Elizabeth Even, MSN, RN, CEN, Standards Interpretation Group

Most Common EC/IC Challenges

February 22, 2024

The Joint Commission

Faculty Introduction

- Elizabeth Even, RN, MSN, CEN
- Senior Associate Director, SIG
- Clinical and PES
- Standards +
- Entire Accreditation process

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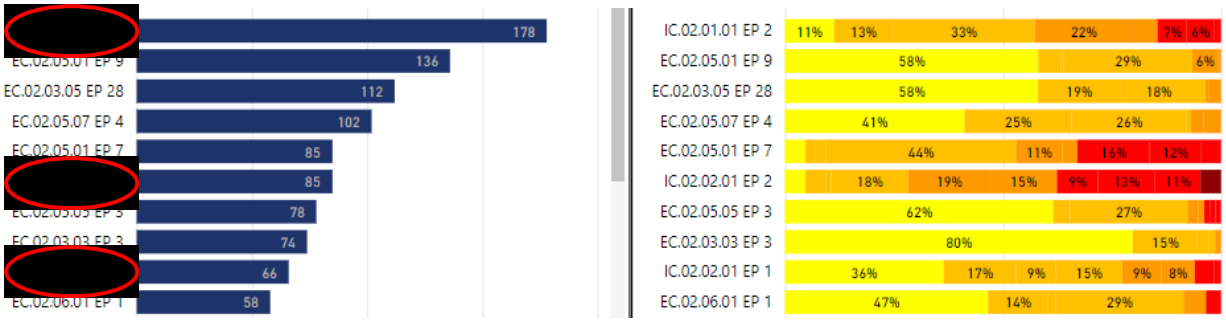
Objectives

- Identify the top-cited standards in the Infection Control and Environment of Care Chapters in 2023
- Tools and Tips for Compliance
- How Leaders can affect change

Top 10 EC/IC Findings 2023



ASC 1/1/23-12/1/23

What is the Root Cause?

Resources

Accountability

Process Development

Process Oversight

Education/Training/Competency

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Understanding the Root Cause Can Help Guide Activities and Resource Allocation

Short term fix

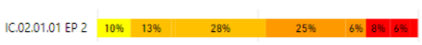
Long term solution

IC.02.01.01 EP2

The organization uses standard precautions, * including the use of personal protective equipment (PPE), to reduce the risk of infection

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

From CDC.gov



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Standard Precautions

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Use Standard Precautions to care for all patients in all settings.
Standard Precautions include:

- 5a. Hand hygiene
- 5b. Environmental cleaning and disinfection
- 5c. Injection and medication safety
- 5d. Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
- 5e. Minimizing Potential Exposures (e.g. respiratory hygiene and cough etiquette)
- 5f. Reprocessing of reusable medical equipment between each patient and when soiled

https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html

Observations: Standard Precautions

Standard Precautions Not Performed

- Hand hygiene not performed after glove removal
- Gloves not worn when obtaining blood for blood glucose monitoring

Supplies not available

Process, procedure or policy unclear

Lack of accountability

Key Elements: Personal Protective Equipment

Exposure Control Plan

Written document guides PPE Program

Risk assessed and updated annually

PPE Available

Types appropriate for exposure

Sized to fit healthcare workers

Available in locations of use

Trained Employees

Employees know why specific type of PPE should be used

Employees are competent to choose

Employees trained to don, doff, and discard or disinfect

Use Enforced

Monitoring and feedback provided

Employees use PPE

Action Taken When Issues are Identified

If identified as an issue, improve use

Observations: Personal Protective Equipment

Personal Protective Equipment (PPE) not worn

- OSHA hazard assessment not performed
- Process, procedure or policy unclear
- Supplies were not available
- Staff were untrained
- Lack of accountability

Staff did not correctly don and doff PPE

- Staff member did not don PPE per MIFU
- Employees were removing PPE in a manner that could contaminate themselves or the environment.

Re-usable PPE not reprocessed as required by manufacturer's instructions for use

- Staff were not trained to clean and disinfect reusable PPE

IC.02.01.01 EP2 Observations

"It was observed that CRNA did not perform cleaning of three newly opened medication vials."

"It was noted that five single use/dose medication vials were being used on multiple patients without adherence to CDC guidelines."

"Provider failed to complete hand hygiene immediately after removing his surgical gloves and surgical attire upon completion of cardiac catheterization procedures which was contrary to the organization policy"

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Observations - Standard Precautions – Injection and Medication Safety

Injection Safety

- Failure to swab the top of vials before access
- Multidose vials taken into patient treatment area
- Utilization of single patient IV fluids to make flush syringes

5c. Injection and Medication Safety References and resources: 11, 17-20	1. Use aseptic technique when preparing and administering medications 2. Disinfect the access diaphragms of medication vials before inserting a device into the vial 3. Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). 4. Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. 5. Ensure single-dose or single-use vials, ampules, and bags or bottles of parenteral solution are used for one patient only. 6. Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only 7. Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (e.g., operating room, patient room/cubicle) 8. Wear a facemask when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia)

Key Elements: CDC Standard Precautions - Medication and Injection Safety

Activities Align with Requirements
- Laws, Codes and Regulation
- Manufacturer's Instructions for Use
- Required EBG

Supplies Available

Observed Activities Align with Organizational Processes, procedures or policies

Interventions/Activities Implemented
- Included relevant organizational components and functions
- Training, education and/or competency

IC.02.02.01 EP2

High-level disinfection (HLD) and sterilization

- #1 on the Most Frequently Cited Higher-Risk Accreditation Requirements
- In the Top 10 Infection Control Findings

Highest Percentage of High-Risk Findings and findings evaluated for Immediate Threat to Health and Safety

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Wide Variety of Supplies, Instruments and Devices Used in Ambulatory Settings

- Single use vs. reusable
- Varying levels of disinfection/sterilization required
- Wide variation in sterilization cycle parameters

What Type of Instruments/Devices do you have in Your Inventory?

Single use

May be supplied non-sterile and require sterilization prior to use

May be supplied sterile and ready to use

Reusable

May be supplied non-sterile and require sterilization prior to first use and after each use

May be supplied sterile and requires sterilization after each use

Manufacturer's Instructions for Use (IFU)

- Most items utilized throughout all steps of reprocessing will have instructions for use
  - Equipment
  - Biologic indicators, Chemical indicators
  - Accessories used for reprocessing
  - Instruments/Devices
  - Cleaning accessories
- Provides instructions for use, maintenance, cleaning, disinfection and/or sterilization, when the item is not longer suitable for use
- Compatible disinfection/sterilization processes
  - May have instructions for reprocessing that surpass intended use (e.g., used for semi-critical procedure, IFU only provides instructions for sterilization

Know your Instruments, Devices and Equipment

This is Critical

- Validate the type of sterilization cycle that your sterilizer uses
  - Gravity Displacement
  - Dynamic Air Removal (Prevac, Steam Flush Pressure Pulse)

- Follow the MIFU of the instruments/devices being sterilized based on the type of sterilizer in use

One standard sterilization cycle/parameters is often not sufficient for reprocessing the different types of instruments and dental handpieces used in a dental office

IC.02.02.01 EP2

Staff members performing quality control testing of the sterilizer are not currently incubating positive controls with the processed BI when performing biological indicator testing, as required per the manufacturer's recommendations.

Vaginal probes were disinfected after patient use using a disinfectant wipe and did not undergo high level disinfection as required by the MIFU.

Review of sterile processing noted failure to perform sterilization of surgical instruments in accordance with manufacturer's instructions for use (IFU)

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Key Elements – High Level Disinfection

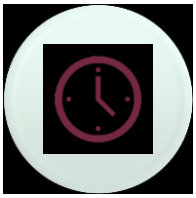
Available Supplies	• MIFU available • Supplies necessary to decontaminate and perform high level disinfection available
Manufacturer Instructions for Use Followed	• For all steps of the process • From point of use through storage
Competent Employees	• Staff who perform HLD are trained and competent • Staff who oversee process are competent to evaluate the process
Infection Prevention and Control Involvement	• Process to evaluate adherence to procedures
Staff Accountability	• Leadership hold staff accountable

Observations: MIFU Conflicts and Clarifications

- **Unclear MIFU not clarified**
- **Conflicts within MIFU not clarified**
  - MIFU does not contain instructions for level of reprocessing based on intended use of the item
- **MIFU between instruments /sterilization accessories used not clarified**
  - Cycle parameters

IC.02.02.01 EP1: Low and Intermediate Level Disinfection

Product selection



Contact time

Key Elements: Implementation

- Compliant Process
- Resources
- Competent Employees
- Infection Prevention and Control Involvement
- Accountable Staff
- Oversight

Compliance Tactics

- Ensure adequate qualified infection control (IC) leadership
- Periodic review of IC program
- Ensure necessary resources to support IC program are available
- Appropriate staff training and competencies
- Routine process checks implemented by leadership

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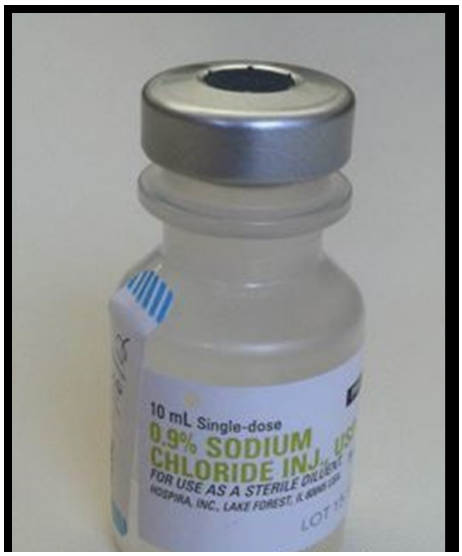
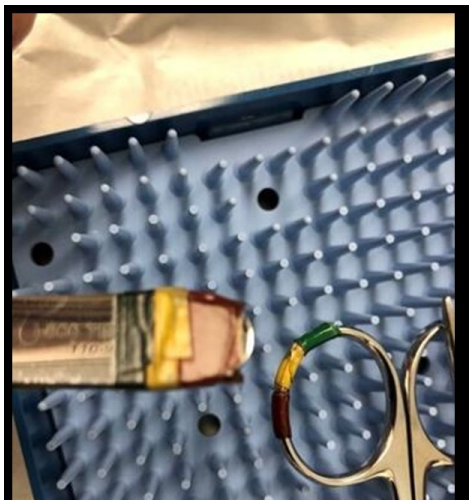
What's the problem?!

What's the problem?!

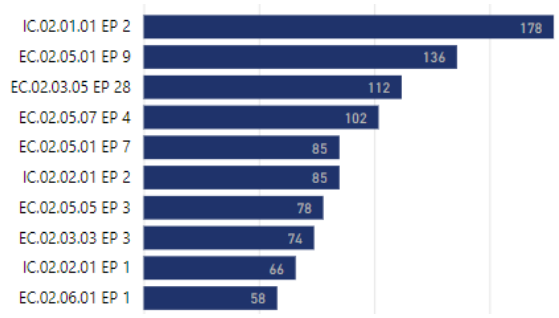


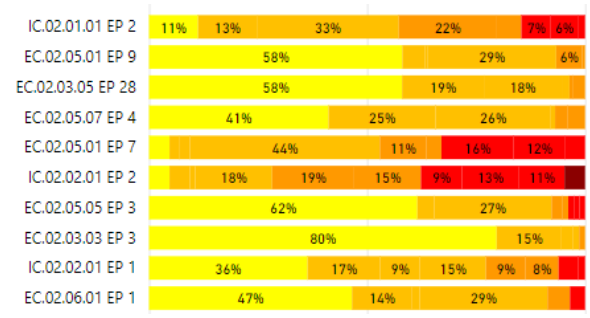


What's the problem?!

Environment of Care

Top 10 EC/IC Findings 2023





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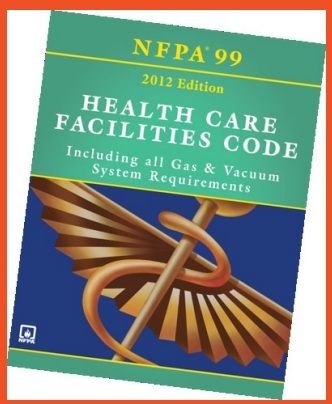
Application of NFPA 99

Health Care Facilities Code

2012 Edition

Adopted by CMS on May 4, 2016
Federal Register (Vol.81, No.86)



Referenced in TJC Environment of Care Standards

NFPA 99 includes code requirements for:

Chapter 5	Gas and Vacuum Systems
Chapter 6	Electrical Systems
Chapter 9	Heating, Ventilation, and Air Conditioning
Chapter 10	Electrical Equipment
Chapter 11	Gas Equipment
Chapter 14	Hyperbaric Facilities
Chapter 15	Features of Fire Protection

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Is the facility **NEW** or **EXISTING**?

Buildings are considered existing occupancies if final plans for construction, additions, renovations, or changes in occupancy were approved by the local authority having jurisdiction before July 5th, 2016

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Commonly Used Acronyms

AHC	Ambulatory Health Care	NFPA	National Fire Protection Association
ASC	Ambulatory Surgical Center	PCRA	Pre-construction Risk Assessment
CoP	Condition of Participation	PDA	Preliminary Denial of Accreditation
EP	Element of Performance	PFI	Plan for Improvement
ESC	Evidence of Standards Compliance	PFP	Priority Focus Process
FMEA	Failure Mode Effects Analysis	PFT	Priority Focus Tool
FSA	Focus Standards Assessment	PPE	Personal Protective Equipment
ICM	Intracycle Monitoring	RFI	Requirement for Improvement
ICRA	Infection Control Risk Assessment	SDS	Safety Data Sheet
ILSM	Interim Life Safety Measures	SOC	Statement of Conditions
ITL	Immediate Threat to Life	SPFI	Survey Plan for Improvement
MOS	Measure of Success	TLW	Time Limited Waiver

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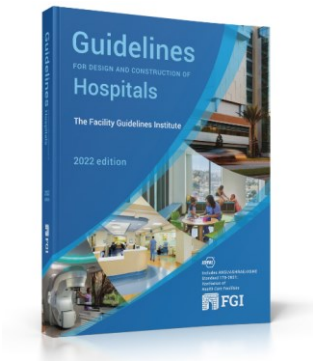
FACILITY GUIDELINES INSTITUTE

The keystone to health care planning, design, and construction

- For further information, refer to Guidelines for Design and Construction of Health Care Facilities, 2022 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).



Utility System Control Labels

- The organization labels utility system controls to facilitate partial or complete emergency shutdowns. (EC.02.05.01 EP9)
- Examples of utility system controls that should be labeled:
  - Utility source valves
  - Utility system main switches and valves
  - Individual circuits in an electrical distribution panel
  - Fire alarm circuit

Utility System Control Labels

- Utility source valves

Utility System Control Labels

– Utility system main switches and valves

Utility System Control Labels

– Individual circuits in an electrical distribution panel

– "The electrical panel had 7 circuits in the on position that were labeled as spares. This was confirmed by the facility staff."

Utility System Control Labels

- The fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is **marked in red**; and access is restricted to authorized personnel.
- Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit.

EC.02.05.07 EP4

Every week, the organization inspects the emergency power supply system (EPSS), including all associated components and batteries. **The results and completion dates of the inspections are documented.**

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Solution:

Educate maintenance staff and implement appropriate documentation process.

Control of Airborne Contaminants

The ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature (EC.02.05.01 EP7)

- Operating rooms
- Special procedure rooms that require a sterile field
- Rooms for patients diagnosed with or suspected of having airborne communicable diseases
- Patients in "protective environment" rooms
- Laboratories
- Pharmacies
- Sterile supply/processing rooms
- Other sterile spaces.

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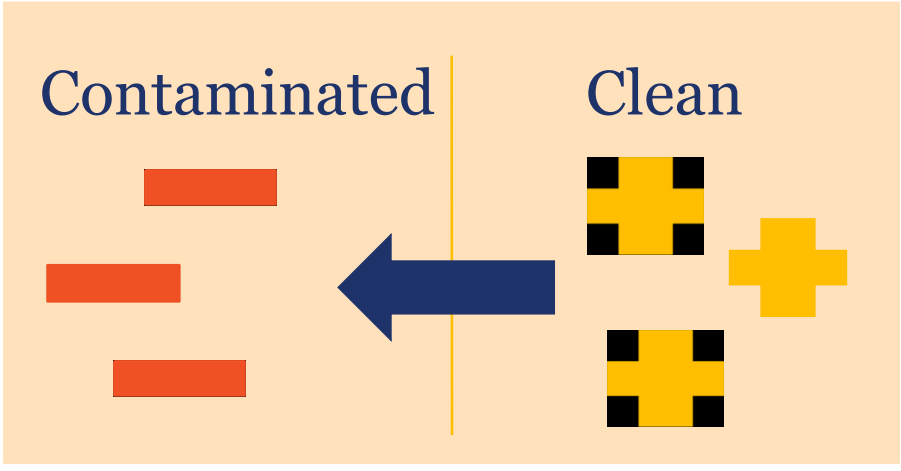

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Air-Pressure Relationships

Observation:

Observed in Building Tour. The air pressure in the clean side of sterile processing was negative to the corridor. The air pressure in the clean and sterile storage room (approximately 3/4 sterile items) was negative to the corridor.

Solution:

Implement monitoring process (automated)

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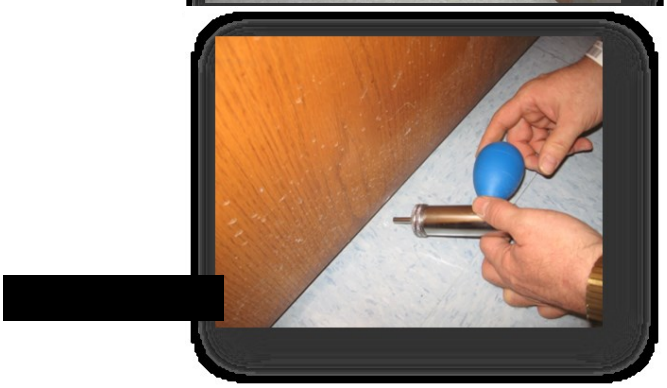
Compliance Tactics



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Interior Spaces are Safe and Suitable

- Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided. (EC.02.06.01 EP1)

Hazardous Chemical Risks

- The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. (EC.02.02.01 EP5)

Fire Safety Equipment & Building Features

- Testing requirements from EC.02.03.05:
  - Supervisory signal devices on the inventory
  - Vane-type and pressure-type water flow devices and valve tamper switches
  - Duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors
  - Visual and audible fire alarms, including speakers and door-releasing devices
  - Fire alarm equipment on the inventory for notifying off-site fire responders
  - Electric motor–driven fire pumps monthly and diesel engine–driven fire pumps every week under no-flow conditions
  - Water-storage tank high- and low-water level alarms

Fire Safety Equipment & Building Features (continued)

- Main drains at system low point or at all system risers
- Fire department water supply connections
- Fire pumps under flow
- Hydrostatic and water-flow tests for standpipe systems
- Carbon dioxide and other gaseous automatic fire-extinguishing systems
- Inspects portable fire extinguishers
- Maintenance on portable fire extinguishers, including recharging
- Hydrostatic tests on standpipe occupant hoses

Fire Safety Equipment & Building Features (continued)

- Operates fire and smoke dampers one year after installation and then at least every four years to verify that they fully close
- Automatic smoke-detection shutdown devices for air-handling equipment
- Sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure
- Inspection and testing of fire door assemblies
- Elevators with firefighters' emergency operations

ITM Time Frames for Inspections Defined

- The Joint Commission EC chapter defines time as:
  - Every 36 months/every 3 years = 36 months from the last event, plus or minus 45 days
  - Annually/every 12 months/once a year/every year = 1 year from the last event, plus or minus 30 days
  - Every 6 months = 6 months from the last event, plus or minus 20 days
  - Quarterly/every quarter = every three months, plus or minus 10 days
  - Monthly/30-day intervals/every month = 12 times a year, once per calendar month
  - Every week = once per calendar week

EC.02.03.05 Document List & Review Tool

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Q 1/ Semi	Q 2	Q 3/ Semi	Q 4/ Annual
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
EP 1					Supervisory Signals-including: Control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.	Quarterly				
EP 2					Water flow devices	Semiannually				
					Tamper switches	Semiannually				
EP 3					Duct, heat, smoke detectors, and manual fire alarm boxes	Annually				
EP 4					Notification devices (audible & visual), and door-releasing devices	Annually				
EP 5					Emergency services notification transmission equipment	Annually				
EP 6					Electric motor-driven fire pumps tested under no-flow conditions	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions	Weekly				
EP 7					Water storage tank high and low-level alarms	Semiannually				
EP 8					Water storage tank low water temp alarms (cold weather only)	Monthly				
EP 9					Sprinkler systems main drain tests on all risers	Annually				
EP 10					Fire department connections inspected (Fire hose connections N/A)	Quarterly				
EP 11					Fire pump(s) tested – under flow	Annually				
EP 12					Standpipe flow test every 5 years	5 years				
EP 13					Kitchen suppression semi-annual testing	Semiannually				
EP 14					Gaseous extinguishing systems inspected (no discharge req.)	Annually				
EP 15					Portable fire extinguishers inspected monthly	Monthly				
EP 16					Portable fire extinguishers maintained annually	Annually				
EP 17					Fire hoses hydro tested 5 years after install; every 3 years thereafter	5 years / 3 years				
EP 18					Smoke and fire dampers tested to verify full closure	1 year after install At least every 6 years thereafter				
EP 19					Smoke detection shutdown devices for HVAC tested	Annually				
EP 20					All horizontal and vertical roller and slider doors tested	Annually				
EP 25					Inspection and testing of door assemblies by qualified person	Annually				
EP 27					Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name; date; inventory of devices, equipment or other items; frequency; contact info for person performing activity; NFPA standard; activity results					

Fire Door Inspections

- Annual inspection
- Knowledgeable person
- Operating components
- Both sides of the opening
- Documented

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Portable Fire Extinguishers

- Monthly visual inspection
  - Accessible
  - Fully charged
  - Any parts broken
  - Correct type
- Annual maintenance by a licensed fire protection service company
- Extinguishers less than 40 lbs. cannot be installed above 60" (measured from top)

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EC.02.03.05 EP28

Documentation of maintenance, testing, and inspection activities for Standard **EC.02.03.05, EPs 1–20, 25** (including fire alarm and fire protection systems) includes the following:

- Name of the activity
- Date of the activity
- Inventory of devices, equipment, or other items
- Required frequency of the 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

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Sterilizer Testing and Maintenance

- The organization conducts performance testing of and maintains all sterilizers.
- These activities are documented EC.02.04.03 EP4 (IC.02.02.01 EP2)

EC.02.05.05 EP3

The organization inspects, tests, and maintains the following: Utility systems.

The completion dates and test results are documented.

What's the problem?!

What's the problem?!

This is not an exit!
PLEASE DO NOT
OPEN

What's the problem?!

What's the problem?!

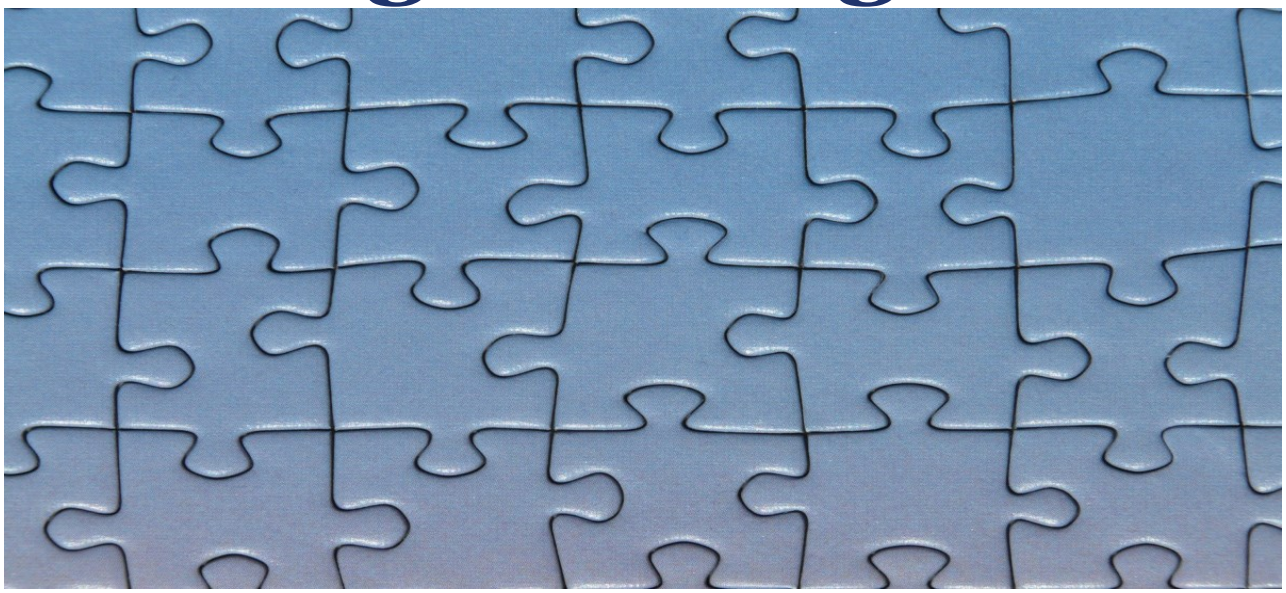
What's the problem?!

What's the problem?!

What's the problem?!

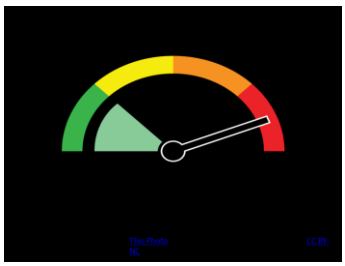
Points for creativity?!?

Putting it all together



Leadership Oversight

- Who do you need and where do you need them?
  - High risk areas/procedures
  - High-level disinfection/sterilization
  - Surgery/procedures
  - Dental



Safety Culture

- Leaders can build safety cultures by readily and willingly participating with care team members in initiatives designed to develop and emulate safety culture characteristics.

- Effective leaders who deliberately engage in strategies and tactics to strengthen their organization's safety culture see safety issues as problems with organizational systems, not their employees, and see adverse events and close calls ("near misses") as providing "information-rich" data for learning and systems improvement.

Sentinel Event Alert

A complimentary publication of The Joint Commission
Issue 57, March 1, 2017 Revised: June 16, 2021 (in red)

Published for Joint Commission-accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

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The essential role of leadership in developing a safety culture

In any health care organization, leadership's first priority is to be accountable for effective care while protecting the safety of patients, employees, and visitors. Competent and thoughtful leaders* contribute to improvements in safety and organizational culture.[1-4] They understand that systemic flaws exist and each step in a care process has the potential for failure simply because humans make mistakes.[5,6] James Reason compared these flaws – latent hazards and weaknesses – to holes in Swiss cheese. These latent hazards and weaknesses must be identified and solutions found to prevent errors from reaching the patient and causing harm.[7] Examples of latent hazards and weaknesses include poor design, lack of supervision, and manufacturing or maintenance defects.

The Joint Commission's Sentinel Event Database reveals that leadership's failure to create an effective safety culture is a contributing factor to many types of adverse events – from wrong site surgery to delays in treatment.[7]

In addition, through the results of its safety initiatives, The Joint Commission Center for Transforming Healthcare has found inadequate safety culture to be a significant contributing factor to adverse outcomes. Inadequate leadership can contribute to adverse events in various ways, including but not limited to these examples:

- Insufficient support of patient safety event reporting[8]
- Lack of feedback or response to staff and others who report safety vulnerabilities[8]
- Allowing intimidation of staff who report events[9]
- Refusing to consistently prioritize and implement safety recommendations
- Not addressing staff burnout[10,11]

In essence, a leader who is committed to prioritizing and making patient safety visible through every day actions is a critical part of creating a true culture of safety.[12] Leaders must commit to creating and maintaining a culture of safety; this commitment is just as critical as the time and resources devoted to revenue and financial stability, system integration, and productivity. Maintaining a safety culture requires leaders to consistently and visibly support and promote everyday safety measures.[13] Culture is a product of what is done on a consistent daily basis. Hospital team members measure an organization's commitment to culture by what leaders do, rather than what they say should be done.

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* The Joint Commission accreditation manual glossary defines a leader as, "an individual who sets expectations, develops plans, and implements procedures to assess and improve the quality of the organization's governance, management, and clinical and support functions and processes. At a minimum, leaders include members of the governing body and medical staff, the chief executive officer and other senior managers, the nurse executive, clinical leaders, and staff members in leadership positions within the organization."

www.jointcommission.org

https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-57-safety-culture-and-leadership-final2.pdf

What is the Root Cause?

Resources

Accountability

Process Development

Process Oversight

Education/Training/Competency

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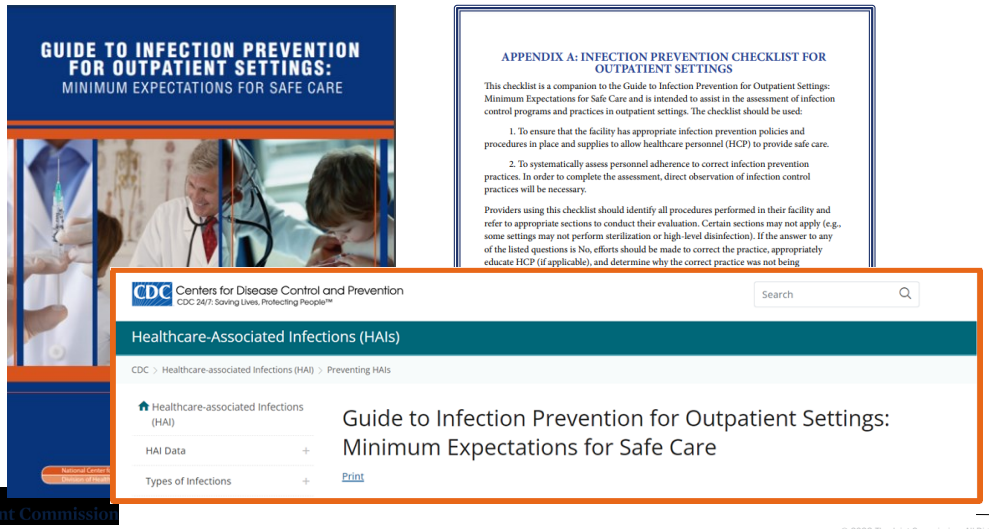
Ambulatory Infection Prevention Resources



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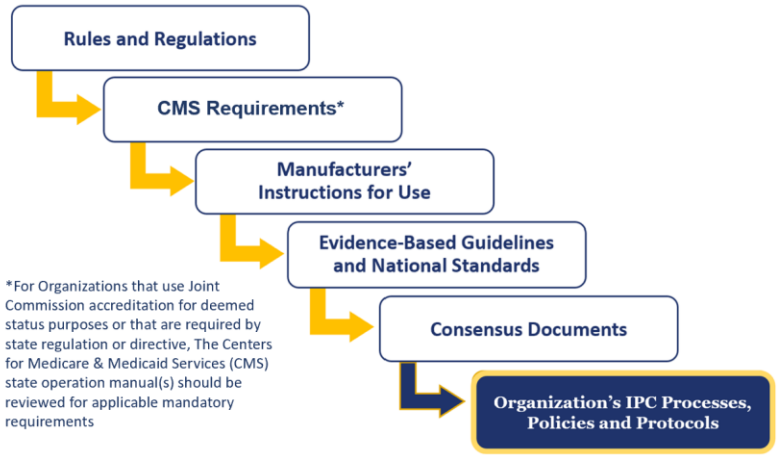
https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html

Approach to Assessing Compliance



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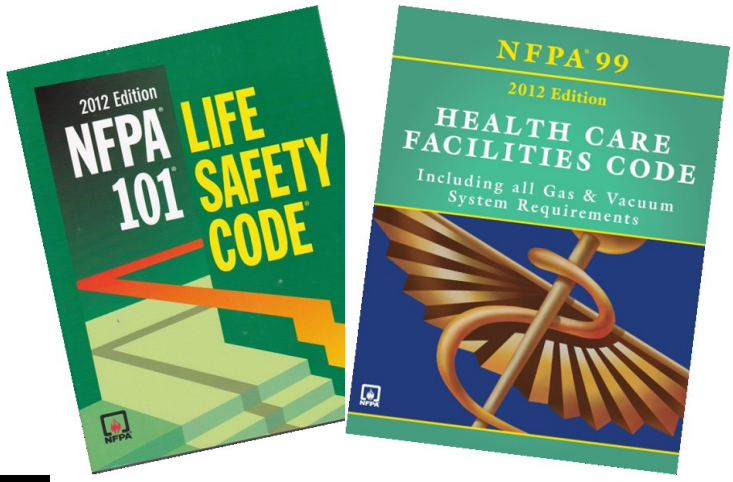
Modified from April 2019 Perspectives (available at https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/ic-hierarchical-approach-to-scoring-standards-april-2019-perspectives.pdf © The Joint Commission. Used with permission.

The Basis for Physical Environment Standards



The Joint Commission

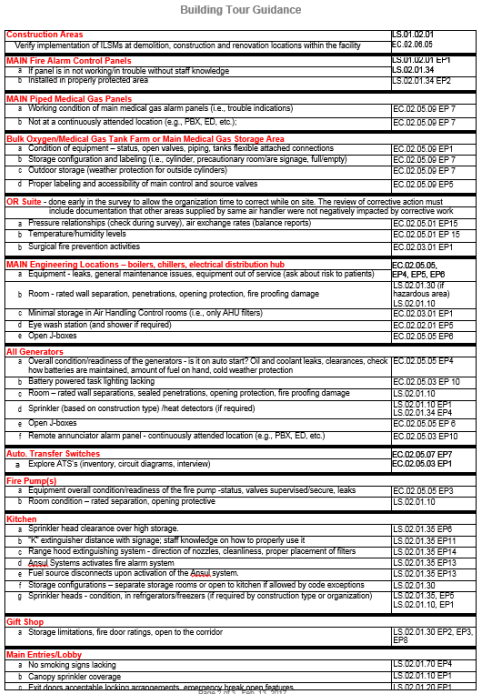
Survey Resources

- To prepare for document review, the Survey Activity Guide includes a "*Life Safety and Environment of Care—Document List and Review Tool*"
- This resource is located on The Joint Commission website at https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/physical-enviroment/lsc_ec_doclist_revtool.pdf

Building Tour Guidance

- Reflects what a tour should include
- Lists related standards / EPs
- Only guidance
- Does not reflect touring order

Available online: https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/physical-enviroment/life-safety-code/building_tour_guidance1.pdf



Building Tour Guidance

Construction Areas	LS.01.02.01
Verify implementation of ILSMs at demolition, construction and renovation locations within the facility	EC.02.06.05
MAIN Fire Alarm Control Panels	LS.01.02.01 EP1
a If panel is in not working/in trouble without staff knowledge	LS.02.01.34
b Installed in properly protected area	LS.02.01.34 EP2
MAIN Piped Medical Gas Panels	
a Working condition of main medical gas alarm panels (i.e., trouble indications)	EC.02.05.09 EP 7
b Not at a continuously attended location (e.g., PBX, ED, etc.);	EC.02.05.09 EP 7
Bulk Oxygen/Medical Gas Tank Farm or Main Medical Gas Storage Area	
a Condition of equipment – status, open valves, piping, tanks flexible attached connections	EC.02.05.09 EP1
b Storage configuration and labeling (i.e., cylinder, precautionary room/are signage, full/empty)	EC.02.05.09 EP 7
c Outdoor storage (weather protection for outside cylinders)	EC.02.05.09 EP 7
d Proper labeling and accessibility of main control and source valves	EC.02.05.09 EP5
OR Suite - done early in the survey to allow the organization time to correct while on site. The review of corrective action must include documentation that other areas supplied by same air handler were not negatively impacted by corrective work	
a Pressure relationships (check during survey), air exchange rates (balance reports)	EC.02.05.01 EP15
b Temperature/humidity levels	EC.02.05.01 EP 15
b Surgical fire prevention activities	EC.02.03.01 EP1
MAIN Engineering Locations – boilers, chillers, electrical distribution hub	EC.02.05.05,
a Equipment - leaks, general maintenance issues, equipment out of service (ask about risk to patients)	EP4, EP5, EP6
b Room - rated wall separation, penetrations, opening protection, fire proofing damage	LS.02.01.30 (if hazardous area) LS.02.01.10
c Minimal storage in Air Handling Control rooms (i.e., only AHU filters)	EC.02.03.01 EP1
d Eye wash station (and shower if required)	EC.02.02.01 EP5
e Open J-boxes	EC.02.05.05 EP6
All Generators	
a Overall condition/readiness of the generators - is it on auto start? Oil and coolant leaks, clearances, check how batteries are maintained, amount of fuel on hand, cold weather protection	EC.02.05.05 EP4
b Battery powered task lighting lacking	EC.02.05.03 EP 10
c Room – rated wall separations, sealed penetrations, opening protection, fire proofing damage	LS.02.01.10
d Sprinkler (based on construction type) /heat detectors (if required)	LS.02.01.10 EP1 LS.02.01.34 EP4
e Open J-boxes	EC.02.05.05 EP 6
f Remote annunciator alarm panel - continuously attended location (e.g., PBX, ED, etc.)	EC.02.05.03 EP10
Auto. Transfer Switches	EC.02.05.07 EP7
a Explore ATS's (inventory, circuit diagrams, interview)	EC.02.05.03 EP1
Fire Pump(s)	
a Equipment overall condition/readiness of the fire pump -status, valves supervised/secure, leaks	EC.02.05.05 EP3
b Room condition – rated separation, opening protective	LS.02.01.10
Kitchen	
a Sprinkler head clearance over high storage.	LS.02.01.35 EP6
b "K" extinguisher distance with signage; staff knowledge on how to properly use it	LS.02.01.35 EP11
c Range hood extinguishing system - direction of nozzles, cleanliness, proper placement of filters	LS.02.01.35 EP14
d Ansul Systems activates fire alarm system	LS.02.01.35 EP13
e Fuel source disconnects upon activation of the Ansul system.	LS.02.01.35 EP13
f Storage configurations – separate storage rooms or open to kitchen if allowed by code exceptions	LS.02.01.30
g Sprinkler heads - condition, in refrigerators/freezers (if required by construction type or organization)	LS.02.01.35, EP6 LS.02.01.10, EP1
Gift Shop	
a Storage limitations, fire door ratings, open to the corridor	LS.02.01.30 EP2, EP3, EP8
Main Entries/Lobby	
a No smoking signs lacking	LS.02.01.70 EP4
b Canopy sprinkler coverage	LS.02.01.10 EP1
c Exit doors acceptable locking arrangements, emergency break open features	LS.02.01.20 EP1

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