



Chesapeake Area Society
of Healthcare Engineering



Joint Commission Session Managing Surveys after COVID

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Session Learning Objectives:

- Participant to understand changes to The Joint Commission Document Review Post COVID
- Participant to understand changes to The Joint Commission tri-annual survey Building Tour Post COVID
- Participant to understand what needs to be restored following expiration of CMS Emergency Declaration (COVID waivers)
- Participant to understand the new Joint Commission Business Occupancy Life Safety standards effective July 2021

TJC Post COVID Surveys

- **Full surveys resumed as of March 15, 2021**
 - **Unannounced**
 - **Prioritization going to Initial Surveys and Past Due Surveys**
 - **For hospital systems – multiple hospitals within the system could be surveyed concurrently**
 - **Be prepared for staffing adjustments if survey occurs over multiple locations**

TJC Post COVID Surveys

- **Survey Considerations**
 - **Surveyors will not go into at risk or confirmed COVID-19 rooms/units**
 - **Limited physical review of high risk and aerosol generating procedures**
 - **This may mean a simulation or distant review of the area**
- **All CDC risk reduction strategies will be used:**
 - **PPE, Distancing, Limited attendance in group sessions and scribes/tour groups**



Post COVID TJC Document Review

- **CMS 1135 Waiver permits variation in inspection, testing and maintenance frequencies**
- **Specific Physical Environment Waiver Information:**
 - 42 CFR §482.41(d) for hospitals, §485.623(b) for CAH, §418.110(c)(2)(iv) for inpatient hospice, §483.470(j) for ICF/IID; and §483.90 for SNFs/NFs all require these facilities and their equipment to be maintained to ensure an acceptable level of safety and quality. CMS is temporarily modifying these requirements to the extent necessary to permit these facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment.

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Post COVID TJC Document Review

- **CMS 1135 Waiver permits variation from Life Safety Code (LSC) and Health Care Facilities (HCFC) Compliance**
 - 42 CFR §482.41(b)(1)(i) and (c) for hospitals, §485.623(c)(1)(i) and (d) for CAHs, §482.41(d)(1)(i) and (e) for inpatient hospices, §483.470(j)(1)(i) and (5)(v) for ICF/IIDs, and §483.90(a)(1)(i) and (b) for SNFs/NFs require these facilities to be in compliance with the Life Safety Code (LSC) and Health Care Facilities Code (HCFC). CMS is temporarily modifying these provisions to the extent necessary to permit these facilities to adjust scheduled ITM frequencies and activities required by the LSC and HCFC.



Post COVID TJC Document Review

- **Elements NOT included in the CMS 1135 Waiver for LSC and HCFC Compliance. -**
 - The following LSC and HCFC ITM activities are considered critical and are NOT included in the waiver:
 - Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing.
 - Portable fire extinguisher monthly inspection.
 - Elevators with firefighters' emergency operations monthly testing.
 - Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing.
 - Means of egress daily inspection in areas that have undergone construction, repair, alterations, or additions to ensure its ability to be used instantly in case of emergency.



Post COVID TJC Document Review

- **CMS 1135 Waiver Covers:**
 - All testing not identified on the previous slide (sprinklers, fire alarm, med gas, fire doors, etc.)
 - Windowless rooms used for temporary patient care or quarantine
 - **ABHR quantities / installation**
 - Larger than 5 gallon must still be stored in a hazardous area
 - Restrict access to at risk patient population to prevent accidental ingestion

Post COVID TJC Document Review

- **CMS 1135 Waiver Covers:**
 - **Quarterly fire drills**
 - Requires a documented orientation training program related to the fire plan that considers current facility conditions
 - **Temporary construction**
 - Permits temporary walls and barriers between patients
 - **Medical equipment ITM activities**



Post COVID TJC Document Review

- **Survey Considerations:**
 - **Missing documentation may be allowed as an IOU to the surveyor**
 - **Must be produced by the end of the day requested**
 - **Important to know what is an IOU because it can't be located vs. what is missing but allowed per the CMS 1135 waiver**
 - **Organization should have some form of internal documentation of formal acceptance of the waiver and the reasoning**
 - **CMS does not require formal request of use of the waiver**



Post COVID TJC Document Review

- **Survey Considerations:**
 - Know what gaps in testing you have and how it is or isn't allowed by the CMS 1135 waiver
 - Which months/quarters/semi-annuals have missing documents – and how will you get it back on schedule?
 - Same as before COVID – ensure all documentation is complete
 - Avoid having the surveyor ask for additional support or clarification to the info presented for review



Post COVID TJC Document Review



- **Water Management Plans:**
 - **New water management plan requirements go into effect January 2022**
 - In an effort to provide awareness and training – surveyors have begun to ask questions about the new required plans – do you know how you will answer?
 - Recommend that facilities staff be able to speak to what is in place currently, what is being developed, and who will be responsible
 - If upgrades or changes are needed to execute new plans – be able to speak to them
 - If you have a program that meets or exceeds the new standards – be able to speak to it



Post COVID TJC Building Tour

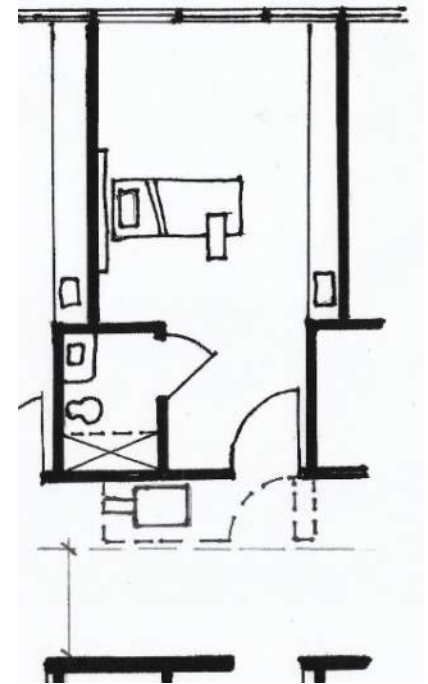


- **Egress Routes**
 - **What's changed since COVID?**
 - Did you block entrances or exits?
 - Is there a change in furniture placement?
 - Did you restore conditions only to change them back again?
 - **Are any changes implemented in March of 2020 going to remain?**
 - Is routing correct – per LSC?
 - Is exit signage correct?
 - Are the LS Drawings up to date?



Post COVID TJC Building Tour

- **Mechanical Systems**
 - **What's changed since COVID?**
 - Did you take windows out?
 - Did you convert full units/wings to negative pressure?
 - Did you create makeshift ante rooms?
 - Did you restore conditions only to change them again?
 - **Are any changes implemented in March of 2020 going to remain?**
 - Have you assessed the capabilities of the original system to ensure it can handle the changes made?
 - Have you adjusted the PM and ITM activities accordingly?



Post COVID TJC Building Tour

- **Construction Activities and Infection Control**
 - There is an increased focus on infection control mitigations implemented for construction projects
 - **Assessing the process – surveyors will ask:**
 - Is there a preconstruction walk-through done?
 - Does it include clinical staff?
 - Who is doing regular rounding?
 - How is it being documented and followed up on?
 - **Ensure proper pressure differentials**
 - Construction spaces should be negative to surrounding areas
 - This should be checked daily and multiple times per day if needed – reviewing results of rounding for confirmation



Post COVID TJC Building Tour

- **Construction Activities and Infection Control**
 - Ensure proper separation between construction spaces
 - Condition of separation and materials used



Post COVID TJC Building Tour

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Post COVID TJC Building Tour

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Post COVID TJC Building Tour

- **Construction Activities and Infection Control**
 - Ensure proper separation between construction spaces
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TJC Post COVID Surveys

- **EC and EM Session Changes**
 - **Effective January 2021 – The 1-hr EC sit down session has been discontinued**
 - **The content previously discussed in this session has been incorporated into the document review session and building tour**
 - **Clinical surveyors can also discuss EC topics and considerations during their tracer activities**
- **Effective July 1, 2022 – New EM standards take effect**
 - **Goal is to be more robust – for surveyors to be able to offer more detailed guidance on EM activities**
 - **The new standards put more focus on EM activities and importance of preparedness**



TJC Post COVID Surveys

- **Survey Considerations**
 - **Relocatable power taps**
 - Key area of focus on survey
 - Surveyors are looking for compliance with NFPA 99 Section 10.2.3.6
 - Understand what your policy permits, what is in use in the facility, and what a surveyor can expect to come across during the building tour



TJC Post COVID Surveys

- Survey Considerations
 - Relocatable power taps



TJC Post COVID Surveys

- **Survey Considerations**
 - Relocatable power taps – RPTs
 - **In the patient care vicinity**
(the imaginary bubble extending 6' horizontally around a patient bed and 7'6" above the floor)
 - RPTs serving Patient Care Related Electrical Equipment (PCREE) must be UL 1363A or UL 60601-1
 - RPTs serving PCREE are only permitted for movable patient care medical equipment and must be permanently attached to the equipment they serve
 - RPTs serving non-PCREE are not permitted



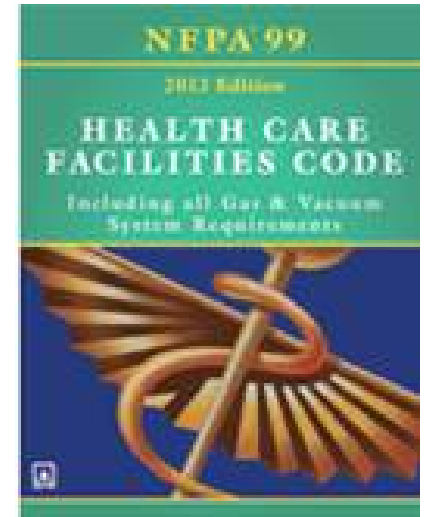
TJC Post COVID Surveys

- **Survey Considerations**
 - Relocatable power taps – RPTs
 - **Outside the patient care vicinity, but in a patient care room**
 - RPTs serving Patient Care Related Electrical Equipment must be UL 1363A or UL 60601-1
 - Non-PCREE outside the patient care vicinity, but in the patient care room, must be UL 1363 (by default, UL 1363A would also be permitted)



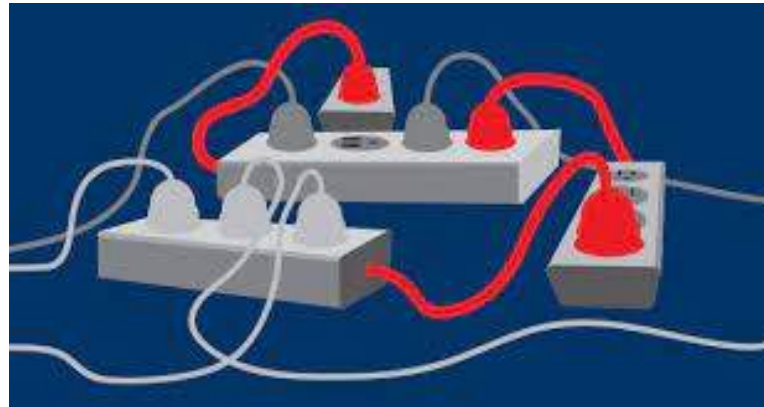
TJC Post COVID Surveys

- **Survey Considerations**
 - Relocatable power taps – RPTs
- **In non-patient care rooms**
 - RPTs serving PCREE must be UL 1363A or UL 60601-1
 - RPTs serving non-PCREE are permitted to meet other UL Standards (example, RPT's serving computers at nurse's stations, RPT's built into furniture in waiting areas, and RPT's in support areas)
 - The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75 % of the ampacity of the flexible cord supplying the receptacles



TJC Post COVID Surveys

- **Survey Considerations**
 - Relocatable power taps – RPTs
 - **In non-patient care rooms**
 - Daisy chaining RPTs is not permitted



- It is still The Joint Commission's interpretation that a typical desktop computer at a nurses station is not PCREE and as such not required to utilize a special purpose RPT (UL 1363 or UL 1363A)

TJC Business Occupancy LS Standards

- Effective July 1, 2021, The Joint Commission has added new business occupancy standards to the “Life Safety” chapter for hospitals, critical access hospitals, and behavioral health care and human services organizations. (Business occupancy standards for ambulatory care organizations and office-based surgery practices are under discussion at this time.)
 - These standards have an “05” numerical prefix, while the standards for health care occupancies use an “02” prefix and those for ambulatory health care occupancies have an “03” prefix. In the “Life Safety” chapter, standards with the “01” numerical prefix apply to all occupancies.

Source: Environment of Care News – January 2021, Volume 24, Issue 1



TJC Business Occupancy LS Standards

- **Business Occupancy Requirements**
 - **The new Business Occupancy Standards are based on the requirements found in Chapters 38 & 39 of the Life Safety Code (LSC), 2012 edition**
 - **Elements of performance (EPs) that are taken from the LSC have section references provided**
 - **Not all EPs are provided with Section references**



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.10**
 - **Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.**
 - There are 7 EPs associated with this standard
 - EP 1 – Building rehabilitation must comply with Chapters 38 & 39 and Chapter 43
 - EP 2 – Business occupancies must be separated from parking garages by 2-hr fire resistance rated construction

TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.10 – continued**
- EP 3 – Opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions:
 - Three hours in three-hour barriers and partitions
 - Ninety minutes in two-hour barriers and partitions
 - Forty-five minutes in one-hour barriers and partitions
 - Twenty minutes in ½-hour barriers and partitions
 - Labels on fire door assemblies must be maintained in legible condition



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.10 – continued**
 - EP 4 - Vertical opening protection:
 - New enclosures serving 4 or more stories – 2hr rated
 - New enclosures serving 3 or fewer stories – 1 hr rated
 - Existing enclosures – ½ hr rated
 - Vertical openings below the street level that contain storage or communicates with a different occupancy must be protected





TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.10 - continued**
 - EP 5 – Protection of Penetrations
 - The space around pipes, conduits, bus ducts, cables, wire, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material
 - Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose
 - EP 6 – Fire Rated Doors ($\geq 3/4$ hr)
 - Must be free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only
 - NOTE – NFPA 80 limits combustible signage to 5% of the face of the door



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.10 - continued**
 - EP 7 – Catch All
 - The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.1
 - This EP allows for scoring of any other item the surveyor considers non-compliant within the general requirements

TJC Business Occupancy LS Standards

- Chapter Content – LS.05.01.20
- **The hospital maintains the integrity of the means of egress**
 - There are 9 EPs associated with this standard
 - EP 1 – Interior open stairways and ramps are permitted to serve as part of the egress system if not more than one level below the street floor
 - EP 2 - In occupancies that serve 50 or more persons, the corridors or passageways must be a minimum of 44 inches of clear width



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.20 - continued**
 - EP 3 – Dead End Corridors
 - New construction – 20 ft – non-sprinklered
 - New construction – 50 ft – sprinklered
 - Existing construction – 50 ft
 - EP 4 – Travel Distance
 - Non-sprinklered – 200 ft
 - Sprinklered – 300 ft
 - EP 5 - Means of egress must be continuously illuminated while occupied
 - Assuming that this means the building is occupied



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.20 - continued**
 - EP 6 – Emergency lighting – Existing construction
 - Building is 3 or more stories in height
 - 100 or more occupants above or below level of exit discharge
 - Building occupant load is $\geq 1,000$ occupants
 - EP 7 – Emergency lighting – New construction
 - Building is 3 or more stories in height
 - 50 or more occupants above or below level of exit discharge
 - Building occupant load is ≥ 300 occupants





TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.20 - continued**
 - EP 8 – Door locking
 - Doors in the means of egress are not equipped with a lock or latch that requires a tool or key – except compliant locking configurations
 - Delayed egress
 - Access control
 - EP 9 – Catch All
 - The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.2
 - This EP allows for scoring of any other item the surveyor considers non-compliant within the general requirements



TJC Business Occupancy LS Standards

- Chapter Content – LS.05.01.30
- **The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke**
 - There are 4 EPs associated with this standard
 - EP 1 – Hazardous Area Separation:
 - Non-sprinklered - 1-hr fire resistance–rated barrier with 45-minute opening protectives
 - Sprinklered - Smoke resistive barrier
 - Doors are self-closing and positive latching



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.30 - continued**
 - EP 2 – Interior Finishes
 - Exits and exit access corridors - Class A or B
 - All other areas - Class A, B, or C
 - EP 3 – ABHR's - Comply with Section 8.7.3.1 and:
 - Corridor clear width of 44 inches is not compromised by dispenser
 - ABHR does not exceed 95% alcohol
 - Maximum individual dispenser capacity is 0.32 gallon of fluid (0.53 gallon in suites or rooms separated from corridors) or 18 ounces of NFPA Level 1–classified aerosols
 - Dispensers have a minimum of four feet of horizontal spacing between them

TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.30 - continued**
 - EP 3 – Continued
 - Dispensers are not installed within one inch of an ignition source
 - If floor is carpeted, the building is fully sprinkler protected
 - Operation of the dispensers must comply with the manufacturers' instructions for use
 - ABHR is protected against inappropriate access
 - Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room
 - Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30

NOTE – this is not an LSC requirement for Group B





TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.30 - continued**
 - EP 4 – Catch All
 - The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.3
 - This EP allows for scoring of any other item the surveyor considers non-compliant within the general requirements



TJC Business Occupancy LS Standards

- Chapter Content – LS.05.01.34
- **The hospital provides and maintains fire alarm systems**
 - There are 3 EPs associated with this standard
 - EP 1 – Fire Alarm Systems required – Existing:
 - Building is 3 or more stories in height
 - 100 or more occupants above or below level of exit discharge
 - Building occupant load is $\geq 1,000$ occupants

TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.34 - continued**
 - EP 2 – Fire Alarm System Required – New:
 - Building is 3 or more stories in height
 - 50 or more occupants above or below level of exit discharge
 - Building occupant load is ≥ 300 occupants
 - NOTE - Applicable to both EP 1 and EP 2:

The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm; however, in existing occupancies, notification can be made via a voice communication or a public address system. A fail-safe process must be provided to notify emergency forces



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.34 - continued**
 - EP 3 – Catch All
 - The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.3.4
 - This EP allows for scoring of any other item the surveyor considers non-compliant within the general requirements



TJC Business Occupancy LS Standards

- Chapter Content – LS.05.01.35
- **The hospital provides and maintains equipment for extinguishing fires**
 - There are 6 EPs associated with this standard
 - EP 1 – Emergency Response Notification – New:
 - To the fire department in accordance with 9.6.4
 - Local emergency organization, if provided
 - Both must be notified



TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.35 - continued**
 - EP 2 – Emergency Forces Notification – Existing:
 - Is accomplished in accordance with NFPA 101-2012: 9.6.4 when the existing fire alarm system is replaced
 - EP 3 - Portable fire extinguishers
 - Maximum travel distance – 75 ft
 - Provided with appropriate signage
 - Installed in a cabinet or secured
 - At least 4” off the floor
 - Top is not more than 5 ft above the floor (40 lb)

TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.35 - continued**
 - EP 4 – Sprinklers:
 - Not damaged
 - Free from corrosion
 - No foreign materials
 - No paint
 - Have required escutcheon plates properly installed
 - EP 5 - Sprinkler clearance:
 - At least 18 in of space is maintained below the sprinkler to the top of storage
 - Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head





TJC Business Occupancy LS Standards

- **Chapter Content – LS.05.01.35 - continued**
 - EP 6 – Catch All
 - The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 38/39.1
 - This EP allows for scoring of any other item the surveyor considers non-compliant within the general requirements



Any Questions?



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