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a 1 The Joint Commission Perspectives

1 Clarifications and Expectations a

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- **Extinguishing requirements.** Another CMS categorical waiver reduces the required testing frequency for sprinkler system alarm devices and electric motor-driven fire pump assemblies. The 2000 LSC letter requires organizations to inspect, test, and maintain all automatic sprinkler and standpipe systems in accordance with the 1998 edition of NFPA 25, which requires quarterly testing of vane-type and pressure switch waterflow alarm devices and weekly testing of electric motor-driven pump assemblies. The waiver allows organizations to return testing frequency to the previous Joint Commission requirement of semiannual for vane-type and pressure switch type waterflow alarm devices, for an estimated savings of 50% (reduction from 4 tests per year to 2). Electric motor-driven pump assemblies may now be tested monthly rather than weekly, for an estimated 77% reduction of testing costs and time. This will reduce both the labor and testing cost burden without negatively impacting the equipment's reliability. (Standard EC.02.03.05, EPs 2 and 6.)
- **Clean waste and patient record recycling containers.** Another CMS categorical waiver permits organizations to use 96-gallon containers for recycling clean waste—for example, paper and cans—and patient records awaiting destruction. The goal of this waiver is to reduce the number of trash containers an organization must use, thus

reducing the cost burden. (Standard LS.02.01.70, EP 2.)

- **Medical gas alarms.** An additional CMS categorical waiver permits organizations to substitute a centralized computer system for one of the medical gas master alarms required by the 1999 edition of NFPA 99-1999, which is referenced in the 2000 edition of the LSC letter. The provision requires that the computer system meet the requirements outlined in section 5.1.9.4 of the 2012 edition of NFPA 99. Using a centralized computer system may result in a one-time savings, and in most cases will be a more efficient means to monitor the status of piped medical gas systems. (Standard EC.02.05.01, EP 1.)

What other topics are included

Four previous LSC waivers, originally issued in a March 2012 S&C letter, are now addressed in the categorical waiver granted in S&C 13-58-LSC. The previous S&C waivers were only granted on a case-by-case basis. By including that S&C in the current S&C 13-58-LSC, the previously required CMS case-by-case action is nullified.

These are the four topics:

- **Wheeled equipment such as lifts (with certain provisions and restrictions— NFPA 101-2012 18/19.2.3.4(6)) is**

Continued from page 9

would include crash carts, transport carts (including wheelchairs), and isolation carts. Fixed seating with at least 6 feet clearance and other restrictions (NFPA 101-2012 18/19.2.3.4(5)) is also allowed. (Standard LS.02.01.20, EPs 12 and 13.)

- One alternative kitchen cooking arrangement (per NFPA 101-2012 18/19.3.2.5) open to the egress corridor per smoke compartment is allowed, following the requirements at 18/19.3.2.5.2. (Standard LS.02.01.30, EP 25.)
- The installation of direct vent gas fireplaces in smoke compartments containing patient sleeping rooms and the installation of solid fuel-burning fireplaces in areas other than patient sleeping areas is allowed, with certain restrictions as defined in LSC 2012 section 18/19.5.2 regarding the installation of a fireplace. (Standard LS.02.01.50, EP 1.)
- The installation of combustible decorations is allowed on walls, doors, and ceilings, with very specific restrictions as required in the 2012 LSC 18/19.7.5.6. (Standard LS.02.01.70, EP 1.)

Are the Waivers Mandatory

No. An organization must decide whether to invoke the categorical waivers or not. Because of this, The Joint Commission will not be adjusting the standards and elements of performance related to these topics. Before electing to use a waiver, an organization should fully educate itself on the waiver's requirements and make sure that the waiver's approach aligns with its operations.

How does compliance with the Waivers

For an organization to apply a categorical waiver, it must


comply with all of the requirements in the LSC 2012 edition cited in the waiver. For example, if an organization has suite-to-suite exiting, the organization must ensure that both suites are fully compliant with the 2012 edition of the LSC 2012.

What if an organization forgets to document the waiver decision

If an organization neglects to document the waiver decision or forgets to tell the surveyor at the beginning of survey, the surveyor will assess compliance with the applicable requirements found in the 2000 edition of the LSC 2000. Any areas of noncompliance as a result of not documenting the decision to apply the categorical waiver, or failing to declare that decision at the beginning of survey, will result in a finding.

Where can I get more information

Joint Commission-accredited organizations that need more information should feel free to contact the Joint Commission Department of Engineering (630-792-5900).

For more information about the CMS S&C 13-58-LSC, please go to <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-58.pdf>. 

	1	1	a	a	a	1	2
	Environment of Care News,						Life Safety
Code	a	1		a		a	
		1	1			a1	a1 1g
	1	a	1g	a			
