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 ASSISTED LIVING COMMUNITIES ACCREDITATION PROGRAM
Effective July 1, 2022

Environment of Care (EC) Chapter

EC.02.03.03

The organization conducts fire drills.

Element(s) of Performance for EC.02.03.03
1. The organization conducts fire drills once per shift per quarter in each building defined as health care occupancy by the Life Safety Code.
   Note 1: Residents may, but need not be, evacuated during drills.
   Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use alternative methods to notify staff instead of activating audible alarms.
   Note 3: In shared facilities, drills are conducted only in areas of the building that the organization occupies.
   Note 4: Assisted living communities are considered health care occupancies if door locking other than permitted delayed-egress and access-controlled egress locks is utilized to prohibit residents from leaving the building or spaces in the building. They would also be considered health care occupancy if they have four or more occupants mostly incapable of self-preservation at one time. When determining whether the assisted living community follows the health care occupancy or residential board and care occupancy requirements, the organization refers to state rules and regulations, as these may be more restrictive.
   (See also LS.01.02.01, EP 11)

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 organization 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: The plan is in accordance with state regulations and applicable safety codes.

EC.02.03.05

Key: D indicates that documentation is required; R indicates an identified risk area;
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 in the elements of performance of this standard. 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**

1. At least quarterly, the organization tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented. Note: 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.

EC.02.04.01

The organization manages medical equipment risks.

**Element(s) of Performance for EC.02.04.01**

5. The organization 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.

11. The organization 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.

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