Text:
 Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 20/21.2.8; 7.8)

LS.03.01.20

EP: 17

Current EP Text:

Illumination in the means of egress, including exit discharge, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness. (For full text and any exceptions, refer to NFPA 101-2000: 7.8.1.4)

Revision Type: Moved and Revised

LS.03.01.20

EP: 12

New EP Text:

Illumination in the means of egress, including exit discharge, is arranged so that failure of any single lighting unit will not result in darkness (less than 0.2 foot-candles of illumination). (For full text, refer to NFPA 101-2012: 20/21.2.8; 7.8.1.4)

LS.03.01.20

EP: 18

Current EP Text:

Signs reading "No Exit" are posted on doors to stairs in areas that are not conforming exits and that may be mistaken for exits. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)

Revision Type: Moved and Revised

LS.03.01.20

EP: 13

New EP Text:

Signs reading "NO EXIT" are posted on doors to stairs in areas that are not conforming exits and that may be mistaken for exits. (For full text, refer to NFPA 101-2012: 20/21.2.10; 7.10.8.3)

LS.03.01.20

EP: 19

Current EP Text:

Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.1.4, 7.10.5, 7.10.6.1, and 7.10.7.1)

Revision Type: Moved and Revised

LS.03.01.20

EP: 14

New EP Text:

Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high or 6 inches high if externally lit. (See NFPA 101-2012: 20/21.2.10; 7.10.5)

LS.03.01.20

EP: 20

Current EP Text:

The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 20/21.2.

Revision Type: Moved and Revised

LS.03.01.20

EP: 15

New EP Text:

The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 20/21.2.

LS.03.01.30

Current Requirement Text

The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.30

EP: 1

Current EP Text:

Revision Type: Revised

Existing vertical openings (other than exit stairs) are enclosed with 1-hour fire-rated walls. In new construction, vertical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when connecting three or fewer floors, and 2-hour fire-rated walls when connecting four or more floors. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.1)

Note: These vertical openings include, but are not limited to, communicating stairs, ramp, elevator shafts, ventilation shafts, light shafts, trash chutes, linen chutes, and utility chases.

LS.03.01.30

EP: 1

New EP Text:

In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5)

Note: These vertical openings include, but are not limited to, shafts (including elevator, light, and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases.

LS.03.01.30

EP: 2

Current EP Text:

Revision Type: Revised

In buildings, exit stairs connecting three or fewer floors are fire-rated for 1 hour; exit stairs connecting four or more floors are fire-rated for 2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.3.2.1)

LS.03.01.30

EP: 2

New EP Text:

In buildings, exit stairs connecting three or fewer floors are fire rated for one hour; exit stairs connecting four or more floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 20/21.3.1; 38/39.3.1; 8.6.5)

LS.03.01.30 **EP: 3**
Current EP Text: **Revision Type:** Consolidated
 Door assemblies in exit stair doors are fire-rated for 1 hour (or rated for 1 1/2 hours in buildings with four or more stories). (See also LS.03.01.10, EP 6) (For full text and any exceptions, refer to NFPA 101-2000: 7.1.3.2.1; NFPA 80-1999: 2-4.4.3)

LS.03.01.30 **EP: 3**
New EP Text:
 All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-rated doors; or hazardous areas have sprinkler systems and are constructed to resist the passage of smoke with doors equipped with self-closing or automatic-closing devices. (For full text, refer to NFPA 101-2012: 20/21.3.2; 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1; 6.3.1.7; 6.5)

LS.03.01.30 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.03.01.30 **EP: 4**
New EP Text:
 Installation and use of alcohol-based hand rub (ABHR) dispensers that are 95% or less alcohol content by volume are allowed in each smoke compartment as per NFPA 101-2012: 18/19.3.2.6.
 Note 1: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.
 Note 2: This element of performance reflects NFPA 101-2012: 18/19.3.2.6. For alternative guidelines on ABHR dispensers, see NFPA 101-2012: 8.7.3.1.

LS.03.01.30 **EP: 4**
Current EP Text: **Revision Type:** Consolidated
 Fixed fire window assemblies in exit stair doors are fire-rated for 1 hour (or rated for 1 1/2 hours in buildings with four or more stories); are 25% or smaller than the size of the fire barrier in which they are placed; and are 100 square inches or smaller in size. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1 and 8.2.3.2.2; NFPA 80-1999: 1-7.4)

LS.03.01.30 **EP: 7**
New EP Text:
 In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)
 Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations.

LS.03.01.30 **EP: 5**
Current EP Text: **Revision Type:** Consolidated
 All hazardous areas have sprinkler systems, resist the passage of smoke and have doors with self-closing or automatic-closing devices, or are enclosed with 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.2 and 38/39.3.2.1)

LS.03.01.30 **EP: 3**
New EP Text:
 All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-rated doors; or hazardous areas have sprinkler systems and are constructed to resist the passage of smoke with doors equipped with self-closing or automatic-closing devices. (For full text, refer to NFPA 101-2012: 20/21.3.2; 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1; 6.3.1.7; 6.5)

LS.03.01.30 **EP: 6**
Current EP Text: **Revision Type:** Deleted
 Doors in partitions enclosing hazardous areas without sprinklers are 3/4-hour fire-rated. (See also LS.03.01.10, EP 6) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.2 and 38/39.3.2; NFPA 80-1999: 2-4.4.3)

LS.03.01.30 **EP: 7**
Current EP Text: **Revision Type:** Moved and Revised
 Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.3, 38/39.3.3.2, and 10.2.3)

LS.03.01.30 **EP: 5**
New EP Text:
 Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text, refer to NFPA 101-2012: 20/21.3.3; 38/39.3.3.2; 10.2.3)

LS.03.01.30 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.3 and 10.2.7)

LS.03.01.30 **EP: 6**
New EP Text:
 Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7)

LS.03.01.30 **EP: 9**
Current EP Text: **Revision Type:** Consolidated
 Openings in vision panels or doors are installed at or below one half the distance from the floor to the room ceiling. These openings may be 20 square inches or smaller.
 Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.6.2)

LS.03.01.30 **EP: 7**
New EP Text:
 In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)
 Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations.

LS.03.01.30

EP:

LS.03.01.30

EP: 9

Current EP Text:

Revision Type: New

New EP Text:

N/A

Ambulatory health care space must be separated from other tenants with a one-hour fire-resistance-rated barrier, constructed from the floor slab below to the floor or roof above. Doors in the barrier are 1¾ inch thick, solid bonded (or equivalent), self-closing, and have positive latching. Doors are kept in the closed position except when in use. Windows in the barrier comply with NFPA 101-2012: 8.3. (For full text, refer to NFPA 101-2012: 20/21.3.7.1; 8.3)

LS.03.01.30

EP: 10

LS.03.01.30

EP: 8

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

In new buildings, the corridors providing access to exits are separated from other areas by 1-hour fire-rated systems. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.6.1 and 38.3.6.1)

In new construction, corridors that provide access to exits are separated from other areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012: 38.3.6.1.
Note: For existing construction, there are no requirements. (For full text, refer to NFPA 101-2012: 20.3.6.2)

LS.03.01.30

EP: 11

Current EP Text:

Revision Type: Deleted

In new buildings without sprinkler systems, corridor doors are positive latching; have self-closing or automatic-closing devices; are fire-rated for 20 minutes; and have undercuts no larger than 3/4 inch to resist the passage of smoke. In existing buildings, doors in a means of egress are 28 or more inches wide; in new buildings, doors are 32 inches wide. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.6, 38.3.6.1, 8.2.3, 8.2.3.2.1, 8.2.3.2.3.1; NFPA 80-1999: 2-4.4.3)

LS.03.01.30

EP: 12

LS.03.01.20

EP: 3

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Doors in a means of egress are always unlocked in the direction of egress, and swing in the direction of egress when there are 50 or more occupants. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.2)

Doors in a means of egress are always unlocked in the direction of egress and swing in the direction of egress when there are 50 or more occupants. (For full text, refer to NFPA 101-2012: 20/21.2.2, 7.2.1.4.2)

LS.03.01.30 **EP: 13**
Current EP Text: **Revision Type:** Moved and Revised
 Smoke barriers divide patient treatment floors into two or more smoke compartments. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.2)

LS.03.01.30 **EP: 10**
New EP Text:
 Smoke barriers divide patient treatment floors into two or more smoke compartments. (For full text, refer to NFPA 101-2012: 20/21.3.7.2)

LS.03.01.30 **EP: 14**
Current EP Text: **Revision Type:** Moved and Revised
 The size of new smoke compartments meets the requirements of NFPA 101-2000 20.3.7.5. (For full text and any exceptions, refer to NFPA 101-2000: 20.3.7.5)

LS.03.01.30 **EP: 11**
New EP Text:
 The size of new smoke compartments meets the requirements of NFPA 101-2012: 20.3.7.5. (For full text, refer to NFPA 101-2012: 20.3.7.2)

LS.03.01.30 **EP: 15**
Current EP Text: **Revision Type:** Moved and Revised
 Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall; all penetrations are sealed, and new smoke barriers are constructed of 1-hour fire-rated materials. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.3)

LS.03.01.30 **EP: 12**
New EP Text:
 Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall. All penetrations are sealed. New smoke barriers are constructed of one-hour fire-rated materials. (For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6)

LS.03.01.30 **EP: 16**
Current EP Text: **Revision Type:** Moved and Revised
 Ducts that penetrate smoke barriers, are protected by approved smoke dampers that close when a local smoke detector is activated. The detector is located either within the duct system or in the corridor.
 Note: In buildings with a fully ducted HVAC system, and protected throughout by an approved automatic sprinkler system, dampers are not required. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.3 and 8.3.5.2)

LS.03.01.30 **EP: 13**
New EP Text:
 Ducts that penetrate smoke barriers, are protected by approved smoke dampers that close when a local smoke detector is activated. The detector is located either within the duct system or in the corridor.
 Note: In buildings with a fully ducted HVAC system and protected throughout by an approved automatic sprinkler system, dampers are not required. (For full text, refer to NFPA 101-2012: 20/21.3.7.6; 8.5.5)

LS.03.01.30 **EP: 17**
Current EP Text: **Revision Type:** Deleted
 Approved smoke dampers protect air transfer openings through smoke barriers in ceiling spaces that are used as an unducted common plenum either for supply or return air. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)

LS.03.01.30

EP: 18

Current EP Text:

Revision Type: Moved and Revised

Fixed fire window assemblies in smoke barrier walls or doors are fire-rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed.

Note: Existing window installations that have fixed wired glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.1, 20/21.3.7.4, 8.2.3.2.2)

LS.03.01.30

EP: 14

New EP Text:

Fixed fire window assemblies in smoke barrier walls or doors are fire rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed.

Note: Existing window installations that have wired glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text, refer to NFPA 101-2012: 20/21.3.7.7, 8.3.3)

LS.03.01.30

EP: 19

Current EP Text:

Revision Type: Moved and Revised

Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or wider solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.1)

LS.03.01.30

EP: 15

New EP Text:

Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid bonded wood core (or equivalent) and are self-closing or automatic-closing. (For full text, refer to NFPA 101-2012: 20/21.3.7.9; 20/21.2.2.4)

LS.03.01.30

EP: 20

Current EP Text:

Revision Type: Moved and Revised

The organization meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 20/21.3.

Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.

LS.03.01.30

EP: 16

New EP Text:

The organization meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3.

Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.

LS.03.01.34

Current Requirement Text

The organization provides and maintains fire alarm systems.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.34

EP: 1

Current EP Text:

Revision Type: Revised

The fire alarm signal automatically transmits to one of the following (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4):

- An auxiliary fire alarm system with direct connection to the servicing fire department as described in NFPA 72-1999: 6-16
- Central station service as described in NFPA 72-1999: 5-2
- A proprietary supervising station system as described in NFPA 72-1999: 5-3 or The Joint Commission's approved method for a manual transmission system at http://www.jointcommission.org/life_safety_code_information_resources/
- A remote supervising station fire alarm system as described in NFPA 72-1999: 5-4

LS.03.01.34

EP: 1

New EP Text:

The fire alarm signal automatically transmits to one of the following:

- An auxiliary fire alarm system
- Central station fire alarm system
- A proprietary supervising station fire alarm system
- A remote supervising station fire alarm system

(For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4)

LS.03.01.34

EP: 2

Current EP Text:

Revision Type: Revised

The master fire alarm control panel is located in a protected environment (an area enclosed with 1-hour fire-rated walls and 3/4-hour fire-rated doors) that is continuously occupied or in an area with a smoke detector. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4; NFPA 72-1999: 1-5.6 and 3-8.4.1)

LS.03.01.34

EP: 2

New EP Text:

The master fire alarm control panel is located in an area with a smoke detector or is in an area that is a continuously occupied and protected environment, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. (For full text, refer to NFPA 101-2012: 20/21.3.4.1; 9.6.4; 9.6.6; 9.6.1.8)

LS.03.01.34 **EP: 3**
Current EP Text: **Revision Type:** Revised
 The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.6)

LS.03.01.34 **EP: 3**
New EP Text:
 The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3; 9.6.3.5)

LS.03.01.34 **EP: 4**
Current EP Text: **Revision Type:** Revised
 The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.4.3, 9.6.3.2, 9.6.3.6, and 9.6.3.7)

LS.03.01.34 **EP: 4**
New EP Text:
 The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3; 9.6.3.5)

LS.03.01.34 **EP: 5**
Current EP Text: **Revision Type:** Revised
 The fire alarm system is initiated by the approved automatic sprinkler system, or the fire detection system, or by manual pull stations. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.4.2 and 9.6.2.1)

LS.03.01.34 **EP: 5**
New EP Text:
 The fire alarm system is initiated by the approved automatic sprinkler system, or the fire detection system, or by manual pull stations. (For full text, refer to NFPA 101-2012: 20/21.3.4.3; 9.6.2)

LS.03.01.34 **EP: 6**
Current EP Text: **Revision Type:** Revised
 The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 20.3.4/21.3.4.

LS.03.01.34 **EP: 6**
New EP Text:
 The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 20.3.4/21.3.4.

LS.03.01.35

Current Requirement Text

The organization provides and maintains equipment for extinguishing fires.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.35

EP: 1

Current EP Text:

The fire alarm system monitors the components of any required approved automatic sprinkler system. (See also LS.03.01.10, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3 and 9.7.2.2)

Revision Type: Revised

LS.03.01.35

EP: 1

New EP Text:

For new construction, the fire alarm system monitors the components of any required approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.5.2; 9.7.1.1)

LS.03.01.35

EP: 2

Current EP Text:

The fire alarm system is connected to water flow alarms of any required automatic sprinkler system. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3 and 9.7.2.2)

Revision Type: Revised

LS.03.01.35

EP: 2

New EP Text:

The fire alarm system is connected to water flow alarms of any required automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 20/21.3.5; 9.7.1.1)

LS.03.01.35

EP: 3

Current EP Text:

Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.3)

Revision Type: Revised

LS.03.01.35

EP: 3

New EP Text:

Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; 5.2.3)

LS.03.01.35 **EP: 4**
Current EP Text: **Revision Type:** Revised
 Approved automatic sprinkler systems piping is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

LS.03.01.35 **EP: 4**
New EP Text:
 Approved automatic sprinkler systems piping is not used to support any other item. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.2; NFPA 13-2010: 8.5.5.2; 8.5.5.3)

LS.03.01.35 **EP: 5**
Current EP Text: **Revision Type:** Revised
 Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)

LS.03.01.35 **EP: 5**
New EP Text:
 Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 6.2.6.2; 6.2.7.1)

LS.03.01.35 **EP: 6**
Current EP Text: **Revision Type:** Revised
 There is 18 inches or more of open space maintained below a sprinkler deflector to the top of storage.
 Note: Perimeter wall shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)

LS.03.01.35 **EP: 6**
New EP Text:
 There is 18 inches or more of open space maintained below a sprinkler deflector to the top of storage.
 Note: Perimeter wall shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 8.5.5; 8.5.6)

LS.03.01.35 **EP: 7**
Current EP Text: **Revision Type:** Deleted
 Limited area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shut-off valve and are limited to six or fewer sprinkler heads. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.5.1)

LS.03.01.35 **EP: 7**
New EP Text:
 The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1)

LS.03.01.35 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised
 The travel distance from any point to the nearest fire extinguisher is 75 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.5.2)

LS.03.01.35 **EP: 7**
New EP Text:
 The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1)

LS.03.01.35 **EP: 9**
Current EP Text: **Revision Type:** Moved and Revised
 The organization meets all other Life Safety Code extinguishing requirements related to NFPA 101-2000: 20/21.3.5.

LS.03.01.35 **EP: 8**
New EP Text:
 The organization meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5.

LS.03.01.40

Current Requirement Text

The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.
 Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.
 Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.
 Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.40 **EP: 1**
Current EP Text: **Revision Type:** Revised
 Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2000: 20/21.4.

LS.03.01.40 **EP: 1**
New EP Text:
 Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2012: 20/21.4; 11.7.

LS.03.01.40 **EP: 2**
Current EP Text: **Revision Type:** Revised
 High-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2000: 20/21.4.

LS.03.01.40 **EP: 2**
New EP Text:
 High-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2012: 20/21.4; 11.8.

LS.03.01.50

Current Requirement Text

The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.50

EP: 1

Current EP Text:

Revision Type: Revised

New elevators are equipped with all of the following:

- Firefighters service key recall and smoke detector automatic recall
- Firefighters service emergency in-car key operation
- Machine room smoke detectors
- Elevator lobby smoke detectors

Existing elevators meet these requirements when they have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.5.3)

LS.03.01.50

EP: 1

New EP Text:

New elevators are equipped with all of the following:

- Firefighters service key recall and smoke detector automatic recall
- Firefighters service emergency in-car key operation
- Machine room smoke detectors
- Elevator lobby smoke detectors

Existing elevators meet these requirements when they have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4)

LS.03.01.50

EP: 2

Current EP Text:

Revision Type: Moved and Revised

The organization meets all other Life Safety Code building service requirements related to NFPA 101-2000: 20/21.5.

LS.03.01.50

EP: 4

New EP Text:

The organization meets all other Life Safety Code building service requirements related to NFPA 101-2012: 20/21.5.

LS.03.01.70

Current Requirement Text

The organization provides and maintains operating features that conform to fire and smoke prevention requirements.

Note 1: This standard applies to sites of care where four or more patients at the same time are provided either anesthesia or outpatient services that render patients incapable of saving themselves in an emergency in the organization.

Note 2: This standard applies to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients rendered incapable.

Note 3: In leased facilities, the elements of performance of this standard apply only to the space in which the accredited organization is located; all exits from the space to the outside at grade level; and any Life Safety Code building systems that support the space (for example, fire alarm system, automatic sprinkler system).

LS.03.01.70

Current EP Text:

N/A

EP:

Revision Type: New

LS.03.01.70

EP: 1

New EP Text:

In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 18/19.7.4)

LS.03.01.70

Current EP Text:

The organization prohibits all combustible decorations that are not flame retardant. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.5.4)

EP: 1

Revision Type: Moved and Revised

LS.03.01.70

EP: 3

New EP Text:

The organization prohibits all combustible decorations unless they meet the criteria of NFPA 101-2012: 20/21.7.5.4.

LS.03.01.70

EP:

LS.03.01.70

EP: 2

Current EP Text:

Revision Type: New

New EP Text:

N/A

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

LS.03.01.70

EP: 2

LS.03.01.70

EP: 4

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.5.5)

Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 20/21.7.5.5)

LS.03.01.70

EP: 3

LS.03.01.70

EP: 5

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization prohibits portable space heaters in smoke compartments containing patient treatment and sleeping areas. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.8)

Portable space heaters are prohibited in smoke compartments containing staff sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff and employee areas separated from the corridor are permitted to have portable space heaters that contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 20/21.7.8)

LS.03.01.70

EP: 4

LS.03.01.50

EP: 2

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization does not allow unvented fuel-fired heaters. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.5.2.2)

The organization does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.70

EP: 5

LS.03.01.50

EP: 3

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.5.2.2)

All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

LS.03.01.70

EP: 6

Current EP Text:

The organization meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: 20/21.7. (See also EC.02.03.03, EP 1)

LS.03.01.70

EP: 6

New EP Text:

The organization meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 20/21.7. (See also EC.02.03.03, EP 1)