The Joint Commission approved new and revised elements of performance (EPs) for "Emergency Management" (EM) Standard EM.03.01.03, which addresses emergency management exercises for the home care program. Revised EP 1 and new EPs 18 and 19 become effective January 1, 2013.

The EM standards have always required organizations to align the scope of their emergency management exercises with the scope of their emergency operations plan (EOP) and response efforts. Organizations that plan to serve patients during an emergency may have complex plans that require multiple response capabilities; organizations that plan to close and reopen after the emergency may have simpler plans that focus on issues such as patient and staff communications and continuity of operations. To test their EOPs, organizations may use any type of exercise as long as it contains certain essential features and effectively tests the limits of the organization’s EOP. The 19 segments served by the Home Care Accreditation Program provide care, treatment, and services primarily in community-based settings. As such, the exercise expectations for this program require more flexibility than facility-based settings (such as hospitals) and allow the home care organization to use tabletop or functional exercises (or hybrids of the two).

A review of the 19 home care segments revealed four common components that all organizations should exercise—as well as two additional components that organizations serving the most vulnerable individuals should exercise. Joint Commission staff considered these components when developing the following revisions at Standard EM.03.01.03:

- EP 1 was revised to remove the prohibition against tabletop exercises.

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Approved: Revisions to the EM Exercise Requirement for Home Care (continued)
Continued from page 10

- Standard EM.03.01.03, EP 18, applies to all segments and describes the four common components that must be part of any well-designed exercise:
  1. Staff roles
  2. Communication with patients
  3. Communication with response partners
  4. Business continuity and recovery

- Standard EM.03.01.03, EP 19, defines two additional exercise requirements essential to safe patient care, treatment, and service during an emergency.
  1. Patient acuity assignment and tracking
  2. Service consistent with response efforts defined in the organization’s EOP.

This EP applies only to the segments* identified as serving individuals who are likely to be especially vulnerable in an emergency; that is, those individuals who would potentially rely on the home care organization for life-dependent needs in an emergency. (See the box below and on page 12.)

Some individuals served in these segments under EP 19 may not be patients; rather, they are clients receiving, for example, personal care and support services. Inclusion under this EP is appropriate in that these individuals may require assistance with communication or mobility, be vulnerable pediatric cases, use support animals, or have other impairments that would make them dependent upon the organization during an emergency. Plans for such individuals often include classifying and registering them with a municipal emergency shelter program; testing communication systems with patient and family emergency contacts; establishing decision criteria and protocols for resuming regular home visits post-emergency, and so on.

The revisions to Standard EM.03.01.03, including a new Introduction, revised Rationale, and updated applicability, will appear in the 2012 Update 2 to the Comprehensive Accreditation Manual for Home Care, scheduled for publication in fall 2012, as well as in the E-edition® update scheduled for release in October. The new and revised EPs are shown in the box below, with new text underlined and deletions noted in strikethrough.

Questions about the revisions may be directed to Lynne Bergero, MHSA, project director, Department of Standards and Survey Methods, at lbergero@jointcommission.org.

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**Official Publication of Joint Commission Requirements**

**New and Revised Requirements for Emergency Management Exercises**

**APPLICABLE TO HOME CARE**

**Effective January 1, 2013**

**Emergency Management (EM)**

**Standard EM.03.01.03**
The organization evaluates the effectiveness of its Emergency Operations Plan.

**Elements of Performance for EM.03.01.03**

A 1. As an emergency response exercise, the organization activates its Emergency Operations Plan once a year at each site included in the plan. **Note 1:** If the organization activates its Emergency Operations Plan, either in response to an actual emergency, this emergency can serve in place of its emergency response or as a planned exercise. **Note 2:** Tabletop sessions, though useful, are not acceptable substitutes for these exercises.

A 18. The scope of the exercise reflects the response procedures described in the organization’s Emergency Operations Plan; at a minimum the exercise does the following:

- Reviews and confirms staff communication procedures and content, and assigned roles related to essential response functions.

**Note-3:** Planned Exercises should focus on the organization’s response to an emergency that is likely to affect continuation of care, treatment, or services. Exercises should test those areas outlined in the Emergency Operations Plan. Exercises do not need to be conducted in each community served by the organization but should be based on a regional or county response strategy where applicable. Exercises that involve packages of information that simulate patients, their families, and the public substitutes for patients (such as pillows, bandages, mannequins, or live volunteers) are acceptable.

Continued on page 12
### New and Revised Requirements for Emergency Management Exercises (continued)

- Reviews and confirms how the organization will communicate with patients during an emergency.
- Reviews and confirms communications with any response partners as described in the Emergency Operations Plan (for example, vendors, contracted providers, drug suppliers, parent home care agency, local hospital, county emergency operations center).
- Reviews and confirms business continuity and recovery strategies for restoring the organization’s capabilities to provide care, treatment, or services after an emergency.

**A.19.** The organization’s exercise sufficiently stresses its Emergency Operations Plan to identify weaknesses in key areas of safety; this exercise does the following (see also EM.02.01.01, EP 2):

- Activates and tests patient acuity assignment and tracking procedures to validate the organization’s ability to identify and locate high-risk patients.
- Activates and tests key care, treatment, or service processes consistent with planned response activities (for example, management of medication, medical equipment and supplies, instructions for self-evacuation, medical record documentation, coordination of information with alternative care site).

**Note:** The following home care segments typically serve vulnerable patients (or clients) who, in an emergency, would potentially rely on the organization for life-dependent needs: hospice inpatient, hospice–patient residence, home health, personal care and support, durable medical equipment–patient residence, supplies–patient residence, respiratory equipment, clinical respiratory services, pharmacy–freestanding ambulatory infusion, and pharmacy–dispensing services.

### Applicability Grid for Revised Requirements

The elements of performance above apply to the following services:

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**Key:**

- **HH** Home Health
- **PC&S** Personal Care and Support Services
- **HOS** Hospice
- **Inp** Facility Based
- **Pt Re** Patient Residence
- **DME** Durable Medical Equipment
- **H** Patient Residence
- **F** Facility Based
- **M** Mail Order
- **Resp** Respiratory Equipment
- **O&P** Orthotics and Prosthetics
- **H** Patient Residence
- **F** Facility Based
- **CRS** Clinical Respiratory Services
- **RT** Rehabilitation Technology
- **H** Patient Residence
- **F** Facility Based
- **PH** Pharmacy
- **Disp** Pharmacy Dispensing
- **CCP** Clinical/Consultant Pharmacist
- **FSAI** Freestanding Ambulatory Infusion
- **LTP** Long Term Care Pharmacy Dispensing

- **Supp** Supplies
- **H** Patient Residence
- **M** Mail Order