

Prepublication Requirements

• Issued December 17, 2021 •



Edits to the EC Chapter

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 July 1, 2022

Environment of Care (EC) Chapter

EC.02.03.03

The hospital conducts fire drills.

Element(s) of Performance for EC.02.03.03



1. The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code.  

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 hospital 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 hospital occupies.

(See also LS.01.02.01, EP 11)


1. **The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code.**  


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 hospital may use a coded announcement to notify staff instead of activating audible alarms. For full text, refer to NFPA 101-2012: 18/19: 7.1.7.

Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

(See also LS.01.02.01, EP 11)

Key:  indicates that documentation is required;

 indicates an identified risk area;

3. When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. □ □
 Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.
 Note 2: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.
3. **When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.** □ □
Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms.
Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters.
Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.
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.
8. For hospitals that have hyperbaric facilities, emergency procedures and fire training drills are conducted annually. (For full text, refer to NFPA 99-2012: 14.2.4.5.4; 14.3.1.4.5) □ (D)
Note 1: This drill includes recording the time to evacuate all persons from the area, involves applicable staff and licensed independent practitioners, and focuses on prevention as well as simulated extinguishment and evacuation. Response procedures for fires within and outside the hyperbaric chamber address the role of the inside observer, the chamber operator, medical personnel, and other personnel, as applicable. For additional guidance, refer to NFPA 99-2012: B.14.2 and B.14.3.
Note 2: If the hospital conducts an unannounced drill, it may serve as one of the required fire drills.

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

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

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|--|---|---|---|
| <p>1. At least quarterly, the hospital 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 signals include the following: control valves; pressure supervisory; pressure tank; pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>1. At least quarterly, the hospital 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 <u>devices</u> include the following: pressure supervisory <u>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.</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>7. For automatic sprinkler systems: Every six months, the hospital tests water storage tank high and low water level alarms. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 9.3; Table 9.1.1.2.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>8. For automatic sprinkler systems: Every month during cold weather, the hospital tests water storage tank temperature alarms. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>11. For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The results and completion dates are documented.
 Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; text-align: center;">R</td> <td style="text-align: center;">D</td> </tr> </table> | R | D |
| R | D | | |
| <p>11. For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. <u>Fire pump supervisory signals for “pump running” and “pump power loss” are tested annually. The results and completion dates are documented.</u>
 Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3; <u>8.3.3.4.</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; text-align: center;">R</td> <td style="text-align: center;">D</td> </tr> </table> | R | D |
| R | D | | |
| <p>14. Every 12 months, the hospital 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 12-2011: 4.8.3 and NFPA 12A-2009: Chapter 6.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>14. <u>The hospital tests automatic fire-extinguishing systems as follows:</u>
 <u>- Carbon dioxide systems every 12 months</u>
 <u>- Halon systems every 6 months</u>
 <u>- Other special systems per National Fire Protection Association standards and manufacturers’ recommendations.</u>
 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 12-2011: <u>4.8.3.2 (for carbon dioxide systems) and NFPA 12A-2009: 6.1 (for halon systems).</u>
 Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for <u>other extinguishing systems.</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
| | D | | |

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

EC.02.04.01

The hospital manages medical equipment risks.

Element(s) of Performance for EC.02.04.01

11. **The hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.**

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EC.02.05.01

The hospital manages risks associated with its utility systems.

Element(s) of Performance for EC.02.05.01

27. ~~Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum have the following characteristics:~~
- ~~–Existing smoke control systems automatically vent smoke, prevent the recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake without interfering with exhaust function. New occupancies have no smoke control requirement.~~
 - ~~–For hospitals that use Joint Commission accreditation for deemed status purposes: Existing smoke control systems are maintained according to the edition of NFPA 101 adopted by the Centers for Medicare & Medicaid Services at the time of installation.~~
- ~~(For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 9.3.1)~~
- ~~Note: Smoke evacuation by smoke control systems refers to by products of combustion from a fire; it does not refer to medical plume caused by thermal destruction of tissue, which is addressed in EC.02.02.01, EP 9.~~
27. **Newly engineered smoke control systems are designed, installed, maintained, and tested per NFPA 92-2012. Existing smoke control systems are tested and maintained to established engineering principles unless specifically exempted by the authority having jurisdiction. Systems not meeting the performance requirements of the testing specified in NFPA 101-2012: 19.7.7.1 can be continued in operation only with the specific approval of the authority having jurisdiction. (For full text, refer to NFPA 101-2012: 18/19: 7.7; NFPA 92-2012)**
- Note: The smoke plume created by the thermal destruction of tissue by cauterizing equipment and lasers is addressed at Standard EC.02.02.01, EP 9.**

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