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 OFFICE-BASED SURGERY ACCREDITATION PROGRAM

Effective July 1, 2022

Environment of Care (EC) Chapter

EC.02.03.05

The practice maintains fire safety equipment and fire safety building features. Note: This standard does not require the practice 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

7. For automatic sprinkler systems: Every six months, the practice tests water-storage tank high- and low-water level alarms. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 9.3; Table 9.1.1.2.

8. For automatic sprinkler systems: Every month during cold weather, the practice tests water-storage tank temperature alarms. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.

EC.02.04.01

The practice manages medical equipment risks.

Element(s) of Performance for EC.02.04.01

Key: ③ indicates that documentation is required; ② indicates an identified risk area;
5. The practice 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 practice 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.

**EC.02.05.01**

The practice 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 have the following characteristics:
   - 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 full text, refer to NFPA 99-2012: 9.3.1)*

28. Newly engineered smoke control systems are designed, installed, maintained, and tested per NFPA 92-2012. Existing smoke control systems are tested and maintained to established engineering principles unless specifically exempted by the authority having jurisdiction. Systems not meeting the performance requirements of the testing specified in NFPA 101-2012: 21.7.7.1 can be continued in operation only with the specific approval of the authority having jurisdiction. *(For full text, refer to NFPA 101-2012: 20/21: 7.7; NFPA 92-2012)*

*Note: The smoke plume created by the thermal destruction of tissue by cauterizing equipment and lasers is addressed at Standard EC.02.02.01, EP 9.*

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