

# Sentinel Event Alert

**Sentinel Event Alert #59: Physical and verbal violence against health care workers**  
**Revised: June 18, 2021 (in red); effective Jan. 1, 2022**

Joint Commission requirements relevant to physical and verbal violence against health care workers

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## HOSPITALS

### Environment of Care (EC)

**EC.01.01.01 Element of Performance (EP) 4:** The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.

**EP 5:** The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.

**EC.02.01.01 EP 1:** The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.  
Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

**EP 7:** The hospital identifies individuals entering its facilities.  
Note: The hospital determines which of those individuals require identification and how to do so.

**EP 8:** The hospital controls access to and from areas it identifies as security sensitive.

**EP 17:** The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.

Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulation.

**EC.04.01.01 EP 1:** The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- **Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence**
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions **as well as to the designated leader of the workplace violence reduction effort**. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

**EP 3:** Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities.

**EP 6:** Based on its process(es), the hospital reports and investigates the following: **Safety and security** incidents involving patients, staff, or others within its facilities, **including those related to workplace violence**.

**EC.04.01.03 EP 2:** The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.

**EC.04.01.05 EP 1:** The hospital takes action on the identified opportunities to resolve environmental safety issues.

### **Emergency Management (EM)**

**EM.01.01.01 EP 2:** The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies within the organization and the community that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events 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)

Note 1: Hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.

Note 2: If the hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter.

**EP 3:** The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.

Note: The hospital determines which community partners are critical to helping define priorities in its HVA. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities, and other government agencies.

**EP 4:** The hospital 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 hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)

**EP 5:** The hospital 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).

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.

**EP 7:** The hospital's incident command structure is integrated into and consistent with its community's command structure.\*

Note: The incident command structure used by the hospital 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 hospitals receiving certain federal funds for emergency preparedness.

**EM.02.01.01 EP 2:** The hospital 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)

Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the hospital 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 hospital to new patients
- Staged evacuation
- Total evacuation

**EM.02.02.01 EP 1:** The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.

**EP 2:** The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.

**EP 3:** The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.

**EP 4:** The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.

**EP 6:** The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.

**EP 12:** The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).

**EM.02.02.05 EP 1:** The Emergency Operations Plan describes the following: The hospital's arrangements for internal security and safety.

**EP 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.

**EP 3:** The Emergency Operations Plan describes the following: How the hospital will coordinate security activities with community security agencies (for example, police, sheriff, National Guard).

**EP 7:** The Emergency Operations Plan describes the following: How the hospital will control entrance into and out of the health care facility during an emergency.

**EP 8:** The Emergency Operations Plan describes the following: How the hospital will control the movement of individuals within the health care facility during an emergency.

**EP 9:** The Emergency Operations Plan describes the following: The hospital's arrangements for controlling vehicles that access the health care facility during an emergency.

**EP 10:** The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

**EM.02.02.07 EP 7:** The hospital trains staff for their assigned emergency response roles.

**EM.02.02.11 EP 2:** The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.

**EP 3:** The Emergency Operations Plan describes the following: How the hospital 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)

**EM.03.01.03 EP 2:** For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.

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.

**EP 10:** During emergency response exercises, the hospital monitors its management of the following: Staff roles and responsibilities.

## **Human Resources (HR)**

**HR.01.05.03:** Staff participate in ongoing education and training.

EP 29: As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

-What constitutes workplace violence

-Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement

-Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents

-The reporting process for workplace violence incidents

## **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the hospital.

EP 9: The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:

-Policies and procedures to prevent and respond to workplace violence

-A process to report incident in order to analyze incidents and trends

-A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary

-Reporting of workplace violence incident to the governing body.

**LD.04.01.01 EP 2:** The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.

## **Provision of Care, Treatment, and Services (PC)**

**PC.01.02.13 EP 6:** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:

- A psychiatric evaluation

- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing

- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)

**PC.03.05.03 EP 1:** The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.

**Rights and Responsibilities of the Individual (RI)**

**RI.01.06.03 EP 1:** The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.

## CRITICAL ACCESS HOSPITALS

### Environment of Care (EC)

**EC.01.01.01 Element of Performance (EP) 4:** The critical access hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the critical access hospital's facilities.

**EP 5:** The critical access hospital has a written plan for managing the following: The security of everyone who enters the critical access hospital's facilities.

**EC.02.01.01 EP 1:** The critical access hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the critical access hospital's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The critical access hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

**EP 7:** The critical access hospital identifies individuals entering its facilities.

Note: The critical access hospital determines which of those individuals require identification and how to do so.

**EP 8:** The critical access hospital controls access to and from areas it identifies as security sensitive.

**EP 17:** The critical access hospital conducts an annual worksite analysis related to its workplace violence prevention program. The critical access hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.

Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the critical access hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulation.

**EC.04.01.01 EP 1:** The critical access hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the critical access hospital's facilities and grounds
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- **Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence**
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions **as well as to the designated leader of the workplace violence reduction effort**. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

**EP 3:** Based on its process(es), the critical access hospital reports and investigates the following: Injuries to patients or others in the critical access hospital's facilities.

**EP 6:** Based on its process(es), the critical access hospital reports and investigates the following: **Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.**

**EC.04.01.03 EP 2:** For rehabilitation and distinct part units in critical access hospitals: The critical access hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.

**EC.04.01.05 EP 1:** For rehabilitation and distinct part units in critical access hospitals: The critical access hospital takes action on the identified opportunities to resolve environmental safety issues.

## **Emergency Management (EM)**

**EM.01.01.01 EP 2:** The critical access hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies within the organization and the community that could affect demand for the critical access hospital's services or its ability to provide those services, the likelihood of those events 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)

Note 1: Critical access hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the critical access hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.

Note 2: If the critical access hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter.

**EP 3:** The critical access hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.

Note: The critical access hospital determines which community partners are critical to helping define priorities in its HVA. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities, and other government agencies.

**EP 4:** The critical access hospital 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 critical access hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)

**EP 5:** The critical access hospital 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).

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.

**EP 7:** The critical access hospital's incident command structure is integrated into and consistent with its community's command structure.\*

Note: The incident command structure used by the critical access hospital 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 critical access hospitals receiving certain federal funds for emergency preparedness.

**EM.02.01.01 EP 2:** The critical access hospital 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)

Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the critical access hospital 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 critical access hospital to new patients

- Staged evacuation
- Total evacuation

**EM.02.02.01 EP 1:** The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.

**EP 2:** The Emergency Operations Plan describes the following: How the critical access hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.

**EP 3:** The Emergency Operations Plan describes the following: How the critical access hospital will notify external authorities that emergency response measures have been initiated.

**EP 4:** The Emergency Operations Plan describes the following: How the critical access hospital will communicate with external authorities during an emergency.

**EP 6:** The Emergency Operations Plan describes the following: How the critical access hospital will communicate with the community or the media during an emergency.

**EP 12:** The Emergency Operations Plan describes the following: How, and under what circumstances, the critical access hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).

**EM.02.02.05 EP 1:** The Emergency Operations Plan describes the following: The critical access hospital's arrangements for internal security and safety.

**EP 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.

**EP 3:** The Emergency Operations Plan describes the following: How the critical access hospital will coordinate security activities with community security agencies (for example, police, sheriff, National Guard).

**EP 7:** The Emergency Operations Plan describes the following: How the critical access hospital will control entrance into and out of the health care facility during an emergency.

**EP 8:** The Emergency Operations Plan describes the following: How the critical access hospital will control the movement of individuals within the health care facility during an emergency.

**EP 9:** The Emergency Operations Plan describes the following: The critical access hospital's arrangements for controlling vehicles that access the health care facility during an emergency.

**EP 10:** The critical access hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

**EM.02.02.07 EP 7:** The critical access hospital trains staff for their assigned emergency response roles.

**EM.02.02.11 EP 2:** The Emergency Operations Plan describes the following: How the critical access hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.

**EP 3:** The Emergency Operations Plan describes the following: How the critical access hospital 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)

**EM.03.01.03 EP 2:** For each site of the critical access hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the critical access hospital's two emergency response exercises includes an influx of simulated patients.

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.

**EP 10:** During emergency response exercises, the critical access hospital monitors its management of the following: Staff roles and responsibilities.

### **Human Resources (HR)**

**HR.01.05.03:** Staff participate in ongoing education and training.

**EP 29:** As part of its workplace violence prevention program, the critical access hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The critical access hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

### **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the critical access hospital.

**EP 9:** The critical access hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:

- Policies and procedures to prevent and respond to workplace violence
- A process to report incident in order to analyze incidents and trends
- A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
- Reporting of workplace violence incident to the governing body.

**LD.04.01.01 EP 2:** The critical access hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The critical access hospital has an organizationwide, integrated patient safety program within its performance improvement activities.

### **Provision of Care, Treatment, and Services (PC)**

**PC.01.02.13 EP 6:** For psychiatric distinct part units in critical access hospitals: Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:

- A psychiatric evaluation
- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing
- Complete neurological examination, when indicated

**PC.03.05.03 EP 1:** The critical access hospital implements restraint or seclusion using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation.

### **Rights and Responsibilities of the Individual (RI)**

**RI.01.06.03 EP 1:** The critical access hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.

## AMBULATORY CARE

### Environment of Care (EC)

**EC.01.01.01 Element of Performance (EP) 4:** The organization has a written plan for managing the following: The environmental safety of everyone who enters the organization's facilities.

**EP 5:** The organization has a written plan for managing the following: The security of everyone who enters the organization's facilities.

**EC.02.01.01 EP 1:** The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The organization takes action to minimize or eliminate identified safety and security risks in the physical environment.

**EP 6:** The organization manages safety risks related to entering and exiting the organization.

**EP 8:** The organization controls access to and from areas it identifies as security sensitive.

**EC.04.01.01 EP 1:** The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Problems and incidents related to risks addressed in the environment of care management plans
- Injuries to patients or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

**EP 2:** Based on its process(es), the organization reports and investigates the following: Problems and incidents related to each of the environment of care management plans.

**EP 3:** Based on its process(es), the organization reports and investigates the following: Injuries to patients or others within the organization's facilities.

**EC.04.01.03 EP 2:** The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues.

**EC.04.01.05 EP 1:** The organization takes action on the identified opportunities to resolve environmental safety issues.

### Emergency Management (EM)

**EM.01.01.01 EP 2:** The organization identifies potential emergencies and the direct and indirect effects that these emergencies may have on the need for its services or its ability to provide those services. (See also IC.01.06.01, EP 4)

Note 1: Some organizations refer to this process as a hazard vulnerability analysis.

Note 2: If the organization identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter.

**EP 3:** The organization prioritizes the potential emergencies it has identified.

**EP 4:** The organization determines what its role will be, if any, in the community response plan.

Note: A community response plan is the response plan of the organization's city, county, region, or state, whichever plan is activated by community leadership.

**EP 5:** The organization uses its prioritized emergencies as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).

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.

**EM.02.01.01 EP 2:** The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5)

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 patients
- Staged evacuation
- Total evacuation

**EM.02.02.01 EP 1:** The Emergency Management Plan describes how staff will be notified that emergency response procedures have been initiated.

**EP 3:** The Emergency Management Plan describes how the organization will notify external authorities that emergency response measures have been initiated.

**EP 4:** For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan describes the following: How the organization will communicate with suppliers of essential services, equipment and supplies during an emergency.

**EP 12:** For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan describes the following: How, and under what circumstances, the organization will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).

**EM.02.02.05 EP 1:** The Emergency Management Plan describes how internal security and safety will be provided during an emergency.

**EP 10:** The organization implements the components of its Emergency Management Plan that require advance preparation to support internal security and safety during an emergency.

**EM.02.02.07 EP 7:** For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization trains staff for their assigned emergency response roles.

**EM.02.02.11 EP 1:** The Emergency Management Plan describes how the organization will manage activities related to patient care, treatment, or services. (See also EM.02.02.03, EP 12)

Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security.

**EP 3:** The Emergency Management Plan describes how the organization will evacuate its occupied space. (See also EM.02.02.03, EP 9)

**EM.03.01.03 EP 2:** For each site of the organization that offers emergency services or is a community-designated disaster receiving station, at least one of the organization's two emergency response exercises includes an influx of simulated patients.

Note: Tabletop sessions, though useful, cannot serve for this portion of the exercise.

**EP 10:** For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: During emergency response exercises, the organization monitors its management of the following: Staff roles and responsibilities.

#### **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the organization.

**LD.04.01.01 EP 2:** The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The organization has an organizationwide, integrated patient safety program.

#### **Rights and Responsibilities of the Individual (RI)**

**RI.01.06.03 EP 1:** The organization determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, or services.

## OFFICE-BASED SURGERY

### Environment of Care (EC)

**EC.02.01.01 Element of Performance (EP) 1:** The practice identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the practice's facilities.  
Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The practice takes action to minimize identified safety and security risks in the physical environment.

**EP 6:** The practice manages safety risks related to entering and exiting the practice.

**8:** The practice controls access to and from areas it identifies as security sensitive.

**EC.04.01.01 EP 1:** The practice establishes a process(es) for internally reporting and investigating occupational illnesses and staff injuries.

### Emergency Management (EM)

**EM.02.01.01 EP 2:** The practice has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur.  
Note: The response procedures address likely emergencies as prioritized by the practice, 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
- Evacuation

**EM.02.02.01 EP 3:** The Emergency Management Plan describes how the practice will notify external authorities that emergency response measures have been initiated.

**EM.02.02.05 EP 1:** The Emergency Management Plan describes how security will be provided during an emergency.

**EP 10:** The practice implements the components of its Emergency Management Plan that require advance preparation to provide for internal security during an emergency.

**EM.02.02.11 EP 1:** The Emergency Management Plan describes how the practice will manage activities related to patient care, treatment, or services.

Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security.

**EP 3:** The Emergency Management Plan describes how the practice will evacuate its occupied space.

**EM.03.01.03 EP 2:** Practices that offer emergency services or are community-designated disaster receiving stations include an influx of simulated patients in its emergency response exercise.

Note: Tabletop sessions, though useful, cannot serve for this portion of the exercise.

### Leadership (LD)

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the practice.

**LD.04.01.01 EP 2:** The practice provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The practice has an organizationwide, integrated patient safety program.

## BEHAVIORAL HEALTH

### Environment of Care (EC)

**EC.01.01.01 Element of Performance (EP) 4:** The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities.

Note: Facilities include both leased and owned spaces.

**EP 5:** The organization has a written plan for providing a secure environment for everyone who enters the organization's facilities.

Note: Facilities include both leased and owned spaces.

**EC.02.01.01 EP 1:** The organization implements its process to identify safety and security risks associated with the environment of care that could affect individuals served, staff, and other people coming to the organization's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The organization takes action to minimize identified safety and security risks associated with the physical environment.

**EP 8:** The organization controls access to and from areas it identifies as security sensitive.

**EC.04.01.01 EP 1:** The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to individuals served or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Fire safety management problems, deficiencies, and failures

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

**EP 2:** Based on its process(es), the organization reports and investigates the following: Problems and incidents related to each of the environment of care management plans.

**EP 3:** Based on its process(es), the organization reports and investigates the following: Injuries to individuals served or others within the organization's facilities.

**EC.04.01.03 EP 2:** The organization uses the results of data analysis to resolve environmental safety issues.

**EC.04.01.05 EP 1:** The organization takes action on the identified opportunities to resolve environmental safety issues.

### Emergency Management (EM)

**EM.01.01.01 EP 2:** The organization identifies potential emergencies that could affect demand for its services or its ability to provide those services. (See also IC.01.06.01, EP 4)

Note 1: Some organizations refer to this process of identifying potential emergencies as a hazard vulnerability analysis (HVA). Organizations have flexibility in creating either a single HVA that accurately reflects all locations where individuals are served by the organization, or multiple HVAs for the different locations where individuals are served. Some remote sites may be significantly different from the main site (for example, in terms of hazards and population served); in such situations, a separate HVA is appropriate.

**EP 3:** The organization prioritizes the potential emergencies it has identified.

Note: An organization may choose to consult with a public health department for information on priority risks in the community or region that could potentially impact the individuals served.

**EP 4:** The organization determines what its role will be, if any, in the community response plan.

Note: A community response plan is the response plan of the organization's city, county, region, or state, whichever plan is activated by community leadership.

The organization uses its prioritized emergencies as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).

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.

**EM.02.01.01 EP 2:** The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur. (See also EM.02.02.11, EP 1; EM.03.01.03, EP 5)

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 individuals for service
- Staged evacuation
- Total evacuation

Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.

**EM.02.02.01 EP 1:** The Emergency Management Plan describes how staff will be notified when emergency response procedures have been initiated.

**EP 3:** For organizations that participate in the community's response plan, the Emergency Management Plan describes how the organization will notify external authorities that emergency response measures have been initiated.

**EM.02.02.05 EP 1:** The Emergency Management Plan describes how internal security and safety will be provided during an emergency.

Note: It is recognized that individuals may be served in a variety of settings, including wilderness camps and other locations where the organization has limited control over the environment. In such situations, the organization takes steps to mitigate risks in selecting the site or collaborating with the site's staff to support security and safety should an emergency occur. Educating staff and individuals served about emergency procedures further supports security and safety at these sites.

**EP 10:** The organization implements the components of its Emergency Management Plan that require advance preparation to support internal security and safety during an emergency.

Note: Some components of the Emergency Management 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.

**EM.02.02.11 EP 1:** The Emergency Management Plan describes how the organization will manage its activities related to care, treatment, or services. (See also EM.02.01.01, EP 2; EM.02.02.03, EP 12)

Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about individuals served; sharing information about individuals served with their family or guardian, as appropriate; making referrals; transporting individuals served; and providing security.

**EP 3:** The Emergency Management Plan describes how the organization will evacuate its occupied space.

## **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the organization.

**LD.04.01.01 EP 2:** The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The organization has an organizationwide, integrated safety program for individuals served.

## **Rights and Responsibilities of the Individual (RI)**

**RI.01.06.03 EP 1:** The organization determines how it will protect the individual served from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, or services.

## HOME CARE

### Environment of Care (EC)

**EC.02.01.01 Element of Performance (EP) 1:** The organization implements its process to identify safety and security risks associated with the environment of care that could affect all patients, all staff, and people coming to the organization's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 2:** The organization identifies potential safety and security risks in the patient's home.

**EP 3:** The organization takes action to minimize identified safety and security risks.

Note: In the patient's home, actions may be limited to education.

**EP 7:** The organization identifies individuals entering the organization's buildings.

Note: Determination of those individuals requiring identification and the method for doing so is at the organization's discretion.

**EP 8:** The organization controls access to and from areas it identifies as security sensitive.

**EC.04.01.01 EP 1:** The organization establishes and implements a process(es) for internally reporting, investigating, and documenting the following:

- Injuries to patients, staff, or others within the organization's facilities
- Security incidents involving patients, staff (including staff in the field), or others
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures

Note 1: This bullet on fire safety management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.

- Equipment management problems, failures, and use errors.
- Utility systems management problems, failures, or use errors.

Note 2: This bullet on utility systems management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.

**EC.04.01.03 EP 2:** The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues.

### Emergency Management (EM)

**EM.01.01.01 EP 2:** The organization identifies in writing the potential emergencies that could affect its ability to provide services and the likely consequences of those emergencies. (See also IC.01.06.01, EP 4)

Note 1: Some organizations refer to this process as a hazard vulnerability analysis.

Note 2: If the organization identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter.

**EP 3:** The organization prioritizes the potential emergencies it has identified.

**EP 4:** The organization determines what its role will be, if any, in the community response plan.

Note: A community response plan is the response plan of the organization's city, county, region, or state, whichever plan is activated by community leadership.

**EP 5:** The organization uses its prioritized emergencies as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).

Note 1: 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.

Note 2: Home care organizations may mitigate emergencies by identifying patients who are vulnerable to

particular conditions and taking proactive measures within their control to reduce risk. For example, in areas prone to heat wave or persistent drought, home care organizations may identify potentially vulnerable patients to a) increase monitoring of the patient and his or her home environment during scheduled visits; b) facilitate adjustments in medication, diet, or personal care regimen; c) enhance education to family or care-givers on measures for keeping cool; or d) provide the utility company with a listing of potentially vulnerable patients in the event of a power failure.

**EM.02.01.01 EP 2:** The organization has a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5 and EP 19)

Note 1: 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
- Helping patients and families develop a home emergency plan
- Educating them about self-care and sources of alternative care in the community
- Coordinating home visits from another agency office or alternative care site in the community
- Supplementing resources from outside the local community
- Curtailing admissions of new patients

Note 2: These expectations do not require the organization to expand services to new patients or evacuate patients from their homes. Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to patients and their families, and strategies for resuming service following an emergency.

**EM.02.02.01 EP 1:** The Emergency Operations Plan describes how staff will be notified that emergency response procedures have been initiated.

**EM.02.02.07 EP 7:** For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization trains staff for their assigned emergency response roles.

**EM.02.02.11 EP 1:** The Emergency Operations Plan describes how the organization will manage activities related to care, treatment, or services during an emergency. (See also PC.01.03.01, EP 55)

Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; and transporting patients.

**EP 3:** The Emergency Operations Plan describes how the organization will evacuate (from one section or floor to another within the building, or, completely outside the building) when the building cannot support care, treatment, or services. (See also EM.02.02.03, EP 9)

Note: Evacuation response strategies apply only to inpatient hospice settings.

**EM.03.01.03 EP 10:** For home health agencies and hospices that elect to use The Joint Commission deemed status option: During emergency response exercises, the organization monitors its management of the following: Staff roles and responsibilities.

## **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the organization.

**LD.04.01.01 EP 2:** The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. (See also MC.03.06.01, EP 1; MC.04.02.01, EP 1)

Note: For home health agencies that elect to use The Joint Commission deemed status option: Organizations that furnish outpatient physical therapy or speech-language pathology services must meet federal requirements at §42 CFR 484.38 in addition to health and safety requirements at §42 CFR 485.711, 485.713, 485.715, 485.719, 485.723, and 485.727. For the federal definition of outpatient physical therapy services, see 1861(p) of the Social Security Act.

**LD.04.04.05:** The organization has an organizationwide, integrated patient safety program.

## **Provision of Care, Treatment, and Services (PC)**

**PC.03.05.03 EP 1:** For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The organization implements restraint or seclusion using safe techniques identified by the organization's policies and procedures in accordance with state law.

## **Rights and Responsibilities of the Individual (RI)**

**RI.01.06.03 EP 1:** The organization determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, or services from the organization.  
Note: For hospices that elect to use The Joint Commission deemed status option: The hospice also determines how it will protect residents so they are free from corporal punishment.

## LABORATORY

### Environment of Care (EC)

**EC.01.01.01 Element of Performance (EP) 4:** The laboratory has a written plan for providing a safe environment for everyone who enters the laboratory's facilities.

**EP 5:** The laboratory has a written plan for providing a secure environment for everyone who enters the laboratory's facilities.

**EC.02.01.01 EP 1:** The laboratory identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the laboratory's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The laboratory takes action to minimize or eliminate identified safety and security risks associated with the physical environment.

**EP 7:** The laboratory identifies individuals permitted to enter its facilities.

Note: Determination of those individuals requiring identification and the method for doing so is at the laboratory's discretion.

**EP 8:** The laboratory controls access to and from areas it identifies as security sensitive.

**EC.04.01.01 EP 1:** The laboratory establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the laboratory
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, staff, or others
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve laboratory services, or to prevent similar incidents, are not lost as a result of following the legal process.

**EC.04.01.01 EP 3:** The laboratory reports and investigates the following: Injuries occurring in the laboratory.

**EP 6:** The laboratory reports and investigates the following: Security incidents involving patients, staff, or others in locations it controls.

**EC.04.01.03 EP 2:** The laboratory uses the results of data analysis to identify opportunities to resolve environmental safety issues.

**EC.04.01.05 EP 1:** The laboratory takes action on the identified opportunities to resolve environmental safety issues.

### Emergency Management (EM)

**EM.01.01.01 EP 2:** The laboratory identifies potential emergencies and the direct or indirect effects that these emergencies may have on the need for its services or its ability to provide those services. (See also IC.01.06.01, EP 4)

Note 1: Some organizations refer to this process as a hazard vulnerability analysis (HVA).

Note 2: The potential of an emergency situation stemming from a surge in infectious patients is addressed in the "Infection Prevention and Control" (IC) chapter.

**EP 3:** The laboratory prioritizes the potential emergencies it has identified.

**EP 4:** The laboratory, either as an independent organization or a part of another organization, communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs.

Note: A laboratory, either as part of an accredited organization or as an independent organization, may communicate and integrate with the National Incident Management System, the Laboratory Response Network, or other planning and response entities serving its community.

**EP 5:** The laboratory uses its prioritized emergencies as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).

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.

**EM.02.01.01 EP 2:** The laboratory has a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.

Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the laboratory may experience. Response procedures could include the following:

- Maintaining or expanding services
- Conserving resources
- Curtailing services
- Relocating services to an alternative site
- Supplementing resources from outside the local community
- Closing the laboratory to new patients
- Staged evacuation
- Total evacuation

**EM.02.02.01 EP 1:** The Emergency Operations Plan describes how staff and licensed independent practitioners (such as pathologists) will be notified when emergency response procedures have been initiated.

**EP 3:** The Emergency Operations Plan describes how the laboratory will notify external authorities that emergency response measures have been initiated.

**EM.02.02.05 EP 1:** The Emergency Operations Plan describes how security will be provided during an emergency.

**EP 10:** The laboratory implements the components of its Emergency Operations Plan that require advance preparation to support internal security during an emergency.

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 laboratory is as prepared as possible.

**EM.02.02.11 EP 1:** The Emergency Operations Plan describes how the laboratory will manage services during an emergency. (See also EM.02.02.03, EP 12)

Note: Activities related to laboratory services might include scheduling, modifying, or discontinuing services; controlling information about patients; referring specimens or testing to other facilities; and providing security. Laboratories may need to do testing for hospital inpatients and ambulatory patients, or as a public health function.

**EP 3:** The Emergency Operations Plan describes how the laboratory will evacuate its staff and equipment from its occupied space (that is, relocate from one section or floor to another within the building, or, completely outside the building) when deemed necessary by emergency circumstances.

## **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the laboratory.

**LD.04.01.01 EP 2:** The laboratory provides laboratory services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The laboratory manages safety issues.

## NURSING CARE CENTERS

### Environment of Care (EC)

**EC.01.01.01 Element of Performance (EP) 4:** The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities.

**EC.02.01.01 EP 1:** The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, residents, staff, and other people coming to the organization's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

**EP 3:** The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.

**EC.04.01.01 EP 3:** The organization internally reports and investigates the following: Injuries to residents or others in the organization's facilities.

**EP 6:** The organization internally reports and investigates the following: Security incidents involving patients, residents, staff, or others in locations it controls.

**EC.04.01.03 EP 2:** The organization uses the results of data analysis to identify opportunities to resolve environmental safety issues.

**EC.04.01.05 EP 1:** The organization takes action on the identified opportunities to resolve environmental safety issues.

### Emergency Management (EM)

**EM.01.01.01 EP 2:** 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)

**EP 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)

**EP 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).

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.

**EP 7:** The organization's incident command structure is integrated into its community's command structure.\*  
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.

**EM.02.01.01 EP 2:** 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)

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 patients and residents
- Staged evacuation
- Total evacuation

**EM.02.02.01 EP 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.

**EP 4:** The Emergency Operations Plan describes the following: How the organization will communicate with external authorities during an ongoing emergency.

**EM.02.02.05 EP 1:** The Emergency Operations Plan describes the following: The organization's arrangements for internal security and safety.

**EP 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).

**EP 6:** The Emergency Operations Plan describes the following: How the organization will identify patients and residents who might be susceptible to wandering after emergency measures are initiated.

**EP 9:** The Emergency Operations Plan describes the following: The organization's arrangements for controlling vehicles that access the health care facility during an emergency.

**EP 10:** The organization implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

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.

**EM.02.02.11 EP 2:** The Emergency Operations Plan describes the following: How the organization will manage the activities required as part of patient or resident scheduling, triage, assessment, treatment, admission, transfer, and discharge.

**EP 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)

**EM.03.01.03 EP 2:** Organizations that offer emergency services or are an officially designated community disaster-receiving station include an influx of simulated patients and residents in at least one of the organization's two emergency response exercises.

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.

## **Leadership (LD)**

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the organization.

**LD.04.01.01 EP 2:** The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.

**LD.04.04.05:** The organization has an organizationwide, integrated patient and resident safety program.

## **Rights and Responsibilities of the Individual (RI)**

**RI.01.06.03 EP 1:** The organization determines how it will protect the patient or resident from neglect (including involuntary seclusion), exploitation, and abuse that could occur while the patient or resident is receiving care, treatment, and services.

Note: Due to the long duration of stay or open homelike environment, the risk of exploitation or abuse can come from anyone, including staff, students, volunteers, other patients and residents, visitors, and family members.