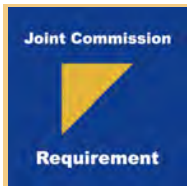


Prepublication Requirements

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-edition®), 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>.



Standards Revisions Related to Life Safety Code Updates

APPLICABLE TO HOSPITALS

Effective July 1, 2017

Environment of Care (EC)

Standard 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/life-safety-code-information-resources/and-NFPA-99-2012-1.4>.

Standard EC.02.04.01

The hospital manages medical equipment risks.

Element of Performance for EC.02.04.01

4. The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice, such as the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.

Note 2: Medical equipment with activities and associated frequencies in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 3: Scheduled maintenance activities for both high-risk and non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. ~~Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory may be deferred as defined by organization policy, provided the completion rate is not less than 90%. AEM frequency is determined by the hospital AEM program.~~



Standard EC.02.04.03

The hospital inspects, tests, and maintains medical equipment.

Element of Performance for EC.02.04.03

2. The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also PC.02.01.11, EP 2)

Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.

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

Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment completed in accordance with manufacturers' recommendations must have a 100% completion rate.

Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory ~~must have a 100% completion rate.~~ are to be completed at 100%. AEM frequency is determined by the organization AEM program.

Standard EC.02.05.05

The hospital inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.

Element of Performance for EC.02.05.05

- The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.

Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory ~~may be deferred as defined by organization policy, provided the completion rate is not less than 90%.~~ are to be completed at 100%. AEM frequency is determined by the hospital AEM program.

Life Safety (LS)

Standard LS.01.01.01

The hospital designs and manages the physical environment to comply with the Life Safety Code.

Elements of Performance for LS.01.01.01

- The hospital assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with the 2012 Life Safety Code.

- When the hospital 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 hospital may submit an equivalency request using its Statement of Conditions (SOC).

Note 3: ~~If there are existing alternative systems, methods, or devices, the hospital may submit a waiver request using their Statement of Conditions (SOC).~~ For further information on waiver and equivalency requests, see https://www.jointcommission.org/life_safety_code_information_resources/ and NFPA 101-2012: 1.4.

Note 4: For additional guidance on equivalencies, see NFPA 2012: 101-1.4.3.

Standard LS.01.02.01

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

Element of Performance for LS.01.02.01

- ~~If the The hospital's policy allows the use of other ILSMs not addressed in EPs 2–14, the other ILSMs used are documented in the "other" section of the hospital's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).~~

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).

Standard LS.02.01.10

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

Element of Performance for LS.02.01.10

- 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 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.

Standard LS.02.01.20

The hospital maintains the integrity of the means of egress.

Element 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)

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) 12-4.*

Standard LS.02.01.30

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

Element of Performance for LS.02.01.30

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.

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) 12-2.*

Standard 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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).*~~

Note 2: *For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments-in 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 of Performance for LS.03.01.10

4. 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.*

Standard LS.03.01.20

The hospital maintains the integrity of the means of egress.

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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).*~~

Note 2: *For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments-in 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).*

Standard LS.03.01.30

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

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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).*~~

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments ~~in~~ 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).

Standard LS.03.01.34

The hospital provides and maintains fire alarm systems.

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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).~~

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments ~~in~~ 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).

Standard LS.03.01.35

The hospital provides and maintains equipment for extinguishing fires.

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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).~~

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments ~~in~~ 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).

Standard LS.03.01.40

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

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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).~~

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments ~~in~~ 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).

Standard LS.03.01.50

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

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 hospital. This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).~~

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments ~~in~~ 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).

Standard LS.03.01.70

The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.

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 hospital. This standard applies to ambulatory health care occupancy (AHCOC) classification requirements for hospitals. The application of AHCOC in a hospital would need to meet either the multiple occupancies provisions (18/19.1.3), contiguous non-health care occupancy provisions (18/19.1.3.4), or separated building occupancies according to (20/21.1.2).~~

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments in 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).