Proposed Emergency Management (EM) Chapter Outline

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Emergency Management (EM) Chapter

EM.09.01.01

The organization has a comprehensive emergency management program that utilizes an all-hazards approach.

Element(s) of Performance for EM.09.01.01

1. The organization has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following:
   - Leadership structure and program accountability
   - Hazard vulnerability analysis
   - Mitigation and preparedness activities
   - Emergency operations plan and policies and procedures
   - Education and training
   - Exercises and testing
   - Continuity of operations plan
   - Disaster recovery
   - Program evaluation

2. If the organization is part of a health care system that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:
   - Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program
   - The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered
   - Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program
   - A documented community-based risk assessment utilizing an all-hazards approach
   - A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system
   - A unified and integrated emergency plan
   - Integrated policies and procedures
   - A coordinated communication plan
   - A training and testing program

3. The organization complies with all applicable federal, state, and local emergency preparedness laws and regulations.

EM.10.01.01

The organization's leadership provides oversight and support of the emergency management program.

Element(s) of Performance for EM.10.01.01

1. The organization's leaders provide oversight and support for the following emergency management program activities:
   - Allocation of resources for the emergency management program
   - Review of the emergency management program documents
   - Review of the emergency operations plan, policies, training, and education that supports the emergency management program
   - Review of after-action reports (AAR) and improvement plans
   Note 1: The organization defines who the member(s) of the leadership group are as well as their roles and responsibilities for emergency management–related activities.
   Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

2. The organization's leaders identify an individual to lead the emergency management program who has defined responsibilities that include, but are not limited to, the following:
   - Developing and maintaining the emergency operations plan and policies and procedures
   - Implementing the four phases of emergency management (mitigation, preparedness, response, and recovery)
   - Implementing emergency management activities across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
   - Coordinating emergency management education and training
   - Planning and conducting exercises to test the emergency operations plan and response procedures
   - Identifying and collaborating with community response partners
   Note: Education, training, and experience in emergency management should be taken into account when considering the qualifications of the individual who leads the program.

3. The organization has a committee that oversees the emergency management program. The committee includes the emergency program lead and other participants identified by the organization; meeting frequency, goals, and responsibilities are defined by the committee.
   Note: Based on the size and needs of the organization, the committee may include the owners/operators, medical director, organizational leaders, clinical staff, or others and may be incorporated into an existing committee.

4. The organization's committee provides input and assists in the coordination of the preparation, development, implementation, evaluation, and maintenance of the organization's emergency management program. The activities include, but are not limited to, the following:
   - Hazard vulnerability analysis
   - Emergency operations plan, policies, and procedures
   - Continuity of operations plan
   - Training and education
   - Planning and coordinating incident response exercises (seminars; workshops; tabletop exercises; functional exercises; full-scale, community-based exercises)
   - After-action reports and improvement plans
   Note: An after-action report (AAR) provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

EM.11.01.01

The organization conducts a hazard vulnerability analysis utilizing an all-hazards approach.

Element(s) of Performance for EM.11.01.01

1. The organization conducts a facility-based hazard vulnerability analysis (HVA) using an all-hazards approach that includes the following:
   - Hazards that are likely to impact the organization's geographical region, community, facility, and patient population
   - A community-based risk assessment (such as those developed by external emergency management agencies)
   - Separate HVAs for its other accredited facilities if they significantly differ from the main site
   Note: A separate HVA is only required if the accredited facilities are in different geographic locations, have different hazards or threats, or the patient population and services offered are unique to this facility. The findings are documented.

2. The organization's hazard vulnerability analysis includes the following:
   - Natural hazards (such as flooding, wildfires)
   - Human-caused hazards (such as active shooter or cyber/information technology crimes)
   - Technological hazards (such as utility or information technology outages)
   - Hazardous materials (such as radiological, nuclear, chemical)
   - Emerging infectious diseases (such as Ebola, Zika Virus, SARS-CoV-2)

3. The organization evaluates and prioritizes the findings of the hazard vulnerability analysis to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services. The findings are documented.

4. The organization uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the organization and help reduce disruption of essential services or functions.
Note: Mitigation activities may include reviewing agreements with other health care facilities, establishing an alternative meeting place in the event the agency is not accessible, reviewing supplies on hand and vendor alternatives, planning how to protect medical records and how to back-up electronic records, and finding alternative fuel sources.

EM.12.01.01

The organization develops an emergency operations plan based on an all-hazards approach.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing an emergency operations plan.

Element(s) of Performance for EM.12.01.01

1. The organization has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff, volunteers, physicians, and other licensed practitioners on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:
   - Leadership structure (roles and responsibilities)
   - Communications plan
   - Maintaining, expanding, curtailing, or closing operations
   - Protecting critical systems and infrastructure
   - Conserving and/or supplementing resources
   - Surge plans (such as flu or pandemic plans)
   - Identifying alternate treatments areas or locations
   - Sheltering in place
   - Evacuating (partial or complete) or relocating services
   - Safety and security
   - Securing information and records

2. The organization's emergency operations plan identifies the patient population(s) that it will serve, including at-risk populations, and the types of services it would have the ability to provide in an emergency or disaster event.
   Note: At-risk populations such as dialysis patients, oxygen or ventilator dependent individuals, those receiving life-sustaining infusions, or persons with physical or mental disabilities may have additional needs to be addressed during an emergency or disaster incident, such as medical care, communication, transportation, supervision, and maintaining independence.

3. For hospices providing inpatient care in their own facilities: The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, patients, and volunteers.
   Note: Safe evacuation from the hospice includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation.

4. For hospices providing inpatient care in their own facilities: The organization's emergency operations plan includes written procedures for how it will provide essential needs for its staff and patients, whether they shelter in place or evacuate, that includes, but is not limited to, the following:
   - Food and other nutritional supplies
   - Medications and related supplies
   - Medical/surgical supplies
   - Medical oxygen and supplies
   - Potable or bottled water

5. The emergency operations plan includes the organization's incident command structure (ICS) with defined roles and responsibilities during an emergency or disaster incident, operations decisions, and authority for emergency operations plan activation.
    Note: The ICS provides an organized structure in which major tasks that are needed during an emergency or disaster incident will be completed by an identified person. The structure is usually designed as a top-down hierarchy with a leader who has the final authority to make sure that decisions made reflect the needs of the situation. Other leaders may be used to assist with other functions (such as business/finance, legal, communications, facilities) as needed.

6. The organization's emergency operations plan includes a process for cooperating and collaborating with other health care organizations, relevant community partners (such as fire, police, local incident command, public health departments), and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff).

9. For hospices providing inpatient care in their own facilities: The organization must develop and implement emergency preparedness policies and procedures that address the role of the organization under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.
    Note: For more information on 1135 waivers, visit: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities and https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf.

EM.12.02.01

The organization has a communications plan that addresses how it will initiate and maintain communications during an emergency.
Note: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.

Element(s) of Performance for EM.12.02.01

1. The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency. The list of contacts includes the following, based on the settings and services provided:
    - Staff
    - Physicians and other licensed practitioners
    - Volunteers
    - Other health care organizations
    - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies
    - Relevant community partners (such as fire, police, local incident command, public health departments)
    - Relevant authorities (such as federal state, tribal, regional, and local emergency preparedness staff)
    - Other sources of assistance (such as health care coalitions)
    Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.

2. The organization's communications plan describes how it will establish and maintain communications to deliver coordinated messages and information during an emergency or disaster incident to the following individuals, based on the settings and services provided:
    - Staff, licensed practitioners, and volunteers
    - Patients and family or caregivers
    - Community partners (such as fire department, emergency medical services, police, public health department)
    - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff)
    - Media and other stakeholders
    Note: Examples of means of communication include text messaging, phone system alerts, email, social media, and augmentative and alternative communication (AAC) for those with difficulties communicating using speech.

3. The communications plan describes how the organization will communicate with and report information about its needs, available occupancy, and ability to provide assistance to relevant authorities.
Note: Examples of what an organization may need to report to relevant authorities include, but are not limited to, shortages in personal protective equipment, staffing shortages, evacuation or transfer of patients, and temporary loss of part or all of the organization's function.

5. In the event of an emergency or evacuation, the organization's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the organization's care to the following individuals or entities, in accordance with law and regulation:
- Patient's family, representative, or others involved in the care of the patient
- Disaster relief organizations and relevant authorities
- Other health care providers
Note: For home health agencies and hospices that elect to use The Joint Commission deemed status option: The sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).

6. The organization's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for the following:
- How and when alternate/back-up communication methods are used
- Testing the functionality of the organization's alternate/back-up communication systems or equipment.
Note: Examples of alternate/back-up communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, reverse 911 notification systems.

EM.12.02.03

The organization has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan.

Element(s) of Performance for EM.12.02.03

1. The organization develops a staffing plan for managing all staff and volunteers based on the settings and services provided to meet patient care needs during the duration of an emergency or disaster incident or during a patient surge. The plan includes the following:
- Methods for contacting off-duty staff and licensed practitioners
- Acquiring staff and licensed practitioners from its other health care facilities
- Use of volunteer staffing, such as staffing agencies, and those deployed as part of the disaster medical assistance teams
Note: If the organization determines that it will never use volunteers during disasters, this is documented in its plan.

2. The organization's staffing plan addresses the management of all staff and volunteers as follows:
- Reporting processes
- Roles and responsibilities for essential functions
- Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities
- Verifying the identity and licensures of volunteer practitioners (such as nurses, respiratory therapists, physical therapists)
Note: Verifying the identity and licensure of volunteer practitioners is one way to make certain that they are qualified and competent to provide care, treatment, or services. Each volunteer practitioner should provide at least a valid government-issued photo identification and at least one additional form of identification (such as a current health care organization picture identification). For licensure verification, volunteer practitioners may provide their current license to practice or other forms of verification as determined by the organization.

6. The emergency response staffing plan describes how it will provide employee assistance and support, which includes the following:
- Staff support needs (for example, housing or transportation)
- Family support needs of staff (for example, childcare, elder care)
- Mental health and wellness needs

EM.12.02.05

The organization has a plan for providing patient care and clinical support during an emergency or disaster incident.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for patient care and clinical support.

Element(s) of Performance for EM.12.02.05

1. The organization's plan for providing patient care and clinical support includes written procedures and arrangements with other health care providers for how it will share patient care information and medical documentation and how it will provide transportation to other health care facilities to maintain continuity of care.

4. The organization's plan for providing patient care and clinical support includes written procedures that require a documented emergency preparedness plan for each patient that is based on the patient's priority level, is individualized to the patient's needs, and is reviewed and confirmed with patients and family or caregivers.
   Note 1: A patient's emergency preparedness plan and priority level are categorized by risk (as determined by the organization) to rapidly triage patients according to their need of services and to easily identify high-risk patients.
   Note 2: For home health agencies that elect to use The Joint Commission deemed status option: The patient's documented plan is part of the comprehensive patient assessment, which must be conducted according to the requirement at 42 CFR 484.55.

5. The organization's plan for providing patient care and clinical support includes policies and procedures that describe how it will inform state and local emergency preparedness officials about its patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.

6. The organization's plan for providing patient care and clinical support includes written procedures for determining what services are needed in the event that there is an interruption in services during or due to an emergency or disaster incident.
   Note: For home health agencies and hospices that elect to use The Joint Commission deemed status option: The plan must include how they will inform state and local officials of any on-duty staff or patients that they are unable to contact.

EM.12.02.07

The organization has a plan for safety and security measures to take during an emergency or disaster incident.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security.

Element(s) of Performance for EM.12.02.07

2. For hospices providing inpatient care in their own facilities: The organization's plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltered in place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the organization documents the specific name and location of the receiving facility or evacuation location.
   Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals.

3. The organization's plan for safety and security measures for staff includes, but is not limited to, the following:
   -A system to track the location of its on-duty staff
   -A plan for how staff will evacuate or shelter in place
   -Identification of unsafe travel conditions for staff

EM.12.02.09

The organization has a plan for managing resources and assets during an emergency or disaster incident.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for resources and assets.

Element(s) of Performance for EM.12.02.09

1. The organization's plan for managing its resources and assets describes in writing how it will document, track, monitor, and locate the resources and assets that will be needed during and after an emergency or disaster incident to remain operational.
   Note: For tracking and monitoring, the organization should consider the following resources: medications and related supplies, medical/surgical supplies, laboratory equipment and supplies, personal protective equipment, oxygen and supplies, potable or bottled water and nutrition, and non-potable water supply.

2. The organization's plan for managing its resources and assets describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following, based on the settings and services provided:
   - Coordinating within the health care system to request resources
   - Coordinating with local supply chains or vendors
   - Coordinating with local, state, or federal agencies for additional resources
   - Coordinating with regional health care coalitions for additional resources
   Note: High priority should be given to resources that are known to deplete quickly and are extremely competitive to receive and replenish (such as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids, antiviral and antibiotic medications).

EM.12.02.11

The organization has a plan for managing essential or critical utilities during an emergency or disaster incident.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for utilities management.

Element(s) of Performance for EM.12.02.11

1. The organization's plan for managing utilities describes in writing the utility systems that it considers essential or critical to be able to continue to provide care, treatment, and services during an emergency or disaster incident. The plan also includes how care, treatment, and services will be provided if the utility system(s) in a patient's home is non-operational.
   Note: Examples of essential or critical utility systems may include running water, electricity, and heating/cooling.

4. For hospices providing inpatient care in their own facilities: The organization's plan for managing utilities includes alternate sources for maintaining energy to the following:
   - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions
   - Emergency lighting
   - Fire detection, extinguishing, and alarm systems
   - Sewage and waste disposal
   Note: It is important for organizations to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the organization considers partial or full evacuation or closure.

EM.13.01.01

The organization has a continuity of operations plan.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a continuity of operations plan.

Element(s) of Performance for EM.13.01.01

1. The organization has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other departments leaders as determined by the organization. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.
   Note: The COOP provides guidance on how the organization will continue to perform its essential business functions to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.

2. The organization's continuity of operations plan identifies in writing how and where it will continue to provide its essential business functions when the location of the essential or critical service has been compromised due to an emergency or disaster incident.
   Note: Examples of options to consider for continuing to provide essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.

3. The organization has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties.

4. The organization has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the organization for specified purposes and to carry out specific duties.
   Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the organization can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.

EM.14.01.01

The organization has a disaster recovery plan.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a disaster recovery plan.

Element(s) of Performance for EM.14.01.01

1. The organization has a disaster recovery plan that describes in writing its strategies for when and how it will do the following:
   - Conduct damage assessments at organization sites
   - Restore critical systems and essential services
   - Return to full operations

EM.15.01.01

The organization has an emergency management education and training program.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing education and training.

Element(s) of Performance for EM.15.01.01

1. The organization has a written education and training program in emergency management that is based on the prioritized risks identified as part of its hazard vulnerability analysis, the emergency operations plan, communication plan, and policies and procedures.

2. The organization provides initial education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following:
   - Activation and deactivation of the emergency operations plan
   - Communications plan
   - Emergency response policies and procedures
   - Evacuation, shelter-in-place, lockdown, and surge procedures
   - Where and how to obtain resources and supplies for emergencies (such as procedures manuals or equipment)
   Documentation is required.

3. The organization provides ongoing education and training to all staff and volunteers that is consistent with their roles and responsibilities in an emergency:
   - At least every two years
   - When roles or responsibilities change
   - When there are significant revisions to the emergency operations plan, policies, and/or procedures
   - When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training
   Documentation is required.
   Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the home health agency.
   Note 2: Organizations are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.

EM.16.01.01

The organization plans and conducts exercises to test its emergency operations plan and response procedures.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing emergency exercises.

Element(s) of Performance for EM.16.01.01

1. The organization describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan. The planned exercises are based on the following:
   - Likely emergencies or disaster scenarios
   - Emergency operations plan and policies and procedures
   - After-action reports (AAR) and improvement plans
   - The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security)
   Note 1: The planned exercises should attempt to stress the limits of its emergency response procedures in order to assess how prepared the organization may be if a real event or disaster were to occur based on past experiences.
   Note 2: An AAR is a detailed critical summary or analysis of an emergency or disaster incident, including both planned and unplanned events. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

2. For hospices providing inpatient care in their own facilities: The organization is required to conduct two exercises per year to test the emergency operations plan.
   - One of the annual exercises must consist of an operations-based exercise as follows:
     - Full-scale, community-based exercise; or
     - Functional, facility-based exercise when a community-based exercise is not possible
   - The other annual exercise must consist of either an operations-based or discussion-based exercise as follows:
     - Full-scale, community-based exercise; or
     - Functional, facility-based exercise; or
     - Mock disaster drill; or
     - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports).
   Note 1: The organization would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the organization provides documentation that it activated its emergency operations plan.
   Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.

4. The organization is required to conduct one exercise per year to test the emergency operations plan.
   - One year, the annual exercise must consist of an operations-based exercise as follows:
     - Full-scale, community-based exercise; or
     - Functional, facility-based exercise when a community-based exercise is not possible
   - The other year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows:
     - Mock disaster drill; or
     - Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports).
   Note 1: The organization would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the organization provides documentation that it activated its emergency operations plan.
   Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.

EM.17.01.01

The organization evaluates its emergency management program, emergency operations plan, and continuity of operations plans.

Element(s) of Performance for EM.17.01.01

1. The organization's committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AAR), identifies opportunities for improvement, and recommends actions to take to improve the emergency management program. The AARs and improvement plans are documented.
   Note 1: The review and evaluation address the effectiveness of the organization's emergency response procedure, continuity of operations plans (if activated), training and exercise programs, evacuation procedures, surge response procedures, and activities related to communications, resources and assets, security, staff, utilities, and patients.
   Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

2. The after-action reports, identified opportunities for improvement, and recommended actions to improve the emergency management program are forwarded to leadership for review.

3. The organization reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:
    - Hazard vulnerability analysis
    - Emergency management program
    - Emergency operations plan, policies, and procedures
    - Communications plan
    - Continuity of operations plan
    - Education and training program
    - Testing program