Complying with TJC’s
EC.02.03.05 -
Maintaining Building Fire Protection Equipment

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Maintaining Building Fire Protection Equipment

• The Joint Commission (TJC) Environment of Care Standard EC.02.03.05 with Elements of Performance (EPs) 1-20 & 25

• Maintenance, Testing & Inspection Frequencies for Building Fire Protection Equipment & Systems

• TJC Testing & Inspection Time Frames & Windows

• Preparing for Survey
Healthcare organizations maintain fire-safety equipment and building features that exist within their hospitals per the following NFPA codes:


Features of Fire Protection (cont.)

- NFPA 10-1998: Portable Fire Extinguishers
- NFPA 12-2000: Carbon Dioxide Extinguishing Systems
- NFPA 105-2007: Recommended Practice for the Installation of Smoke Control Door Assemblies
• Standard EC.02.03.05
  – The hospital maintains fire safety equipment and fire safety building features.

**Note:** This standard does not require hospitals to have the types of fire safety equipment and building features described in the following slides. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements shown will apply.

**Note 2:** Accurate up-to-date equipment & system components inventories are necessary to fully comply with this standard.
EC.02.03.05 (1)  
- At least quarterly, the hospital tests supervisory signal initiating devices (except valve tamper switches). The completion date of the tests is documented.  
- NFPA 72-1999: Table 7-3.2  
**Examples:**  
- Control valves  
- Pressure Levels  
- Fire pump power supplies & running conditions  
- Water tank levels/temperatures  
- Tank pressure  
- Air pressure on dry-pipe valves
– NFPA 72-1999: Table 7-3.2
– Control valves
– Pressure Levels
– Liquid agent levels/temps
– Pump power/running conditions
– Engine temp and overspeed
– Room temperature
– NFPA 72-1999: Table 7-3.2
– Valve supervisory switch
– Water level indicator
– Low air pressure switch (dry-pipe sprinkler system)
– Need for action (guard tours, fire suppression systems/equip, or maintenance features of related systems)
Building Fire Protection Equipment
Valve Tamper Switches/Water-Flow Devices

• EC.02.03.05 (2)
  – Every six months, the hospital tests valve tamper switches; and water-flow devices at least quarterly. The completion date of the tests is documented.
  – Note: For additional guidance on performing tests, see NFPA 25, 1998 edition- Section 2-3.3/3-3.3 and NFPA 72, 1999 edition- Table 7-3.2.
Every 12 months, the hospital tests duct detectors, electro-mechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.

NFPA 72-1999: Table 7-3.2
EC.02.03.05 (4)

- Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.
- NFPA 72-1999: Table 7-3.2
EC.02.03.05 (5)

- Every quarter, the hospital tests fire alarm equipment for notifying off-site first responders. The completion date of the tests is documented.
- NFPA 72-1999: Table 7-3.2
- Record the time lapse from initiating the alarm until it is received at the off-site first responder location per Table 7-2.2 Test Methods.
EC.02.03.05 (6)

- For automatic sprinkler systems: Every week, the hospital tests fire pumps under no-flow conditions [churn test]. The completion date of the tests is documented.
- NFPA 25-1998: Table 5-3.2.1 & 5-3.2.2
EC.02.03.05 (7)

- For automatic sprinkler systems: Every 6 months, the hospital tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented.
• EC.02.03.05 (8)
  – For automatic sprinkler systems: *Every month during cold weather*, the hospital tests *water storage tank temperature alarms*. The completion date of the tests is *documented*.
• EC.02.03.05 (9)
  – For automatic sprinkler systems: Every 12 months, the hospital tests main drains at system low point or at all system risers. The completion date of the tests is documented.
EC.02.03.05 (10)

- For automatic sprinkler systems: Every quarter, the hospital inspects all fire department water supply connections. The completion dates of the inspections are documented.
- NFPA 25-1998: 9-7.1
• EC.02.03.05 (11)
  – For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The completion date of the tests is documented.
  – NFPA 25-1998: 5-3.3.1
Building Fire Protection Equipment
Standpipe Systems

- EC.02.03.05 (12)
  - Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented.
  - NFPA 25-1998: 3-3.1
EC.02.03.05 (13)

- Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented.
- NFPA 96-1998: 8-2*

Note: Discharge of the fire-extinguishing systems is not required.
Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion dates of the inspections are documented.

NFPA 12-2000: 1-11.3.2

Note: Discharge of the fire-extinguishing systems is not required.
EC.02.03.05 (15)

- At least monthly, the hospital inspects portable fire extinguishers. The completion dates of the inspections and initials of the person performing the inspection are documented.
- NFPA 10-1998: 1-6, 4-3, 4-4
EC.02.03.05 (16)
- Every 12 months, the hospital performs maintenance on portable fire extinguishers. The completion date of the maintenance is documented.
- NFPA 10-1998: 1-6, 4-3, 4-4
• EC.02.03.05 (17)
  – The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The completion date of the tests is documented.
  – NFPA 25-1998: Table 3-1
Many state and local fire officials have been allowing health care organizations to remove their occupant-use hoses.

Fire departments cannot always rely on building hoses so they always bring their own hoses.

If orgs choose to remove their building fire hoses, they should always check with their local fire department first.

In addition, it is recommended that this coordination be in writing to avoid potential problems in the future with other AHJs.
EC.02.03.05 (18)

- The hospital operates fire and smoke dampers 1 year after installation and then at least every 6 years to verify that they fully close. The completion date of the tests is documented.

- NFPA 80-2007: 19.4.1, 19.4.1.1

- NFPA 105-2007: 6.5.2

Note: The initial test that must occur 1 year after installation applies only to dampers installed on and after January 1, 2008.
EC.02.03.05 (19)
  - Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.
  - NFPA 90A-1999: 4-4.1
EC.02.03.05 (20)
- Every 12 months, the hospital tests sliding and rolling fire doors for proper operation and full closure. The completion date of the tests is documented.
- NFPA 80-1999: 15-2.4.3
- See 15-3.4.3 where applicable
For hospitals using TJC accreditation for deemed status purposes (i.e., receiving Medicare reimbursements).

- **EP (25):** Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:
  - Name & date of activity
  - Required frequency of activity
  - Name and contact information, including affiliation, of the person who performed the activity
  - NFPA standard(s) referenced for the activity
  - Results of the activity

See 1998 NFPA 25:Sec 2-1.3 & 1999 NFPA 72:Sec 7-5.2
NFPA 101® Life Safety Code®
Sprinkler System Impairment

- LSC Section 9.7.6* Sprinkler System Shutdown.
  9.7.6.2 - Sprinkler impairment procedures shall comply with NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*

Municipal fire department to be notified and fire watch provided whenever an approved fire alarm or automatic sprinkler system is out of service for more than 4-hrs. in a 24-hr. period in an occupied building.
LSC Section 18/19.7.9
Construction, Repair, and Improvement Operations.

- 18/19.7.9.2 The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1 and shall also comply with NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations. [Keep a record or log]
<table>
<thead>
<tr>
<th>Tab Number</th>
<th>Element of performance</th>
<th>Dates Performed</th>
<th>Frequency of Testing / Inspection</th>
<th>Name &amp; Company of Technician</th>
<th>Code Reference NFPA 72(1999) (Table 7.2.13.3)</th>
<th>Quantities</th>
<th>Quantity Passed</th>
<th>Action Completed</th>
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<td>Supervisory Signal Device (EC.02.03.05 EP1)</td>
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<td>EP2-A</td>
<td>Valve Temper Switches (EC.02.03.05 EP2)</td>
<td>1. MM/DD/YY</td>
<td>Semi-Annually</td>
<td>Name</td>
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# Quick Reference Fire Alarm and Suppression System Testing / Maintenance Log

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<th>Test Procedure</th>
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<th>Test Day</th>
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*Note: This is a sample table.*
• Maintain complete inventory of components
• Maintain testing results for each component
• Maintain documented failure correction
• Organize and understand the paperwork
  – No fumbling through reams or contractors’ paperwork
• Prove testing done properly and on time
• Don’t forget remote site testing
EC.02.03.05 remains in Top Five Survey Findings for TJC Surveys (2008-2012)!

WHY?

• Testing not done
• Testing not properly done
• Poor Documentation:
  – Accuracy
  – Completeness
  – Clarity
  – Failure to access documents

(LD.04.01.05 EP4)
• **Std:** The hospital effectively manages its programs, services, sites, or departments.

• **EP 4:** Staff are held accountable for their responsibilities.

• **RFI Example:** Documentation not available or other documentation issues, e.g., accuracy, completeness, clarity, or failure to access. Per George Mills (Nov. 2012 EC News), “Not documented, not done!”
Std: The hospital maintains fire safety equipment and fire safety building features. (40%)

- EP 1 - Supervisory signal devices not tested quarterly
- EP 2 - Valve tamper switches not tested every 6 months; water flow devices not tested quarterly
- EP 3 - Duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors not tested annually
• EP 5- Fire alarm equipment for notifying off-site fire responders not tested annually
• EP 10- Fire Dept. water supply connections for auto. sprinkler system not inspected quarterly
• EP 13- Kitchen automatic fire-extinguishing system not inspected every six months
• EP 15- Portable fire extinguishers not inspected at least monthly
• **Note:** Noncompliance often due to “documentation” issues!
• A number of time notations are included in TJC’s Environment of Care Standard’s Elements of Performance (EPs) for preventive maintenance scheduled events, i.e., inspections, testing, and/or maintenance (per next slide).

• Note: TJC allows an organization to establish written policies that vary from the definitions on the following slide. The 2000 Life Safety Code does not define time as described by TJC.
– Daily, Weekly, Monthly, and Quarterly will be on a calendar basis* (example: beginning of one period, end of another)
– Bi-monthly is every other month (6 times a year)**
– Semi Annual – 6 months +/- 20 days**
– Annual – 12 months +/- 30 days**
– Triennial – 36 months +/- 45 days**

*Per Healthcare Interpretations Task Force (NFPA, TJC, CMS, ASHE, VA, DOD, IHS, IFMA, AHCA)
**Per TJC Nov. 2010 Environment of Care News
Performing something:

• **Daily** - Once per day [and anytime the next day]

• **Weekly** - Once per week (Sunday-Saturday) [and anytime the next week]

• **Monthly** - Within the calendar month [and anytime the next calendar month]

• **Quarterly** - Within the calendar quarter [and anytime the next calendar quarter]

• **Note**: For any of these time frames, you **may not** leave the calendar boundaries.
Preparation for Survey
Being Prepared for Survey

- Obtain Most Current TJC Accreditation Manual
- Review Chapters You are Responsible For
- Highlight Situational Decision Rule EPs
- Highlight Direct Impact Requirement EPs
- Highlight “New” Risk Icon – R
- Ensure Policies & Procedures are In Place
- Ensure Management Plans are In Place
- Ensure P&Ps and Mgt. Plans are Implemented and Enforced
- Ensure Applicable Staff Training is Provided

* Indicates an identified risk [NPSGs & program-specific risk areas] for the purpose of the Focused Standards Assessment (FSA) (formerly Periodic Performance Review) See APR.03.01.01
Tips During Surveys

– Train staff to not answer questions outside their areas of job responsibilities, e.g., “Sorry, I’m not able to answer that question. It isn’t within the scope of my job responsibilities.”

Don’t say, “Sorry, but I’m too busy to answer your questions now” or “My mother told me never to speak to strangers!”

– Those who accompany surveyors should be knowledgeable about the standards, survey process and environment being surveyed, especially the Life Safety Code survey!

– Right people at right place – have pre-planned back-up staff whenever possible.

– Know where inspection logs and documents are stored.
Disputed Survey Findings During Survey

Whenever you feel a surveyor has “mistakenly” cited you for an EC, LS, EM, or any standards issue:
You may phone a friend; or

At your earliest opportunity, get out the LSC or your accreditation standards manual and, together with the surveyor, review and discuss the applicable section(s) and specific requirements. It may also be necessary to call TJC’s Department of Engineering (with the surveyor) to obtain further clarification. Surveyors have an 800 #
Be prepared to prove that you do what you say you do via:
Accurate & Up-to-Date
- Minutes of Meetings (e.g. Safety Committee, EM Committee, Infection Control Committee, etc.)
- Documented Risk Assessments
- Records, Logs, Manifests
- Performance Indicators
Thank You!

Questions? Contact:
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