The Joint Commission E-dition

Effective Date: July 1, 2018

Program: Hospital

Chapter: Environment of Care

Overview:

The goal of this chapter is to promote a safe, functional, and supportive environment within the hospital so that quality and safety are preserved. The environment of care is made up of three basic elements:
- The building or space, including how it is arranged and special features that protect patients, visitors, and staff
- Equipment used to support patient care or to safely operate the building or space
- People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks

This chapter stresses the importance of managing risks in the environment of care, which are different from the risks associated with the provision of care, treatment, and services. Any hospital, regardless of its size or location, faces risks in the environment, including those associated with safety and security, fire, hazardous materials and waste, medical equipment, and utility systems. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting, and taking action on environmental risks.

About This Chapter:

The standards are organized around the concepts of planning, implementing, and evaluating, and evaluation of results. The chapter calls for written plans for managing risks in each of these areas. Hospitals may choose to address all required components of the environment in a single management plan or in several different plans. If a hospital has multiple sites, it may have separate management plans for each of its locations, or it may choose to have one comprehensive set of plans. In any case, the hospital must address specific risks and the unique conditions at each of its sites.

The standards address the need to identify someone to manage environmental risks. It is important to remember that the standards in this chapter do not prescribe a particular structure (such as a safety committee) or individual (such as one employee hired to be a safety officer) for managing the environment, nor do they prescribe how required planning activities are conducted.

Important aspects of the environment addressed in the standards include the following:
- Safety and security. This section addresses risks in the physical environment, access to security-sensitive areas, product recalls, and smoking.
- Hazardous materials and waste. This section addresses risks associated with hazardous chemicals, radioactive materials, hazardous energy sources, hazardous medications, and hazardous gases and vapors.
- Fire safety. This section addresses risks from fire, smoke, and other products of combustion; fire response plans; fire drills; management of fire detection, alarm, and suppression equipment and systems; and measures to implement during construction or when the Life Safety Code® * cannot be met.
- Medical equipment. This section addresses selection, testing, and maintenance of medical equipment and contingencies when equipment fails.
- Utilities. This section addresses inspection and testing of operating components, control of airborne contaminants, and management of disruptions (refer to Standard IM.01.01.03).

Note: Emergency management standards are located in a separate chapter.

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

Other Issues for Consideration:

1. The hospital that provides care, treatment, and services in space it does not own (for example, in leased or complimentary space) may want to communicate with the property owner about maintenance expectations for building equipment and features not under its control. For example, a hospital may need access to the maintenance documents. This hospital and the property owner may want to discuss any building or equipment problems that could adversely affect the safety or health of patients, staff, and other people coming to the hospital, as well as the property owner’s plan to resolve such issues.

2. A number of elements of performance describe time frames for completing certain tasks or functions. The Joint Commission recognizes that it will not always be possible to meet the exact time frames cited in the requirements. For evaluation purposes, therefore, the following intervals are acceptable:
- Every 36 months/every 3 years = 36 months from the last event, plus or minus 45 days
- Annually/every 12 months/once a year/every year = 1 year from the last event, plus or minus 30 days
- Every 6 months = 6 months from the last event, plus or minus 20 days
- Quarterly/every quarter = every three months, plus or minus 10 days
- Monthly/30-day intervals/every month = 12 times a year, once per calendar month
- Every week = once per calendar week

Chapter Outline:

I. Plan (EC.01.01.01)

II. Implement

A. Safety and Security (EC.02.01.01, EC.02.01.03)

B. Hazardous Materials and Waste (EC.02.02.01)

C. Fire Safety (EC.02.03.01, EC.02.03.03, EC.02.03.05)

D. Medical Equipment (EC.02.04.01, EC.02.04.03)

E. Utilities (EC.02.05.01, EC.02.05.03, EC.02.05.05, EC.02.05.07, EC.02.05.09)

F. Other Physical Environment Requirements (EC.02.06.01, EC.02.06.05)

III. Staff Demonstrate Competence (EC.03.01.01)

IV. Monitor and Improve (EC.04.01.01, EC.04.01.03, EC.04.01.05)

EP Attributes Icon Legend:

CMS	CMS Crosswalk	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

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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.

Rationale: Risks are inherent in the environment because of the types of care provided and the equipment and materials that are necessary to provide that care. The best way to manage these risks is through a systematic approach that involves the proactive evaluation of the harm that could occur. By identifying one or more individuals to coordinate and manage risk assessment and reduction activities—and to intervene when conditions immediately threaten life and health—organizations can be more confident that they have minimized the potential for harm.

Risks in the environment include safety and security for people, equipment, and other material; the handling of hazardous materials and waste; the potential for fire; the use of medical equipment; and utility systems. High-level written management plans help the hospital manage risks. These plans are not the same as operational plans, but they do provide a framework for managing the environment of care. These plans should also address the scope and objectives of risk assessment and management, describe the responsibilities of individuals or groups, and give time frames for specific activities identified in the plan.

Note: It is not necessary to have a separate plan for each of the areas identified in the standard; the plans may all be contained in a single document.

Introduction: Not applicable

Elements of Performance

1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.
Note: Deficiencies include injuries, problems, or use errors.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.41(c)(1) §482.41(c)(2) §482.41(c)		ESP-1

3 The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems.
Note: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		

4 The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.26(b)	D	ESP-1

5 The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.13(c)(2)	D	ESP-1

6 The hospital has a written plan for managing the following: Hazardous materials and waste.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.26(b)	D	ESP-1

7 The hospital has a written plan for managing the following: Fire safety.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)	D	ESP-1

8 The hospital has a written plan for managing the following: Medical equipment.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.41(d)(2)	D	ESP-1

9 The hospital has a written plan for managing the following: Utility systems.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.41(d)(2)	D	ESP-1

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EC.02.01.01: The hospital manages safety and security risks.

Rationale: Safety and security risks are present in most health care environments. These risks affect all individuals in the organization—patients, visitors, and those who work in the hospital. It is important to identify these risks in advance so that the hospital can prevent or effectively respond to incidents. In some organizations, safety and security are treated as a single function, although in others they are treated as separate functions.

Safety risks may arise from the structure of the physical environment, from the performance of everyday tasks, or from situations beyond the hospital's control, such as the weather. Safety incidents are most often accidental. On the other hand, security incidents are often intentional. Security protects individuals and property against harm or loss. Examples of security risks include workplace violence, theft, infant abduction, and unrestricted access to medications. Security incidents are caused by individuals from either outside or inside the hospital.

Introduction: Not applicable

Elements of Performance

1 The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.
Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.13(c)(2) §482.41(a) §482.26(b)	D	

3 The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.13(c)(2) §482.41(a) §482.26(b)		

5 The hospital maintains all grounds and equipment.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)		

7 The hospital identifies individuals entering its facilities.
Note: The hospital determines which of those individuals require identification and how to do so.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.13(c)(2)		

8 The hospital controls access to and from areas it identifies as security sensitive.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.13(c)(2) §482.53(b)		

9 The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.13(c)(2)	D	ESP-1

10 When a security incident occurs, the hospital follows its identified procedures.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.13(c)(2)		

11 The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.25(b) §482.41(a)		

14 The hospital manages magnetic resonance imaging (MRI) safety risks associated with the following:
- Patients who may experience claustrophobia, anxiety, or emotional distress
- Patients who may require urgent or emergent medical care
- Patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel)
- Ferromagnetic objects entering the MRI environment
- Acoustic noise

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

16 The hospital manages magnetic resonance imaging (MRI) safety risks by doing the following:
- Restricting access of everyone not trained in MRI safety or screened by staff trained in MRI safety from the scanner room and the area that immediately precedes the entrance to the MRI scanner room.
- Making sure that these restricted areas are controlled by and under the direct supervision of staff trained in MRI safety.
- Posting signage at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room. Signage should also indicate that the magnet is always on except in cases where the MRI system, by its design, can have its magnetic field routinely turned on and off by the operator.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

Program: Hospital

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EC.02.01.03: The hospital prohibits smoking except in specific circumstances.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.
Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

EP Attributes

New	FSA	CMS	DOC	ESP
			D	ESP-1

4 Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within the site of intentional expulsion (within 1 foot). When other oxygen delivery equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area of administration (within 15 feet). Solid fuel–burning appliances are not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. (For full text, refer to NFPA 99-2012: 11.5.1.1; Tentative Interim Amendment (TIA) 12-6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(c)		ESP-1

6 The hospital takes action to maintain compliance with its smoking policy.

EP Attributes

New	FSA	CMS	DOC	ESP

Program: Hospital

Chapter: Environment of Care

EC.02.02.01: The hospital manages risks related to hazardous materials and waste.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(1) §482.41(a)	D	ESP-1

3 The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(1) §482.26(b)(3) §482.41(a) §482.53(b) §482.26(b)	D	ESP-1

4 The hospital implements its procedures in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.53(b)		

5 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(a) §482.41(b)(4)		

6 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.26(b)(1) §482.53(b) §482.41(b)(4) §482.53(b)(2)		

7 The hospital minimizes risks associated with selecting and using hazardous energy sources.
Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).
Note 2: This includes the use of proper shielding during fluoroscopic procedures.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(1) §482.26(b)(3) §482.53(b) §482.26(b)		

8 The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1–3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.26(b)(1) §482.41(a) §482.53(b) §482.53(b)(2)		

9 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors.
Note: Hazardous gases and vapors include, but are not limited to, ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(4)		

10 The hospital monitors levels of hazardous gases and vapors to determine that they are in safe range.
Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)		

11 For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(1) §482.41(a) §482.53(b) §482.53(b)(2)	D	ESP-1

12 The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6)
Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(1) §482.41(a) §482.53(b) §482.53(b)(2)		ESP-1

17 For hospitals that provide computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The results of dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and below regulatory limits.
Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.
Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

18 For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.26(b)(3)		ESP-1

19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has procedures for the proper routine storage and prompt disposal of trash.

EP Attributes

New	FSA	CMS	DOC	ESP

Program: Hospital

Chapter: Environment of Care

EC.02.03.01: The hospital manages fire risks.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(b)		ESP-1

4 The hospital maintains free and unobstructed access to all exits.
Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)		ESP-1

9 The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security.
Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(5) §482.15(d)(1)(i) §482.15(b)(1)(ii)(C)	D	ESP-1

11 Periodic evaluations, as determined by the hospital, are made of potential fire hazards that could be encountered during surgical procedures. Written fire prevention and response procedures, including safety precautions related to the use of flammable germicides or antiseptics, are established.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.51(b)		ESP-1

12 When flammable germicides or antiseptics are used during surgeries utilizing electrosurgery, cautery, or lasers, the following are required:
- Nonflammable packaging
- Unit-dose applicators
- Preoperative "time-out" prior to the initiation of any surgical procedure to verify the following:
- Application site is dry prior to draping and use of surgical equipment
- Pooling of solution has not occurred or has been corrected
- Solution-soaked materials have been removed from the operating room prior to draping and use of surgical devices
(For full text, refer to NFPA 99-2012: 15.13)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.51(b)		ESP-1

13 The hospital meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(c)		ESP-1

Program: Hospital

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EC.02.03.03: The hospital conducts fire drills.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11)
Note 1: Evacuation of patients during drills is not required.
Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.
Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(b)(1)(i)	D	

2 The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.
Note: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(5)	D	

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 hospital may use alternative methods to notify staff instead of activating audible alarms.
Note 2: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		

4 Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		

5 The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(b)(1)(i)	D	

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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.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.
Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.
Note 2: 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

2 Every 6 months, the hospital tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented.
Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.
Note 2: Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

3 Every 12 months, the hospital tests duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5; 17.14.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

4 Every 12 months, the hospital tests visual and audible fire alarms, including speakers and door-releasing devices on the inventory. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

5 Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

6 For automatic sprinkler systems: The hospital tests electric motor–driven fire pumps monthly and diesel engine–driven fire pumps weekly under no-flow conditions. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.15(b)(1)(ii)(C)	D	

7

For automatic sprinkler systems: Every six months, the hospital 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.15(b)(1)(ii)(C)	D	

8 For automatic sprinkler systems: Every month during cold weather, the hospital 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.15(b)(1)(ii)(C)	D	

9 For automatic sprinkler systems: Every 12 months, the hospital tests main drains at system low point or at all system risers. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.15(b)(1)(ii)(C)	D	

10 For automatic sprinkler systems: Every quarter, the hospital inspects all fire department water supply connections. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.15(b)(1)(ii)(C)	D	

11 For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.15(b)(1)(ii)(C)	D	

12 Every 5 years, the hospital conducts hydrostatic and water-flow tests for standpipe systems. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

13 Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

14 Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For full text, refer to NFPA 13-2011: 4.8.3 and NFPA 12A-2009: Chapter 6.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

15 At least monthly, the hospital inspects portable fire extinguishers. The results and completion dates are documented.
Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge.
Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

16 Every 12 months, the hospital performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented.
Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.
Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

17 The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The results and completion dates are documented.
Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

18 The hospital operates fire and smoke dampers one year after installation and then at least every six years to verify that they fully close. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

19 Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

20 Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.
Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

27 Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

28 Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:
- Name of the activity
- Date of the activity
- Inventory of devices, equipment, or other items
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i) §482.15(b)(1)(ii)(C)	D	

Program: Hospital

Chapter: Environment of Care

EC.02.04.01: The hospital manages medical equipment risks.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

2 For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The hospital evaluates new types of equipment before initial use to determine whether they should be included in the inventory.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all medical equipment.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.26(b)(2) §482.41(d)(2)	D	ESP-1

3 The hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.
Note: High-risk medical equipment includes life-support equipment.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

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. AEM frequency is determined by the hospital's AEM program.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(2) §482.41(d)(2) §482.53(c)(1)	D	ESP-1

5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:
- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- Medical laser devices
- Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
- New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

Note: Maintenance history includes any of the following documented evidence:
- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

6 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:
- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm

- Availability of alternative or backup equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies medical equipment on its inventory that is included in an alternative equipment maintenance program.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

9 The hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(a) §482.41(d)(2)	D	ESP-1

10 The hospital identifies quality control and maintenance activities to maintain the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced. The hospital identifies how often these activities should be conducted.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

Program: Hospital

Chapter: Environment of Care

EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks.

For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.26(b)(1) §482.26(b)(2) §482.41(d)(2) §482.53(c)(1)		

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.
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. AEM frequency is determined by the hospital's AEM program.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

3 The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.
Note: Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.26(b)(1) §482.26(b)(2) §482.41(d)(2) §482.53(c)(1)	D	

4 The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

5 The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

8 Equipment listed for use in oxygen-enriched atmospheres is clearly and permanently labeled (withstands cleaning/disinfecting) as follows:
- Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier.
- Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN–USE NO OIL."
- Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended.

- Cylinders and containers are labeled in accordance with Compressed Gas Association (CGA) C-7.
(For full text, refer to NFPA 99-2012: 11.5.3.1)
Note: Color coding is not utilized as the primary method of determining cylinder or container contents.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

10 All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

16 For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.53(c)(2)	D	

18 The hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

20 For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:
- Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the hospital, other commonly used CT protocols may be substituted.
- Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.
Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.
Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
Note 3: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EP Attributes

New	FSA	CMS	DOC	ESP
			D	

21 For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:
- Image uniformity
- Slice thickness accuracy
- Slice position accuracy (when prescribed from a scout image)
- Alignment light accuracy
- Table travel accuracy
- Radiation beam width
- High-contrast resolution
- Low-contrast resolution
- Geometric or distance accuracy
- CT number accuracy and uniformity
- Artifact evaluation
Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EP Attributes

New	FSA	CMS	DOC	ESP

			D	

22 At least annually, a diagnostic medical physicist or magnetic resonance imaging (MRI) scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics:
- Image uniformity for all radiofrequency (RF) coils used clinically
- Signal-to-noise ratio (SNR) for all coils used clinically
- Slice thickness accuracy
- Slice position accuracy
- Alignment light accuracy
- High-contrast resolution
- Low-contrast resolution (or contrast-to-noise ratio)
- Geometric or distance accuracy
- Magnetic field homogeneity
- Artifact evaluation

Note: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EP Attributes

New	FSA	CMS	DOC	ESP
			D	

23 At least annually, a diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:
- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Sensitivity
- Energy resolution
- Count-rate performance
- Artifact evaluation

Note 1: The following test is recommended, but not required: Low-contrast resolution or detectability for non-planar acquisitions.
Note 2: The medical physicist or nuclear medicine physicist is accountable for these activities. He or she may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist or nuclear medicine physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EP Attributes

New	FSA	CMS	DOC	ESP
			D	

24 At least annually, a diagnostic medical physicist conducts a performance evaluation of all positron emission tomography (PET) imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics:
- Image uniformity/system uniformity
- High-contrast resolution/system spatial resolution
- Low-contrast resolution or detectability (not applicable for planar acquisitions)
- Artifact evaluation

Note 1: The following tests are recommended, but not required, for PET scanner testing: sensitivity, energy resolution, and count-rate performance.
Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the medical physicist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EP Attributes

New	FSA	CMS	DOC	ESP
			D	

25 For computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The annual performance evaluation conducted by the diagnostic medical physicist or MRI scientist (for MRI only) includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.
Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
Note 2: Medical physicists or MRI scientists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist or MRI scientist. (For more information, refer to HR.01.02.01, EP 1; HR.01.02.05, EP 20; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 4.)

EP Attributes

New	FSA	CMS	DOC	ESP

26 The hospital performs equipment maintenance on anesthesia apparatus. The apparatus are tested at the final path to patient after any adjustment, modification, or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas flow and an oxygen analyzer is used to verify oxygen concentration. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, or other flammables. (For full text, refer to NFPA 99-2012: 11.4.1.3; 11.5.1.3; 11.6.2.5; 11.6.2.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.52(b)		ESP-1

27 The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10)
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.41(c)		ESP-1

Program: Hospital

Chapter: Environment of Care

EC.02.05.01: The hospital manages risks associated with its utility systems.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital designs and installs utility systems according to National Fire Protection Association codes to meet patient care and operational needs.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41		ESP-1

2 Building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(c)		ESP-1

3 For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory.

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	ESP-1

4 The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail.
Note: High-risk utility system components include life-support equipment.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

5 The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems 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. *
Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.
Footnote *: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	ESP-1

6 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:
- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- New operating components with insufficient maintenance history to support the use of alternative maintenance strategies
Note: Maintenance history includes any of the following documented evidence:
- Records provided by the hospital's contractors
- Information made public by nationally recognized sources
- Records of the hospital's experience over time

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

7 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:
- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or backup equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment
(For more information on defining staff qualifications, refer to Standard HR.01.02.01)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

8 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that are included in an alternative equipment maintenance program.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

9 The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.
Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.
Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)		ESP-1

10 The hospital has written procedures for responding to utility system disruptions.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(a) §482.41(a)(2)	D	ESP-1

11 The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.41(a)(2) §482.41(d)(2)		ESP-1

12 The hospital's procedures address performing emergency clinical interventions during utility system disruptions.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.41(a)(2)		ESP-1

13 The hospital responds to utility system disruptions as described in its procedures.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.41(a)(2)		

14 The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.42		

15 In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature and humidity.
Note: For more information about areas designed for control of airborne contaminants, the basis for design compliance is the Guidelines for Design and Construction of Health Care Facilities, based on the edition used at the time of design (if available).

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.42		ESP-1

16 In non–critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity.
Note: Examples of non–critical care areas are general care nursing units; clean and soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(4)		ESP-1

17 The hospital maps the distribution of its utility systems.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)	D	ESP-1

18 Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d) §482.41(c)		ESP-1

19 The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature not less than 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d) §482.41(c)		ESP-1

20 Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment authorized by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection. (For full text, refer to NFPA 99-2012: 6.3.2.2.8.4; 6.3.2.2.8.7; 6.4.4.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

21 Electrical distribution in the hospital is based on the following categories:
- Category 1: Critical care rooms served by a Type 1 essential electrical system (EES) in which electrical system failure is likely to cause major injury or death to patients, including all rooms where electric life support equipment is required.
- Category 2: General care rooms served by a Type 1 or Type 2 EES in which electrical system failure is likely to cause minor injury to patients.
- Category 3: Basic care rooms in which electrical system failure is not likely to cause injury to patients. Patient care rooms are required to have a Type 3 EES where the life safety branch has an alternate source of power that will be effective for 1 1/2 hours.
(For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; 6.6.2.2.2; 6.6.3.1.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

22

Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered are tested after initial installation, replacement, or servicing. In pediatric locations, receptacles in patient rooms (other than nurseries), bathrooms, play rooms, and activity rooms are listed tamper-resistant or have a listed cover. Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4; 6.4.2.2.6; 6.5.2.2.4.2; 6.6.2.2.3.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

23 Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non–patient care rooms, power strips meet other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment (TIA) 12-5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

24 Extension cords are not used as a substitute for fixed wiring in a building. Extension cords used temporarily are removed immediately upon completion of the intended purpose. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment (TIA) 12-5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

25 Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows:
- Zone valves are located immediately outside each anesthetizing location for medical gas or vacuum, readily accessible in an emergency, and arranged so shutting off any one anesthetizing location will not affect others.
- Area alarm panels are installed to monitor all medical gas, medical-surgical vacuum, and piped waste anesthetic gas disposal (WAGD) systems. Alarm panels include visual and audible sensors and are in locations that provide for surveillance, including medical gas pressure decreases of 20% and vacuum decreases of 12-inch gauge HgV (mercury vacuum).
- Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone valve box assemblies.
(For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.9.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

26 Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows: The essential electrical system's (EES) critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits. The EES equipment system supplies power to the ventilation system. (For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 6.4.2.2.4.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

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 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)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

Program: Hospital

Chapter: Environment of Care

EC.02.05.03: The hospital has a reliable emergency electrical power source.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

2 The hospital provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code.
Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

3 The hospital provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code.
Note: For guidance in establishing a reliable emergency system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

4 New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text, refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

5 The hospital provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code.
Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

6 The hospital provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems.
Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

7 The hospital provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, and

nurseries.
Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2; NFPA 110-2010: 4.1; Table 4.1(b).

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(a)(1)		ESP-1

11 The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.
Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

12 Equipment designated to be powered by emergency power supply is energized by the hospital's design. Staging of equipment startup is permissible. (For full text, refer to NFPA 99-2012: 6.4.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

13 The hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for nonambulatory patients).
Note: For guidance in establishing a reliable emergency power system for the equipment branch (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.2.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

14 The hospital implements a policy to provide emergency backup for essential medication dispensing equipment identified by the hospital, such as automatic dispensing cabinets, medication carousels, and central medication robots.
Note: Examples of emergency backup can include emergency power, battery-based indoor generators, or other actions describing how dispensing and administration of medications will continue when emergency backup is needed.

EP Attributes

New	FSA	CMS	DOC	ESP
			D	ESP-1

15 The hospital implements a policy to provide emergency backup for essential refrigeration for medications identified by the hospital, such as designated refrigerators and freezers.
Note: Examples of emergency backup can include emergency power, battery-based indoor generators, or other actions describing how refrigeration of medications will continue when emergency backup is needed.

EP Attributes

New	FSA	CMS	DOC	ESP
			D	ESP-1

16 For hospitals that use Joint Commission accreditation for deemed status purposes: Battery lamps and flashlights are available in areas not serviced by the emergency supply source.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a)(1)		ESP-1

Program: Hospital

Chapter: Environment of Care

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.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 When performing repairs or maintenance activities, the hospital has a process to manage risks associated with air-quality requirements; infection control; utility requirements; noise, odor, dust, vibration; and other hazards that affect care, treatment, or services for patients, staff, and visitors.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

2 For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use. The completion dates and test results are documented.
For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date and the results of the tests are documented.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

4 The hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. The completion date and the results of the activities are documented.
Note 1: A high-risk utility system includes components 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.
Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate.
Note 3: Scheduled maintenance activities for high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

5 The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.
Note 1: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate.
Note 2: Scheduled maintenance activities for infection control utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.42	D	

6 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 must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

7 Line isolation monitors (LIM), if installed, are tested at least monthly by actuating the LIM test switch per NFPA 99-2012: 6.3.2.6.3.6, which activates both visual and audible alarms. For LIM circuits with automated self-testing, a manual test is performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	ESP-1

8 The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9)
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.41(c)		ESP-1

Program: Hospital

Chapter: Environment of Care

EC.02.05.07: The hospital inspects, tests, and maintains emergency power systems.
Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Rationale: Emergency electrical power supply systems may fail during a power disruption, leaving the hospital unable to deliver safe care, treatment, and services to patients. Testing these systems for sufficient lengths of time at regular frequencies increases the likelihood of detecting reliability problems and reduces the risk of losing this critical resource when it is most needed.

Introduction: Not applicable

Elements of Performance

1 At least monthly, the hospital performs a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.15(e)(2)	D	

2 Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented. (See also LS.02.01.20, EP 39) (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.15(e)(2)	D	

3 The hospital performs a functional test of Level 1 stored emergency power supply systems (SEPSS) on a monthly basis and performs a test of Level 2 SEPSS on a quarterly basis. Test duration is for five minutes or as specified for its class (whichever is less). The hospital performs an annual test at full load for 60% of the full duration of its class. The test results and completion dates are documented.
Note 1: Non–SEPSS battery backup emergency power systems that the hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturers' recommendations.
Note 2: Level 1 SEPSS are intended to automatically supply illumination or power to critical areas and equipment essential for safety to human life. Included are systems that supply emergency power for such functions as illumination for safe exiting, ventilation where it is essential to maintain life, fire detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to patients, the public, or staff.
Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. For additional guidance, see NFPA 111-2010: 8.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2) §482.15(e)(2) §482.15(b)(1)(ii)(C)	D	

4 At least weekly, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of weekly inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.15(e)(2)	D	ESP-1

5 At least monthly, the hospital tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cooldown period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.15(e)(2)	D	

6 The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full text, refer to NFPA 99-2012: 6.4.4.1)
Note: Tests for non-diesel-powered generators need only be conducted with available load.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.15(e)(2)	D	

7 At least monthly, the hospital tests all automatic and manual transfer switches on the inventory. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.15(e)(2)	D	

8 At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented.
Note: For additional guidance, see NFPA 110-2010: 8.3.8.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.15(e)(2)	D	ESP-1

9 At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented.
Note: For additional guidance, see NFPA 110-2010, Chapter 8.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.15(e)(2)	D	

10 The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.
Note 1: Tests for non-diesel-powered generators need only be conducted with available load.
Note 2: For additional guidance, see NFPA 110-2010, Chapter 8.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2) §482.15(e)(2)	D	

Program: Hospital

Chapter: Environment of Care

EC.02.05.09: The hospital inspects, tests, and maintains medical gas and vacuum systems.
Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems in which failure is likely to cause major injury or death are designated as follows:
- Category 1: Systems in which failure is likely to cause minor injury to patients
- Category 2: Systems in which failure is not likely to cause injury, but can cause discomfort to patients
- Category 3: Deep sedation and general anesthesia are not administered when using Category 3 medical gas system
(For full text, refer to NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5; 5.1.14.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

2 All master, area, and local alarm systems used for medical gas and vacuum systems comply with the category 1–3 warning system requirements. (For full text, refer to NFPA 99-2012: 5.1.9; 5.2.9; 5.3.6.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

3 Containers, cylinders, and tanks are designed, fabricated, tested, and marked in accordance with NFPA 99-2012: 5.1.3.1.1 –5.1.3.1.7.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

4 Locations containing only oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." Locations containing other gases have doors labeled “Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening.”

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

5 A precautionary sign readable from 5 feet away is on each door or gate of a cylinder storage room, where the sign, at a minimum, includes the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN. NO SMOKING.” Storage is planned so cylinders are used in the order they are received from the supplier. Only gas cylinders and reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

6 When the hospital uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows:
- When more than 300 but less than 3,000 cubic feet, the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.
- When less than 301 cubic feet in a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in NFPA 99-2012: 11.6.2.
(For full text, refer to NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3; 11.6.5.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

7 In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas and vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems on the inventory. This inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and inlets and outlets. Activities, dates, and results are documented. Persons maintaining the systems are qualified by training and certification to the requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040. (For full text, refer to NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(d)(2)	D	

8 When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES."
Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

9 The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.
Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

10 The hospital tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)	D	

11 The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (see NFPA 99-2012: Table 5.1.11), and operating pressure if other than standard. Labels are at intervals of 20 feet or less and are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. (For full text, refer to NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; 5.3.11)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

12 The hospital implements a policy on all cylinders within the hospital that includes the following:
- Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2
- Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder
- Adaptors or conversion fittings are prohibited
- Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease
- Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F
- Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacturer recommendations or -20°F
- Valve protection caps (if supplied) are secured in place when cylinder is not in use
- Labeling empty cylinders
- Prohibiting transfilling in any compartment with patient care

(For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

13 At no time is transfilling done in any patient care room. A designated area is used away from any section of the hospital where patients are housed, treated, or examined. The designated area is separated by a barrier of at least 1-hour fire-resistant construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections NFPA 99-2012: 11.7.2–11.7.4. (For full text, refer to NFPA 99-2012: 11.5.2.2; 11.5.2.3.1; 11.5.2.3.2; 11.7.2–11.7.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		ESP-1

14 The hospital meets all other NFPA 99-2012: Health Care Facilities Code requirements related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11)
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(c)		ESP-1

Program: Hospital

Chapter: Environment of Care

EC.02.06.01: The hospital establishes and maintains a safe, functional environment.
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Rationale: Not applicable.

Introduction: Introduction to Standard EC.02.06.01

Features of the hospital's space influence patient outcomes and satisfaction and promote patient safety. The physical space also affects families, staff, and others in the organization. These features of the environment of care include the following:
- Quality of natural and artificial light
- Privacy
- Size and configuration of space
- Security for patients and their belongings
- Clear access to internal and external doors
- Level of noise
- Space that allows staff to work efficiently

When designed into and managed as part of the environment, these elements create safe and suitable surroundings that support patient dignity and allow ease of interaction.

The standards do not specifically address all these features. However, organizations may wish to consider these aspects of the environment when they design and manage spaces. Decisions on what features to pursue should be based on data, such as patient satisfaction information, data collected from staff, and evidence-based design guidelines.

Elements of Performance

1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.13(c)(2) §482.41 §482.41(a)		ESP-1

11 Lighting is suitable for care, treatment, and services.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41 §482.41(d)(4)		ESP-1

20 Areas used by patients are clean and free of offensive odors.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41 §482.42		ESP-1

26 The hospital keeps furnishings and equipment safe and in good repair.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41 §482.41(a)		ESP-1

Program: Hospital

Chapter: Environment of Care

EC.02.06.05: The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:
- State rules and regulations
- Guidelines for Design and Construction of Health Care Facilities, 2014 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE) When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41		

2 When planning for demolition, construction, renovation, or general maintenance, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.
Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41 §482.42		

3 The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41 §482.42		

4 For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: Prior to installation of new imaging equipment, replacement of existing imaging equipment, or modification to rooms where ionizing radiation will be emitted or radioactive materials will be stored (such as scan rooms or hot labs), a medical physicist or health physicist conducts a structural shielding design * assessment to specify required radiation shielding.
Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

6 For computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: After installation of imaging equipment or construction in rooms where ionizing radiation will be emitted or radioactive materials will be stored, a medical physicist or health physicist conducts a radiation protection survey to verify the adequacy of installed shielding. * This survey is conducted prior to clinical use of the room.
Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
Footnote *: For additional guidance on shielding designs and radiation protection surveys, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

Program: Hospital

Chapter: Environment of Care

EC.03.01.01: Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

Rationale: People are the key to successfully managing risks in the physical environment. Plans and procedures are of no value if those who work in the organization do not know how to follow them. Everyone who works in the organization is responsible for safety, and it is important for them to know how to identify and minimize risks, what actions to take when an incident occurs, and how to report it.

Introduction: Not applicable

Elements of Performance

1 Staff responsible for the maintenance, inspection, testing, and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste are competent and receive continuing education and training.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(b)(1)(i) §482.15(d)		

Program: Hospital

Chapter: Environment of Care

EC.04.01.01: The hospital collects information to monitor conditions in the environment.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Security incidents involving patients, staff, or others within its facilities
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.
Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.13(c)(2) §482.41(d)(2)		ESP-1

3 Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.13(c)(2)		

4 Based on its process(es), the hospital reports and investigates the following: Occupational illnesses and staff injuries.

EP Attributes

New	FSA	CMS	DOC	ESP

5 Based on its process(es), the hospital reports and investigates the following: Incidents of damage to its property or the property of others.

EP Attributes

New	FSA	CMS	DOC	ESP

6 Based on its process(es), the hospital reports and investigates the following: Security incidents involving patients, staff, or others within its facilities.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.13(c)(2)		

8 Based on its process(es), the hospital reports and investigates the following: Hazardous materials and waste spills and exposures.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.26(b)(2)		

9 Based on its process(es), the hospital reports and investigates the following: Fire safety management problems, deficiencies, and failures.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		

10 Based on its process(es), the hospital reports and investigates the following: Medical/laboratory equipment management problems, failures, and use errors.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		

11 Based on its process(es), the hospital reports and investigates the following: Utility systems management problems, failures, or use errors.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(d)(2)		

15 Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(a) §482.41(d)(2)	D	

Program: Hospital

Chapter: Environment of Care

EC.04.01.03: The hospital analyzes identified environment of care issues.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

2 The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(a) §482.41(d)(2)		

Program: Hospital

Chapter: Environment of Care

EC.04.01.05: The hospital improves its environment of care.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital takes action on the identified opportunities to resolve environmental safety issues.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(a) §482.41(d)(2)		

The Joint Commission E-dition

Effective Date: July 1, 2018

Program: Hospital

Chapter: Life Safety

Overview:

Life safety risks vary across different health care settings. These differences are due to the types of services provided, whether patients remain overnight, and the existence of specific building features. The standards in this chapter are arranged by types of "occupancies," as defined in the National Fire Protection Association (NFPA) Life Safety Code® * (101-2012). The first two digits of a standard number indicate not only the Roman numeral in the chapter outline, but also the type of building occupancy. The second two digits further define the type of building referred to, and the last two digits correspond to the applicable sections in the applicable chapters of the Life Safety Code.

Inpatient buildings such as hospitals, nursing homes, and limited care facilities need to meet the health care occupancy requirements that begin with Standard LS.02.01.10. Many hospitals also have other settings where outpatients are served, which are considered ambulatory health care occupancies. The Life Safety Code defines an ambulatory health care occupancy as a building or part of a building in which anesthesia or outpatient services are provided to four or more outpatients at the same time, making them incapable of saving themselves in emergencies. These requirements begin with Standard LS.03.01.10. This chapter also applies to all ambulatory surgical centers and outpatient surgical departments seeking accreditation for Medicare certification purposes, regardless of the number of patients incapable of saving themselves in an emergency.

Note: The first two standards, LS.01.01.01 and LS.01.02.01, apply to all occupancy types.

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

About This Chapter:

Fire is a concern for everyone, but it is a special concern in hospitals because patients are often unable to move to safety by themselves. The Life Safety Code considers several options for fire protection: creating safe areas (smoke compartments) that allow people to remain in their locations and "defend in place"; moving people to safe areas within the building; and, as a last resort, moving people out of a building. Health care facility design and related features help prevent, detect, and suppress fires. The measures that hospitals must take to protect occupants from the dangers of fire constitute the content of this chapter. These standards focus on the importance of a fire-safe environment and buildings; however, The Joint Commission recognizes that people are equally important in reducing the risk of fire. The responsibilities of managing a safe environment (for example, identifying fire risks, conducting fire drills, maintaining fire protection equipment) by those who work in the hospital are addressed in the "Environment of Care" (EC) chapter.

From time to time, building codes are updated to incorporate new technology that often cannot easily be introduced into older buildings. These settings tend to rely more on passive systems (such as doors and walls) for fire protection. In new buildings, fire protection is more often provided by active systems, such as fire alarms and automatic sprinkler systems. This chapter addresses both existing and new health care occupancies. Buildings are considered existing health care occupancies if final plans for additions, renovations, or changes in occupancy were approved by the local authority having jurisdiction before July 5, 2016. Existing health care occupancy requirements are found in Chapter 19 of the Life Safety Code (101-2012). Buildings with final plans for new construction, additions, renovations, or changes in occupancy approved by the local authority having jurisdiction after July 5, 2016, are considered new health care occupancies. New health care occupancy requirements are found in Chapter 18 of the Life Safety Code. Existing ambulatory health care occupancy requirements are found in Chapter 21 of the Life Safety Code (101-2012). New ambulatory health care occupancy requirements are found in Chapter 20 of the Life Safety Code.

The Joint Commission uses the 2012 edition of the NFPA's Life Safety Code as the source for the key structural components that help protect people during a fire. Each element of performance (EP) contains a reference to the Life Safety Code. A reference is also provided in those rare cases when a different edition or NFPA code is used as a source. The Life Safety Code may contain provisions to the requirements in this chapter. Compliance with these provisions is considered as meeting the Life Safety Code and is acceptable to The Joint Commission.

This chapter addresses a number of topics contained in the Life Safety Code, including the following:
- General life safety design and building construction
- The means of egress, including design of space, travel distances, egress illumination, and signage
- Protection provided by door features, fire windows, stairs, and other vertical openings; corridors; smoke barriers; and interior finishes
- Fire alarm notification, including audible and coded alarms
- Suppression of fires, including sprinkler systems
- Building services, including elevators and chutes
- Decorations, furnishings, and portable heaters

Building Maintenance Program:

Typically, deficiencies are identified and corrected using scheduled rounds. A method proven to be effective for tracking and managing these deficiencies is the Building Maintenance Program (BMP). The program involves a scheduled process for inspecting, identifying, and correcting certain Life Safety Code deficiencies through maintenance activities. Although organizations are encouraged to use this program, it will not exempt them from receiving RFIs for deficiencies identified during the on-site survey.

The BMP consists of the following:
- Written strategies to manage the items covered in the program
- A documented schedule for the frequency of inspecting the items
- Processes for evaluating the effectiveness of the program

Examples of deficiencies that could be managed using this program include the following:
- Non-functioning positive latching devices, self-closing or automatic-closing devices, and excessive gaps and undercuts on fire-rated doors (LS.02.01.10, EP 6)
- Means of egress with accumulated snow and ice (LS.02.01.20, EP 11)
- Non-functioning egress illumination devices and exit signs (LS.02.01.20, EPs 33 and 34)
- Penetrations in corridor walls and smoke barrier walls and corridor walls (LS.02.01.30, EPs 8–10 and 18)
- Non-functioning latching devices and excessive gaps and undercuts on corridor doors (LS.02.01.30, EP 11)
- Non-functioning self-closing or automatic-closing devices and excessive gaps and undercuts on smoke barrier doors (LS.02.01.30, EP 19)
- Dirty grease-producing devices, including exhaust hoods, exhaust duct systems, and grease removal devices (LS.02.01.35, EP 11)
- Non-functioning positive latching devices and self-closing or automatic-closing devices on inlet and outlet doors in linen or trash chutes (LS.02.01.50, EP 5)

Chapter Outline:

I. Administrative Activities

A. Statement of Conditions (LS.01.01.01)

B. Interim Life Safety Measures (LS.01.02.01)

II. Health Care Occupancy

A. All Health Care Occupancy Buildings

1. General Building Requirements (LS.02.01.10)

2. Means of Egress Requirements (LS.02.01.20)

3. Protection (LS.02.01.30)

i. Fire Alarm (LS.02.01.34)

ii. Extinguishment (LS.02.01.35)

4. Special Provisions (LS.02.01.40)

5. Building Services (LS.02.01.50)

6. Operating Features (LS.02.01.70)

III. Ambulatory Health Care Occupancy

A. All Ambulatory Health Care Occupancy Buildings

1. General Building Requirements (LS.03.01.10)

2. Means of Egress Requirements (LS.03.01.20)

3. Protection (LS.03.01.30)

i. Fire Alarm (LS.03.01.34)

ii. Extinguishment (LS.03.01.35)

4. Special Provisions (LS.03.01.40)

5. Building Services (LS.03.01.50)

6. Operating Features (LS.03.01.70)

EP Attributes Icon Legend:

CMS	CMS Crosswalk	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

Program: Hospital

Chapter: Life Safety

LS.01.01.01: The hospital designs and manages the physical environment to comply with the Life Safety Code.

Rationale: Not applicable.

Introduction: Introduction to Standard LS.01.01.01

Hospitals must be vigilant about fire safety. An ongoing assessment of compliance with the Life Safety Code is an effective way to identify and minimize risks. The electronic Statement of Conditions™ (SOC) is used in a management process that continually identifies, assesses, and resolves Life Safety Code deficiencies. The SOC includes two main sections: Basic Building Information (BBI) and a Plan for Improvement (PFI). The hospital uses the BBI to identify the life safety features of its building(s). When a hospital has multiple sites, one BBI form is prepared for each site; however, a single BBI form may cover multiple buildings at that site if they are physically connected. Alternatively, the hospital may prepare a separate BBI form for each building. In either case, the hospital must address specific risks and the unique conditions at each of its sites and buildings.

The hospital should establish the qualifications of the individuals it selects to assess compliance with the Life Safety Code. These individuals are not required to have any specific education or experience, although knowledge of the Life Safety Code and its application in unique occupancies is important. Qualifications should be based on the scope of the Life Safety Code assessment activities and the complexity of the building and occupancy being assessed.

Elements of Performance

1 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 In time frames defined by the hospital, the hospital performs a building assessment to determine compliance with the "Life Safety" (LS) chapter.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(2)	D	ESP-1

3 The hospital maintains current and accurate drawings denoting features of fire safety and related square footage.
Fire safety features include the following:
- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- Locations of all hazardous storage areas
- Locations of all fire-rated barriers
- Locations of all smoke-rated barriers
- Sleeping and non-sleeping suite boundaries, including the size of the identified suites
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers

EP Attributes

New	FSA	CMS	DOC	ESP
			D	ESP-1

4 When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the hospital meets the 60-day time frame.
Note 1: If the corrective action will exceed the 60-day time frame, the hospital 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: For further information on waiver and equivalency requests, see https://www.jointcommission.org/life_safety_code_information_resources/ and NFPA 101-2012: 1.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(2)		

5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

EP Attributes

New	FSA	CMS	DOC	ESP

- Life Safety	§482.41(b)(6)	D

6 The hospital does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the Life Safety Code, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3; 18/19.7.9)

EP Attributes

New	FSA	CMS	DOC	ESP

ESP-1

Program: Hospital

Chapter: Life Safety

LS.01.02.01: The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital implements LS.01.02.01, EPs 2–15 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety		D	ESP-1

2 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i) §482.41(b)(8)(i) §482.41(b)(8)(ii) §482.41(b)(8)	D	

3 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Posts signage identifying the location of alternative exits to everyone affected.

EP Attributes

New	FSA	CMS	DOC	ESP

4 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety			

5 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety			

6 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP

7 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

	FSA	CMS

New	DOC	ESP

8 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP

9 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building’s flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP

10 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP

11 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also EC.02.03.03, EP 1)

EP Attributes

New	FSA	CMS	DOC	ESP

12 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP
			D	

13 The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy.

EP Attributes

New	FSA	CMS	DOC	ESP

14 The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy.
Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.

EP Attributes

New	FSA	CMS	DOC	ESP

15 The hospital's policy allows the use of other ILSMs not addressed in EPs 2–14.
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).

EP Attributes

New	FSA	CMS	DOC	ESP

Program: Hospital

Chapter: Life Safety

LS.02.01.10: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Rationale: A building should be designed, constructed, and maintained in order to minimize danger from the effects of fire, including smoke, heat, and toxic gases. The structural characteristics of the building, as well as its age, determine the types of fire protection features that are needed. The features covered in this standard include the structure, automatic sprinkler systems, building separations, and doors.
Note: When remodeling or designing a new building, the hospital should also satisfy any requirements of other codes and standards (local, state, or federal) that may be more stringent than the Life Safety Code. Also, the Life Safety Code contains special considerations for minor and major renovation.

Introduction: Not applicable

Elements of Performance

1 Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 18/19.1.6; 18.3.5.1; 19.3.5.3; 18/19.3.5.4; 18/19.3.5.5; 18.3.5.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 18, 19, and 43. (For full text, refer to NFPA 101-2012: Chapter 43; 18/19.1.1.4.3; 18.4.3.1–18.4.3.5; 19.4.3)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

3 Any building undergoing change of use or change of occupancy classification complies with NFPA 101-2012: 43.7, unless permitted by NFPA 101-2012:18/19.1.1.4.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 When an addition is made to a building, the building is in compliance with NFPA 101-2012: 43.8 and Chapter 18.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Buildings without protection from automatic sprinkler systems comply with NFPA 101-2012: 18.4.3.2; 18.4.3.3; and 18.4.3.8. When a nonsprinklered smoke compartment has undergone major rehabilitation, the automatic sprinkler requirements of Chapter 18.3.5 will apply.
Note: Major rehabilitation involves the modification of more than 50 percent, or 4500 square feet, of the area of the smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.1.1.4.3.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

7 Common walls are fire rated for two hours that are within buildings (occupancy separation), between buildings (two health care occupancy buildings), or the building has a common wall with a nonconforming building (for example, a health care

occupancy and a business occupancy). (For full text, refer to NFPA 101-2012: 43.8; 18/19.1.1.4; 18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

8 When multiple occupancies are identified, they are in accordance with NFPA 101-2012: 18/19.1.3.2 or 18/19.1.3.4, and the most stringent occupancy requirements are followed throughout the building.
Note 1: If a two-hour separation is provided in accordance with NFPA 101-2012: 8.2.1.3, the construction type is determined as follows:
- The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with NFPA 101-2012: 18/19.1.6 and Tables 18/19.1.6.1.
- The construction type of the areas of the building enclosing the other occupancies are based on NFPA 101-2012: 18/19.1.3.5; 8.2.1.3.
Note 2: Outpatient surgical departments must be classified as ambulatory health care occupancy regardless of the number of patients served. (For full text, refer to NFPA 101-2012: 18/19.1.3.4.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 In existing buildings that are not a high rise and are protected with automatic sprinkler systems, exit stairs (or new exit stairs connecting three or fewer floors) are fire rated for one hour. In new construction, exit stairs connecting four or more floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101- 2012:7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5; 7.2.1.8.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

12 Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only. (For full text, refer to NFPA 80-2010: 4.1.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

13 Ducts penetrating the walls or floors with a fire resistance rating of less than 3 hours are protected by dampers that are fire rated for 1 1/2 hours; ducts penetrating the walls or floors with a fire resistance rating of 3 hours or greater are protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

14 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

15 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.20: The hospital maintains the integrity of the means of egress.

Rationale: Because patients are under medical care and in many cases cannot move on their own to escape the danger of fire, buildings in which patients are cared for must be designed and maintained so patients can be protected in place or moved to safe places in the building (instead of evacuated to a place outside the building). Hospitals should make sure that a sufficient number of exits exist and that they are configured to provide protection from fire. Egress doors should not be locked in a way that restricts passage to safety. Means of egress include corridors, stairways, and doors that allow individuals to leave a building or to move between specific spaces in a building. They allow individuals to escape from fire and smoke and, therefore, are an integral part of a fire protection strategy.
Note: The Life Safety Code does permit select doors to be locked when there are clinical reasons to restrict the movement of the patient.

Introduction: Not applicable

Elements of Performance

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. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (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.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

2 Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

3 Horizontal sliding doors permitted by NFPA 101-2012: 7.2.1.14 that are not automatic closing are limited to a single leaf and have a latch or other mechanism to prevent the door from rebounding. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.10.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 Horizontal sliding doors serving an occupant load fewer than 10 are permitted, as long as they comply with NFPA 101-2012: 18/19.2.2.2.10.2 and meet the following criteria:
- Area served by the door has no hazards.
- Door is operable from either side without special knowledge or effort.
- Force required to operate the door in the direction of travel is less than or equal to 30 pounds-force (lbf) to set the door in motion and less than or equal to 15 lbf to close or open to the required width.
- Assembly is appropriately fire rated and is self- or automatic-closing by smoke detection per 7.2.1.8; assembly is installed per NFPA 80-2010.
- Where required to latch, the door has a latch or other mechanism to prevent the door from rebounding.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1; 18/19.2.2.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6

Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.2; 7.2.2.6.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with NFPA 101-2012: 7.2.5–7.5.12. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6–18/19.2.2.10; 7.2.2.4; 7.2.5–7.2.12)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 New stairs serving three or more stories and existing stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Floor level information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 The capacity of the means of egress is in accordance with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 18/19.2.3.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

12 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

13 An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

14 Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1)

Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4))
Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

15 When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

16 Each floor of a building has at least two exits that are remote from each other and accessible from every part of the floor. Each smoke compartment has two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.2.4.1–18/19.2.4.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

17 Every corridor provides access to at least two approved exits in accordance with NFPA 101-2012: 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. (For full text, refer to NFPA 101-2012: 18/19.2.5.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

18 In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. In new psychiatric buildings, exit corridors are at least six feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

19 In existing buildings, exit corridors are at least 48 inches in clear width where serving as a means of egress from patient sleeping rooms. If modifying existing buildings with exit corridors that exceed eight feet, the exit corridors cannot be reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2; 19.2.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

20 Existing exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. (For full text, refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

21 New exit access doors and exit doors are of the swinging type and are at least 41 1/2 inches in clear width. In psychiatric hospitals doors are at least 32 inches wide. Doors not subject to patient use, in exit stairway enclosures, or serving newborn nurseries are at least 32 inches in clear width. If using a pair of doors, the doors have a rabbet, bevel, or astragal at the meeting edge, and at least one of the doors provides 32 inches in clear width, while the inactive leaf of the pair is secured with automatic flush bolts. (For full text, refer to NFPA 101-2012: 18.2.3.6; 18.2.3.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

22 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

23 Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

24 The corridor width is not obstructed by wall projections. (For full text, refer to NFPA 101-2012: 18/19.2.3.3)
Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text, refer to NFPA 101-2012: 18/19.2.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

25 In new buildings, no dead-end corridor is longer than 30 feet, and the common path of travel does not exceed 100 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)
Note: Existing dead-end corridors longer than 30 feet are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

26 Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping rooms with less than eight beds may have one intervening room to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1–18/19.2.5.6.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

27 Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

28 Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

29 Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire retardant–treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

30 Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

31 Suites not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

32 For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 19.3.5.8)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

33 For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

34 Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

35 For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

36 For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

37 Travel distances to exits are measured in accordance with NFPA 101-2012: 7.6.
- From any point in the room or suite to the exit is 150 feet or less (200 feet or less if the building is fully sprinklered)
- From any point in a room to the room door is 50 feet or less
(For full text, refer to NFPA 101-2012: 18/19.2.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

38 Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.1)

EP Attributes

New	FSA	CMS	DOC	ESP

	§482.41(b)(1)(i)	ESP-1

39 Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness (less than 0.2 foot candles). Emergency lighting of at least 1½-hours duration is provided automatically in accordance with NFPA 101-2012: 7.9. (See also EC.02.05.07, EP 2) (For full text, refer to NFPA 101-2012: 18/19.2.8; 18/19.2.9.1; 7.8.1.4; 7.9.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

40 Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). Exit and directional signs displayed with continuous illumination are also served by the emergency lighting system unless the building is one story with less than 30 occupants, and the line of exit travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

41 Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

42 The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.30: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Rationale: Fire and smoke are special concerns in health care organizations because of the inability of some patients to evacuate without assistance from staff. If not properly protected, the building can put patients at risk because smoke and fire can travel through openings in a building. To facilitate safe evacuation, the effects of fire and smoke can be contained when sections of a building are separated into multiple compartments. In addition, interior finishes need to be controlled to minimize smoke and toxic gases. Openings are necessary and include such features as heating, ventilating, and air conditioning (HVAC) systems, elevator shafts, and trash and laundry chutes. Hospitals should design and maintain these openings to contain fire to a compartment or floor.

Introduction: Not applicable

Elements of Performance

1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction.
Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 All new hazardous areas have doors that are self-closing or automatic-closing, except for laboratories using flammable or combustible materials deemed less than a severe hazard and storage rooms greater than 50 square feet, but less than 100 square feet that are used for storage of combustible material. Hazardous areas have a fire barrier with a one-hour fire-resistive rating. These areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1)
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(ii)		ESP-1

3 All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies. (For full text, refer to NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(ii)		ESP-1

4 Laboratories using quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are in accordance with NFPA 101-2012: 8.7 and NFPA 99 requirements applicable to administration, maintenance, and testing. (For full text refer to NFPA 101-2012: 18/19.3.2.2; NFPA 99-2012: 15.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 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 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met:
- Corridor is at least six feet wide
- ABHR does not exceed 95% alcohol
- Maximum individual dispenser capacity is 0.32 gallon of fluid (0.53 gallon in suites) or 18 ounces of NFPA Level 1 –classified aerosols
- Dispensers have a minimum of four feet of horizontal spacing between them
- Dispensers are not installed within one inch of an ignition source
- If floor is carpeted, the building is fully sprinkler protected
- Operation of the dispenser complies with NFPA 101-2012: 18/19.3.2.6(11)
- ABHR is protected against inappropriate access
- Not more than an aggregate of 10 gallons of fluid or 135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room
- Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(7)		ESP-1

7 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 Corridors must be separated from all other areas by approved partitions, unless the space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

10 In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

11 Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

12 In new buildings, all corridor doors are constructed to resist the passage of smoke, hinged so that they swing, 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). Undercuts are no larger than one inch. Positive latching hardware is required. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5; 18.3.6.3.10; 18.3.6.3.11)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(ii)		ESP-1

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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(ii)		ESP-1

14 In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

15 Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings.
Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

16 Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum.
Note: Incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in hospitals is permitted. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

17 In new buildings, at least two smoke compartments are provided for every story with patient sleeping or treatment rooms and for those stories that have an occupant capacity of 50 or more people, regardless of use. Smoke barriers have a minimum one-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

18 In existing buildings, at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. Smoke barriers have a minimum ½-hour fire resistance rating; the maximum size of each smoke compartment is limited to 22,500 square feet. Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. The travel distance from any point within the smoke compartment to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1; 19.3.7.3; 19.3.7.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

19 Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7)
Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

20 Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch, and doors in a means of egress swing in the opposite direction. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

21 In smoke compartments without sprinkler systems, fixed fire windows in smoke barrier doors are 25% or less of the size of the doors in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.7.6; 8.3.3; 8.5.4.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

22 In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. In existing buildings protected by an approved automatic sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

23 Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

24 Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department).
Note: Windows in atrium walls are considered outside windows.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(9)(i) §482.41(b)(9)(ii) §482.41(b)(9)		ESP-1

25 In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(9)(i) §482.41(b)(9)(ii) §482.41(b)(9)		ESP-1

26 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 18/19.3.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.34: The hospital provides and maintains fire alarm systems.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2012, National Electric Code and NFPA 72-2010, National Fire Alarm Code.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 The master fire alarm control panel is located in an area with a smoke detector or in an area that is continuously occupied and protected, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. In areas not continuously occupied and protected, a smoke detector is installed at each fire alarm control unit. In a newly designated occupancy, detection is also installed at notification appliance circuit power extenders and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text, refer to NFPA 101-2012: 18/19.3.4.1; 9.6)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

3 Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas are not required at exits if manual alarm boxes are located at all nurse’s stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200 feet of travel distance is not exceeded. (For full text, refer to NFPA 101-2012: 18/19.3.4.2.1; 18/19.3.4.2.2; 9.6.2.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 In new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation zoning for the fire alarm and sprinklers is provided by audible and visual indicators; zones are not larger than 22,500 square feet per zone. (For full text, refer to NFPA 101-2012: 18.3.4.3–18.3.4.4.3; 9.6.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 In existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 19.3.4.3; 9.6.4; 9.7.1.1(1))

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text, refer to NFPA 101-2012: 18/19.3.4.4; 9.6.1; 9.6.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 The fire alarm signal automatically transmits using one of the provisions of NFPA 101-2012: 9.6.4. (For full text, refer to NFPA 101-2012: 18/19.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

8 Smoke detection systems are provided in spaces open to corridors as required by NFPA 101-2012: Chapter 18/19. (For full text, refer to NFPA 101-2012: 18/19.3.4.5.2; 18/19.3.6.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

10 The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.35: The hospital provides and maintains systems for extinguishing fires.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The fire alarm system monitors approved automatic sprinkler system components. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

2 The fire alarm system is connected to water flow alarms. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

3 Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; NFPA 25-2011: 5.2.3.1; 5.2.3.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Sprinkler heads are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 At least six spare sprinkler heads, with associated wrenches, are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.6; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

8 In both new buildings and existing buildings, the clothing closets in patient sleeping rooms are not required to have sprinkler protection if the closet does not exceed six square feet. (For full text, refer to NFPA 101-2012: 18/19.3.5.10)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

9 In new buildings, quick response sprinklers are installed in smoke compartments with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18.3.5.6)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

10 The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed either in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 Class K–type portable fire extinguishers are located within 30 feet of grease-producing ranges, griddles, broilers, or cooking appliances that use vegetable or animal oils or fats, such as deep fat fryers. A placard is conspicuously placed near the extinguisher stating that the fire protection system should be activated prior to using the fire extinguisher. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.10.2; NFPA 10-2010: 5.5.5; 6.6.2)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

12 Grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers have an exhaust hood, an exhaust duct system, and grease removal devices without mesh filters. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 6.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

13 The automatic fire extinguishing system for grease-producing cooking devices does the following: deactivates the fuel source, activates the building fire alarm system, and controls the exhaust fans as designed. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.4; 10.6.1; 10.6.2; 8.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

14 The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.40: The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 High-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2012: 18/19.4.2. (For full text, refer to NFPA 101-2012: 11.8)
Note: Organizations that do not have approved automatic sprinkler systems in high-rise buildings (over 75 feet tall) as of July 5, 2016, have 12 years to install them.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.50: The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with manufacturers' specifications. (For full text, refer to NFPA 101-2012: 18/19.5.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 Any heating device (other than a central heating plant) is designed and installed so combustible materials cannot be ignited by the device and safety features stop fuel and shut down equipment if it experiences excessive temperature or ignition failure. (For full text, refer to NFPA 101-2012: 18/19.5.2.2)
Note: If fuel fired, the heating device is designed as follows:
- Chimney or vent connected
- Takes air for combustion from outside
- Combustion system is separate from occupied area atmosphere

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 A suspended unit heater(s) is permitted provided the following conditions are met:
- Not located in means of egress or in patient rooms
- Located high enough to be out of reach of people in the area
- Has a safety feature to stop fuel and shut down equipment if it experiences excessive temperature or ignition failure
(For full text, refer to NFPA 101-2012: 18/19.5.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Direct-vent fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

6 Solid fuel–burning fireplaces are permitted in areas other than patient sleeping rooms when the following occurs:
- Areas are separated by a one-hour fire-resistant wall
- Fireplace complies with NFPA 101-2012: 9.2.2
- Fireplace enclosure resists breakage up to 650°F and has heat-tempered glass
- Area has supervised carbon monoxide detection per NFPA 101-2012: 9.8
(For full text, refer to NFPA 101-2012: 18/19.5.2.3(3))

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 Elevators are equipped with the following:
- Firefighters' service key recall
- Smoke detector automatic recall
- Firefighters' service emergency in-car key operation

- Machine room smoke detectors
- Elevator lobby smoke detectors

Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Escalators, dumbwaiters, and moving walks comply with NFPA 101-2012: 9.4. In addition, existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform with the requirements of ASME/ANSI A17.1, Safety Code for Elevators and Escalators and ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 In new buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 All linen and waste chute inlet and discharge service doors have both self-closing and positive-latching devices.
Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4; 5.2.3.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

12 In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

13 Trash chutes discharge into collection rooms that are not used for any other purpose and are separated from the corridor and have a minimum fire resistance rating not less than that specified for the chute. In existing buildings, if the trash collection room is protected with an approved automatic sprinkler system, linen collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4; 19.5.4.5; NFPA 82-2009: 5.2.4.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

14 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 18/19.5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.02.01.70: The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read "NO SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4)
Note: The secondary sign exception is not applicable to medical gas storage areas.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

2 In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 18/19.7.4)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

3 Draperies, curtains (including cubicle and shower curtains), and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1)
Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5, 2016, meet char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012: 18/19.7.5.2; 18/19.7.5.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in nonsprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7)
Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7

When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 18/19.7.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Portable space heaters are prohibited in smoke compartments containing sleeping rooms and patient treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 18/19.7.8)
Note: For this element of performance, nurses stations are considered patient treatment areas.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

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 ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 20/21.1.6.1–20/21.1.6.6; 20/21.3.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 Interior nonbearing walls in Types I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls that are required to have a minimum of two-hour fire resistance rating are made with fire retardant–treated wood and enclosed within noncombustible or limited-combustible materials, provided they are not used as shaft enclosures. (For full text, refer to NFPA 101-2012: 20.1.6.3; 20.1.6.4; 21.1.6.3; 21.1.6.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 When building rehabilitation occurs, the hospital incorporates NFPA 101-2012: Chapters 20, 21, and 43. (For full text, refer to NFPA 101-2012: Chapter 43; 20/21.1.1.4; 4.6.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 Ambulatory occupancies located in multioccupancy buildings are separated from health care occupancies by two-hour fire-rated walls and from business occupancies by one-hour fire-rated walls. (For full text, refer to NFPA 101-2012: 20/21.1.3; 20/21.1.4; 20/21.3.7.1)
Note: Per Centers for Medicare & Medicaid Services' regulation, outpatient surgical departments are classified as ambulatory health care occupancies, regardless of the number of patients served. (For full text, refer to NFPA 101-2012: 20/21.1.3.2; 20/21.3.7.1)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

5 Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 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.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 Doors within walls and floors that are required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8-inch wide, and undercuts are no larger than 3/4 of an inch. Blocking or wedging open fire-rated doors is prohibited. Doors required to be fire rated in the walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Doors requiring a minimum fire rating of 3/4 of an hour are free of coverings, decorations, or other objects applied to the door face. Informational signs, which are applied with adhesive only, are allowed provided that the informational signage does not exceed 5% of the door face area. (For full text, refer to NFPA 80-2010: 4.1.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		

9 Ducts penetrating the walls and floors with a fire-resistance rating of less than three hours are protected by dampers that are fire rated for 1 1/2 hours; penetrations of three hours or greater are protected by fire dampers that are fire rated for three hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.03.01.20: The hospital maintains the integrity of the means of egress.
Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Because patients are ill and in many cases cannot escape the danger of fire on their own, buildings in which patients are cared for must be designed and maintained so that patients can be moved to safe places in the building (instead of evacuated to a place outside the building).

Means of egress are corridors, stairways, and doors that allow individuals to leave a building or to move between specific spaces in a building. They allow individuals to escape from fire and smoke, and, therefore, are an integral part of a fire protection strategy. The hospital should make sure that a sufficient number of exits exist and that they are configured to provide protection from fire. It is important that egress doors are not locked in a way that restricts passage to safety.

Introduction: Not applicable

Elements of Performance

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. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 20/21.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 20/21.2.1; 20/21.2.7; 38/39.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 The capacity of the means of egress complies with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 20/21.2.3.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Exit corridors or passageways serving as a means of egress are 44 (or more) inches wide. Doors opening in the means of egress from diagnostic or treatment areas are 32 (or more) inches wide (unless the existing door opening is 34 inches). (For full text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 7.1.10.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.5.2.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Each floor of a building has at least two exits that are remote from each other and accessible from every part of the floor. Each smoke compartment has two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. Patient care suites larger than 2,500 square feet have two exits remotely located from each other. (For full text, refer to NFPA 101-2012: 20/21.2.4.1; 2.4.2; 7.4; 38/39.2.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 In new buildings protected throughout by an approved automatic sprinkler system, dead-end corridors are no longer than 50 feet. In new buildings not provided with automatic sprinklers throughout, dead-end corridors are no longer than 20 feet. In existing buildings, dead-end corridors are no longer than 50 feet. (For full text, refer to NFPA 101-2012: 20/21.2.5; 38/39.2.5.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 The travel distance from any point in a room to an exit is 150 feet or less; the travel distance is 200 feet or less in buildings protected throughout by an approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012: 20/21.2.1; 7.2.2.5)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

12 Means of egress are automatically and adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 20/21.2.8; 7.8)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

13 Illumination in the means of egress, including exit discharge, is arranged so that failure of any single lighting unit will not result in darkness (less than 0.2 foot-candles of illumination). Emergency lighting of at least 1½-hours duration is provided automatically in accordance with NFPA 101-2012: 7.9. (For full text, refer to NFPA 101-2012: 20/21.2.8; 7.8.1.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

14 Signs reading "NO EXIT" are posted on doors to stairs in areas that are not conforming exits and that may be mistaken for exits. (For full text, refer to NFPA 101-2012: 20/21.2.10; 7.10.8.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

15 Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high or 6 inches high if externally lit. (See NFPA 101-2012: 20/21.2.10; 7.10.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

16 New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination for the following: means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99-2012. (For full text, refer to NFPA 101-2012: 20.2.9.2; NFPA 99-2012: 6.4.2.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

17 The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 20/21.2.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

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 ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. Existing vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5; 38/39.3.1)
Note: These vertical openings include, but are not limited to, shafts (including elevator, light, and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 In buildings, exit stairs connecting three or fewer floors are fire rated for one hour; exit stairs connecting four or more floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 20/21.3.1; 38/39.3.1; 8.6.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-rated doors; or hazardous areas have sprinkler systems and are constructed to resist the passage of smoke with doors equipped with self-closing or automatic-closing devices. (For full text, refer to NFPA 101-2012: 20/21.3.2; 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1; 6.3.1.7; 6.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 Laboratories using quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard are protected in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 requirements. (For full text, refer to NFPA 101-2012: 20/21.3.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met:
- Corridor is at least six feet wide
- ABHR does not exceed 95% alcohol
- Maximum individual dispenser capacity is 0.32 gallon of fluid (0.53 gallon in suites) or 18 ounces of NFPA Level 1 –classified aerosols
- Dispensers have a minimum of four feet of horizontal spacing between them
- Dispensers are not installed within one inch of an ignition source
- If floor is carpeted, the building is fully sprinkler protected
- Operation of the dispenser complies with NFPA 101-2012: 20/21.3.2.6(11)
- ABHR is protected against inappropriate access
- Not more than an aggregate of 10 gallons of fluid or 135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room
- Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30

EP Attributes

	FSA	CMS	

New	DOC	ESP
		ESP-1

6 Commercial cooking equipment is installed per NFPA 96-2011, unless only used for food warming or limited cooking. (For full text, refer to NFPA 101-2012: 20/21.3.2.4; 20/21.3.2.5; 9.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text, refer to NFPA 101-2012: 20/21.3.3; 38/39.3.3.2; 10.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Newly installed interior floor finishes in exits and enclosed corridors have a Class I or II radiant flux rating. (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 In new construction, openings in vision panels or doors are permitted without protection provided the openings are installed at or below one half the distance from the floor to the room ceiling and do not exceed 20 square inches. In rooms protected throughout by an approved automatic sprinkler system, the aggregate area of openings is limited to 80 square inches. In existing construction, openings are not limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)
Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratory, pharmacy, and cashier stations.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 In new construction, corridors that provide access to exits are separated from other areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-2012: 38.3.6.1.
Note: For existing construction, there are no requirements. (For full text, refer to NFPA 101-2012: 20.3.6.2; 38.3.6.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

11 Ambulatory health care space must be separated from other tenants with a one-hour fire resistance–rated barrier, constructed from the floor slab below to the floor or roof above. Doors in the barrier are 1¾ inch thick, solid bonded (or equivalent), self-closing, and have positive latching. Doors are kept in the closed position except when in use. Windows in the barrier comply with NFPA 101-2012: 8.3. (For full text, refer to NFPA 101-2012: 20/21.3.7.1; 8.3)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

12 At least two smoke compartments are provided for every story unless one of the following conditions are met:
- Facility is less than 5,000 square feet and protected by an approved smoke detection system
- Facility is less than 10,000 square feet and protected by an approved, supervised sprinkler system per NFPA 101-2012: 9.7
- Adjoining occupancy is used as a smoke compartment if all of the following conditions are met:
- Separating wall has a fire-resistive rating of one hour
- Doors in the one-hour fire-rated wall are 1 3/4" thick
- Doors in the one-hour fire-rated wall are self-closing
- Windows in the one-hour fire-rated wall are fixed fire window assemblies per NFPA 101-2012: 8.3
- The ambulatory health care facility is less than 22,500 square feet
- Access from the ambulatory health care facility is unrestricted to another occupancy
(For full text, refer to NFPA 101-2012: 20/21.3.7.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

13

Smoke barriers extend from the floor slab to the upper floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), continuously from exterior wall to exterior wall. All penetrations are sealed. New smoke barriers are constructed of one-hour fire-rated materials. (For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

14 Ducts that penetrate smoke barriers, are protected by approved smoke dampers that close when a local smoke detector is activated. The detector is located either within the duct system or in the corridor.
Note: In buildings with a fully ducted HVAC system and protected throughout by an approved automatic sprinkler system, dampers are not required. (For full text, refer to NFPA 101-2012: 20/21.3.7.6; 8.5.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

15 Fixed fire window assemblies in smoke barrier walls or doors are fire rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed.
Note: Existing window installations that have wired glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text, refer to NFPA 101-2012: 20/21.3.7.7, 8.3.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

16 Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid-bonded wood core (or equivalent) and are self-closing or automatic-closing. For new buildings, doors are required to swing in the direction of egress travel; rabbets, bevels, or astragals are at meeting edges; and stops are at the head and sides of door frames. Center mullions are prohibited in smoke barrier door openings. (For full text, refer to NFPA 101-2012: 20/21.3.7.9; 20/21.2.2.4; 20.3.7 .9; 20.3.7.10; 3.7.13; 3.7.14)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

17 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 20/21.3.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.03.01.34: The hospital provides and maintains fire alarm systems.
Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2012, National Electric Code, and NFPA 72-2010, National Fire Alarm Code.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 The master fire alarm control panel is located in an area with a smoke detector or in an area that is continuously occupied and protected, which is an area enclosed with one-hour fire-rated walls and 3/4-hour fire-rated doors. In areas not continuously occupied and protected, a smoke detector is installed at each fire alarm control unit. In a new building, detection is also installed at notification appliance circuit power extenders and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. (For full text, refer to NFPA 101-2012: 20/21.3.4.1; 9.6)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

3 Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit and 200 feet of travel distance is not exceeded. (For full text, refer to NFPA 101-2012: 20/21.3.4.2.1; 20/21.3.4.2.2; 9.6.2.5)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 For new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation zoning for the fire alarm and sprinklers is provided by audible and visual indicators; zones are not larger than 22,500 square feet per zone. (For full text, refer to NFPA 101-2012: 20.3.4.3–20.3.4.4; 9.6.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 For existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 21.3.4.3; 9.6.4; 9.7.1.1(1))

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 9.6.1; 9.6.5)

EP Attributes

	FSA	CMS	

New		DOC	ESP
	§482.41(b)(1)(i)		ESP-1

7 The fire alarm signal automatically transmits to one of the following:
- An auxiliary fire alarm system
- Central station fire alarm system
- A proprietary supervising station fire alarm system
- A remote supervising station fire alarm system

(For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

8 The remote ancillary annunciator panel is in a location approved by the local fire department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 20.3.4/21.3.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

LS.03.01.35: The hospital provides and maintains equipment for extinguishing fires.
Note 1: This standard applies to ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 For new construction, the fire alarm system monitors the components of any required approved automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.5.2; 9.7.1.1)

EP Attributes

New	FSA	CMS	DOC	ESP
	- Life Safety	§482.41(b)(1)(i)		ESP-1

2 The fire alarm system is connected to water flow alarms of any required automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 20/21.3.5; 9.7.1.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 Piping supports for approved automatic sprinkler systems are not damaged or loose. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; 5.2.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 Approved automatic sprinkler systems piping is not used to support any other item. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.2; NFPA 13-2010: 8.5.5.2; 8.5.5.3)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 6.2.6.2; 6.2.7.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 There is 18 inches or more of open space maintained below a sprinkler deflector to the top of storage.
Note: Perimeter wall shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 8.5.5; 8.5.6)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1)

EP Attributes

	FSA	CMS	

New		DOC	ESP
	§482.41(b)(1)(i)		ESP-1

8 The hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

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 ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2012: 20/21.4; 11.7.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 Existing high-rise buildings have approved automatic sprinkler systems that meet the requirements of NFPA 101-2012: 20/21.4; 11.8; 9.7.1.1(1), or they have an engineered life safety system complying with NFPA 101-2012: 39.4.2.1(2). New high-rise buildings comply with NFPA 101-2012: 11.8. (For full text, refer to NFPA 101-2012: 20/21.4; 11.8; 39.4.2.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 The hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 20/21.3.5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

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 ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Equipment using gas or related gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 20/21.5.1; 9.1.1)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

2 Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with the manufacturers' specifications. (For full text, refer to NFPA 101-2012: 20/21.5.2.1; 9.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

3 Any heating device (other than a central heating plant) is designed and installed so combustible materials cannot be ignited by the device, and safety features stop fuel and shut down equipment if it experiences excessive temperature or ignition failure.
Note: If fuel fired, the heating device is designed as follows:
- Chimney or vent connected
- Takes air for combustion from outside
- Combustion system that is separate from occupied area atmosphere
(For full text, refer to NFPA 101-2012: 20/21.5.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 A suspended unit heater(s) is permitted provided the following conditions are met:
- Not located in means of egress or in patient rooms
- Located high enough to be out of reach of people in the area
- Has a safety feature to stop fuel and shut down equipment if it experiences excessive temperature or ignition failure
(For full text, refer to NFPA 101-2012: 20/21.5.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 New elevators are equipped with all of the following:
- Firefighters service key recall and smoke detector automatic recall
- Firefighters service emergency in-car key operation
- Machine room smoke detectors
- Elevator lobby smoke detectors
Existing elevators meet these requirements when they have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

7 The hospital does not allow unvented fuel-fired heaters. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 All heating appliances are provided with safety features to stop the flow of fuel and turn off the appliance during times of excessive temperatures or ignition failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 Waste chutes are installed per NFPA 101-2012: 9.5 and meet the following requirements:
- Walls, partitions, and inlet openings meet the requirements of NFPA 101-2012: 8.3.
- Doors of chutes open to a room designed exclusively for accessing the chute opening.
- Rooms used for accessing the chute opening(s) are separated from other spaces per NFPA 101-2012: 8.7.
- Chutes are permitted to open into rooms not exceeding 400 cubic feet in size if the room is sprinkler protected and not used for storage.

(For full text, refer to NFPA 101-2012: 20/21.5.4; 9.5; NFPA 82-2009)
Note: Existing installations having properly enclosed and maintained chute openings are permitted to have inlets open to a corridor or normally occupied space.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

10 The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2012: 20/21.5.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

Program: Hospital

Chapter: Life Safety

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 ambulatory health care occupancy (AHCO) classification requirements for hospitals. The application of AHCO in a hospital would need to meet one of the following provisions: multiple occupancies (18/19.1.3), contiguous non–health care occupancy (18/19.1.3.4), separated building occupancies (20/21.1.2).
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: This standard applies to outpatient surgical departments 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).

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 20/21.7.4)

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

2 Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read "NO SMOKING" or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4)
Note: The secondary sign exception is not applicable to medical gas storage areas.

EP Attributes

New	FSA	CMS	DOC	ESP
				ESP-1

3 Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1; 18/19.3.5.11; 10.3.1)
Note: Exceptions include shower/bath curtains in addition to window coverings in patient sleeping rooms and in non-patient sleeping rooms located in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

4 In buildings without sprinkler protection, upholstered furniture purchased on or after July 5, 2016, meets Class I or char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or after July 5, 2016, meet char length and heat release criteria in accordance with NFPA 101-2012: 10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012: 20/21.7.5.2; 20/21.7.5.4)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

5 The hospital prohibits all combustible decorations unless they meet the criteria of NFPA 101-2012: 20/21.7.5.4.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

6 Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 20/21.7.5.5)

EP Attributes

New	FSA	CMS	DOC	ESP

	§482.41(b)(1)(i)	ESP-1

7 When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 20/21.7.7)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

8 Portable space heaters are prohibited in smoke compartments containing staff sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff and employee areas separated from the corridor are permitted to have portable space heaters that contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 20/21.7.8)

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1

9 The hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 20/21.7.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(1)(i)		ESP-1