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Life Safety & Environment of Care Document List and Review Tool (WITH VA MODIFICATIONS)

Effective: 7/1/2023

The following pages present documentation required by the Hospital and Critical Access Hospital Accreditation Programs Life Safety (LS), and Environment of Care (EC) standards. The Life Safety surveyor will begin review of these documents soon after arrival for the onsite survey.

Surveyors may request other EC and LS documents, as needed, throughout the survey.

This list also includes some elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these expectations.

Organizations may want to consider using this tool in their continuous compliance and survey readiness efforts.

Revisions to this document are identified by underlined text.

To allow organizations time to prepare, this version of the tool identifies text associated with noted standards that will be deleted effective January 2024 related to the use of Alternate Equipment Maintenance (AEM) strategies. Changes appear on pages 62-64 and are identified by blue highlighted text. A new section to the *Survey Activity Guide* titled "Guidance on Use of Alternate Maintenance Activities and/or Schedules" immediately follows this tool and outlines the requirements that organizations will need to comply with if AEM strategies are used.

Additional resources, including a Fire Drill Matrix, are available on The Joint Commission website, Physical Environment Portal which is accessible using the following link: https://www.jointcommission.org/resources/patient-safety-topics/the-hysical-environment/.

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STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
LS.01.01.01					**Buildings serving patients comply w/ NFPA 101 ~~(2012)~~ (2024)**			Issue #1
EP 1 (1)					Individual assigned to assess Life Safety Code® compliance			
EP 2 (1)					Building Assessment to determine compliance with Life Safety (LS) chapter *(frequency of assessment is defined by the hospital)*			
EP 3 (22)					Current and accurate drawings w/ fire safety features & related square footage a. Areas of building fully sprinklered (if building only partially sprinklered) b. Locations of all hazardous storage areas c. Locations of all fire-rated barriers d. Locations of all smoke-rated barriers e. Sleeping and non-sleeping suite boundaries, including size of identified suites f. Locations of designated smoke compartments ~~g. Locations of chutes and shafts~~ h. Equivalencies previously approved by TJC ~~Any approved equivalencies or waivers~~ • Summary of deficiencies covered by approved equivalency • Summary of compensating measures for deficiencies	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Issue #19 Issue #18
~~EP 5~~					~~Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs~~			VA not Deemed
EP 7 (1)					The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).			
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
EC.02.03.01					**Hospital Manages Fire Risk – Fire Response Plan**			
EP 9 (15)					The written fire response plan describes the specific roles of staff and licensed practitioners at and away from fire 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 • How to evacuate to areas of refuge Staff periodically instructed on/kept informed of duties under plan Copy of plan readily available with telephone operator or security NFPA 101-2012: 18/19.7.1; 7.2	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	
COMMENTS:								

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STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.05					**Fire Protection and Suppression Testing and Inspection**					
EP 1 (4)					Testing for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices NFPA 72-2010: Table 14.4.5	~~Quarterly~~ Annually				Issue #16
					Testing for valve supervisory switches NFPA 72-2010: Table 14.4.5	Semiannual				
					Testing for other supervisory initiating devices NFPA 72-2010: Table 14.4.5	Annually				
EP 2 (18)					Water flow devices NFPA 72-2010: Table 14.4.5 NFPA 25-2011: Table 5.1.1.2	Semiannual				
EP 3 (13)					Duct, heat, smoke detectors, and manual fire alarm boxes. NFPA 72-2010: Table 14.4.5; 17.14	Annually				
EP 4 (13)					Notification devices (audible & visual), and door-releasing devices NFPA 72-2010: Table 14.4.5	Annually				
EP 5 (5)					Emergency services notification transmission equipment NFPA 72-2010: Table 14.4.5	Annually				
EP 6 (9)					Electric motor-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Weekly				
EP 9 (4)					Sprinkler systems main drain tests (at lead-in to buildings) ~~on all risers~~ (quarterly where sole water source is through backflow preventer) NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1	Annually or Quarterly				Issue #16
EP 10 (8)					Fire department connections inspected (Fire hose connections N/A) NFPA 25-2011: 13.7; Table 13.1.1.2	Quarterly				
EP 11 (16)					Fire pump(s) tested – under flow Fire pump supervisory signals for pump running and pump power loss tested NFPA 25-2011: 8.3.3; 8.3.3.4	Annually				
EP 12 (1)					**Automatic** Standpipe flow test every 5 years NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2	5 years	Issue #2 & 16; Most VAMCs have manual standpipes per policy.			

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EP 13 (9)					Kitchen suppression semi-annual testing NFPA 96-2011: 11.2	Semiannual				
EP 14 (1)					Carbon dioxide systems tested NFPA 12-2011:4.8.3.2	Annually				
					Halon systems NFPA 12A-2009: 6.1	Semiannual				
					Other special systems per NFPA standards and manufacturers' recommendations See NFPA 2001 (2012)	As required				
EP 15 (42)					Portable fire extinguishers inspected monthly NFPA 10-2010: 7.2.2; 7.2.4	Monthly				Issue #4
EP 16 (7)					Portable fire extinguishers maintained annually NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1	Annually				
EP 17 (0)					Fire hoses hydro tested 5 years after install; every 3 years thereafter NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6	5 years /3 years				Issue #5
EP 18 (17)					Smoke and fire dampers tested to verify full closure NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5	1 year after install				
						At least every 6 years thereafter				
EP 19 (8)					Smoke detection shutdown devices for HVAC tested NFPA 90A-2012: 6.4.1	Annually				
EP 20 (3)					All horizontal and vertical roller and slider doors tested NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2	Annually				
EP 25 (12)					Inspection and testing of door assemblies by qualified person. Does not include nonrated doors, including corridor doors to patient care rooms and smoke barrier doors. NFPA101-2012: 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	Annually				Issue #7 Issue #16 Issue #22
EP 27 (6)					Elevators with firefighters' emergency operations NFPA 101-2012: 9.4.3; 9.4.6	Monthly				
EP 28 (53)					Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name; date; inventory of devices, equipment or other items; frequency; contact info for person performing activity; NFPA standard; activity results: NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4					Issue #16

COMMENTS:

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					**Emergency Power Systems are Maintained and Tested**			

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EP 1 (47)					At least monthly performs 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~~ NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5	Monthly		Issue #27
EP 2 (34)					Every 12 months performs functional test of battery powered lights on the inventory required for egress and exit signs for a duration of 1 ½ 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 with test results and completion dates documented NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5	Annually		
EP 3 (1)					Functional test of Level 1 SEPSS, monthly; Level 2 SEPSS, quarterly, for 5 minutes or as specified for its class Annual test at full load for 60% of full duration of its class NFPA 111-2010: 8.4	Monthly Quarterly Annually		

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STANDARD - Eps	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					**Emergency Power Systems are Maintained and Tested**			
					Note 1: Non-SEPSS tested per manufacturer's specifications	Per Mfr.		
					Note 2: Level 1 SEPSS defined for critical areas and equipment			
					Note 3: Class defines minimum time which SEPSS is designed to operate at rated load without recharging			
EP 4 (56)					Emergency power supply system (EPSS) inspected weekly, including all associated components and batteries NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1	Weekly		
EP 5 (12)					Emergency generators tested monthly for 30 continuous minutes under load (plus cool-down) NFPA 99-2012: 6.4.4.1	Monthly		
EP 6 (14)					Monthly load test for diesel-powered emergency generators conducted with dynamic load at least 30% of nameplate rating or meets mfr. recommended prime movers' exhaust gas temperature; **OR**	Monthly		
					Emergency generators tested once every 12 months using supplemental loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes for total of 1 ½ continuous hours NFPA 99-2012: 6.4.4.1	Annually		
EP 7 (12)					All automatic and manual transfer switches monthly/12 times per year with results and completion dates documented NFPA 99-2012: 6.4.4.1	Monthly		
EP 8 (16)					Fuel quality test to ASTM standards NFPA 110-2010: 8.3.8	Annually		
EP 9 (10)					Generator load test once every 36 months for 4 hours NFPA 110-2010, Chapter 8	36 Months		
EP 10 (7)					Generator 4-hour test performed at, at least 30% nameplate NFPA 110-2010, Chapter 8	36 Months		
COMMENTS:								

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STANDARD - Eps	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU			Yes	No	
EC.02.05.09					**Medical Gas and Vacuum Systems are Inspected and Tested**				
EP 7 (11)					**Test, inspect and** maintain critical components of piped medical gas and vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems on the inventory. Inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and inlets and outlets with activities, dates and results documented No prescribed frequency; recommend risk assessment if < annual NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13	Per policy			
EP 8 (10)					Location of and signage for bulk oxygen systems NFPA 99-2012: 5.1.3.5.12	On Bldg. Tour			
EP 9 (3)					Emergency oxygen supply connection NFPA 99-2012: 5.1.3.5.13	On Bldg. Tour			
EP 10 (0)					Review medical gas installation/modification/breech certification results for cross connection, purity, correct gas, and pressure NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13	As applicable			
EP 11 (59)					Medical gas supply and zone valves are accessible and clearly labeled NFPA 99-2012: Table 5.1.11 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	On Bldg. Tour			Issue #25 and HITF 6-2018
EP 12 (67)					Handling, transfer, storage, labeling, transfilling of cylinders NFPA 99-2012: 11.5.3.1; 11.6.1; 11.6.2; 11.6.5; 11.7.3	Per policy			See HITF 6-2017 in Minutes
COMMENTS:									

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STANDARD - Eps	See Legend				Document / Requirement	Frequency	Q1	Q2	Q3	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.03					**Fire Drills**					
EP 1 (8)					Fire drills once per shift per quarter in health care occupancies; Quarterly in each building defined as ambulatory health care occupancy (If available, please provide five quarters of fire drill data) NFPA 101-2012: 18/19: 7.1.7	Quarterly				
EP 2 (11)					Fire drills every 12 months from date of last drill: Business Occupancies	Annually				
EP 3 (6)					When quarterly fire drills are required, ~~ALL~~ are unannounced • Drills held ~~at unexpected times and~~ under varying conditions – ~~at least one hour apart for each shift from quarter to quarter through four consecutive quarters~~ • Drills include ~~transmission of fire alarm signal and~~ simulation of emergency fire conditions NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3	Quarterly (See fire drill matrix)				Issue #23 & 23a
EP 4 (0)					Staff participate in the drills according to the hospital's fire response plan	YES	NO			
EP 5 (4)					Critiques include fire safety equipment and building features, and staff response	YES	NO			
EP 7 (2)					Fire exit drills for operating rooms/surgical suites. NFPA 99-2012: 15.13.3.10.3	Annually				
EP 8 (0)					Annual emergency procedures and fire training drills for hyperbaric facilities that include recording of time to evacuate all persons from area, involves applicable staff and practitioners, and focuses on prevention and simulated extinguishment and evacuation. NFPA 99-2012: 14.2.4.5.4; 14.3.1.4.5 NFPA 99-2012: B.14.2 and B.14.3	Annually				
COMMENTS:										

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STANDARD - Eps	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.05.01					**Manages risks associated with utility systems**			
EP 15 (64)					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. *(form of and frequency of assessment per hospital policy)* 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).			Use VA HVAC Design Manual
COMMENTS:								

STANDARD - Eps	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
EC.02.05.02					**Manages risks associated with utility systems – Water Management Program**		
EP 1 (0)					Verify individual or team responsible for oversight and implementation of the water management program		
EP 2 (4)					Review water management program to verify the following components are included: • Diagram of water supply sources, treatment systems, processing steps, control measures, and end-use points • Water risk management plan identifies areas where potentially hazardous conditions may occur ○ Note: Refer to the Centers for Disease Control and Prevention's "Water Infection Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for conducting a water-related risk assessment. • Plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time • Evaluation of immunocompromised patients • Monitoring protocols and acceptable ranges for control measures		
EP 3 (2)					Verify that the water management program includes documentation of the following: • Results of all monitoring activities • Corrective actions and procedures to follow if test results are outside of acceptable limits • Corrective actions taken when control limits are not maintained		
EP 4 (1)					Verify water management program reviewed annually and when changes have been made to the water system that add risk, new equipment or at-risk systems have been added that could generate aerosols or be source for Legionella		

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COMMENTS:

STANDARD - Eps	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
EC.02.04.01					**Management of Medical Equipment Risks**		
EP 2 (4)					Non-deemed status requirement: 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. Evaluates new types of equipment before initial use to determine whether they should be included in the inventory. **OR** ~~Deemed status requirement: Maintains a written inventory of **all** medical equipment.~~		VA not deemed.
EP 3 (1)					High-risk medical equipment identified on the inventory		
EP 4 (3)					Inventory includes activities and associated frequencies for maintaining, inspecting, and testing all medical equipment on the inventory. Activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. *[Highlighted text will be deleted 1/1/2024]*		

COMMENTS:

STANDARD - Eps	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.04.03					**Medical equipment inspection, testing and maintenance**			
EP 2 (30)					All high-risk equipment. 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			

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	C	NC	NA	IOU				
EC.02.04.03					**Medical equipment inspection, testing and maintenance**			
					program. *[Highlighted text will be deleted 1/1/2024]*			
EP 3 (63)					Non-high-risk equipment identified on the medical equipment inventory 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. *[Highlighted text will be deleted 1/1/2024]*			
EP 4 (4)					Conducts performance testing of and maintains all sterilizers			
EP 10 (0)					All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-~~2012~~: 2021 Chapter 14.			Issue #1
COMMENTS: Refer to the Guidance on Use of Alternate Maintenance Activities and/or Schedules section when hospitals choose to employ alternate maintenance activities and/or schedules. *[Effective 1/1/2024]*								

STANDARD - Eps	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.05.05					**Utility system Inspection, testing and maintenance**			
EP 4 (46)					High-risk utility system components on the inventory with completion date and results of activities 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. *[Highlighted text will be deleted 1/1/2024]*			

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	C	NC	NA	IOU				
EC.02.05.05					**Utility system Inspection, testing and maintenance**			
EP 5 (43)					Infection control utility system components on the inventory with completion date and results of activities 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. *[Highlighted text will be deleted 1/1/2024]*			
EP 6 (112)					Non-high-risk utility system components on the inventory with completion date and results of activities 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. *[Highlighted text will be deleted 1/1/2024]*			
EP 7 (6)					Line isolation monitors (LIM), if installed, are tested at least monthly by actuating the LIM test switch. For LIM circuits with automated self-testing, a manual test is performance at least annually. NFPA 99-2012: 6.3.2; 6.3.3; 6.3.3.3.2; 6.3.4			
COMMENTS: Refer to the Guidance on Use of Alternate Maintenance Activities and/or Schedules section when hospitals choose to employ alternate maintenance activities and/or schedules. *[Effective 1/1/2024]*								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.01.01					**The hospital manages safety and security risks.**			
EP 1 (2)					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 3 (13)					The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.			

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STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.01.01					**The hospital manages safety and security risks.**			
EP 9 (0)					The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.			
EP 10 (0)					When a security incident occurs, the hospital follows its identified procedures.			
Note: EP's14 and 16 are covered by the clinical imaging tracer.								
EP 17 (1)					The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.			
COMMENTS:								

STANDARD – EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.01.01.01					**The hospital plans activities to minimize risks in the environment of care.**			
EPs 1-9 (0)					The hospital has a written plan for managing the following; EP-4 Environmental Safety EP-5 Security EP-6 Haz Materials EP-7 Fire Safety EP-8 Medical Equipment EP-9 Utility Systems 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~~			VA not Deemed

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	C	NC	NA	IOU				
EC.01.01.01					**The hospital plans activities to minimize risks in the environment of 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/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 99-2012: 1.4.			
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					**Interim Life Safety Measures (ILSM)**				
EP 1 (19)					ILSM policy identifying when and to what extent ILSM implemented				
EP 2 (3)					Alarms out of service 8 or more hours in 24 hours or sprinklers out of service more than 10 hours in 24 hours in an occupied building - Fire watch / Fire Dept. notification NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2				Issue #14
EP 3 (2)					Signs for alternate exits posted				
EP 4 (0)					Daily inspection of routes of egress (See also 19.7.9.2 RE: daily inspections)				
EP 5 (0)					Temporary but equivalent systems while system is impaired				
EP 6 (0)					Additional firefighting equipment provided				
EP 7 (1)					Smoke tight non-combustible temporary barriers				
EP 8 (0)					Increased surveillance implemented				
EP 9 (0)					Storage and debris removal				
EP 10 (0)					Additional training on firefighting equipment				
EP 11 (0)					Additional fire drill per shift per quarter				
EP 12 (0)					Temporary systems tested and inspected monthly				
EP 13 (0)					Additional training on building deficiencies, construction hazards, temp measures				

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

EP 14 (0)					Training for impaired structural or impaired compartment fire safety features				
EP 15 (1)					Other ILSM's				
COMMENTS:									

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

NOTE: Please complete the following during building tour

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.02.01					**The hospital manages risks related to hazardous materials and waste.**			
EP 1 (3)					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, EPs 1 and 2)			
EP 3 (2)					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 11 (14)					For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.			
COMMENTS: **Note EP's 6, 7, 8, 17, and 18 are covered under clinical tracers.**								