The Joint Commission is committed to an ongoing process of gathering customer and stakeholder feedback on current standards. It uses this feedback to assess standards and clarify, restructure, or delete requirements based on their value and applicability to accredited organizations.

Recently The Joint Commission received comments and questions from customers concerning several Environment of Care (EC) standards and elements of performance (EPs) as they relate to two home care settings: freestanding ambulatory infusion (FSAI) and rehabilitation technology (RT). FSAI organizations provide the dispensing and administration of drug therapy by infusion or inhalation (and other related services) to ambulatory patients under the supervision of a licensed health care professional (for example, a nurse). These services are provided in a room or an office that is neither an extension of a physician office or hospital nor part of a larger ambulatory home care organization. RT is a component of home medical equipment (HME) services that enhances the lifestyle of physically challenged individuals through the sale and rental of custom medical equipment (such as mobility systems and adaptive equipment) and ongoing evaluation by trained rehabilitation technologists. RT services may be provided in the patient’s home, rehabilitation clinics, or the home care organization’s facility/office.

Most FSAI and RT services are provided in office settings that are classified as a “business occupancy” according to National Fire Protection Association (NFPA) guidelines. Business occupancy health care settings include facilities in which no one stays overnight and, given the nature of their treatment, three or fewer individuals are rendered incapable of self-preservation at any time. Because most FSAI and RT services are provided in business occupancy settings, they are not required to follow the same set of NFPA fire safety guidelines required for other inpatient and outpatient health care settings.

In response to customer feedback requesting a review of the applicability of EC standards to these two settings, The Joint Commission convened an internal group of home care representatives (staff and surveyors) and Life Safety Code® (LSC) engineers in the fall of 2012. Specific issues raised by customers were addressed in the following manner:

### Editorial Revisions to Standard EC.02.03.05 for Home Care

The following note was added to the standard:

**Note 2:** The references to the National Fire Protection Association (NFPA) guidelines noted at the elements of performance are for information only.

EPs 3 and 4 were made “not applicable” for these settings. In place of these EPs, the following EP was created for FSAI and RT settings:

**C26.** Every 12 months, the organization tests the following:
- Manual pull stations
- Smoke detectors
- Visual and audible fire alarms

The completion date of these tests is documented.

**Note:** For additional information on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Changed “For additional guidance” to “For additional information” wherever this phrase appears in the Notes to the EPs.

### Editorial Revisions to Standard EC.02.05.03 for Home Care

Changed “For guidance” to “For information” in the Note to EP 1.

Removed the reference to the *Life Safety Code* from EPs 1 and 2.

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*Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.*

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Revisions to Applicability of EC Requirements for Freestanding Ambulatory Infusion and Rehabilitation Technology Settings in the Home Care Program

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customers centered around standards that require these organizations to maintain the following:
● Fire safety building features (EC.02.03.05)
● Utility systems (EC.02.05.01)
● Emergency communication systems (EC.02.05.03)
● Testing of utility systems before initial use (EC.02.05.05)
● Testing of emergency power systems (EC.02.05.07)

In addition to the internal group's review of Joint Commission standards and related NFPA fire safety guidelines for business occupancy settings, the research included a review of internal data collected from various customers. The information gathered was then presented to the Joint Commission's Home Care Advisory Group for its review and recommendations.

The Joint Commission used this research as well as feedback from the Home Care Advisory Group to make several editorial revisions and remove applicability for the following EPs determined to be irrelevant to or inappropriate for FSAI and RT settings (though they remain applicable to other home care settings):
● EC.02.03.05, EPs 1–14, 17–20
● EC.02.05.01, EPs 3–4
● EC.02.05.03, EP 3
● EC.02.05.05, EP 1
● EC.02.05.07, EPs 3–6

The editorial revisions to the EC standards for all home care settings are summarized in the two tables on page 9. All changes are effective July 1, 2013, and appear in the just-published 2013 Update 1 to the Comprehensive Accreditation Manual for Home Care as well as the spring 2013 E-dition® update.

If you have any questions about the home care EC standards revisions or applicability changes, please contact Kathy Clark, MSN, RN, associate project director and home care specialist, Department of Standards and Survey Methods, at kclark@jointcommission.org.