

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

Nursing Care Center (NCC) Accreditation Program

EC.01.01.01

Current Requirement Text

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

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

EC.01.01.01

EP: 1

Current EP Text:

Revision Type: Retain

Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the environment of care, collect information on deficiencies, and disseminate summaries of actions and results.

Note 1: This information is disseminated to individuals with responsibility for the issues being addressed.

Note 2: Deficiencies include injuries, problems, or use errors.

EC.01.01.01

EP: 1

New EP Text:

Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the environment of care, collect information on deficiencies, and disseminate summaries of actions and results.

Note 1: This information is disseminated to individuals with responsibility for the issues being addressed.

Note 2: Deficiencies include injuries, problems, or use errors.

EC.01.01.01

EP: 2

Current EP Text:

Revision Type: Retain

Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.

EC.01.01.01

EP: 2

New EP Text:

Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.

EC.01.01.01

EP: 3

Current EP Text:

Revision Type: Revised

The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities.

EC.01.01.01

EP: 3

New EP Text:

The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities.

EC.02.01.01

Current Requirement Text

The organization manages safety and security risks.

EC.02.01.01

EP: 1

Current EP Text:

Revision Type: Revised

The organization identifies safety and security risks associated with the environment of care that could affect patients, residents, staff, and other people coming to the organization's facilities. (See also EC.04.01.01, EP 14)
 Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

EC.02.01.01

EP: 1

New EP Text:

The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, residents, staff, and other people coming to the organization's facilities.
 Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

EC.02.01.01

EP: 3

Current EP Text:

Revision Type: Retain

The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.

EC.02.01.01

EP: 3

New EP Text:

The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.

EC.02.01.01

EP: 5

Current EP Text:

Revision Type: Retain

The organization maintains all grounds and equipment.

EC.02.01.01

EP: 5

New EP Text:

The organization maintains all grounds and equipment.

EC.02.01.01

EP: 11

Current EP Text:

Revision Type: Retain

The organization acts in accordance with product notices and recalls. (See also MM.05.01.17, EPs 1–4)

EC.02.01.01

EP: 11

New EP Text:

The organization acts in accordance with product notices and recalls. (See also MM.05.01.17, EPs 1–4)

EC.02.01.01

EP: 15

Current EP Text:

Revision Type: Retain

The organization has written procedures to follow in the event of a patient or resident elopement.

EC.02.01.01

EP: 15

New EP Text:

The organization has written procedures to follow in the event of a patient or resident elopement.

EC.02.01.03

Current Requirement Text

The organization prohibits smoking except in specific circumstances.

EC.02.01.03

EP: 1

Current EP Text:

Revision Type: Retain

The organization develops a written policy prohibiting smoking in all buildings except for designated areas for patients and residents in specific circumstances. The organization defines specific circumstances that may result in exceptions to the policy.
 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 organization develops a written policy prohibiting smoking in all buildings except for designated areas for patients and residents in specific circumstances. The organization defines specific circumstances that may result in exceptions to the policy.
 Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

EC.02.01.03

EP: 3

Current EP Text:

Revision Type: Retain

If the organization decides that certain patients and residents may smoke, the leaders develop written criteria identifying the specific circumstances under which they may smoke, as determined by an initial smoking assessment. The criteria also describe where and when they may smoke, whether supervision is required, and the frequency of smoking reassessments. (See also PC.01.02.01, EP 13)

EC.02.01.03

EP: 3

New EP Text:

If the organization decides that certain patients and residents may smoke, the leaders develop written criteria identifying the specific circumstances under which they may smoke, as determined by an initial smoking assessment. The criteria also describe where and when they may smoke, whether supervision is required, and the frequency of smoking reassessments. (See also PC.01.02.01, EP 13)

EC.02.01.03

EP: 4

Current EP Text:

Revision Type: Revised

If the organization decides that certain patients and residents may smoke, it designates smoking areas that are environmentally separate from care, treatment, and service areas. (See also EC.02.03.01, EP 1)
 Note: This does not require that a designated smoking area be a specific distance from care, treatment, and service areas. A physically separate, well-ventilated room that is exhausted to the outside is acceptable.

EC.02.01.03

EP: 4

New EP Text:

If the organization decides that certain patients and residents may smoke, it designates smoking areas that are environmentally separate from care, treatment, and service areas.
 Note: This does not require that a designated smoking area be a specific distance from care, treatment, and service areas. A physically separate, well-ventilated room that is exhausted to the outside is acceptable.

EC.02.01.03

EP: 6

Current EP Text:

Revision Type: Retain

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

EC.02.01.03

EP: 6

New EP Text:

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

EC.02.02.01

Current Requirement Text

The organization manages risks related to hazardous materials and waste.

EC.02.02.01

EP: 3

Current EP Text:

Revision Type: Retain

The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 3)

EC.02.02.01

EP: 3

New EP Text:

The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 3)

EC.02.02.01

EP: 4

Current EP Text:

Revision Type: Retain

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

EC.02.02.01

EP: 4

New EP Text:

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

EC.02.02.01

EP: 5

Current EP Text:

Revision Type: Retain

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

EC.02.02.01

EP: 5

New EP Text:

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

EC.02.02.01

EP: 7

Current EP Text:

Revision Type: Retain

The organization minimizes risks associated with the selection and use of hazardous energy sources.
 Note: Hazardous energy is produced by both ionizing equipment (for example, portable x-ray machines) and nonionizing equipment (for example, lasers, microwaves).

EC.02.02.01

EP: 7

New EP Text:

The organization minimizes risks associated with the selection and use of hazardous energy sources.
 Note: Hazardous energy is produced by both ionizing equipment (for example, portable x-ray machines) and nonionizing equipment (for example, lasers, microwaves).

EC.02.02.01

EP: 8

Current EP Text:

Revision Type: Revised

The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)

EC.02.02.01

EP: 8

New EP Text:

The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1–3)

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

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

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

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

EC.02.03.01

Current Requirement Text

The organization manages fire risks.

EC.02.03.01 **EP: 1**
Current EP Text: **Revision Type:** Revised
 The organization minimizes the potential for harm from fire, smoke, and other products of combustion. (See also EC.02.01.03, EP 4)
 Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.

EC.02.03.01 **EP: 1**
New EP Text:
 The organization minimizes the potential for harm from fire, smoke, and other products of combustion.

EC.02.03.01 **EP: 10**
Current EP Text: **Revision Type:** Moved and Revised
 The organization has a written fire response plan that describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also EC.02.03.03, EPs 4 and 5)

EC.02.03.01 **EP: 9**
New EP Text:
 The organization has a written fire response plan that describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, 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 organization conducts fire drills.

EC.02.03.03

EP: 1

Current EP Text:

Revision Type: Revised

The organization conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11)

Note 1: Patients and residents may, but need not be, evacuated during drills.

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

EC.02.03.03

EP: 1

New EP Text:

The organization conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11)

Note 1: Patients and residents may, but need not be, evacuated during drills.

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

Note 3: In shared facilities, drills need to be conducted only in areas of the building that the organization 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 organization may use alternative methods to notify staff instead of activating audible alarms.

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

EC.02.03.03

EP: 4

Current EP Text:

Revision Type: Revised

Staff who work in buildings where patients and residents are housed or treated participate in drills according to the organization's fire response plan. (See also EC.02.03.01, EP 10)

Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., the organization may use alternative methods to notify staff instead of activating audible alarms.

EC.02.03.03

EP: 4

New EP Text:

Staff who work in buildings where patients and residents are housed or treated participate in drills according to the organization's fire response plan.

EC.02.03.03

EP: 5

Current EP Text:

The organization critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The critiques are documented. (See also EC.02.03.01, EP 10)

Revision Type: Revised

EC.02.03.03

EP: 5

New EP Text:

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

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

EC.02.03.05

EP: 1

Current EP Text:

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

Revision Type: Revised

EC.02.03.05

EP: 1

New EP Text:

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

EC.02.03.05

EP: 2

Current EP Text:

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

Revision Type: Revised

EC.02.03.05

EP: 2

New EP Text:

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

EC.02.03.05

EP: 3

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Every 12 months, the organization tests all duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05

EP: 4

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Every 12 months, the organization tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05

EP: 5

Current EP Text:

Revision Type: Revised

Every quarter, the organization tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

EC.02.03.05

EP: 5

New EP Text:

Every 12 months, the organization tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented.

Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

EC.02.03.05

EP: 6

Current EP Text:

Revision Type: Revised

For automatic sprinkler systems: Every week the organization tests fire pumps under no-flow conditions. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

EC.02.03.05

EP: 6

New EP Text:

For automatic sprinkler systems: The organization tests electric motor-driven fire pumps monthly and diesel-engine-driven fire pumps weekly under no-flow conditions. The results and completion dates are documented.

Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2.

EC.02.03.05

EP: 7

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: For automatic sprinkler systems: Every 6 months the organization tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3.5).

EC.02.03.05

EP: 8

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: For automatic sprinkler systems: Every month during cold weather, the organization tests water-storage tank temperature alarms. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3).

EC.02.03.05

EP: 9

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: For automatic sprinkler systems: Every 12 months the organization tests main drains at system low point or at all system risers. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-2.6).

EC.02.03.05

EP: 10

Current EP Text:

Revision Type: Revised

For automatic sprinkler systems: Every quarter the organization inspects all fire department water supply connections. The completion dates of the inspections are documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-7.1).

EC.02.03.05

EP: 10

New EP Text:

For automatic sprinkler systems: Every quarter the organization inspects all fire department water supply connections. The results and completion dates are documented.

Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2.

EC.02.03.05

EP: 11

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: For automatic sprinkler systems: Every 12 months the organization tests fire pumps under flow. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

EC.02.03.05

EP: 12

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Every 5 years the organization conducts water-flow tests for standpipe systems. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

EC.02.03.05

EP: 13

Current EP Text:

Revision Type: Revised

Every 6 months the organization 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 organization 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: Deleted

For Veterans Affairs Community Living Centers: Every 12 months the organization tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion date of the tests is documented.

Note: Discharge of the fire-extinguishing systems is not required.

EC.02.03.05

EP: 15

Current EP Text:

Revision Type: Revised

At least monthly, the organization inspects portable fire extinguishers. The completion dates of the inspections are documented.
 Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
 Note 2: Inspections involve a visual check for the presence and correct type of the extinguisher, broken parts, full charge, and ease of access.
 Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).

EC.02.03.05

EP: 15

New EP Text:

At least monthly, the organization inspects portable fire extinguishers. The results and completion dates are documented.
 Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
 Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge.
 Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.

EC.02.03.05

EP: 16

Current EP Text:

Revision Type: Revised

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

EC.02.03.05

EP: 16

New EP Text:

Every 12 months, the organization performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented.
 Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
 Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.

EC.02.03.05

EP: 17

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: The organization conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The completion date of the tests is documented.
 Note: For additional guidance on hydrostatic testing, see NFPA 1962, 1998 edition (Section 2-3), and NFPA 25, 1998 edition.

EC.02.03.05

EP: 18

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: The organization operates fire and smoke dampers at least every 4 years to verify that they fully close. The completion date of the tests is documented.
 Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 3-4.7).

EC.02.03.05

EP: 19

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Every 12 months the organization tests all 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: 20

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Every 12 months the organization tests sliding and rolling fire doors for proper operation and full closure. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 80, 1999 edition (Section 15-2.4).

EC.02.04.01

Current Requirement Text

The organization manages medical equipment risks.

EC.02.04.01

EP: 3

Current EP Text:

Revision Type: Revised

The organization identifies, in writing, the activities for maintaining, inspecting, and testing for all medical equipment on the inventory. (See also EC.02.04.03, EPs 2 and 3)

Note: Organizations may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for reliable performance.

EC.02.04.01

EP: 3

New EP Text:

The organization identifies, in writing, the activities for maintaining, inspecting, and testing for all medical equipment on the inventory.

Note: Organizations may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for reliable performance.

EC.02.04.01 **EP: 4**
Current EP Text: **Revision Type:** Revised
 The organization identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current organization experience. (See also EC.02.04.03, EPs 2 and 3)

EC.02.04.01 **EP: 4**
New EP Text:
 The organization identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current organization experience.
 Note 1: Medical equipment with activities and associated frequencies in accordance with manufacturers' recommendations must have a 100% completion rate.
 Note 2: 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
 The organization monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

EC.02.04.01 **EP: 5**
New EP Text:
 The organization monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

EC.02.04.01 **EP: 6**
Current EP Text: **Revision Type:** Retain
 The organization has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.

EC.02.04.01 **EP: 6**
New EP Text:
 The organization has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.

EC.02.04.03
Current Requirement Text
 The organization inspects, tests, and maintains medical equipment.

EC.02.04.03 **EP: 1**
Current EP Text: **Revision Type:** Revised
 Before initial use of medical equipment, the organization performs safety, operational, and functional checks.

EC.02.04.03 **EP: 1**
New EP Text:
 Before initial use of medical equipment, the organization performs safety, operational, and functional checks.

EC.02.04.03 **EP: 2**
Current EP Text: **Revision Type:** Revised
 The organization inspects, tests, and maintains all life-support equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4)

EC.02.04.03 **EP: 2**
New EP Text:
 The organization inspects, tests, and maintains all life-support equipment. These activities are documented.
 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 organization inspects, tests, and maintains non-life-support equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4)

EC.02.04.03 **EP: 3**
New EP Text:
 The organization inspects, tests, and maintains non-life-support equipment. These activities are documented.

EC.02.04.03 **EP: 5**
Current EP Text: **Revision Type:** Retain
 The organization performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

EC.02.04.03 **EP: 5**
New EP Text:
 The organization performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

EC.02.05.01
Current Requirement Text
 The organization manages risks associated with its utility systems.

EC.02.05.01 **EP: 1**
Current EP Text: **Revision Type:** Retain
 The organization designs and installs utility systems that meet patient or resident care and operational needs.

EC.02.05.01 **EP: 1**
New EP Text:
 The organization designs and installs utility systems that meet patient or resident care and operational needs.

EC.02.05.01 **EP: 3**
Current EP Text: **Revision Type:** Revised

The organization identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory. (See also EC.02.05.05, EPs 3-5; EC.02.05.09, EP 1)
 Note: Organizations may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for dependable performance.

EC.02.05.01 **EP: 3**
New EP Text:

The organization identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory.
 Note: Organizations may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for dependable performance.

EC.02.05.01 **EP: 4**
Current EP Text: **Revision Type:** Revised

The organization identifies, in writing, the frequencies for inspecting, testing, and maintaining all operating components of the utility systems, based on criteria such as manufacturers' recommendations, risk levels, or organization experience. (See also EC.02.05.05, EPs 3-5)

EC.02.05.01 **EP: 4**
New EP Text:

The organization identifies, in writing, the frequencies for inspecting, testing, and maintaining all operating components of the utility systems, based on criteria such as manufacturers' recommendations, risk levels, or organization experience.

EC.02.05.01 **EP: 5**
Current EP Text: **Revision Type:** Retain

The organization minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.

EC.02.05.01 **EP: 5**
New EP Text:

The organization minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.

EC.02.05.01 **EP: 6**
Current EP Text: **Revision Type:** Revised

In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
 Note: Areas designed for control of airborne contaminants include spaces such as special procedure rooms, rooms for patients and residents diagnosed or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients and residents in "protective environment" rooms, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

EC.02.05.01 **EP: 6**
New EP Text:

In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
 Note: Areas designed for control of airborne contaminants include spaces such as special procedure rooms, rooms for patients and residents diagnosed or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients and residents in "protective environment" rooms, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2014 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

EC.02.05.01 **EP: 7**
Current EP Text: **Revision Type:** Retain
 The organization maps the distribution of its utility systems.

EC.02.05.01 **EP: 7**
New EP Text:
 The organization maps the distribution of its utility systems.

EC.02.05.01 **EP: 8**
Current EP Text: **Revision Type:** Revised
 The organization labels utility system controls so that staff are able to partially or completely shut down systems in emergencies.

EC.02.05.01 **EP: 8**
New EP Text:
 The organization labels utility system controls so that staff are able to partially or completely shut down systems in emergencies.
 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.

EC.02.05.01 **EP: 9**
Current EP Text: **Revision Type:** Retain
 The organization has written procedures for responding to utility system disruptions.

EC.02.05.01 **EP: 9**
New EP Text:
 The organization has written procedures for responding to utility system disruptions.

EC.02.05.01 **EP: 10**
Current EP Text: **Revision Type:** Retain
 The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.

EC.02.05.01 **EP: 10**
New EP Text:
 The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.

EC.02.05.01 **EP: 11**
Current EP Text: **Revision Type:** Retain
 The organization's procedures address performing emergency clinical interventions during utility system disruptions.

EC.02.05.01 **EP: 11**
New EP Text:
 The organization's procedures address performing emergency clinical interventions during utility system disruptions.

EC.02.05.01 **EP: 12**
Current EP Text: **Revision Type:** Retain
 The organization's procedures address how to obtain emergency repair services.

EC.02.05.01 **EP: 12**
New EP Text:
 The organization's procedures address how to obtain emergency repair services.

EC.02.05.01 **EP: 13**
Current EP Text: **Revision Type:** Retain
 The organization responds to utility system disruptions as described in its procedures.

EC.02.05.01 **EP: 13**
New EP Text:
 The organization responds to utility system disruptions as described in its procedures.

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:**
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:**
Current EP Text: **Revision Type:** New
 N/A

EC.02.05.01 **EP: 19**
New EP Text:
 The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature of at least 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)

EC.02.05.03

Current Requirement Text

The organization has a reliable emergency electrical power source.

EC.02.05.03

EP:

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 organization has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2; 6.4.2.2.6.

EC.02.05.03

EP: 1

EC.02.05.03

EP: 2

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization provides emergency power for the following: Alarm systems, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 13-3.3).

The organization provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03

EP: 2

EC.02.05.03

EP: 3

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

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

The organization provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03 **EP:** 3
Current EP Text: **Revision Type:** Moved and Revised
 The organization provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code.

EC.02.05.03 **EP:** 4
New EP Text:
 The organization provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).

EC.02.05.03 **EP:** 4
Current EP Text: **Revision Type:** Moved and Revised
 The organization provides emergency power for the following: Elevators (at least one for nonambulatory patients and residents).

EC.02.05.03 **EP:** 11
New EP Text:
 The organization provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for nonambulatory patients).
 Note: For guidance in establishing a reliable emergency power system for the equipment branch (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.2.2.5; 6.4.2.2.5.4.

EC.02.05.03 **EP:** 5
Current EP Text: **Revision Type:** Revised
 The organization provides emergency power for the following: Equipment that could cause patient or resident harm when it fails (including life-support systems), medical air compressors, and medical vacuum systems. (See also EM.02.02.09, EP 2)

EC.02.05.03 **EP:** 5
New EP Text:
 The organization provides emergency power within 10 seconds for the following: Equipment that could cause patient or resident harm when it fails (including life-support systems), medical air compressors, and medical vacuum systems. (See also EM.02.02.09, EP 2)
 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 organization provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The organization's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.
 Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2.3.3; NFPA 110-2010: 5.6.5.6; 7.3.1.

EC.02.05.05

Current Requirement Text

The organization inspects, tests, and maintains utility systems.
 Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but have access to such documentation during survey and as needed.

EC.02.05.05

EP:

EC.02.05.05

EP: 1

Current EP Text:

Revision Type: New

New EP Text:

N/A

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

EC.02.05.05

EP: 1

EC.02.05.05

EP: 2

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

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

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

EC.02.05.05

EP: 3

EC.02.05.05

EP: 4

Current EP Text:

Revision Type: Moved and Revised

New EP Text:

The organization inspects, tests, and maintains the following: Life-support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 3 and 4)

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

EC.02.05.05

EP: 5

New EP Text:

The organization inspects, tests, and maintains the following: Infection control utility system components on the inventory (for example, ventilation systems supporting negative and positive air pressure isolation rooms). 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:

Revision Type: Moved and Revised

The organization inspects, tests, and maintains the following: Non-life-support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 3 and 4)

EC.02.05.05

EP: 6

New EP Text:

The organization inspects, tests, and maintains the following: Non-life-support 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:

Revision Type: New

N/A

EC.02.05.05

EP: 7

New EP Text:

The organization meets all other HealthCare Facilities Code requirements for electrical distribution, HVAC, as related to NFPA 99-2012: Chapters 6 and 9.

EC.02.05.07

Current Requirement Text

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

EC.02.05.07

EP: 1

Current EP Text:

Revision Type: Revised

At least monthly, the organization performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the tests is documented.

EC.02.05.07

EP: 1

New EP Text:

At least monthly, the organization performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds 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 organization either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the organization replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.

EC.02.05.07

EP: 2

New EP Text:

Every 12 months, the organization either performs a functional test of battery-powered lights on the inventory required for egress for a duration of 1 1/2 hours, or the organization replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The test results and completion dates are documented.

EC.02.05.07

EP: 3

Current EP Text:

Revision Type: Revised

Every quarter, the organization performs a functional test of stored emergency power supply systems (SEPSS) for 5 minutes or as specified for its class (whichever is less). The organization performs an annual test at full load for 60% of the full duration of its class. The completion dates of the tests are documented.

Note 1: Non-SEPSS battery backup emergency power systems that the organization has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturers' recommendations.

Note 2: SEPSS are intended to automatically supply illumination or power to critical areas and equipment essential for safety to human life. Included are systems that supply emergency power for such functions as illumination for safe exiting, ventilation where it is essential to maintain life, fire detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to patients and residents, the public, or staff.

Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. For additional guidance, see NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems, 1996 edition.

EC.02.05.07

EP: 3

New EP Text:

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

Note 1: Non-SEPSS battery backup emergency power systems that the organization has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic 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 and residents, the public, or staff.

Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. For additional guidance, see NFPA 111-2010: 8.4.

EC.02.05.07

EP:

Current EP Text:

Revision Type: New

N/A

EC.02.05.07

EP: 4

New EP Text:

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

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

EC.02.05.07

EP: 4

Current EP Text:

Revision Type: Moved and Revised

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

EC.02.05.07

EP: 5

New EP Text:

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

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

The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature. If the organization does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.
 Note: Tests for non–diesel-powered generators need only be conducted with available load.

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

The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature. If the organization does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1 ½ continuous hours.
 Note: Tests for non-diesel-powered generators need only be conducted with available load.

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

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

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

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

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

At least once every 36 months, organizations with a generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. The completion date of the tests is documented.
 Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.

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

At least once every 36 months, organizations with a generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented.
 Note: For additional guidance, see NFPA 110-2010, Chapter 8.

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

N/A

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

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

EC.02.05.07 **EP: 8**
Current EP Text: **Revision Type:** Moved and Revised

The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature.
 Note: Tests for non–diesel-powered generators need only be conducted with available load.

EC.02.05.07 **EP: 10**
New EP Text:

The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature.
 Note: Tests for non-diesel-powered generators need only be conducted with available load.

EC.02.05.07 **EP: 9**
Current EP Text: **Revision Type:** Moved

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

EC.02.05.07 **EP: 11**
New EP Text:

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

EC.02.05.07 **EP: 10**
Current EP Text: **Revision Type:** Moved

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

EC.02.05.07 **EP: 12**
New EP Text:

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

EC.02.05.09

Current Requirement Text

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

EC.02.05.09 **EP: 1**
Current EP Text: **Revision Type:** Revised

In time frames defined by the organization, the organization inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented. (See also EC.02.05.01, EP 3)

EC.02.05.09 **EP: 1**
New EP Text:

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

<p>EC.02.05.09 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.09 New EP Text:</p>	<p>EP: 2 When the organization has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES." Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.</p>
<p>EC.02.05.09 Current EP Text: The organization tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The completion date of the tests is documented.</p>	<p>EP: 2 Revision Type: Moved and Revised</p>	<p>EC.02.05.09 New EP Text:</p>	<p>EP: 4 The organization tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented.</p>
<p>EC.02.05.09 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>EC.02.05.09 New EP Text:</p>	<p>EP: 3 The organization's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it. Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.</p>
<p>EC.02.05.09 Current EP Text: The organization makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.</p>	<p>EP: 3 Revision Type: Moved</p>	<p>EC.02.05.09 New EP Text:</p>	<p>EP: 5 The organization makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.</p>

EC.02.05.09

EP:

EC.02.05.09

EP: 6

Current EP Text:

Revision Type: New

New EP Text:

N/A

The organization implements a policy on all cylinders within the organization that includes the following:

- Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety
- Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
- Labeling empty cylinders
- Prohibiting transfilling in any compartment with patient care rooms

Note: For additional guidance, see NFPA 99-2012: 11.5.2.3; 11.6.2; 11.6.2.3; 11.6.5; 11.6.5.2; 11.6.5.3; 11.7.3.2.

EC.02.06.01

Current Requirement Text

The organization establishes and maintains a safe, functional environment.

EC.02.06.01

EP: 1

EC.02.06.01

EP: 1

Current EP Text:

Revision Type: Retain

New EP Text:

Interior spaces meet the needs of the patient and resident populations for safety and suitability for the care, treatment, and services provided.
 Note: Interior spaces contain rehabilitation equipment and activities needed to achieve patients' and residents' goals, but they are arranged in a way that does not compromise the safety of the environment.

Interior spaces meet the needs of the patient and resident populations for safety and suitability for the care, treatment, and services provided.
 Note: Interior spaces contain rehabilitation equipment and activities needed to achieve patients' and residents' goals, but they are arranged in a way that does not compromise the safety of the environment.

EC.02.06.01

EP: 4

EC.02.06.01

EP: 4

Current EP Text:

Revision Type: Retain

New EP Text:

The organization provides outside areas for patient and resident use, suitable to the patient's or resident's age or other characteristics.

The organization provides outside areas for patient and resident use, suitable to the patient's or resident's age or other characteristics.

EC.02.06.01

EP: 5

EC.02.06.01

EP: 5

Current EP Text:

Revision Type: Retain

New EP Text:

The organization provides storage space to meet patients' and residents' needs.

The organization provides storage space to meet patients' and residents' needs.

<p>EC.02.06.01 EP: 20 Current EP Text: Revision Type: Retain Areas used by patients and residents are clean and free of offensive odors.</p>	<p>EC.02.06.01 EP: 20 New EP Text: Areas used by patients and residents are clean and free of offensive odors.</p>
<p>EC.02.06.01 EP: 22 Current EP Text: Revision Type: Retain Spaces are accessible for safe wandering and exploring.</p>	<p>EC.02.06.01 EP: 22 New EP Text: Spaces are accessible for safe wandering and exploring.</p>
<p>EC.02.06.01 EP: 23 Current EP Text: Revision Type: Retain The organization provides emergency access to all locked and occupied spaces.</p>	<p>EC.02.06.01 EP: 23 New EP Text: The organization provides emergency access to all locked and occupied spaces.</p>
<p>EC.02.06.01 EP: 26 Current EP Text: Revision Type: Retain The organization keeps furnishings and equipment safe and in good repair.</p>	<p>EC.02.06.01 EP: 26 New EP Text: The organization keeps furnishings and equipment safe and in good repair.</p>
<p>EC.02.06.01 EP: 34 Current EP Text: Revision Type: Retain A sufficient number of electrical outlets with sufficient capacities are present to support the services offered to patients and residents.</p>	<p>EC.02.06.01 EP: 34 New EP Text: A sufficient number of electrical outlets with sufficient capacities are present to support the services offered to patients and residents.</p>
<p>EC.02.06.01 EP: 38 Current EP Text: Revision Type: Retain The organization meets the needs of patients or residents with dementia by providing visual cues or landmarks in the physical environment to assist with wayfinding. (See also HR.01.05.03, EP 24)</p>	<p>EC.02.06.01 EP: 38 New EP Text: The organization meets the needs of patients or residents with dementia by providing visual cues or landmarks in the physical environment to assist with wayfinding. (See also HR.01.05.03, EP 24)</p>

EC.02.06.01 **EP: 39**
Current EP Text: **Revision Type:** Retain
 The organization encourages the display of objects in the patient’s or resident’s personal space that reflect meaningful memories and religious, spiritual, or cultural traditions from his or her past. (See also HR.01.05.03, EP 24)

EC.02.06.01 **EP: 39**
New EP Text:
 The organization encourages the display of objects in the patient’s or resident’s personal space that reflect meaningful memories and religious, spiritual, or cultural traditions from his or her past. (See also HR.01.05.03, EP 24)

EC.02.06.01 **EP: 40**
Current EP Text: **Revision Type:** Retain
 For organizations that elect The Joint Commission Memory Care Certification option: The organization provides an environment in which noises that may overstimulate or distress patients and residents with dementia are minimized. Note: Examples of noises that may overstimulate or distress patients or residents with dementia include alarms and maintenance activities.

EC.02.06.01 **EP: 40**
New EP Text:
 For organizations that elect The Joint Commission Memory Care Certification option: The organization provides an environment in which noises that may overstimulate or distress patients and residents with dementia are minimized. Note: Examples of noises that may overstimulate or distress patients or residents with dementia include alarms and maintenance activities.

EC.02.06.01 **EP: 41**
Current EP Text: **Revision Type:** Retain
 For organizations that elect The Joint Commission Memory Care Certification option: To minimize overstimulation and distress for patients and residents with dementia, the organization provides an environment that minimizes confusing visual stimuli. Note: Examples of visual stimuli that may cause confusion include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, seating, and floor surfaces.

EC.02.06.01 **EP: 41**
New EP Text:
 For organizations that elect The Joint Commission Memory Care Certification option: To minimize overstimulation and distress for patients and residents with dementia, the organization provides an environment that minimizes confusing visual stimuli. Note: Examples of visual stimuli that may cause confusion include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, seating, and floor surfaces.

EC.02.06.01 **EP: 42**
Current EP Text: **Revision Type:** Retain
 For organizations that elect The Joint Commission Memory Care Certification option: The organization provides access to outdoor space(s) for patients and residents with dementia. This space has the following characteristics:
 - Safety and security (Refer to EC.02.01.01, EPs 1 and 3)
 - Seating for patients and residents
 - Pleasant stimulation such as flowers, birds, and sunlight
 Note: If the provision of outdoor space is not possible, organizations may simulate outdoor space, such as a sunroom, to meet this requirement.

EC.02.06.01 **EP: 42**
New EP Text:
 For organizations that elect The Joint Commission Memory Care Certification option: The organization provides access to outdoor space(s) for patients and residents with dementia. This space has the following characteristics:
 - Safety and security (Refer to EC.02.01.01, EPs 1 and 3)
 - Seating for patients and residents
 - Pleasant stimulation such as flowers, birds, and sunlight
 Note: If the provision of outdoor space is not possible, organizations may simulate outdoor space, such as a sunroom, to meet this requirement.

EC.02.06.01

EP: 43

Current EP Text:

Revision Type: Retain

For organizations that elect The Joint Commission Memory Care Certification option: To minimize distress for patients and residents with dementia, the organization provides an environment for walking and exploring that is free of obstructions and barriers that may cause falls.
 Note: Examples of obstructions or barriers that may cause falls include rugs or floor mats, changes in floor elevation, and movable equipment in corridors.

EC.02.06.01

EP: 43

New EP Text:

For organizations that elect The Joint Commission Memory Care Certification option: To minimize distress for patients and residents with dementia, the organization provides an environment for walking and exploring that is free of obstructions and barriers that may cause falls.
 Note: Examples of obstructions or barriers that may cause falls include rugs or floor mats, changes in floor elevation, and movable equipment in corridors.

EC.02.06.01

EP: 44

Current EP Text:

Revision Type: Retain

For organizations that elect The Joint Commission Memory Care Certification option: To minimize distress for patients and residents with dementia, the organization limits the use of its intercom paging system.

EC.02.06.01

EP: 44

New EP Text:

For organizations that elect The Joint Commission Memory Care Certification option: To minimize distress for patients and residents with dementia, the organization limits the use of its intercom paging system.

EC.02.06.01

EP: 45

Current EP Text:

Revision Type: Retain

For organizations that elect The Joint Commission Memory Care Certification option: The organization creates interest points in the physical environment that encourage visual or tactile stimulation for patients and residents with dementia.
 Note: Examples of interest points include a fish tank, a colorful tapestry, or objects with varying textures and shapes.

EC.02.06.01

EP: 45

New EP Text:

For organizations that elect The Joint Commission Memory Care Certification option: The organization creates interest points in the physical environment that encourage visual or tactile stimulation for patients and residents with dementia.
 Note: Examples of interest points include a fish tank, a colorful tapestry, or objects with varying textures and shapes.

EC.02.06.03

Current Requirement Text

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

EC.02.06.03

EP: 1

Current EP Text:

Revision Type: Retain

The dining environment encourages eating and socialization by providing small group settings and minimizing distractions, such as noise or activities.

EC.02.06.03

EP: 1

New EP Text:

The dining environment encourages eating and socialization by providing small group settings and minimizing distractions, such as noise or activities.

EC.02.06.03

EP: 6

Current EP Text:

Dining areas have adequate space for patients and residents with equipment required for care, treatment, and services.

Revision Type: Retain

EC.02.06.03

EP: 6

New EP Text:

Dining areas have adequate space for patients and residents with equipment required for care, treatment, and services.

EC.02.06.05

Current Requirement Text

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

EC.02.06.05

EP: 2

Current EP Text:

When planning demolition, construction, or renovation, the organization conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.

Note: Refer to LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

Revision Type: Revised

EC.02.06.05

EP: 2

New EP Text:

When planning demolition, construction, renovation, or general maintenance, the organization conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.

Note: Refer to 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:

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

Revision Type: Retain

EC.02.06.05

EP: 3

New EP Text:

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

EC.04.01.01

Current Requirement Text

The organization collects information to monitor conditions in the environment.

EC.04.01.01

EP: 3

Current EP Text:

The organization internally reports and investigates the following: Injuries to residents or others in the organization's facilities. (See also EC.04.01.03, EP 1)

Revision Type: Revised

EC.04.01.01

EP: 3

New EP Text:

The organization internally reports and investigates the following: Injuries to residents or others in the organization's facilities.

EC.04.01.01 **EP: 4**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following:
 Occupational illnesses and staff injuries. (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 4**
New EP Text:
 The organization internally reports and investigates the following:
 Occupational illnesses and staff injuries.

EC.04.01.01 **EP: 5**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following: Incidents of
 damage to its property or the property of others in locations it controls. (See
 also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 5**
New EP Text:
 The organization internally reports and investigates the following: Incidents of
 damage to its property or the property of others in locations it controls.

EC.04.01.01 **EP: 6**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following: Security
 incidents involving patients, residents, staff, or others in locations it controls.
 (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 6**
New EP Text:
 The organization internally reports and investigates the following: Security
 incidents involving patients, residents, staff, or others in locations it controls.

EC.04.01.01 **EP: 8**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following: Hazardous
 materials and waste spills and exposures. (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 8**
New EP Text:
 The organization internally reports and investigates the following: Hazardous
 materials and waste spills and exposures.

EC.04.01.01 **EP: 9**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following: Fire safety
 management problems, deficiencies, and failures. (See also EC.04.01.03, EP
 1)

EC.04.01.01 **EP: 9**
New EP Text:
 The organization internally reports and investigates the following: Fire safety
 management problems, deficiencies, and failures.

EC.04.01.01 **EP: 10**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following: Medical
 equipment management problems, failures, and use errors. (See also
 EC.04.01.03, EP 1)

EC.04.01.01 **EP: 10**
New EP Text:
 The organization internally reports and investigates the following: Medical
 equipment management problems, failures, and use errors.

EC.04.01.01 **EP: 11**
Current EP Text: **Revision Type:** Revised
 The organization internally reports and investigates the following: Utility systems management problems, failures, or use errors. (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 11**
New EP Text:
 The organization internally reports and investigates the following: Utility systems management problems, failures, or use errors.

EC.04.01.01 **EP: 12**
Current EP Text: **Revision Type:** Revised
 The organization conducts environmental tours every six months in patient and resident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment of care. (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 12**
New EP Text:
 The organization conducts environmental tours every six months in patient and resident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment of care.

EC.04.01.01 **EP: 13**
Current EP Text: **Revision Type:** Revised
 The organization conducts annual environmental tours in nonresident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment. (See also EC.04.01.03, EP 1)

EC.04.01.01 **EP: 13**
New EP Text:
 The organization conducts annual environmental tours in nonresident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment.

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

EC.04.01.01 **EP: 14**
New EP Text:
 The organization uses its tours to identify environmental deficiencies, hazards, and unsafe practices.

EC.04.01.03

Current Requirement Text

The organization analyzes identified environment of care issues.

EC.04.01.03

EP: 1

Current EP Text:

Revision Type: Revised

Representatives from clinical, administrative, and support services participate in the analysis of environment of care data. (See also EC.04.01.01, EPs 3-6 and 8-14)

EC.04.01.03

EP: 1

New EP Text:

Representatives from clinical, administrative, and support services participate in the analysis of environment of care data.

EC.04.01.03

EP: 2

Current EP Text:

Revision Type: Revised

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

EC.04.01.03

EP: 2

New EP Text:

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

EC.04.01.05

Current Requirement Text

The organization improves its environment of care.

EC.04.01.05

EP: 1

Current EP Text:

Revision Type: Revised

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

EC.04.01.05

EP: 1

New EP Text:

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

EC.04.01.05

EP: 2

Current EP Text:

Revision Type: Retain

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

EC.04.01.05

EP: 2

New EP Text:

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

LS.01.01.01

Current Requirement Text

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

LS.01.01.01

EP: 1

Current EP Text:

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

Revision Type: Revised

LS.01.01.01

EP: 1

New EP Text:

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

LS.01.01.01

EP: 2

Current EP Text:

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

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

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

Revision Type: Revised

LS.01.01.01

EP: 2

New EP Text:

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

LS.01.01.01

EP:

Current EP Text:

N/A

Revision Type: New

LS.01.01.01

EP: 3

New EP Text:

The organization maintains current and accurate drawings denoting features of fire safety and related square footage.

Fire safety features include the following:

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

LS.01.01.01 **EP: 3**
Current EP Text: **Revision Type:** Moved and Revised
 When the organization plans to resolve a deficiency through a Plan for Improvement (PFI), the organization meets the time frames identified in the PFI accepted by The Joint Commission. (See also LS.01.02.01, EPs 1-14)

LS.01.01.01 **EP: 4**
New EP Text:
 When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame.
 Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.
 Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).
 Note 3: For additional guidance on equivalencies, see NFPA 2012: 101:1.4.3.

LS.01.01.01 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.01.01.01 **EP: 6**
New EP Text:
 The organization does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the Life Safety Code, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3)

LS.01.02.01

Current Requirement Text

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

LS.01.02.01 **EP: 1**
Current EP Text: **Revision Type:** Revised
 The organization 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 organization 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)

LS.01.02.01 **EP: 1**
New EP Text:
 The organization 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 organization 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: 6**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the organization's interim life safety measure (ILSM) policy.

LS.01.02.01 **EP: 7**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the organization's interim life safety measure (ILSM) policy.

LS.01.02.01 **EP: 8**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the organization's interim life safety measure (ILSM) policy.

LS.01.02.01 **EP: 9**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the organization's interim life safety measure (ILSM) policy.

LS.01.02.01 **EP: 10**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The need for additional training is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The need for additional training is based on criteria in the organization's interim life safety measure (ILSM) policy.

LS.01.02.01 **EP: 11**
Current EP Text: **Revision Type:** Revised
 When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the organization'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 organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the organization's interim life safety measure (ILSM) policy.

LS.01.02.01 **EP: 13**
Current EP Text: **Revision Type:** Revised
 The organization 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 organization'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 organization 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 organization's interim life safety measure (ILSM) policy.

LS.01.02.01

EP: 14

Current EP Text:

Revision Type: Revised

The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the organization'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 organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the organization'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:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 18/19.1.6.2.

LS.02.01.10

EP: 2

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.10

EP:

Current EP Text:

Revision Type: New

N/A

LS.02.01.10

EP: 2

New EP Text:

When building rehabilitation occurs, the organization 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:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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

Current EP Text:

Revision Type: Moved and Revised

For Veterans Affairs Community Living Centers: 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: Deleted

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. (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: 6

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: Deleted

For Veterans Affairs Community Living Centers: 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

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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

Current EP Text:

Revision Type: Moved and Revised

For Veterans Affairs Community Living Centers: The organization meets all other Life Safety Code® * requirements related to NFPA 101-2000: 18/19.1. Footnote *: Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

LS.02.01.10

EP: 11

New EP Text:

The organization meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.

LS.02.01.20

Current Requirement Text

The organization 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: Deleted

For Veterans Affairs Community Living Centers: Doors in a means of egress swing in the direction of egress in organizations 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: 3

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 4

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 5

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 6

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 7

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 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: Deleted

For Veterans Affairs Community Living Centers: 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: 10

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.20

EP: 11

Current EP Text:

Revision Type: Split

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)
 Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.

LS.02.01.20

EP: 14

New EP Text:

In new buildings, exit corridors are at least eight 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)

LS.02.01.20

EP: 11

Current EP Text:

Revision Type: Split

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)
 Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.

LS.02.01.20

EP: 15

New EP Text:

In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from resident 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)

LS.02.01.20

EP: 12

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 13

Current 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 and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Revision Type: Moved and Revised

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 resident 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:

For Veterans Affairs Community Living Centers: 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)

Revision Type: Deleted

LS.02.01.20

EP: 15

Current EP Text:

For Veterans Affairs Community Living Centers: 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)

Revision Type: Deleted

LS.02.01.20**EP: 16****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: Resident sleeping rooms or suites of resident 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: 17****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: Rooms or suites (not used as resident 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: 18****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: Suites of resident 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: 19****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: In suites of resident 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)

LS.02.01.20**EP: 20****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: In suites not used as resident 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)

LS.02.01.20

EP: 21

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Resident 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)

LS.02.01.20

EP: 22

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Doors to resident sleeping rooms are not locked. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.2)

LS.02.01.20

EP: 23

Current EP Text:

Revision Type: Deleted

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

LS.02.01.20

EP: 24

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.20

EP: 25

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 26**
Current EP Text: **Revision Type:** Deleted
 For Veterans Affairs Community Living Centers: 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: 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)

LS.02.01.20 **EP: 28**
Current EP Text: **Revision Type:** Moved and Revised
 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)

LS.02.01.20 **EP: 33**
New EP Text:
 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 (< 0.2 foot candles). (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.4)

LS.02.01.20 **EP: 29**
Current EP Text: **Revision Type:** Moved and Revised
 For Veterans Affairs Community Living Centers: 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)

LS.02.01.20 **EP: 8**
New EP Text:
 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)

LS.02.01.20 **EP: 30**
Current EP Text: **Revision Type:** Deleted
 For Veterans Affairs Community Living Centers: 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)

LS.02.01.20

EP: 31

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.20

EP: 32

Current EP Text:

Revision Type: Moved and Revised

For Veterans Affairs Community Living Centers: The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.

LS.02.01.20

EP: 36

New EP Text:

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

LS.02.01.30

EP: 1

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.30

EP: 2

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.20, EP 18)

LS.02.01.30**EP: 3****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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: 4****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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: 5****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.30**EP: 6****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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 1: Unsealed spaces 1/8-inch wide or less around pipes, conduits, ducts, and wires above the ceiling are permitted.

Note 2: 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: 7****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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:** Deleted

For Veterans Affairs Community Living Centers: 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: 9

Current EP Text:

Revision Type: Split

For Veterans Affairs Community Living Centers: 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

For Veterans Affairs Community Living Centers: 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

For Veterans Affairs Community Living Centers: 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:** Deleted

For Veterans Affairs Community Living Centers: Openings in vision panels or doors in corridor walls (other than in smoke compartments containing resident 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: 13****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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 organizations. 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: 14****Current EP Text:****Revision Type:** Deleted

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

LS.02.01.30**EP: 15****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: In new buildings at least two smoke compartments are provided for every story with resident 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****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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: 17****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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:** Deleted

For Veterans Affairs Community Living Centers: 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: 19****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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: 20****Current EP Text:****Revision Type:** Deleted

For Veterans Affairs Community Living Centers: 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

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 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: 24

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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.02.01.30

EP: 25

Current EP Text:

Revision Type: Revised

For Veterans Affairs Community Living Centers: The organization 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/) 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 organization 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 organization 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/
- 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: Deleted

For Veterans Affairs Community Living Centers: 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 and NFPA 72-1999: 1-5.6 and 3-8.4.1.3.3)

LS.02.01.34

EP: 3

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.34

EP: 4

Current EP Text:

Revision Type: Revised

For Veterans Affairs Community Living Centers: The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18/19.3.4.

LS.02.01.34

EP: 4

New EP Text:

The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.

LS.02.01.35

Current Requirement Text

The organization provides and maintains systems for extinguishing fires.

LS.02.01.35

EP: 1

Current EP Text:

Revision Type: 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)

LS.02.01.35

EP: 1

New EP Text:

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)

LS.02.01.35

EP: 2

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.35

EP: 3

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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: 4**
Current EP Text: **Revision Type:** Deleted
 For Veterans Affairs Community Living Centers: 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: 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
 For Veterans Affairs Community Living Centers: 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)

LS.02.01.35 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.35 **EP: 8**
New EP Text:
 In both new buildings and existing buildings, the clothing closets in resident 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)

LS.02.01.35 **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: 18/19.3.5.6 and NFPA 10-1998: 3-1.1)

LS.02.01.35 **EP: 10**
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 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)

LS.02.01.35 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.35 **EP: 9**
New EP Text:
 In new buildings, quick response sprinklers are installed in smoke compartments with resident sleeping rooms. (For full text, refer to NFPA 101-2012: 18/19.3.5.10; 18.3.5.6)

LS.02.01.35 **EP: 9**
Current EP Text: **Revision Type:** Moved and Revised
 Class K–type portable fire extinguishers are located within 30 feet of grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6 and NFPA 10-1998: 2-3.2)

LS.02.01.35 **EP: 11**
New EP Text:
 Class K–type portable fire extinguishers are located within 30 feet of grease-producing ranges, griddles, broilers, or cooking appliances that use vegetable or animal oils or fats, such as deep fat fryers. A placard is conspicuously placed near the extinguisher stating that the fire protection system should be activated prior to using the fire extinguisher. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.10.2; NFPA 10-2010: 5.5.5; 5.5.5.3; 6.6.2)

LS.02.01.35 **EP: 10**
Current EP Text: **Revision Type:** Deleted
 For Veterans Affairs Community Living Centers: Grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers have an exhaust hood, an exhaust duct system, and grease removal devices without mesh filters. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6 and NFPA 96-1998: 1-3.1)

LS.02.01.35

EP: 11

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: The automatic fire extinguishing system for grease-producing cooking devices does the following: Activates the building fire alarm system. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 7-6.2)

LS.02.01.35

EP: 12

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: The automatic fire extinguishing system for grease-producing cooking devices does the following: Deactivates the fuel source. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 7-4.1)

LS.02.01.35

EP: 13

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: The automatic fire extinguishing system for grease-producing cooking devices does the following: Controls the exhaust fans as designed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; NFPA 96-1998: 7-1.1 and 8-1.5)

LS.02.01.35

EP: 14

Current EP Text:

Revision Type: Revised

For Veterans Affairs Community Living Centers: The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.

LS.02.01.35

EP: 14

New EP Text:

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

LS.02.01.40

EP: 1

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.40

EP: 2

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.40

EP:

Current EP Text:

Revision Type: New

N/A

LS.02.01.40

EP: 2

New EP Text:

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

LS.02.01.50

EP: 1

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: Fireplaces are not permitted in resident sleeping areas. Where allowed, fireplaces are separated from resident 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)

LS.02.01.50

EP: 2

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.50

EP: 3

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.50

EP: 4

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.50

EP: 5

Current EP Text:

Revision Type: Moved and Revised

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)

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:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.50

EP: 7

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

LS.02.01.50

EP: 8

Current EP Text:

Revision Type: Deleted

For Veterans Affairs Community Living Centers: 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)

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:** Deleted
 For Veterans Affairs Community Living Centers: 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:** 11
Current EP Text: **Revision Type:** Deleted
 For Veterans Affairs Community Living Centers: 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:** 12
Current EP Text: **Revision Type:** Moved and Revised
 For Veterans Affairs Community Living Centers: The organization meets all other Life Safety Code building service requirements related to NFPA 101-2000: 18/19.5.

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

LS.02.01.70
Current Requirement Text
 The organization provides and maintains operating features that conform to fire and smoke prevention requirements.

LS.02.01.70 **EP:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.70 **EP:** 1
New EP Text:
 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**
Current EP Text: **Revision Type:** Moved and Revised
 The organization 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)

LS.02.01.70 **EP: 3**
New EP Text:
 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:**
Current EP Text: **Revision Type:** New
 N/A

LS.02.01.70 **EP: 2**
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.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 resident 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 organization prohibits portable space heaters within smoke compartments containing patient or resident 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 resident 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:

For Veterans Affairs Community Living Centers: The organization meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: 18.7/19.7.

Revision Type: Moved and Revised

LS.02.01.70

EP: 6

New EP Text:

The organization 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)