

# 2026 Physical Environment Essentials for Health Care



EMERGENCY MANAGEMENT | PHYSICAL ENVIRONMENT  
EQUIPMENT MANAGEMENT | LIFE SAFETY  
ENVIRONMENT OF CARE®

## Joint Commission Mission

The mission of Joint Commission is enabling and affirming the highest standards of healthcare quality and patient safety for all.

## Disclaimers

Joint Commission Resources (JCR) educational programs and publications support, but are separate from, the accreditation activities of Joint Commission. Attendees at Joint Commission Resources educational programs and purchasers of JCR publications receive no special consideration or treatment in, or confidential information about, the accreditation process. The inclusion of an organization name, product, or service in a JCR publication should not be construed as an endorsement of such organization, product, or service, nor is failure to include an organization name, product, or service to be construed as disapproval.

This publication is designed to provide accurate and authoritative information regarding the subject matter covered. Every attempt has been made to ensure accuracy at the time of publication; however, please note that laws, regulations, and standards are subject to change. Please also note that some of the examples in this publication are specific to the laws and regulations of the locality of the facility. The information and examples in this publication are provided with the understanding that the publisher is not engaged in providing medical, legal, or other professional advice. If any such assistance is desired, the services of a competent professional person should be sought.

© 2026 Joint Commission

Published by Joint Commission Resources  
Oakbrook Terrace, Illinois 60181 USA  
<https://www.jointcommission.org>

Joint Commission Resources, Inc. (JCR), a not-for-profit affiliate of Joint Commission, has been designated by Joint Commission to publish publications and multimedia products. JCR reproduces and distributes these materials under license from Joint Commission.

All rights reserved. No part of this publication may be reproduced in any form or by any means without written permission from the publisher. Requests for permission to make copies of any part of this work should be sent to [permissions@jcrinc.com](mailto:permissions@jcrinc.com).

ISBN (print): 978-1-63585-484-8

ISBN (e-book): 978-1-63585-485-5

Printed in the USA

For more information about Joint Commission, please visit <https://www.jointcommission.org>.

## Development Team

**Executive Editor:** Carolyn Schierhorn, MA

**Associate Director, Global Publications, Books & Digital Subscriptions:** Phyllis Crittenden

**Associate Director, Global Publications, Accreditation:** Mary Beth Curran

**Associate Director, Production:** Johanna Harris

**Executive Director, Global Publishing:** Catherine Chopp Hinckley, MA, PhD

# CONTENTS

<b>Introduction</b>	<b>5</b>
<b>Chapter 1:</b> 2026 Physical Environment Matrix for Hospitals and Critical Access Hospitals	<b>13</b>
<b>Chapter 2:</b> 2026 Environment of Care® Matrix for Ambulatory Care, Assisted Living Communities, Behavioral Health Care and Human Services, Laboratories, Nursing Care Centers, Office-Based Surgery, Home Care, and Rural Health Clinics	<b>33</b>
<b>Chapter 3:</b> 2026 Emergency Management Matrix for All Accreditation Programs Except Telehealth	<b>95</b>
<b>Chapter 4:</b> 2026 Life Safety Matrix for Ambulatory Care, Assisted Living Communities, Behavioral Health Care and Human Services, Home Care, and Nursing Care Centers	<b>139</b>
<b>Chapter 5:</b> 2026 Equipment Management Matrix for Home Care	<b>193</b>
<b>Chapter 6:</b> 2026 Equipment, Devices, and Connectivity for Telehealth	<b>203</b>
<b>Glossary</b>	<b>205</b>
<b>Index</b>	<b>215</b>





# INTRODUCTION

This 2026 edition of this annual book has a new title—*Physical Environment Essentials for Health Care*—reflecting Joint Commission revisions to the *Comprehensive Accreditation Manual for Hospitals (CAMH)* and the *Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)* and E-dition® that take effect January 1, 2026. As part of Accreditation 360, Joint Commission's streamlining of its standards to reduce the burden on health care organizations, the "Environment of Care" (EC) and "Life Safety" (LS) chapters for hospitals and critical access hospitals have been consolidated and streamlined into one "Physical Environment" (PE) chapter, with fewer standards and elements of performance (EPs). These changes will eventually roll out to other accreditation programs, which for now retain the older chapters with their nomenclature and standards numbering system. At some point in the future, other accreditation programs will have their own "Physical Environment" chapter in lieu of EC and LS chapters. Because of these revisions, a new chapter titled "Physical Environment Matrix" has been added to this book, and content applicable to hospitals and critical access hospitals has been removed from the "Environment of Care Matrix" and "Life Safety Matrix" chapters.

Another hallmark of Accreditation 360 is that Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) are listed after

most EPs in *CAMH* and *CAMCAH*. Therefore, both the "Physical Environment Matrix" and "Emergency Management Matrix" chapters of this book list corresponding CoPs for EPs that are applicable to hospitals and critical access hospitals. Accreditation 360 has also highlighted the important Joint Commission requirements that go beyond what CMS requires and has elevated them to the "National Performance Goals" (NPG) chapter for hospitals and critical access hospitals. These revisions are also reflected in this book, with grids for those NPG standards and EPs that pertain to the physical environment.

It is important to note that the physical environment requirements themselves for hospitals and critical access hospitals have not changed, nor have any new concepts been introduced. They have been reorganized, renumbered, and streamlined, however. Also recall that these requirements are predominantly determined by code and continue to be so for 2026. Joint Commission and CMS reference the 2012 editions of the National Fire Protection Association (NFPA) *Life Safety Code*®\* (NFPA 101-2012) and *Health Care Facilities Code* (NFPA 99-2012).

---

\**Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.

# Elements of the Physical Environment

The physical environment of a health care organization consists of three basic elements:

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

The physical environment includes the broad and diverse subareas addressed in the PE chapter and part of the NPG chapter for hospitals and critical access hospitals and in the EC and LS chapters for other accreditation programs. Essentially, the standards and EPs related to risks in the physical environment appear in four chapters of the accreditation manuals: PE, EC, LS, and “Emergency Management” (EM). A fifth related chapter, “Equipment Management” (EQ), appears only in the *Comprehensive Accreditation Manual for Home Care*, while a sixth related chapter, “Equipment, Devices, and Connectivity” (EDC), is only in the *Comprehensive Accreditation Manual for Telehealth*. The EDC chapter focuses on the management and connectivity of equipment and devices provided to patients/individuals served and health care staff and used to deliver care, treatment, and services via telehealth.

## Aim of This Book

Facilities 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 this annual book, previously known as *Environment of Care® Essentials for Health Care*. They 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 improve the safety of the

physical environment and, in turn, the quality of care, treatment, and services of their organization.

The *2026 Physical Environment Essentials for Health Care* continues that tradition, allowing readers 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 2026) and EP from the PE, EC, EM, LS, EQ, and EDC chapters (and relevant content from the NPG chapter) across all 11 Joint Commission accreditation programs: ambulatory care, assisted living community, behavioral health care and human services, critical access hospital, hospital, home care, laboratory, nursing care center, office-based surgery, rural health clinic, and telehealth.

## Insight

This text also offers insight. Having a safe health care environment encompasses concerns such as air quality issues in a hospital surgical suite versus an ambulatory surgery 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. *Physical Environment Essentials* helps you easily identify those distinctions and address them accordingly.

## Who Should Read This Book?

*Physical Environment Essentials for Health Care* is especially helpful to two major audiences: physical environment 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 may be less

**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.

familiar with environmental issues than with patient care issues—are a secondary audience. Reviewing the standards in this book with experienced facilities managers can help accreditation professionals to understand those concepts while increasing facilities managers' familiarity with related accreditation standards.

## Organization of This Book

In addition to this Introduction, there are six main chapters in *Physical Environment Essentials*. Chapters 1 through 4 are the core of this book; each

one presents a straightforward grid, or applicability matrix, that crosswalks every EP for every PE, EC, EM, and LS standard across every setting of care. Chapters 1 (PE Matrix) and 3 (EM Matrix) also address NPG standards applicable to hospitals and critical access hospitals that have content pertinent to the physical environment or emergency management.

Chapter 5 presents the EQ standards and EPs crosswalked for all the services accredited under the Home Care Accreditation Program. Chapter 6 includes the EDC standards and EPs crosswalked for services accredited under the Telehealth Accreditation Program. The applicability matrix in Chapters 1 through 4 makes it easy for readers

to compare differences in requirements across the continuum of care—or to simply identify the requirements for a single health care setting. 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 3 of Standard EM.12.02.05 (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 3 (the EM chapter) and find the standard in alphanumeric order. Search the matrix for EP 3 and scan across, noting the symbols in the columns. An X indicates that the EP applies to the program. A ® indicates that the EP applies to the program and requires documentation. (These icons match those used in the accreditation manuals and their E-dition counterparts.)

In this example, you know for sure: Standard EM.12.02.05, EP 3, applies to the assisted living community (ALC) and nursing care center (NCC) programs.

But how 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 abbreviations 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, “[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 the Abbreviations and Symbols in This Matrix (on page 10) defines the various categories that may appear throughout this book. (This key is repeated at the start of Chapters 1 through 4.)
- Joint Commission standards and EPs may be deleted or consolidated; to ensure consistency, the numbering of standards and EPs typically does not change. 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 if you see gaps in the numbering of EPs. However, with Accreditation 360, Joint Commission is making some revisions to its system for classifying and numbering standards and EPs. Currently, these revisions apply only to hospitals and critical access hospitals.

At the back of this book is a glossary that provides a handy reference to important terms used in the standards in this book.

## What’s New in the 2026 Standards for the Physical Environment?

As noted already in this Introduction, there are **no new requirements**. However, there are changes to the wording and numbering of the physical environment-related standards for hospitals and critical access hospitals. These revisions include consolidating the EC and LS chapters into one PE chapter and identifying CMS CoPs for the EPs in that chapter. Important requirements that go beyond

FIGURE 2. A Sample Matrix Page

**Standard number**

**Standard EM.12.02.05**

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

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

The [organization] has a plan for providing [patient care and clinical support/laboratory services/patient and resident care and clinical support] during an emergency or disaster incident.

**Note [1]:** The [organization] considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for [patient care and clinical support/laboratory services/patient and resident care and clinical support].

**Note 2:** In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations. [AHC, BHC]

**Elements of Performance for EM.12.02.05**

EM.12.02.05	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME	RHC
EP 1	Ⓢ	Ⓢ	X	Ⓢ	Ⓢ	Ⓢ	Ⓢ	Ⓢ	Ⓢ	

**EP number**

The [organization's] plan for providing patient care and clinical support includes written procedures on how it will share patient care information and medical documentation and how it will provide transportation to other health care facilities if patients require ongoing medical attention that the organization can no longer provide during an emergency or disaster incident. [AHC, OBS]

The [organization's] plan for providing patient care and clinical support includes written procedures and arrangements with other [hospitals and health care] providers for how it will share patient care information and medical documentation and how it will transfer patients to other health care facilities to maintain continuity of care. [CAH, HAP, OME]

The [organization] remains open during an emergency or disaster incident, it has a plan to provide laboratory services but is not limited to moving laboratory services to alternative sites (for example, moving testing or another location) and referring specimens or patient testing to other facilities if the [organization] no longer provide services. [LAB]

The [organization's] plan for providing patient and resident care and clinical support includes written procedures and arrangements with other organizations and providers for how it will share patient and resident care information and medical documentation and how it will transfer patients and residents to other health care facilities to maintain continuity of care. [ALC, NCC]

**Note:** If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs. [LAB]

**Note:** The sharing of patient care information and medical documentation is in accordance with law and regulation. [OBS]

**Note:** The sharing of information and documentation is in accordance with law and regulation. [BHC]

**Note 1:** The sharing of patient and resident care information and medical documentation is in accordance with law and regulation. [ALC, NCC]

**Note 2:** If the organization is part of a health care system (such as a corporate nursing care or senior health care organization) that has a unified and integrated emergency management program, the system's emergency operations plan includes policies and procedures for providing patient and resident care and clinical support that are specific to the organization. [ALC, NCC]

**CoPs:** §482.15(b)(7), §482.15(c)(4) [HAP];  
§482.15(b)(6), §485.625(b)(6) [CAH]

**Indicates that the standard or EP applies to the specific program and also requires written documentation.**

**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 BHC.**

EM.12.02.05	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME	RHC
EP 3		X					X			

The organization's plan for managing deceased patients during an emergency or disaster incident includes [arrangements with the local medical examiner's office, local mortuary services, and other local, regional, or national services, as applicable. [ALC, NCC]

**This EP is applicable only to ALC and NCC, as shown in the matrix at right.**

EM.12.02.05	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME	RHC
EP 4									Ⓢ	

The organization's plan for providing patient care and clinical support includes written procedures that require a documented emergency preparedness plan for each patient that is based on the patient's priority level, is individualized to the patient's needs, and is reviewed and confirmed with patients and family or caregivers.

Chapter 3 | 2026 Emergency Management Matrix

105

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



# 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 Joint Commission's deemed status option

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

## ALC Assisted Living Community

**MCC**—Organizations that elect Joint Commission's 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 Joint Commission's 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 Joint Commission's deemed status option

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

**OME deemed hospices**—Hospices that elect to use Joint Commission's deemed status option

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

## RHC Rural Health Clinic

## TEL Telehealth

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

© indicates that written documentation is required to demonstrate compliance.

**CoPs** indicates Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, which are preceded with a § symbol.

CMS EPs have been elevated to the NPG chapter. Eventually, similar revisions will roll out to other accreditation programs.

Again, keep in mind that the substance of Joint Commission's physical environment requirements for hospitals and critical access hospitals remains the same.

In its ongoing effort to help organizations better prepare for disasters and emergencies, Joint Commission fully revised the EM standards for assisted living community (ALC) and behavioral health care and human services (BHC) programs, effective July 1, 2025. Similar to the changes applied to the hospital, critical access hospital, home care, ambulatory care, laboratory, and nursing care center programs, the EM standards for ALC and BHC programs have been restructured to provide a meaningful framework for a comprehensive all-hazards approach to emergency preparedness, mitigation, response, and recovery. Only the rural health clinic (RHC) accreditation program retains the former numbering system for EM standards and EPs.

To learn more about specific changes to the physical environment-related standards, read the chapter introductions in this book.

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. Facilities managers and other physical environment professionals can work with their accreditation colleagues and tracer team to plan tracers that also allow the opportunity to assess the physical environment.

Joint Commission also has created new Survey Process Guides for hospitals and critical access hospitals that have substantial physical environment content and resources, such as a Physical Environment Document List and Review Tool and a Kitchen Tracer Survey Guide. All hospitals and critical access hospitals are encouraged to read their survey process guide thoroughly. These guides and other compliance resources can be accessed here: <https://www.jointcommission.org/en-us/accreditation/accreditation-360/prepublication-cah-and-hap-requirements-streamlined-to-reduce-burden>

## Continuous Compliance

Because compliance with Joint Commission physical environment standards is a measure of public 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.