



March 8, 2016

**JOINT COMMISSION STATEMENT OF CONDITION
PROGRAM**

OFFICE OF PRIMARY RESPONSIBILITY

Duke OESO-Fire Safety Division

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Pages: 3

SUPERSEDES DUKE FIRE SAFETY INSTRUCTION 1-8 Dated August 15, 2013

This instruction establishes policy and procedures and assigns responsibilities and requirements to ensure a comprehensive program exists to accomplish and maintain the Joint Commission (TJC) Electronic Statement of Conditions (ESOC).

1. Objective.

- 1.1. The ESOC compliance document is intended to help create and maintain a fire safe environment of care and demonstrate compliance with the intent of standards that require newly constructed and existing environments of care be designed and maintained in accordance with the *Life Safety Code* (LSC) standards.

2. Introduction

- 2.1. The ESOC is a compliance item under TJC rules. It is developed and maintained to assist those tasked with the life safety assessment. The ESOC is a compliance tool and must be updated on a regular basis as work projects, renovations, and major construction takes place. The ESOC is a working document and must be continuously reviewed and updated at the time work is performed.
- 2.2. The ESOC is a two part document:
 - 2.2.1. Basic Building Information (BBI) outlines general information about the facility occupied by patients/residents/clinics—information includes building occupancies, features of fire protection (such as sprinklers and fire alarm systems), and other related information.
 - 2.2.2. Plan for Improvement (PFI) help management bring their buildings into compliance over a specified through documented activities. The PFI is completed when Life Safety Code deficiencies during Life Safety and Environment of Care assessments. are noted.
- 2.3. The ESOC and *Life Safety Code* assessment **MUST** be completed by personnel who have both strong knowledge of the LSC and extensive knowledge of the particular facility.
NOTE: There are no prescriptive requirements for the education or experience of the personnel completing the ESOC
- 2.4. Business occupancies, as defined by the LSC, that are free standing (or connected to a health care occupancy but are separated by a two-hour fire-resistance-rated assembly and

do not serve as a **REQUIRED** means of egress from the health care occupancy **do not require an ESOC**

3. ESOC Completion/Documentation Responsibilities

3.1. Basic Building Information (BBI)

- 3.1.1. Complete one BBI for each building occupied by patients/residents/clients regardless of ownership, lease/rental agreements, etc.
 - 3.1.1.1. Reasons for occupancy include:
 - 3.1.1.1.1. Housing
 - 3.1.1.1.2. Care
 - 3.1.1.1.3. Treatment
 - 3.1.1.1.4. Counseling
 - 3.1.1.1.5. or other activities that relate to the occupant's status as a patient/resident/client of Duke Health System
 - 3.1.2. Duke facilities that are owned, leased, occupied, managed, or controlled by Duke and **ARE NOT** occupied by patients/residents.\clients **DO NOT REQUIRE A BBI**
 - 3.1.3. The BBI will be completed by the assigned OESO-Fire Safety Specialist assigned to the particular facility with the assistance of the Engineering and Operations (E & O) representative and the Facility Plans, Design, and Construction (FPDC) Office representative
 - 3.1.4. The BBI is utilized to document specific design, Life Safety, and Fire protection features design that exist in the facility
 - 3.1.5. It does not require an assessment to be made as to the acceptability of each facility
 - 3.1.6. Complete the BBI in accordance with the instructions contained in the document

3.2. Life Safety Assessment (LSA)

- 3.2.1. A new LSA will be accomplished when any of the following conditions exist:
 - 3.2.1.1. New construction meeting the requirements for an ESOC is completed
 - 3.2.1.2. Upon completion of any project that impinges upon, intrudes upon, alters, or replaces any life safety equipment, structures, or systems. This includes but is not limited to:
 - 3.2.1.2.1. Fire Suppression systems
 - 3.2.1.2.2. Fire Detection/Alarm Systems
 - 3.2.1.2.3. Rated fire Compartments
 - 3.2.1.2.4. Smoke Compartments
 - 3.2.1.3. Upon completion of any major construction/renovation
- 3.2.2. Life Safety Assessment/ will be the responsibility of Engineering and Operations and the OESO Fire Safety Office and must be reviewed by the OESO-Fire Safety Office, Facilities, Planning, Design, and Construction (FPDC), consultants, and other related groups as determined necessary by the committee.
- 3.2.3. Deficiencies that effect the Life Safety features/conditions of the facility may be identified in a variety of ways but not limited to the following:
 - 3.2.3.1. Original Life Safety Assessment
 - 3.2.3.2. Hazard Surveillance rounds
 - 3.2.3.3. Fire Marshal inspections
 - 3.2.3.4. Environment of Care Rounds
 - 3.2.3.5. Image Rounds
 - 3.2.3.6. other general rounds

- 3.2.4. Deficiencies noted shall be entered into and managed via the Computerized Maintenance Management System (CMMS) utilized by E & O.
- 3.2.4.1. Life Safety Assessment deficiencies shall be specifically identified in CMMS as “ESOC” deficiencies
- 3.2.4.2. Work order tickets will be generated by the system and forwarded to the appropriate shop for correction
- 3.2.4.3. ESOC deficiencies that cannot be completed within a reasonable amount of time shall be converted to a Plan for Improvement (NOTE-A reasonable amount of time will not exceed 45 days from the date the item is entered into CMMS)
- 3.2.4.4. ESOC deficiencies that create imminent danger to occupants shall be resolved immediately or the OESO-Fire Safety Office will implant Interim Life Safety Measures (ILSM) until the deficiency can be repaired
- 3.2.5. Routine reports will be sent to E & O managers for review and to the OESO Fire Safety office at least monthly

3.3. Plan for Improvement (PFI)

- 3.3.1. All LSC deficiencies identified in the LSA MUST be corrected
- 3.3.2. Any of the following improvement actions may be used to resolve identified deficiencies
 - 3.3.2.1. Perform all necessary work to meet LSC requirements; or
 - 3.3.2.2. Request an equivalency from the Joint Commission. LSC Equivalency request will be coordinated with the OESO-Fire Safety office and submitted to TJC in accordance with the instructions found on-line in the Joint Commission Web site.
 - 3.3.2.3. Develop a Plan for Improvement (PFI) whenever the resources currently available to preclude E & O from immediately correcting (or within 45 days) the deficiency
- 3.3.3. When a PFI is necessary, E & O will develop and document the proposed improvement plan on either a PFI in the on-line application
- 3.3.4. Once a PFI is opened, E & O, OESO-Fire Safety and the FPDC offices will meet monthly to review the PFI status until the PFI is completed and documented close out occurs
- 3.3.5. Open PFIs will be reported to the Duke University Safety Committee at least monthly (when scheduled) until the PFI is closed

4. Life Safety Drawings

- 4.1. Life Safety Drawings will be completed and maintained by E & O and will be made readily available to the Fire Safety Office and other AHJs upon official request (e.g. Durham City Fire Marshal)
- 4.2. Life Safety Drawings must be current and accurate at all times
- 4.3. The Life Safety Drawings will be updated upon completion of all renovation projects covered JCAHO accreditation