



The Joint Commission

Accreditation Program: Hospital
Environment of Care

Standard EC.01.01.01

The [organization] plans activities to minimize risks in the environment of care.

Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

Rationale for EC.01.01.01

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 [organization] 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.

Elements of Performance for EC.01.01.01

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| 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. (See also EC.04.01.01, EP 1)
Note: Deficiencies include injuries, problems, or use errors. | A |
| 2. | Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings. (See also LD.04.04.05, EP 5) | A |
| 3. | Ⓧ The hospital has a written plan for managing the following: The environmental safety of everyone who enters the hospital's facilities. (See also EC.04.01.01, EP 15) | A |
| 4. | Ⓧ The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities. (See also EC.04.01.01, EP 15) | A |
| 5. | Ⓧ The hospital has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15) | A |
| 6. | Ⓧ The hospital has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15) | A |
| 7. | Ⓧ The hospital has a written plan for managing the following: Medical equipment. (See also EC.04.01.01, EP 15) | A |
| 8. | Ⓧ The hospital has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15) | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **Ⓜ** indicates Measure of Success is needed; **Ⓧ** indicates that documentation is required

Standard EC.02.01.01

The [organization] manages safety and security risks.

Rationale for EC.02.01.01

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 [organization]. It is important to identify these risks in advance so that the [organization] can prevent or effectively respond to incidents. In some organizations, safety and security are treated as a single function, while 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 [organization]’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 organization.

Elements of Performance for EC.02.01.01



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| 1. | The hospital identifies safety and security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14; LD.04.04.05, EPs 7, 8, and 10) | A |
| M | 3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment. | 3 C |
| M | 5. The hospital maintains all grounds and equipment. | C |
| M | 7. The hospital identifies individuals entering its facilities.
Note: The hospital determines which of those individuals require identification and how to do so. | C |
| 8. | The hospital controls access to and from areas it identifies as security sensitive. | 3 A |
| 9. D | The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction. | A |
| 10. | When a security incident occurs, the hospital follows its identified procedures. | 3 A |
| M | 11. The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1-4) | C |





KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲3** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

Standard EC.02.01.03

The [organization] prohibits smoking except in specific circumstances.

Elements of Performance for EC.02.01.03

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| 1. |  The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined. | A |
| 4. | If the hospital decides that patients may smoke in specific circumstances, it designates smoking areas that are physically separate from care, treatment, and service areas. (See also EC.02.03.01, EP 2) | A |
|  6. | The hospital takes action to maintain compliance with its smoking policy. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success is needed;  indicates that documentation is required

Standard EC.02.02.01

The [organization] manages risks related to hazardous materials and waste.

Elements of Performance for EC.02.02.01




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| 1. | (D) 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 4) | A |
| 3. | (D) 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. | A |
| 4. | The hospital implements its procedures in response to hazardous material and waste spills or exposures. | 3 A |
| (M) 5. | The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing hazardous chemicals. | C |
| 6. | The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing radioactive materials. | 3 A |
| (M) 7. | The hospital minimizes risks associated with selecting and using hazardous energy sources.
Note: Hazardous energy sources include, but are not limited to, those generated while using ionizing or non-ionizing radiation equipment and lasers. | 3 C |
| (M) 8. | The hospital minimizes risks associated with disposing hazardous medications. (See also MM.01.01.03, EP 4) | 3 C |
| (M) 9. | The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing hazardous gases and vapors.
Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide. | C |
| 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. | 3 A |
| 11. | (D) For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation. | A |
| 12. | The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings.
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. | A |



KEY: A indicates scoring category A; C indicates scoring category C; ▲ indicates situational decision rules apply; ▲ indicates direct impact requirements apply; (M) indicates Measure of Success is needed; (D) indicates that documentation is required

Standard EC.02.03.01

The [organization] manages fire risks.

Elements of Performance for EC.02.03.01

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| <p>M 1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.</p> <p>2. If patients are permitted to smoke, the hospital takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)</p> <p>M 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.</p> <p>9. D The hospital has a written fire response plan.</p> <p>10. D 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 fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also EC.02.03.03, EP 5)</p> | <p> C</p> <p> A</p> <p> C</p> <p>A</p> <p>A</p> |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

Standard EC.02.03.03

The [organization] conducts fire drills.

Elements of Performance for EC.02.03.03

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| 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.
Note 1: Evacuation of patients during drills is not required.
Note 2: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies. | A |
| 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. | A |
| 3. | When quarterly fire drills are required, at least 50% are unannounced. | A |
| ④ 4. | Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.
Note: 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 the building's fire alarm system. | C |
| 5. ⑤ | The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented. (See also EC.02.03.01, EP 10) | A |

Standard EC.02.03.05


The [organization] maintains fire safety equipment and fire safety building features.



Note: This standard does not require [organization]s 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.

Elements of Performance for EC.02.03.05

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| M | 1. D At least quarterly, the hospital tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2). | C |
| M | 2. D Every 6 months, the hospital tests valve tamper switches and water-flow devices. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2). | C |
| M | 3. D Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2). | C |
| M | 4. D Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2). | 3 C |
| | 5. D Every quarter, the hospital tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2). | A |
| M | 6. D For automatic sprinkler systems: Every week, the hospital tests fire pumps under no-flow conditions. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition. | C |
| M | 7. D For automatic sprinkler systems: Every 6 months, the hospital tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3.5). | C |
| M | 8. D For automatic sprinkler systems: Every month during cold weather, the hospital tests water-storage tank temperature alarms. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3). | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **3** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

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| M | 9. | D | For automatic sprinkler systems: Every 12 months, the hospital tests main drains at system low point or at all system risers. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-2.6). | C |
| | 10. | D | For automatic sprinkler systems: Every quarter, the hospital inspects all fire department water supply connections. The completion dates of the inspections are documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 9-7.1). | A |
| | 11. | D | For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition. | A |
| M | 12. | D | Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition. | C |
| | 13. | D | Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For additional guidance on performing inspections, see NFPA 96, 1998 edition. |  A |
| | 14. | D | Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion date of the tests is documented.
Note: Discharge of the fire-extinguishing systems is not required. | A |
| M | 15. | D | At least monthly, the hospital inspects portable fire extinguishers. The completion dates of the inspections 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 for the presence and correct type of extinguisher, broken parts, full charge, and ease of access.
Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10 Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4). | C |
| M | 16. | D | Every 12 months, the hospital performs maintenance on portable fire extinguishers. The completion date of the maintenance is 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, 1998 edition (Sections 1-6, 4-3, and 4-4). | C |
| M | 17. | D | The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The completion date of the tests is documented.
Note: For additional guidance on hydrostatic testing, see NFPA 1962, 1998 edition (Section 2-3), and NFPA 25, 1998 edition. | C |

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- M** 18. **D** The hospital operates fire and smoke dampers 1 year after installation and then at least every 6 years to verify that they fully close. **C**
 The completion date of the tests is documented.
 Note 1: The initial test that must occur 1 year after installation applies only to dampers installed on and after January 1, 2008.
 Note 2: For additional guidance, see NFPA 80 Standard for Fire Doors and Other Opening Protectives, 2007 edition (Section 19.4.1.1), and NFPA 105-2007 edition (Section 6.5.2).
19. **D** Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented. **A**
 Note: For additional guidance on performing tests, see NFPA 90A Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).
- M** 20. **D** Every 12 months, the hospital tests sliding and rolling fire doors for proper operation and full closure. The completion date of the tests is documented. **C**
 Note: For additional guidance on performing tests, see NFPA 80, 1999 edition (Section 15-3.4).

Standard EC.02.04.01

The [organization] manages medical equipment risks.

Elements of Performance for EC.02.04.01





1. The hospital solicits input from individuals who operate and service equipment when it selects and acquires medical equipment. **A**
- M** 2. **D** 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. (See also EC.02.04.03, EPs 1 and 3) **C**
- M** 3. **D** The hospital identifies the activities, in writing, for maintaining, inspecting, and testing for all medical equipment on the inventory. (See also EC.02.04.03, EPs 2 and 3) **C**
 Note: Hospitals may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance may be selected to ensure reliable performance.
4. **D** The hospital identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current hospital experience. (See also EC.02.04.03, EPs 2 and 3) **A**
5. The hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990. **A**
6. **D** The hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment. **A**



KEY: **A** indicates scoring category A; **C** indicates scoring category C; **A** indicates situational decision rules apply; **A** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

Standard EC.02.04.03

The [organization] inspects, tests, and maintains medical equipment.

Elements of Performance for EC.02.04.03



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| <p>M 1.</p> | <p>Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)</p> | <p> C</p> |
| <p>2. D</p> | <p>The hospital inspects, tests, and maintains all life support equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)</p> | <p> A</p> |
| <p>M 3. D</p> | <p>The hospital inspects, tests, and maintains non-life support equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2-4 and PC.02.01.11, EP 2)</p> | <p>C</p> |
| <p>4. D</p> | <p>The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</p> | <p> A</p> |
| <p>5. D</p> | <p>The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.</p> | <p> A</p> |



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Standard EC.02.05.01

The [organization] manages risks associated with its utility systems.

Elements of Performance for EC.02.05.01

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| 1. | The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1) | A |
| M 2. D | 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. (See also EC.02.05.05, EPs 1, 3-5) | C |
| M 3. D | The hospital identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory. (See also EC.02.05.05, EPs 3 - 5; EC.02.05.09, EP 1)
Note: Hospitals may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance may be selected to ensure dependable performance. | C |
| 4. D | The hospital identifies, in writing, the intervals for inspecting, testing, and maintaining all operating components of the utility systems on the inventory, based on criteria such as manufacturers' recommendations, risk levels, or hospital experience. (See also EC.02.05.05, EPs 3-5) | A |
| 5. | The hospital minimizes pathogenic biological agents in cooling towers, domestic hot and cold water systems, and other aerosolizing water systems. |  A |
| 6. | In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in "protective environment" rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Hospitals and Health Care Facilities, 2001 edition, published by The American Institute of Architects. |  A |
| 7. D | The hospital maps the distribution of its utility systems. | A |
| 8. | The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. | A |
| 9. D | The hospital has written procedures for responding to utility system disruptions. | A |
| 10. | The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas. | A |







KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required





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| 11. | The hospital's procedures address performing emergency clinical interventions during utility systems disruptions. | A |
| 12. | The hospital's procedures address how to obtain emergency repair services. | A |
| 13. | The hospital responds to utility system disruptions as described in its procedures. |  A |

Standard EC.02.05.03

The [organization] has a reliable emergency electrical power source.

Elements of Performance for EC.02.05.03

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| 1. | The hospital provides emergency power 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, 1999 edition (Section 13-3.3). |  A |
| 2. | The hospital provides emergency power for the following: Exit route and exit sign illumination, as required by the Life Safety Code. |  A |
| 3. | The hospital provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code. |  A |
|  4. | The hospital provides emergency power for the following: Elevators (at least one for nonambulatory patients). | C |
| 5. | The hospital provides emergency power 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. |  A |
| 6. | The hospital provides emergency power for the following: Areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, obstetrical delivery rooms, nurseries, and urgent care areas. |  A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success is needed;  indicates that documentation is required

Standard EC.02.05.05

The [organization] inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service. In these cases, [organization]s are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.

Elements of Performance for EC.02.05.05

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| M | 1. D The hospital tests utility system components on the inventory before initial use. The completion date of the tests is documented. (See also EC.02.05.01, EP 2) | C |
| | 3. D The hospital inspects, tests, and maintains the following: Life support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2-4) | 3 A |
| | 4. D The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2-4) | 3 A |
| M | 5. D The hospital inspects, tests, and maintains the following: Non-life support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2-4) | C |

Standard EC.02.05.07

The [organization] inspects, tests, and maintains emergency power systems.

Note: This standard does not require [organization]s 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 for EC.02.05.07

Emergency electrical power supply systems may fail during a power disruption, leaving the [organization] unable to deliver safe care, treatment, and services to [patient]s. 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.

Elements of Performance for EC.02.05.07

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| <p>M 1. D At 30-day intervals, the hospital performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the tests is documented.</p> | <p>C</p> |
| <p>M 2. D Every 12 months, the hospital either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the hospital replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.</p> | <p>C</p> |
| <p>3. D Every quarter, the hospital performs a functional test of stored emergency power supply systems (SEPSS) for 5 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 completion dates of the tests 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 manufacturer’s recommendations.
 Note 2: 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, Standard on Stored Electrical Energy Emergency and Standby Power Systems, 1996 edition.</p> | <p>A</p> |
| <p>4. D Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the hospital tests each emergency generator for at least 30 continuous minutes. The completion date of the tests is documented.</p> | <p>A</p> |
| <p>5. The emergency generator tests 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 4, then it must test each emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.</p> | <p>3 A</p> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required



- | | | |
|--------------|--|---|
| 6. | <p>D Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the hospital tests all automatic transfer switches. The completion date of the tests is documented.</p> | <p> A</p> |
| 7. | <p>D At least once every 36 months, hospitals with a generator providing emergency power for the services listed in Standard EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. The completion date of the tests is documented.
 Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.</p> | <p> A</p> |
| 8. | <p>The 36-month 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.</p> | <p> A</p> |
| 9. | <p>If a required emergency power system test fails, the hospital implements measures to protect patients, visitors, and staff until necessary repairs or corrections are completed.</p> | <p> A</p> |
| M 10. | <p>If a required emergency power system test fails, the hospital performs a retest after making the necessary repairs or corrections.</p> | <p>C</p> |



Standard EC.02.05.09

The [organization] inspects, tests, and maintains medical gas and vacuum systems.

Note: This standard does not require [organization]s to have the medical gas and vacuum systems discussed below. However, if a [organization] has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Elements of Performance for EC.02.05.09


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| 1. | <p>D In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented.</p> | <p> A</p> |
| 2. | <p>D 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 completion date of the tests is documented.</p> | <p> A</p> |
| 3. | <p>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.</p> | <p>A</p> |




KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

Standard EC.02.06.01

The [organization] establishes and maintains a safe, functional environment.

Elements of Performance for EC.02.06.01


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| M | 1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. | C |
| | 4. The hospital provides space for recreation and social interaction for patients who remain in the care of the hospital for more than 30 days. | A |
| M | 5. The hospital provides storage space to meet patient needs. | C |
| | 6. When the hospital provides care for more than 30 days, it provides outside areas for patient use, suitable to the patient's age, physical or mental condition, or other factors. | A |
| M | 11. Lighting is suitable for care, treatment, and services. | C |
| | 13. The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided. | A |
| M | 18. Interior spaces accommodate the use of equipment, such as wheelchairs, necessary to the activities of daily living. | C |
| M | 20. Areas used by patients are clean and free of offensive odors. | C |
| | 23. The hospital provides emergency access to all locked and occupied spaces. |  A |
| M | 26. The hospital keeps furnishings and equipment safe and in good repair. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success is needed;  indicates that documentation is required

Standard EC.02.06.05

The [organization] manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

Elements of Performance for EC.02.06.05

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| 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 Hospitals and Health Care Facilities, 2001 edition, published by the American Institute of Architects
When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.
(See also EC.02.05.01, EP 1) | A |
| 2. | When planning for demolition, construction, or renovation, 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. | A |
| 3. | The hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation. |  A |




Standard EC.03.01.01





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

Rationale for EC.03.01.01

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.

Elements of Performance for EC.03.01.01

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|  | 1. Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. (See also HR.01.04.01, EP 1) | C |
|  | 2. Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also HR.01.04.01, EP 1) | C |
|  | 3. Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1) | C |

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Standard EC.04.01.01

The [organization] collects information to monitor conditions in the environment.

Elements of Performance for EC.04.01.01

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| 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. | A |
| M | 3. Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| M | 4. Based on its process(es), the hospital reports and investigates the following: Occupational illnesses and staff injuries. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| M | 5. Based on its process(es), the hospital reports and investigates the following: Incidents of damage to its property or the property of others. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| M | 6. Based on its process(es), the hospital reports and investigates the following: Security incidents involving patients, staff, or others within its facilities. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| M | 8. Based on its process(es), the hospital reports and investigates the following: Hazardous materials and waste spills and exposures. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| M | 9. Based on its process(es), the hospital reports and investigates the following: Fire safety management problems, deficiencies, and failures. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| M | 10. Based on its process(es), the hospital reports and investigates the following: Medical/laboratory equipment management problems, failures, and use errors. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |

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| M | 11. | Based on its process(es), the hospital reports and investigates the following: Utility systems management problems, failures, or use errors. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11) | C |
| | 12. | The hospital conducts environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks. (See also EC.04.01.03, EP 1) | A |
| M | 13. | The hospital conducts annual environmental tours in nonpatient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment. (See also EC.04.01.03, EP 1) | C |
| | 14. | The hospital uses its tours to identify environmental deficiencies, hazards, and unsafe practices. (See also EC.02.01.01, EP 1; EC.04.01.03, EP 1) | A |
| | 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. (See also EC.01.01.01, EPs 3-8; EC.04.01.03, EP 1) | A |

Standard EC.04.01.03

The [organization] analyzes identified environment of care issues.

Elements of Performance for EC.04.01.03

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| | 1. | Representatives from clinical, administrative, and support services participate in the analysis of environment of care data. (See also EC.04.01.01, EPs 3-6 and 8-15; EC.04.01.05, EP 3) | A |
| M | 2. | The hospital uses the results of data analysis to identify opportunities to improve the environment of care. (See also EC.04.01.05, EP 1) | C |
| | 3. | Annually, representatives from clinical, administrative, and support services recommend to leaders one or more priority performance improvement activities for the environment of care. | A |

Standard EC.04.01.05

The [organization] improves its environment of care.

Elements of Performance for EC.04.01.05

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| M | 1. | The hospital takes action on the identified opportunities to improve the environment of care. (See also EC.04.01.03, EP 2) | C |
| M | 2. | The hospital evaluates changes to determine if they resulted in improvements in the environment of care. | C |
| | 3. | The hospital reports performance improvement results to those responsible for analyzing environment of care issues. (See also EC.04.01.03, EP 1; EM.03.01.03, EP 16) | A |

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