The Joint Commission

Environment of Care® Crosswalk | 2020

A COMPARISON OF THE JOINT COMMISSION 2020 ENVIRONMENT OF CARE, EMERGENCY MANAGEMENT, AND LIFE SAFETY STANDARDS FOR HOSPITALS

with CDC, CMS, EPA, NFPA, OSHA, and Other Regulations

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CONTENTS

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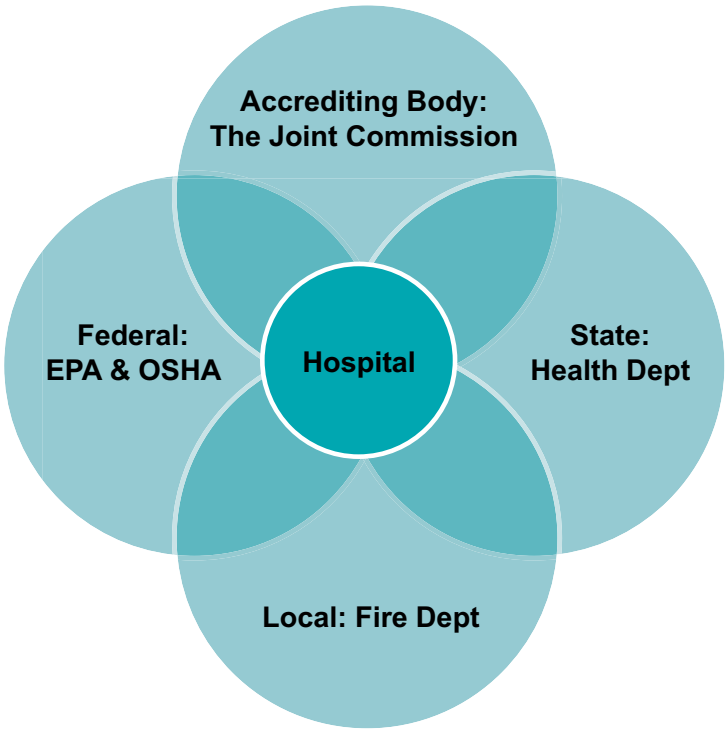
CHAPTER 2

REGULATORY AGENCIES

This chapter presents a brief description of each of the regulatory agencies and codes- and standards-setting bodies that are referenced throughout this publication. It is not intended to be inclusive of all the activities of any organization but should be considered a general overview of the organization relative to its work in the health care environment.

Many health care regulatory organizations, both public and private, are authorities having jurisdiction (AHJs). The term *authority having jurisdiction* is defined as the organization, office, or individual responsible for approving equipment, materials, an installation, or a procedure. An AHJ, in this context, is the enforcement authority over a given health care organization in a particular geographic setting. Health care organizations can have several AHJs, as shown in Figure 2-1 below.

Figure 2-1. Overlapping Examples of Authorities Having Jurisdiction



The Joint Commission is an authority having jurisdiction, as are applicable government entities at the local (such as local fire departments), state (such as state departments of health), and federal level (such as the US Environmental Protection Agency [EPA] and US Occupational Safety and Health Administration [OSHA]).

MANDATES VERSUS GUIDELINES

In the health care industry, there are numerous codes, standards, laws, regulations, and guidelines that govern day-to-day activities and performance. Each of these terms describes a different concept, as defined below.

Code: A systematic collection, compendium, or compilation of laws, rules, or regulations.

Mandate: A formal command or authoritative order to carry out a policy or requirement.

Guideline: A statement or other indication of policy or procedure used to determine a course of action.

Law: (1) Rules to guide individuals' actions in a society. (2) The totality of rules of conduct put in force by legislative authority or court decisions or established by local custom.

Regulation: Rules or other directives issued by administrative agencies that are used to carry out a law. Many government agencies prepare regulations to administer a law.

Standard: A statement of expectation concerning a degree or level of requirement, excellence, or attainment in quality or performance. A standard may be used as a criterion or acknowledged measure of comparison for quantitative or qualitative value.

Codes, standards, and guidelines may be published by governmental or private organizations. For example, in the private sector, the National Fire Protection Association (NFPA) publishes a variety of codes, standards, and guidelines. Likewise, in the government sector, the US Food and Drug Administration (FDA) has published guidelines, including one that addresses dimensional assessment of hospital bed systems. Code and standard publishing organizations offer their publications for use; however, until an AHJ adopts the model, it is not enforceable. This is because AHJs, which are often governmental agencies, are sovereign entities (for example, municipal governments and Centers for Medicare & Medicaid Services [CMS]).

Alternately, laws and regulations are enforceable by a governmental authority. Codes (unless a code of law), standards, and guidelines in and of themselves are not enforceable. However, an AHJ may choose to adopt a code, standard, or guideline, thereby making it enforceable. An example of this is the adoption of the NFPA's *Life Safety Code*®* into federal regulation for health care occupancies.

An AHJ may elect to adopt or modify and adopt portions of a model code. Health care organizations and design professionals need to seek out these modifications, as they may not be referenced in the original codes. For example,

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

in the Final Rule published in the May 4, 2016, *Federal Register*[1], CMS adopted the 2012 editions of both the NFPA 101 *Life Safety Code* and NFPA 99 *Health Care Facilities Code*. However, it lists certain chapters of NFPA 99-2012 that they did *not* adopt and changes the definition of *ambulatory health care occupancy* in NFPA 101-2012 to one person being rendered incapable of self-preservation rather than the NFPA 101 definition of three or more. CMS also publishes various other instructions, such as Quality, Safety and Oversight (QSO) Letters (previously called Survey & Certification [S&C] Memos), which can modify code. For example, QSO Memo 18-21-All Hospitals, dated July 20, 2018, incorporates the outcomes of a suicide panel conducted by The Joint Commission into guidance for state survey agencies and accrediting organizations on comprehensive ligature and safety risks.[2]

Various states have made independent decisions about adopting other codes, standards, and guidelines into law, making them enforceable in their jurisdictions.

So, unless adopted by an AHJ, codes, standards, and guidelines are considered to provide guidance, set expectations, or potentially express best practice. Compliance under these circumstances may be discretional. However, a published guidance document may be upheld legally as a de facto standard in the absence of specific regulation. As you carefully weigh compliance options, keep in mind the risk assessment concept that is woven throughout the EC standards when determining applicable compliance activities. (More guidance on completing risk assessments can be found in the Joint Commission Resources (JCR) book *Environment of Care Risk Assessment,* available for purchase on JCR's **webstore**.)

TIP

It is important to carefully read the language included for any codes, standards, and guidelines to determine requirements versus suggestions. In Joint Commission Standard EC.02.06.05, for example, the Facility Guidelines Institute's *Guidelines for Design and Construction of Hospitals*, 2018 edition, is cited, but an option is included to use other "reputable standards and guidelines that provide equivalent design criteria." In this case, a guideline is referenced but not mandated:

> EC.02.06.05 The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.
>
> EP 1. When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:
>
> - State rules and regulations
> - *Guidelines for Design and Construction of Hospitals*, 2018 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE)
>
> When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

Standard EC.02.03.05

The hospital maintains fire safety equipment and fire safety building features.

Note: *This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.*

Joint Commission Elements of Performance	Related Requirements from Other Organizations
EC.02.03.05 **EP 1** Ⓓ At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented. **Note 1:** *For additional guidance on performing tests,* see *NFPA 72-2010: Table 14.3.1.* **Note 2:** *Supervisory signals include the following: control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.*	NFPA 72-2010, *National Fire Alarm and Signaling Code*, Table 14.3.1. Quincy, MA: National Fire Protection Association, 2010.
EC.02.03.05 **EP 2** Ⓓ Every 6 months, the hospital tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented. **Note 1:** *For additional guidance on performing tests,* see *NFPA 72-2010: Table 14.4.5.* **Note 2:** *Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)*	NFPA 25-2011, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, Table 5.1.1.2. Quincy, MA: National Fire Protection Association, 2011. NFPA 72-2010, *National Fire Alarm and Signaling Code*, Table 14.4.5. Quincy, MA: National Fire Protection Association, 2010.
EC.02.03.05 **EP 3** Ⓓ R Every 12 months, the hospital tests duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 72-2010: Table 14.4.5; 17.14.*	NFPA 72-2010, *National Fire Alarm and Signaling Code*, Table 14.4.5 and Section 17.14. Quincy, MA: National Fire Protection Association, 2010.

Joint Commission Elements of Performance	Related Requirements from Other Organizations
EC.02.03.05 **EP 4** Ⓓ R Every 12 months, the hospital tests visual and audible fire alarms, including speakers and door-releasing devices on the inventory. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 72-2010: Table 14.4.5.*	NFPA 72-2010, *National Fire Alarm and Signaling Code*, Table 14.4.5. Quincy, MA: National Fire Protection Association, 2010. OSHA 29 CFR Section 1910.165, *Employee Alarm Systems*. Washington, DC: US Occupational Safety and Health Administration, 1980.
EC.02.03.05 **EP 5** Ⓓ Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 72-2010: Table 14.4.5.*	NFPA 72-2010, *National Fire Alarm and Signaling Code*, Table 14.4.5. Quincy, MA: National Fire Protection Association, 2010.
EC.02.03.05 **EP 6** Ⓓ **For automatic sprinkler systems:** The hospital tests electric motor–driven fire pumps monthly and diesel engine–driven fire pumps weekly under no-flow conditions. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 25-2011: 8.3.1; 8.3.2.*	NFPA 25-2011, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, Sections 8.3.1 and 8.3.2. Quincy, MA: National Fire Protection Association, 2011.
EC.02.03.05 **EP 7** Ⓓ **For automatic sprinkler systems:** Every six months, the hospital tests water-storage tank high- and low-water level alarms. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 25-2011: 9.2.1; Table 9.1.1.2.*	NFPA 22-2008, *Standard for Water Tanks for Private Fire Protection*. Quincy, MA: National Fire Protection Association, 2008. NFPA 25-2011, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems,* Sections 9.2.1 and 9.2.4 and Table 9.1.1.2. Quincy, MA: National Fire Protection Association, 2011.
EP 8 Ⓓ **For automatic sprinkler systems:** Every month during cold weather, the hospital tests water-storage tank temperature alarms. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 25-2011: 9.2.4; Table 9.1.1.2.*	
EC.02.03.05 **EP 9** Ⓓ **For automatic sprinkler systems:** Every 12 months, the hospital tests main drains at system low point or at all system risers. The results and completion dates are documented. **Note:** *For additional guidance on performing tests,* see *NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1.*	NFPA 25-2011, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, Sections 13.2.5 and 13.3.3.4 and Tables 13.1.1.2 and 13.8.1. Quincy, MA: National Fire Protection Association, 2011.