The Joint Commission

Prepublication Requirements

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Joint Commission Requirement

Standards Revisions Related to Life Safety Code Update

APPLICABLE TO HOME CARE

Effective January 9, 2017

Environment of Care (EC) Chapter

EC.02.01.01

The organization manages safety and security risks.

Elements of Performance for EC.02.01.01

1.	The organization implements its process to identify safety and security risks associated with the environment of care that could affect all patients, all staff, and people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.	Ⓓ
2.	The organization identifies potential safety and security risks in the patient's home.	
3.	The organization takes action to minimize identified safety and security risks. Note: In the patient's home, actions may be limited to education.	R
4.	The organization safely stores and handles medical gases. Note: Safe handling and storage of medical gases should be done in a manner consistent with the Food and Drug Administration, the Department of Transportation, and the Occupational Safety and Health Administration laws and regulations.	R

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

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7. The organization identifies individuals entering the organization's buildings.
Note: Determination of those individuals requiring identification and the method for doing so is at the organization's discretion.

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

EC.02.01.03

The organization prohibits smoking except in specific circumstances.

Elements of Performance for EC.02.01.03

1. Smoking is not permitted in the organization's buildings except for hospice patients in inpatient settings.
Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

3. The organization develops criteria identifying the circumstances under which a patient may smoke. (D)

EC.02.02.01

The organization manages risks related to hazardous materials and waste.

Elements of Performance for EC.02.02.01

1. The organization maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3) (D)

2. The organization manages hazardous materials and waste from receipt or generation through final use or disposal.

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

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

11. For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation. (D)

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

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16. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice has procedures for the routine storage and prompt disposal of trash and medical waste.

EC.02.03.01

The organization manages fire risks.

Elements of Performance for EC.02.03.01

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

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

9. Fire response planning identifies the specific roles of those who work within the organization at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. Ⓓ

EC.02.03.03

The organization conducts fire drills.

Elements of Performance for EC.02.03.03

1. The organization conducts quarterly fire drills. (See also LS.01.02.01, EP 11; LS.02.01.70, EP 4; LS.04.01.20, EP 9) Ⓓ
Note 1: Evacuation of patients during drills is not required.
Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use alternative methods to notify staff instead of activating audible alarms.
Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.

2. In areas where patients are housed or treated, the organization conducts one fire drill every 12 months from the date of the last drill. Ⓓ
Note: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.

3. At least 50% of the required fire drills are unannounced.

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

5. The organization critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented. Ⓓ

EC.02.03.05

The organization maintains fire safety equipment and fire safety building features.
Note 1: This standard does not require organizations to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.
Note 2: The references to the National Fire Protection Association (NFPA) guidelines noted at the elements of performance are for information only.

Elements of Performance for EC.02.03.05

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

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. Ⓓ
   Note 1: For additional information on performing tests, see NFPA 72-2010: Table 14.4.5.
   Note 2: Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)

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. Ⓓ
   Note: For additional information on performing tests, see NFPA 72-2010: Table 14.4.5; 17.14.

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

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

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

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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. Ⓓ
   Note: For additional information on performing tests, see NFPA 25-2011: 9.2.1; Table 9.1.1.2.

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 information 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 information 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 information 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 information 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 information 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).

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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 for the correct type of and clear and unobstructed access to fire extinguisher, in addition to a check for broken parts and full charge.
Note 3: For additional information on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.

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. Ⓓ
Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.

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. Ⓓ
Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008 (Chapter 7), and NFPA 25-2011.

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

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

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. Ⓓ
Note: For additional information on performing tests, see NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.

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. Ⓓ
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.

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26. Every 12 months, the organization tests the following:
- Manual pull stations
- Smoke detectors
- Visual and audible fire alarms
The results and completion dates are documented.
Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4 and NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4. Ⓓ

EC.02.05.01

The organization manages risks associated with its utility systems.

Elements of Performance for EC.02.05.01

3. The organization identifies, in writing, inspection and maintenance activities for all operating components of utility systems.
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 ensure dependable performance. Ⓓ

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

14. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice has procedures for controlling the reliability and quality of light, temperature, and ventilation/air exchanges throughout the building.

15. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice has procedures for controlling the reliability and quality of emergency gas and water supplies.

16. In non–critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity.
Note: Examples of non–critical care areas are general care nursing units; clean and soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.

17. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice has procedures for the scheduled and emergency maintenance and repair of all equipment.

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

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)

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EC.02.05.03

The organization has a reliable emergency electrical power source.

Elements of Performance for EC.02.05.03

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.

2. The organization provides emergency power within 10 seconds for the following: Alarm systems.
Note: For information on 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).

3. The organization provides emergency power within 10 seconds for the following: Exit route and exit sign illumination.
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).

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

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.
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.

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

Elements of Performance for EC.02.05.05

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 patients, staff, and visitors.

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

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

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

EC.02.05.07

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

Elements of Performance for EC.02.05.07

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. Ⓓ
Note: For additional guidance, see NFPA 101-2012: 7.9.3; 7.10.9.

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. Ⓓ

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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 records) should be properly tested and maintained in accordance with manufacturers' recommendations.
   Note 2: Level 1 SEPSS are intended to automatically supply illumination or power to critical areas and equipment essential for safety to human life. Included are systems that supply emergency power for such functions as illumination for safe exiting, ventilation where it is essential to maintain life, fire detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to patients, the public, or staff.
   Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged.
   For additional information, see NFPA 111-2010: 8.4

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; 8.4.1.

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. Ⓓ

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 ½ continuous hours. Ⓓ
   Note: Tests for non-diesel-powered generators need only be conducted with available load.

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

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

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

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

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

EC.02.06.01

The organization establishes and maintains a safe, functional environment.

Elements of Performance for EC.02.06.01

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

2. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice designs and equips patient rooms for nursing care and for the comfort and privacy of patients.

3. For complex rehabilitation and assistive technology services: When patients are evaluated in the organization's facility, the organization provides private, clean, and safe rooms for fittings and evaluations.

14. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice supplies an adequate amount of hot water at all times for patient use and has plumbing fixtures with control valves that automatically regulate the temperature of the hot water.

15. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Each patient's room has the following characteristics:
- Is at or above grade level
- Has a suitable bed and other furniture for each patient
- Has closet space that provides security and privacy for clothing and personal belongings
- Accommodates no more than two patients and their family members
- Measures at least 100 square feet for a single-patient room, or 80 square feet for each patient in a double room
- Is equipped with an easily activated, functioning, accessible device for calling the staff member on duty

Note: The Centers for Medicare & Medicaid Services (CMS) may waive the space and occupancy requirements if they would cause unreasonable hardship on the hospice if strictly enforced or jeopardize the hospice's ability to continue to participate in the Medicare program, and if CMS determines that waiving the requirements meets patients' needs and does not adversely affect their health and safety.

16. When patients are evaluated in the organization's facility, the organization has a repair shop, located either in the facility or in close proximity, for repair, assembly, or modification of products.

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17. The organization's buildings are accessible to physically and visually impaired individuals.

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

32. The organization provides space for staff to perform their required work safely and accurately.

35. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Each patient room is equipped with, or conveniently located near, toilet and bathing facilities.

EC.04.01.01

The organization collects information to monitor conditions in the environment.

Elements of Performance for EC.04.01.01

1. The organization establishes and implements a process(es) for internally reporting, investigating, and documenting the following: Ⓓ
   - Injuries to patients, staff, or others within the organization's facilities
   - Security incidents involving patients, staff (including staff in the field), or others
   - Hazardous materials and waste spills and exposures
   - Fire safety management problems, deficiencies, and failures

   Note 1: This bullet on fire safety management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.
   - Equipment management problems, failures, and use errors.
   - Utility systems management problems, failures, or use errors.

   Note 2: This bullet on utility systems management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.

12. In buildings where patients receive care, treatment, or services, every six months the organization conducts environmental tours in patient care areas to evaluate the performance of activities intended to minimize risks in the environment of care. Ⓓ

17. The organization identifies, reports within the organization, and investigates equipment management problems, failures, and use errors for equipment provided to the patient.

18. The organization investigates any incident or injury in which equipment or supplies may have contributed to the incident or injury.
    Note: The investigation includes all necessary information, pertinent conclusions about what happened, and whether changes in systems or processes are needed. The organization considers possible links between the items and services furnished and the adverse event.

19. For DMEPOS suppliers serving Medicare beneficiaries: When the supplier becomes aware of an incident or injury resulting in a Medicare beneficiary's hospitalization or death, it initiates an investigation within 24 hours.

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20. For DMEPOS suppliers serving Medicare beneficiaries: When the supplier becomes aware of an incident or injury that does not result in a Medicare beneficiary's hospitalization or death, it initiates an investigation within 72 hours.

21. The organization reports incidents in which a medical device is connected to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

EC.04.01.03

The organization analyzes identified environment of care issues.

Elements of Performance for EC.04.01.03

1. The organization identifies and analyzes problematic trends related to the environment of care.

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

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 only to facilities with hospice beds that are either in a freestanding, inpatient hospice facility or in a segregated hospice unit in a hospital or nursing home that is not accredited by The Joint Commission.

Elements of Performance for LS.01.01.01

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

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.
Note 1: If the corrective action will exceed the 60-day time frame, the organization must request a time-limited waiver within 30 days from the end of survey.
Note 2: If there are alternative systems, methods, or devices considered equivalent, the organization may submit an equivalency request using its Statement of Conditions (SOC).
Note 3: For hospices that elect to use The Joint Commission deemed status option: if there are existing alternative systems, methods, or devices, the organization may submit a waiver request using their Statement of Conditions (SOC).
Note 4: For additional guidance on equivalencies, see NFPA 2012: 101:1.4.3.

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)

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 only to facilities with hospice beds that are either in a freestanding, inpatient hospice facility or in a segregated hospice unit in a hospital or nursing home that is not accredited by The Joint Commission.

Elements of Performance for LS.01.02.01

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

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) Ⓓ

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.

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 need for these inspections is based on criteria in the organization's interim life safety measure (ILSM) policy.

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 need for equivalent systems is based on criteria in the organization's interim life safety measure (ILSM) policy.

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 need for this equipment is based on criteria in the organization's interim life safety measure (ILSM) policy.

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 need for these partitions is based on criteria in the organization's interim life safety measure (ILSM) policy.

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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 need for increased surveillance is based on criteria in the organization's interim life safety measure (ILSM) policy.

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 need for these practices is based on criteria in the organization's interim life safety measure (ILSM) policy.

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 need for additional training is based on criteria in the organization's interim life safety measure (ILSM) policy.

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 shift per quarter. The need for additional drills is based on criteria in the organization's interim life safety measure (ILSM) policy. (See also EC.02.03.03, EP 1)

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 need for these inspections and tests is based on criteria in the organization's interim life safety measure (ILSM) policy. Ⓓ

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

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

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LS.02.01.10

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. Note: The elements of performance of this standard apply only to the space in which the hospice unit is located, all exits from the unit to the outside at grade level, and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.10

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

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) ☐

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) ☐

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) ☐

5. The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are as follows: ☐
   - Three hours in three-hour barriers and partitions
   - Ninety minutes in two-hour barriers and partitions
   - Forty-five minutes in one-hour barriers and partitions
   - Twenty minutes in thirty-minute barriers and partitions

   (For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2)
   Note: Labels on fire door assemblies must be maintained in legible condition.

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) ☐

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) ☐

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) ☐

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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)

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.
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)

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

LS.02.01.20

The organization maintains the integrity of the means of egress.
Note: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.20

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)

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))

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)

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)

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)

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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)

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)

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)

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)

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)

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

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)

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)

14. In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)

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15. In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from patient sleeping rooms. If modifying existing buildings with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)

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)

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)

18. The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)
Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text, refer to NFPA 101-2012: 18/19.2.3.4)

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)
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)

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

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

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

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)

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)

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25. Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)

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

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

28. For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)

29. Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)

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

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

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)

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)

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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)

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)

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

LS.02.01.30

The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.
Note: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.30

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.
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)

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)

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)

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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 permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5.3 are met.

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.
Note 1: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements.
Note 2: This element of performance reflects NFPA 101-2012: 18/19.3.2.6. For alternative guidelines on ABHR dispensers, see NFPA 101-2012: 8.7.3.1.

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)

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)

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.

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)

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)

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

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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.
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)

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)

14. Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.
Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5)

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

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

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

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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)
Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.

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)

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

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)

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)

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

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

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

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LS.02.01.34

The organization provides and maintains fire alarm systems.
Note 1: This standard applies only to facilities with 12 or more hospice beds that are either in a freestanding, inpatient hospice facility or in a segregated hospice unit in a hospital or nursing home that is not accredited by The Joint Commission.
Note 2: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.34

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)

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)

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)

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

LS.02.01.35

The organization provides and maintains systems for extinguishing fires.
Note: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.35

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)

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)

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)

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)

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)

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

8. In both new buildings and existing buildings, the clothing closets in patient sleeping rooms are not required to have sprinkler protection if the closet does not exceed six square feet. (For full text, refer to NFPA 101-2012: 18/19.3.5.10)

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

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)

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)

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)

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)

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

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LS.02.01.40

The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.
Note: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.40

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)
   Note: Organizations that do not have approved automatic sprinkler systems in high-rise buildings (over 75 feet tall) as of July 5, 2016 have 12 years to install them.

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

LS.02.01.50

The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.
Note: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.50

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

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

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

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)

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

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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)

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)

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)

8. The organization meets all other Life Safety Code building service requirements related to NFPA 101-2012: 18/19.5.4.

LS.02.01.70

The organization provides and maintains operating features that conform to fire and smoke prevention requirements.
Note: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.02.01.70

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)
   Note: The secondary sign exception is not applicable to medical gas storage areas.

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)

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)

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

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

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)

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