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EC News

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Testing Fire Alarm and Sprinkler System Components

JCR's virtual Environment of Care Base Camp provided a close examination of key fire safety requirements

If you missed the online educational conference in late March, consider attending JCR's in-person and livestreamed Environment of Care Base Camp, which will take place August 9–10, 2022. This will be followed by the in-person and livestreamed Exploring the Life Safety Chapter educational conference on August 11–12. The in-person events will be held at The Joint Commission's central office in Oakbrook Terrace, Illinois.

The fire safety requirements in the "Environment of Care" (EC) chapter are among the most detailed in the *Comprehensive Accreditation Manual* (CAM) or E-dition®, noted James Grana, MBA, CHSP, Physical Environment Specialist for The Joint Commission's Standards Interpretation Group and a presenter at JCR's virtual Environment of Care Base Camp. The inspection, testing, and maintenance (ITM) of fire safety equipment falls under **Standard EC.02.03.05:** The [organization] maintains fire safety equipment and fire safety building features. This standard includes 26 elements of performance (EPs), numbered 1 through 28, with EPs 7 and 8 removed.

Each EP in EC.02.03.05 begins with the frequency at which an ITM task needs to be performed and ends with the requirement to document the results and completion dates. Failure to provide appropriate written documentation is a key reason these EPs are frequently cited by Joint Commission surveyors. Another common failing, Grana stressed throughout his presentation, is not identifying each device individually on the inventory. Per EP 28, documentation must include the following elements:

- Name of the activity
- Date of the activity
- Inventory of devices, equipment, or other items
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- National Fire Protection Association (NFPA) standard(s) referenced for the activity†
- Results of the activity

*Other programs have some but not all of the elements of performance (EPs) described in this article. Please check your accreditation manual to see which EPs apply to your organization.

†Joint Commission surveyors often cite organizations for not including the edition years of the NFPA codes they are following.

One by one during his presentation, Grana provided insights on each of the EPs in order and called attention to the referenced NFPA codes. What follows is an overview of EPs 1–6 and 9–12 in the standard, which focus on testing integrated fire alarm and sprinkler system components in automated systems.

EP 1: Supervisory signal devices

EP 1 states that at least *quarterly* (defined by The Joint Commission as "every 3 months plus or minus 10 days"), a health care organization must test supervisory signals on the inventory (except valve tamper switches). A note in this EP refers organizations to the 2010 edition of NFPA 72 *National Fire Alarm and Signaling Code* (NFPA 72-2010), Table 14.4.5, for additional guidance.

"Chapter 14 from NFPA 72-2010 is an incredibly useful chapter to review if you are someone who oversees fire alarm testing," Grana emphasized. "It provides several tables that lay out the type of testing that needs to be performed on different types of devices for fire alarm systems and the frequency at which those need to be completed."

Another note in EP 1 lists the types of supervisory signal devices that require testing: pressure supervisory indicating devices (including both high- and low-air-pressure switches), water-level supervisory indicating devices, room temperature supervisory indicating devices, valve supervisory switches, and other supervisory initiating devices.

To understand this EP, it is helpful to know that the term *supervisory level* refers to the third tier of automation hierarchy—above *field level* sensors and actuators on the bottom tier and second-tier *control level* devices that gather and process signals from the sensors to drive the actuators. As the NFPA explains in a blog, supervisory devices monitor systems, processes, and equipment related to fire and life safety—such as valves in fire suppression systems, storage tank temperatures, and fire pump parameters—and alert the fire alarm control unit (FACU) of malfunctions or adverse conditions.[1]

As Grana elaborated, "If you have air that is filling a dry pipe system, you need to have a pressure supervisory signal that indicates both high- and low-air-pressure conditions in that system. You want to be aware if your air compressor is pushing too much air into the system or it's not keeping up, which might trip a valve and fill the system with water that you don't want."

If a water tank supplies an organization's sprinkler system, a water-level supervisory indicating device is what alerts staff to the water level in the system because an alarm goes off. "This is more critical in [geographic] areas that have cold temperatures, where you need to be monitoring the water temperature to make sure it doesn't freeze," Grana said. If room temperatures need monitoring because of the type of equipment in specific rooms, "you would need to have those room temperatures under supervisory signal devices," he added.

Supervisory signal devices aren't difficult to recognize, according to Grana. As he put it, "If it is wire-powered and controlled by a fire alarm panel, it's probably a supervisory signal device, and it needs to be tested quarterly."

To identify all of a facility's supervisory signal devices, it's important to examine the fire alarm panels. "Fire alarm panels come in all different shapes and sizes. These are typically located at the entrance to a building, and they might have their own room," Grana said. "It can depend on when the building was built. These are large panels, and usually they stand out."

EP 2: Vane- and pressure-type water-flow devices and valve tamper switches

EP 2 requires an organization to test vane-type and pressure-type water-flow devices *every 6 months,* defined by The Joint Commission as "6 months from the last event plus or minus 20 days." These devices activate an alarm indicating that water in the sprinkler system is flowing, either accidentally or in response to a fire.

Used in wet-pipe sprinkler systems, "the vane-type devices sit inside switches that move with the flow of water. These are actually very easy to test," Grana said. The pressure-type devices indicate a change in overall pressure in a dry-pipe system. A solenoid valve on top of water-flow devices sends a signal to the fire alarm panel.

"An alarm might indicate a possible sprinkler head activation, although you can find that out through other means as well. But this is one of the primary ways the system goes into alarm," Grana explained. "It might also indicate that you have a shift in the system. Sometimes when sprinkler systems are full, you can get air bubbles in the system that can cause shuddering and make water move in the pipes when things are settling; that might also trip a field sensor." A triggered alarm can also indicate a possible leak or drops in pressure in particular locations.

Whatever the problem, "you have to test these devices to make sure they work, so that you are aware at all times when your sprinkler system might have an issue," Grana said.

Valve tamper switches, which monitor sprinkler zone valves, must also be tested every six months. If a zone valve closes, a signal is sent to the main fire alarm panel. Some authorities having jurisdiction (AHJs) require these valves to be locked in the open position.

However, EP 2 requires that mechanical water-flow devices such as water motor gongs be tested quarterly.

EP 3—Duct, heat, and smoke detectors and manual fire alarm boxes

EP 3 requires an organization to test duct detectors, heat detectors, smoke detectors, and manual fire alarm boxes on the inventory *every 12 months* (defined by The Joint Commission as "1 year from the last event plus or minus 30 days").

Depending on the size of its campus, a health care organization may have hundreds of each type of detector and a lot of manual fire alarm boxes as well, Grana noted. Although typically associated with points of egress, pull stations may be located in other locations, where travel distances are exceeded.

As Grana pointed out, surveyors frequently cite organizations for this EP. "We see a lot of observations because the inventories are not accurate," he said. "If spaces are changed or uses are changed, these [devices] tend to be the items that get forgotten because there are so many of them. So make sure you keep your inventories accurate with these devices."

EP 4—Visual and audible fire alarms

EP 4 states that every 12 months, an organization must test visual and audible fire alarms, including speakers and door-releasing devices on the inventory. "You have to test that they're working. This is usually one of the more annoying tests that hospitals have to do," Grana acknowledged. "You can get a lot of complaints from doctors about the strobes going off. But it's something we have to do in our facilities."

Health care facilities often have a profusion of door-releasing devices, and each of them needs to be tested. "You have to make sure you have an appropriate inventory for all of these," Grana said. The inventory must be updated when a device is added or removed.

"Your inventories need to be device specific," he continued. "What we don't want to see is a testing document that shows a location but says that all strobes were tested with a visual inspection, a functional test, and they passed or failed. This is not a detailed or listed inventory. It just says *all*."

"If you have 132 devices in the facility and one was broken, how could you possibly know which one it was without an active and device-specific inventory?" asked Grana. "How would you know where to find it? How would you know if [the deficiency] has been rectified? This is something we see come up very frequently."

EP 5—Fire alarm equipment for off-site first responders

EP 5 requires that fire alarm equipment for off-site first responders be tested every 12 months. This EP, said Grana, refers to "the ability of your fire panel to notify the fire department, a monitoring company, a dispatch center—whomever your fire panel communicates with—to let an outside source know there is a fire and they need to respond."

This test may be conducted in conjunction with a fire drill or quarterly fire equipment testing. The organization must verify with the off-site responder that the signal was received. "Also, if you have vendors coming in to do your quarterly testing for your supervisory devices, they will tend to do this for one of the quarters as part of their overall inspection," added Grana.

EP 6—Sprinkler system fire pumps

For automated sprinkler systems, EP 6 requires an organization to test electric motor-driven fire pumps *monthly* (defined by The Joint Commission as "12 times a year, once per calendar month") and diesel engine–driven fire pumps *once per week* (defined as "once per calendar week") under no-flow conditions.

For additional guidance in performing tests, this EP refers organizations to the 2011 edition of NFPA 25 *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems* (NFPA 25-2011). Chapter 8, which reviews the requirements of fire pump testing, focuses on the *churn test*. This test is performed by running the fire pump without water flowing and measuring the pressure that the pump delivers.

"The purpose of a churn test is to verify that your pump is in operating condition on a more frequent level without using water flow," Grana explained. "If you have an electric fire pump, this needs to be done monthly for approximately 10 minutes. And if you have a diesel fire pump, this needs to be done weekly for 30 minutes." He noted that this can be an arduous test, especially in facilities that have very large fire pumps.

For electric fire pumps, additional variables need to be noted during the churn test. "You'll need to note the amount of time it took for the fire pump to ramp up to its full speed because these pumps are typically run on variable frequency drives (VFDs). You'll need to note the amount of time the controller is in the first step of the process (for reduced-voltage or reduced-current starting). And finally, you'll need to note the amount of time the pump runs after starting; that's specifically for automatic-stop controllers because if it's an automatic fire pump, it will stop after a certain amount of time."

EP 9—Sprinkler system main drains and standpipe risers

EP 9 states that for automatic sprinkler systems, an organization must test main drains at system low points or at all system risers every 12 months. Additional information can be found in Chapter 13 of NFPA 25-2011.

"Most multi-level facilities have standpipe or risers in their facilities," said Grana. "So you have to do not only the main drain test, which is at your low point in the system, but also you have to test all your risers that are in the facility. In larger facilities, this can be [a significant] undertaking because you might have a lot of system risers to test." NFPA 25-2011 provides details on standpipe system testing.

The purpose of this testing is to determine whether there is a change in condition of the water-supply piping or the control valves. "It's to make sure you have the appropriate flow," Grana said. "If there are changes to pipe condition—because pipes might degrade over time—that could have a detrimental effect on water flow in the system."

The annual test results need to be compared to previous test results. When there is a 10% or more reduction in the flow compared to the previous test, the cause must be identified and corrected. "We expect the cause to be investigated by an outside contractor that has specialization and training in how to look for these issues," clarified Grana. "You'll need to provide documentation that [the problem] was corrected, as well as a subsequent test that shows that the drain test met the requirements."

EP 10—Fire department water-supply connections

EP 10 states that for automatic sprinkler systems, all fire department water-supply connections must be inspected every quarter.

"This is a quarterly inspection; it's not really a test," said Grana. "It's looking at them and confirming that these fire department connections are visible, that they are accessible and not blocked by something." The caps must be in place and able to be loosened unless they are locking caps. (To learn more about inspecting connections with caps that are locked in place for security reasons, see the article "A Look at Fire Department Connections and Locking Caps" in the April 2022 issue of *EC News*.)

Grana noted that surveyors cite organizations for this EP from time to time. "It's an easy one to forget about," he said. Larger campuses often have a fairly large number of fire department water-supply connections, and they're not always on the buildings; they can be on the perimeter of the campus.

Every connection needs to be inspected. "This is something that can be done by internal staff or by a vendor," said Grana. "Just make sure that you're documenting each of these."

To save money, some organizations conduct this inspection before or after a fire drill. It's a great opportunity to improve staff knowledge of the locations of these devices in case the local fire department needs some assistance in finding them.

EP 11—Fire pumps under flow

EP 11 requires that for automatic sprinkler systems, fire pumps must be tested under flow every 12 months. "The purpose of the fire pump annual test is to verify that your pump can provide the needed amount of water," Grana explained. The length of the pump test is based on the pump's rating.

"Typically," he noted, "you bring in specialists to do this test, and they will review your fire pump manufacturer's instructions for use to identify what the pump's rating is, how long it needs to be tested for, as well as what the pressure needs to be." This test needs to be compared to the previous annual test. A degradation of more than 5% must be investigated, corrected, and verified with follow-up documentation.

For installations with an automatic transfer switch (ATS), a power failure must be simulated while the pump is operating at peak load. This applies to most hospitals, said Grana, because usually a fire pump would be connected to the emergency power system.

"Alarm conditions should be simulated by activating the alarm circuits at the alarm-sensing locations," he added. "And all local and remote alarm indicating devices, visual and audible, must be observed for operation during this flow test. So any devices that are tied to your fire pump need to be tested. These might include valve tampers for all the feeds for your fire pump, the flow switches, the pressure sensors, any fire alarm bells that go off; all of these things will need to be evaluated."

EP 12—Hydrostatic and water-flow tests for standpipe systems

EP 12 requires that every five years, an organization must conduct hydrostatic and water-flow tests for standpipe systems. The purpose of a flow test, said Grana, is to verify that the water supply provides the design pressure at the required flow. The flow data must be documented in gallons per minute. The hydrostatic test is performed on dry standpipes for 2 hours. These tests are described in NFPA 25-2011, Sections 6.3.1 and 6.3.2 and Table 6.1.1.2.

For more information

To learn more about Standard EC.02.03.05 and the specific requirements for your accreditation program, consult your organization's accreditation manual, or its E-dition counterpart, and review the referenced NFPA codes.

Reference

1. Mahoney S. A Guide to Fire Alarm Basics—Supervision. National Fire Protection Association. Jun 25, 2021.

Applicable Programs: AHC, OBS

ASC Generator Gaps

EMERGENCY POWER SUPPLY SYSTEMS HAVE MANY MOVING PARTS, SO DETAILED DOCUMENTATION OF INSPECTION AND TESTING ACTIVITIES IS CRUCIAL TO MAINTAINING GENERATOR FUNCTION DURING A POWER OUTAGE

This is the third article in a series on physical environment compliance challenges faced by ambulatory surgery centers.

Recent improvements in generator technology run the gamut from sophisticated monitoring equipment to high-tech control systems. But even the most innovative generator features don't eliminate the need for the human element. Keeping emergency generators ready for use at a moment's notice requires ambulatory surgery center (ASC) staff to actively manage—and document—inspection, testing, and maintenance tasks.

"Documentation is one of our bigger struggles in general with ASCs. For generators, the inventory list needs to be clear, and it must list every individual item. It's hard to test what you don't know that you have," says James Grana, MBA, CHSP, Physical Environment Specialist for The Joint Commission's Standards Interpretation Group. "A lot of the time, the ASCs generalize their inventories and testing procedures, such as not listing the individual transfer switches or not having them named differently, which can make it hard to confirm what was tested."

Each transfer switch should be labeled as to which branch it serves (critical, life safety, or equipment) and given a unique number, Grana says.

Robert McCown, CHSP, a *Life Safety Code*®* Surveyor for The Joint Commission, agrees that consistent documentation can be an issue in ASCs. "Many ASCs have a vendor that comes in and does their monthly [generator] tests, but the vendor doesn't do the weekly emergency power supply system inspections because the ASC isn't paying for that in their contract," he says. When ASC staff members do the weekly inspections, he adds, they may not necessarily document the work according to the requirements of Joint Commission Environment of Care (EC) **Standard EC.02.05.07:** The organization inspects, tests, and maintains emergency power systems.

The generator system

Being able to provide the necessary amount of consistent, reliable power during an emergency begins with ensuring that the generator has all the required components. According to **Standard EC.02.05.03**, a health care organization needs to have a reliable emergency electrical power source. Grana notes that the most commonly cited violation for ASCs is **Element of Performance (EP) 11:** The organization provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The organization's emergency power system (EPS) has a remote manual stop station (with identifying

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label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.

A remote annunciator allows staff to continuously monitor the operational status of the EPS without being at the generator location. “At ASCs, we tend to find that the remote annunciator panel is missing,” says Grana. “It needs to be located outside of the generator space, usually at the front office, the communications office, the facilities office—somewhere people are present all the time.”

Remote emergency manual stops also are a frequent issue at ASCs, he says, either because the stop is in the wrong location or is missing entirely.

“The emergency shutoff for the generator needs to be located somewhere away from the generator, which is usually outside at ASCs,” says Grana. “The problem is that when the generator is outside, the remote shutoff is often installed right on the generator.”

As Grana explains, exterior generators are usually set up in one of two ways:

- The generator is in an enclosure that is large enough to allow a person to access and walk around the generator. In this type of arrangement, the remote stop can be affixed to the enclosure’s exterior.
- In the other type of arrangement, used generally with smaller generators, a protective enclosure closely surrounds the generator, leaving little clearance between the enclosure and the generator. In this setup, the remote stop cannot be installed on the enclosure; it must be located away from the generator. The remove shutoff can, for example, be installed on the surface of a building, on a pedestal, or inside a building.

If the generator is inside a building, the manual stop can be in the same building but not in the same room as the generator.

This is an example of a compliant remote stop (left) and backup generator at an ambulatory surgery center.

(PHOTOS BY ROBERT MCCOWN. USED WITH PERMISSION.)

Inspection issues

The inspection requirement for generators is straightforward enough, according to **Standard EC.02.05.07, EP 4:** Every week, the organization inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented.

"But there are a lot of pieces within the generator system that must be inspected—batteries, the generators themselves, fuel tanks, any transfer switches. Everything should be in a normal condition and nothing should be obviously wrong with the system," says Grana. "ASCs are doing the inspections but not inspecting all of the pieces."

The most commonly missed items at ASCs are batteries and transfer switches, he says, and lack of an inventory list is often the reason they are passed over for inspection. (To learn more about generator battery issues, *see* the article "Generator Battery Inspection, Testing, and Maintenance" in the February 2022 issue of *EC News*.)

Testing counts

The finer points of testing a generator system may understandably lead to some confusion when medical staff members are tasked with overseeing generator maintenance, which is often the case at smaller ASCs and those not affiliated with a larger health care group, says Grana. "This is a maintenance problem, and maintenance people are just not there as much at ASCs," he says.

Monthly generator test requirements are covered in **Standard EC.02.05.07, EP 5:** At least monthly, the organization tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cooldown period is not part of the 30 continuous minutes. The test results and completion dates are documented.

Diesel-fueled generators are commonly used at health care organizations, and the complicated testing requirements unique to these emergency power systems can lead to compliance issues at ASCs, says McCown.

Standard EC.02.05.07, EP 6 states: The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the organization does not meet either the 30% of nameplate rating or the recommended

For more information

The National Fire Protection Association (NFPA) offers two books that cover generator testing, including helpful templates to prepare for inspection. Organizations with an NFPA account can access the publications for free.

- NFPA 110: *Standard for Emergency and Standby Power Systems*, 2010 edition. Use the "Select Edition" drop-down menu to access the 2010 edition.
- NFPA 99: *Health Care Facilities Code*, 2012 edition. Use the "Select Edition" drop-down menu to access the 2012 edition.

In addition, *EC News* has published several articles on backup generator–related compliance issues:

- "Generator Battery Inspection, Testing, and Maintenance." February 2022.
- "What Are The Joint Commission's Requirements Regarding Inspecting and Testing Emergency Generators?" Q&A. May 2021.
- "Complying with Emergency Power System Requirements." April 2020.
- "Locating a Remote Stop for Emergency Power Generators." June 2019.
- "'Must' Mock Tracers: Focus on Emergency Generator Rooms, Eyewash Stations, and Medical Gas Storage, Joint Commission Surveyor Suggests." January 2019.

exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours.

Note: *Tests for non-diesel-powered generators need only be conducted with available load.*

"Most places can't meet that 30% requirement—including hospitals," says McCown. "If you miss it even one month, then you have to bring in another piece of equipment once a year to bring up the load [level] and test the generator. Most ASCs that need to do this will hire a contractor to do it.

"But you still have to test the generator every month and write down that load amount every month, even if you're doing the annual test," he explains. "Many ASCs think they don't have to document what the load is every month because they're already documenting what it is during that annual test. So they're doing the test every month and writing down that they do it, but they're not writing down what load they put on the generator."

Transfer switch tests also tend to be documented incorrectly at ASC facilities, says McCown. **Standard EC.02.05.07, EP 7** states: At least monthly, the organization tests all automatic and manual transfer switches on the inventory. The test results and completion dates are documented.

"I haven't found many ASCs that don't do it; it's just the individual documentation that is missing," says McCown. "All of the documentation should be of the individual inventory of switches."

Rechargeable battery lighting tests

Noncompliance incidents for battery testing within the emergency power supply system are not unique to ASCs but do come up more frequently at these organizations than at other types of organizations, says Grana. The battery testing requirements under **Standard EC.02.05.07** include the following:

EP 1: At least monthly, the organization performs a 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. The test results and completion dates are documented.

EP 2: Every 12 months, the organization performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1½ 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. The test results and completion dates are documented.

McCown says he usually finds that ASCs have conducted the monthly testing for exit signs and battery-powered lights but haven't documented their work correctly. "They'll use just one check mark, when they should be listing each light and exit sign and indicating that each one passed," he says. EC

Clinical Engineering

Applicable Programs: AHC, CAH, HAP, OBS

How to Consistently Achieve Preventive Maintenance Completion Rates

AS A BEST PRACTICE, YOUR MEDICAL EQUIPMENT MANAGEMENT PLAN SHOULD DESCRIBE HOW YOUR ORGANIZATION KEEPS TRACK OF WHEN PARTICULAR PIECES OF EQUIPMENT ARE DUE FOR PREVENTIVE MAINTENANCE AND WHERE THESE DEVICES AND MACHINES ARE LOCATED

by Thomas J. Todro, MBA, CBET, Physical Environment Specialist, The Joint Commission

Scheduled preventive maintenance (PM) is a core element of all health care maintenance. This article focuses on how to achieve a 100% PM completion rate on a consistent basis by proactively addressing devices that are "in use" and cannot be found. This is a major issue with clinical engineering departments due to the transitory nature of mobile medical equipment and the ease with which these devices can be moved around.

In addition, clinical engineering departments manage life-support medical equipment that may be in use on patients, such as ventilators and intra-aortic balloon pumps. The Joint Commission does not expect organizations to interrupt patient care to exchange equipment so that scheduled maintenance can be completed.

As a best practice, your medical equipment management plan (MEMP) should describe how your organization addresses equipment that is due for PM, especially devices that can be in use for a long period, that are difficult to locate, or both. For example, a ventilator is a typical device that can be in long-term use on a critical patient, whereas infusion pumps are in use for a long duration while being moved constantly and circulating throughout the health care facility.

Proactive solutions

Health care organizations can embrace any of a number of protocols to monitor and procure equipment in need of PM.

One highly effective proactive approach would be to communicate with the clinical staff who operate the equipment well in advance of the PM service dates. For example, at least one month before the maintenance is due, you could send the affected clinical departments your projected scheduled maintenance inventory list.

Do you have a way to communicate with the equipment owners or users when specific devices cannot be found? One method is to have clinical engineering

staff meet with a person in that clinical unit who is familiar with the department's inventory—possibly the manager, charge nurse, or unit coordinator.

For ventilators and other critical equipment, do you have a protocol in place for the clinician to notify you when the patient has been removed from the life-support device?

Ideally, at least a month in advance of the PM due date for a ventilator, inform the respiratory therapy department when you will need to have access to the device. This would allow the therapists to coordinate use of a ventilator that is not yet due for preventive maintenance. Touch base with the respiratory therapy department a week before a ventilator's PM is scheduled to provide a reminder.

Possible notification methods include placing a note in a patient's chart, emailing reminders to the respiratory therapy department, working with equipment coordinators, and placing stickers on the equipment indicating to contact clinical engineering before the next use. The stickers can be used to inform staff members of the new PM date and warn them not to use equipment with past-due PM stickers.

Similarly, when performing maintenance on devices that are frequently on the move, consider sending a proactive report or general announcement to clinical staff regarding when you are planning to begin your maintenance activities. This type of communication can go a long way toward helping you obtain assistance and vital cooperation.

In addition, you could publish and distribute an internal report about infusion pumps and other equipment you are looking for and request that the devices be set aside for staff to pick up.

The keys to success in achieving preventive PM completion rates are consistency and clear communication with your manager, your staff, and, most importantly, your internal customers (the staff in other departments served by clinical engineering). By enlisting your customers' help and support, you are not only building confidence in your department but working to ensure patient and staff safety by completing all maintenance activities consistently and on time. EC

APPLICABLE PROGRAMS: AHC, ALC, CAH, HAP, NCC, OME

Life Safety Q&A: ILSM Policy Requirements

INSIGHTS ON WHAT INTERIM LIFE SAFETY MEASURE POLICIES MUST AND SHOULD CONTAIN

Q. What is required of an interim life safety measure (ILSM) policy? What else should it address?

A. Per Joint Commission Life Safety (LS) Standard LS.01.02.01, Element of Performance (EP) 1, an organization (including a hospital or critical access hospital) must have a written ILSM policy that addresses safety precautions that must be undertaken during periods of construction and other situations in which compliance deficiencies with the National Fire Protection Association (NFPA) *Life Safety Code*®* (NFPA 101-2012) cannot be immediately corrected. The Joint Commission requires written documentation of this policy.

"A Life Safety Code Surveyor will ask to see your organization's ILSM policy during the survey, usually in the morning of day one, during the orientation," says James Kendig, MS, CHSP, CHCM, HEM, Field Director, Surveyor Management and Development for The Joint Commission.

As an FAQ on JointCommission.org explains, an ILSM policy must contain the following components:

- A statement clarifying that the ILSM process is applicable to construction-related situations and situations of noncompliance with the *Life Safety Code*
- Circumstances that would require an ILSM assessment, such as any LS deficiencies identified during a Joint Commission survey and addressed in the Survey-related Plan for Improvement (SPFI) or any LS deficiencies identified by the organization during a building assessment or preconstruction risk assessment
- A description of how the organization will respond to situations described in LS.01.02.01
- An outline of how occupants will be protected using the available menu of ILSMs described in LS.01.02.01, as applicable to the situation (*See* the list of ILSM options on page 16 and 17.)
- A description of the ILSM assessment process, which must include a tool for determining and documenting whether measures need to be implemented and, if so, which ones
- A description of the ILSM implementation process that will be in effect throughout the duration of any deficiencies and the tool that will document

each implemented ILSM for the duration of its application. The tool itself is usually attached to the policy.

Available ILSMs

Per LS.01.02.01, The Joint Commission requires the use of one or more interim life safety measures (ILSMs) during periods of construction or when life safety (LS) deficiencies are identified. The standard spells out the options below.

Mandatory

- **ILSM 1:** The organization evacuates an occupied building in either of the following situations:
  - When a fire alarm system is out of service for more than 4 out of 24 hours.
  - When a sprinkler system is out of service more than 10 out of 24 hours. [LS.01.02.01, EP 2]

OR

- **ILSM 2:** In an occupied building, the organization notifies the fire department (or another emergency response group) and initiates a fire watch in either of the following situations:
  - A fire alarm system is out of service for more than 4 hours in a 24-hour period.
  - A sprinkler system is out of service for more than 10 hours in a 24-hour period. [LS.01.02.01, EP 2]

Additional options

- **ILSM 3:** The organization posts signage identifying the locations of alternative exits to everyone affected. [LS.01.02.01, EP 3]
- **ILSM 4:** The organization inspects exits in affected areas on a daily basis. The organization determines when these inspections are needed. [LS.01.02.01, EP 4]
- **ILSM 5:** The organization provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The organization determines when these systems are needed. [LS.01.02.01, EP 5]
- **ILSM 6:** The organization provides additional firefighting equipment. The organization determines when to provide this equipment. [LS.01.02.01, EP 6]
- **ILSM 7:** The organization uses temporary construction partitions that are smoke-tight or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The organization determines when to use these partitions. [LS.01.02.01, EP 7]
- **ILSM 8:** The organization increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The organization determines when to increase surveillance. [LS.01.02.01, EP 8]
- **ILSM 9:** The organization enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The organization determines when these practices are needed. [LS.01.02.01, EP 9]
- **ILSM 10:** The organization provides additional training to those who work in the organization on the use of firefighting equipment. The organization determines when to provide additional training. [LS.01.02.01, EP 10]

- **ILSM 11:** The organization conducts one additional fire drill per quarter. The organization determines when these additional fire drills are needed. [LS.01.02.01, EP 11]
- **ILSM 12:** The organization inspects and tests temporary systems monthly. The completion date of the tests is documented. The organization determines when these inspections and tests are needed. [LS.01.02.01, EP 12]
- **ILSM 13:** The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The organization determines when this education is needed. [LS.01.02.01, EP 13]
- **ILSM 14:** The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The organization determines when this training is needed. [LS.01.02.01, EP 14]
- **ILSM 15:** The organization's policy allows the use of other ILSMs not addressed in EPs 2–14. [LS.01.02.01, EP 15]

Best practice

The Joint Commission does not dictate the format of an organization's ILSM policy. However, a sample ILSM policy is included in JCR's *PolicySource* digital subscription products for assisted living community (ALC), nursing care center (NCC), critical access hospital (CAH), hospital (HAP), and home care (OME) organizations.

The sample ILSM policy beginning on page 18, available here as a downloadable Microsoft Word document, is excerpted from the *PolicySource* edition for ALC and NCC programs.

As Kendig notes, "the need for particular ILSMs can change over time, such as during a renovation or construction project or as a *Life Safety Code* deficiency is addressed, so it's important to revisit ILSMs to ensure that they remain appropriate for the situation."

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File Name: Interim Life Safety Measures Sample Policy

APPLICABLE PROGRAM(S)
☐ AHC ☒ ALC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Interim Life Safety Measures Sample Policy

[Logo]	**TITLE** Interim Life Safety Measures Policy		**IDENTIFICATION NUMBER** [Number]
ORGANIZATION(S) [Organization name]	**LEVEL** ☐ System ☐ Organization ☐ Division ☐ Department	**CATEGORY** ☐ Clinical ☐ Management ☐ Regulatory	**POSTING DATE** [MM/DD/YYYY] **EFFECTIVE DATE** [MM/DD/YYYY]
REVIEW CYCLE ☐ 1 year ☐ 3 years **LAST REVIEW DATE:** [MM/DD/YYYY]		**REPLACES** **TITLE:** Interim Life Safety Measures Policy **EFFECTIVE DATE(S):** [MM/DD/YYYY]	

POLICY STATEMENT

The organization implements interim life safety measures (ILSMs) to temporarily compensate for significant hazards posed by existing *Life Safety Code*®* or applicable regulatory or safety code† deficiencies or construction activities.

PURPOSE

To establish a process for implementing ILSMs when necessary to maintain a safe, functional, and effective environment for patients and/or residents, staff, and visitors when life safety is diminished because of *Life Safety Code* or applicable regulatory or safety code deficiencies, construction activities, or testing and maintenance activities.

SCOPE

Applies to all buildings and outdoor areas owned by the organization.

Applies to fire-related risks to patients and/or residents, staff, visitors, volunteers, and anyone else who uses the organization's physical environment.

DEFINITIONS

Compartmentalization – The concept of using various building compartments (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.

Interim life safety measures (ILSMs) – A series of 15 administrative actions intended to temporarily compensate for significant hazards posed by existing National Fire Protection Association (NFPA) 101–2012, *Life Safety Code* deficiencies or construction activities. These actions are as follows:

1. Evacuate the building OR
2. Notify the fire department (or other emergency response group) and initiate a fire watch when fire alarm systems or sprinkler systems are out of service.
3. Post signage identifying locations of alternative exits.
4. Inspect exits daily.
5. Provide temporary and equivalent fire alarm and detection systems when a fire system is impaired.
6. Provide additional firefighting equipment.

7. Use temporary construction partitions that are smoke tight or made of noncombustible or limited-combustible material that will not contribute to the development or spread of a fire.
8. Increase surveillance of buildings, grounds, and equipment, including construction areas and storage, excavation, and field offices.
9. Enforce storage, housekeeping, and debris-removal practices to reduce the building's flammable and combustible fire load to the lowest feasible level.
10. Provide additional training to staff on the use of firefighting equipment.
11. Conduct one additional fire drill per shift per quarter. The fire drill follows organization policy.
12. Inspect and test temporary systems monthly, and document the date these activities are completed.
13. Conduct awareness training to inform staff of building deficiencies, construction hazards, and temporary measures used to maintain fire safety.
14. Train staff to compensate for impaired structural or compartmentation features of fire safety.
15. Other ILSMs, as appropriate

***Life Safety Code®* –** A set of standards for the construction and operation of buildings intended to provide a reasonable degree of safety during fires. These standards are prepared, published, and periodically revised by the NFPA and adopted by The Joint Commission to evaluate health care organizations under its life safety management program.

Occupancy – The purpose for which a building or portion thereof is used or intended to be used. Depending on the organization, occupancies may include health care occupancy and residential board and care occupancy.

> **Health care occupancy –** An occupancy used for purposes such as medical or other treatment or care of persons suffering from physical or mental illness, disease, or infirmity; and for the care of infants, convalescents, or infirm aged persons. Health care occupancies provide sleeping facilities for four or more occupants and are occupied by persons who are mostly incapable of self-preservation because of age, physical or mental disability, or security measures not under the occupant's control. Health care occupancies include hospitals, critical access hospitals, skilled nursing homes, and limited care facilities.

> **Residential board and care occupancy –** In an occupancy used for lodging and boarding of four or more residents, door locking other than permitted delayed-egress and access-controlled egress locks is not utilized to prohibit residents from leaving the building or spaces in the building, and they do not have four or more occupants mostly incapable of self-preservation at one time. When determining whether the assisted living community follows the health care occupancy or residential board and care occupancy requirements, the organization refers to state rules and regulations, as these may be more restrictive.‡

RESPONSIBILITIES

The Maintenance department is responsible for the following:

- Evaluating identified *Life Safety Code* or applicable regulatory or safety code deficiencies and construction activities
- Deciding which ILSMs are applicable, when, and to what extent
- Identifying frequencies for each ILSM to be used
- Implementing applicable ILSMs when needed
- Overseeing contractors and/or project managers regarding ILSM issues

APPLICABLE PROGRAM(S)
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The individual(s) accountable for safety is responsible for the following:

- Conducting periodic fire drills
- Conducting periodic inspections of construction worksites
- Maintaining means of access and emergency egress
- Overseeing the implementation, monitoring, and issue resolution related to the ILSM program.

The individual(s) accountable for EC and safety is responsible for managing the ILSM plan, including overseeing performance improvement activities.

PROCEDURES

Planning

The individual(s) accountable for safety does the following:

1. Reviews reports on ILSMs from the Maintenance department.
2. Identifies potential opportunities for improvement to the ILSMs program and/or policies and procedures.
3. Makes recommendations to the Maintenance department regarding potential ILSM–related performance improvement activities.

Risk Assessment and Response

The Maintenance department collaborates with the individual(s) accountable for safety to do the following:

1. Assess life safety risks at the following times:
    - During environmental tours of the facility/community, scheduled according to organization policy
    - When there is a change to the physical environment that impacts life safety features, equipment, or issues, such as installation of new equipment or in response to an emergency
    - Prior to, during, and following any construction, renovation, or demolition activity
2. Use information gathered in these risk assessments to identify *Life Safety Code* or applicable regulatory or safety code deficiencies.
3. Determine the appropriate action(s) needed to correct each identified deficiency, using the ILSM Worksheet.§
4. Determine whether the necessary corrective action(s) can be completed immediately.
5. Identify deficiencies that meet both of the following criteria:
    - Identified during normal operation (that is, not related to construction)
    - Can be corrected immediately

For deficiencies that meet both of the criteria in Step 5 of the Risk Assessment and Response section (that is, they are not construction-related deficiencies and can be corrected immediately)

1. Implement the necessary corrective action(s).
2. Document the corrective action(s) with at least the following details:
    - *Life Safety Code* or applicable regulatory or safety code deficiency that required corrective action(s)
    - Type of corrective action(s) taken
    - Date and time corrective action(s) were implemented
    - Any relevant measurements or metrics that verify the corrective action(s) was effective

For deficiencies that do not meet one or more of the criteria in Step 5 of the Risk Assessment and Response section (that is, they are construction-related deficiencies and/or cannot be corrected immediately)

1. Use the ILSM Worksheet to identify the ILSMs that are needed to ensure life safety until the corrective action(s) can be implemented.
   Note: The identified ILSMs may include any of the activities defined in this policy. They may also include other activities that are not included in this policy, but that are necessary to maintain life safety.
2. Implement the necessary ILSMs.
3. Document the ILSMs in a location determined by Maintenance department leadership (for example, in construction documentation or facilities management documentation). ILSM documentation includes at least the following details:
   - *Life Safety Code* or applicable regulatory or safety code deficiency that requires corrective action(s)
   - Type of corrective action(s) needed
   - Time frames for completion of corrective action(s)
   - Date and time ILSMs are implemented

For ILSMs implemented that are not specified in the ILSM definition of this policy or other relevant sources

1. Document the ILSMs in a location determined by Maintenance department leadership (for example, in construction documentation or facilities management documentation).
2. Complete the corrective action(s) within the specified time frames.
3. Document the completion of the corrective action(s), including at least the following details:
   - Date and time the corrective action(s) was implemented
   - Any relevant measurements or metrics that verify the corrective action(s) was effective
   - Date and time ILSMs are ended and operations return to normal

Staff Training

The Maintenance department collaborates with the individual(s) accountable for safety and/or applicable unit/department managers to do the following:

1. Provide additional training to staff members on the use of firefighting equipment.
2. Conduct awareness training to inform staff members of building deficiencies, construction hazards, and temporary measures used to maintain fire safety.

Means of Egress

The Maintenance department collaborates with the individual(s) accountable for safety and applicable unit/department managers to do the following:

1. Maintain all means of egress to be free of all obstructions or impediments.
2. Post signage to identify location of alternative exits.
3. Approve the temporary closing of any exit or exit passageway.
4. Ensure that adequate alternative means of egress are established and proper signage is used where exits or exit passageways are temporarily closed.
5. Inspect exits in affected areas on a daily basis.

Fire Alarm/Fire Suppression Systems

The individual(s) accountable for safety does the following:

1. Ensures the provision, installation, and maintenance of a temporary fire alarm system for the duration of the *Life Safety Code* or applicable regulatory or safety code deficiency.
    - Inspects and tests temporary systems monthly, and documents the date these activities are completed
2. Notifies the Maintenance department at least 48 hours prior to the work start date to determine necessary actions.
3. Notifies the fire department and the organization's insurance company, and establishes a fire watch, in any of the following circumstances:
    - A fire alarm system is out of service for more than 4 hours out of 24 hours.
    - A sprinkler system is out of service for more than 10 hours in a 24-hour period.

Fire Protection

The contractor performing construction activities does the following:

1. Establishes procedures to minimize storage of combustible and flammable materials on site.
2. Removes combustible trash from the worksite daily.
3. Keeps all construction vehicles, equipment, trailers, and machinery clear of the fire lanes and fire hydrants.
4. Ensures that deliveries of equipment or supplies in the fire lanes are quickly unloaded and that the vehicles are moved as soon as possible.
5. Notifies the Maintenance department to remove portable fire extinguishers located in existing structures prior to the start of construction.
6. Provides the approved type and size of fire extinguishers required at the job site.
7. Obtains a permit from the Maintenance department prior to beginning any work that involves welding, cutting, or open flames.
8. Collaborates with the organization's Maintenance department, individual(s) accountable for safety, and/or other individuals in performing regular checks, according to an established schedule, to ensure that these activities are being performed.

Documentation, Monitoring, and Reporting

The Maintenance department does the following:

1. Documents all ILSMs using the Information Collection and Evaluation System.
2. Participates in walkthroughs of the worksite at least weekly to evaluate ILSM implementation and compliance.
3. Reports on ILSM implementation and compliance to the individual(s) accountable for EC and safety.

The individual(s) accountable for EC and safety does the following:

1. Performs a preconstruction risk assessment prior to beginning construction.
2. Reviews reports on ILSMs from the Maintenance department.
3. Identifies potential opportunities for improvement to the ILSM program and/or policies and procedures.
4. Makes recommendations to the Maintenance department regarding potential ILSM–related performance improvement activities.

REFERENCES

Joint Commission Standard LS.01.02.01, EP 1. The organization has a written interim life safety measure (ILSM) policy that covers situations when [*Life Safety Code* or regulatory or applicable safety code] deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the organization implements

LS.01.02.01, EPs 2–15 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.

Joint Commission Standard LS.01.02.01, EP 2. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization either evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented.

Joint Commission Standard LS.01.02.01, EP 3. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Posts signage identifying the location of alternative exits to everyone affected.

Joint Commission Standard LS.01.02.01, EP 4. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 5. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 6. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 7. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 8. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 9. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during

periods of construction, the organization does the following: Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 10. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Provides additional training to those who work in the organization on the use of firefighting equipment. The need for additional training is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 11. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 12. When the organization identifies [*Life Safety Code* or applicable regulatory or safety code] deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 13. The organization conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 14. The organization trains those who work in the organization to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the organization's interim life safety measure (ILSM) policy.

Joint Commission Standard LS.01.02.01, EP 15. The organization's policy allows the use of other ILSMs not addressed in EPs 2–14.

NFPA 101 (2012 edition). Life Safety Code®.

NFPA 101–2012. 9.6.1.6: Fire Detection, Alarm, and Communications Systems.

NFPA 101–2012. 9.7.6: Sprinkler System Impairments.

NFPA 25 (2011 edition). Standard for Inspection, Testing, and Maintenance.

NFPA 25–2011. 15.5.2: Preplanned Impairment Programs.

NFPA 241 (2012 edition). Standard for Safeguarding Construction, Alternation, and Demolition Operations.

US Occupational Safety and Health Administration (OSHA). Standard 29 CFR Part 1926. Safety and

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Health Regulations for Construction.

ATTACHMENTS
Emergency Lighting System and Emergency Generator Inventory
Emergency Management Plan
Environment of Care Plan
Fire Drill Policy
Fire Response Plan
ILSM Worksheet

APPROVAL

NAME AND CREDENTIALS [Name and Credentials] **TITLE** [Title]	**NAME AND CREDENTIALS** [Name and Credentials] **TITLE** [Title]
SIGNATURE	**DATE** [MM/DD/YYYY]
SIGNATURE	**DATE** [MM/DD/YYYY]

* *Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.
† Text shaded peach is only a requirement for nursing care centers.
‡ Text shaded blue is only a requirement for assisted living communities.
§ Text shaded yellow is content that goes above and beyond Joint Commission standards and, therefore, is not specifically required.

Other Learning Opportunities from The Joint Commission and Joint Commission Resources

These resources will enhance your knowledge of the environment of care, life safety, and emergency management.

In-Person or Live Webcasts

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- **Exploring the Life Safety Chapter—In Person:** **August 11–12, 2022**
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Webinars

- **2022 Environment of Care/Life Safety Webinar Series**

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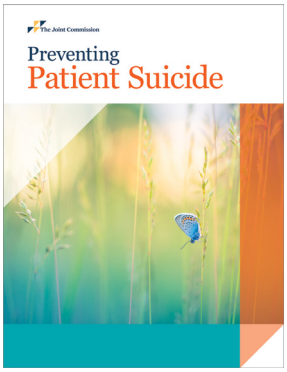

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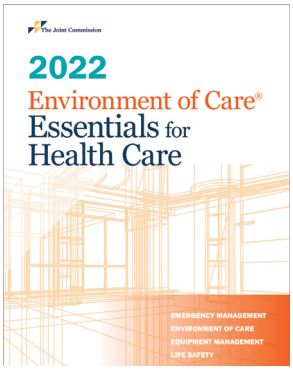

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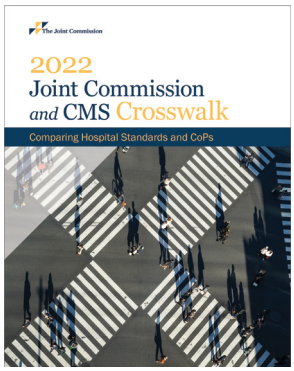

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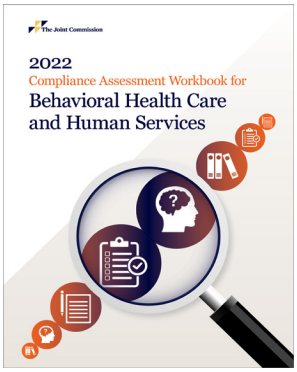

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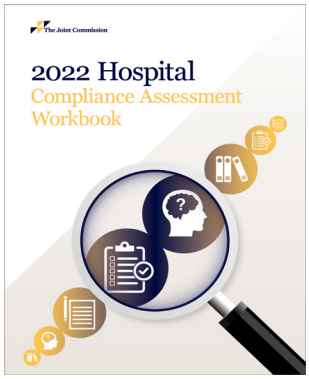
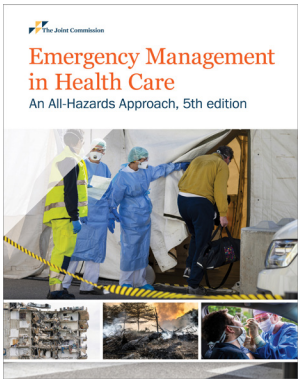


2022 Hospital Compliance Assessment Workbook



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