The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

**APPLICABLE TO THE AMBULATORY HEALTH CARE ACCREDITATION PROGRAM**

**Effective January 1, 2023**

**Environment of Care (EC) Chapter**

**EC.01.01.01**

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

Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization complies with the 2012 edition of NFPA 99: Health Care Facilities Code. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.


**Element(s) of Performance for EC.01.01.01**

9. The organization has a written plan for managing the following: Utility systems.

9. The organization has a written plan for managing the following: Utility systems. **Note:** In circumstances where the program or service is located in a business occupancy not owned by the accredited organization, the plan may only need to address how routine service and maintenance for their utility systems are obtained.

**EC.02.03.03**

The organization conducts fire drills.

**Element(s) of Performance for EC.02.03.03**

Key: □ indicates that documentation is required; □ indicates an identified risk area;
7. For organizations that use aerosol germicides or antiseptics or flammable liquids in conjunction with electrosurgery, cautery, lasers, or other ignition sources, the organization performs an annual fire drill in anesthetizing locations. The drill may be announced or unannounced. The drill addresses extinguishment of the patient, drapery, clothing, and equipment. (For full text, refer to NFPA 99-2012: 15.13.3.9–15.13.3.10)

Note 1: This drill involves applicable staff and licensed independent practitioners and focuses on prevention as well as simulated extinguishment and evacuation.

Note 2: An announced annual fire drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 20/21.7.1.6.

7. The organization conducts annual fire exit drills for operating rooms/surgical suites. (For full text, refer to NFPA 99-2012: 15.13.3.10.3)

Note 1: This drill involves applicable staff and licensed practitioners and focuses on prevention as well as simulated extinguishment and evacuation.

Note 2: An announced annual fire exit drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 20/21.7.1.6.

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

Element(s) 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 guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

Note 2: Supervisory signal devices include the following: pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, valve supervisory switches, and other supervisory initiating devices.

1. The organization tests supervisory signal devices on the inventory in accordance with the following time frames:
   - Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices
   - Semiannually for valve supervisory switches
   - Annually for other supervisory initiating devices

The results and completion dates are documented.

Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

Note 2: Water storage tanks and associated water storage equipment are not required to be tested.

EC.02.05.01

The organization manages risks associated with its utility systems.
Element(s) of Performance for EC.02.05.01

7. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces. For further information, refer to Guidelines for Design and Construction of Health Care Facilities, 2014 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

7. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized portions of existing ventilation systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. Existing systems are in compliance with the ventilation standards that were in effect at the time the facility was constructed or last modified. Note: Areas designed for control of airborne contaminants include spaces such as all classes of operating rooms, special procedure rooms that require a sterile field, caesarean delivery rooms, rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, airborne infection isolation rooms, rooms for patients with pulmonary or laryngeal tuberculosis, bronchoscopy treatment rooms), patients in "protective environment" rooms (for example, rooms for patients receiving bone marrow transplants), laboratories, pharmacies, sterile supply/processing rooms, and other sterile spaces.
23. Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non-patient care rooms, power strips meet other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment [TIA] 12-5)

Note 1: The mounting of power strips to medical equipment assemblies or the reconfiguration of equipment powered by power strips in a medical equipment assembly must be performed by personnel who are qualified to make certain that this is done in accordance with NFPA 99-2012: 10.2.3.6.

Note 2: Per NFPA 99-2012: 3.3.138, patient care room is defined as any room of a health care facility wherein patients are intended to be examined or treated. Per NFPA 99-2012: 3.3.139, patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 1.8 meters (6 feet) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extending vertically to 2.3 meters (7 feet, 6 inches) above the floor.

Note 3: In new facilities, the number of receptacles shall be in accordance with NFPA 99-2012: 6.3.2.2.6.2. If patient bed locations in existing health care facilities undergo renovation or a change in occupancy, the number of receptacles must be increased to meet the requirements of NFPA 99-2012: 6.3.2.2.6.2 to eliminate the need for power strips.

EC.02.06.01

The organization establishes and maintains a safe, sanitary, and functional environment.

**Element(s) of Performance for EC.02.06.01**

26. The organization keeps furnishings and non-medical equipment safe and in good repair.

Note: Examples of equipment include ice machines, refrigerators (not used for storage of medications or related supplies), and washing machines/dryers. Examples of furnishings include waiting room chairs and countertops.

Life Safety (LS) Chapter

LS.01.02.01

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

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

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

Key: □ indicates that documentation is required; □ indicates an identified risk area;
Element(s) of Performance for LS.01.02.01

1. The organization has a written interim life safety measures (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 2–15 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.

Note: For any Life Safety Code (LSC) deficiency that cannot be immediately corrected during survey, the organization identifies what ILSMs in their policy will be implemented until the issue is corrected.

15. The organization's policy allows the use of other ILSMs not addressed in EPs 2–14.

Note 1: The organization's ILSM policy addresses Life Safety Code Requirements for Improvement (RFI) that are not immediately corrected during survey.

Note 2: The “other” ILSMs used are documented by selecting “other” and annotating the associated text box in the organization's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).

15. The organization's policy allows the use of other ILSMs not addressed in EPs 2–14.

Note: The “other” ILSMs used are documented by selecting “other” and annotating the associated text box in the organization's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).

LS.03.01.10

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

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

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

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

Element(s) of Performance for LS.03.01.10

Key: D indicates that documentation is required; R indicates an identified risk area;
6. The fire protection rating for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions is as follows:
- Three hours in three-hour barriers and partitions
- Ninety minutes in two-hour barriers and partitions
- Forty-five minutes in one-hour barriers and partitions
- Twenty minutes in ½-hour barriers and partitions

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

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

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

Note: Doors that separate the ambulatory health care occupancy from other tenants or other occupancies (except health care occupancies) do not need to meet the 45-minute rating as long as they are constructed of not less than 1 ¾-inch thick, solid bonded wood-core or equivalent and must be equipped with positive latches.

For full text, refer to NFPA 101-2012: 8.3.3.2; 8.3.4.2; 20/21.3.7.1; NFPA 80-2010: 5.2.13.3)

Note 1: Labels on fire door assemblies must be maintained in legible condition.
Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.