COMPLIANCE ONE

Joint Commission Environment of Care (Hospital) Updates for July 2018

MODIFIED TEXT

EC.02.02.01 EP-7 (MODIFIED)
The hospital minimizes risks associated with selecting and using hazardous energy sources.
Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).
Note 2: This includes the use of proper shielding during fluoroscopic procedures.

EC.02.02.01 EP-17 (MODIFIED)
For hospitals that provide computed tomography (CT), positron emission tomography (PET), ~~or~~ nuclear medicine (NM), or fluoroscopy services: The results of ~~staff~~ dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and below regulatory limits.
Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.
Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

EC.02.03.05 EP-25 (MODIFIED)
The hospital has ~~written documentation of~~ annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.
Note 1: Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105.
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program.
Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.

EC.02.05.01 EP-27 (NEW)

Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum have the following characteristics:

- Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturers' instructions are considered before reducing humidity levels to those allowed by ASHRAE.
- Existing smoke control systems automatically vent smoke, prevent the recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake without interfering with exhaust function. New occupancies have no smoke control requirement.
- For hospitals that use Joint Commission accreditation for deemed status purposes: Existing smoke control systems are maintained according to the edition of NFPA 101 adopted by the Centers for Medicare & Medicaid Services at the time of installation.

(For full text, refer to NFPA 101-2012: 20/21.3.2.3; NFPA 99-2012: 9.3.1)