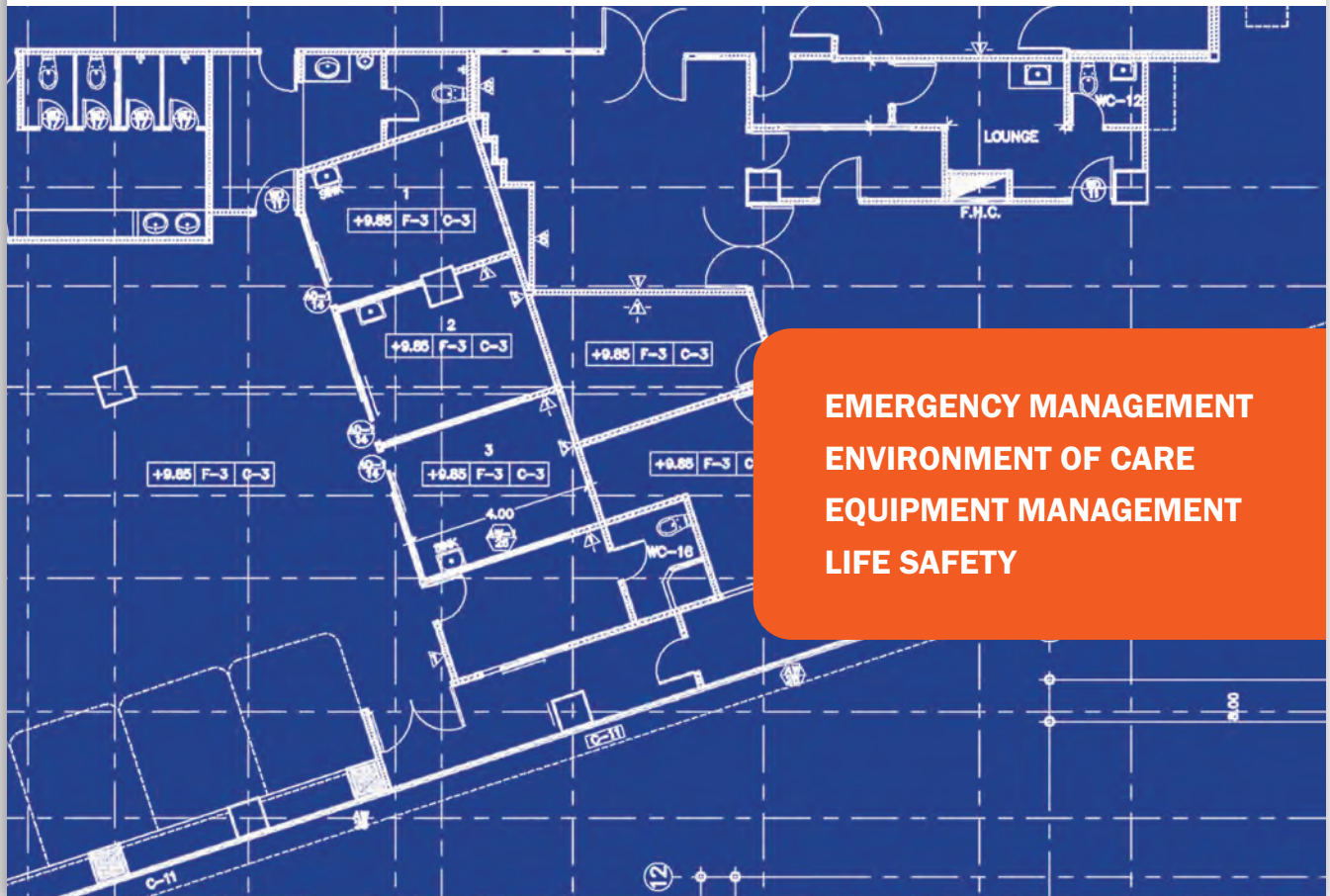


2024

Environment of Care[®] Essentials for Health Care



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INTRODUCTION

Elements of the Physical Environment

The physical environment of a health care organization is known as the *environment of care*. Three basic elements comprise the environment:

1. The building or space, including how it is arranged and special features that protect patients, visitors, and staff
2. Equipment used to support patient care or to safely operate the building or space
3. People, including those who work within the organization, patients, and anyone else who enters the environment—all of whom have roles in minimizing risks

Joint Commission standards for the physical environment cover everything from emergency power to door latches to facility security.

While the environment of care includes the broad and diverse subareas addressed in the “Environment of Care” (EC) chapter of The Joint Commission *Comprehensive Accreditation Manuals* and their online E-dition® versions, it also includes the functions addressed in the “Life Safety” (LS) and “Emergency Management” (EM) chapters. Essentially, standards and elements of performance (EPs) related to risks in the physical environment appear in these three chapters of the accreditation manuals. A fourth

related chapter, “Equipment Management” (EQ), appears only in the *Comprehensive Accreditation Manual for Home Care*.

Aim of This Book

Facility managers, emergency managers, life safety experts, and equipment managers (including home care managers)—especially those in charge of multiple facilities—have come to rely on *Environment of Care® Essentials for Health Care*. They know they can use it to efficiently and effectively educate not only themselves but also their staff, their organization leadership, and the vendors with whom they work. It is a product they can count on to help them improve the safety of the physical environment and, in turn, the quality of care, treatment, and services their organization provides.

A highlight of *Environment of Care® Essentials for Health Care* is a streamlined matrix that allows the reader to quickly and easily cross-reference EPs across programs rather than flipping from manual to manual or between versions of the E-dition to see if an EP applies or is the same from one program to another. It’s all here: access and insight.

Access

This book gives you access to every Joint Commission standard (effective January 2024) and EP from the

EC, EM, LS, and EQ chapters across all nine Joint Commission accreditation programs: ambulatory care, office-based surgery, assisted living community, behavioral health care and human services, home care, hospital, critical access hospital, laboratory, and nursing care center.

Insight

This text also provides insight. Having a safe environment of care encompasses concerns such as air quality issues in a hospital surgical suite versus an outpatient surgery setting, suicide prevention in a community mental health center, hazardous material spills across a range of settings, workplace violence in a nursing care center, and safe oxygen use in a patient's home. Many Joint Commission standards related to the physical environment are quite similar across health care settings, but some critical differences exist. *EC Essentials* helps you easily identify those distinctions and address them accordingly.

Who Should Read This Book?

Environment of Care® Essentials for Health Care is especially helpful two major audiences: environment of care professionals and the vendors and contractors with whom they work (including those sitting around the table in [Figure 1](#), page 7).

Accreditation professionals charged with overseeing Joint Commission compliance—who are often less familiar with environmental issues than with patient care issues—are a secondary audience. Reviewing the standards in this book with experienced facility managers can enhance an accreditation professional's understanding of those concepts while increasing facility managers' familiarity with related accreditation standards.

Organization of This Book

In addition to this Introduction, there are four main chapters in *EC Essentials*. Chapters 1 through 3 are the core of this book; each one presents a straightforward grid, or applicability matrix, that crosswalks every EP

for every EC, EM, and LS standard across every setting of care. Chapter 4 presents the EQ standards and EPs crosswalked for all the services accredited under the Home Care Accreditation Program.

The streamlined applicability matrix in Chapters 1 through 3 makes it easy for readers to quickly compare differences in requirements across the continuum of care—or to simply identify the requirements applicable to the single health care setting within which they are working. No more trying to reconcile the differences in language for the various programs. This is all done for you. (See [Figure 2](#) on page 9 for a detailed breakdown.)

For instance, if you want to know whether a certain EP—let's use EP 1 of Standard EC.02.02.01 (as shown in [Figure 2](#)) as an example—applies across the settings in your health care system and how it might differ among them, turn to Chapter 1 (the EC chapter) and find the standard in alphanumerical order. Search the matrix for EP 1 and scan across, noting the symbols in the columns. An X indicates that the EP applies to the program. An **R** indicates that the EP applies to the program and is an identified risk. A **Ⓢ** indicates that the EP applies to the program and requires documentation. (These icons match those used in the accreditation manuals and in their E-dition counterparts.)

Now you know for sure: Standard EC.02.02.01, EP 1, applies to ambulatory care, critical access hospital, hospital, laboratory, and home care. You can also see that the EP has a documentation icon for ambulatory, critical access hospital, hospital, lab, and home care, as well as a risk icon for critical access hospital and hospital.

But how, specifically, is the EP different for each program? This information can be found beneath the applicability matrix: Each version of the EP is listed, followed by the abbreviated name of the applicable program(s) in brackets. (You'll find a key for the icons near the beginning of each chapter.) If there are no differences in language across applicable settings, there will be no bracketed applicability following the language. You're all set.

Here are some additional tips to help you navigate the applicability matrix:

- If the only difference in the wording between programs is the name of the program,

FIGURE 1. Employee/Occupational Health Managers



This book is intended for anyone within an organization who can and should participate in standards compliance related to the management of the physical environment, including the disciplines identified in this illustration. When applicable, additional individuals such as union representatives should also be included.

“[organization]” is used in place of the particular health care setting/accreditation program.

- If text varies from one program to another only slightly and in a way that has little impact on the meaning of the standard or EP, the various versions are included in brackets (for example, “[patient/resident/individual served]”).
- If standard- or EP-level text varies significantly by program, the entire block of text has been included, with its program listed after it in brackets.
- In some cases, an EP may not apply to an entire program (for example, hospitals) but to a particular facet of a program (for example, hospitals that use Joint Commission accreditation for deemed status purposes). If a standard or an EP applies to only part of a program, we have included an abbreviated name for that program part in the matrix (for

example, “Deemed” to indicate hospitals that use Joint Commission accreditation for deemed status purposes). The Key to Abbreviations and Symbols in This Matrix (on page 8) defines the various categories that may appear throughout this book. (This key is repeated at the start of Chapters 1 through 3.)

- Standards and EPs occasionally get deleted or consolidated, and, to ensure consistency, numbering of standards and EPs is usually not changed. If a standard or an EP seems to be missing or skipped, it means the standard or EP is not or is no longer applicable to any of the organizations listed. You’re not missing any information.

At the back of the book you’ll find a glossary that provides a handy reference to important terms used in the standards covered in this book.

Key to the Abbreviations and Symbols in This Matrix

The following abbreviations are used throughout this matrix:

AHC Ambulatory Health Care

AHC deemed ASCs—Ambulatory surgical centers that elect to use The Joint Commission deemed status option

AHC deemed ASCs and outpatient surgery—Ambulatory surgical centers and outpatient surgical departments that elect to use The Joint Commission deemed status option

RHCs and FQHCs—Rural health clinics and federally qualified health centers

ALC Assisted Living Community

MCC—Organizations that elect The Joint Commission Memory Care Certification option

BHC Behavioral Health Care and Human Services

CW—Child Welfare

OTP—Opioid treatment programs

PHARM—Organizations that operate a pharmacy

CAH Critical Access Hospital

CAH psych DPUs—Psychiatric distinct part units in critical access hospitals

CAH rehab DPUs—Rehabilitation distinct part units in critical access hospitals

CAH rehab and psych DPUs—Rehabilitation and psychiatric distinct part units in critical access hospitals

CAH swing beds—Swing beds used for long-term care in critical access hospitals

HAP Hospital

HAP deemed—Hospitals that use Joint Commission accreditation for deemed status purposes

LAB Laboratory

Independent labs—Laboratories that are independent organizations

NCC Nursing Care Center

MCC—Organizations that elect The Joint Commission Memory Care Certification option

OBS Office-Based Surgery

OME Home Care

DMEPOS—DMEPOS suppliers serving Medicare beneficiaries

OME deemed HH—Home health agencies that elect to use The Joint Commission deemed status option

OME deemed HH and hospices—Home health agencies and hospices that elect to use The Joint Commission deemed status option

OME deemed hospices—Hospices that elect to use The Joint Commission deemed status option

OME deemed inpatient hospices—Hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option

The following symbols are provided with the EPs to which they apply:

Ⓢ indicates that written documentation is required to demonstrate compliance

Ⓡ indicates an identified risk

FIGURE 2. A Sample Matrix Page

EC.02.01.05	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 13			Ⓢ CW						

The foster care agency reassesses safety during the periodic evaluation of the case plan, or as required by law and regulation. The safety assessment is documented.

Standard EC.02.02.01

	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X	X	X	X	X	X	X	X

The organization manages risks related to hazardous materials [and waste].

Elements of Performance for EC.02.02.01

EC.02.02.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 1	Ⓢ			Ⓢ R	Ⓢ R	Ⓢ			Ⓢ

The [organization] 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 MM.01.01.03, EP 1) [AHC, CAH, HAP, OME]

The laboratory 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. [LAB]

EC.02.02.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 2			X						X

The organization manages hazardous materials from receipt through final use or disposal. (See also IC.02.01.01, EP 2; MM.01.01.03, EP 2) [BHC]

The organization manages hazardous materials and waste from receipt or generation through final use or disposal. [OME]

EC.02.02.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 3	Ⓢ	Ⓢ		Ⓢ R	Ⓢ R	Ⓢ	Ⓢ		

The [organization] has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2) [AHC, ALC, CAH, HAP, LAB, NCC, OME]

The [organization] identifies procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2) [OBS]

The [organization] implements its procedures in response to hazardous material and waste spills or exposures.

EC.02.02.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 5	X	X		R	R	X	X	X	

The [organization] minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Standard number

An "X" indicates that a standard or EP applies to a particular program.

EP number

This EP is applicable only to BHC and OME, as shown in the matrix at right.

Indicates that the standard or EP applies to the specific program and also requires written documentation and has an identified risk.

The bracketed text indicates that the wording varies slightly across programs.

If abbreviations appear in brackets after a standard, EP, or note, that text applies only to the program(s) listed. In this example, the note applies only to OBS.

This sample page illustrates how a particular standard (EC.02.02.01) and its EPs apply across the nine accreditation programs and identifies any differences in text from one program to another.

What's New in the 2024 Standards for the Physical Environment?

The Joint Commission significantly revised the EM standards for home care, effective July 1, 2023, to establish a more comprehensive yet streamlined EM program that allows organizations to be better prepared for disasters and emergencies. Similar to the changes applied to hospitals and critical access hospitals in the previous edition, these revisions resulted in many EPs being deleted entirely and many new standards being added. As a result, the first half of the EM chapter applies only to programs other than CAH, HAP, and OME, and the second half of the EM chapter applies exclusively to CAH, HAP, and OME. Changes to the EM chapter for other programs were minimal.

All programs and chapters have removed the term *licensed independent practitioner* and replaced it with more precise terminology such as *physician*, *provider*, or *staff member*, as appropriate. Major changes to the EC chapter included elimination of redundant EPs prohibiting smoking, consolidation of EPs regarding system maintenance, and consolidation of EPs regarding reporting and investigating incidents. National Fire Protection Association (NFPA) references were also added and updated as appropriate. Major changes to the LS chapter included elimination of a redundant EP regarding the NFPA and revision of NFPA references.

For more information on the specific changes made to the standards and EPs in each program, see each chapter's introduction.

Continuous Compliance

The Joint Commission has identified several EC-related standards that have frequently been found to be noncompliant during surveys over the past few years.

The frequent hot spots are shown in [Figure 3](#) (page 11). Because compliance with Joint Commission EC, EM, LS, and EQ standards is a measure of patient safety, it should be consistently high and continuously monitored.

Consider implementing a mock tracer program if you don't already have one. Surveyors use tracers to assess an organization's compliance with Joint Commission requirements—and you can perform a mock tracer in your own organization as a self-assessment. A surveyor reviews an individual's clinical record and follows (or traces) the specific care processes and environments the individual experienced by observing and talking with staff members in areas where the individual received care. This methodology provides an opportunity to assess the organization's physical facilities and systems for providing care and services and its compliance with accreditation requirements.

Mock tracers simulate the tracers that surveyors use. They can help you assess compliance issues on an ongoing basis and come up with plans to address them. Plus, tracers acclimate staff to the survey process and model what interaction with a surveyor will be like. Most importantly, tracers support continuous compliance.

Facility managers and other EC professionals can work with their accreditation colleagues and tracer team to plan tracers that also allow the opportunity to assess the physical environment. Use the concepts in this book to gain useful insight as you aim for EC, EM, LS, and EQ standards compliance—for your department/unit/service, in your organization, and across your system.

FIGURE 3. Frequently Cited Standards in the Physical Environment



Acknowledgments

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