



## **Life Safety & Environment of Care Document List and Review Tool**

Effective: 1/1/2021

The following pages present documentation required by the Hospital Accreditation Program Life Safety (LS), and selected 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.

Please note the order of contents has changed from previous versions. New or revised content is identified by underlined text.

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-physical-environment/>.

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

STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
<b>LS.01.01.01</b>					<b>Buildings serving patients comply w/ NFPA 101 (2012)</b>			
EP 1					Individual assigned to assess Life Safety Code® compliance			
EP 2					Building Assessment to determine compliance with Life Safety (LS) chapter <i>(frequency of assessment is defined by the hospital)</i>			
EP 3					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. Any approved equivalencies or waivers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
EP 5					Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs			
<u>EP 7</u>					<u>The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).</u>			
<b>COMMENTS:</b>								



STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
<b>EC.02.03.05</b>					<b>Fire Protection and Suppression Testing and Inspection</b>					
					temperature supervisory; and room temperature supervisory.					
EP 2					Water flow devices	Semiannual				
					Tamper switches	Semiannual				
EP 3					Duct, heat, smoke detectors, and manual fire alarm boxes	Annually				
EP 4					Notification devices (audible & visual), and door-releasing devices	Annually				
EP 5					Emergency services notification transmission equipment	Annually				
EP 6					Electric motor-driven fire pumps tested under no-flow conditions	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions	Weekly				
EP 7					Water storage tank high and low level alarms	Semiannual				
EP 8					Water storage tank low water temp alarms (cold weather only)	Monthly				
EP 9					Sprinkler systems main drain tests on all risers	Annually				
EP 10					Fire department connections inspected (Fire hose connections N/A)	Quarterly				
EP 11					Fire pump(s) tested – under flow	Annually				
EP 12					Standpipe flow test every 5 years	5 years				
EP 13					Kitchen suppression semi-annual testing	Semiannual				
EP 14					Gaseous extinguishing systems inspected (no discharge req.)	Annually				
EP 15					Portable fire extinguishers inspected monthly	Monthly				
EP 16					Portable fire extinguishers maintained annually	Annually				

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
<b>EC.02.03.05</b>					<b>Fire Protection and Suppression Testing and Inspection</b>					
EP 17					Fire hoses hydro tested 5 years after install; every 3 years thereafter	5 years / 3 years				
EP 18					Smoke and fire dampers tested to verify full closure	1 year after install				
						At least every 6 years thereafter				
EP 19					Smoke detection shutdown devices for HVAC tested	Annually				
EP 20					All horizontal and vertical roller and slider doors tested	Annually				
EP 25					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.	Annually				
EP 27					Elevators with firefighters' emergency operations	Monthly				
EP 28					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					
<b>COMMENTS:</b>										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.05.07</b>					<b>Emergency Power Systems are Maintained and Tested</b>			
EP 1					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	Monthly		
EP 2					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	Annually		
EP 3					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	Monthly Quarterly Annually		
					<i>Note 1: Non-SEPSS tested per manufacturer's specifications</i>	Per Mfr.		
					<i>Note 2: Level 1 SEPSS defined for critical areas and equipment</i>			
					<i>Note 3: Class defines minimum time which SEPSS is designed to operate at rated load without recharging</i>			
EP 4					Emergency power supply system (EPSS) inspected weekly, including all associated components and batteries	Weekly		
EP 5					Emergency generators tested monthly for 30 continuous minutes under load (plus cool-down)	Monthly		
EP 6					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; <b>OR</b>	Monthly		

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.05.07</b>					<b>Emergency Power Systems are Maintained and Tested</b>			
					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	Annually		
EP 7					All automatic and manual transfer switches monthly/12 times per year with results and completion dates documented	Monthly		
EP 8					Fuel quality test to ASTM standards	Annually		
EP 9					Generator load test once every 36 months for 4 hours	36 Months		
EP 10					Generator 4 hour test performed at, at least 30% nameplate	36 Months		
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU		Yes	No		
<b>EC.02.05.09</b>					<b>Medical Gas and Vacuum Systems are Inspected and Tested</b>				
EP 7					<p><b>Test, inspect and</b> maintain critical components of piped medical gas <u>and</u> vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems on the inventory.</p> <p>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</p>	Per policy			

STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU		Yes	No		
<b>EC.02.05.09</b>					<b>Medical Gas and Vacuum Systems are Inspected and Tested</b>				
					No prescribed frequency; recommend risk assessment if < annual				
EP 8					Location of and signage for bulk oxygen systems	On Bldg. Tour			
EP 9					Emergency oxygen supply connection	On Bldg. Tour			
EP 10					Review medical gas installation/modification/breech certification results for cross connection, purity, correct gas, and pressure	As applicable			
EP 11					Medical gas supply and zone valves are accessible and clearly labeled	On Bldg. Tour			
EP 12					Handling, transfer, storage, labeling, transfilling of cylinders	Per policy			
<b>COMMENTS:</b>									

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1	Q2	Q3	Q4 Annual
	C	NC	NA	IOU						
<b>EC.02.03.03</b>					<b>Fire Drills</b>					
EP 1					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)	Quarterly				
EP 2					Fire drills every 12 months from date of last drill: Business Occupancies	Annually				
EP 3					When quarterly fire drills are required, ALL are unannounced  • Drills held at unexpected times and under varying conditions – greater than one hour apart	Quarterly (See fire drill matrix)				



STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1	Q2	Q3	Q4 Annual
	C	NC	NA	IOU						
<b>EC.02.03.03</b>					<b>Fire Drills</b>					
					<ul style="list-style-type: none"> <li>Drills include transmission of fire alarm signal and simulation of emergency fire conditions</li> </ul>					
EP 4					Staff participate in the drills according to the hospital's fire response plan	YES	NO			
EP 5					Critiques include fire safety equipment and building features, and staff response	YES	NO			
<b>COMMENTS:</b>										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.05.01</b>					<b>Manages risks associated with utility systems</b>			
EP 14					<p>Minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems</p> <p>Deemed status requirement: Review the following policies, procedures and reports:</p> <ul style="list-style-type: none"> <li>Facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility water system</li> <li>Water management program that considers the ASHRAE industry standard and the CDC toolkit</li> <li>Testing protocols and acceptable ranges for control measures <ul style="list-style-type: none"> <li>Documented results of testing</li> <li>Corrective actions taken when control limits are not maintained</li> </ul> </li> </ul>			
EP 15					In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies,			

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.05.01</b>					<b>Manages risks associated with utility systems</b>			
					temperature and humidity. <i>(form of and frequency of assessment per hospital policy)</i>  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).			
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
<b>EC.02.04.01</b>					<b>Management of Medical Equipment Risks</b>		
EP 2					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.  <b>OR</b>  Deemed status requirement: Maintains a written inventory of <b>all</b> medical equipment.		
EP 3					High-risk medical equipment identified on the inventory		
EP 4					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.		
<b>COMMENTS:</b>							

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.04.03</b>					<b>Medical equipment inspection, testing and maintenance</b>			
EP 2					<p>All high-risk equipment.</p> <p>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.</p> <p>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.</p> <p>Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.</p>			
EP 3					<p>Non-high-risk equipment identified on the medical equipment inventory</p> <p>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.</p>			
EP 4					Conducts performance testing of and maintains all sterilizers			
EP 10					All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.			
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.05.05</b>					<b>Utility system Inspection, testing and maintenance</b>			
EP 4					<p>High-risk utility system components on the inventory with completion date and results of activities documented</p> <p>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.</p> <p>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.</p> <p>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.</p>			
EP 5					<p>Infection control utility system components on the inventory with completion date and results of activities documented</p> <p>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.</p> <p>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.</p>			
EP 6					<p>Non-high-risk utility system components on the inventory with completion date and results of activities documented</p> <p>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.</p>			
<u>EP 7</u>					<u>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.</u>			
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b><u>EC.02.01.01</u></b>					<b><u>The hospital manages safety and security risks.</u></b>			
EP 1					<p>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.</p> <p><u>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.</u></p>			
EP 3					The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.			
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b><u>EC.01.01.01</u></b>					<b><u>The hospital plans activities to minimize risks in the environment of care.</u></b>			
EPs 1-9					<p>The hospital has a written plan for managing the following:</p> <p><u>EP-4 Environmental Safety</u>  <u>EP-5 Security</u>  <u>EP-6 Haz Materials</u>  <u>EP-7 Fire Safety</u>  <u>EP-8 Medical Equipment</u>  <u>EP-9 Utility Systems</u></p> <p>Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard.</p> <p>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</p>			

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b><u>EC.01.01.01</u></b>					<b><u>The hospital plans activities to minimize risks in the environment of care.</u></b>			
					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 <a href="https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/">https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/</a> and NFPA 99-2012: 1.4.			
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b><u>EC.04.01.01</u></b>					<b><u>The hospital collects information to monitor conditions in the environment.</u></b>			
EP 15					<u>Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness.</u>			

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b><u>EC.04.01.03</u></b>					<b><u>The hospital plans activities to minimize risks in the environment of care.</u></b>			
EP 2					<u>The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.</u>			

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.04.01.05</b>					<b>The hospital improves its environment of care.</b>			
EP 1					The hospital takes action on the identified opportunities to resolve environmental safety issues.			

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
<b>LS.01.02.01</b>					<b>Interim Life Safety Measures (ILSM)</b>				
EP 1					ILSM policy identifying when and to what extent ILSM implemented				
EP 2					Alarms out of service 4 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				
EP 3					Signs for alternate exits posted				
EP 4					Daily inspection of routes of egress (See also 19.7.9.2 RE: daily inspections)				
EP 5					Temporary but equivalent systems while system is impaired				
EP 6					Additional firefighting equipment provided				
EP 7					Smoke tight non-combustible temporary barriers				
EP 8					Increased surveillance implemented				
EP 9					Storage and debris removal				
EP 10					Additional training on firefighting equipment				
EP 11					Additional fire drill per shift per quarter				
EP 12					Temporary systems tested and inspected monthly				
EP 13					Additional training on building deficiencies, construction hazards, temp measures				

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
<b>LS.01.02.01</b>					<b>Interim Life Safety Measures (ILSM)</b>				
EP 14					Training for impaired structural or impaired compartment fire safety features				
EP 15					Other ILSM's				
<b>COMMENTS:</b>									

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.02.01</b>					<b><u>The hospital manages risks related to hazardous materials and waste.</u></b>			
EP 1					<u>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)</u>			
EP 3					<u>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.</u>			
EP 11					<u>For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.</u>			

Note EP's 6, 7, 8, 17, and 18 are covered under clinical tracers.



STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b><u>EC.02.01.01</u></b>					<b><u>The hospital manages safety and security risks.</u></b>			
<u>EP 1</u>					<p>The hospital implements its process to identify safety and security risks <u>associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.</u></p> <p>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.</p>			
<u>EP 3</u>					<u>The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.</u>			
<u>EP 9</u>					<u>The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.</u>			
<u>EP 10</u>					<u>When a security incident occurs, the hospital follows its identified procedures.</u>			
<b>COMMENTS:</b>								

Note: EP's 14 and 16 are covered under clinical (imaging) tracers.