

CJCP® Certified Joint Commission Professional®

Focus on the "Life Safety" Chapter

In January 2013, Joint Commission Resources (JCR) launched its credential for accreditation professionals—Certified Joint Commission Professional (CJCP®). Upcoming testing dates will occur in December with additional dates in 2016.

To help candidates prepare for the CJCP examination and understand what to expect, this column features sample questions similar to those that appear on the examination. The answer key on page 15 provides the context for the correct answer. All of the CJCP examination questions are multiple choice, offering three possible choices from which you should pick the BEST answer. Also, the examination does not have any true/false questions or include any answers that are "All of the above" or "None of the above." Please note the questions that follow are NOT actual examination questions; they are simply indicative of the types of questions a candidate may see on the exam. For more information on CJCP, or other products to help you prepare for the exam such as live events, workbooks, or online education learning modules, visit www.jcrinc.com/cjcp -certification/. You may also e-mail questions directly to cjcp@ jcrinc.com.

About the "Life Safety Chapter"

The standards in this chapter are arranged by types of "occupancies," as defined in the National Fire Protection Association (NFPA) *Life Safety Code*** (101-2000). All health care occupancy buildings (standards that start "LS.02"), ambulatory health care occupancy (standards that start "LS.03"), and residential occupancy (standards that start "LS.04"). The first two standards, LS.01.01.01 and LS.01.02.01, cover administrative activities that apply to all occupancy types. All hospitals need to meet the health care occupancy requirements that begin with Standard LS.02.01.10. Many hospitals also have other settings in which outpatients are served, and must meet the standards that begin with LS.01.01.10. The first two standards, LS.01.01.01 and LS.01.02.01, apply to all occupancy types.

The focus of this chapter is protecting patients, staff, and other building occupants from hazards associated with fire. The standards emphasize the importance of a fire-safe environment and buildings. The Joint Commission uses the 2000 edition of the NFPA's *Life Safety Code* as the source

for the key structural components that help protect people during a fire. Each element of performance (EP) contains a reference to the *Life Safety Code*. A reference is also provided in those rare cases when a different edition or NFPA code is used as a source. The *Life Safety Code* may contain exceptions to the requirements in this chapter. Compliance with these exceptions is considered as meeting the *Life Safety Code* and is acceptable to The Joint Commission.

Sample Questions

- Building and fire protection features are designed and maintained to minimize the effects of fire, flame, and smoke. To contribute to this, how wide must exit corridors be in new buildings?
 - a. At least 8 feet wide
 - b. At least 4 feet wide
 - c. At least 6 feet wide
- The size of patient sleeping rooms is limited to which of the following?
 - a. 10,000 square feet
 - b. 7,000 square feet
 - c. 5,000 square feet
- In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are what percentage (or less) of the size of the corridor walls in which they are installed?
 - a. 30%
 - b. 25%
 - c. 40%
- Joint Commission Life Safety standards require that limited-area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shutoff valve and are limited to how many sprinkler heads?
 - a. Two
 - b. Six (or fewer)
 - c. Eight (or fewer)

(See Answer Key on page 15.)

^{*} Life Safety Code* is a registered trademark of the National Fire Protection Association, Quincy, MA.

CJCP

(continued from page 10)

Answer Key

- The correct answer is a. Standard LS.02.01.20, EP 11, requires that in new buildings, exit corridors are at least 8-feet wide. In existing buildings, exit corridors are at least 4 feet wide. If an organization is modifying existing buildings with exit corridors that exceed 8 feet, those corridors cannot be reduced to less than 8 feet. This requirement corresponds to NFPA 101-2000: 18/19.2.3.3. LS.02.01.10 was one of the most frequently cited standards for surveyed hospitals during the first six months of 2015, with 45% found noncompliant.
- The correct answer is c. Suites of patient sleeping rooms must be limited to 5,000 square feet according to Standard LS.02.01.20, EP 18. LS.02.01.20 was also one of the more challenging standards during the first half of 2015, with 50% of surveyed hospitals found noncompliant. Suites used for other purposes are limited to 10,000 square feet. Suites should be arranged so that no intervening rooms are hazardous areas. (EP 18 corresponds to NFPA 101-2000: 18/19.2.5.5-7.)
- The correct answer is b. Standard LS.02.01.30 requires accredited hospitals to provide and maintain building features to protect individuals from the hazards of fire and smoke. During the first half of 2015, 45% of surveyed hospitals were found noncompliant with this standard. EP 8 of this standard requires that in smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. A note to that EP indicates that existing window installations that conform to previously accepted *Life Safety Code* criteria (such as 1,296 square inches or less, fixed wired glass, or fire-rated glazing, and set in approved metal frames) are permitted. For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.8 and 8.2.3.2.2(2).
- The correct answer is b. Standard LS.02.01.35 was one of the most challenging standards for accredited hospitals during the first half of 2015, with 43% of hospitals found noncompliant. This standard requires hospitals to provide and maintain systems for extinguishing fires. EP 7 of that standard mandates that limited-area sprinkler systems protecting isolated, hazardous areas connected to the domestic water system have a shutoff valve and are limited to six or fewer sprinkler heads. Water flow detection is provided in new installations where two or more sprinkler heads serve one area.

^{3.} Jennings HR, et al. Reducing anticoagulant medication adverse events and avoidable patient harm. *It Comm J Qual Patient Saf.* 2008 Apr;34(4):196–200.

Francavilla C. Registered nurse-managed anticoagulation clinic: Improving patient outcomes. Nurs Econ. 2008;26(2):130–132.

Clarkesmith DE, Pattison HM, Lane DA. Educational and behavioural interventions for anticoagulant therapy in patients with atrial fibrillation. *Cochrane Database Syst Rev.* 2013 Jun 4;6:CD008600.