

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

## Hospital (HAP) Accreditation Program

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### EC.01.01.01

**Current Requirement Text**

The hospital 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><b>EC.01.01.01</b>                      <b>EP: 1</b></p> <p><b>Current EP Text:</b>                      <b>Revision Type:</b> 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><b>EC.01.01.01</b>                      <b>EP: 1</b></p> <p><b>New EP Text:</b></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><b>EC.01.01.01</b>                      <b>EP: 3</b></p> <p><b>Current EP Text:</b>                      <b>Revision Type:</b> Revised</p> <p>The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities. (See also EC.04.01.01, EP 15)</p>	<p><b>EC.01.01.01</b>                      <b>EP: 3</b></p> <p><b>New EP Text:</b></p> <p>The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.</p>
<p><b>EC.01.01.01</b>                      <b>EP: 4</b></p> <p><b>Current EP Text:</b>                      <b>Revision Type:</b> Revised</p> <p>The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities. (See also EC.04.01.01, EP 15)</p>	<p><b>EC.01.01.01</b>                      <b>EP: 4</b></p> <p><b>New EP Text:</b></p> <p>The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.</p>
<p><b>EC.01.01.01</b>                      <b>EP: 5</b></p> <p><b>Current EP Text:</b>                      <b>Revision Type:</b> Revised</p> <p>The hospital has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)</p>	<p><b>EC.01.01.01</b>                      <b>EP: 5</b></p> <p><b>New EP Text:</b></p> <p>The hospital has a written plan for managing the following: Hazardous materials and waste.</p>

**EC.01.01.01**                      **EP: 6**  
**Current EP Text:**                      **Revision Type:** Revised  
 The hospital 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 hospital has a written plan for managing the following: Fire safety.

**EC.01.01.01**                      **EP: 7**  
**Current EP Text:**                      **Revision Type:** Revised  
 The hospital 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 hospital has a written plan for managing the following: Medical equipment.

**EC.01.01.01**                      **EP: 8**  
**Current EP Text:**                      **Revision Type:** Revised  
 The hospital 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 hospital has a written plan for managing the following: Utility systems.

**EC.02.01.01**

**Current Requirement Text**

The hospital manages safety and security risks.

**EC.02.01.01**                      **EP: 1**  
**Current EP Text:**                      **Revision Type:** Revised  
 The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital'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: 1**  
**New EP Text:**  
 The hospital 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 hospital'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 hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

**EC.02.01.01**                      **EP: 3**  
**New EP Text:**  
 The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

# Hospital (HAP) Accreditation Program

Issued October 31, 2016

<p><b>EC.02.01.01</b>                      <b>EP: 5</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital maintains all grounds and equipment.</p>	<p><b>EC.02.01.01</b>                      <b>EP: 5</b>  <b>New EP Text:</b>                      The hospital maintains all grounds and equipment.</p>
<p><b>EC.02.01.01</b>                      <b>EP: 7</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital identifies individuals entering its facilities.                      Note: The hospital determines which of those individuals require identification and how to do so.</p>	<p><b>EC.02.01.01</b>                      <b>EP: 7</b>  <b>New EP Text:</b>                      The hospital identifies individuals entering its facilities.                      Note: The hospital determines which of those individuals require identification and how to do so.</p>
<p><b>EC.02.01.01</b>                      <b>EP: 8</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital controls access to and from areas it identifies as security sensitive.</p>	<p><b>EC.02.01.01</b>                      <b>EP: 8</b>  <b>New EP Text:</b>                      The hospital controls access to and from areas it identifies as security sensitive.</p>
<p><b>EC.02.01.01</b>                      <b>EP: 9</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.</p>	<p><b>EC.02.01.01</b>                      <b>EP: 9</b>  <b>New EP Text:</b>                      The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.</p>
<p><b>EC.02.01.01</b>                      <b>EP: 10</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      When a security incident occurs, the hospital follows its identified procedures.</p>	<p><b>EC.02.01.01</b>                      <b>EP: 10</b>  <b>New EP Text:</b>                      When a security incident occurs, the hospital follows its identified procedures.</p>
<p><b>EC.02.01.01</b>                      <b>EP: 11</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)</p>	<p><b>EC.02.01.01</b>                      <b>EP: 11</b>  <b>New EP Text:</b>                      The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)</p>

**EC.02.01.01**

**EP:** 14

**Current EP Text:**

**Revision Type:** Retain

The hospital 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 hospital 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 hospital 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 hospital 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 hospital prohibits smoking except in specific circumstances.

**EC.02.01.03**

**EP:** 1

**Current EP Text:**

**Revision Type:** Retain

The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.  
 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:**

The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.  
 Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

**EC.02.01.03**

**EP: 6**

**Current EP Text:**

The hospital takes action to maintain compliance with its smoking policy.

**Revision Type:** Retain

**EC.02.01.03**

**EP: 6**

**New EP Text:**

The hospital takes action to maintain compliance with its smoking policy.

**EC.02.02.01**

**Current Requirement Text**

The hospital manages risks related to hazardous materials and waste.

**EC.02.02.01**

**EP: 1**

**Current EP Text:**

The hospital 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)

**Revision Type:** Retain

**EC.02.02.01**

**EP: 1**

**New EP Text:**

The hospital 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:**

The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

**Revision Type:** Retain

**EC.02.02.01**

**EP: 3**

**New EP Text:**

The hospital 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:**

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

**Revision Type:** Retain

**EC.02.02.01**

**EP: 4**

**New EP Text:**

The hospital 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:**

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

**Revision Type:** Retain

**EC.02.02.01**

**EP: 5**

**New EP Text:**

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

**EC.02.02.01** **EP: 6**  
**New EP Text:**  
 The hospital 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 hospital minimizes risks associated with selecting and using 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 hospital minimizes risks associated with selecting and using 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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: 17**  
**Current EP Text:**                      **Revision Type:** Retain  
 For hospitals 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 hospitals 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: 18**  
**Current EP Text:**                      **Revision Type:** Retain  
 For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.

**EC.02.02.01**                      **EP: 18**  
**New EP Text:**  
 For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.

**EC.02.02.01**

**EP:** 19

**Current EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has procedures for the proper routine storage and prompt disposal of trash.

**Revision Type:** Retain

**EC.02.02.01**

**EP:** 19

**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has procedures for the proper routine storage and prompt disposal of trash.

**EC.02.03.01**

**Current Requirement Text**

The hospital manages fire risks.

**EC.02.03.01**

**EP:** 1

**Current EP Text:**

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

**EC.02.03.01**

**EP:** 4

**Current EP Text:**

The hospital 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 hospital 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 hospital has a written fire response plan. (See also LS.02.01.70, EP 4)

**Revision Type:** Consolidated

**EC.02.03.01**

**EP:** 9

**New EP Text:**

The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report 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: For additional guidance, see NFPA 101-2012: 18/19: 7.1; 7.2.

**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 at and away from a fire's point of origin, including when and how to sound and report 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; EC.03.01.01, EP 2; and HR.01.04.01, EP 2)

Note: For additional guidance, see NFPA 101, 2000 edition (Sections 18/19.7.1 and 18/19.7.2).

**EC.02.03.01**

**EP:** 9

**New EP Text:**

The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report 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: For additional guidance, see NFPA 101-2012: 18/19: 7.1; 7.2.

**EC.02.03.03**

**Current Requirement Text**

The hospital conducts fire drills.

**EC.02.03.03**

**EP:** 1

**Current EP Text:**

**Revision Type:** Revised

The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital 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.02.01.70, EP 4; 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 hospital occupies.

**EC.02.03.03**

**EP:** 1

**New EP Text:**

The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital 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.02.01.70, EP 6; 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 hospital 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 hospital occupies.

**EC.02.03.03**

**EP:** 2

**Current EP Text:**

**Revision Type:** Retain

The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.

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

**EC.02.03.03**

**EP:** 2

**New EP Text:**

The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.

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

**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 hospital 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: 4**  
**Current EP Text:**                      **Revision Type:** Revised  
 Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.  
 Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., the hospital may use alternative methods to notify staff instead of activating audible alarms.

**EC.02.03.03**                      **EP: 4**  
**New EP Text:**  
 Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.

**EC.02.03.03**                      **EP: 5**  
**Current EP Text:**                      **Revision Type:** Revised  
 The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented. (See also EC.02.03.01, EP 10)

**EC.02.03.03**                      **EP: 5**  
**New EP Text:**  
 The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented.

**EC.02.03.05**

**Current Requirement Text**

The hospital maintains fire safety equipment and fire safety building features.  
 Note: This standard does not require hospitals 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 hospital 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 hospital 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

For hospitals that use Joint Commission accreditation for deemed status purposes: At least quarterly, the hospital tests water-flow devices. Every 6 months, the hospital tests valve tamper switches. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Sections 2-3.3 and 3-3.3) and NFPA 72, 1999 edition (Table 7-3.2). For hospitals that do not use Joint Commission accreditation for deemed status purposes: Every 6 months, the hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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 hospital 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: 13**  
**Current EP Text:**                      **Revision Type:** Revised  
 Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented.  
 Note 1: Discharge of the fire-extinguishing systems is not required.  
 Note 2: For additional guidance on performing inspections, see NFPA 96, 1998 edition.

**EC.02.03.05**                      **EP: 13**  
**New EP Text:**  
 Every six months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented.  
 Note 1: Discharge of the fire-extinguishing systems is not required.  
 Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.

**EC.02.03.05**                      **EP: 14**  
**Current EP Text:**                      **Revision Type:** Revised  
 Every 12 months, the hospital 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 hospital 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 hospital 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 hospital 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 hospital performs maintenance on portable fire extinguishers. The completion date of the maintenance is documented.  
 Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.  
 Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10, 1998 edition (Sections 1-6, 4-3, and 4-4).

**EC.02.03.05**

**EP:** 16

**New EP Text:**

Every 12 months, the hospital 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 hospital 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 hospital 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 hospital operates fire and smoke dampers 1 year after installation and then at least every 6 years to verify that they fully close. The completion date of the tests is documented.  
 Note 1: The initial test that must occur 1 year after installation applies only to dampers installed on and after January 1, 2008.  
 Note 2: For additional guidance, see NFPA 80 Standard for Fire Doors and Other Opening Protectives, 2007 edition (Section 19.4.1.1) and NFPA 105, 2007 edition (Section 6.5.2).

**EC.02.03.05**

**EP:** 18

**New EP Text:**

The hospital operates fire and smoke dampers one year after installation and then at least every six 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 hospital 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 hospital 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:**

Every 12 months, the hospital 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).

**Revision Type:** Revised

**EC.02.03.05**

**EP:** 20

**New EP Text:**

Every 12 months, the hospital 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:**

**Current EP Text:**

N/A

**Revision Type:** New

**EC.02.03.05**

**EP:** 25

**New EP Text:**

The hospital 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.02.03.05**

**EP:** 25

**Current EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:  
 - Name of the activity  
 - Date of the activity  
 - Required frequency of the activity  
 - Name and contact information, including affiliation, of the person who performed the activity  
 - NFPA standard(s) referenced for the activity  
 - Results of the activity  
 Note: For additional guidance on documenting activities, see NFPA 25, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).

**Revision Type:** Moved and Revised

**EC.02.03.05**

**EP:** 27

**New EP Text:**

Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:  
 - Name of the activity  
 - Date of the activity  
 - Inventory of devices, equipment, or other items  
 - Required frequency of the activity  
 - Name and contact information, including affiliation, of the person who performed the activity  
 - NFPA standard(s) referenced for the activity  
 - Results of the activity  
 Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

**EC.02.04.01**

**Current Requirement Text**

The hospital manages medical equipment risks.

**EC.02.04.01**

**EP: 2**

**Current EP Text:**

**Revision Type:** Revised

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital 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 hospital 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 hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all medical equipment. (See also EC.02.04.03, EPs 1 and 3)

**EC.02.04.01**

**EP: 2**

**New EP Text:**

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital 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 hospital evaluates new types of equipment before initial use to determine whether they should be included in the inventory.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all medical equipment.

**EC.02.04.01**

**EP: 3**

**Current EP Text:**

**Revision Type:** Revised

The hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.

Note: High-risk medical equipment includes life-support equipment. (See also EC.02.04.03, EP 2)

**EC.02.04.01**

**EP: 3**

**New EP Text:**

The hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.

Note: High-risk medical equipment includes life-support equipment.

**EC.02.04.01**

**EP: 4**

**Current EP Text:**

**Revision Type:** Revised

The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. (See also EC.02.04.03, EPs 2 and 3)

Note: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. \*

Footnote \*: An example of standards for a medical equipment program is the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.

**EC.02.04.01**

**EP: 4**

**New EP Text:**

The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice, such as the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.

Note 2: Medical equipment with activities and associated frequencies in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory may be deferred as defined by organization policy, provided the completion rate is not less than 90%.

**EC.02.04.01**

**EP: 5**

**Current EP Text:**

**Revision Type:** Retain

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- Medical laser devices
- Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
- New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:

- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

**EC.02.04.01**

**EP: 5**

**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- Medical laser devices
- Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
- New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:

- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

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

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

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

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

**EC.02.04.01**                      **EP: 7**  
**Current EP Text:**                      **Revision Type:** Retain

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies medical equipment on its inventory that is included in an alternative equipment maintenance program.

**EC.02.04.01**                      **EP: 7**  
**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies medical equipment on its inventory that is included in an alternative equipment maintenance program.

**EC.02.04.01**                      **EP: 9**  
**Current EP Text:**                      **Revision Type:** Retain

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

**EC.02.04.01**                      **EP: 9**  
**New EP Text:**

The hospital 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 hospital 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 hospital 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 hospital 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 hospital identifies how often these activities should be conducted.

**EC.02.04.03**

**Current Requirement Text**

The hospital inspects, tests, and maintains medical equipment.

**EC.02.04.03**

**EP: 1**

**Current EP Text:**

**Revision Type:** Revised

For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

**EC.02.04.03**

**EP: 1**

**New EP Text:**

For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks.

For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks.

**EC.02.04.03**

**EP: 2**

**Current EP Text:**

**Revision Type:** Revised

The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)

Note: High-risk medical equipment includes life-support equipment.

**EC.02.04.03**

**EP: 2**

**New EP Text:**

The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also PC.02.01.11, EP 2)

Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.

Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment completed in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

**EC.02.04.03**

**EP: 3**

**Current EP Text:**

**Revision Type:** Revised

The hospital 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 4)

**EC.02.04.03**

**EP: 3**

**New EP Text:**

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

Note: Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory are to be completed at 100%. AEM frequency is determined by the hospital's AEM program.

<p><b>EC.02.04.03</b>                      <b>EP: 4</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Retain                  The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p>	<p><b>EC.02.04.03</b>                      <b>EP: 4</b>  <b>New EP Text:</b>                  The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p>
<p><b>EC.02.04.03</b>                      <b>EP: 5</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Retain                  The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.</p>	<p><b>EC.02.04.03</b>                      <b>EP: 5</b>  <b>New EP Text:</b>                  The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.</p>
<p><b>EC.02.04.03</b>                      <b>EP:</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> New                  N/A</p>	<p><b>EC.02.04.03</b>                      <b>EP: 14</b>  <b>New EP Text:</b>                  The hospital 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 hospitals that use Joint Commission accreditation for deemed status purposes: the hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-5.</p>
<p><b>EC.02.04.03</b>                      <b>EP: 14</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Moved and Revised                  For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.</p>	<p><b>EC.02.04.03</b>                      <b>EP: 15</b>  <b>New EP Text:</b>                  For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented.</p>
<p><b>EC.02.04.03</b>                      <b>EP: 15</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Moved and Revised                  The hospital 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)</p>	<p><b>EC.02.04.03</b>                      <b>EP: 17</b>  <b>New EP Text:</b>                  The hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.</p>

**EC.02.04.03**

**EP: 17**

**Current EP Text:**

**Revision Type:** Moved and Revised

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 hospital, 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.)

**EC.02.04.03**

**EP: 19**

**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 hospital, 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: 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 hospital manages risks associated with its utility systems.

**EC.02.05.01**

**EP: 1**

**Current EP Text:**

**Revision Type:** Revised

The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1)

**EC.02.05.01**

**EP: 1**

**New EP Text:**

The hospital designs and installs utility systems that meet patient care and operational needs.

**EC.02.05.01**

**EP: 2**

**Current EP Text:**

**Revision Type:** Revised

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory. (See also EC.02.05.05, EPs 1, 3–5)

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems. (See also EC.02.05.05, EPs 1, 3–5)

**EC.02.05.01**

**EP: 2**

**New EP Text:**

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems.

**EC.02.05.01**

**EP: 3**

**Current EP Text:**

**Revision Type:** Retain

The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail.

Note: High-risk utility system components include life-support equipment.

**EC.02.05.01**

**EP: 3**

**New EP Text:**

The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail.

Note: High-risk utility system components include life-support equipment.

**EC.02.05.01**

**EP: 4**

**Current EP Text:**

**Revision Type:** Revised

The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. \*

Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99, 1999 edition (Section 3-4.4).

Footnote \*: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.

**EC.02.05.01**

**EP: 4**

**New EP Text:**

The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. \*

Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.

Footnote \*: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.

**EC.02.05.01**

**EP: 5**

**Current EP Text:**

**Revision Type:** Retain

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- New operating components with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:

- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

**EC.02.05.01**

**EP: 5**

**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- New operating components with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:

- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

**EC.02.05.01**

**EP: 6**

**Current EP Text:**

**Revision Type:** Retain

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

**EC.02.05.01**

**EP: 6**

**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

**EC.02.05.01**

**EP: 7**

**Current EP Text:**

**Revision Type:** Retain

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.

**EC.02.05.01**

**EP: 7**

**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.

**EC.02.05.01**

**EP: 8**

**Current EP Text:**

**Revision Type:** Revised

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

**EC.02.05.01**

**EP: 8**

**New EP Text:**

The hospital 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: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

<p><b>EC.02.05.01</b>                      <b>EP: 9</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital has written procedures for responding to utility system disruptions.</p>	<p><b>EC.02.05.01</b>                      <b>EP: 9</b>  <b>New EP Text:</b>                      The hospital has written procedures for responding to utility system disruptions.</p>
<p><b>EC.02.05.01</b>                      <b>EP: 10</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p>	<p><b>EC.02.05.01</b>                      <b>EP: 10</b>  <b>New EP Text:</b>                      The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p>
<p><b>EC.02.05.01</b>                      <b>EP: 11</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital's procedures address performing emergency clinical interventions during utility system disruptions.</p>	<p><b>EC.02.05.01</b>                      <b>EP: 11</b>  <b>New EP Text:</b>                      The hospital's procedures address performing emergency clinical interventions during utility system disruptions.</p>
<p><b>EC.02.05.01</b>                      <b>EP: 13</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital responds to utility system disruptions as described in its procedures.</p>	<p><b>EC.02.05.01</b>                      <b>EP: 13</b>  <b>New EP Text:</b>                      The hospital responds to utility system disruptions as described in its procedures.</p>
<p><b>EC.02.05.01</b>                      <b>EP: 14</b>  <b>Current EP Text:</b>                <b>Revision Type:</b> Retain                      The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.</p>	<p><b>EC.02.05.01</b>                      <b>EP: 14</b>  <b>New EP Text:</b>                      The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.</p>

**EC.02.05.01**

**EP: 15**

**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: 15**

**New EP Text:**

In critical care 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, temperature and humidity.

Note: Areas designed for control of airborne contaminants include spaces such as operating rooms (all classes), 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, pulmonary or laryngeal tuberculosis, bronchoscopy), patients in "protective environment" rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. The basis for design compliance is the Guidelines for Design and Construction of Health Care Facilities, based on the edition used at the time of design (if available).

**EC.02.05.01**

**EP:**

**Current EP Text:**

**Revision Type:** New

N/A

**EC.02.05.01**

**EP: 16**

**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.

**EC.02.05.01**

**EP: 16**

**Current EP Text:**

**Revision Type:** Moved

The hospital maps the distribution of its utility systems.

**EC.02.05.01**

**EP: 17**

**New EP Text:**

The hospital maps the distribution of its utility systems.

**EC.02.05.01**

**EP:**

**Current EP Text:**

**Revision Type:** New

N/A

**EC.02.05.01**

**EP: 18**

**New EP Text:**

Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.

**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 hospital has a reliable emergency electrical power source.

**EC.02.05.03**

**EP:**

**EC.02.05.03**

**EP: 1**

**Current EP Text:**

**Revision Type:** New

**New EP Text:**

N/A

For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital 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**

**EP: 1**

**EC.02.05.03**

**EP: 2**

**Current EP Text:**

**Revision Type:** Moved and Revised

**New EP Text:**

The hospital 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 12-3.3).

The hospital 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; NFPA 110-2010: 4.1; Table 4.1(a).



**EC.02.05.03**

**EP:** 6

**Current EP Text:**

**Revision Type:** Revised

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

Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).

**EC.02.05.03**

**EP:** 6

**New EP Text:**

The hospital provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, nurseries, 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:**

**Current EP Text:**

**Revision Type:** New

N/A

**EC.02.05.03**

**EP:** 10

**New EP Text:**

The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital'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 hospital inspects, tests, and maintains utility systems.

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

**EC.02.05.05**

**EP:**

**Current EP Text:**

**Revision Type:** New

N/A

**EC.02.05.05**

**EP:** 1

**New EP Text:**

When performing repairs or maintenance activities, the hospital 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**

**EP: 1**

**Current EP Text:**

**Revision Type:** Moved and Revised

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use. The completion date of the tests is documented. (See also EC.02.05.01, EP 2)

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date of the tests is documented. (See also EC.02.05.01, EP 2)

**EC.02.05.05**

**EP: 2**

**New EP Text:**

For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use. The completion date and the results of the tests are documented.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date and the results of the tests are documented.

**EC.02.05.05**

**EP: 3**

**Current EP Text:**

**Revision Type:** Moved and Revised

The hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

Note: High-risk utility system components includes life-support utility system components.

**EC.02.05.05**

**EP: 4**

**New EP Text:**

The hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. The completion date and the results of the activities are documented.

Note 1: A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.

Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 3: Scheduled maintenance activities for high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

**EC.02.05.05**

**EP: 4**

**Current EP Text:**

**Revision Type:** Moved and Revised

The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

**EC.02.05.05**

**EP: 5**

**New EP Text:**

The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.

Note 1: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 2: Scheduled maintenance activities for infection control utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

**EC.02.05.05**

**EP: 5**

**Current EP Text:**

The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

**Revision Type:** Moved and Revised

**EC.02.05.05**

**EP: 6**

**New EP Text:**

The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.

Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory may be deferred as defined by organization policy, provided the completion rate is not less than 90%.

**EC.02.05.05**

**EP:**

**Current EP Text:**

N/A

**Revision Type:** New

**EC.02.05.05**

**EP: 7**

**New EP Text:**

The hospital meets all other HealthCare Facilities Code requirements for electrical distribution, HVAC, as related to NFPA 99-2012: Chapters 6 and 9. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: the hospital 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 hospital inspects, tests, and maintains emergency power systems.

Note: This standard does not require hospitals 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**

**Current EP Text:**

At least monthly, the hospital 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.

**Revision Type:** Revised

**EC.02.05.07**

**EP: 1**

**New EP Text:**

At least monthly, the hospital performs a functional test of battery-powered lights 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**

**Current EP Text:**

**Revision Type:** Revised

Every 12 months, the hospital either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the hospital replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.

**EC.02.05.07**

**EP: 2**

**New EP Text:**

Every 12 months, the hospital 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 hospital replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The test results and completion dates are documented.

**EC.02.05.07**

**EP: 3**

**Current EP Text:**

**Revision Type:** Revised

Every quarter, the hospital performs a functional test of stored emergency power supply systems (SEPSS) for 5 minutes or as specified for its class (whichever is less). The hospital 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 hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturer's 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 hospital 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 hospital 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 hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturers' recommendations.

Note 2: 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 hospital 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:**

**EC.02.05.07**

**EP: 8**

**Current EP Text:**

**Revision Type:** New

**New EP Text:**

N/A

At least annually, the hospital 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**

**EC.02.05.07**

**EP: 10**

**Current EP Text:**

**Revision Type:** Moved and Revised

**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.

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.02.05.09**

### **Current Requirement Text**

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

Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

**EC.02.05.09**

**EP: 1**

**EC.02.05.09**

**EP: 1**

**Current EP Text:**

**Revision Type:** Revised

**New EP Text:**

In time frames defined by the hospital, the hospital 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)

In time frames defined by the hospital, the hospital 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.

<p><b>EC.02.05.09</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>EC.02.05.09</b>  <b>New EP Text:</b></p>	<p><b>EP: 2</b>                  When the hospital 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.</p>
<p><b>EC.02.05.09</b>  <b>Current EP Text:</b>                  The hospital 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.</p>	<p><b>EP: 2</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>EC.02.05.09</b>  <b>New EP Text:</b></p>	<p><b>EP: 4</b>                  The hospital 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.</p>
<p><b>EC.02.05.09</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>EC.02.05.09</b>  <b>New EP Text:</b></p>	<p><b>EP: 3</b>                  The hospital’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.</p>
<p><b>EC.02.05.09</b>  <b>Current EP Text:</b>                  The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.</p>	<p><b>EP: 3</b>  <b>Revision Type:</b> Moved</p>	<p><b>EC.02.05.09</b>  <b>New EP Text:</b></p>	<p><b>EP: 5</b>                  The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.</p>

**EC.02.05.09**

**EP:**

**EC.02.05.09**

**EP: 6**

**Current EP Text:**

**Revision Type:** New

**New EP Text:**

N/A

The hospital implements a policy on all cylinders within the hospital 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 hospital meets all other HealthCare Facilities Code requirements, gas and vacuum systems, and gas equipment, as related to NFPA 99-2012: Chapters 5 & 11.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: the hospital 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 hospital establishes and maintains a safe, functional environment.  
 Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

**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, and services provided.

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

**EC.02.06.01**

**EP: 11**

**Current EP Text:**

Lighting is suitable for care, treatment, and services.

**Revision Type:** Retain

**EC.02.06.01**

**EP: 11**

**New EP Text:**

Lighting is suitable for care, treatment, and services.

**EC.02.06.01**

**EP: 13**

**Current EP Text:**

The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided. (See also EC.02.05.01, EP 15)

**Revision Type:** Deleted

**EC.02.06.01**

**EP: 20**

**Current EP Text:**

Areas used by patients are clean and free of offensive odors.

**Revision Type:** Retain

**EC.02.06.01**

**EP: 20**

**New EP Text:**

Areas used by patients are clean and free of offensive odors.

**EC.02.06.01**

**EP: 26**

**Current EP Text:**

The hospital keeps furnishings and equipment safe and in good repair.

**Revision Type:** Retain

**EC.02.06.01**

**EP: 26**

**New EP Text:**

The hospital keeps furnishings and equipment safe and in good repair.

**EC.02.06.05**

**Current Requirement Text**

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

**EC.02.06.05**

**EP: 1**

**Current EP Text:**

When planning for new, altered, or renovated space, the hospital 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.  
 (See also EC.02.05.01, EP 1)

**Revision Type:** Revised

**EC.02.06.05**

**EP: 1**

**New EP Text:**

When planning for new, altered, or renovated space, the hospital 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 hospital 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: 2**

**New EP Text:**

When planning for demolition, construction, renovation, or general maintenance, the hospital 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 hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation.

**EC.02.06.05**

**EP: 3**

**New EP Text:**

The hospital 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: 2**

**Current EP Text:**

**Revision Type:** Revised

Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also EC.02.03.01, EP 10 and HR.01.04.01, EP 1)

**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.04.01.01**

**Current Requirement Text**

The hospital collects information to monitor conditions in the environment.

**EC.04.01.01**

**EP: 1**

**Current EP Text:**

**Revision Type:** Retain

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

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Security incidents involving patients, staff, or others within its facilities
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve 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 hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Security incidents involving patients, staff, or others within its facilities
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve 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: 3**

**Current EP Text:**

**Revision Type:** Retain

Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities.

**EC.04.01.01**

**EP: 3**

**New EP Text:**

Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities.

**EC.04.01.01**

**EP: 4**

**Current EP Text:**

**Revision Type:** Retain

Based on its process(es), the hospital reports and investigates the following: Occupational illnesses and staff injuries.

**EC.04.01.01**

**EP: 4**

**New EP Text:**

Based on its process(es), the hospital reports and investigates the following: Occupational illnesses and staff injuries.

# Hospital (HAP) Accreditation Program

Issued October 31, 2016

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

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

**EC.04.01.01**                      **EP: 6**  
**Current EP Text:**                      **Revision Type:** Retain  
 Based on its process(es), the hospital reports and investigates the following:  
 Security incidents involving patients, staff, or others within its facilities.

**EC.04.01.01**                      **EP: 6**  
**New EP Text:**  
 Based on its process(es), the hospital reports and investigates the following:  
 Security incidents involving patients, staff, or others within its facilities.

**EC.04.01.01**                      **EP: 8**  
**Current EP Text:**                      **Revision Type:** Retain  
 Based on its process(es), the hospital reports and investigates the following:  
 Hazardous materials and waste spills and exposures.

**EC.04.01.01**                      **EP: 8**  
**New EP Text:**  
 Based on its process(es), the hospital reports and investigates the following:  
 Hazardous materials and waste spills and exposures.

**EC.04.01.01**                      **EP: 9**  
**Current EP Text:**                      **Revision Type:** Retain  
 Based on its process(es), the hospital reports and investigates the following:  
 Fire safety management problems, deficiencies, and failures.

**EC.04.01.01**                      **EP: 9**  
**New EP Text:**  
 Based on its process(es), the hospital reports and investigates the following:  
 Fire safety management problems, deficiencies, and failures.

**EC.04.01.01**                      **EP: 10**  
**Current EP Text:**                      **Revision Type:** Retain  
 Based on its process(es), the hospital reports and investigates the following:  
 Medical/laboratory equipment management problems, failures, and use errors.

**EC.04.01.01**                      **EP: 10**  
**New EP Text:**  
 Based on its process(es), the hospital reports and investigates the following:  
 Medical/laboratory equipment management problems, failures, and use errors.

**EC.04.01.01**                      **EP: 11**  
**Current EP Text:**                      **Revision Type:** Retain  
 Based on its process(es), the hospital reports and investigates the following:  
 Utility systems management problems, failures, or use errors.

**EC.04.01.01**                      **EP: 11**  
**New EP Text:**  
 Based on its process(es), the hospital reports and investigates the following:  
 Utility systems management problems, failures, or use errors.

**EC.04.01.01**

**EP:** 15

**Current EP Text:**

Every 12 months, the hospital 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)

**Revision Type:** Revised

**EC.04.01.01**

**EP:** 15

**New EP Text:**

Every 12 months, the hospital 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 hospital analyzes identified environment of care issues.

**EC.04.01.03**

**EP:** 2

**Current EP Text:**

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

**EC.04.01.05**

**Current Requirement Text**

The hospital improves its environment of care.

**EC.04.01.05**

**EP:** 1

**Current EP Text:**

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

**LS.01.01.01**

**Current Requirement Text**

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

**LS.01.01.01**

**EP: 1**

**Current EP Text:**

The hospital 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 hospital 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 hospital maintains a current electronic Statement of Conditions (SOC).  
 Note 1: The SOC is available to each hospital through The Joint Commission Connect™ extranet site.  
 Note 2: For the process on how a hospital 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 hospital, the hospital performs a building assessment to determine compliance with the Life Safety chapter.

**LS.01.01.01**

**EP:**

**Current EP Text:**

N/A

**Revision Type:** New

**LS.01.01.01**

**EP: 3**

**New EP Text:**

The hospital 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**

**Current EP Text:**

**Revision Type:** Moved and Revised

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

**LS.01.01.01**

**EP: 4**

**New EP Text:**

When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the hospital meets the 60-day time frame.  
 Note 1: If the corrective action will exceed the 60-day time frame, the hospital 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 hospital may submit an equivalency request using its Statement of Conditions (SOC).  
 Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: if there are existing alternative systems, methods, or devices, the hospital 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: 4**

**Current EP Text:**

**Revision Type:** Moved

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

**LS.01.01.01**

**EP: 5**

**New EP Text:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

**LS.01.01.01**

**EP:**

**Current EP Text:**

**Revision Type:** New

N/A

**LS.01.01.01**

**EP: 6**

**New EP Text:**

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

**LS.01.02.01**

**EP: 1**

**Current EP Text:**

The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital implements LS.01.02.01, EPs 2–14 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented. (See also LS.01.01.01, EP 3)

**Revision Type:** Revised

**LS.01.02.01**

**EP: 1**

**New EP Text:**

The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital implements LS.01.02.01, EPs 2–14 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.

**LS.01.02.01**

**EP: 2**

**Current EP Text:**

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital 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)

**Revision Type:** Revised

**LS.01.02.01**

**EP: 2**

**New EP Text:**

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours 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:**

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

**Revision Type:** Revised

**LS.01.02.01**

**EP: 3**

**New EP Text:**

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital 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 hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**                      **EP: 4**  
**New EP Text:**  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measure (ILSM) policy.

**LS.01.02.01**                      **EP: 5**  
**Current EP Text:**                      **Revision Type:** Revised  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**                      **EP: 5**  
**New EP Text:**  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy.

**LS.01.02.01**                      **EP: 6**  
**Current EP Text:**                      **Revision Type:** Revised  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**                      **EP: 6**  
**New EP Text:**  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measure (ILSM) policy.

**LS.01.02.01**                      **EP: 7**  
**Current EP Text:**                      **Revision Type:** Revised  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital 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 need for these partitions is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**                      **EP: 7**  
**New EP Text:**  
 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital 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 need for these partitions is based on criteria in the hospital's interim life safety measure (ILSM) policy.

**LS.01.02.01**

**EP: 8**

**Current EP Text:**

**Revision Type:** Revised

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**

**EP: 8**

**New EP Text:**

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

**LS.01.02.01**

**EP: 9**

**Current EP Text:**

**Revision Type:** Revised

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**

**EP: 9**

**New EP Text:**

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

**LS.01.02.01**

**EP: 10**

**Current EP Text:**

**Revision Type:** Revised

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**

**EP: 10**

**New EP Text:**

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

**LS.01.02.01**

**EP: 11**

**Current EP Text:**

**Revision Type:** Revised

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measure (ILSM) policy. (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 hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also EC.02.03.03, EP 1)

**LS.01.02.01**

**EP: 12**

**Current EP Text:**

**Revision Type:** Revised

When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**

**EP: 12**

**New EP Text:**

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

**LS.01.02.01**

**EP: 13**

**Current EP Text:**

**Revision Type:** Revised

The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

**LS.01.02.01**

**EP: 13**

**New EP Text:**

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

**LS.01.02.01**

**EP: 14**

**Current EP Text:**

**Revision Type:** Revised

The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy. (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.

**LS.01.02.01**

**EP: 14**

**New EP Text:**

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

**LS.02.01.10**

**Current Requirement Text**

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

**LS.02.01.10**

**EP: 1**

**Current EP Text:**

Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 18/19.1.6.2.

**Revision Type:** Revised

**LS.02.01.10**

**EP: 1**

**New EP Text:**

Buildings meet requirements for construction type in accordance with NFPA 101-2012: 18/19.1.6.2.

**LS.02.01.10**

**EP: 2**

**Current EP Text:**

New buildings contain approved automatic sprinkler systems, and existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.5.1 and 19.3.5.1)

**Revision Type:** Deleted

**LS.02.01.10**

**EP:**

**Current EP Text:**

N/A

**Revision Type:** New

**LS.02.01.10**

**EP: 2**

**New EP Text:**

When building rehabilitation occurs, the hospital incorporates Chapter 43, Building Rehabilitation. (For full text, refer to NFPA 101-2012: Chapter 43; 18/19.4.3)

**LS.02.01.10**

**EP: 3**

**Current EP Text:**

Walls that are fire rated for 2 hours (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 extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

**Revision Type:** Split

**LS.02.01.10**

**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.02.01.10** **EP: 3**  
**Current EP Text:** **Revision Type:** Split  
 Walls that are fire rated for 2 hours (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 extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

**LS.02.01.10** **EP: 4**  
**New EP Text:**  
 Common walls that are between buildings or within buildings (occupancy separation) are fire rated for two hours. (For full text, refer to NFPA 101-2012: 18/19.1.1.4; 18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)

**LS.02.01.10** **EP: 4**  
**Current EP Text:** **Revision Type:** Moved and Revised  
 Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.30, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)

**LS.02.01.10** **EP: 5**  
**New EP Text:**  
 The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are 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 thirty-minute barriers and partitions  
 (For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2)  
 Note: Labels on fire door assemblies must be maintained in legible condition.

**LS.02.01.10** **EP: 5**  
**Current EP Text:** **Revision Type:** Moved and Revised  
 Doors 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 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)

**LS.02.01.10** **EP: 7**  
**New EP Text:**  
 Fire-rated doors within walls and floors 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 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (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.02.01.10** **EP: 6**  
**Current EP Text:** **Revision Type:** Deleted  
 Doors that are fire rated do not have unapproved protective plates that are higher than 16 inches above the bottom of the door.  
 Note: Doors for hazardous rooms may have nonrated protective plates that are placed no higher than 48 inches from the bottom of the door. (For full text and any exceptions, refer to NFPA 80-1999: 2-4.5 and NFPA 101-2000: 19.3.2.1)

**LS.02.01.10**                      **EP: 7**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 Doors requiring a fire rating of 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.02.01.10**                      **EP: 8**  
**New EP Text:**  
 Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only. (For full text, refer to NFPA 80-2010: 4.1.4)

**LS.02.01.10**                      **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 101-2000: 8.2.3.2.4.1 and NFPA 90A-1999: 3-3.1)

**LS.02.01.10**                      **EP: 9**  
**New EP Text:**  
 Ducts penetrating the walls or floors with a fire resistance rating of less than 3 hours are protected by dampers that are fire rated for 1 1/2 hours; ducts penetrating the walls or floors with a fire resistance rating of 3 hours or greater are protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)

**LS.02.01.10**                      **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 protected 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.02.01.10**                      **EP: 10**  
**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: 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.02.01.10**                      **EP: 10**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 The hospital meets all other Life Safety Code requirements related to NFPA 101-2000: 18/19.1.

**LS.02.01.10**                      **EP: 11**  
**New EP Text:**  
 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.

**LS.02.01.20**

**Current Requirement Text**

The hospital maintains the integrity of the means of egress.

**LS.02.01.20**

**EP: 1**

**Current EP Text:**

**Revision Type:** Revised

Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4)

**LS.02.01.20**

**EP: 1**

**New EP Text:**

Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6)

**LS.02.01.20**

**EP: 2**

**Current EP Text:**

**Revision Type:** Revised

Doors in a means of egress swing in the direction of egress in hospitals whose occupancy is 50 or more. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.1.4.2)

**LS.02.01.20**

**EP: 2**

**New EP Text:**

Doors in a means of egress swing in the direction of egress when serving a room or area with an occupancy of 50 or more, except doors in existing smoke barriers. (For full text, refer to NFPA 101-2012: 7.2.1.4.2; 19.3.7.8(3))

**LS.02.01.20**

**EP: 3**

**Current EP Text:**

**Revision Type:** Revised

Walls containing horizontal exits are fire rated for 2 or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (See also LS.02.01.10, EP 4) (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.1 and 8.2.2.2)

**LS.02.01.20**

**EP: 3**

**New EP Text:**

Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1; 18/19.2.2.5)

**LS.02.01.20**

**EP: 4**

**Current EP Text:**

**Revision Type:** Moved and Revised

Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.6.3)

**LS.02.01.20**

**EP: 6**

**New EP Text:**

Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.6.3)

**LS.02.01.20**                      **EP: 5**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 Doors in new buildings that are a part of horizontal exits have approved vision panels and are installed without a center mullion. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.5.6)

**LS.02.01.20**                      **EP: 4**  
**New EP Text:**  
 Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)

**LS.02.01.20**                      **EP: 6**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire-rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire-rated for 3/4 hour. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.2)

**LS.02.01.20**                      **EP: 5**  
**New EP Text:**  
 When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)

**LS.02.01.20**                      **EP: 7**  
**Current EP Text:**                      **Revision Type:** Revised  
 Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.4.2)

**LS.02.01.20**                      **EP: 7**  
**New EP Text:**  
 Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6; 7.2.2.4; 7.2.5.4)

**LS.02.01.20**                      **EP: 8**  
**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: 7.2.6 and 7.7)

**LS.02.01.20**                      **EP: 9**  
**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: 18/19.2.7; 7.2.6; 7.7.2)

**LS.02.01.20**                      **EP: 9**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 When stair 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: 18/19.2.2.2.7)

**LS.02.01.20**                      **EP: 12**  
**New EP Text:**  
 When stair 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, refer to NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8)

<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP:</b> 10                  An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.2.6)</p>	<p><b>EP:</b> 10  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP:</b> 17                  Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  In new buildings, exit corridors are at least 8 feet wide; in existing buildings, exit corridors are at least 4 feet wide. If modifying existing buildings with exit corridors that exceed 8 feet, the exit corridors cannot be reduced to less than 8 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)</p>	<p><b>EP:</b> 11  <b>Revision Type:</b> Split</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP:</b> 14                  In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. In new psychiatric buildings, exit corridors are at least six feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  In new buildings, exit corridors are at least 8 feet wide; in existing buildings, exit corridors are at least 4 feet wide. If modifying existing buildings with exit corridors that exceed 8 feet, the exit corridors cannot be reduced to less than 8 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)</p>	<p><b>EP:</b> 11  <b>Revision Type:</b> Split</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP:</b> 15                  In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from patient sleeping rooms. If modifying existing buildings with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)</p>

**LS.02.01.20**

**EP: 12**

**Current EP Text:**

**Revision Type:** Moved and Revised

The corridor width is not obstructed by wall projections. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)  
 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: 18/19.2.3.3)

**LS.02.01.20**

**EP: 18**

**New EP Text:**

The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)  
 Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects 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, refer to NFPA 101-2012: 18/19.2.3.4)

**LS.02.01.20**

**EP: 13**

**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.02.01.20**

**EP: 11**

**New EP Text:**

Exits, exit accesses, and exit discharges (means of egress) 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: 18/19.2.5.1; 7.1.10.1; 7.5.1.1)  
 Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4))  
 Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))

**LS.02.01.20**

**EP: 14**

**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.02.01.20**

**EP: 16**

**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: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)

**LS.02.01.20** **EP: 15**  
**Current EP Text:** **Revision Type:** Moved and Revised  
 Floors or compartments in 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: 18/19.2.4.1)

**LS.02.01.20** **EP: 13**  
**New EP Text:**  
 Floors or compartments in a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text, refer to NFPA 101-2012: 18/19.2.4)

**LS.02.01.20** **EP: 16**  
**Current EP Text:** **Revision Type:** Consolidated  
 Patient sleeping rooms or suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.2)

**LS.02.01.20** **EP: 21**  
**New EP Text:**  
 Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)

**LS.02.01.20** **EP: 17**  
**Current EP Text:** **Revision Type:** Consolidated  
 Rooms or suites (not used as patient sleeping rooms) larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.3)

**LS.02.01.20** **EP: 21**  
**New EP Text:**  
 Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)

**LS.02.01.20** **EP: 18**  
**Current EP Text:** **Revision Type:** Moved and Revised  
 Suites of patient sleeping rooms are limited to 5,000 square feet, and suites used for other purposes are limited to 10,000 square feet. The suites are arranged so that no intervening rooms are hazardous areas. (See also LS.02.01.30, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.5-7)

**LS.02.01.20** **EP: 27**  
**New EP Text:**  
 For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 9.3.5.8)

**LS.02.01.20**

**EP: 19**

**Current EP Text:**

In suites of patient sleeping rooms, the travel distance to an exit access door from any point in the suite is 100 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.4)

**Revision Type:** Consolidated

**LS.02.01.20**

**EP: 30**

**New EP Text:**

For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)

**LS.02.01.20**

**EP: 20**

**Current EP Text:**

In suites not used as patient sleeping rooms that have up to one intervening room, the travel distance to an exit access door from any point in the suite is 100 feet or less, and in suites containing two intervening rooms is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.8)

**Revision Type:** Consolidated

**LS.02.01.20**

**EP: 30**

**New EP Text:**

For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)

**LS.02.01.20**

**EP: 21**

**Current EP Text:**

Patient sleeping rooms open directly onto an exit access corridor. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.1)

**Revision Type:** Moved and Revised

**LS.02.01.20**

**EP: 20**

**New EP Text:**

Patient sleeping rooms open directly onto an exit access corridor. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1)

**LS.02.01.20**

**EP: 22**

**Current EP Text:**

Doors to patient sleeping rooms are not locked. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.2)

**Revision Type:** Revised

**LS.02.01.20**

**EP: 22**

**New EP Text:**

Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)

**LS.02.01.20**

**EP: 23**

**Current EP Text:**

The travel distance to a room door from any point in a patient sleeping room is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.3)

**Revision Type:** Deleted

<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 23</b>                  Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 24</b>                  Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire-retardant-treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  In existing buildings, 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). In new buildings, the travel distance between any room door and an exit is 150 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.1)</p>	<p><b>EP: 24</b>  <b>Revision Type:</b> Consolidated</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 31</b>                  For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 25</b>                  Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)</p>

**LS.02.01.20**

**EP: 25**

**Current EP Text:**

**Revision Type:** Consolidated

In existing buildings, the travel distance between any point in a room and an exit is 150 feet or less (or 200 feet or less when equipped with an approved automatic sprinkler system). In new buildings, the travel distance between any point in a room and an exit is 200 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.2)

**LS.02.01.20**

**EP: 31**

**New EP Text:**

For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4)

**LS.02.01.20**

**EP: 26**

**Current EP Text:**

**Revision Type:** Moved and Revised

In new buildings, no dead-end corridor is longer than 30 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.5.10)  
 Note: Existing dead-end corridors are permitted to be used if it is impractical and unfeasible to alter them. (For full text and any exceptions, refer to NFPA 101-2000: 19.2.5.10)

**LS.02.01.20**

**EP: 19**

**New EP Text:**

In new buildings, no dead-end corridor is longer than 30 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)  
 Note: Existing dead-end corridors are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2)

**LS.02.01.20**

**EP:**

**Current EP Text:**

**Revision Type:** New

N/A

**LS.02.01.20**

**EP: 26**

**New EP Text:**

Suites not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))

**LS.02.01.20**

**EP: 27**

**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: 18/19.2.8)

**LS.02.01.20**

**EP: 32**

**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: 18/19.2.8; 7.8.1.1)

<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 28</b>                  For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  Illumination in the means of egress, including exit discharges, 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)</p>	<p><b>EP: 28</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 33</b>                  Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness (&lt; 0.2 foot candles). (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.4)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. The signs are placed 5 feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.4)</p>	<p><b>EP: 29</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 8</b>                  Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 29</b>                  Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)</p>
<p><b>LS.02.01.20</b>  <b>Current EP Text:</b>                  Signs reading "No Exit" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)</p>	<p><b>EP: 30</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.02.01.20</b>  <b>New EP Text:</b></p>	<p><b>EP: 35</b>                  Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)</p>

**LS.02.01.20**

**EP:** 31

**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, 7.10.5, 7.10.6.1, and 7.10.7.1)

**Revision Type:** Moved and Revised

**LS.02.01.20**

**EP:** 34

**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 four or more inches high (or six inches high if externally lit). (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)

**LS.02.01.20**

**EP:** 32

**Current EP Text:**

The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.

**Revision Type:** Moved and Revised

**LS.02.01.20**

**EP:** 36

**New EP Text:**

The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.

**LS.02.01.30**

**Current Requirement Text**

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

**LS.02.01.30**

**EP:** 1

**Current EP Text:**

Existing vertical openings (other than exit stairs) are enclosed with 1-hour fire-rated construction. 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. (See also LS.02.01.10, EP 4)

Note: These vertical openings include, but are not limited to, communicating stairs, ramps, elevator shafts, ventilation shafts, light shafts, trash chutes, linen chutes, and utility chases. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.1.1)

**Revision Type:** Revised

**LS.02.01.30**

**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.

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. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1)

**LS.02.01.30**

**EP: 2**

**Current EP Text:**

**Revision Type:** Split

All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:

Boiler/fuel-fired heater rooms

- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

- New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Central/bulk laundries larger than 100 square feet

- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)

- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

Laboratories (See NFPA 45-1996 to determine if a laboratory is a "severe hazard" area)

- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.

- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.

- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.

- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA

**LS.02.01.30**

**EP: 2**

**New EP Text:**

All new hazardous areas have doors that are self-closing or automatic-closing, except for laboratories using flammable or combustible materials deemed less than a severe hazard and storage rooms greater than 50 square feet, but less than 100 square feet that are used for storage of combustible material. Hazardous areas have a fire barrier with a one-hour fire-resistive rating. These areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1)

99-1999: 10-10.2.2)

Maintenance repair shops

- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)

- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Paint shops that are not severe hazard areas

- Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Soiled linen rooms

- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Storage rooms

- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Trash collection rooms

- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

**LS.02.01.30**

**EP: 2**

**Current EP Text:**

**Revision Type:** Split

All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:

Boiler/fuel-fired heater rooms

- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

- New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Central/bulk laundries larger than 100 square feet

- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)

- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

Laboratories (See NFPA 45-1996 to determine if a laboratory is a "severe hazard" area)

- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.

- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.

- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.

- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA

**LS.02.01.30**

**EP: 3**

**New EP Text:**

All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies. (For full text, refer to NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)

99-1999: 10-10.2.2)

Maintenance repair shops

- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)

- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Paint shops that are not severe hazard areas

- Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Soiled linen rooms

- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Storage rooms

- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Trash collection rooms

- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

**LS.02.01.30**                      **EP:** 3  
**Current EP Text:**                      **Revision Type:** Deleted  
 Gift shops storing or displaying combustibles in quantities considered hazardous are separated by 1-hour fire-rated walls and 3/4-hour fire-rated doors. In existing buildings, a combination of walls and doors to limit the passage of smoke and an approved automatic sprinkler system may be used for gift shops storing or displaying combustibles in quantities considered hazardous. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.5)

**LS.02.01.30**                      **EP:**  
**Current EP Text:**                      **Revision Type:** New  
 N/A

**LS.02.01.30**                      **EP:** 4  
**New EP Text:**  
 Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5.3 are met.

**LS.02.01.30**                      **EP:** 4  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.3.2)

**LS.02.01.30**                      **EP:** 6  
**New EP Text:**  
 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)

**LS.02.01.30**                      **EP:**  
**Current EP Text:**                      **Revision Type:** New  
 N/A

**LS.02.01.30**                      **EP:** 5  
**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/](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.02.01.30**

**EP: 5**

**Current EP Text:**

Newly installed interior floor finishes in corridors of smoke compartments without sprinkler systems have a Class I radiant flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.3.3)

**Revision Type:** Moved and Revised

**LS.02.01.30**

**EP: 7**

**New EP Text:**

Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)

**LS.02.01.30**

**EP: 6**

**Current EP Text:**

Existing corridor partitions are fire rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke.  
 Note: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)

**Revision Type:** Split

**LS.02.01.30**

**EP: 8**

**New EP Text:**

Corridors must be separated from all other areas by approved partitions, unless the space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.

**LS.02.01.30**

**EP: 6**

**Current EP Text:**

Existing corridor partitions are fire rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke.  
 Note: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)

**Revision Type:** Split

**LS.02.01.30**

**EP: 9**

**New EP Text:**

In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)

**LS.02.01.30**

**EP: 6**

**Current EP Text:**

**Revision Type:** Split

Existing corridor partitions are fire rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke.  
 Note: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)

**LS.02.01.30**

**EP: 10**

**New EP Text:**

Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2)

**LS.02.01.30**

**EP: 7**

**Current EP Text:**

**Revision Type:** Deleted

In new buildings, corridor walls are constructed to limit the transfer of smoke. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.6.2)

**LS.02.01.30**

**EP: 8**

**Current EP Text:**

**Revision Type:** Moved and Revised

In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed.  
 Note: Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, fixed wired glass, or fire-rated glazing, and set in approved metal frames) are permitted. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.8 and 8.2.3.2.2(2))

**LS.02.01.30**

**EP: 13**

**New EP Text:**

In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)

**LS.02.01.30**

**EP: 9**

**Current EP Text:**

**Revision Type:** Split

In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.1 and 19.3.6.4)

**LS.02.01.30**

**EP: 11**

**New EP Text:**

Corridor doors are constructed to resist the passage of smoke, fitted with positive latching hardware, hinged so that they swing, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Undercuts are no larger than one inch. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 18/19.3.6.3.1; 19.3.6.3.4; 18.3.6.3.5; 18/19.3.6.4; 18/19.3.6.5; 19.3.6.3.10; 18/19.3.6.3.11)

**LS.02.01.30**

**EP: 9**

**Current EP Text:**

**Revision Type:** Split

In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.1 and 19.3.6.4)

**LS.02.01.30**

**EP: 12**

**New EP Text:**

In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Roller latches are prohibited. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of five pounds is applied to the edge of the door. (For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5; 19.3.6.3.6)

**LS.02.01.30**

**EP: 10**

**Current EP Text:**

**Revision Type:** Deleted

Corridor doors do not have nonrated protective plates that are placed higher than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.5)

**LS.02.01.30**

**EP: 11**

**Current EP Text:**

**Revision Type:** Deleted

Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

**LS.02.01.30**

**EP: 12**

**Current EP Text:**

**Revision Type:** Moved and Revised

Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.

Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.5)

**LS.02.01.30**

**EP: 14**

**New EP Text:**

Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.

Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5)

**LS.02.01.30**

**EP: 13**

**Current EP Text:**

**Revision Type:** Moved and Revised

Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.

Note: The Joint Commission interprets the NFPA code to allow incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in health care hospitals. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text and any exceptions, refer to NFPA 90A-1999: 2-3.11.1)

**LS.02.01.30**

**EP: 15**

**New EP Text:**

Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.

Note: Incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in hospitals is permitted. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2)

**LS.02.01.30**

**EP: 14**

**Current EP Text:**

**Revision Type:** Moved and Revised

In existing buildings at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.7.1)

**LS.02.01.30**

**EP: 17**

**New EP Text:**

In existing buildings, at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. Smoke barriers have a minimum ½-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the smoke compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1; 19.3.7.3; 19.3.7.5)

**LS.02.01.30**

**EP: 15**

**Current EP Text:**

**Revision Type:** Consolidated

In new buildings at least two smoke compartments are provided for every story with patient sleeping or treatment rooms, for non-sleeping stories that have an occupant capacity of 50 or more people, and on usable but unoccupied stories. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.7.1 and 18.3.7.2)

**LS.02.01.30**

**EP: 16**

**New EP Text:**

In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)

**LS.02.01.30**

**EP: 16**

**Current EP Text:**

**Revision Type:** Consolidated

Smoke barriers limit the maximum size of each smoke compartment to 22,500 square feet. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.1)

**LS.02.01.30**

**EP: 16**

**New EP Text:**

In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)

**LS.02.01.30**

**EP: 17**

**Current EP Text:**

**Revision Type:** Deleted

The size of smoke compartments meets the requirements of NFPA 101-2000: 18/19.3.7.4.

**LS.02.01.30**

**EP: 18**

**Current EP Text:**

**Revision Type:** Revised

Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

**LS.02.01.30**

**EP: 18**

**New EP Text:**

Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7)  
 Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.

**LS.02.01.30**

**EP:** 19

**Current EP Text:**

**Revision Type:** Consolidated

In existing buildings, smoke barriers are fire rated for 1/2 hour; in new buildings, smoke barriers are fire rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

**LS.02.01.30**

**EP:** 16

**New EP Text:**

In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)

**LS.02.01.30**

**EP:** 20

**Current EP Text:**

**Revision Type:** Moved and Revised

In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3 and 8.3.5.1)

**LS.02.01.30**

**EP:** 21

**New EP Text:**

In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. In existing buildings protected by an approved automatic sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)

**LS.02.01.30**

**EP:** 21

**Current EP Text:**

**Revision Type:** Moved and Revised

Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)

**LS.02.01.30**

**EP:** 22

**New EP Text:**

Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2)

**LS.02.01.30**

**EP:** 22

**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 wire 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: 18.3.7.7, 19.3.7.5, and 8.2.3.2.2)

**LS.02.01.30**

**EP:** 20

**New EP Text:**

In smoke compartments without sprinkler systems, fixed fire windows in smoke barrier doors are 25% or less of the size of the doors in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.7.6; 8.3.3; 8.5.4.5)

**LS.02.01.30**                      **EP: 23**  
**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 thicker 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. Doors do not have nonrated protective plates more than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 18/19.3.7.6, and 8.3.4.1)

**LS.02.01.30**                      **EP: 19**  
**New EP Text:**  
 Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker 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 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)

**LS.02.01.30**                      **EP:**  
**Current EP Text:**                      **Revision Type:** New  
 N/A

**LS.02.01.30**                      **EP: 23**  
**New EP Text:**  
 Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). (For full text, refer to NFPA 101-2006: 18/19.3.8)  
 Note: Windows in atrium walls are considered outside windows.

**LS.02.01.30**                      **EP: 24**  
**Current EP Text:**                      **Revision Type:** Moved and 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.02.01.10**                      **EP: 6**  
**New EP Text:**  
 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, refer to NFPA 101-2012: 7.1.3.2.1)

**LS.02.01.30**                      **EP:**  
**Current EP Text:**                      **Revision Type:** New  
 N/A

**LS.02.01.30**                      **EP: 24**  
**New EP Text:**  
 In new buildings, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. (For full text, refer to NFPA 101-2006: 18.3.8.2)

**LS.02.01.30**

**EP: 25**

**Current EP Text:**

**Revision Type:** Revised

The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2000: 18/19.3.

Note: See The Joint Commission's website

([http://www.jointcommission.org/life\\_safety\\_code\\_information\\_resources/](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.02.01.30**

**EP: 25**

**New EP Text:**

The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 18/19.3.

**LS.02.01.34**

**Current Requirement Text**

The hospital provides and maintains fire alarm systems.

**LS.02.01.34**

**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/](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.02.01.34**

**EP: 1**

**New EP Text:**

The fire alarm signal automatically transmits using one of the provisions of NFPA 101-2012: 9.6.4. (For full text, refer to NFPA 101-2012: 18/19.3.4)

**LS.02.01.34**

**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. (See also LS.02.01.10, EP 5) (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4 and NFPA 72-1999: 1-5.6 and 3-8.4.1.3.3)

**LS.02.01.34**

**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: 18/19.3.4.1; 9.6.4; 9.6.6; 9.6.1.8)

**LS.02.01.34**                      **EP: 3**  
**Current EP Text:**                      **Revision Type:** Deleted  
 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: 9.6.4)

<p><b>LS.02.01.34</b>                      <b>EP:</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> New                  N/A</p>	<p><b>LS.02.01.34</b>                      <b>EP: 3</b>  <b>New EP Text:</b>                  The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)</p>
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<p><b>LS.02.01.34</b>                      <b>EP: 4</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Revised                  The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18/19.3.4.</p>	<p><b>LS.02.01.34</b>                      <b>EP: 4</b>  <b>New EP Text:</b>                  The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.</p>
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**LS.02.01.35**  
**Current Requirement Text**  
 The hospital provides and maintains systems for extinguishing fires.

<p><b>LS.02.01.35</b>                      <b>EP: 1</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Revised                  The fire alarm system monitors approved automatic sprinkler system components. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.2 and 9.7.2.2)</p>	<p><b>LS.02.01.35</b>                      <b>EP: 1</b>  <b>New EP Text:</b>                  The fire alarm system monitors approved automatic sprinkler system components. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2.1)</p>
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<p><b>LS.02.01.35</b>                      <b>EP: 2</b>  <b>Current EP Text:</b>                      <b>Revision Type:</b> Revised                  The fire alarm system is connected to water flow alarms. (For full text and any exceptions, refer to NFPA 101-2000: 9.7.2.2)</p>	<p><b>LS.02.01.35</b>                      <b>EP: 2</b>  <b>New EP Text:</b>                  The fire alarm system is connected to water flow alarms. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2)</p>
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**LS.02.01.35**                      **EP: 3**  
**Current EP Text:**              **Revision Type:** Revised  
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)

**LS.02.01.35**                      **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: 18.3.5.1; 19.3.5.3; NFPA 25-2011: 5.2.3.1; 5.2.3.2)

**LS.02.01.35**                      **EP: 4**  
**Current EP Text:**              **Revision Type:** Revised  
Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

**LS.02.01.35**                      **EP: 4**  
**New EP Text:**  
Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)

**LS.02.01.35**                      **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.02.01.35**                      **EP: 5**  
**New EP Text:**  
Sprinkler heads are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)

**LS.02.01.35**                      **EP: 6**  
**Current EP Text:**              **Revision Type:** Revised  
There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.  
Note: Perimeter wall and stack 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.02.01.35**                      **EP: 6**  
**New EP Text:**  
There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.  
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3)

**LS.02.01.35**                      **EP: 7**  
**Current EP Text:**              **Revision Type:** Deleted  
Limited-area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shutoff valve and are limited to six or fewer sprinkler heads. Water flow detection is provided in new installations where two or more sprinkler heads serve one area. (For full text and any exceptions, refer to NFPA 101-2000: 9.7.1.2)

<p><b>LS.02.01.35</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.35</b>                      <b>EP: 7</b>  <b>New EP Text:</b></p>	<p>At least six spare sprinkler heads for each type of system, with associated wrenches, are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.4.1; 5.4.1.4.2; 5.4.1.6; 5.4.1.6.1; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)</p>
<p><b>LS.02.01.35</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.35</b>                      <b>EP: 8</b>  <b>New EP Text:</b></p>	<p>In both new buildings and existing buildings, the clothing closets in patient sleeping rooms are not required to have sprinkler protection if the closet does not exceed six square feet. (For full text, refer to NFPA 101-2012: 18/19.3.5.10)</p>
<p><b>LS.02.01.35</b>  <b>Current EP Text:</b>                  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: 18/19.3.5.6 and NFPA 10-1998: 3-1.1)</p>	<p><b>EP: 8</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.02.01.35</b>                      <b>EP: 10</b>  <b>New EP Text:</b></p>	<p>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 either 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: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)</p>
<p><b>LS.02.01.35</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.02.01.35</b>                      <b>EP: 9</b>  <b>New EP Text:</b></p>	<p>In new buildings, quick response sprinklers are installed in smoke compartments with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18/19.3.5.10; 18.3.5.6)</p>



**LS.02.01.35**

**EP:** 14

**Current EP Text:**

The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.

**Revision Type:** Revised

**LS.02.01.35**

**EP:** 14

**New EP Text:**

The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.

**LS.02.01.40**

**Current Requirement Text**

The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.

**LS.02.01.40**

**EP:** 1

**Current EP Text:**

Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2000: 18/19.4.1. (For full text and any exceptions, refer to NFPA 101-2000: 11.7)

**Revision Type:** Deleted

**LS.02.01.40**

**EP:** 2

**Current EP Text:**

New high-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2000: 18.4.2. (For full text and any exceptions, refer to NFPA 101-2000: 11.8)

**Revision Type:** Moved and Revised

**LS.02.01.40**

**EP:** 1

**New EP Text:**

High-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2012: 18/19.4.2. (For full text, refer to NFPA 101-2012: 11.8)  
 Note: Organizations that do not have approved automatic sprinkler systems in high-rise buildings (over 75 feet tall) as of July 5, 2016 have 12 years to install them.

**LS.02.01.40**

**EP:**

**Current EP Text:**

N/A

**Revision Type:** New

**LS.02.01.40**

**EP:** 2

**New EP Text:**

The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.

**LS.02.01.50**

**Current Requirement Text**

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

**LS.02.01.50**

**EP: 1**

**Current EP Text:**

Fireplaces are not permitted in patient sleeping areas. Where allowed, fireplaces are separated from patient sleeping spaces by 1-hour or more fire-rated construction. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)

**Revision Type:** Consolidated

**LS.02.01.50**

**EP: 1**

**New EP Text:**

Fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.

**LS.02.01.50**

**EP: 2**

**Current EP Text:**

Fireplaces are equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343.3°C) and constructed of heat-tempered glass or other approved material. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)

**Revision Type:** Consolidated

**LS.02.01.50**

**EP: 1**

**New EP Text:**

Fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.

**LS.02.01.50**

**EP: 3**

**Current EP Text:**

The hearth of newly installed fireplaces is raised at least 4 inches above the floor. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.2.2)

**Revision Type:** Consolidated

**LS.02.01.50**

**EP: 1**

**New EP Text:**

Fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.

**LS.02.01.50**

**EP: 4**

**Current EP Text:**

New elevators are equipped with the following:  
 - Firefighters' service key recall  
 - Smoke detector automatic recall  
 - Firefighters' service emergency in-car key operation  
 - Machine room smoke detectors  
 - Elevator lobby smoke detectors

Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.3 and 9.4.3)

**Revision Type:** Moved and Revised

**LS.02.01.50**

**EP: 2**

**New EP Text:**

New elevators are equipped with the following:  
 - Firefighters' service key recall  
 - Smoke detector automatic recall  
 - Firefighters' service emergency in-car key operation  
 - Machine room smoke detectors  
 - Elevator lobby smoke detectors

Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2012: 18/19.5.3; 9.4.3)

**LS.02.01.50**

**EP: 5**

**Current EP Text:**

Trash chutes discharge into collection rooms that are not used for any other purpose. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.3)

**Revision Type:** Moved and Revised

**LS.02.01.50**

**EP: 7**

**New EP Text:**

Trash chutes discharge into collection rooms that are not used for any other purpose and are separated from the corridor and have a minimum fire resistance rating not less than that specified for the chute. In existing buildings, if the trash collection room is protected with an approved automatic sprinkler system, linen collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4; 19.5.4.5; NFPA 82-2009: 5.2.4.1)

**LS.02.01.50**

**EP: 6**

**Current EP Text:**

In new buildings, linen and waste chutes have vent openings through the roof that open to the outside atmosphere. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.4.1 and NFPA 82-1999: 3-2.2.4)

**Revision Type:** Deleted

**LS.02.01.50**

**EP: 7**

**Current EP Text:**

In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.2 and NFPA 82-1999: 3-2.5.1)

**Revision Type:** Moved and Revised

**LS.02.01.50**

**EP: 6**

**New EP Text:**

In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6)

**LS.02.01.50**

**EP: 8**

**Current EP Text:**

In existing buildings, linen and waste chute service inlet door assemblies are fire rated for 3/4 hour (or for 1 hour if it opens into a corridor). In new buildings, the inlet door assemblies are fire rated for 1 hour (or for 1 1/2 hours in chutes of four stories or more). (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1)

**Revision Type:** Moved and Revised

**LS.02.01.50**

**EP: 3**

**New EP Text:**

In new buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3)

**LS.02.01.50**                      **EP: 9**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 All linen and waste chute inlet and discharge service doors have both self-closing and positive latching devices.  
 Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1; NFPA 82-1999: 3-2.2.9)

**LS.02.01.50**                      **EP: 4**  
**New EP Text:**  
 All linen and waste chute inlet and discharge service doors have both self-closing and positive-latching devices.  
 Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3)

**LS.02.01.50**                      **EP: 10**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 Linen and trash chute discharge door assemblies are fire rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1)

**LS.02.01.50**                      **EP: 5**  
**New EP Text:**  
 Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4; 5.2.3.2)

**LS.02.01.50**                      **EP: 11**  
**Current EP Text:**                      **Revision Type:** Deleted  
 Linen and waste chutes discharge into a collection room separated from the corridor by 1-hour fire-rated walls. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 18/19.3.2.1; NFPA 82-1999: 3-2.6.1)

**LS.02.01.50**                      **EP: 8**  
**New EP Text:**  
 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 18/19.5.4.

**LS.02.01.50**                      **EP: 12**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2000: 18/19.5.

**LS.02.01.70**

**Current Requirement Text**

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

**LS.02.01.70**

**EP:**

**LS.02.01.70**

**EP: 1**

**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.02.01.70**

**EP: 1**

**LS.02.01.70**

**EP: 3**

**Current EP Text:**

**Revision Type:** Moved and Revised

**New EP Text:**

The hospital prohibits all combustible decorations that are not flame retardant. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.4)

Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in non-sprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)

**LS.02.01.70**

**EP:**

**LS.02.01.70**

**EP: 2**

**Current EP Text:**

**Revision Type:** New

**New EP Text:**

N/A

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.02.01.70**                      **EP: 2**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 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: 18/19.7.5.5)

**LS.02.01.70**                      **EP: 4**  
**New EP Text:**  
 Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area.  
 Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7)

**LS.02.01.70**                      **EP: 3**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 The hospital prohibits portable space heaters within smoke compartments containing patient sleeping areas and treatment areas. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.8)

**LS.02.01.70**                      **EP: 5**  
**New EP Text:**  
 Portable space heaters are prohibited in smoke compartments containing sleeping rooms and patient treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 18/19.7.8)  
 Note: For this element of performance, nurses stations are considered patient treatment areas.

**LS.02.01.70**                      **EP: 4**  
**Current EP Text:**                      **Revision Type:** Moved and Revised  
 The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: 18.7/19.7. (See also EC.02.03.01, EP 9 and EC.02.03.03, EP 1)

**LS.02.01.70**                      **EP: 6**  
**New EP Text:**  
 The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7. (See also EC.02.03.01, EP 9; EC.02.03.03, EP 1)

**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 hospital.

Note 2: This standard applies to all hospitals 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**

**New 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 hospital.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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:**

**Revision Type:** Revised

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)

**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:**

**Revision Type:** Deleted

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)

**LS.03.01.10**

**EP: 3**

**Current EP Text:**

**Revision Type:** Moved and Revised

Ambulatory occupancies 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)

**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 hospital 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 hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1.

**LS.03.01.20**

**Current Requirement Text**

The hospital 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 hospital.  
 Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 hospital.  
 Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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: 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 hospital 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 hospital 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 hospital 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 hospital.

Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 hospital.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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/](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 hospital 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/](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 hospital 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/](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 hospital 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 hospital.  
 Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 hospital.  
 Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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/](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 hospital 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 hospital 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 hospital 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 hospital.

Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 hospital.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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:**

**Revision Type:** Revised

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)

**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:**

**Revision Type:** Revised

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)

**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:**

**Revision Type:** Revised

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)

**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:**

The hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2000: 20/21.3.5.

**Revision Type:** Moved and Revised

**LS.03.01.35**

**EP:** 8

**New EP Text:**

The hospital 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 hospital 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 hospital.

Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 hospital.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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:**

Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2000: 20/21.4.

**Revision Type:** Revised

**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:**

High-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2000: 20/21.4.

**Revision Type:** Revised

**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 hospital 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 4 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 hospital.

Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 4 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 hospital.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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 hospital 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 hospital 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 hospital 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 hospital.

Note 2: This standard applies to all hospitals 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**

**New Requirement Text:**

The hospital 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 hospital.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in hospitals, 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**

**EP:**

**Current EP Text:**

N/A

**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**

**EP: 1**

**Current EP Text:**

The hospital 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)

**Revision Type:** Moved and Revised

**LS.03.01.70**

**EP: 3**

**New EP Text:**

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

<p><b>LS.03.01.70</b>  <b>Current EP Text:</b>                  N/A</p>	<p><b>EP:</b>  <b>Revision Type:</b> New</p>	<p><b>LS.03.01.70</b>  <b>New EP Text:</b></p>	<p><b>EP: 2</b>                  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.</p>
<p><b>LS.03.01.70</b>  <b>Current EP Text:</b>                  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)</p>	<p><b>EP: 2</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.03.01.70</b>  <b>New EP Text:</b></p>	<p><b>EP: 4</b>                  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)</p>
<p><b>LS.03.01.70</b>  <b>Current EP Text:</b>                  The hospital 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)</p>	<p><b>EP: 3</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.03.01.70</b>  <b>New EP Text:</b></p>	<p><b>EP: 5</b>                  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)</p>
<p><b>LS.03.01.70</b>  <b>Current EP Text:</b>                  The hospital does not allow unvented fuel-fired heaters. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.5.2.2)</p>	<p><b>EP: 4</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.03.01.50</b>  <b>New EP Text:</b></p>	<p><b>EP: 2</b>                  The hospital does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)</p>
<p><b>LS.03.01.70</b>  <b>Current EP Text:</b>                  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)</p>	<p><b>EP: 5</b>  <b>Revision Type:</b> Moved and Revised</p>	<p><b>LS.03.01.50</b>  <b>New EP Text:</b></p>	<p><b>EP: 3</b>                  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)</p>

**LS.03.01.70**

**EP:** 6

**Current EP Text:**

The hospital 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)

**Revision Type:** Revised

**LS.03.01.70**

**EP:** 6

**New EP Text:**

The hospital 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)