

Prepublication Requirements

• Issued September 21, 2022 •



EC and LS Chapter Revisions

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 HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2023

Environment of Care (EC) Chapter

EC.01.01.01

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

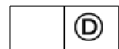
Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital 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.

Note 3: For further information on waiver and equivalency requests, see <https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/> and NFPA 99-2012: 1.4.

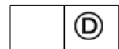
Element(s) of Performance for EC.01.01.01

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



9. **The hospital 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 hospital conducts fire drills.

Element(s) of Performance for EC.02.03.03

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

7. For hospitals that use aerosol germicides or antiseptics or flammable liquids in conjunction with electrosurgery, cautery, lasers, or other ignition sources, the hospital 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) ☐ (D)
- 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 anesthetizing location fire drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 18/19.7.1.6.
7. **The hospital conducts annual fire exit drills for operating rooms/surgical suites.** (For full text, refer to NFPA 99-2012: 15.13.3.10.3) ☐ (D)
- 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: 18/19.7.1.6.**

EC.02.03.05

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

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

Element(s) of Performance for EC.02.03.05

1. ~~At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.~~ ☐ (D)
- 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 hospital tests supervisory signal devices on the inventory in accordance with the following time frames:** ☐ (D)
- 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 hospital manages risks associated with its utility systems.

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

Element(s) of Performance for EC.02.05.01

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)

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23. Power strips in a patient care vicinity are only used for components of movable electrical equipment assemblies used for patient care. 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)

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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.

Life Safety (LS) Chapter

LS.01.02.01

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

Element(s) of Performance for LS.01.02.01

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

1. The hospital 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 hospital 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.

1. **The hospital 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 hospital 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 hospital identifies what ILSMs in their policy will be implemented until the issue is corrected.

15. The hospital's policy allows the use of other ILSMs not addressed in EPs 2–14.
~~Note 1: The hospital'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 hospital's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).

15. **The hospital'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 hospital's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).

LS.02.01.10

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

Element(s) of Performance for LS.02.01.10

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

9. 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~~

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(For full text, refer to NFPA 101-2012: ~~8.3.4; 8.3.3.2~~; Table 8.3.4.2)

Note 1: Labels on fire door assemblies must be maintained in legible condition.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

9. **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**

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(For full text, refer to NFPA 101-2012: **8.3.3.2; 8.3.4**; Table 8.3.4.2)

Note 1: Labels on fire door assemblies must be maintained in legible condition.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

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 ambulatory health care occupancy (AHCO) classification requirements for hospitals.

The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non-health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments associated with hospitals, regardless of the number of patients rendered incapable.

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

Element(s) of Performance for LS.03.01.10

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 hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.

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
- 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.**
- Twenty minutes in thirty-minute barriers
- (For full text, refer to NFPA 101-2012: 8.3.3.2; 8.3.4.2; Table 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 hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.**

LS.05.01.10

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

Element(s) of Performance for LS.05.01.10

3. 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 3-hour barriers and partitions
 - Ninety minutes in 2-hour barriers and partitions
 - Forty-five minutes in 1-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)
3. The fire protection ratings for opening protectives in fire 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
- 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)

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

4. Vertical openings must be protected in the following manner:
- Enclosures serving four or more floors in new construction must have a 2-hour fire rating.
 - Enclosures serving three or less floors in new construction must have a 1-hour fire rating.
 - Enclosures in existing construction must have a ½-hour fire rating.
 - A vertical opening below the street level that contains storage or communicates with a different occupancy must be protected.
- (For full text, refer to NFPA 101-2012: 38/39.3)
5. The space around pipes, conduits, bus ducts, cables, wire, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
- Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)
5. **The space around pipes, conduits, bus ducts, cables, wire, air ducts, or pneumatic tubes penetrating fire-rated walls or floors are protected with an approved fire-rated material. (For full text, refer to NFPA 101-2012: 8.3.5)**
- Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose.**
7. The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.1.
7. **The hospital meets all other Life Safety Code requirements, including vertical openings, related to NFPA 101-2012: 38/39.1.**

LS.05.01.20

The hospital maintains the integrity of the means of egress.

Element(s) of Performance for LS.05.01.20

8. 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 or an access-controlled egress door assembly. (For full text, refer to NFPA 101-2012: 7.2.1.6.1, 7.2.1.6.2)
8. **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 or an access-controlled egress door assembly. (For full text, refer to NFPA 101-2012: 38/39.2.2.2; 7.2.1.5.3; 7.2.1.6.1; 7.2.1.6.2)**
- Note: An exception to this requirement would be the principal entrance/exit doors with key-operated locks that meet the criteria of NFPA 101-2012 7.2.1.5.5.**

LS.05.01.30

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

Element(s) of Performance for LS.05.01.30

Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

1. Hazardous areas are protected from other areas by a 1-hour fire resistance-rated barrier (45-minute opening protectives) or a smoke resistive barrier and automatic sprinklers. Doors must be self-closing or automatic-closing with latching hardware. (For full text, refer to NFPA 101-2012: 38/39. 3.2) □ □

1. **All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-rated doors; or hazardous areas have sprinkler systems and are constructed to resist the passage of smoke with doors equipped with self-closing or automatic-closing devices.** (For full text, refer to NFPA 101-2012: 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1; 6.3.1.7; 6.5) □ □

3. Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1 and as follows: □ □
 - Corridor clear width of 44 inches is not compromised by dispenser.
 - ABHR does not exceed 95% alcohol.
 - Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites or rooms separated from corridors) or 18 ounces of NFPA Level 1–classified aerosols.
 - Dispensers have a minimum of 4 feet of horizontal spacing between them.
 - Dispensers are not installed within 1 inch of an ignition source.
 - ~~- If floor is carpeted, the building is fully sprinkler protected.~~
 - Operation of the dispensers must comply with the manufacturers’ instructions for use.
 - ABHR is protected against inappropriate access.
 - Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single ~~smoke~~ compartment outside a storage cabinet, excluding one individual dispenser per room.
 - Storing more than 5 gallons of fluid in a single ~~smoke~~ compartment complies with NFPA 30.

3. **Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1 and as follows:** □ □
 - Corridor clear width of 44 inches is not compromised by dispenser.
 - ABHR does not exceed 95% alcohol.
 - Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites or rooms separated from corridors) or 18 ounces of NFPA Level 1–classified aerosols.
 - Dispensers have a minimum of 4 feet of horizontal spacing between them.
 - Dispensers are not installed within 1 inch of an ignition source.
 - Operation of the dispensers must comply with the manufacturers’ instructions for use.
 - ABHR is protected against inappropriate access.
 - Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used on a single story or in a single fire compartment outside a storage cabinet, excluding one individual dispenser per room.
 - Storing more than 5 gallons of fluid on a single story or in a single fire compartment complies with NFPA 30.

LS.05.01.34

The hospital provides and maintains fire alarm systems.

Element(s) of Performance for LS.05.01.34

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

1. Fire alarm systems for existing construction are required if the building is three or more stories in height, there are 100 occupants or more below or above the level of exit discharge, or the building has 1000 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; ~~however, in existing occupancies, notification can be made using voice communication or a public address system. A fail-safe process must be provided to notify emergency forces.~~ (For full text, refer to NFPA 101-2012: 39.3.4)
1. **Fire alarm systems for existing construction are required if the building is three or more stories in height, there are 100 occupants or more below or above the level of exit discharge, or the building has 1000 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; notification can be made using voice communication or a public address system. (For full text, refer to NFPA 101-2012: 39.3.4)**
2. Fire alarm systems for new construction are required if the building is three or more stories in height, there are 50 occupants or more below or above the level of exit discharge, or the building has 300 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; ~~however, in existing occupancies, notification can be made using voice communication or a public address system. A fail-safe process must be provided to notify emergency forces.~~ (For full text, refer to 2012 NFPA 101-2012: 38.3.4)
2. **Fire alarm systems for new construction are required if the building is three or more stories in height, there are 50 occupants or more below or above the level of exit discharge, or the building has 300 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm. (For full text, refer to 2012 NFPA 101-2012: 38.3.4)**
4. For new construction, a process for emergency response notification is provided and includes notifying both of the following:
 - Fire department in accordance with NFPA 101-2012: 9.6.4
 - Local emergency organization, if provided
 (For full text, refer to NFPA 101-2012: 38.3.4.4)
5. For existing construction, notification of emergency forces is accomplished in accordance with NFPA 101-2012: 9.6.4 when the existing fire alarm system is replaced. (For full text, refer to NFPA 101-2012: 39.3.4.4)

LS.05.01.35

The hospital provides and maintains equipment for extinguishing fires.

Element(s) of Performance for LS.05.01.35

Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

Moved to LS.05.01.34, EPs 4 and 5

1. For new construction, a process for emergency response notification is provided and includes notifying both of the following:
- Fire department in accordance with NFPA 101-2012: 9.6.4
 - Local emergency organization, if provided
- (For full text, refer to NFPA 101-2012: 38.3.4.4)
2. For existing construction, notification of emergency forces is accomplished in accordance with NFPA 101-2012: 9.6.4 when the existing fire alarm system is replaced. (For full text, refer to NFPA 101-2012: 39.3.4.4)