## What’s New?

### Life Safety Code Surveyor Days - 2018

**Hospitals – Each Physical Address = Min. 2 LSCS days (NEW)**

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000,000</td>
<td>2 LSCS Days</td>
</tr>
<tr>
<td>1,000,000 – 1,500,000</td>
<td>3 LSCS Days (NEW)</td>
</tr>
<tr>
<td>&gt;1,500,000</td>
<td>LSC FD Review</td>
</tr>
</tbody>
</table>

**Non Hospital Life Safety Code Surveyor Days - 2018**

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC / ASC</td>
<td>1 LSCS Day</td>
</tr>
<tr>
<td>Med Def</td>
<td>1 LSCS Day</td>
</tr>
<tr>
<td>SSU / OQPS</td>
<td>1 LSCS Day</td>
</tr>
</tbody>
</table>
Validation Process – **Future State (in pilot now!)**

- Simultaneous survey
- Consistent number of surveyors and survey days
- Emphasis on communication
- State Agency observing our survey team
  - Each surveyor observed directly by State counterpart
- Elimination of disparity rate
- Focus on Accrediting Organization performance
The building tour

- Applicability of our LS standards for business occupancies – (score in EC chapter).

LSC surveys extend to all areas of a hospital where patient care is provided or where systems support patient care, regardless of rated separation.
Requirements Life Safety Code Surveyors want you to know about...

Solution: Assure compliance with all requirements in NFPA 99-2012, 10.2.3.6

10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack, table, pedestal, or cart mounted, provided that all of the following conditions are met:

1. The receptacles are permanently attached to the equipment assembly.
2. The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.
3. The ampacity of the flexible cord is in accordance with NFPA 70, National Electrical Code.
4. The electrical and mechanical integrity of the assembly is regularly verified and documented.
5. Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

Requirements Life Safety Code Surveyors want you to know about (cont.)

Solution: Identify role of LIP in fire plan (are you really using RACE and PASS?) and post plan at CBX/PBX or Security (EC.02.03.01 EP-9)

Generator EPO remote/not on exterior enclosures

Solution: (EC.02.05.03 EP-11)

5.6.5.6 All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

A.5.6.5.6 For systems located outdoors, the manual shut-down should be located external to the weatherproof enclosure and should be appropriately identified.
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Ligature – more to come later...

- Eyewash Stations (what about showers?)
  - Solution: risk assessment!

Requirements Life Safety Code Surveyors want you to know about (cont.)

- Alcohol soaked items in the OR – see NFPA 99-2010 – 15.13.3.4 (3) Any solution-soaked materials have been removed from the operating room prior to draping and use of electrosurgery, cautery, or a laser. TJC - remove from the vicinity of the patient.
Requirements Life Safety Code Surveyors want you to know about (cont.)

**Medical Gas**

- **Solution:** Assure compliance with labeling the medical gas distribution system per NFPA 99, 5.1.11 and get the sign(s) right (5.1.3.1.8/9)!

5.11 Labeling and Identification. Color and pressure requirements shall be in accordance with Table 5.1.11.

5.11.1 Pipe Labeling.

5.11.1.1 Piping shall be labeled by stenciling or adhesive markers that identify the patient medical gas, the support gas, or the vacuum system and include the following:

1. Name of the gas or vacuum system or the chemical symbol per Table 5.1.11
2. Gas or vacuum system color code per Table 5.1.11
3. Where positive pressure gas piping systems operate at pressures other than the standard gauge pressure in Table 5.1.11, the operating pressure in addition to the name of the gas.

Requirements Life Safety Code Surveyors want you to know about (cont.)

**Corridor/Suite Perimeter Doors**

- **Solution:** (LS.02.01.30 EP-13) **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.
Requirements Life Safety Code Surveyors want you to know about (cont.)

- **GFCI Exceptions in Hospitals**
  - In the 2008 and 2011 NEC (NFPA 70) code; 210.8(B)(5), Exception No. 2 to (5) was inserted, stating that “receptacles located in patient bed locations of general care or critical care areas of health care facilities, [other than those in hospital bathrooms covered by 210.8(B)(1)] shall not be required to be GFCI protected where within 6 feet of the basin.”
  - In addition, 517.21 states that GFCI protection shall not be required for receptacles installed in critical-care areas where the toilet and basin are installed within the patient room.
  - The intent of this section is to ensure that a GFCI receptacle or a GFCI-protected receptacle is not installed in a general-care or critical-care patient-bed location where life support and other extremely important diagnostic and electrical support equipment could be inadvertently connected to the GFCI-protected circuit.

Requirements Life Safety Code Surveyors want you to know about (cont.)

- **Read the small print...NFPA 72-2010.**

  **10.15* Protection of Fire Alarm System.** In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.

  *Exception:* Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.
Perspective...

- You are being evaluated on (HAP)...
  - 156 Eps – EC
  - 193 Eps – LS
  - 112 Eps – EM

- So...using only EC and LS – you are being evaluated on 349 Eps....!
- Keep things in ‘perspective!’

Top 10 Findings:
Most Challenging Standards
Environment of Care (EC) and
Life Safety (LS) Chapters
Challenges and Solutions for the Environment of Care (EC)

Most frequently cited EC standards – 98% of hospitals had at least 1 EC finding in the EC Chapter

- EC.02.06.01 – Safe Environment/Ligature Risks
- EC.02.05.01 – Manage Utility Systems Risks
- EC.02.05.09 – Inspect, Test & Maintain (ITM) Medical Gas Systems
- EC.02.02.01 – Hazardous Materials and Waste
- EC.02.05.05 – Inspect Test & Maintain (ITM) Utility Systems
- EC.02.03.05 – Fire Safety Equipment & Bldg. Features
- EC.02.03.03 – Fire Drills
- EC.02.05.07 – ITM Emergency Power Systems
- EC.02.04.03 – ITM Medical Equipment
- EC.02.05.03 – Emergency Electrical Power Source

Challenges and Solutions for the Life Safety - LS

Most frequently cited LS Standards – 97% of hospitals surveyed had at least 1 finding in the LS Chapter

- LS.02.01.35 – Sprinklers, etc.
- LS.02.01.30 – Protect from Fire and Smoke
- LS.02.01.10 – Effects of Fire/Heat/Smoke
- LS.02.01.20 – Means of Egress
- LS.01.01.01 – Life Safety Code Compliance
- LS.02.01.34 – Provides/Maintains Fire Alarm System
- LS.02.01.50 – Building Services Protect from Fire and Smoke
- LS.02.01.70 – Fire/Smoke Prevention Requirements
- LS.01.02.01 – Interim Life Safety Measures
- LS.03.01.30 – Fire & Smoke Protection in Ambulatory Healthcare
**Most Frequently Cited EM Standards**

10% of surveyed hospitals had at least 1 EM finding

- EM.02.01.01 - Evaluation of Organizational Performance (EOP)
- EM.03.01.03 - Exercises at least twice a year
- EM.02.02.13 - LIP privileges
- EM.03.01.01 - Evaluates EOP
- EM.02.02.01 - Communication
- EM.01.01.01 - Planning
- EM.02.02.07 - Manage staff
- EM.02.02.15 - Non-LIPs
- EM.02.02.03 - Resources and assets
- EM.02.02.05 - Safety & security

**Condition-Level Deficiency Data**

% of *Psychiatric* Hospitals with at least one Conditional-Level Deficiency (CLD)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number of deemed Orgs with CLDs</th>
<th>Average CLD per Hospital</th>
<th>% of Hospitals with at least one CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>185</td>
<td>1.77</td>
<td>61.62%</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>180</td>
<td>1.77</td>
<td>77.08%</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>200</td>
<td>2.08</td>
<td>65.60%</td>
</tr>
</tbody>
</table>
**Condition-Level Deficiency Data**

% of **Hospitals** with at least one Conditional-Level Deficiency (CLD) (excluding Psychiatric Hospitals)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number of deemed Orgs with CLDs</th>
<th>Average CLD per Hospital</th>
<th>% of Hospitals with at least one CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>1186</td>
<td>1.29</td>
<td>49.66%</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>1190</td>
<td>1.33</td>
<td>52.02%</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>1142</td>
<td>1.04</td>
<td>34.15%</td>
</tr>
</tbody>
</table>

**Life Safety Code Surveyors Average RFI’s per Survey**

Full Hospital Surveys

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Average RFI’s per Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1359</td>
<td>16.42</td>
</tr>
<tr>
<td>2017</td>
<td>1360</td>
<td>13.68</td>
</tr>
<tr>
<td>2016</td>
<td>1282</td>
<td>11.37</td>
</tr>
<tr>
<td>2015</td>
<td>1132</td>
<td>10.86</td>
</tr>
<tr>
<td>2014</td>
<td>1062</td>
<td>10.46</td>
</tr>
</tbody>
</table>

SAFER
“See it / Cite it”

“C” Category OFI’s
### Follow Up Surveys – Hospital Program (exc. Psych)

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1186</td>
<td>49.66%</td>
</tr>
<tr>
<td>2017</td>
<td>1190</td>
<td>52.02%</td>
</tr>
<tr>
<td>2016</td>
<td>1186</td>
<td>34.15%</td>
</tr>
</tbody>
</table>

#### LS.02.01.35 EP 05  Nothing stored 18” below sprinkler head
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.06.01/1</td>
<td>68.1%</td>
<td>65.6%</td>
</tr>
<tr>
<td>LS.02.01.35/4</td>
<td>61.2%</td>
<td>58.5%</td>
</tr>
<tr>
<td>EC.02.05.05/6</td>
<td>54.7%</td>
<td>50.9%</td>
</tr>
<tr>
<td>EC.02.05.01/9</td>
<td>47%</td>
<td>EP Change</td>
</tr>
<tr>
<td>LS.02.01.35/5</td>
<td>44%</td>
<td>40.1%</td>
</tr>
<tr>
<td>EC.02.02.01/5</td>
<td>43.3%</td>
<td>42.2%</td>
</tr>
<tr>
<td>LS.02.01.35/14</td>
<td>42.2%</td>
<td>New EP</td>
</tr>
<tr>
<td>LS.02.01.10/14</td>
<td>42.1%</td>
<td>New EP</td>
</tr>
<tr>
<td>LS.02.01.10/11</td>
<td>40.2%</td>
<td>1.1% New EP</td>
</tr>
<tr>
<td>EC.02.05.01/15</td>
<td>38.6%</td>
<td>39.6%</td>
</tr>
</tbody>
</table>
Challenges and Solutions for the Life Safety - LS

LS.02.01.35: 18” Sprinkler Clearance

Challenges and Solutions for the Environment of Care (EC)

EC.02.05.09 –
EP 11 Medical Gas Zone valves accessible
LS.02.01.10 EP 11 Undercuts Rated Door: (≤3/4”)

From TJC Department of Engineering
Are You Using Fire Doors Where Not Required?
If you obscure the labeling on an unnecessary fire door, The Joint Commission won’t cite you and you won’t need to inspect the door.
LS.02.01.35 EP 4 - Sprinkler piping supports nothing else

LS.02.01.10 EP 14 - Barrier Penetrations
LS.02.01.35 EP 4 - Sprinkler piping supports nothing else
LS.02.01.35 EP 5 – Sprinkler Head undamaged, free of corrosion, escutcheon plate installed

This is not an exit! PLEASE DO NOT OPEN
EC.02.05.01 EP15 & 16 - Critical & noncritical Air Pressure Relationships

LS.02.01.10 EP - 14/ LS.02.01.30 EP - 19
LS.02.01.10  EP-11  Rated Door

LS.02.01.10  EP 11  Rated Door Self Closing – No wedges!
LS.02.01.20 & LS.02.01.10

LS.02.01.20 EP 22
LS.02.01.20 EP 14 - Corridor Clutter

LS.02.01.20 EP 13 - Stairwell Storage
EC.02.05.09 Med Gas Storage

Ligature Update
TT6 Ken & Herman to review
Todro, Thomas, 1/2/2019
To address the physical and clinical components...

- The Joint Commission assembled Expert Panel
  - Including CMS, accredited organizations, national alliances, clinicians, The Joint Commission staff, other accrediting organizations, etc.

- Convened 5 expert panel meetings in 9 months
  - 16 recommendations
  - FAQs to provide further clarification
  - NPSG 15.01.01

Expert Panel Successes

- Achieved consensus on terminology of “ligature-resistant” vs “ligature-free”
- Evaluated different environments for applicability
- Increased alignment with CMS

Must be ligature resistant:
Inpatient psychiatric units, in both psychiatric and general/acute care hospitals, dedicated spaces in the Emergency Department

Not required to be ligature resistant:
But are required to have conducted an environmental risk assessment, steps, protocols, safeguards, etc. in place to protect suicidal patients:
EDs, general med/surg inpatient units, residential, partial hospitalization, day treatment, intensive outpatient programming
**Scoring**

Scoring may vary depending on situation

- Immediate Threat to Health or Safety vs. Condition Level
  - Identification prior to the survey
  - Mitigation plan and implementation
  - Plan of correction

- Score at EC.02.06.01 EP1
- CoP 482.13 (vs 482.41) (Patient Rights vs Physical Environment)

The following elements must be in place in order for the Survey team to consider lowering findings from CLD to SLD

- Risk Assessment – complete and comprehensive prior to survey
- Appropriate Mitigation – Both clinical and physical environment
- Physical Environment Corrections have started – Invoices, Purchase Orders, Construction Contracts

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**Design**

- Designated Behavioral Health
- Preferred Behavioral Health
  - Emergency Department
  - Bathrooms
- Non-Designated Behavioral Health
Survey Evaluation: Ligature Issues
Survey Evaluation

**Patient Room**
- Solid Ceiling
- Bed
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Bathroom Fixtures (plumbing, toilet paper dispensers, paper towel dispensers, etc.)
- Grab Rails
- Full-size doors and hardware
- Curtains (Privacy, Window Treatment, and Shower)
- Medical Gases
- Medical Devices
Survey Evaluation

- Corridor
  - Grab Rails
  - Corridor Doors and Hardware
  - Fire/Smoke Barrier Doors and Hardware
  - Security Doors and Hardware
  - Light Fixtures
  - HVAC Vents
  - Tamper Proof Screws
  - Sprinkler Heads
  - Life Safety Devices: exit signs, audio/visual devices, medical gas shut-off, etc.

EXPERT PANEL RECOMMENDED EXCEPTIONS
1. Visibility from Nurses Station: only applicable to ceiling tiles, no other ligature risks.
2. Nurses Station: not accessible to patients and continuously staffed; not required to be ligature resistant within the nurses station.

FAQ

- Inpatient Ceilings
  - Patient Rooms/Bathrooms: Solid ceiling to prevent access
  - Corridors: dropped ceilings are allowed in corridors & common areas where staff are regularly present as allowable by the facility's safety risk assessment
  - “Regularly present” means part of their standard monitoring procedures
Survey Evaluation

- **Common Areas**
  - Therapy Room
  - Day Room
  - Restrooms/Bathroom
  - Laundry Room

- **Non-designated [i.e. Emergency Department (not all), medical units, etc.]**
  - Risk Assessment
  - Policy/Procedure – guidance for staff
  - Mitigate based on risk of patient

**EXPERT PANEL RECOMMENDED EXCEPTION**

Not required to be ligature resistant if all of the following are met:
1. Self-closing door
2. Self-locking door
3. When occupied by patients is directly observed by staff from within the room

Still identify on Risk Assessment

FAQ

- **Shower Curtains**
  - Curtains used as bathroom door replacement
    - Risk documented on environmental risk assessment
    - Monitoring of any high risk patients near the curtain or the area where the risk is present

⚠️ The Joint Commission will not advise nor recommend any particular type of shower curtain, all shower curtains are considered a risk
FAQ

Medical Beds

For patients who require medical beds that have ligature points, there must be appropriate mitigation plans and safety precautions in place:

- Identification of risks that bed poses
- Policies/procedures for use
- Documented need in patients’ medical records
- Safety provisions must be considered for all patients who could be at risk for suicide

FAQ

Contraband/Prohibited Items

The Joint Commission does not determine the items to be prohibited from an inpatient psychiatric unit. Items that are prohibited to be brought into organizations, due to the risk of harm to self or others, should be determined by the organization. Compliance of such safety measures is based upon organizational policies/procedures, individual care plans, and applicable state rules or regulations.
Ligature Update

- Assure risk assessment conducted
- Action to implement plan
- Cite all ligature risks
- **Guidance** documents....
- See also 2014 FGI Guidelines
  - Referenced at EC.02.06.05 EP1
- VA Guidelines

Ligature Risks – Other Reading

- CMS S&C letter 18-06, December 08, 2017
- *The Joint Commission Perspectives*
  - From the Expert Panel Meetings:
    - November, 2017
    - January, 2018
    - February, 2018
    - March, 2018
    - July 2018
Ligature Issue Corrections

- If Ligature issued discovered on survey
  - Scored at EC.02.06.01 EP-01
  - Have 60 days to correct
  - If not possible to correct, contact Account Executive (AE) for next steps in Corrective Action.

Ligature Facility Extension Request (LFER)

Now Available!
Environment of Care® News
This monthly publication provides up-to-date, practical, and accurate advice on Joint Commission environment of care, emergency management, and life safety standards. Stay on top of information from the Centers for Medicare & Medicaid Services (CMS), National Fire Protection Association (NFPA), and other regulating bodies that affect Joint Commission standards—and your compliance activities in your health care organization.
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Questions?

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