

Healthcare Facilities Management

Module 1: Introduction & Compliance

Student Workbook



Lesson 1 ~ Compliance 1





MODULE 02-A
STANDARDS & CODES

Ensure compliance with legal, regulatory, guidance documents, and accreditation standards or codes to include design, operations, maintenance, and construction issues:

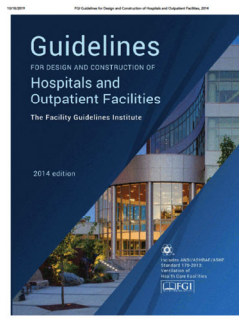
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Standards & Codes

- American Institute of Architects (AIA) Construction Standards.
- Model Building Codes (e.g., BOCA, SBCCI, IBC, UBC).
- Americans with Disabilities Act (ADA).
- Environmental Protection Agency (EPA).
- The Joint Commission (TJC).
- National Fire Protection Association (NFPA).
- Occupational Safety and Health Administration (OSHA).
- Centers for Disease Control and Prevention (CDC).
- Centers for Medicare & Medicaid Services (CMS.).
- Local Authority Having Jurisdiction (AHJ)
 - Occupancy codes
 - Inspection of fire protection systems
 - Building Permits
 - Elevators
 - Signage for elevators and vertical transportation equipment

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American Institute of Architects (AIA) Construction Standards



Part 1 – General

- 1.1 Introduction
- 1.2 Planning, Design, Construction and Commissioning
- 1.3 Site
- 1.4 Equipment

Part 2 Hospitals

- 2.1 Common Elements of Hospitals
- 2.2 Specific Requirements for General Hospitals
- 2.3 Specific Requirements for Freestanding Emergency Departments
- 2.4 Specific Requirements for Critical Access Hospitals

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Model Building Codes: International Building Code



Chapters	Subjects
1-2	Administration and definitions
3	Use and occupancy classifications
4, 31	Special requirements for specific occupancies or elements
5-6	Height and area limitations based on type of construction
7-9	Fire resistance and protection requirements
10	Requirements for evacuation
11	Specific requirements to allow use and access to a building for persons with disabilities
12-13, 27-30	Building systems, such as lighting, HVAC, plumbing fixtures, elevators
14-26	Structural components—performance and stability
32	Encroachment outside of property lines
33	Safeguards during construction
34	Existing building allowances
35	Referenced standards
Appendices A-M	Appendices

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IBC Occupancies

308.4 Institutional Group I-2.

This occupancy shall include buildings and structures used for *medical care* on a 24-hour basis for more than five persons who are *incapable of self-preservation*. This group shall include, but not be limited to, the following:

- Foster care facilities*
- Detoxification facilities*
- Hospitals*
- Nursing homes*
- Psychiatric hospitals*

407.1 General.

Occupancies in Group I-2 shall comply with the provisions of Sections 407.1 through 407.10 and other applicable provisions of this code.

AMBULATORY CARE FACILITY. Buildings or portions thereof used to provide medical, surgical, psychiatric, nursing or similar care on a less than 24-hour basis to persons who are rendered *incapable of self-preservation* by the services provided.

422.1 General.

Occupancies classified as *ambulatory care facilities* shall comply with the provisions of Sections 422.1 through 422.7 and other applicable provisions of this code.

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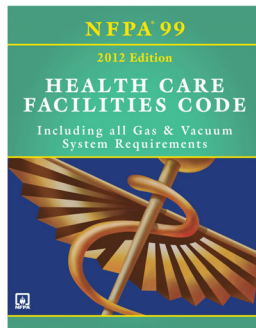
Model Building Codes: International Building Code



Chapters	Subjects
1-2	Administration and definitions
3	Jurisdictional requirements and life cycle assessment
4	Site development and land use
5	Material resource conservation and efficiency
6	Energy conservation, efficiency and CO ₂ e emission reduction
7	Water resource conservation, quality and efficiency
8	Indoor environmental quality and comfort
9	Commissioning, operation and maintenance
10	Existing buildings
11	Existing building site development
12	Referenced standards
Appendix A	Project electives
Appendix B	Radon mitigation
Appendix C	Optional ordinance
Appendix D	Enforcement procedures

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National Fire Protection Association NFPA 99



1 Administration
2 Referenced Publications
3 Definitions
4 Fundamentals
5 Gas and Vacuum Systems
6 Electrical Systems
7 Information Technology and Communications Systems for Health Care Facilities
8 Plumbing
9 Heating, Ventilation, and Air Conditioning (HVAC)
10 Electrical Equipment
11 Gas Equipment
12 Emergency Management
13 Security Management
14 Hyperbaric Facilities
15 Features of Fire Protection
Annex A Explanatory Material
Annex B Additional Explanatory Notes
Annex C Sample Ordinance Adopting NFPA 99
Annex D Informational References

Adobe Acrobat Document

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NFPA 99 – Risk-Based Approach

- Risk assessment performed per 99.4.2
 - A.4.2 Risk assessment should follow procedures such as those outlined in ISO/IEC 31010, NFPA 551, SEMI S10-0307E, or other formal process. The results of the assessment procedure documented and retained.

Category	Description
1	Failure of the system or equipment is likely to cause major injury or death to patients or caregivers
2	Failure of the system or equipment is likely to cause minor injury to patients or caregivers
3	Failure of the system or equipment is not likely to cause injury, but rather patient discomfort
4	Failure of the system or equipment would have no impact on patient care

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National Fire Protection Association

NFPA 101

1 Administration	17 Existing Day-Care Occupancies	33 Existing Residential Board and Care Occupancies
2 Referenced Publications	18 New Health Care Occupancies	34 Reserved
3 Definitions	19 Existing Health Care Occupancies	35 Reserved
4 General	20 New Ambulatory Health Care Occupancies	36 New Mercantile Occupancies
5 Performance-Based Option	21 Existing Ambulatory Health Care Occupancies	37 Existing Mercantile Occupancies
6 Classification of Occupancy and Hazard of Contents	22 New Detention and Correctional Occupancies	38 New Business Occupancies
7 Means of Egress	23 Existing Detention and Correctional Occupancies	39 Existing Business Occupancies
8 Features of Fire Protection	24 One- and Two-Family Dwellings	40 Industrial Occupancies
9 Building Service and Fire Protection Equipment	25 Reserved	41 Reserved
10 Interior Finish, Contents, and Furnishings	26 Lodging or Rooming Houses	42 Storage Occupancies
11 Special Structures and High-Rise Buildings	27 Reserved	43 Building Rehabilitation
12 New Assembly Occupancies	28 New Hotels and Dormitories	Annex A Explanatory Material
13 Existing Assembly Occupancies	29 Existing Hotels and Dormitories	Annex B Supplemental Evacuation Equipment
14 New Educational Occupancies	30 New Apartment Buildings	Annex C Informational References
15 Existing Educational Occupancies	31 Existing Apartment Buildings	
16 New Day-Care Occupancies	32 New Residential Board and Care Occupancies	

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NFPA 101 – Chapter 18 – New HC Occupancies

18.7 Operating Features

- 18.7.1 Evacuation & Relocation Plan & Fire Drills
- 18.7.2 Procedures in case of fire
- 18.7.3 Maintenance of Means of Egress
- 18.7.4 Smoking
- 18.7.5 Furnishings, Mattresses, and Decorations
- 18.7.6 Maintenance and Testing (See 4.6.12)
- 18.7.7 Engineered Smoke Control Systems
- 18.7.8 Portable Space Heating Devices
- 18.7.9 Construction, Repair, and Improvement Operations (See 4.6.10)

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NFPA 101 – Chapter 19 – Existing HC Occupancies

19.7 Operating Features

- 19.7.1 Evacuation & Relocation Plan & Fire Drills
- 19.7.2 Procedures in case of fire
- 19.7.3 Maintenance of Means of Egress
- 19.7.4 Smoking
- 19.7.5 Furnishings, Mattresses, and Decorations
- 19.7.6 Maintenance and Testing (See 4.6.12)
- 19.7.7 Engineered Smoke Control Systems
- 19.7.8 Portable Space Heating Devices
- 19.7.9 Construction, Repair, and Improvement Operations (See 4.6.10)

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NFPA 101 – 4.6.10

Construction, Repair, and Improvement (CRI) Operations

- 4.6.10.1 Buildings, and portions thereof, may only be occupied during CRI only where required means of egress and required fire protection features are in place and continuously maintained for that portion occupied or where alternate life safety measures acceptable to the AHJ are in place.

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NFPA 101 – 4.6.12

Maintenance, Inspection, and Testing (MIT)

- 4.6.12.1 Whenever “anything” is required for compliance with the LSC it must be continuously maintained.
- 4.6.12.2 No existing LS feature shall be removed/reduced when it is required for new construction
- 4.6.12.2 Existing LSC safety features obvious to public, when no longer req’d, shall be either maintained or removed
- 4.6.12.4 “Anything” requiring periodic MIT shall be MIT’d per the LSC or the AHJ
- 4.6.12.5 MIT performed under the supervision of a responsible person

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CODE OF FEDERAL
REGULATIONS



Department of
Health &
Human
Services

Title 42—Public Health



MODULE 02-B

HEALTHCARE FACILITY REGULATION & INSPECTION

United States model (as tested on CHFM Exam)

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42 Public Health: Chapter 7 – Social Security

Subchapter XVIII—Health Insurance For Aged And Disabled

- “Accredited”
 - Section 1865(a)(1) of the Social Security Act (the Act) permits providers and suppliers “accredited” by an approved national **accreditation organization (AO)** to be exempt from routine surveys by State survey agencies to determine compliance with Medicare conditions.
- “Deems”
 - Section 1865(a)(1) of the Act provides that if the Secretary finds that accreditation of a provider entity by a national accreditation body demonstrates that all applicable conditions are met or exceeded, the Secretary deems those requirements to be met by the provider or supplier.
- “Deeming Authority”
 - In order to be granted deeming authority for Medicare, an AO must apply and demonstrate its ability to meet or exceed the Medicare conditions of participation/coverage as cited in the Code of Federal Regulations:
 - For hospitals in accordance with 42 CFR 482

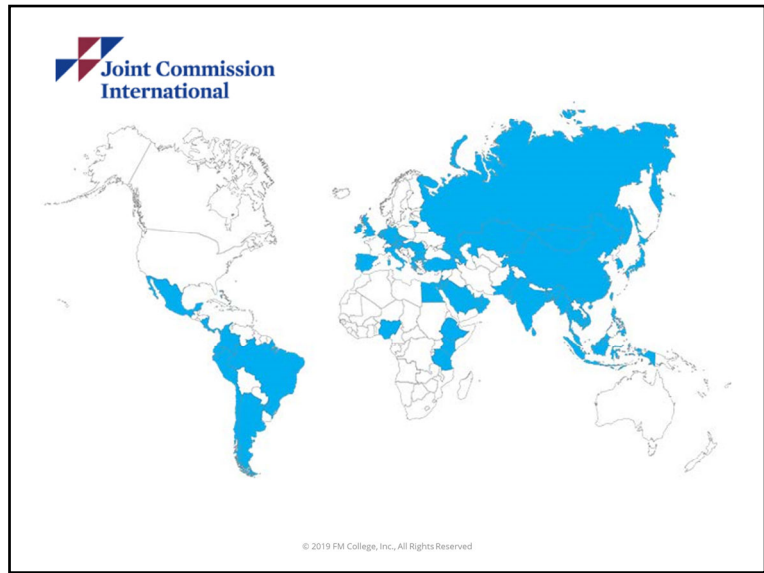
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Accreditation Organizations



- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Health Care, Inc. (ACHC)
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- American Osteopathic Association healthcare Facilities Accreditation Program (AOA/HFAP)
- Community Health Accreditation Program (CHAP)
- The Compliance Team (TCT)

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42 Public Health: Chapter 4

Centers For Medicare & Medicaid Services

Subchapter G—Standards & Certification

- Part 482 – Conditions of Participation for Hospitals

Administration



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42 Public Health: Chapter 4

Centers For Medicare & Medicaid Services

Subchapter G—Standards & Certification

- Part 482 – Conditions of Participation for Hospitals

Basic Hospital Functions



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42 Public Health: Chapter 4

Centers For Medicare & Medicaid Services

Subchapter G—Standards & Certification

- Part 482 – Conditions of Participation for Hospitals

Healthcare Facility Management
Core Responsibility Areas



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The Joint Commission
Comprehensive Accreditation Manual
CAMH
for Hospitals
Effective January 1, 2019
PDF manual
Standards
Elements of Performance
Accreditation Policies
and Procedures

MODULE 02-C
JOINT COMMISSION ACCREDITATION - USA
(as tested on CHFM Exam)


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Healthcare Facilities Management ~ Student Workbook

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Introduction: How The Joint Commission Can Help You Move Toward High Reliability (INTRO).....	INTRO-1	Sentinel Events (SE).....	SE-1
Patient Safety Systems (PS).....	PS-1	The Joint Commission Quality Report (QR).....	QR-1
Accreditation Requirements		Performance Measurement and the ORYX Initiative (PM).....	PM-1
Accreditation Participation Requirements (APR).....	APR-1	Required Written Documentation (RWD).....	RWD-1
Environment of Care (EC).....	EC-1	Early Survey Policy (ESP).....	ESP-1
Emergency Management (EM).....	EM-1	Primary Care Medical Home Certification Option (PCMH).....	PCMH-1
Human Resources (HR).....	HR-1	Appendix A: Medicare Requirements for Hospitals (AXA).....	AXA-1
Infection Prevention and Control (IC).....	IC-1	Appendix B: Special Conditions of Participation for Psychiatric Hospitals (AXB).....	AXB-1
Information Management (IM).....	IM-1	Glossary (GL).....	GL-1
Leadership (LD).....	LD-1	Index (IX).....	IX-1
Life Safety (LS).....	LS-1		
Medication Management (MM).....	MM-1		
Medical Staff (MS).....	MS-1		
National Patient Safety Goals (NPSG).....	NPSG-1		
Nursing (NR).....	NR-1		
Provision of Care, Treatment, and Services (PC).....	PC-1		
Performance Improvement (PI).....	PI-1		
Record of Care, Treatment, and Services (RC).....	RC-1		
Rights and Responsibilities of the Individual (RI).....	RI-1		
Transplant Safety (TS).....	TS-1		
Waived Testing (WT).....	WT-1		
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Standards Applicability Grid (SAG).....	SAG-1		
<div style="border: 1px solid red; padding: 2px; font-size: 8px;"> This PDF manual matches the hard-copy 2019 Comprehensive Accreditation Manual for Hospitals (CAMH). There may be blank pages due to revisions made through the CAMH Subscription Update Service. </div>		<div style="border: 1px solid red; padding: 2px; font-size: 8px;"> This PDF manual matches the hard-copy 2019 Comprehensive Accreditation Manual for Hospitals (CAMH). There may be blank pages due to revisions made through the CAMH Subscription Update Service. </div>	
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US JC (TJC) Document List & Review Tool

[Click image to open](#)



Life Safety & Environment of Care Document List and Review Tool

The following pages present documentation required by the Hospital Accreditation Program Life Safety (LS), and selected Environment of Care (EC) standards. The Life Safety surveys will begin review of these documents soon after arrival for the onsite survey.

Surveys may request other EC and LS documents, as needed, throughout the survey.

This list also includes some elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these expectations.

Organizations may want to consider using this tool in their continuous compliance and survey readiness efforts.

Revisions to this document are identified by underlined text.

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Organization Guide, January 2019
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MODULE 02-D

JOINT COMMISSION ACCREDITATION - INTERNATIONAL

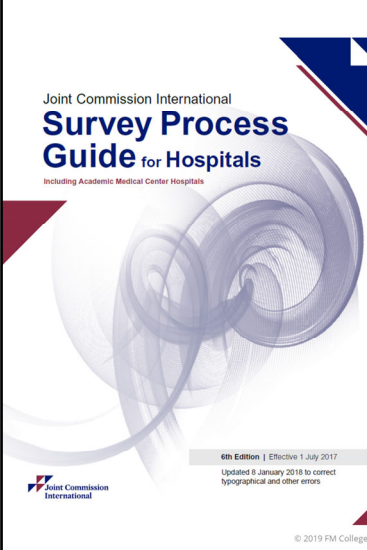
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6th Edition | Effective 1 July 2017
Updated 8 January 2018 to correct typographical and other errors

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JCI Required Facility Management & Safety Documents

JOINT COMMISSION INTERNATIONAL SURVEY PROCESS GUIDE FOR HOSPITALS 8TH EDITION

Facility Management and Safety (FMS)			
Standard	Standard Text	In English	Type of Document
FMS.2	The hospital develops and maintains a written program(s) describing the processes to manage risks to patients, families, visitors, and staff.	Yes	Program
FMS.4	The hospital plans and implements a program to provide a safe physical facility through inspection and planning to reduce risks.		Program
FMS.4.1	The hospital plans and implements a program to provide a secure environment for patients, families, staff, and visitors.		Program
FMS.4.2.1	When planning for demolition, construction, or renovation, the organization conducts a preconstruction risk assessment.		Policy/procedure
FMS.5	The hospital has a program for the inventory, handling, storage, and use of hazardous materials and waste.		Program
FMS.5.1	The hospital has a program for the control and disposal of hazardous materials and waste.		Program
FMS.6	The hospital develops, maintains, and tests an emergency management program to respond to emergencies and natural or other disasters that have the potential of occurring within the community.		Program
FMS.7	The hospital establishes and implements a program for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fire and nonfire emergencies.		Program
FMS.7.1	The hospital regularly tests its fire and smoke safety program, including any devices related to early detection and suppression, and documents the results.		Policy/procedure
FMS.7.2	The fire safety program includes limiting smoking by staff and patients to designated non-patient care areas of the facility.		Policy/procedure
FMS.8	The hospital establishes and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.		Program
FMS.8.1	The hospital has a system in place for monitoring and acting on medical equipment hazard notices, recalls, reportable accidents, problems, and failures.		Policy/procedure

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TJC versus JCI – Key Differences

TJC – United States

- Prescriptive approach
- US CFR 42 Compliance
- NFPA 99 & 101 / 2012 compliance
- State & Local compliance
- Detailed document requirements
- Detailed testing requirements

JCI – International

- Performance approach
- Knowledge & compliance required with local laws, codes & standards
- JCI standards, where more stringent, must be complied with
- Simplified paperwork requirement.
- “Systems” vs “documents”

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TJC versus JCI – Key Differences

TJC – United States

JCI – International

 **Operations**
• Environment of Care

 **Emergency**
• Emergency Management

 **Construction**
• Life Safety

 **Operations**
• FMS except F/D

 **Emergency**
• Fire / Disaster

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MODULE 02-E

TJC – STANDARDS & ELEMENTS OF PERFORMANCE

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01

Environment of Care

Elements of Performance

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(TJC) Environment of Care (EOC)

EC.01.01.01 - The hospital plans activities to minimize risks in the environment of care.

- EP 1: Identify individual(s) to manage risk
- EP 3: Hospital has a library of information regarding inspection, testing & maintenance

Written plans:

- EP 4: Environmental safety of people
- EP 5: Security
- EP 6: Hazardous materials & waste
- EP 7: Fire Safety
- EP 8: Medical Equipment
- EP 9: Utility Systems

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LS & EOC Review Tool



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Source: The Joint Commission

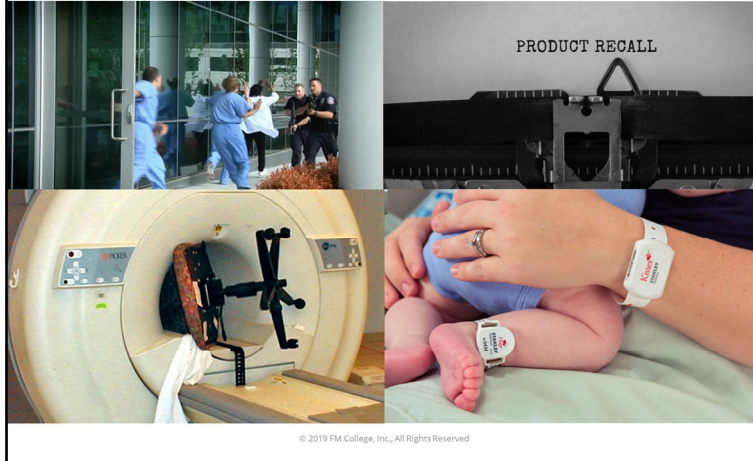
(TJC) Environment of Care (EOC)

EC.02.01.01 - The hospital manages safety and security risks.

- EP 1: Process to identify EOC safety and security risks
- EP 3: Takes action to minimize or eliminate identified risks
- EP 5: Maintains all grounds and equipment
- EP 7: Identifies individuals entering the facilities
- EP 8: Controls access to sensitive areas
- EP 9: Written procedures for security events
- EP 10: Follows identified procedures when an event occurs
- EP 11: Responds to product notices and recalls
- EP 14: Manages patient and other safety risks associated with MRI
- EP 16: MRI risks are managed by access restriction, supervision and signage

Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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Safety and Security Risk Management



(TJC) Environment of Care (EOC)

EC.02.01.03 - The hospital prohibits smoking except in specific circumstances.

- EP 1: Written policy with any exceptions specifically defined.
- EP 4: Smoking materials removed for respiratory patients
- EP 6: Actions to maintain compliance



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(TJC) Environment of Care (EOC)

EC.02.02.01 - The hospital manages risks related to hazardous materials and waste.

- EP 1: Written inventory of materials used stored or generated
- EP 3: Written procedures and precautions
- EP 4: Procedures as written are implemented
- EP 5: Risks are minimized with hazardous chemicals
- EP 6: Risks are minimized with radioactive materials
- EP 7: Risks are minimized with hazardous energy sources
- EP 8: Risks minimized with disposing of hazardous medications
- EP 9: Risks minimized with hazardous gases or vapors
- EP 10: Hazardous gas and vapors levels are monitored and maintained in a safe range.

See next page →

Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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(TJC) Environment of Care (EOC)

EC.02.02.01 - The hospital manages risks related to hazardous materials and waste.

- EP 11: For hazardous materials has all permits, licenses, documents and records required
- EP 12: Hazardous materials labeled, identified and warnings attached
- EP 17: Rules for radiation management for staff (ALARA)
 - "as low as reasonably achievable"
- EP 18: Radiation workers checked periodically
- EP 19: Proper storage and prompt disposal of trash

Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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Risks related to hazardous materials and waste



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(TJC) Environment of Care (EOC)

EC.02.03.01 - The hospital manages fire risks.

- EP 1: Minimize potential for harm from fire, smoke, etc.
- EP 4: Unobstructed access to all exits
- EP 9: Written fire response plan describing staff roles, etc.
- EP 11: Periodic evaluation of fire hazards during surgery
- EP 12: Requirements when flammable compounds used during surgery
- EP 13: All Health care Facilities requirements of NFPA 99-2012: Chapter 15 are met.

Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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(TJC) Environment of Care (EOC)



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(TJC) Environment of Care (EOC)

EC.02.03.03 - The hospital conducts fire drills.

- EP 1: Quarterly - Fire drills once per shift in health care occupancies
- EP 2: Annually - Fire drills in business occupancies
- EP 3: When quarterly fire drills are required, ALL are unannounced
- EP 4: Per Plan - Staff participate in the drills per the fire response plan
- EP 5: Critiques include fire safety equipment and building features, and staff response



Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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(TJC) Environment of Care (EOC)

EC.02.03.05 - The hospital maintains fire safety equipment and fire safety building features.

- EP 1: Quarterly – Supervisory Signals
- EP 2: Semi-annual - Water flow devices & tamper switches
- EP 3: Annually – Duct detectors, and manual fire alarm boxes
- EP 4: Annually - Notification devices and door-releasing devices
- EP 5: Annually - Emergency services notification equipment
- EP 6: Monthly - tests for electric fire pumps / Weekly - tests for diesel fire pumps
- EP 7: Semi-Annually - Auto sprinkler water storage high/low level alarms
- EP 8: Monthly during cold weather – Water storage tank temp
- EP 9: Annually – test main drains on sprinkler risers

See next page →

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(TJC) Environment of Care (EOC)

EC.02.03.05 - The hospital maintains fire safety equipment and fire safety building features.

- EP 10: Quarterly – Fire department connections
- EP 11: Annually – Test fire pumps under flow
- EP 12: 5 years – Hydrostatic tests of standpipes
- EP 13: Semi-Annually – Kitchen automatic fire systems
- EP 14: Annually – CO2 and other gaseous systems
- EP 15: Monthly – Inspection of portable extinguishers
- EP 16: Annually – Portable extinguisher maintenance
- EP 17: 5 years/ 3 years – fire hose tests
- EP 18: 1 year / 6 years – Fire and smoke damper tests

See next page →

Source: The Joint Commission, Comprehensive Accreditation Manual for Hospitals Effective January 1, 2019
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(TJC) Environment of Care (EOC)

EC.02.03.05 - The hospital maintains fire safety equipment and fire safety building features.

- EP 19: Annually – Smoke shutdowns for air handling equipment
- EP 20: Annually – Test sliding and rolling fire doors
- EP 25: Annually – Fire door assemblies tested by technician
- EP 27: Monthly – Elevator firefighter emergency call systems
- EP 28: Documentation of all testing

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Hospital Fire Alarm Systems



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(TJC) Environment of Care (EOC)

EC.02.04.01 - The hospital manages medical equipment risks.

- EP 2: Maintains a written inventory of medical equipment.
- EP 3: High-risk medical equipment identified on the inventory
- EP 4: Inventory includes activities and associated frequencies for maintaining, inspecting, and testing
- EP 5: Frequencies for maint/inspect/test meet OEM req's for certain equipment
- EP 6: Procedures for an "Alternate Equipment Maintenance" program set-up
- EP 7: Identification on inventory of AEM equipment
- EP 9: Written procedures to follow when equipment fails
- EP 10: Quality control and maintenance for radiological equipment

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Medical Equipment Risks



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(TJC) Environment of Care (EOC)

EC.02.04.03 - The hospital inspects, tests, and maintains medical equipment.

- EP 2: Inspect/test/maintain all high-risk equipment.
- EP 3: Inspect/test/maintain non-high-risk equipment identified on its inventory.
- EP 4: Sterilizers
- EP 5: Hemodialysis
- EP 8: Equipment for use in oxygen-enriched atmospheres
- EP 10: Hyperbaric facilities conform to NFPA 99-2012:Ch. 14
- EP 16: Nuclear medicine equipment annual testing/maint.
- EP 18: CT/PET/MRI/NM image maintenance/storage
- EP 20/21: CT services annual requirements
- EP 22: MRI Services annual requirements

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(TJC) Environment of Care (EOC)

EC.02.04.03 - The hospital inspects, tests, and maintains medical equipment.

- EP 23: Inspect/test/maintain nuclear medicine imaging equipment
- EP 24: Inspect/test/maintain PET equipment
- EP 25: CT/PET/NM/MRI annual testing of monitors
- EP 26: Maintenance on anesthesia apparatus
- EP 27: Meet NFPA 99-2012:Ch. 10 requirements for electrical equipment in patient care vicinity
- EP 34: Fluoroscopic imaging equipment annual requirements

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Medical Equipment Testing



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(TJC) Environment of Care (EOC)

EC.02.05.01 - The hospital manages risks associated with its utility systems.

- EP 1: Designed and installed per NFPA Codes
- EP 2: Buildings systems meet NFPA category 1-4 req's
- EP 3: Written inventory of utility systems components
- EP 4: High risk components of utility systems identified
- EP 5: Activities/frequencies identified for inspect/test/maintain and where OEM or AEM is used
- EP 6: Items required to meet OEM
- EP 7: AEM program reqs for certain utility systems equipment
- EP 8: Identification on inventory of AEM equipment
- EP 9: Labeling of utility equipment for partial/complete shutdown

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(TJC) Environment of Care (EOC)

EC.02.05.01 - The hospital manages risks associated with its utility systems.

- EP 10: Written procedures for utility disruptions
- EP 11: Procedures address shut-off and notification
- EP 12: Procedures address emergency clinical interventions
- EP 13: Hospital responds per its written procedures
- EP 14: Hospital minimizes biologics (i.e. legionella) in systems
- EP 15: Critical care areas: ventilation & filtration maintained
- EP 16: Non-critical care areas: ventilation & filtration maintained
- EP 17: The hospital maps its utility distribution systems
- EP 18: Med gas storage, transfer & manifold rooms meet NFPA 99-2012: 9.3.7

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(TJC) Environment of Care (EOC)

EC.02.05.01 - The hospital manages risks associated with its utility systems.

- EP 19: Emergency power supply equipment maintained per OEM
- EP 20: Operating rooms (wet) protected by GFCIs, etc.
- EP 21: Electrical distribution (Category 1,2 & 3)
- EP 22: Hospital electrical receptacle requirements
- EP 23: Power strips in patient care vicinity
- EP 24: Extension cords / temporary use
- EP 25/26: General anesthesia areas conform to NFPA 101-2012 and 99-2012
- EP 27: General anesthesia areas conform to ASHRAE 170 and NFPA 101

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THANK YOU

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