

Standards Revisions Related to the Life Safety Code for Ambulatory Health Care Accreditation Programs

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®), certified 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.jcinc.com>.

Standard 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

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. Ⓓ

25. The organization has annual inspection and testing of **fire 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 1: Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105.

Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program.

Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; 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.

Standard EC.02.05.01

The organization 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 are as follows:
- Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturers' instructions are considered before reducing humidity levels to those allowed by ASHRAE.
 - 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 ambulatory surgical centers that elect to use The Joint Commission deemed status option: 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: 20/21.3.2.3; NFPA 99-2012: 9.3.1)

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