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The Joint Commission Update

July 22nd, 2021



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HAP\CAH\ASC LSCS's

- ▶ Suspended onsite surveys on March 15
- ▶ Resumed onsite surveys on June 1
- ▶ Received authority (4/29) to conduct virtual HAP\CAH initials only!
 - ▣ HAP first virtual 5/19
- ▶ Received authority (7/30) to conduct virtual ASC's initials only!
 - ▣ ASC first virtual 8/6



Veteran's Administration

- ▶ Non-Deemed
- ▶ Conducted first follow up surveys 7/25



TJC Survey Volume

Month	ONSITE	OFFSITE	TOTAL
20-Sep	376	141	517
20-Oct	597	211	808
20-Nov	414	256	670
20-Dec	46	414	460
21-Jan	24	574	598
21-Feb	143	648	791
21-Mar	577	515	1092
21-Apr	737	395	1132
21-May	701	252	953

Covid Tool

Obtain useful information in regards to patient safety, suicide prevention, pain management, infection control and many more.

Resources

Patient Safety Topics >

News & Multimedia >

For Nurses >

For Physicians

For Consumers >

Research >

Research

Operations Support Research

Evaluation Research

Health Services Research

Covid Tool



COVID Community Prevalence Dashboard

This interactive dashboard is intended to provide some insight into the factors that The Joint Commission considers when evaluating community COVID prevalence. Users can select a specific state and county to assess current COVID incident rates and trends.

[View community COVID rates](#)

Covid Tool



Select a State and a County:

State	County
NC	Pender County

Current Percent Positive Rate for COVID Testing

4.70%

Total Cases

866

New Cases in Last 14 Days

83

New Cases per 1000 Residents (Most Recent 2-Week Period)

1.38

Trend in New Cases

1.22

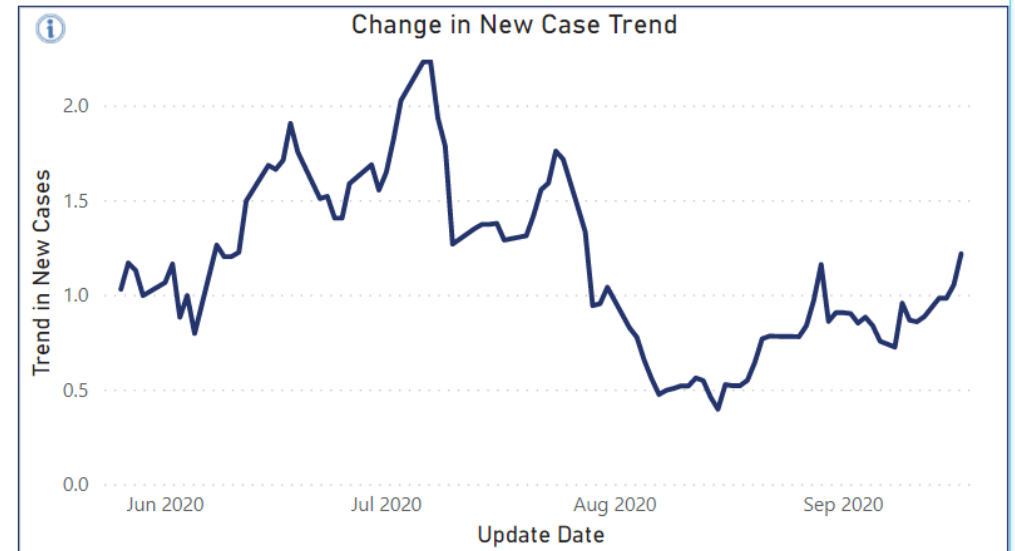
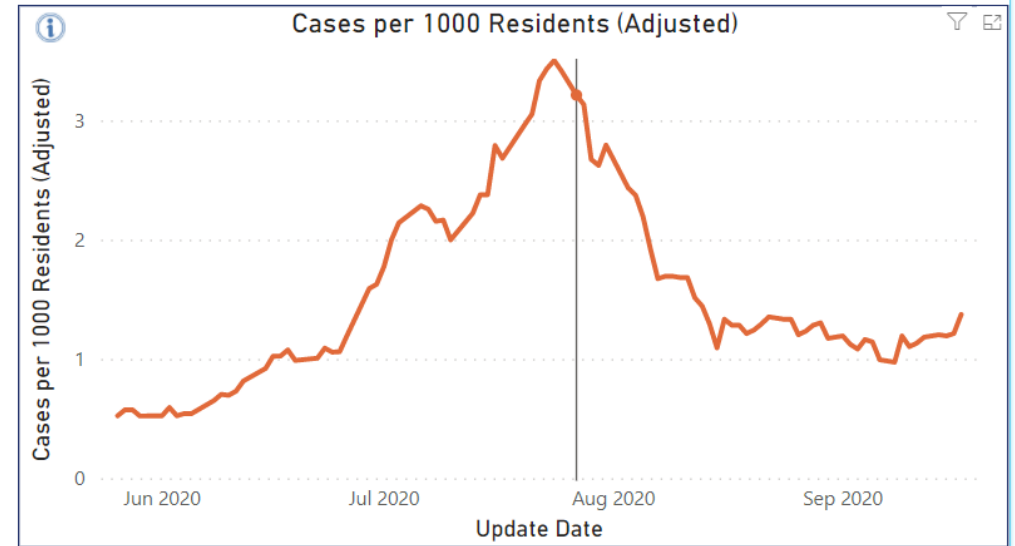
Latest Update

09/17/2020

Sources:

<https://github.com/nytimes/covid-19-data>

<https://covidtracking.com/api>



ITM 1135 Waivers

- ▶ PHE begin date of 3/1/20, currently extended to 7/20/21
- ▶ TJC authored (ASHE collaboration) 11-page ITM waiver request document
- ▶ Submitted to CMS on 4/2
- ▶ CMS responded on 4/30
- ▶ CMS added ABHR, Fire Drills, Temp. Construction on 5/11
- ▶ <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

ITM 1135 Waivers April 30, 2020

• Specific Physical Environment Waiver Information:

- 42 CFR §482.41(d) for hospitals, §485.623(b) for CAH, §418.110(c)(2)(iv) for inpatient hospice, §483.470(j) for ICF/IID; and §483.90 for SNFs/NFs all require these facilities and their equipment to be maintained to ensure an acceptable level of safety and quality. CMS is temporarily modifying these requirements to the extent necessary to permit these facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment.
- 42 CFR §482.41(b)(1)(i) and (c) for hospitals, §485.623(c)(1)(i) and (d) for CAHs, §482.41(d)(1)(i) and (e) for inpatient hospices, §483.470(j)(1)(i) and (5)(v) for ICF/IIDs, and §483.90(a)(1)(i) and (b) for SNFs/NFs require these facilities to be in compliance with the Life Safety Code (LSC) and Health Care Facilities Code (HCFC). CMS is temporarily modifying these provisions to the extent necessary to permit these facilities to adjust scheduled ITM frequencies and activities required by the LSC and HCFC. The following LSC and HCFC ITM are considered critical are not included in this waiver:
 - Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing.
 - Portable fire extinguisher monthly inspection.
 - Elevators with firefighters' emergency operations monthly testing.
 - Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing.
 - Means of egress daily inspection in areas that have undergone construction, repair, alterations, or additions to ensure its ability to be used instantly in case of emergency.
- 42 CFR §482.41(b)(9) for hospitals, §485.623(c)(7) for CAHs, §418.110(d)(6) for inpatient hospices, §483.470(e)(1)(i) for ICF/IIDs, and §483.90(a)(7) for SNFs/NFs require these facilities to have an outside window or outside door in every sleeping room. CMS will permit a waiver of these outside window and outside door requirements to permit these providers to utilize facility and non-facility space that is not normally used for patient care to be utilized for temporary patient care or quarantine.

ITM 1135 Waivers May 11, 2020

Specific Life Safety Code (LSC) for Multiple Providers - Waiver Information:

CMS is waiving and modifying particular waivers under 42 CFR §482.41(b) for hospitals; §485.623(c) for CAHs; §418.110(d) for inpatient hospice; §483.470(j) for ICF/IIDs and §483.90(a) for SNF/NFs. Specifically, CMS is modifying these requirements as follows:

- **Alcohol-based Hand-Rub (ABHR) Dispensers:** We are waiving the prescriptive requirements for the placement of alcohol-based hand rub (ABHR) dispensers for use by staff and others due to the need for the increased use of ABHR in infection control. However, ABHRs contain ethyl alcohol, which is considered a flammable liquid, and there are restrictions on the storage and location of the containers. This includes restricting access by certain patient/resident population to prevent accidental ingestion. Due to the increased fire risk for bulk containers (over five gallons) those will still need to be stored in a protected hazardous materials area.

Refer to: 2012 LSC, sections 18/19.3.2.6. In addition, facilities should continue to protect ABHR dispensers against inappropriate use as required by 42 CFR §482.41(b)(7) for hospitals; §485.623(c)(5) for CAHs; §418.110(d)(4) for inpatient hospice; §483.470(j)(5)(ii) for ICF/IIDs and §483.90(a)(4) for SNF/NFs.

- **Fire Drills:** Due to the inadvisability of quarterly fire drills that move and mass staff together, we will instead permit a documented orientation training program related to the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area.

Refer to: 2012 LSC, sections 18/19.7.1.6.

- **Temporary Construction:** CMS is waiving requirements that would otherwise not permit temporary walls and barriers between patients.

Refer to: 2012 LSC, sections 18/19.3.3.2.

Survey Process

- ▶ Did the organization activate emergency operations plan (EOP)
- ▶ Has the organization accepted 1135 waivers



COVID-19 Waived Elements of Performance

Hospital Accreditation Program

Standard	Requirement	Impacted Element of Performance
EC.02.03.01	Free & Unobstructed egress	4
EC.02.03.03	Fire Drills	1, 2
EC.02.03.05	Fire Protection and Suppression	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20, 25
EC.02.04.01	Medical Equipment Risk	4
EC.02.04.03	Medical Equipment ITM*	2, 3, 10, 20, 21, 22, 23, 24, 34
EC.02.05.01	Utility Systems Risk	22, 27
EC.02.05.05	Utility System ITM*	4, 5, 6, 7
EC.02.05.07	Emergency Power Systems ITM*	3, 4, 9, 10
EC.02.05.09	Medical Gas and Vacuum ITM*	7

Behavioral Health Care Accreditation Program

Standard	Requirement	Impacted Element of Performance
EC.02.03.01	Free & Unobstructed egress	4
EC.02.03.03	Fire Drills	1, 2
EC.02.03.05	Fire Protection and Suppression	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20, 25
EC.02.04.01	Medical Equipment Risk	4
EC.02.04.03	Medical Equipment ITM*	3
EC.02.05.07	Emergency Power Systems ITM*	3, 4

Elements of Performance That Cannot Be Waived

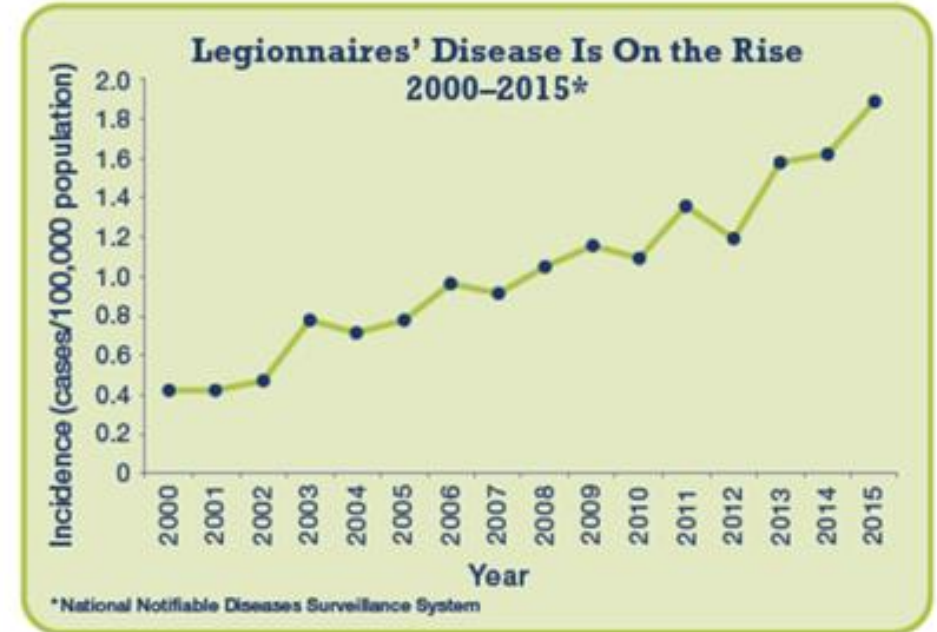
EC.02.03.05 EP6	Fire Pump Testing
EC.02.03.05 EP15	Fire Extinguisher Inspections
EC.02.03.05 EP27	Fire Fighter Recall Testing
EC.02.05.07 EP5	Generator Testing (Time)
EC.02.05.07 EP6	Generator Testing (Load)
EC.02.05.07 EP7	ATS Testing
LS.01.02.01 EP4	Means of Egress-Construction Areas



Water Management

What's the Risk?

- More Legionella pneumophila in the environment
- More susceptible patient population
- Increased awareness and testing
- 1 in 4 patients who acquire their infection in healthcare facility will die



In the United States, reported cases of Legionnaires' disease have increased by nearly four and a half times since 2000. More illness occurs in the summer and early fall but can happen any time of year.

Source: <https://www.cdc.gov/legionella/downloads/toolkit.pdf>



Legionella Bacteria Found in New York City Hospital: Officials

Published at 9:35 PM EDT on Jul 28, 2018 | Updated at 2:46 PM EDT on Jul 29, 2018

'Inadequate disinfection' blamed in Legionnaires' outbreak

4 Cases of Legionnaires' Disease Investigated at Hospital

Health officials warn of possible Legionnaires' exposure at Missouri cancer center

Vets' Home Legionnaires' Outbreaks Spur New Disease Notification Law

Legionella outbreak investigated by Hawaii Health Department

7 patients at new Ohio hospital diagnosed with Legionnaires'

by The Associated Press | Saturday, June 1st 2019

Center for Clinical Standards and Quality/Quality, Safety and Oversight Group

Ref: **QSO-17-30- Hospitals/CAHs/NHs**
REVISED 07.06.2018

DATE: June 02, 2017

TO: State Survey Agency Directors

FROM: Director
Quality, Safety and Oversight Group (*formerly Survey & Certification Group*)

SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

****Revised to Clarify Expectations for Providers, Accrediting Organizations, and Surveyors****

Memorandum Summary

- ***Legionella Infections:*** The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- **Facility Requirements to Prevent Legionella Infections:** Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *Legionella* and other opportunistic pathogens in water.
- This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations.
- *This policy memorandum clarifies expectations for providers, accrediting organizations, and surveyors and does not impose any new expectations nor requirements for hospitals, CAHs and surveyors of hospitals and CAHs. For these provider types, the memorandum is merely clarifying already existent expectations.*
- *This policy memorandum supersedes the previous Survey & Certification (S&C) 17-30 released on June 02, 2017 and the subsequent revisions issued on June 9, 2017.*

Current State

- ▶ CMS S&C 17-30 HAP\CAH\NH June 2nd, 2017

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-And-Cert-Letter-17-30->

- ▶ Training September 22, 2017

<https://qsep.cms.gov/pubs/VideoInformation.aspx?id=134&cid=0CMSLEGWEB-Archived>

Current State

CMS S&C *Legionella* Memo

Expectations for Healthcare Facilities and Surveyors

Review policies and procedures and reports documenting water management implementation results to verify that the facility has:


- Conducted **risk assessment** for potential areas of growth and spread.
- Implemented a **water management program** that considers the ASHRAE industry standard and CDC toolkit and that includes control measures (e.g., physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing).
- Specified **testing protocols** and acceptable ranges for control measures and documented the results of testing and corrective actions taken when control limits are not maintained.

Current State – Survey process

- ▶ Has the organization done a risk assessment?
- ▶ Does the organization have a water management program?
- ▶ Does the organization have specified testing protocols?
 - ❑ Acceptable ranges for control measures
 - ❑ Corrective actions taken when control limits are not maintained



Current State

- 
- ▶ **EC.02.05.01 The hospital manages risk associated with its utility systems.**
 - EP14 The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold- water systems, and other aerosolizing water systems

Future State

- 
- ▶ **EC.02.05.02 The organization has a water management program.**

Note: The water management program is in accordance with law and regulation.

Future State

- EP 1 The water management program includes an individual or team responsible for the oversight and implementation of the program, including but not limited to the development, management, and maintenance activities.




Future State

EP 2 The individual or team responsible for the water management program develops the following:

- ❑ A basic diagram that maps all water supply sources, treatment systems and control measures, processing steps, and all end-use points.
- ❑ A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions can most likely occur in areas with slow or stagnant water), and an evaluation of the patient populations served to identify patients who are immunocompromised.
- ❑ A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period. (i.e., unoccupied or temporarily closed)
- ❑ Monitoring protocols and acceptable ranges for control measures

Future State

- 
- ▶ EP 3 The individual or team responsible for the water management program manages the following:
 - ❑ Documenting results of all monitoring activities
 - ❑ Corrective actions and procedures to follow if a positive bacteria test result is obtained and the specific procedures to follow when a probable or confirmed waterborne pathogen case is identified
 - ❑ Documenting corrective actions taken when control limits are not maintained

Note: See EC.04.01.01 EP 1 for the process of monitoring, reporting, and investigating utility system issues.

Future State

EP 4 The individual or team responsible for the water management program maintains the following:

- ❑ Updating the water management program and/or risk management plan when any changes have been made to the water system that would add additional hazard points
- ❑ Updating the water management program and/or risk management plan when any new equipment or at-risk water system(s) has been added that could potentially be a source for Legionella or generate aerosols. This includes the commissioning of a new wing or building.

Note 1: The Joint Commission does not require culturing for Legionella or other water-borne pathogens. Testing protocols are at the discretion of the hospital unless required by law or regulation.

Note 2: Refer to ASHRAE Standard 188-2018 and the CDC Toolkit "Developing a Water Management Program to Reduce *Legionella* Growth and Spread in Buildings" for additional guidance on creating a water management plan. In addition, consult ANSI/ASHRAE Guideline 12-2020 for guidance on operational best practices and to formalize control strategies.

Future State



- EP1 Individual\Team Accountability

- EP2

- Basic Diagram\Schematic
- Risk Management Plan
- Stagnant System\Water
- Monitoring Protocols\Ranges

Future State



EP3

- ❑ Document Monitoring Ranges
- ❑ Corrective Actions if Problems
- ❑ Document Corrective Actions

EP4

- ❑ Maintenance of Program/Risk Assessment
- ❑ New Equipment or At-Risk Systems

Timeline

- ▶ Standard Development – Summer 2020
- ▶ CMS\Field Review – September\October 2020
- ▶ Review CMS\Field Review – November\ December 2020
- ▶ Final CMS Review – January 2021
- ▶ Perspective April 2021
- ▶ TJC Implementation in Manuals – July 2021
- ▶ TJC Enforcement – January 1, 2022



Information



EC News

- ❑ Sept 2017 – Mitigating Legionnaires’ Disease
- ❑ Feb 2019 – “A water shield against legionella
- ❑ Oct 2019 – Toolbox, Preventing Legionella in Healthcare Facilities

Identifying Buildings at Increased Risk

Survey your building (or property) to determine if you need a water management program to reduce the risk of *Legionella* growth and spread.

If you answer **YES** to any of questions 1 through 4, you should have a water management program for *that building's* hot and cold water distribution system.

Healthcare Facilities

- Yes ___ No ___ 1. Is your building a healthcare facility where patients stay overnight or does your building house or treat people who have chronic and acute medical problems[†] or weakened immune systems?
- Yes ___ No ___ 2. Does your building primarily house people older than 65 years (like a retirement home or assisted-living facility)?
- Yes ___ No ___ 3. Does your building have multiple housing units and a centralized hot water system (like a hotel or high-rise apartment complex)?
- Yes ___ No ___ 4. Does your building have more than 10 stories (including basement levels)?

Devices in buildings that can spread contaminated water droplets should have a water management program even if the building itself does not. If you answer **NO** to all of questions 1 through 4 but **YES** to any of questions 5 through 8, you should have a water management program for *that device*.

- Yes ___ No ___ 5. Does your building have a cooling tower^{*}?
- Yes ___ No ___ 6. Does your building have a hot tub (also known as a spa) that is not drained between each use?
- Yes ___ No ___ 7. Does your building have a decorative fountain?
- Yes ___ No ___ 8. Does your building have a centrally-installed mister, atomizer, air washer, or humidifier?

If you answer **NO** to questions 1 through 8, you should still maintain water systems according to manufacturer recommendations. On properties with multiple buildings, prioritize buildings that house or treat people who are at increased risk for Legionnaires' disease (see Appendix A to learn who is at increased risk).

The building standards discussed in this toolkit do not apply to single-family or small multiple-family residences (e.g., duplexes), even those with the devices in questions 6 through 8, but residents do need to take steps to protect themselves from waterborne diseases.

Homeowners should follow local and state guidelines for household water use, and owners of the devices in questions 6 through 8 should follow the manufacturer's instructions regarding cleaning, disinfecting, and maintenance.



What Life Safety Code Surveyors want you to Know...

Requirements Life Safety Code Surveyors Want You to Know About...

▶ RPTs Assure compliance with all requirements in NFPA 99-2012, 10.2.3.6

- ❑ Not an 'assembly'
 - RPT on a 'stick'



- ❑ An 'assembly'



Requirements Life Safety Code Surveyors Want You to Know About (cont.)

Requirements Life Safety Code Surveyors want you to know about...

- Example of a substitute for fixed

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.)

- Fire response plan, LIP, copy at operator or security
 - **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 EPS remote/not on exterior enclosures
 - **Solution:** EC.02.05.03 EP-11

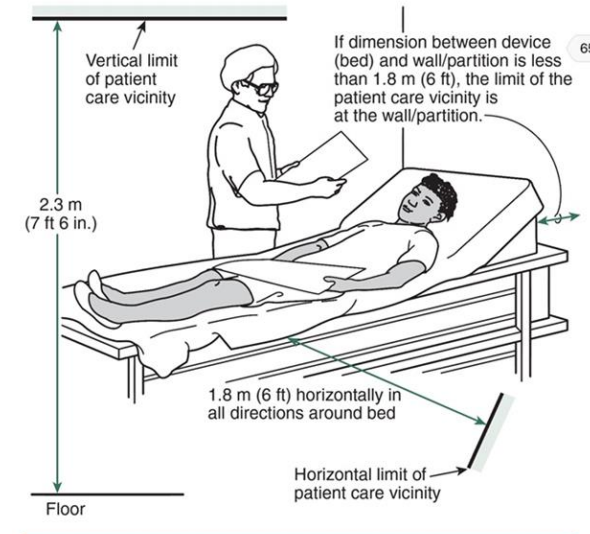
5.6.5.6* All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

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.)

- 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. **The Joint Commission - remove from the vicinity of the patient.**
- Now supported by the (pending) 2021 NFPA 99! ...solution-soaked materials be removed from the operating room prior to surgery have been revised to reflect removal of the materials from the “patient care vicinity.”

ALSO - Applicator if used completely – surveyors will no longer consider it to be alcohol soaked.



Requirements Life Safety Code Surveyors Want You to Know About (cont.) NFPA 96 – 2011

- 9-1.2.3 All deep fat fryers shall be installed with at least a 16-in. space between the fryer and surface flames from adjacent cooking equipment
- *Exception: Where a steel or tempered glass baffle plate is installed at a minimum 8 in. in height between the fryer and surface flames of the adjacent appliance*



Requirements Life Safety Code Surveyors Want You to Know About (cont.)

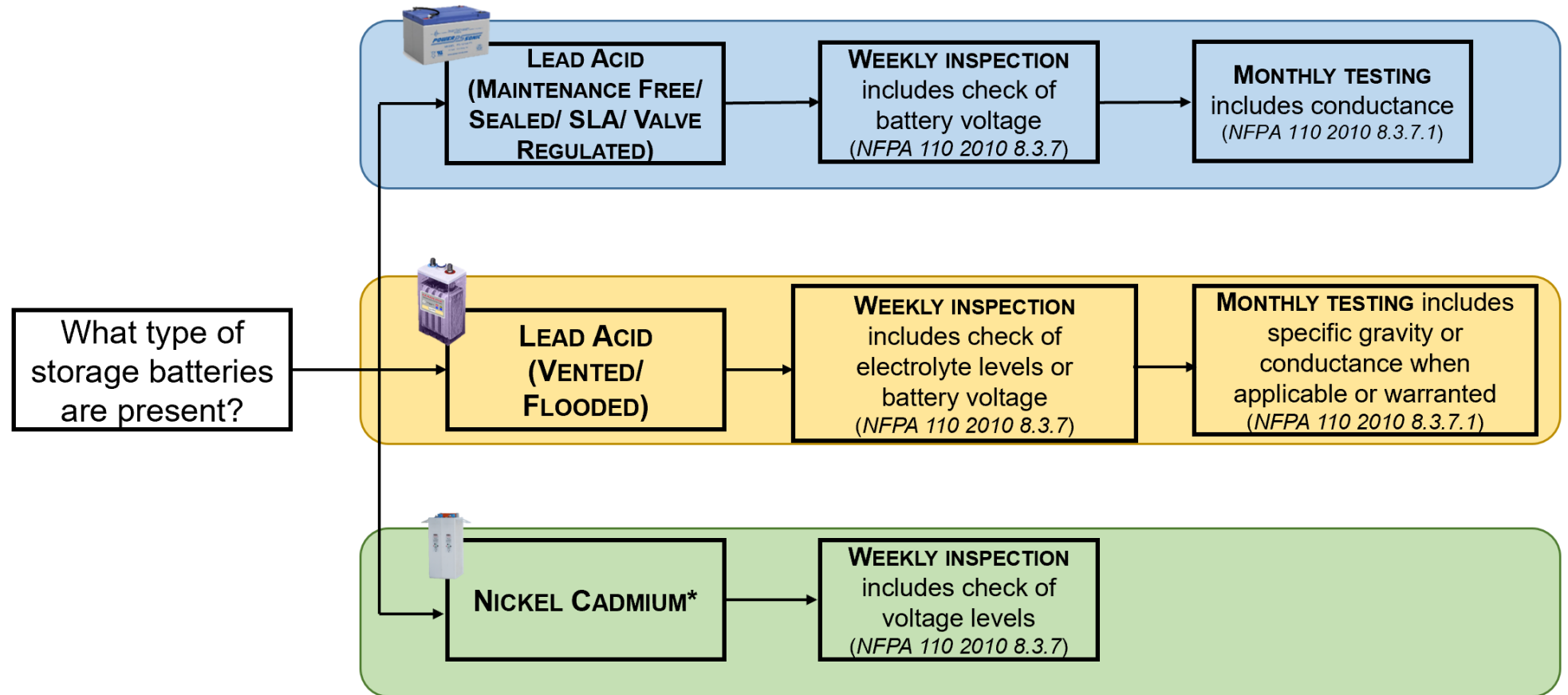
- EC.02.05.07 EP4
 - Every week, the hospital inspects the EPSS, including all associated components and batteries.
 - ATS's
 - Generator Batteries (maintenance free)
 - Monthly Specific Gravity – or – Monthly Conductance

8.3.7* Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications.

8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted.

New tools cont. Generator Battery Testing

EC.02.05.07 EP-4



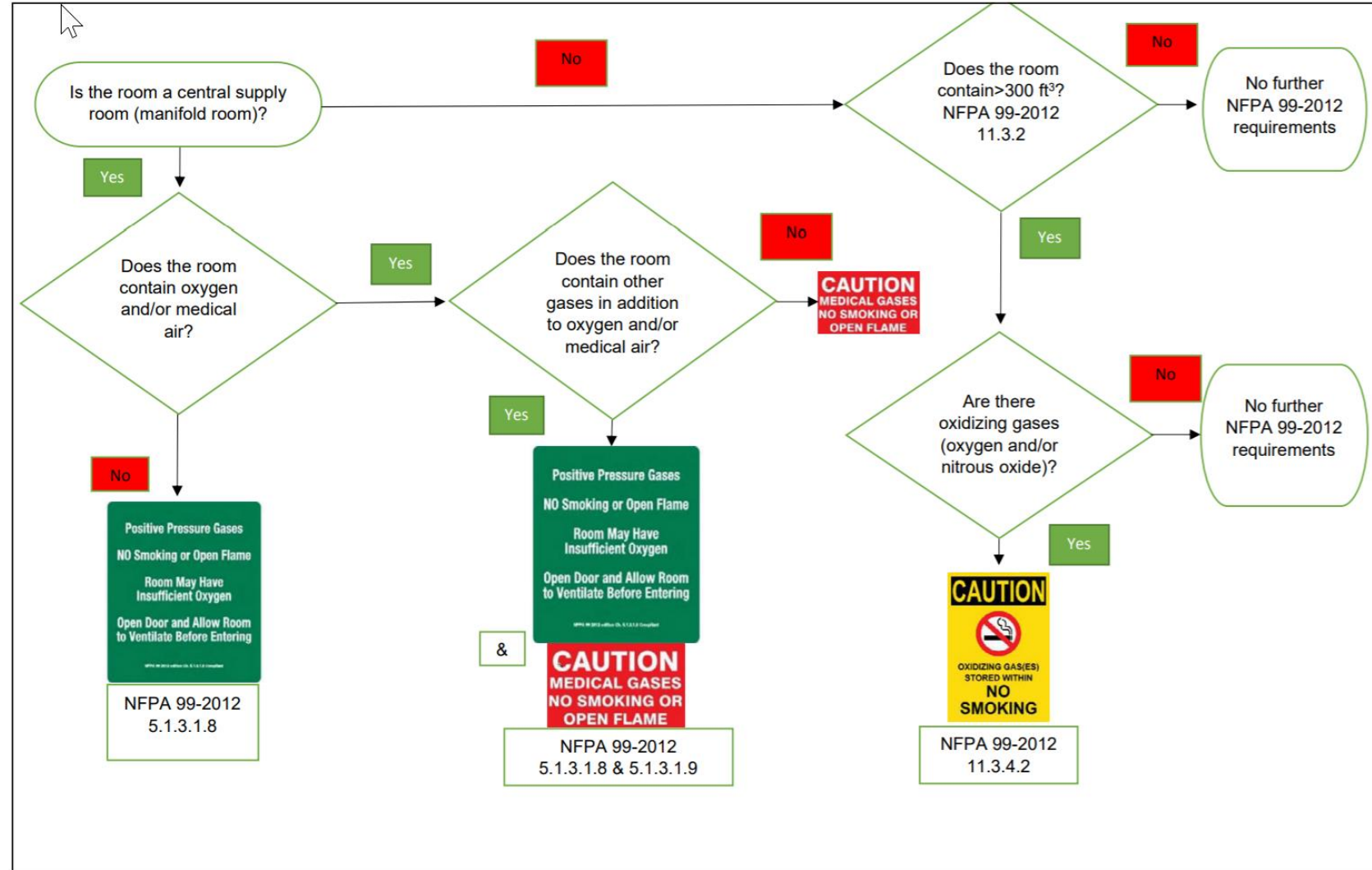
* Note: Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications.

Requirements Life Safety Code Surveyors Want You to Know About (cont.)

- Scab Patches (see *EC News* Sept 2020)
- Fire Drills
- Suite Boundary Doors

New tools cont. May 2021 EC News

Medical Gas Room Signage Flowchart



Further Guidance from the NFPA

It is important to note the following additional guidance from the National Fire Protection Association (NFPA) *Health Care Facilities Code* (NFPA 99-2012):

- ▶ Per section 11.3.3.1, individual cylinder storage associated with patient care areas, not to exceed 22,500 ft² of floor area, is not required to be stored in an enclosure.
- ▶ Per section 11.3.3.4, individual small-sized (A,B, D, or E) cylinders available for immediate use in patient care areas are not considered to be in storage.
- ▶ Per section 11.3.2, when determining the volume of storage, do not consider cylinders and containers that are in use.
- ▶ There is no limit on the amount of nonflammable gas cylinders or containers that can be stored within a smoke compartment, provided nonflammable gas cylinders and containers in excess of 300 ft³ are stored in an enclosure that meets the requirements of sections 11.3.2.1 through 11.3.2.3.
- ▶ If <300 ft³ stored in room, no signage is required.

How Do I Get to the FAQs? (new look!)

www.jointcommission.org

The screenshot shows the top navigation bar of the Joint Commission website. The logo "The Joint Commission" is on the left. To its right is a button labeled "Our Websites: ▾". Below the logo is a dark blue navigation bar with the following items: "Accreditation & Certification ▾", "Standards ▲", "Measurement ▾", and "Performance ▾". A red arrow points from the "Standards ▲" item down to a dropdown menu. The dropdown menu is light gray and contains the following items, each with a right-pointing chevron: "National Patient Safety Goals", "Prepublication Standards", "R3 Report", "Standards FAQs" (highlighted with a red arrow pointing left), "Universal Protocol", and "Patient Safety Systems PS Chapter".

Business and Ambulatory Sites

Effective July 1, 2020

- Added LSCS to ambulatory surgery centers (ASC) and free-standing emergency departments (FSED). CMS\TJC considers both AHC.
- One LSCS day for each ASC and each FSED
- Enhanced physical environment survey by clinical surveyor at business and non-ASC ambulatory sites.
- Using LS.05 when appropriate
- LSC drawing required for all buildings of all occupancy type, 7/1/2021

Environment of Care Session Effective July 1, 2020

- Eliminated one hour sit down EC session
- Expanded LSCS document review session by 30 minutes
- Enhanced LSCS and clinical surveyor tracer methodologies while on building tour

Emergency Management Session

Effective June 9th, 2021– July 2022

- Interim process until the release of new EM standards July 1, 2022
- LSCS and Clinician will conduct joint session when LSCS is greater than 3 LSCS days, for less than 3 LSCS days, using exiting SAG.
- Focuses on
 - Recent events or exercises
 - Training and education
 - Evaluation and Planning

Workplace Violence Effective January 1, 2022

HAPI\CAH

- Provide a framework to guide hospitals and critical access hospitals in developing strong workplace violence prevention systems and address the following concepts:
- Defining workplace violence, including a formal definition located in the Glossary
- Leadership oversight
- Worksite analysis
- Developing policies and procedures for the prevention of workplace violence
- Reporting systems, data collection, and analysis
- Post-incident strategies
- Training and education to decrease workplace violence

Workplace Violence Effective January 1, 2022

HAPI\CAH

- EC.02.01.01 EP17 (New)
- EC.04.01.01 EP1 and EP 17 (Revised)
- HR.01.05.03 EP 29 (New)
- LD.03.01.01 EP9 (New)

LSC Business Occupancy Effective July 1, 2021

HAP\CAH\BHC

- These new standards (LS.05) were developed since the LS chapter only has standards that address health care occupancies, ambulatory care occupancies, and residential board and care occupancies. The new business occupancy standards will provide accredited customers and surveyors with clear guidance on business occupancy requirements resulting in a more consistent approach in the evaluation of all occupancy locations. (January 2021 Perspectives)
- Please note: For the BHC program, these standards only apply to buildings that are business occupancies where individuals receive services.

Spare Sprinkler Heads Effective Immediately

HAP\CAH\BHC

- **LS.02.01.35 EP 7**
- Old - At least six spare sprinkler heads of **each type and temperature** rating installed in the facility are readily available, with the associated wrench or tool to replace the sprinkler head. The spare sprinkler heads and wrench or tool are stored in a cabinet that does not exceed 100°F.
- New - At least six spare sprinkler heads that **correspond to the types and temperature** rating of the hospital's sprinkler heads, with associated wrenches, are kept in a cabinet that will not exceed 100°F.

Spare Sprinkler Heads Effective January 1, 2022

AHC

- **LS.03.01.35 EP 7**
- New - At least six spare sprinkler heads that correspond to the types and temperature rating of the hospital's sprinkler heads, with associated wrenches, are kept in a cabinet that will not exceed 100°F.

Aisle Widths in Suites Effective Immediately HAPI\CAH

- **LS.02.01.20 EP 42**
- Effective immediately, Joint Commission Life Safety Code^{®*} surveyors will cite noncompliance in suites with aisles that have less than **36 inches of clearance from side to side to facilitate egress.** This requirement is in accordance with the National Fire Protection Association's (NFPA) Life Safety Code (NFPA 101–2012), Section 7.3.4.1(2), in the core chapter on egress, which sets the minimum width of any means of egress at 36 inches in all facilities or portions of facilities classified as health care occupancy. (April 2021 Perspectives)

Building Maintenance Program Effective July 1, 2021

HA\CAH

- The BMP is an optional and voluntary program to help identify, track, and manage Life Safety Code[®]* deficiencies. Many organizations have a similar process and program to help identify and manage Life Safety Code deficiencies; as a result, the BMP no longer needs to be included in the LS chapter. (April 2021 Perspectives)



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