



Accreditation Program: Long Term Care  
Emergency Management

**Standard EM.01.01.01**

The organization engages in planning activities prior to developing its written Emergency Operations Plan.

Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself. At times, an emergency results in a sudden, increased demand for the organization's services.

Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain resident care, safety, or security functions.

**Rationale for EM.01.01.01**

An emergency can suddenly and significantly affect demand for the organization's services or its ability to provide those services.

Therefore, the organization needs to engage in planning activities that prepare it to form the Emergency Operations Plan. These activities include identifying risks, prioritizing likely emergencies, attempting to mitigate them when possible, and considering its potential emergencies in developing strategies for preparedness.

**Elements of Performance for EM.01.01.01**

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| 1. | The organization's leaders, including the administrator, the medical director, the nursing leader, and other leaders, participate in planning activities prior to developing an Emergency Operations Plan.<br>Note: Other leaders who participate in planning activities should include, but not be limited to, building services, food services, and housekeeping services.  | <b>A</b> |
| 2. | (D) The organization conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the organization's services or its ability to provide those services, the likelihood of the potential emergencies occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1; IC.01.06.01, EP 4)   | <b>A</b> |
| 3. | (D) The organization prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.  | <b>A</b> |
| 4. | The organization communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the organization's annual review of its Emergency Operations Plan and whenever needs or vulnerabilities change. (See also EM.03.01.01, EP 1)   | <b>A</b> |
| 5. | The organization uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).<br>Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency. | <b>A</b> |
| 6. | The organization uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1-4)  | <b>A</b> |

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7. The organization's incident command structure is integrated into its community's command structure. **A**  
 Note: The incident command structure used by the organization should provide for a scalable response to different types of emergencies.  
 Footnote: The National Incident Management System (NIMS) is one of many models for an incident command structure available to health care organizations. The NIMS provides guidelines for common functions and terminology to support clear communications and effective collaboration in an emergency situation. The NIMS is required of organizations receiving certain federal funds for emergency preparedness.
8. **D** The organization keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, food, and medical- and medication-related resources and assets. (See also EM.02.02.03, EP 6) **A**

### Standard EM.02.01.01

The organization has an Emergency Operations Plan.

Note: The organization's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and resident clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, and EM.02.02.11). Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This "all hazards" approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the Plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

#### Rationale for EM.02.01.01

A successful response effort relies on a comprehensive and flexible Emergency Operations Plan that guides decision making at the onset of an emergency and as an emergency evolves. Although the Emergency Operations Plan can be designed in a variety of ways, it must address response procedures that are both applicable to the organization's likely emergencies and adaptable in supporting key areas (such as communications and resident care) that could be affected by different types of emergencies.

#### Elements of Performance for EM.02.01.01

1. The organization's leaders participate in the development of the Emergency Operations Plan. **A**

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2. **D** The organization develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5) **A**  
 Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:  
 - Maintaining or expanding services  
 - Conserving resources  
 - Curtailing services  
 - Supplementing resources from outside the local community  
 - Closing the organization to new residents  
 - Staged evacuation  
 - Total evacuation
3. The Emergency Operations Plan identifies the organization's capabilities and establishes response procedures for when the organization cannot be supported by the local community in the organization's efforts to provide communications, resources and assets, security and safety, staff, utilities, or resident care for at least 96 hours. **A**  
 Note: In past years, recommendations had advised organizations to prepare for emergencies of 72 hours. However, recent emergency situations have often required a response period of much longer duration. As a result, organizations are now advised to prepare for emergencies lasting 96 hours before the local community can support the organization. This element of performance (EP) does not require organizations to stockpile supplies or continue operating for 96 hours. However, during emergencies of long duration, the organization needs to monitor its capabilities and adjust its response procedures (examples provided in EP 2 of this standard) to support an informed and proactive decision regarding how long the organization can deliver care safely.
4. **D** The organization develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency. **A**
5. The Emergency Operations Plan describes the processes for initiating and terminating the organization's response and recovery phases of the emergency, including under what circumstances these phases are activated. **A**  
 Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency.
6. The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response. **A**
7. The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the organization's residents during emergencies. **A**
8. If the organization experiences an actual emergency, the organization implements its response procedures related to care, treatment, and services for its residents. **3 A**

**Standard EM.02.02.01**

As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.

**Rationale for EM.02.02.01**

The organization maintains reliable communication capabilities for the purpose of communicating response efforts to staff, residents, and external organizations. The organization establishes backup communication processes and technologies (for example, cell phones, landlines, bulletin boards, fax machines, satellite phones, Amateur Radio, text messages) to communicate essential information if primary communications systems fail.

**Elements of Performance for EM.02.02.01**

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| 1. | The Emergency Operations Plan describes the following: How staff will be notified when emergency response procedures have been initiated.   | <b>A</b> |
| 2. | The Emergency Operations Plan describes the following: How the organization will communicate information and instructions to its staff and licensed independent practitioners during an emergency.  | <b>A</b> |
| 3. | The Emergency Operations Plan describes the following: How the organization will notify external authorities that emergency response measures have been initiated.  | <b>A</b> |
| 4. | The Emergency Operations Plan describes the following: How the organization will communicate with external authorities during an ongoing emergency.   | <b>A</b> |
| 5. | The Emergency Operations Plan describes the following: How the organization will communicate with residents and their families, including how it will notify families when residents are relocated to alternative care sites.   | <b>A</b> |
| 6. | The Emergency Operations Plan describes the following: How the organization will communicate with the community or the media during an emergency.   | <b>A</b> |
| 7. | The Emergency Operations Plan describes the following: How the organization will communicate with suppliers of essential services (such as transportation), equipment, and supplies during an emergency.  | <b>A</b> |
| 8. | The Emergency Operations Plan describes the following: How the organization will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.   | <b>A</b> |
| 9. | The Emergency Operations Plan describes the following: How the organization will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.<br>Note: The essential elements of a command center refers to operational functions managed from a command center such as medical care, security, and hazardous materials. | <b>A</b> |

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| 10. | The Emergency Operations Plan describes the following: How the organization will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.   | <b>A</b> |
| 11. | The Emergency Operations Plan describes the following: How and under what circumstances the organization will communicate the names of residents and the deceased with other health care organizations in its contiguous geographic area that are involved in the residents' care, treatment, or service.   | <b>A</b> |
| 12. | The Emergency Operations Plan describes the following: How, and under what circumstances, the organization will communicate information about residents to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation (FBI)).   | <b>A</b> |
| 13. | The Emergency Operations Plan describes the following: How the organization will communicate with identified alternative care sites.  | <b>A</b> |
| 14. | The organization establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.  | <b>A</b> |
| 17. | The organization implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.<br>Note: Some components of the Emergency Operations Plan are not implemented unless an emergency is imminent. Other components, however, can and should be implemented in advance so that the organization is as prepared as possible. | <b>A</b> |

### Standard EM.02.02.03

As part of its Emergency Operations Plan, the organization prepares for how it will manage resources and assets during emergencies.

#### Rationale for EM.02.02.03

The organization that continues to provide care, treatment, and services to its residents during emergencies needs to determine how resources and assets (that is, supplies, equipment, and facilities) will be managed internally and, when necessary, solicited and acquired from external sources such as vendors, neighboring health care providers, other community organizations, state affiliates, or a regional parent company. The organization should also recognize the risk that some resources may not be available from planned sources, particularly in emergencies of long duration or broad geographic scope, and that contingency plans will be necessary for critical supplies. This situation may occur when multiple organizations are vying for a limited supply from the same vendor.

#### Elements of Performance for EM.02.02.03

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| 1. | The Emergency Operations Plan describes the following: How the organization will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the organization, its affiliates, or local, state, or federal sources. | <b>A</b> |
| 2. | The Emergency Operations Plan describes the following: How the organization will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.   | <b>A</b> |

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| 3.  | The Emergency Operations Plan describes the following: How the organization will obtain and replenish nonmedical supplies, including food, that will be required throughout the response and recovery phases of an emergency.   | <b>A</b> |
| 4.  | The Emergency Operations Plan describes the following: How the organization will share resources and assets with other health care organizations within the community, if necessary.<br>Note: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, food, and medical equipment and supplies.  | <b>A</b> |
| 5.  | The Emergency Operations Plan describes the following: How the organization will share resources and assets with other health care organizations outside of the community, if necessary, in the event of a regional or prolonged disaster.<br>Note 1: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, food, and medical equipment and supplies.<br>Note 2: When a disaster is declared by the government, the movement of resources and assets within and into the disaster zone is tightly coordinated and may not be under the full control of the organization. | <b>A</b> |
| 6.  | The Emergency Operations Plan describes the following: How the organization will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8)   | <b>A</b> |
| 9.  | The Emergency Operations Plan describes the following: The organization's arrangements for transporting some or all residents, and their requisite medications, supplies, and equipment, and staff to an alternative care site(s) when the organization's environment cannot support care, treatment, and services. (See also EM.02.02.11, EP 3)  | <b>A</b> |
| 10. | The Emergency Operations Plan describes the following: The organization's arrangements for transferring pertinent information, including essential clinical and medication-related information, with residents moving to an alternative care site(s). (See also EM.02.02.11, EP 3)  | <b>A</b> |
| 12. | The organization implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.<br>Note: Some components of the Emergency Operations Plan are not implemented unless an emergency is imminent. Other components, however, can and should be implemented in advance so that the organization is as prepared as possible.   | <b>A</b> |

### Standard EM.02.02.05

As part of its Emergency Operations Plan, the organization prepares for how it will manage security and safety during an emergency.

#### Elements of Performance for EM.02.02.05

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| 1. | The Emergency Operations Plan describes the following: The organization's arrangements for internal security and safety.   | <b>A</b> |
| 2. | The Emergency Operations Plan describes the following: The roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency.         | <b>A</b> |
| 3. | The Emergency Operations Plan describes the following: How the organization will coordinate security activities with community security agencies (for example, police, sheriff, National Guard). | <b>A</b> |

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| 4.  | The Emergency Operations Plan describes the following: How the organization will manage hazardous materials and waste.   | <b>A</b> |
| 6.  | The Emergency Operations Plan describes the following: How the organization will identify residents who might be susceptible to wandering after emergency measures are initiated.  | <b>A</b> |
| 7.  | The Emergency Operations Plan describes the following: How the organization will control entrance into and out of the health care facility during an emergency.  | <b>A</b> |
| 8.  | The Emergency Operations Plan describes the following: How the organization will control the movement of individuals within the health care facility during an emergency.  | <b>A</b> |
| 9.  | The Emergency Operations Plan describes the following: The organization's arrangements for controlling vehicles that access the health care facility during an emergency.  | <b>A</b> |
| 10. | The organization implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.<br>Note: Some components of the Emergency Operations Plan are not implemented unless an emergency is imminent. Other components, however, can and should be implemented in advance so that the organization is as prepared as possible. | <b>A</b> |

### Standard EM.02.02.07

As part of its Emergency Operations Plan, the organization prepares for how it will manage staff during an emergency.

#### Rationale for EM.02.02.07

In order to provide safe and effective resident care during an emergency, staff roles are well defined in advance, and staff members are oriented to their assigned responsibilities. Staff roles and responsibilities may be documented in the Emergency Operations Plan through a variety of formats (for example, job action sheets, checklists, flowcharts). Due to the dynamic nature of emergencies, effective training prepares staff to adjust to changes in resident volume or acuity, work procedures or conditions, and response partners within and outside the organization.

#### Elements of Performance for EM.02.02.07

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| 2.          | The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and resident management during an emergency. | <b>A</b> |
| 3.          | The Emergency Operations Plan describes the following: The process for assigning staff to all essential staff functions.  | <b>A</b> |
| 4.          | The Emergency Operations Plan identifies the individual(s) to whom staff report in the organization's incident command structure.   | <b>A</b> |
| 5.          | The Emergency Operations Plan describes how the organization will manage staff support needs (for example, housing, transportation, incident stress debriefing).  | <b>A</b> |
| 6.          | The Emergency Operations Plan describes how the organization will manage the family support needs of staff (for example, child care, elder care, pet care, communication).  | <b>A</b> |
| <b>M</b> 7. | The organization trains staff for their assigned emergency response roles.  | <b>C</b> |

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| <p><b>M</b> 8. <b>D</b> The organization communicates, in writing, with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.</p> <p>9. The Emergency Operations Plan describes how the organization will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3)<br/>Note: This identification could include identification cards, wristbands, vests, hats, or badges.</p> <p>10. The organization implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.<br/>Note: Some components of the Emergency Operations Plan are not implemented unless an emergency is imminent. Other components, however, can and should be implemented in advance so that the organization is as prepared as possible.</p> | <p><b>C</b></p> <p><b>A</b></p> <p><b>A</b></p> |
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**Standard EM.02.02.09**

As part of its Emergency Operations Plan, the organization prepares for how it will manage utilities during an emergency.

**Rationale for EM.02.02.09**

Different types of emergencies can similarly impact an organization’s utility systems. For example, brush fires, ice storms, and industrial accidents can all result in a loss of utilities required for care, treatment, services, and building operations. Organizations, therefore, must have alternative means of providing for essential utilities (for example, alternative equipment for resident care, treatment, and services; negotiated relationships with the primary suppliers; provision through a parent entity; a memorandum of understanding with other organizations in the community). Organizations should determine how long they expect to remain open to care for residents and then plan for their utility needs accordingly. Because some emergencies may be regional in scope or of long duration, organizations should not rely solely on a single utility provider in the community. Where possible, organizations should identify other utility providers outside of the local community in case the community’s infrastructure is severely compromised and unable to support the organization.

**Elements of Performance for EM.02.02.09**

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| <p>2. As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Electricity. (See also EC.02.05.03, EP 5)<br/>Note: Requirements addressing reliable power sources for life-support systems and other equipment essential for resident care and safety are addressed in the “Environment of Care” (EC) chapter.</p> <p>3. As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Water needed for consumption and essential care activities.</p> <p>4. As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.</p> <p>5. As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the organization would typically provide.</p> | <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> |
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| 6. | As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Medical gas systems.<br>Note: This element of performance applies only to those organizations that have medical gas systems in their facilities.   | <b>A</b> |
| 7. | As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Utility systems that the organization defines as essential (for example, vertical and horizontal transport, heating and cooling systems).  | <b>A</b> |
| 8. | The organization implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.<br>Note: Some components of the Emergency Operations Plan are not implemented unless an emergency is imminent. Other components, however, can and should be implemented in advance so that the organization is as prepared as possible. | <b>A</b> |
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**Standard EM.02.02.11**

As part of its Emergency Operations Plan, the organization prepares for how it will manage residents during emergencies.

**Rationale for EM.02.02.11**

The fundamental goals of emergency management planning are to protect life and prevent disability. The manner in which care, treatment, and services are provided may vary by type of emergency. However, certain activities are so fundamental to resident safety (this can include decisions to modify or discontinue services, make referrals, or transport residents) that the organization should take a proactive approach in considering how they might be accomplished.

Emergencies of differing scale, scope, and complexity will impact the organization's operations in different ways, as dictated by the emergency needs of residents. A disaster may result in a decision to keep all residents on the premises in the interest of safety or, conversely, evacuate all residents because the facility is no longer safe. Planning for clinical services must address these situations accordingly, particularly in the face of escalating events or in potentially austere care conditions.

**Elements of Performance for EM.02.02.11**

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| 2. | The Emergency Operations Plan describes the following: How the organization will manage the activities required as part of resident scheduling, triage, assessment, treatment, admission, transfer, and discharge.   | <b>A</b> |
| 3. | The Emergency Operations Plan describes the following: How the organization will evacuate (from one section or floor to another within the building, or completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10) | <b>A</b> |
| 5. | The Emergency Operations Plan describes the following: How the organization will manage the personal hygiene and sanitation needs of its residents and staff.  | <b>A</b> |
| 6. | The Emergency Operations Plan describes the following: How the organization will manage its residents' mental health service needs that occur during an emergency.   | <b>A</b> |
| 7. | The Emergency Operations Plan describes the following: How the organization will manage mortuary services.   | <b>A</b> |

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| 8.  | The Emergency Operations Plan describes the following: How the organization will document and track residents' clinical information.  | <b>A</b> |
| 11. | The organization implements the components of its Emergency Operations Plan that require advance preparation to manage residents during an emergency.<br>Note: Some components of the Emergency Operations Plan are not implemented unless an emergency is imminent. Other components, however, can and should be implemented in advance so that the organization is as prepared as possible. | <b>A</b> |

### Standard EM.02.02.13

During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners.

Note: A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain resident care, safety, or security functions.

#### Elements of Performance for EM.02.02.13

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| 1. | The organization grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the organization is unable to meet immediate resident needs.<br>Note: Refer to the Glossary for the definition of licensed independent practitioner.  | <b>A</b>   |
| 2. | <b>D</b> The organization identifies, in writing, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.  | <b>A</b>   |
| 3. | The organization determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)   | <b>A</b>   |
| 4. | <b>D</b> The organization describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, clinical record review).  | <b>A</b>   |
| 5. | Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the organization obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:<br>- A current picture identification card from a health care organization that clearly identifies professional designation<br>- A current license to practice<br>- Primary source verification of licensure<br>- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organizations or groups<br>- Identification indicating that the individual has been granted authority by a government entity to provide care, treatment, or services in disaster circumstances<br>- Confirmation by a licensed independent practitioner currently privileged by the organization or a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster | <b>3 A</b> |
| 6. | During a disaster, the organization oversees the performance of each volunteer licensed independent practitioner.  | <b>A</b>   |

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| 7. | Based on its oversight of each volunteer licensed independent practitioner, the organization determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.  | <b>C</b> |
| 8. | <p><b>D</b> Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the organization documents all of the following:</p> <ul style="list-style-type: none"> <li>- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival</li> <li>- Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services</li> <li>- Evidence of the organization's attempt to perform primary source verification as soon as possible</li> </ul> | <b>C</b> |
| 9. | <p>If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.</p> <p>Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.</p>   | <b>C</b> |

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### Standard EM.02.02.15


During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.

Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.

#### Elements of Performance for EM.02.02.15

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| 1. | The organization assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the organization is unable to meet immediate resident needs.   | <b>A</b> |
| 2. | <b>D</b> The organization identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.   | <b>A</b> |
| 3. | <p>The organization determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)</p> <p>Note: This distinction could be made by using badges, vests, wristbands, or other articles.</p>  | <b>A</b> |
| 4. | <b>D</b> The organization describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and clinical record review. | <b>A</b> |

5. Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the organization obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following:  **A**
- A current picture identification card from a health care organization that clearly identifies professional designation
  - A current license, certification, or registration
  - Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice)
  - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
  - Identification indicating that the individual has been granted authority by a government entity to provide resident care, treatment, or services in disaster circumstances
  - Confirmation by organization staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster
6. During a disaster, the organization oversees the performance of each volunteer practitioner who is not a licensed independent practitioner. **A**
7. Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the organization determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue. **C**
8. **D** Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the organization documents all of the following: **C**
- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival
  - Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services
  - Evidence of the organization's attempt to perform primary source verification as soon as possible
9. If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. **C**  
 Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.

**Standard EM.03.01.01**

The organization evaluates the effectiveness of its emergency management planning activities.

**Rationale for EM.03.01.01**

The risks and hazards facing an organization or an area of the organization may change over time. The scope or goals of the organization's planning activities may evolve in response to changes in the organization, its structure, its resident population, community planning partners, or a number of other factors. Such changes can have an impact on the organization's response capabilities, including decisions about its inventory of resources and assets needed during an emergency. The organization conducts an annual review of its planning activities to identify such changes and support decision making regarding how the organization responds to emergencies.

**Elements of Performance for EM.03.01.01**

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| 1. <b>D</b> | The organization conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis (HVA). The findings of this review are documented. (See also EM.01.01.01, EPs 2 and 4) | <b>A</b> |
| 2. <b>D</b> | The organization conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.   | <b>A</b> |
| 3. <b>D</b> | The organization conducts an annual review of its inventory. The findings of this review are documented.   | <b>A</b> |

**Standard EM.03.01.03**

The organization evaluates the effectiveness of its Emergency Operations Plan.

**Rationale for EM.03.01.03**

The organization conducts exercises to assess the Emergency Operations Plan's (EOP) appropriateness, adequacy, and effectiveness in the areas of communications, resources and assets, security and safety, staff, and utilities. Exercises should test the EOP's ability to support the organization's preparedness and performance in a variety of possible emergencies. In other words, the design of the exercises should reflect differing degrees of emergencies while testing the organization's capability to provide care, treatment, and services in escalating situations. The organization also evaluates its responses to all actual emergencies. This evaluation helps the organization to identify weaknesses and incorporate lessons learned into revisions to its EOP.


**Elements of Performance for EM.03.01.03**

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| 1. | As an emergency response exercise, the organization activates its Emergency Operations Plan twice a year at each site included in the plan.<br>Note 1: If the organization activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.<br>Note 2: Tabletop sessions, though useful, are not acceptable substitutes for these exercises. | <b>A</b> |
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**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

2. Organizations that offer emergency services or are an officially designated community disaster-receiving station include an influx of simulated residents in at least one of the organization's two emergency response exercises. **A**  
 Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.  
 Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.
3. Organizations that offer emergency services or are an officially designated community disaster-receiving station include an escalating event in which the local community is unable to support the organization in at least one of the organization's two emergency response exercises. **A**  
 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.  
 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.  
 Note 3: An escalating event is an event that rapidly expands in scope or complexity and requires additional organizational capabilities. For example, a severe storm causes a tree to fall, resulting in a power failure. The power failure and flooding from the storm require an evacuation from the nursing home in the interest of resident and staff safety.
4. For organizations with a defined role in the community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. **A**  
 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.  
 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.
5. Emergency response exercises incorporate likely disaster scenarios that allow the organization to evaluate its handling of residents, communications, resources and assets, security, staff, and utilities. (See also EM.02.01.01, EP 2) **A**
6. The organization designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement. **A**  
 Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the organization.  
 Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Organizations may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.
7. During emergency response exercises, the organization monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations. **A**
8. During emergency response exercises, the organization monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation. **A**
9. During emergency response exercises, the organization monitors its management of the following: Safety and security. **A**
10. During emergency response exercises, the organization monitors its management of the following: Staff roles and responsibilities. **A**

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 11. | During emergency response exercises, the organization monitors its management of the following: Utility systems.  | <b>A</b> |
| 12. | During emergency response exercises, the organization monitors its management of the following: Resident clinical and support care activities.  | <b>A</b> |
| 13. | Based on all monitoring activities and observations, the organization evaluates all emergency response exercises and all responses to actual emergencies with representation from administrative, support, and clinical services.   | <b>A</b> |
| 14. |  The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.  | <b>A</b> |
| 15. | The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues. (See also EC.04.01.05, EP 3)  | <b>A</b> |
| 16. | The organization modifies its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies.<br>Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made. | <b>A</b> |
| 17. | Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.  | <b>A</b> |