

2018 Joint Commission Standards What's New in the EC/LS/UM

GASHE Annual March Meeting
Lake Blackshear Resort



Presented March 9, 2018
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2018 Joint Commission Standards Update

- Which one?



Recent Updates

- Three changes have taken place since November 2017:
 - November 12, 2017
 - January 1, 2018
 - January 13, 2018
- **And another is on the way for March 11, 2018.**

Basic Survey Changes

- Life Safety Surveyor days per site
 - 1 – 1,000,000 square feet will have one LSS for 2 days
 - $\geq 1,000,000 - 1,500,00$ square feet will have 3 days
 - $\geq 1,500,001$ up will be decided by the Field Director
 - ASC will have LSS for 1 day

Each hospital site = 2 LSS

2017 Sept Perspective and Oct EC News

Improved Business Rules for Calculating *Life Safety Code* Surveyor Days

Effective January 1, 2018, The Joint Commission has updated the business rules that determine the number of days the *Life Safety Code*®* Surveyor will be part of a **hospital's** survey. This change is expected to enhance The Joint Commission's work as an improvement organization that helps its customers identify and mitigate risks.

The current business rules consider square footage as well as the number of inpatient buildings to determine survey length for *Life Safety Code* Surveyors. Because the number of inpatient buildings can be a misleading metric, however, the revised business rules will consider square footage *only*. This should more accurately indicate how many days the *Life Safety Code* Surveyors are needed on site.

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

Another change to the business rules is that there will be a minimum of two days of *Life Safety Code* survey time allotted for any additional hospitals. Consider the example of an organization that has a main hospital with 1.2 million square feet (which generates a three-day *Life Safety Code* survey) as well as a second hospital a mile away with 750,000 square feet. Under the current business rules, the additional site would have a one-day survey; however, the revised business rules will generate a two-day *Life Safety Code* survey for this location.

Questions about the revised business rules may be directed to Jim Kendig (jkendig@jointcommission.org) or Tim Markijohn (tmarkijohn@jointcommission.org), Field Directors, Surveyor Management and Support, The Joint Commission.

Facility Orientation

Main Fire Panel - Upon arrival by the surveyor, an escort will be needed to take him/her to the main fire alarm panel to verify that it is functional- check breaker. **Tip – make sure you know location of electrical panel with the designated breaker for the fire alarm.**



Facility Orientation

- Visit generators
 - Obtain name plate info, look for remote manual stop station
- Visit fire pump room
 - Electric or diesel
 - Spare Sprinkler Heads and Tools
 - Number of different types of sprinklers to determine the number of spares. (minimum of 6 for each type of head in the facility)

November 12, 2017

- EC – No changes
- LS - No changes
- EM – 7 changes

November 2017 EM Changes

- EM.02.01.01: The hospital has an Emergency Operations Plan
 - EP 12 - The Emergency Operations Plan includes a continuity of operations strategy that covers the following:
 - A succession plan that lists who replaces key leaders during an emergency if a leader is not available to carry out his or her duties
 - A delegation of authority plan that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation
 - EP 13 - If a hospital has one or more transplant centers (see Glossary), the following must occur:
 - A representative from each transplant center must be included in the development and maintenance of the hospital's emergency preparedness program
 - The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant center, and the organ procurement organization (OPO) for the donation service area where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency

November 2017 EM Changes

- EM.02.01.01: The hospital has an Emergency Operations Plan
 - EP 14 - The hospital has a procedure for requesting an 1135 waiver for care and treatment at an alternative care site.
 - EP 15 – The Emergency Operations Plan describes a means to shelter patients, staff, and volunteers on site who remain in the facility.
 - E7 16 - The hospital has one or more emergency management policies based on the emergency plan, risk assessment, and communication plan.
 - Procedures guiding implementation are defined in the emergency management plan, continuity of operations plan, and other preparedness and response protocols.
 - Policy and procedure documents are reviewed and updated on an annual basis; the format of these documents is at the discretion of the hospital.

November 2017 EM Changes

- EM.02.02.01: As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.
 - EP 20 - As part of its communication plan, the hospital maintains the names and contact information of the following:
 - Staff
 - Physicians
 - Other hospitals and CAHs
 - Volunteers
 - Entities providing services under arrangement
 - Relevant federal, state, tribal, regional, and local emergency preparedness staff
 - Other sources of assistance

November 2017 EM Changes

- EM.02.02.01: As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.
 - EP 21 - The Emergency Operations Plan describes the following:
 - Process for communicating information about the general condition and location of patients under the organization's care to public and private entities assisting with disaster relief
 - Process, in the event of an evacuation, to release patient information to family, patient representative, or others responsible for the care of the patient

January 1, 2018

- EC – 32 changes
- LS – 70+ changes
- EM – No changes

January 1, 2018 EC Changes

- EC.01.01.01: The hospital plans activities to minimize risks in the environment of care.

Note: 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.

- EP 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.

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

- EP 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)

January 1, 2018 EC Changes

- EC.02.03.01: The hospital manages fire risks.
 - EP 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 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
 - EP 13 - The hospital meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15.

January 1, 2018 EC Changes

- EC.02.03.05: The hospital maintains fire safety equipment and fire safety building features.
 - EP 27 - Elevators with fire fighters' 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)

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

January 1, 2018 EC Changes

- EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.
 - EP 10 - All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.
 - EP 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.
 - EP-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.

January 1, 2018 EC Changes

- EC.02.05.01: The hospital manages risks associated with its utility systems.
 - EP 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 systems, and electrical equipment.)
 - EP 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.
 - EP 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.

January 1, 2018 EC Changes

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

January 1, 2018 EC Changes

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

January 1, 2018 EC Changes

- EC.02.05.03: The hospital has a reliable emergency electrical power source.
 - EP 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.
 - EP 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.
 - EP 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.
 - EP 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.
 - EP 16 - Battery lamps and flashlights are available in areas not serviced by the emergency supply source.

January 1, 2018 EC Changes

- EC.02.05.05: The hospital inspects, tests, and maintains utility systems.
 - EP 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.
 - EP 8 - The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC).

- 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.

- EP 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

January 1, 2018 EC Changes

- EC. 02.05.09: The hospital inspects, tests, and maintains medical gas and vacuum systems.
 - EP 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 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 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."

January 1, 2018 EC Changes

- EC. 02.05.09: The hospital inspects, tests, and maintains medical gas and vacuum systems.
 - EP 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

January 1, 2018 EC Changes

- EC. 02.05.09: The hospital inspects, tests, and maintains medical gas and vacuum systems.
 - EP 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.
- EC.03.01.01: Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.
 - EP 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.

January 1, 2018 LS Changes

- LS.02.01.10: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
 - EP 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.
- LS.02.01.20: The hospital maintains the integrity of the means of egress.
 - EP 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.**

January 1, 2018 LS Changes

- LS.02.01.30: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
 - EP 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.
 - EP 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.
- LS.02.01.35: The hospital provides and maintains systems for extinguishing fires.
 - EP 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)

January 1, 2018 LS Changes

- LS.02.01.50: The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.
 - EP 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.
- LS.02.01.70: The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.
 - EP 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)

January 13, 2018

- EC – None
- LS – None
- EM - None

March 11, 2018

- Pre-publications have listed:
 - EC – 2
 - LS – 1
 - EM – None

- We'll just have to wait and see. As of today they have not been made available

March 11, 2018 Proposed Changes

- EC.02.03.05 The hospital maintains fire safety equipment and fire safety building features.
 - **Existing** - EP 25 - The hospital has ~~written documentation of~~ annual inspection and testing of 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.
 - **New** – EP 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.

March 11, 2018 Proposed Changes

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

Questions



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