

EC News

Environment of Care® | Life Safety | Physical Environment



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Clarification

The article “Signs, Placards, Labels, and Legends” in the December 2025 issue of *EC News* contained an error on page 4. When a fire-rated door is used where it isn’t required as part of a fire-rated assembly, Joint Commission no longer requires organizations to remove or obscure the label in order to avoid having to inspect, test, and maintain that door as a fire door. When surveying spaces, Joint Commission surveyors will refer to an organization’s life safety drawings to determine if rated doors need to be evaluated as part of a fire-rated or smoke-rated assembly.



Applicable Facilities: Health Care and Ambulatory Health Care Occupancies

Effective Fire Drills

Training, teamwork, and communication are vital

Joint Commission and the National Fire Protection Association (NFPA) *Life Safety Code*®* require health care and ambulatory health care occupancies to conduct a minimum of one fire drill per shift per quarter. (See page 4 for details.) But fire drills are more than a regulatory checkbox; they are crucial exercises designed to train every staff member in how to respond appropriately, quickly, and effectively in an emergency.

“Drills test readiness, communication, and coordination across units and departments,” says Rob Aubrey, associate director and a physical environment specialist with Joint Commission’s Standards Interpretation Group. “Ultimately, the goal of any fire drill is to learn how to protect life, not property.”

Fire drills educate healthcare facility staff about what processes and procedures they must follow—and improve through repetition—in a real-life fire emergency.

Staff training

Proper training in a healthcare facility goes beyond simply responding to an alarm. Staff must understand the RACE (Rescue, Alarm, Confine, Extinguish/Evacuate) protocol and how it determines their specific responsibilities.

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"The first thing to focus on is making sure that everyone understands the organization's fire response plan," Aubrey says. "That includes knowing where the hard copy or electronic plan is located and, ideally, learning to perform their assigned duties without having to refer to the plan in the case of an actual event."

The fire response plan establishes clarity around every aspect of a fire event from the very start, including the first notifications. "Whether it's an overhead page or an alarm tone, staff should know exactly what to do when they hear it," Aubrey emphasizes. The fire response plan should also state what every staff member in every department is expected to do and what occurs after an event, such as accountability and communication assessments.

Role-specific actions include immediately shutting down piped-in oxygen (if applicable), moving and documenting patients, and identifying who will perform those tasks. "Written checklists for each group, be it environmental services, facilities, or security, are useful," Aubrey suggests. "They ensure that everyone knows exactly what to do during a drill or real emergency."

Medical facilities vary widely in terms of size, layout, and patient populations, so Aubrey advises distinguishing between unit-level and department-level training. "Clinical employees typically work at unit level," he says. "They are hands-on, so training them on evacuation routes—and where fire extinguishers, fire and smoke doors, and medical gas shutoffs are located—is essential."

Department-level employees' responsibilities include interacting more broadly within the organization. For support teams such as facilities, security, and environmental services, designating who does what during a fire emergency is a must.

Making fire drills engaging

As important as fire drills are, they can be seen as an interruption by clinicians. Making fire drills more engaging is helpful. "There's a lot going on in healthcare," Aubrey says. "Making fire drills interactive goes a long way."

Using mannequins or volunteers who act as patients with various conditions, transported in wheelchairs and gurneys, make fire drills more realistic and useful and less tedious for staff.

Every drill must be followed promptly by a review. "It's important to do it right away," Aubrey says. "Waiting risks losing valuable feedback that helps identify gaps."

High-risk areas and technologies

Some healthcare spaces such as kitchens, surgical areas, and hyperbaric oxygen units are particularly susceptible to fires. Staff in those spaces should follow specific protocols during fire drills. For example, kitchen staff need to know how and when to use Class K fire extinguishers, while staff in hyperbaric oxygen units must know their protocols for extinguishing a fire in an oxygen-rich environment and when to evacuate patients.

Construction projects contribute to fire hazards, so consider involving contractors in fire drills. "Knowing how costly a single construction-related fire can be is often enough for leaders to organize fire drills with contractors," Aubrey observes.

In addition, emerging technologies pose new hazards that should be addressed during fire drills. For example, electric vehicle chargers near facility entrances can create smoke migration risks.

RELATED JOINT COMMISSION REQUIREMENTS

Health care and ambulatory health care occupancies must conduct at least one fire drill per shift per quarter. For a hospital with three 8-hour shifts, that would mean a minimum of three fire drills per quarter, or 12 per year. For an ambulatory care center with one shift, that would mean at least four fire drills per year. These fire drills must be unannounced and spaced at least an hour apart from the previous quarterly fire drill for that shift. All fire drills must be evaluated and documented. (Residential board and care and business occupancies have different requirements, which are not discussed in this article.)

Effective January 1, 2026, for hospitals and critical access hospitals, quarterly fire drill findings are scored in the “Physical Environment” (PE) chapter, under **Standard PE.03.01.01, Element of Performance (EP) 3**: The [organization] meets the applicable provisions of the *Life Safety Code* (NFPA 101-2012) and Tentative Interim Amendments (TIA) 12-1, 12-2, 12-3, and 12-4. (The EP’s notes and Centers for Medicare & Medicaid Services [CMS] Conditions of Participation [CoPs] are not included here.)

For other health care and for ambulatory health care occupancies, Joint Commission scores quarterly fire drill findings in the “Environment of Care” (EC) chapter, under **Standard EC.02.03.03**: The [organization] conducts fire drills. Details are provided in EP 1 of this standard, which has somewhat different wording, depending on the accreditation program.

In addition, an annual fire drill is required for operating room (OR) areas/surgical suites and for hyperbaric oxygen facilities. If these drills are announced, they cannot count toward the quarterly drill requirements described above.

For hospitals and critical access hospitals, deficiencies in OR or hyperbaric fire drills are cited under **Standard PE.04.01.01, EP 1**: The [organization] meets the applicable provisions and proceeds in accordance with the *Health Care Facilities Code* (NFPA 99-2012) and Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. (The EP’s notes and CMS CoPs are not included here.)

For other healthcare settings, deficiencies in OR and hyperbaric fire drills are cited under EC.02.03.03.

Assessing effectiveness

Joint Commission looks at operational, behavioral, and design elements when assessing a fire drill’s effectiveness. “Operationally, did alarms function properly, did people hear and see signals, and was 911 notified promptly?” Aubrey elaborates. “Behaviorally, how did staff perform their assigned tasks? And from a design standpoint, were extinguishers and evacuation equipment properly placed and exits kept clear?”

Healthcare organizations should consider involving the local fire department in planning and critiquing fire drills. “Local first responders are valuable resources in designing drill scenarios,” Aubrey suggests. “Invite them to take part in a drill once a year.”

Nurturing those relationships gives fire crews opportunities to become familiar with the layout of the facility, including areas of special concern. “Inviting them to participate is a way to improve their own safety practices as well as the healthcare facility’s,” says Aubrey. “They will be more willing to get involved and stay involved year-round.”

Common pitfalls and compliance reminders

Fire drills should be unpredictable. “Too often, facilities run them the same hour each shift, which defeats the intent,” Aubrey says. “They should occur at various times and under different conditions.”

If a fire does occur, it may count as a Joint Commission–required drill. “As long as it fits the schedule, the system was activated, and the critique completed, it qualifies,” says Aubrey.

The most effective drills go beyond meeting Joint Commission and NFPA requirements. As Aubrey puts it, fire drills should strengthen the organization’s commitment to safety. “Making sure that every person in the building knows what to do to protect life is what it’s all about,” he says. 



Legionella bacteria (shown) and other waterborne pathogens are a serious concern in healthcare settings.

Applicable Programs: Hospital, Critical Access Hospital, Nursing Care Center

Water Management Program Elements

Joint Commission requires program coordination by an individual or a team, a basic diagram of all water supply sources, a risk assessment and management plan, monitoring activities, documentation of corrective actions taken when values are out of range, and an annual program review

Joint Commission requires accredited hospitals, critical access hospitals, and nursing care centers to have a water management program to combat *Legionella* and other opportunistic waterborne pathogens. This requirement derives from the Centers for Medicare & Medicaid Services (CMS) Quality, Safety & Oversight (QSO) [policy memorandum QSO 17-30](#), issued in June 2017 and revised in July 2018.

QSO 17-30 cited a 15-year review of Legionnaires' disease (LD) outbreaks in the United States indicating that 19% were associated with long-term-care facilities and 15% with hospitals. The QSO letter noted that approximately 5,000 cases of legionellosis (including both the sometimes-fatal LD pneumonia and the milder flu-like Pontiac fever) had been reported to the Centers for Disease Control and Prevention (CDC) during that period.

For hospitals and critical access hospitals, effective January 1, 2026, Joint Commission's water management requirements are in the "Physical Environment" (PE) chapter, under **Standard PE.04.01.05:** The [organization] has a water management program that addresses *Legionella* and other waterborne pathogens.

Note: *The water management program is in accordance with law and regulation.*

For nursing care centers, the requirements remain in the "Environment of Care" (EC) chapter, under Standard EC.02.05.02. The wording of the elements of performance (EPs) is essentially the same for all three programs.

Leadership of the program

In **EP 1** of PE.04.01.04 (or EC.02.05.02), Joint Commission requires that an individual or a team be responsible for the oversight and implementation of the water management program, including but not limited to development, management, and maintenance activities.

"I highly recommend that you choose a team for this and not just an individual," says Leslie Thornburg, CHFM, CLSS-HC, a physical environment specialist with Joint Commission's Standards Interpretation Group.

A water management team ideally should include accreditation, facilities, safety, infection prevention and control, risk management, and quality control staff. A hospital should consider involving environmental services and central sterile processing as well, Thornburg suggests. "And I always encourage a senior leader to participate," she adds. "When departments don't agree on how to approach something or who's going to pay for something, the senior leader can have that ultimate oversight."

Basic diagram of water supply sources

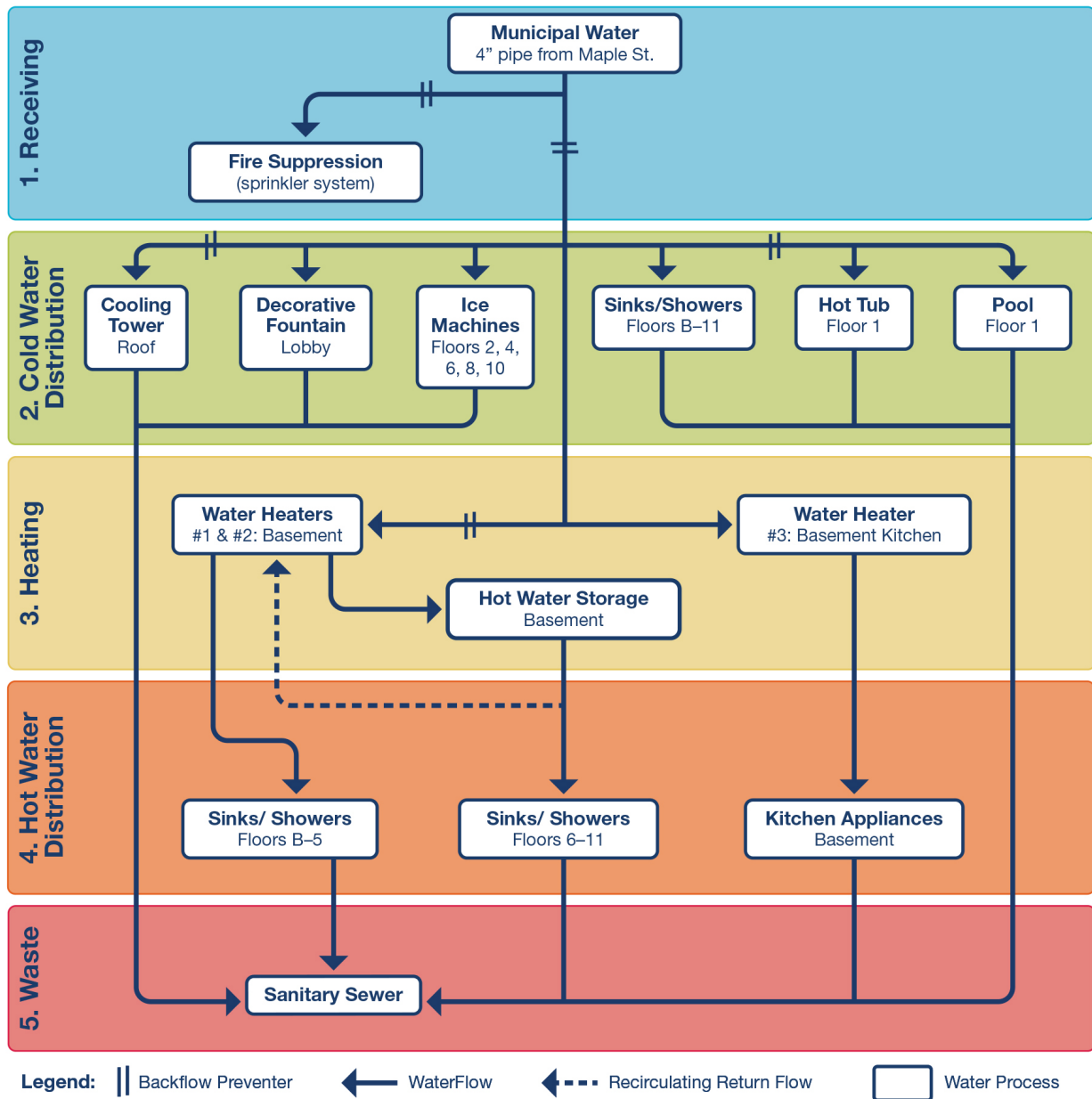
EP 2 states that the team or individual responsible for the water management program must develop a basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points. An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so on. (See the sample basic diagram on page 8.)

"The basic diagram doesn't have to show every single faucet in your building," says Thornburg. "We want you to outline how water flows within the building."

Water risk management plan

EP 2 also calls for the development of a water risk management plan based on the diagram. For an example, Joint Commission recommends looking at the CDC's [Water Infection Control Risk Assessment \(WICRA\) for Healthcare Settings](#). The most likely sources of *Legionella* infection are aerosol-generating devices, such as bathroom showers, cooling towers, decorative fountains, and hot tubs.

In addition, Joint Commission requires a plan for addressing water use in building areas where water may have been stagnant for a while, such as in unoccupied or temporarily closed areas. For example, during and in the years following the COVID-19 pandemic, when some staff members worked from home, healthcare campuses had vacant buildings or floors. "A lot of vacant buildings were on the same water system as the nonvacant parts. That's a huge risk because of all the stagnant water," says Thornburg.



This sample basic diagram is from the Centers for Disease Control and Prevention (CDC) toolkit *Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings*.

In unoccupied areas, Thornburg recommends conducting weekly flushing of sinks and other plumbing fixtures with hot and cold water.

Healthcare organizations must also evaluate their patient populations to identify patients who are immunocompromised. "Some high-risk areas might include bone marrow transplant units, oncology floors, and intensive care units," Thornburg suggests.

Monitoring activities and corrective actions

EP 2 additionally requires the development of monitoring protocols and acceptable ranges for control measures. "Monitoring is different from testing," Thornburg explains. "Monitoring means evaluating your controls to ensure that your system is safe. Testing usually involves sending samples off to a lab for analysis. Regular testing is not required unless your local authority having jurisdiction [AHJ] requires it."

Joint Commission and CMS do not require culturing for *Legionella* or other waterborne pathogens. Testing protocols are at the discretion of the healthcare organization (HCO) unless required by law or regulation.

HCOs may determine for themselves how to monitor their water systems. Common practices include monitoring of water temperature, residual disinfectant, and pH level. In addition, monitoring protocols should be specific about the parameters to be measured, the locations where measurements are made, and appropriate corrective actions to be taken when parameters are out of range.

Per **EP 3**, the individual or team responsible for the water management program must do the following:

- ▶ Document the results of all monitoring activities.
- ▶ Implement corrective actions and procedures to follow if a test result is outside of acceptable limits.
- ▶ Document corrective actions taken when control limits are not maintained.

Annual review of the plan

Per **EP 4**, Joint Commission requires the individual or team responsible for the water management program to review the program annually and whenever the following occurs:

- ▶ Changes have been made to the water system that would increase the risk.
- ▶ New equipment has been added that could generate aerosols or be a potential source of *Legionella*.

In addition to the CDC documents mentioned earlier, a useful resource when developing or reviewing your water management program is ANSI/ASHRAE Standard 188-2018 [*Legionellosis: Risk Management for Building Water Systems*](#).

Your water management program “is a living program,” Thornburg emphasizes. “Don’t just put it on a shelf and pick it up a year later. If something in the plan isn’t working, don’t wait to fix the problem.” 



Applicable Programs: Hospital, Critical Access Hospital

Hospital Helipad Winter Maintenance and Safety Tips

Joint Commission expects helicopter landing pads to comply with federal regulations and be well maintained and free of ice and snow

Maintaining a helicopter landing pad is part of hospital grounds maintenance, according to a [Joint Commission FAQ](#). During periods of heavy snow, helicopters may be the preferred means of transport until roads have been cleared, so helipad grounds maintenance is vital in winter. Staff safety is a major concern, so the Occupational Safety and Health Administration (OSHA) has [requirements and recommendations for hospital heliports](#).

Effective January 1, 2026, for hospitals and critical access hospitals, deficiencies in grounds maintenance are scored in the "Physical Environment" (PE) chapter, under **Standard PE.01.01.01, EP 1:** The [organization's] building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients. (The EP's notes and related Centers for Medicare & Medicaid Services [CMS] Conditions of Participation [CoPs] are not included here.)

Joint Commission requires compliance with all laws and regulations. Helipad and heliport design and operation are addressed in Federal Aviation Administration (FAA) and other regulations that are beyond the scope of this article.

Winter weather safety tips for helicopter landing pads include but are not limited to the following recommendations:

- ▶ Limit access to helipads to staff who have been trained in safety precautions, including winter weather hazards.
- ▶ Wear eye protection and a hard hat secured by a chin strap when on a helipad, while avoiding scarves and loose clothing.
- ▶ Remove snow from a helipad before it accumulates.
- ▶ Ensure that a helipad's fire suppression system, safety signage, and lighting are not obstructed by snow or ice.
- ▶ Do not pile snow in helipad egress areas.
- ▶ To prevent icy conditions, place piled snow in locations that ensure that when the snow melts, it will not drain onto the helipad or its egress walkways.
- ▶ Ensure that snow piles adjacent to the helipad are less than 20 inches high or at least 20 feet away from the helipad to avoid damage to helicopter tails.
- ▶ Avoid using sodium chloride (rock salt), lithium chloride, or calcium chloride for deicing helipads because these chemicals are known to be corrosive to aircraft.
- ▶ Use urea (also known as carbamide), sodium formate, or sodium acetate for deicing. Sodium formate and sodium acetate remain effective at much colder pavement temperatures than urea, which is practical only at temperatures above 15° F (-10° C).
- ▶ Do not use sand on a helipad to provide a no-slip surface. Sand will not stay in place and can be a projectile hazard.
- ▶ Keep the helipad free of litter or other debris. High winds generated by helicopter blades can throw loose items or trash at employees and cause them to be injured. 



Physical Environment Q&A: Required Management Plans

Joint Commission requires most accredited organizations to provide two or three written management plans during surveys: a fire response plan, a water management plan (for hospitals, critical access hospitals, and nursing care centers), and an emergency plan

Q. What written management plans does Joint Commission require?

A. Except for ambulatory care organizations, Joint Commission no longer requires a written management plan or separate plans addressing each of the physical environment functional areas: safety, security, hazardous materials and waste, utilities, and medical equipment. For other organizations (including hospitals and critical access hospitals), surveyors now ask to see two or three written management plans, depending on the accreditation program:

- ▶ **Fire response plan:** Required by the National Fire Protection Association (NFPA) *Life Safety Code*®* (NFPA 101-2012)
 - For hospitals and critical access hospitals, findings are scored in the “Physical Environment” (PE) chapter, under **Standard PE.03.01.01:** The [organization] designs and manages the physical environment to comply with the *Life Safety Code*.

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- For other accreditation programs, deficiencies are cited in the “Environment of Care” (EC) chapter, under **Standard EC.02.03.01**: The organization manages fire risks.

Per NFPA 101-2012, your organization’s fire response plan must include the following:

- The specific roles of staff at and away from a fire’s point of origin
- Transmission of an appropriate fire alarm signal to warn other building occupants and summon staff
- Transmission of alarms to the fire department
- Isolation of the fire area by closing doors
- How to assist and relocate patients
- Evacuation of the immediate area
- Evacuation of the smoke compartment
- Preparation of the building and floors for evacuation
- How to determine whether the fire can be put out with a fire extinguisher
- How to use a fire extinguisher
- How staff will cooperate with firefighting authorities
- The periodic training and updating of staff in their roles during a fire
- ▶ **Water management plan:** Required by Joint Commission and the Centers for Medicare & Medicaid Services (CMS) for hospitals, critical access hospitals, and nursing care centers
 - For hospitals and critical access hospitals, findings are scored under **Standard PE.04.01.05**: The [organization] has a water management program that addresses *Legionella* and other waterborne pathogens.
 - For nursing care centers, findings fall under **Standard EC.02.05.02**: The organization has a water management program that addresses *Legionella* and other waterborne pathogens.

See the article on page 6 of this issue for more on water management plans.

- ▶ **Emergency operations plan (EOP):** Required by Joint Commission for all accreditation programs. Sometimes this document is called an emergency management plan or an emergency plan.
 - For the Rural Health Clinic program, findings are scored under **Standard EM.02.01.01**: The rural health clinic has an emergency management plan.
 - For the Telehealth program, findings are scored under **Standard EM.18.01.01**: The organization addresses emergency management and business continuity.
 - For all other accreditation programs, findings fall under **Standard EM.12.01.01**: The [organization] develops an emergency operations plan based on an all-hazards approach.

Your organization's written EOP must address the following critical areas:

- Communications
- Staffing
- Patient care and clinical support
- Safety and security
- Resources and assets
- Utilities

Joint Commission's reduction of the number of written management plans required during survey is part of the Accreditation 360 initiative to lessen the burden on healthcare organizations by streamlining requirements and eliminating redundancy. 

Compliance Above the Ceiling

Surveyors frequently cite organizations for sprinkler piping supporting cables or other items, inadequately sealed wall penetrations, and uncovered junction boxes. The provided checklist may be used to help improve compliance.

Joint Commission *Life Safety Code*®* surveyors frequently observe noncompliance in the space above healthcare facility drop ceilings. The most common deficiencies pertain to the following requirements:

Sprinkler system piping must not support other items.

In many cases, contractors installing information technology (IT), telecommunications, or security system cables inappropriately drape them over or fasten them to sprinkler system piping. This creates a heavier load than sprinkler pipes are engineered to bear, which may impair the fire suppression system's functioning during a fire.

Effective January 1, 2026, this common Joint Commission finding is scored in the "Physical Environment" (PE) chapter for hospitals and critical access hospitals under **Standard PE.03.01.01, Element of Performance (EP) 3**: The [organization] meets the applicable provisions of the *Life Safety Code* (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). (The EP's notes and Centers for Medicare & Medicaid Services [CMS] Conditions of Participation [CoPs] are not listed here.)

For other accredited facilities that are health care occupancies, items resting on or fastened to sprinkler pipes are cited in the "Life Safety" (LS) chapter under **Standard LS.02.01.35, EP 4**: Piping for approved automatic sprinkler systems is not used to support any other item.

For accredited facilities that are ambulatory health care occupancies, this deficiency is scored under **Standard LS.03.01.35, EP 4**: Approved automatic sprinkler systems piping is not used to support any other item.

Wall penetrations must be appropriately sealed.

Pipes, conduits, ducts, cables, and wire often pass through fire-rated walls above the ceiling. Joint Commission requires that such wall penetrations be sealed with appropriately rated firestopping material.

However, *Life Safety Code* surveyors frequently find that firestopping material is missing from around penetrations or insufficiently or incorrectly applied (for example, different brands of firestop are used to seal a single opening). Inappropriate products such as nonrated polyurethane expanding foam are also sometimes misapplied to openings above the ceiling.

Effective January 1, 2026, such observations are also scored under Standard PE.03.01.01, EP 3 for hospitals and critical access hospitals.

For other accredited facilities that are health care occupancies, improperly sealed penetrations are scored under **Standard LS.02.01.30, EP 19**: Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial

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spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed.

For ambulatory health care occupancies, inadequately sealed penetrations fall under **Standard LS.03.01.10, EP 10**: The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

Electrical junction boxes must be covered.

Uncovered electrical junction boxes (J-boxes) above the ceiling (and elsewhere) are another frequent Joint Commission finding. Both NFPA 101-2012 and the *National Electrical Code* (NFPA 70-2012) require that J-boxes be covered. Uncovered J-boxes pose a serious safety risk, potentially leading to electrical shock, short circuits from moisture or dust, or fires.

Effective January 1, 2026, for hospitals and critical access hospitals, uncovered J-boxes are scored under **Standard PE.04.01.01, EP 2**: The [organization] maintains essential [mechanical, electrical, and patient care] equipment in safe operating condition. (CMS CoPs are not included here.)

For other accredited facilities that are health care occupancies, uncovered J-boxes are cited under **Standard LS.02.01.50, EP 1**: Equipment using gas or gas piping complies with NFPA 54-2012, *National Fuel Gas Code*; electrical wiring and equipment complies with NFPA 70-2012, *National Electric Code*. Existing installations can continue in service provided there are no life-threatening hazards.

For ambulatory health care occupancies, noncompliant J-boxes are cited under **Standard LS.03.01.50, EP 1**: Equipment using gas or related gas piping complies with NFPA 54-2012, *National Fuel Gas Code*; electrical wiring and equipment complies with NFPA 70-2012, *National Electric Code*. Existing installations can continue in service provided there are no life-threatening hazards.

Consider these suggested practices.

To improve compliance, healthcare organizations (HCOs) should inspect the above-ceiling interstitial space during regular physical environment rounds. (Note that such rounds are not required by Joint Commission.)

In addition, HCOs may want to consider implementing an above-ceiling permit process. One example would be to have all external contractors and vendors request a permit to enter the space above the ceiling. This might entail reading and signing an educational document about expectations, followed by an inspection after the work is completed. A hard copy permit could be attached to the ladder used by a person entering the interstitial space.

The Above-Ceiling Assessment Checklist, which may be downloaded [here](#), is designed to help organizations comply with requirements. Joint Commission does not require use of this tool, which also reflects leading practices. The checklist should be customized to your organization's needs. 

Other Learning Opportunities from Joint Commission

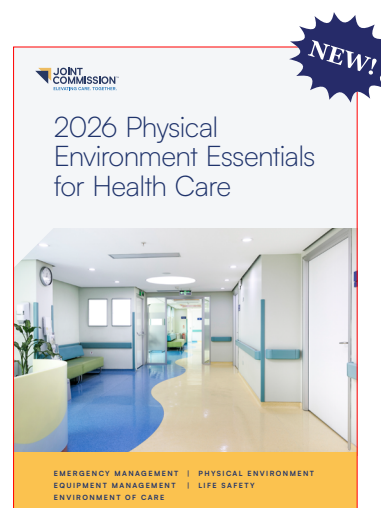
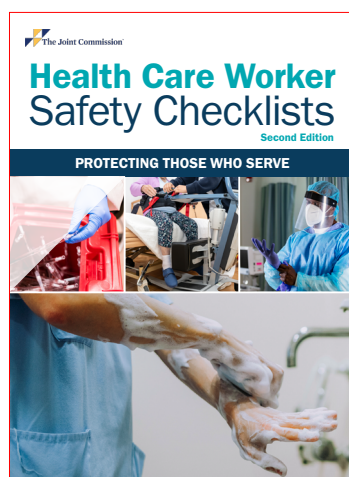
Education

- ▶ Physical Environment Base Camp, Oakbrook Terrace, Illinois (or live webcast). May 5–7, 2026. Learn about the new “Physical Environment” (PE) chapter for hospitals and critical access hospitals, which takes effect January 1, 2026. Registration details will soon be posted on the [Continuing Education page](#).
- ▶ Emergency Management Standards, Oakbrook Terrace, Illinois (or live webcast), May 8, 2026. Learn about changes to the “Emergency Management” (EM) chapter for hospitals and critical access hospitals, effective January 1, 2026. Registration details will soon be posted on the [Continuing Education page](#).
- ▶ Physical Environment Base Camp, Oakbrook Terrace, Illinois (or live webcast), August 18–20, 2026. Learn about the new “Physical Environment” (PE) chapter for hospitals and critical access hospitals, effective January 1, 2026. Registration details will soon be posted on the [Continuing Education page](#).

Webinars

- ▶ [Accreditation 360 Webinar Series](#): Each of these free on-demand webinars addresses a different chapter of the revised *Comprehensive Accreditation Manual and E-dition®* for hospitals and critical access hospitals. Register for the webinar on the “Physical Environment” (PE) chapter [here](#).

Publications



New! 2026 PolicySource™: P&Ps for Compliance with Joint Commission Requirements

Are you struggling with ensuring your policies and procedures comply with Joint Commission standards? *PolicySource* makes it easy. Available for multiple care settings, this essential resource offers:

- Dozens of standardized, downloadable, adaptable policies, procedures, protocols, and plans organized by and correlated to Joint Commission standards
- Revised P&Ps for hospitals and critical access hospitals that reflect the new 2026 streamlined requirements and National Performance Goals
- A table that correlates sample P&Ps to current Joint Commission requirements
- Guidance on the basics of P&P development and management

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FIFTH EDITION



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Subscriptions: Phyllis Crittenden
Executive Director, Global Publishing:
Catherine Chopp Hinckley, MA, PhD
Contributing Writer: Brian Justice

Technical Support and Review

Rob Aubrey, Physical Environment Specialist,
Standards Interpretation Group
Laura Cooke, MS, CHFM, CHFSP, CHSP, Associate
Field Director, Surveyor Management and Support
James Grana, MBA, CHOP, CHSP, Field Director,
Surveyor Management and Support
Timothy Markijohn, MBA/MHA, Surveyor
Management and Support
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