

Standards Revisions Related to the Life Safety Code for Hospital 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.jcrinc.com>.

Standard 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

25. The hospital 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 hospital 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 hospitals that use Joint Commission accreditation for deemed status purposes: 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.

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

Standard 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 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 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: 20/21.3.2.3; NFPA 99-2012: 9.3.1)

Standard LS.02.01.30

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

Element(s) of Performance for LS.02.01.30

13. In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Roller latches are prohibited.
Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of five pounds is applied to the edge of the door. (For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5; 19.3.6.3.6)

13. In existing buildings, all corridor doors are constructed to resist the passage of smoke and constructed of 1 3/4-inch or thicker solid bonded wood core or constructed of material that resists fire for not less than 20 minutes, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Positive latching hardware is required. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5)

Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Powered corridor doors are equipped with positive latching hardware unless the organization can verify that this equipment is not an option provided by the door manufacturer. In instances where positive latching hardware is not an available option provided by the manufacturer, the device used must be capable of keeping the door fully closed when a force of 5 lbf is applied at the latch edge and in any direction to a sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials are not required to have a device capable of keeping the door fully closed if a force of 5 lbf is applied at the latch edge. In these cases, roller latches are permissible.