A Comparison of The Joint Commission 2015 Environment of Care, Emergency Management, and Life Safety Standards for Hospitals with CMS, EPA, NFPA, OSHA, and Other Regulations (including AAMI, ANSI, ASHRAE, and CDC)
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A work of this scope requires a concerted team effort. This publication, which we hope you find to be as useful as it is practical, could not have been created without such a team. We are indebted to our writer, Paul Halliburton, MS, CHMM, for his careful attention to detail.
PART 1

OVERVIEW OF THE 2015 ENVIRONMENT OF CARE® CROSSWALK
Chapter 1: Introduction to the Environment of Care® Crosswalk

Myriad agencies at all levels of government are involved in the promulgation and enforcement of regulations, not to mention the many other organizations in the private sector that develop codes, standards, and guidelines. The focus of the Environment of Care® 2015 Crosswalk is to compare and index Joint Commission Environment of Care (EC), Emergency Management (EM), and Life Safety (LS) standards with requirements of these other organizations (Figure 1-1), and to “crosswalk” activities to validate common areas of compliance and to reduce duplicative compliance activities.

**Figure 1-1.** Crosswalking Regulations
The Environment of Care® 2015 Crosswalk indexes more than 120 regulations, codes, and standards to The Joint Commission’s 2015 EC, EM, and LS standards for hospital accreditation. Governmental, as well as private-sector, regulatory agencies crosswalked in this book include the following:

- American Conference of Governmental Industrial Hygienists (ACGIH®)
- American National Standards Institute (ANSI)
- American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)
- American Society of Mechanical Engineers (ASME)
- American Society of Sanitary Engineering (ASSE)
- Association for the Advancement of Medical Instrumentation (AAMI)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Department of Energy (DOE)
- Department of Transportation (DOT)
- Environmental Protection Agency (EPA)
- Facility Guidelines Institute (FGI)
- Food and Drug Administration (FDA)
- Federal Emergency Management Agency (FEMA)
- National Center for Missing & Exploited Children® (NCMEC)
- National Fire Protection Association (NFPA®)
- Nuclear Regulatory Commission (NRC)
- Occupational Safety and Health Administration (OSHA)

Although this publication identifies the major federal codes, standards, regulations, and guidelines that are applicable or related to each element of performance (EP) in the standards, it is not intended to be an exhaustive listing, nor does it include any building codes. The Environment of Care® 2015 Crosswalk helps hospitals simplify their compliance activities and recognize where there is crossover between requirements.

Links are provided for all regulatory documents listed throughout this crosswalk. In most cases, these public-domain documents are published by a US government agency. Regulatory documents that do not have a link provided are, typically, published by private-sector organizations. For access to these documents, visit the organization’s website for further information on how to gain free access or purchase the document(s).
About This Book

This book ensures that EC professionals have the information necessary to comply fully with Joint Commission standards, as well as identify where additional regulatory codes, standards, and guidelines crosswalk to each other. To better identify what information is most critical for each individual organization, this crosswalk is split into three parts.

Part 1, which includes this chapter and Chapter 2, provides background on the need for this crosswalk and the Joint Commission’s accreditation process, and explains some basic concepts. Chapter 2 lists and defines each of the regulatory organizations referenced in this publication. This chapter provides a limited overview of the purpose, scope, and process used by each organization to develop its requirements.

Part 2 is the meat of this publication, listing all Joint Commission EC, EM, and LS standards and EPs, with related regulatory references. Chapters 3–11 address the main divisions of the Joint Commission’s EC standards, while Chapters 12 and 13 address EM and LS standards, respectively.

Each chapter starts with an introduction, which discusses the types of standards addressed in the chapter, as well as the regulatory agencies linked to the standards. Each standard is then listed, and every EP is followed by references to the appropriate regulatory material.

All regulatory documents are listed in alpha/numeric order. Further, referenced documents reflect the most current edition available, except for earlier editions that are referenced in the 2015 Comprehensive Accreditation Manual for Hospitals (CAMH). In such case, the edition referenced in the crosswalk will be the same as what is referenced in the CAMH.

For an example of how the standard, EP, and crosswalk references are listed, see Figure 1-2.

Part 3 includes the appendixes for this book, each offering supplemental information to this crosswalk.
The crosswalk in Appendix A shows how the EC, EM, and LS standards align with the CMS Conditions of Participation (CoPs).

Appendix B offers a brief summary of each of the documents referenced in the publication, listed alphabetically by organization. In no case should this appendix be a substitute for consulting the entire text of the regulatory document.

Understanding the Icons Used in the Crosswalk

Various icons appear after the EPs in this crosswalk to indicate how that EP is scored for compliance, whether documentation is required, and so on. The following list includes all of the icons in the CAMH, as well as a short description of what the icon means.

- **A** Indicates scoring category A requirement
- **C** Indicates scoring category C requirement
- **△** Indicates an Immediate Threat to Health or Safety
- **△** Indicates situational decision rules apply
- **△** Indicates direct impact requirements apply
- **○** Appears before a requirement if documentation is necessary
- **M** Indicates Measure of Success (MOS) is needed
- **R** Indicates an identified risk

- **Scoring categories** are indicated by the icons **A** or **C**. Category **A** EPs usually relate to structural requirements (for example, policies, programs, or plans). Such EPs address an issue that must be fully compliant (for example, in managing medical equipment, the organization inspects, tests, and maintains all high-risk equipment). Category **C** EPs are frequency-based requirements and are scored based on the number of times a hospital is found not to be compliant with a particular EP.

- **Patient care impact icons** △△△ indicate scoring criticality based on the immediacy of risk to the quality of care and patient safety. The Joint Commission has identified four levels of scoring criticality:
  1. Immediate Threat to Health or Safety situations have or may potentially have serious adverse effects on the health or safety of patients. This crosswalk does not include this icon, but the CAMH uses a △ at an Accreditation Participation
Requirement used to record these situations, which are identified on site by a Joint Commission surveyor.

2. EPs tagged with a ▲ icon identify issues that when found out of compliance, indicate a situation exists that could pose a significant threat to patient safety or quality of care. This could involve such issues as lack or loss of facility licensure, provision of care by unlicensed individuals when such care would require such a license, or failure to implement corrective action in response to identified Life Safety Code® deficiencies. Situational decision rules will automatically trigger a recommendation for Preliminary Denial of Accreditation, Contingent Accreditation, or Accreditation with Follow-up Survey if the EP is found out of compliance.

3. Noncompliance with direct impact requirements marked by a △ icon indicate situations that could directly impact patients by creating an immediate risk to safety or quality of care, treatment, and services.

4. Indirect impact requirements pose a less immediate risk to patient care or safety than direct impact requirements; however, noncompliance can increase risk to safety or quality of care, treatment, or services over time. Indirect impact requirements are not labeled with an icon in this crosswalk, although they are marked with a △ in the Focused Standards Assessment tool accessed through the organization’s Joint Commission Connect extranet site.

• **The documentation icon ®** indicates when written documentation is required to demonstrate compliance with an EP. In addition, the word “written” usually appears in the text if an EP requires written documentation, which may be either in a paper or electronic format. Because The Joint Commission’s focus is on performance and implementation rather than documentation, the EPs require documentation only when it is essential. A documentation icon is used to identify data collection and documentation requirements that are beyond information required to be in the medical record. For example, an EP that requires a written management plan will have a ®, but the icon is not applied to an EP that contains the required list of components of the medical record. Other examples in which the documentation icon is used are for EPs that require a policy, a written plan, bylaws, a license,

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*Life Safety Code®* is a registered trademark of the National Fire Protection Association, Quincy, MA.
Figure 1-2. A Sample of the Standards Crosswalk

THE STANDARDS CROSSWALK

**Standard EC.01.01.01**
The hospital plans activities to minimize risks in the environment of care.
*Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.*

**EC.01.01.01, EP 1**
Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.
*Note: Deficiencies include injuries, problems, or use errors.*

**Scoring and Applicable Icons:**
- Scoring category (A or C): A
- Patient care impact: Indirect
- Documentation required: No
- Measure of Success: No
- Identified risk area: Yes

- **EPA 42 USC Section 7401 et seq., Clean Air Act (CAA), including Clean Air Act Amendments (CAA).** Washington, DC: US Environmental Protection Agency, 1990.

**Key to Icons:**
- A indicates scoring category A requirement.
- C indicates scoring category C requirement.
- ▲ indicates an Immediate Threat to Health or Safety.
- △ indicates an Inpatient Decision to Discharge.
- □ indicates Direct Impact to Requirements apply.
- ◆ appears before a requirement if documentation is necessary.
- ☐ indicates a measure of success (MOS) is needed.
- □ indicates an identified risk.
evidence of testing, data, performance improvement reports, safety data sheets, or meeting minutes.

- **The Measure of Success (MOS) icon** identifies which EPs, if found to be noncompliant, would require a quantifiable measure to determine whether the corrective action a hospital takes in response to a Requirement for Improvement (RFI) was effective and sustained.

- **The risk icon** identifies specific risks by accreditation program (not program segment). Risk is assessed by a system’s proximity to the patient, probability of harm, severity of harm, and number of patients at risk. Risk categories identified by The Joint Commission are related to National Patient Safety Goals, selected direct and indirect impact requirements, accreditation program–specific risk areas, and Requirements for Improvement identified during current accreditation cycle survey events.

### The Joint Commission Accreditation Process

The Joint Commission is a not-for-profit organization that sets standards and accredits health care organization performance, specifically as it relates to quality and safety. Participation in the Joint Commission’s accreditation process is voluntary.

Each of the Joint Commission’s standards is composed of a number of “elements of performance,” the minimum requirements that must be met by an organization to be accredited. Each of the EPs is assessed via a scoring algorithm that depends on its classification. Compliance or noncompliance with the standards is based on the scores of the associated EPs.

Some of the standards directly reference regulations, codes, or standards from regulating bodies. For example, in the EC chapter, certain standards reference OSHA (EC.02.02.01, Note to EP 12), the NFPA’s *Life Safety Code* (LS.01.01.01–LS.03.01.70), and the FDA’s *Safe Medical Devices Act of 1990* (EC.02.04.01, EP 5).¹ (See Sidebar 1-1 for an explanation of the standards numbering system.)
Other EC standards address issues that are the same as or similar to those addressed by regulatory organizations without directly referencing a specific regulation, code, or standard. These standards are far more numerous.

Whether applicable laws and regulations are directly referenced or not, a health care organization is still required to comply with them under the “Leadership” (LD) chapter of the Joint Commission hospital accreditation manual. Compliance is expected, and the leadership of the organization is held ultimately accountable, as stated in Standard LD.04.01.01:

*Standard LD.04.01.01: The hospital complies with law and regulation.*

*EP 2. The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.*

*EP 3. Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.*

It is important to note that an organization is not expected to separately document compliance with every referenced code, standard, regulation, or guideline found in Joint Commission standards. The program or process called for by a particular EP should be inclusive of all applicable requirements. One set of documentation should suffice to demonstrate all compliance activities on a particular topic, thereby avoiding duplicative compliance activities.

As previously mentioned, Joint Commission standards are written to help hospitals attain a high level of quality and performance. They are uniquely enforced by The Joint Commission as an “authority having jurisdiction” (AHJ) for health care organizations (*See Sidebar 1-2*). It is important to keep in mind that **The Joint Commission does not enforce compliance with any other agency’s requirements** unless there is a particular reference in the Joint Commission standards themselves, such as for the *Life Safety Code* in Standards LS.01.01.01–LS.03.01.70, and the Safe Medical Devices Act in Standard EC.02.04.01. Even so, The Joint Commission scores compliance based on its own standards and does not communicate noncompliance to any other organization.
Sidebar 1-1. The Standards Numbering System

Each standard has a six-digit number that lets you know where the standard falls in the chapter, based on the chapter outline (see EC Chapter Outline on page 11). The six digits are broken out into three sets of two numbers each—for example, EC.02.04.01. The numbering format was designed to enable electronic sorting and to accommodate the addition of new requirements within each chapter's outline.

Here's how to interpret the numbering system:

- **The first two letters refer to the acronym for the chapter that includes the standard.** For example, “EC” refers to the “Environment of Care” chapter.

- **The first two digits refer to the roman numeral in the chapter outline.** In the case of the EC chapter, that would be topics in the cycle of improvement in the environment of care:
  
  EC.01—Plan
  EC.02—Implement
  EC.03—Staff Demonstrate Competence
  EC.04—Monitor and Improve

- **The second two digits refer to the letter under the roman numeral in the outline.** For example, in the case of EC.02, the second two digits refer to various topics in the environment of care:
  
  EC.02.01—Safety and Security
  EC.02.02—Hazardous Materials and Waste
  EC.02.03—Fire Safety
  EC.02.04—Medical Equipment
  EC.02.05—Utilities
  EC.02.06—Other Physical Environment Requirements

- **The last two digits designate the standard's position in that section.** For example, in the case of EC.02.04.03, the last two digits refer to the fact that this is technically the third standard in the medical equipment (02.04) section.

- **The elements of performance (EPs) continue to be numbered sequentially under each standard: EP 1, EP 2, EP 3, and so on.** Again, however, an EP number may be skipped if it does not apply, or to leave room for other EPs to be developed. For example, in EC.02.04.03 for hospitals, the EPs run from EP 1 through EP 5 but then skip to EP 14.
Sidebar 1-1. The Standards Numbering System (continued)

EC Chapter Outline

I. Plan (EC.01.01.01)

II. Implement
   A. Safety and Security (EC.02.01.01, EC.02.01.03)
      (EC.02.01.05 is not applicable to hospitals)
   B. Hazardous Materials and Waste (EC.02.02.01)
   C. Fire Safety (EC.02.03.01, EC.02.03.03, EC.02.03.05)
   D. Medical Equipment (EC.02.04.01, EC.02.04.03)
   E. Utilities (EC.02.05.01, EC.02.05.03, EC.02.05.05, EC.02.05.07, EC.02.05.09)
   F. Other Physical Environment Requirements
      (EC.02.06.01, EC.02.06.05)
      (EC.02.06.03 is not applicable to hospitals)

III. Staff Demonstrate Competence (EC.03.01.01)

IV. Monitor and Improve (EC.04.01.01, EC.04.01.03, EC.04.01.05)

The Joint Commission meshes with the federal government particularly and uniquely in its hospital accreditation program, for which it has been granted deeming authority by CMS. Because of this arrangement, hospitals that are accredited by The Joint Commission are deemed to be in compliance with the Medicare CoPs, and therefore meet requirements for federal reimbursement. CMS accordingly maintains an oversight relationship of the Joint Commission accreditation process.