

# Prepublication Requirements

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## Standards Revisions Related to Life Safety Code Update

APPLICABLE TO BEHAVIORAL HEALTH CARE

Effective January 9, 2017

### Environment of Care (EC) Chapter

#### EC.01.01.01

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

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

#### Elements of Performance for EC.01.01.01

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| <p>1. Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the environment of care, collect information on deficiencies, and disseminate summaries of actions and results.<br/>Note 1: This information is disseminated to individuals with responsibility for the issues being addressed.<br/>Note 2: Deficiencies include injuries, problems, or use errors.</p> | <input type="checkbox"/>            |
| <p>2. Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.</p>  | <input type="checkbox"/>            |
| <p>3. The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities.<br/>Note: Facilities include both leased and owned spaces.</p>  | <input checked="" type="checkbox"/> |
| <p>4. The organization has a written plan for providing a secure environment for everyone who enters the organization's facilities.<br/>Note: Facilities include both leased and owned spaces.</p>  | <input checked="" type="checkbox"/> |

Key:  indicates that documentation is required;  indicates an identified risk area

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| 6. | The organization has a written plan for managing the following: Fire safety.     | <input type="checkbox"/> <b>D</b> |
| 8. | The organization has a written plan for managing the following: Utility systems. | <input type="checkbox"/> <b>D</b> |

**EC.02.01.01**

The organization manages safety and security risks.

**Elements of Performance for EC.02.01.01**

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| 1.  | The organization implements its process to identify safety and security risks associated with the environment of care that could affect individuals served, staff, and other people coming to the organization’s facilities.<br>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. | <input type="checkbox"/> <b>R</b> <input type="checkbox"/> <b>D</b> |
| 3.  | The organization takes action to minimize identified safety and security risks associated with the physical environment.  | <input type="checkbox"/> <b>R</b>                                   |
| 5.  | The organization maintains all grounds and equipment.   | <input type="checkbox"/>  |
| 8.  | The organization controls access to and from areas it identifies as security sensitive.   | <input type="checkbox"/>  |
| 11. | The organization acts in accordance with product notices and recalls. (See also MM.05.01.17, EPs 1–4)   | <input type="checkbox"/>  |
| 13. | For opioid treatment programs: The organization establishes procedures for handling physical or verbal threats, acts of violence, inappropriate behavior, or other escalating and potentially dangerous situations. This includes situations in which security guards or police need to be summoned.  | <input type="checkbox"/>  |

**EC.02.01.03**

The organization prohibits smoking except in specific circumstances.

**Elements of Performance for EC.02.01.03**

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| 1. | The organization develops a written policy prohibiting smoking in buildings, except in specific circumstances for adult individuals served in 24-hour-care settings. The organization defines specific circumstances that may result in exceptions to the policy for individuals served.<br>Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other. | <input type="checkbox"/> <b>D</b> |
| 3. | If the organization decides that certain adult individuals served may smoke in 24-hour-care buildings, the clinical staff develops written criteria identifying the circumstances under which those individuals may smoke.  | <input type="checkbox"/> <b>D</b> |

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| <p>4. If the organization decides that an adult individual may smoke in specific 24-hour-care buildings, it designates smoking areas that are physically separate from care, treatment, or service areas.<br/>Note: This does not require that a designated smoking area be a specific distance from care, treatment, or service areas. A physically separate, well-ventilated room that is exhausted to the outside is acceptable.</p> | <input type="checkbox"/> |
| <p>6. The organization takes action to maintain compliance with its smoking policy.</p>   | <input type="checkbox"/> |

**EC.02.01.05**

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

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

**Elements of Performance for EC.02.01.05**

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| <p>1. For foster care: The foster care agency defines, in writing, criteria for assessing the safety of the foster care family's physical environment.</p>  | <input type="checkbox"/>            |
| <p>2. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: The adequacy of sanitary conditions.</p>   | <input type="checkbox"/>            |
| <p>3. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from toxic materials and medications.</p>  | <input type="checkbox"/>            |
| <p>4. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from pets; this includes verifying that pet vaccinations are current, in accordance with law and regulation.</p> | <input type="checkbox"/>            |
| <p>5. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from firearms in the home.</p>   | <input type="checkbox"/>            |
| <p>6. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Other issues as identified by national or state organizations and local, state, tribal, and federal law (such as licensing standards).</p>     | <input type="checkbox"/>            |
| <p>7. For foster care: The foster care agency verifies that fire protection equipment (for example, smoke detectors, portable fire extinguishers) is inspected, tested, and maintained in a time frame determined by the organization.</p>  | <input checked="" type="checkbox"/> |
| <p>8. For foster care: The foster care agency verifies that emergency procedures for responding to fire are in place.</p>   | <input type="checkbox"/>            |
| <p>9. For foster care: The foster care agency verifies the existence of a door for the sleeping room of the individual in foster care.</p>  | <input type="checkbox"/>            |

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| 10. For foster care: The foster care agency verifies the existence of at least two of the following means of escape from the sleeping room of the individual in foster care:<br>- An operable exterior window large enough for emergency escape<br>- A door leading directly to the outside<br>- Access to a means of escape such as an unenclosed stairway | <input type="checkbox"/>            |
| 11. For foster care: The foster care agency verifies the existence of a smoke detector on each floor and near the sleeping room of the individual in foster care.   | <input type="checkbox"/>            |
| 13. For foster care: The foster care agency reassesses safety during the periodic evaluation of the case plan, or as required by law and regulation. The safety assessment is documented.   | <input checked="" type="checkbox"/> |

### EC.02.02.01

The organization manages risks related to hazardous materials.

#### Elements of Performance for EC.02.02.01

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| 2. The organization manages hazardous materials from receipt through final use or disposal. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3) | <input type="checkbox"/> |
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### EC.02.03.01

The organization manages fire risks.

#### Elements of Performance for EC.02.03.01

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| 1. The organization minimizes the potential for harm from fire, smoke, and other products of combustion.  | <input type="checkbox"/> |
| 2. If adults are permitted to smoke in 24-hour-care buildings, the organization takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)  | <input type="checkbox"/> |
| 4. The organization maintains free and unobstructed access to all exits.<br>Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.  | <input type="checkbox"/> |
| 5. In buildings housing three or fewer individuals served, the organization provides doors for sleeping rooms of the individuals served. *<br>Footnote *: The "Life Safety" (LS) chapter contains sleeping room requirements for buildings housing four or more individuals served.   | <input type="checkbox"/> |
| 6. In buildings housing three or fewer individuals served, the organization provides at least two of the following from the individual's sleeping room:<br>- An operable, exterior window large enough for emergency escape<br>- A door leading directly to the outside<br>- Access to another means of escape such as an unenclosed stairway | <input type="checkbox"/> |
| 7. In buildings housing three or fewer individuals served, the organization installs a smoke detector in or near the individual's sleeping room.  | <input type="checkbox"/> |

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| 8. | In buildings housing three or fewer individuals served, the organization establishes emergency procedures for responding to fire (including identifying primary and secondary means of escape).  | <input type="checkbox"/>            |
| 9. | The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate individuals served, and how to evacuate to areas of refuge.<br>Note: For additional guidance, see NFPA 101-2012: 18/19: 7.1; 7.2. | <input checked="" type="checkbox"/> |

**EC.02.03.03**

The organization conducts fire drills.

**Elements of Performance for EC.02.03.03**

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| 1. | The organization conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The organization conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11; LS.02.01.70, EP 6)<br>Note 1: Evacuation of individuals served during drills is not required.<br>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.<br>Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies. | <input checked="" type="checkbox"/> |
| 2. | The organization conducts fire drills every 12 months from the date of the last drill in each area that is defined as a business occupancy by the Life Safety Code and in which care, treatment, or services are provided.<br>Note: In leased or rented facilities, drills need to be conducted only in areas of the building that the organization occupies.   | <input checked="" type="checkbox"/> |
| 3. | 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.<br>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.<br>Note 2: For additional guidance, see NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.   | <input type="checkbox"/>            |
| 4. | Staff who work in buildings where individuals served are housed or treated participate in drills according to the organization's fire response plan.  | <input type="checkbox"/>            |
| 5. | The organization critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire.  | <input checked="" type="checkbox"/> |

### EC.02.03.05

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

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

#### Elements of Performance for EC.02.03.05

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| <p>1. At least quarterly, the organization tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.<br/>         Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.3.1.<br/>         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.</p> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>2. 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.<br/>         Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.<br/>         Note 2: Mechanical water-flow devices (including, but not limited to, water motor gongs) are tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)</p>   | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>3. Every 12 months, the organization tests duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. The results and completion dates are documented.<br/>         Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5; 17.14.</p>  | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>4. Every 12 months, the organization tests visual and audible fire alarms, including speakers and door-releasing devices on the inventory. The results and completion dates are documented.<br/>         Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.</p>  | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>5. 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.<br/>         Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.</p>  | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>6. 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.<br/>         Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2.</p>  | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>7. For automatic sprinkler systems: Every six months, the organization tests water-storage tank high- and low-water level alarms. The results and completion dates are documented.<br/>         Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.1; Table 9.1.1.2.</p>   | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |

8. For automatic sprinkler systems: Every month during cold weather, the organization tests water-storage tank temperature alarms. The results and completion dates are documented. ⓓ  
Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.
9. For automatic sprinkler systems: Every 12 months, the organization tests main drains at system low point or at all system risers. The results and completion dates are documented. ⓓ  
Note: For additional guidance on performing tests, see NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1.
10. 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.
11. For automatic sprinkler systems: Every 12 months, the organization tests fire pumps under flow. The results and completion dates are documented. ⓓ  
Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3.
12. Every five years, the organization conducts hydrostatic and water-flow tests for standpipe systems. The results and completion dates are documented. ⓓ  
Note: For additional guidance on performing tests, see NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2.
13. 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.
14. Every 12 months, the organization tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented. ⓓ  
Note 1: Discharge of the fire-extinguishing systems is not required.  
Note 2: For full text, refer to NFPA 13-2010: 21.4.1.6(1).
15. 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.

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| <p>16. 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.<br/>         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.<br/>         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.</p> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>17. The organization conducts hydrostatic tests on standpipe occupant hoses five years after installation and every three years thereafter. The results and completion dates are documented.<br/>         Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008 (Section 2-3), and NFPA 25-2011.</p>  | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>18. The organization operates fire and smoke dampers one year after installation and then at least every six years to verify that they fully close. The results and completion dates are documented.<br/>         Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.</p>   | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>19. Every 12 months, the organization tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.<br/>         Note: For additional guidance on performing tests, see NFPA 90A-2010: 6.4.1.</p>  | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>20. Every 12 months, the organization tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.<br/>         Note: For additional guidance on performing tests, see NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.</p>   | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
| <p>25. The organization has written documentation of annual inspection and testing of door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.<br/>         Note: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.</p>    | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |

**EC.02.04.03**

For organizations that elect The Joint Commission Behavioral Health Home option: The organization inspects, tests, and maintains medical equipment.

**Elements of Performance for EC.02.04.03**

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| <p>3. For organizations that elect The Joint Commission Behavioral Health Home option: The organization has a process for inspecting, testing as needed, and maintaining all medical equipment that it owns and operates, which is based on manufacturers' recommendations, risk levels, or current organization experience. These activities are documented.<br/>         Note: This process does not encompass medical equipment owned by individuals served or other organizations.</p> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 18px;">D</span> </div> |
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**EC.02.05.01**

The organization manages risks associated with its utility systems.

**Elements of Performance for EC.02.05.01**

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| <p>3. The organization identifies inspection and maintenance activities for all operating components of utility systems.<br/>         Note: Organizations may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for dependable performance.</p>   | <input type="checkbox"/>            |
| <p>4. The organization identifies the frequencies for inspecting, testing, and maintaining all operating components of the utility systems, based on criteria such as manufacturers' recommendations, risk levels, or organization experience.</p>   | <input type="checkbox"/>            |
| <p>7. The organization has information about the distribution of its utility systems.</p>  | <input type="checkbox"/>            |
| <p>8. The organization labels utility system controls to facilitate partial or complete emergency shutdowns.<br/>         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.<br/>         Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 20/21.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.</p> | <input type="checkbox"/>            |
| <p>9. The organization has written procedures for responding to utility system disruptions.</p>  | <input checked="" type="checkbox"/> |
| <p>10. The organization's procedures address shutting off the malfunctioning system and notifying staff in affected areas.</p>   | <input type="checkbox"/>            |
| <p>13. The organization responds to utility system disruptions as described in its procedures.</p>   | <input type="checkbox"/>            |
| <p>16. In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity.<br/>         Note: Examples of non-critical care areas are general care nursing units; clean and soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.</p>   | <input type="checkbox"/>            |
| <p>18. Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.</p>  | <input type="checkbox"/>            |
| <p>19. 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)</p>   | <input type="checkbox"/>            |

**EC.02.05.03**

The organization has a reliable emergency electrical power source.

**Elements of Performance for EC.02.05.03**

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| <p>1. 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.</p> | <input type="checkbox"/> |
| <p>2. The organization provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code.<br/>Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).</p>   | <input type="checkbox"/> |
| <p>3. The organization provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code.<br/>Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).</p>   | <input type="checkbox"/> |
| <p>4. The organization provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code.<br/>Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2.3.3; NFPA 110-2010: 4.1; Table 4.1(a).</p>   | <input type="checkbox"/> |
| <p>10. 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.<br/>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.</p>   | <input type="checkbox"/> |
| <p>11. When elevators exist in 24-hour-care settings, the organization has a method for safely evacuating nonambulatory individuals when power is lost.<br/>Note: Acceptable solutions include providing elevators with emergency power or using evacuation techniques such as carrying.</p>  | <input type="checkbox"/> |

**EC.02.05.05**

The organization inspects, tests, and maintains utility systems.

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

**Elements of Performance for EC.02.05.05**

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| 1. | 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 individuals served, staff, and visitors. | <input type="checkbox"/>   |
| 2. | The organization tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date and the results of the tests are documented.   | <input type="checkbox"/> D |
| 3. | The organization inspects, tests, and maintains the following: Utility systems. The completion date and the results of the activities are documented.  | <input type="checkbox"/> D |
| 7. | The organization meets all other HealthCare Facilities Code requirements for electrical distribution, HVAC, as related to NFPA 99-2012: Chapters 6 and 9.  | <input type="checkbox"/>   |

**EC.02.05.07**

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

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

**Elements of Performance for EC.02.05.07**

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|----|---|----------------------------|
| 1. | 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.<br>Note: For additional guidance, see NFPA 101-2012: 7.9.3; 7.10.9.   | <input type="checkbox"/> D |
| 2. | 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. | <input type="checkbox"/> D |

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|--|--------------------------|
| <p>3. 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 individuals served, 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.</p> | <input type="checkbox"/> |
| <p>4. 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; 8.3.7; 8.4.1.</p>  | <input type="checkbox"/> |
| <p>5. 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.</p>  | <input type="checkbox"/> |
| <p>6. 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 1/2 continuous hours. Note: Tests for non-diesel-powered generators need only be conducted with available load.</p>   | <input type="checkbox"/> |
| <p>7. At least monthly, the organization tests all automatic transfer switches on the inventory. The test results and completion dates are documented.</p>   | <input type="checkbox"/> |
| <p>11. If a required emergency power system test fails, the organization implements measures to protect individuals served, visitors, and staff until necessary repairs or corrections are completed.</p>  | <input type="checkbox"/> |
| <p>12. If a required emergency power system test fails, the organization performs a retest after making the necessary repairs or corrections.</p>  | <input type="checkbox"/> |

**EC.02.06.01**

The organization establishes and maintains a safe, functional environment.

**Elements of Performance for EC.02.06.01**

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|-----|---|--------------------------|
| 1.  | Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.  | <input type="checkbox"/> |
| 4.  | The organization provides outside areas for use by individuals served, based on the individual's needs and suitable to the individual's age or other characteristics.<br>Note: Outdoor areas may include facility grounds, nearby parks and playgrounds, and adjacent countryside.  | <input type="checkbox"/> |
| 5.  | The organization provides storage space to meet the needs of the individual served.   | <input type="checkbox"/> |
| 8.  | Waiting and reception areas are adequate in size and number and staffed according to the needs of the individuals served.   | <input type="checkbox"/> |
| 9.  | Restrooms are adequate in size and number for people using the facility.  | <input type="checkbox"/> |
| 10. | For opioid treatment programs: The use of physical space, including bathrooms, reflects the special needs of female patients.   | <input type="checkbox"/> |
| 11. | Lighting is suitable for care, treatment, or services.  | <input type="checkbox"/> |
| 12. | Lighting is controlled by the individuals served, consistent with care, treatment, or services provided.  | <input type="checkbox"/> |
| 19. | Drinking fountains or water coolers are available for the individuals served.   | <input type="checkbox"/> |
| 20. | Areas used by individuals served are safe, clean, and comfortable.  | <input type="checkbox"/> |
| 24. | Furnishings and equipment should reflect the ability and needs of the individual served.  | <input type="checkbox"/> |
| 25. | Door locks and other structural restraints (such as fences) have the following characteristics:<br>- They are consistent with the organization's mission, program goals, program policy, and law and regulation.<br>- They provide the least-restrictive environment.<br>- They meet the needs of the individual served.<br>- They provide for emergency access to locked, occupied spaces. | <input type="checkbox"/> |
| 26. | The organization keeps furnishings and equipment safe and in good repair.   | <input type="checkbox"/> |
| 36. | For opioid treatment programs: The program has private, individual offices available for counseling.  | <input type="checkbox"/> |

**EC.02.06.03**

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

**Elements of Performance for EC.02.06.03**

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|---|--------------------------|
| 1. The dining environment encourages eating and socialization.  | <input type="checkbox"/> |
| 2. Dining areas are free from loud and distracting noises.  | <input type="checkbox"/> |
| 3. Dining areas are arranged to seat small groups.  | <input type="checkbox"/> |
| 4. Consistent with program goals, facilities for preparing snacks and meals for special occasions are available.                                    | <input type="checkbox"/> |
| 5. The facilities for serving snacks, preparing meals, and engaging in recreational activities support the participation of the individuals served. | <input type="checkbox"/> |

**EC.02.06.05**

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

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

**Elements of Performance for EC.02.06.05**

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

**EC.03.01.01**

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

**Elements of Performance for EC.03.01.01**

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

**EC.04.01.01**

The organization collects information to monitor conditions in the environment.

**Elements of Performance for EC.04.01.01**

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|---|-------------------------------------|
| <p>1. The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:</p> <ul style="list-style-type: none"> <li>- Injuries to individuals served or others within the organization’s facilities</li> <li>- Occupational illnesses and staff injuries</li> <li>- Incidents of damage to its property or the property of others in locations it controls</li> <li>- Security incidents involving individuals served, staff, or others in locations it controls</li> <li>- Fire safety management problems, deficiencies, and failures</li> </ul> <p>Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.</p> <p>Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.</p> | <input type="checkbox"/>            |
| <p>2. Based on its process(es), the organization reports and investigates the following: Problems and incidents related to each of the environment of care management plans.</p>  | <input type="checkbox"/>            |
| <p>3. Based on its process(es), the organization reports and investigates the following: Injuries to individuals served or others within the organization’s facilities.</p>   | <input type="checkbox"/>            |
| <p>4. Based on its process(es), the organization reports and investigates the following: Occupational illnesses and staff injuries.</p> <p>Note: This requirement applies to issues in the workplace, such as back injuries or allergies. It does not apply to communicable diseases.</p>   | <input type="checkbox"/>            |
| <p>5. Based on its process(es), the organization reports and investigates the following: Incidents of damage to its property or the property of others in locations it controls.</p>  | <input type="checkbox"/>            |
| <p>14. The organization monitors environmental deficiencies, hazards, and unsafe practices.</p>   | <input type="checkbox"/>            |
| <p>15. Every 12 months, the organization evaluates each environment of care management plan, including a review of the plan’s objectives, scope, performance, and effectiveness.</p> <p>Note: By evaluating the management plans, the organization can make sure that they remain relevant and useful guides for managing the environment of care. A review of the plans’ scope includes a determination of whether any new services, programs, or sites added in the past year need to be addressed by the plans or if new hazards have been introduced into the environment that now need to be covered. A review of the plans’ effectiveness could be accomplished through a review of incident reports as well as evaluation of other known problems that are not found on the incident reports (such as problems identified in the critique of a fire drill). A review of the plans’ objectives would include a determination of whether the previous year’s objectives were met and if any new objectives should be established to address problems identified in the review of the plans’ effectiveness.</p>                                   | <input checked="" type="checkbox"/> |

**EC.04.01.03**

The organization analyzes identified environment of care issues.

**Elements of Performance for EC.04.01.03**

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|---|--------------------------|
| 1. Representatives from clinical, administrative, and support services participate in the analysis of environment of care data. | <input type="checkbox"/> |
| 2. The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues.         | <input type="checkbox"/> |

**EC.04.01.05**

The organization improves its environment of care.

**Elements of Performance for EC.04.01.05**

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|--|--------------------------|
| 1. The organization takes action on the identified opportunities to resolve environmental safety issues. | <input type="checkbox"/> |
| 2. The organization evaluates changes to determine if they resolved environmental safety issues.         | <input type="checkbox"/> |

## Life Safety (LS) Chapter

**LS.01.01.01**

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

Note: This standard applies to behavioral health care settings that provide sleeping arrangements for four or more individuals served as a required part of their care, treatment, or services.

**Elements of Performance for LS.01.01.01**

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|---|-------------------------------------|
| 1. 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.   | <input type="checkbox"/>            |
| 2. In time frames defined by the organization, the organization performs a building assessment to determine compliance with the Life Safety chapter.  | <input checked="" type="checkbox"/> |
| 3. The organization maintains current and accurate drawings denoting features of fire safety and related square footage.<br>Fire safety features include the following:<br>- Areas of the building that are fully sprinklered (if the building is partially sprinklered)<br>- Locations of all hazardous storage areas<br>- Locations of all fire-rated barriers<br>- Locations of all smoke-rated barriers<br>- Sleeping and non-sleeping suite boundaries, including the size of the identified suites<br>- Locations of designated smoke compartments<br>- Locations of chutes and shafts<br>- Any approved equivalencies or waivers | <input checked="" type="checkbox"/> |

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| <p>4. When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60-day time frame.<br/>         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.<br/>         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).<br/>         Note 3: For additional guidance on equivalencies, see NFPA 2012: 101:1.4.3.</p> | <input type="checkbox"/> |
| <p>6. 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)</p>   | <input type="checkbox"/> |

### LS.01.02.01

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

Note: This standard applies to behavioral health care settings that provide sleeping arrangements for four or more individuals served as a required part of their care, treatment, or services.

#### Elements of Performance for LS.01.02.01

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| <p>2. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)</p> | <input checked="" type="checkbox"/> |
| <p>3. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Posts signage identifying the location of alternative exits to everyone affected.</p>  | <input type="checkbox"/>            |
| <p>4. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects exits in affected areas on a daily basis. The organization determines when these inspections are needed.</p>  | <input type="checkbox"/>            |
| <p>5. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The organization determines when these systems are needed.</p>  | <input type="checkbox"/>            |
| <p>6. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The organization determines when to provide this equipment.</p>  | <input type="checkbox"/>            |

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| <p>7. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The organization determines when to use these partitions.</p>   | <input type="checkbox"/>            |
| <p>8. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The organization determines when to increase surveillance.</p>  | <input type="checkbox"/>            |
| <p>9. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The organization determines when these practices are needed.</p>  | <input type="checkbox"/>            |
| <p>10. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The organization determines when to provide additional training.</p>  | <input type="checkbox"/>            |
| <p>11. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per quarter. The organization determines when these additional fire drills are needed. (See also EC.02.03.03, EP 1)</p>   | <input type="checkbox"/>            |
| <p>12. When the organization identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The organization determines when these inspections and tests are needed.</p>   | <input checked="" type="checkbox"/> |
| <p>13. The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The organization determines when this education is needed.</p>  | <input type="checkbox"/>            |
| <p>14. The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The organization determines when this training is needed.<br/>         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.</p> | <input type="checkbox"/>            |

**LS.02.01.10**

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

**Elements of Performance for LS.02.01.10**

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|---|--------------------------|
| 1. Buildings meet requirements for construction type in accordance with NFPA 101-2012: 18/19.1.6.2.   | <input type="checkbox"/> |
| 2. 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)   | <input type="checkbox"/> |
| 3. Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)   | <input type="checkbox"/> |
| 4. Common walls that are between buildings or within buildings (occupancy separation) are fire rated for two hours. (For full text, refer to NFPA 101-2012: 18/19.1.1.4; 18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)   | <input type="checkbox"/> |
| 5. The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are as follows:<br><ul style="list-style-type: none"> <li>- Three hours in three-hour barriers and partitions</li> <li>- Ninety minutes in two-hour barriers and partitions</li> <li>- Forty-five minutes in one-hour barriers and partitions</li> <li>- Twenty minutes in thirty-minute barriers and partitions</li> </ul> (For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2)<br>Note: Labels on fire door assemblies must be maintained in legible condition. | <input type="checkbox"/> |
| 6. In buildings, exit stairs connecting three or fewer floors are fire rated for 1 hour; exit stairs connecting four or more floors are fire rated for 2 hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1)  | <input type="checkbox"/> |
| 7. Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)   | <input type="checkbox"/> |
| 8. Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only. (For full text, refer to NFPA 80-2010: 4.1.4)  | <input type="checkbox"/> |

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| 9.  | Ducts penetrating the walls or floors with a fire resistance rating of less than 3 hours are protected by dampers that are fire rated for 1 1/2 hours; ducts penetrating the walls or floors with a fire resistance rating of 3 hours or greater are protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2) | <input type="checkbox"/> |
| 10. | The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.<br>Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)  | <input type="checkbox"/> |
| 11. | The organization meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.   | <input type="checkbox"/> |

### LS.02.01.20

The organization maintains the integrity of the means of egress.

Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

#### Elements of Performance for LS.02.01.20

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|----|---|--------------------------|
| 1. | 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) | <input type="checkbox"/> |
| 2. | Doors in a means of egress swing in the direction of egress when serving a room or area with an occupancy of 50 or more, except doors in existing smoke barriers. (For full text, refer to NFPA 101-2012: 7.2.1.4.2; 19.3.7.8(3))   | <input type="checkbox"/> |
| 3. | Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1; 18/19.2.2.5)   | <input type="checkbox"/> |
| 4. | Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)  | <input type="checkbox"/> |
| 5. | When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)   | <input type="checkbox"/> |

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| <p>6. Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.6.3)</p>  | <input type="checkbox"/> |
| <p>7. Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6; 7.2.2.4; 7.2.5.4)</p>   | <input type="checkbox"/> |
| <p>8. Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)</p>  | <input type="checkbox"/> |
| <p>9. 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)</p>   | <input type="checkbox"/> |
| <p>10. An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)</p>  | <input type="checkbox"/> |
| <p>11. 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)<br/>           Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for lift and transport of individuals served, 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))<br/>           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))</p> | <input type="checkbox"/> |
| <p>12. When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8)</p>  | <input type="checkbox"/> |
| <p>13. Floors or compartments in a building have two or more approved exits arranged and constructed to be located remotely from each other. (For full text, refer to NFPA 101-2012: 18/19.2.4)</p>   | <input type="checkbox"/> |

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| <p>14. In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. In new psychiatric buildings, exit corridors are at least six feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)</p>   | <input type="checkbox"/> |
| <p>15. In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from sleeping rooms for individuals served. If modifying existing buildings with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)</p>  | <input type="checkbox"/> |
| <p>16. Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)</p>  | <input type="checkbox"/> |
| <p>17. Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)</p>  | <input type="checkbox"/> |
| <p>18. The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)<br/>           Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text, refer to NFPA 101-2012: 18/19.2.3.4)</p> | <input type="checkbox"/> |
| <p>19. In new buildings, no dead-end corridor is longer than 30 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)<br/>           Note: Existing dead-end corridors are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2)</p>   | <input type="checkbox"/> |
| <p>20. Sleeping rooms for individuals served open directly onto an exit access corridor. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1)</p>  | <input type="checkbox"/> |
| <p>21. Sleeping rooms for individuals served that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as sleeping rooms for individuals served that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)</p>  | <input type="checkbox"/> |
| <p>22. Doors to sleeping rooms for individuals served are not locked unless the clinical needs of individuals served require specialized security or where individuals served pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)</p>   | <input type="checkbox"/> |
| <p>23. Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)</p>  | <input type="checkbox"/> |

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| <p>24. Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire-retardant-treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)</p>  | <input type="checkbox"/> |
| <p>25. Suites of sleeping rooms for individuals served larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)</p>   | <input type="checkbox"/> |
| <p>26. Suites not used as sleeping rooms for individuals served that are larger than 2,500 square feet have at least two exit access doors remotely located from each other, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))</p>  | <input type="checkbox"/> |
| <p>27. For existing buildings, suites of sleeping rooms for individuals served are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 19.3.5.8)</p> | <input type="checkbox"/> |
| <p>28. For new buildings, sleeping suites for individuals served are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)</p>  | <input type="checkbox"/> |
| <p>29. Care suites for individuals served not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)</p>   | <input type="checkbox"/> |
| <p>30. For new buildings, sleeping and non-sleeping care suites for individuals served have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)</p>   | <input type="checkbox"/> |
| <p>31. For existing buildings, sleeping and non-sleeping care suites for individuals served have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4)</p>  | <input type="checkbox"/> |

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| 32. | 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)                                 | <input type="checkbox"/> |
| 33. | 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)                                 | <input type="checkbox"/> |
| 34. | Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7) | <input type="checkbox"/> |
| 35. | Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)  | <input type="checkbox"/> |
| 36. | The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.   | <input type="checkbox"/> |

**LS.02.01.30**

The organization provides and maintains building features to protect individuals from the hazards of fire and smoke. Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

**Elements of Performance for LS.02.01.30**

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| 1. | In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction.<br>Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1)  | <input type="checkbox"/> |
| 2. | All new hazardous areas have doors that are self-closing or automatic-closing, except for laboratories using flammable or combustible materials deemed less than a severe hazard and storage rooms greater than 50 square feet, but less than 100 square feet that are used for storage of combustible material. Hazardous areas have a fire barrier with a one-hour fire-resistive rating. These areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1) | <input type="checkbox"/> |

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| <p>3. All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies. (For full text, refer to NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)</p> | <input type="checkbox"/> |
| <p>4. Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is allowed to be open to the corridor provided all of the requirements at NFPA 101-2012: 18/19.3.2.5.3 are met.</p>  | <input type="checkbox"/> |
| <p>5. Installation and use of alcohol-based hand rub (ABHR) dispensers that are 95% or less alcohol content by volume are allowed in each smoke compartment as per NFPA 101-2012: 18/19.3.2.6.<br/>         Note 1: See The Joint Commission's website (<a href="http://www.jointcommission.org/life_safety_code_information__resources/">http://www.jointcommission.org/life_safety_code_information__resources/</a>) for alcohol-based hand rub (ABHR) requirements.<br/>         Note 2: This element of performance reflects NFPA 101-2012: 18/19.3.2.6. For alternative guidelines on ABHR dispensers, see NFPA 101-2012: 8.7.3.1.</p>  | <input type="checkbox"/> |
| <p>6. Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)</p>   | <input type="checkbox"/> |
| <p>7. Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)</p>  | <input type="checkbox"/> |
| <p>8. Corridors must be separated from all other areas by approved partitions, unless the space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.</p>   | <input type="checkbox"/> |
| <p>9. In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)</p>   | <input type="checkbox"/> |
| <p>10. Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2)</p>  | <input type="checkbox"/> |

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| <p>11. Corridor doors are constructed to resist the passage of smoke, fitted with positive latching hardware, hinged so that they swing, and 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)</p>  | <input type="checkbox"/> |
| <p>12. 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.<br/>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)</p>   | <input type="checkbox"/> |
| <p>13. In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)</p>   | <input type="checkbox"/> |
| <p>14. Openings in vision panels or doors in corridor walls (other than in smoke compartments containing sleeping rooms for individuals served) 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.<br/>Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5)</p>   | <input type="checkbox"/> |
| <p>15. Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.<br/>Note: Incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in organizations is permitted. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2)</p>   | <input type="checkbox"/> |
| <p>16. In new buildings, at least two smoke compartments are provided for every story with sleeping or treatment rooms for individuals served and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)</p> | <input type="checkbox"/> |

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| <p>17. In existing buildings, at least two smoke compartments are provided for every story that has more than 30 individuals served in sleeping rooms. Smoke barriers have a minimum ½-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the smoke compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1; 19.3.7.3; 19.3.7.5)</p> | <input type="checkbox"/> |
| <p>18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7)<br/>Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.</p>  | <input type="checkbox"/> |
| <p>19. 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)</p>   | <input type="checkbox"/> |
| <p>20. In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.7.6; 8.3.3; 8.5.4.5)</p>  | <input type="checkbox"/> |
| <p>21. In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. In existing buildings protected by an approved automatic sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)</p>  | <input type="checkbox"/> |
| <p>22. Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2)</p>   | <input type="checkbox"/> |
| <p>25. The organization meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 18/19.3.</p>   | <input type="checkbox"/> |

### LS.02.01.34

The organization provides and maintains fire alarm systems.

Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

#### Elements of Performance for LS.02.01.34

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| 1. | 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)   | <input type="checkbox"/> |
| 2. | The master fire alarm control panel is located in an area with a smoke detector or is in an area that is a continuously occupied and protected environment, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. (For full text, refer to NFPA 101-2012: 18/19.3.4.1; 9.6.4; 9.6.6; 9.6.1.8) | <input type="checkbox"/> |
| 3. | The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)  | <input type="checkbox"/> |
| 4. | The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.  | <input type="checkbox"/> |

### LS.02.01.35

The organization provides and maintains systems for extinguishing fires.

Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

#### Elements of Performance for LS.02.01.35

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| 1. | 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)   | <input type="checkbox"/> |
| 2. | The fire alarm system is connected to water flow alarms. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2)   | <input type="checkbox"/> |
| 3. | Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; NFPA 25-2011: 5.2.3.1; 5.2.3.2)  | <input type="checkbox"/> |
| 4. | Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)  | <input type="checkbox"/> |
| 5. | 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) | <input type="checkbox"/> |

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| <p>6. There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.<br/>         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)</p>  | <input type="checkbox"/> |
| <p>7. At least six spare sprinkler heads for each type of system, with associated wrenches, are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.4.1; 5.4.1.4.2; 5.4.1.6; 5.4.1.6.1; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)</p>  | <input type="checkbox"/> |
| <p>8. In both new buildings and existing buildings, the clothing closets in sleeping rooms for individuals served are not required to have sprinkler protection if the closet does not exceed six square feet. (For full text, refer to NFPA 101-2012: 18/19.3.5.10)</p>   | <input type="checkbox"/> |
| <p>9. In new buildings, quick response sprinklers are installed in smoke compartments with sleeping rooms for individuals served. (For full text, refer to NFPA 101-2012: 18/19.3.5.10; 18.3.5.6)</p>  | <input type="checkbox"/> |
| <p>10. The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed either in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)</p> | <input type="checkbox"/> |
| <p>11. 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)</p>                                      | <input type="checkbox"/> |
| <p>12. 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, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 6.1)</p>  | <input type="checkbox"/> |
| <p>13. The automatic fire extinguishing system for grease-producing cooking devices does the following: deactivates the fuel source, activates the building fire alarm system, and controls the exhaust fans as designed. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.4; 10.6.1; 10.6.2; 8.2.3)</p>  | <input type="checkbox"/> |
| <p>14. The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.</p>   | <input type="checkbox"/> |

**LS.02.01.40**

The organization provides and maintains special features to protect individuals from the hazards of fire and smoke. Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

**Elements of Performance for LS.02.01.40**

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| <p>1. High-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2012: 18/19.4.2. (For full text, refer to NFPA 101-2012: 11.8)<br/>Note: Organizations that do not have approved automatic sprinkler systems in high-rise buildings (over 75 feet tall) as of July 1, 2016 have 12 years to install them.</p> | <input style="width: 60px; height: 25px; border: 1px solid black;" type="checkbox"/> |
| <p>2. The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.</p>   | <input style="width: 60px; height: 25px; border: 1px solid black;" type="checkbox"/> |

**LS.02.01.50**

The organization provides and maintains building services to protect individuals from the hazards of fire and smoke. Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

**Elements of Performance for LS.02.01.50**

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| <p>1. Fireplaces in sleeping areas for individuals served must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.</p>  | <input style="width: 60px; height: 25px; border: 1px solid black;" type="checkbox"/> |
| <p>2. New elevators are equipped with the following:<br/>         - Firefighters' service key recall<br/>         - Smoke detector automatic recall<br/>         - Firefighters' service emergency in-car key operation<br/>         - Machine room smoke detectors<br/>         - Elevator lobby smoke detectors<br/>         Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2012: 18/19.5.3; 9.4.3)</p> | <input style="width: 60px; height: 25px; border: 1px solid black;" type="checkbox"/> |
| <p>3. In new buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3)</p>   | <input style="width: 60px; height: 25px; border: 1px solid black;" type="checkbox"/> |
| <p>4. All linen and waste chute inlet and discharge service doors have both self-closing and positive-latching devices.<br/>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)</p>  | <input style="width: 60px; height: 25px; border: 1px solid black;" type="checkbox"/> |

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| 5. Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4; 5.2.3.2)  | <input type="checkbox"/> |
| 6. In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6)  | <input type="checkbox"/> |
| 7. 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) | <input type="checkbox"/> |
| 8. The organization meets all other Life Safety Code building service requirements related to NFPA 101-2012: 18/19.5.4.  | <input type="checkbox"/> |

### LS.02.01.70

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

Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.

#### Elements of Performance for LS.02.01.70

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| 1. 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)<br>Note: The secondary sign exception is not applicable to medical gas storage areas. | <input type="checkbox"/> |
| 2. 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)  | <input type="checkbox"/> |
| 3. 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)  | <input type="checkbox"/> |

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| <p>4. Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area.<br/>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 records of individuals served 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)</p> | <input type="checkbox"/> |
| <p>5. Portable space heaters are prohibited in smoke compartments containing sleeping rooms and treatment areas for individuals served. 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)<br/>Note: For this element of performance, nurses stations are considered patient treatment areas.</p>   | <input type="checkbox"/> |
| <p>6. The organization meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7. (See also EC.02.03.03, EP 1)</p>   | <input type="checkbox"/> |