

Prepublication Requirements

• Issued December 20, 2023 •



New Emergency Management (EM) Requirements for Rural Health Clinics

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition®*), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives®*. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE AMBULATORY HEALTH CARE ACCREDITATION PROGRAM

Effective July 1, 2024

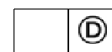
Emergency Management (EM) Chapter

EM.02.01.01

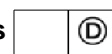
For rural health clinics: The organization has an Emergency Management Plan.

Element(s) of Performance for EM.02.01.01

2. For rural health clinics: The organization establishes and maintains a comprehensive emergency preparedness program that includes the following:
- Emergency preparedness plan
 - Communication plan
 - Emergency preparedness policies and procedures
 - Training and testing program

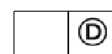


20. For rural health clinics: The organization establishes and maintains an emergency preparedness plan and communication plan. The emergency preparedness plan and communication plan are reviewed and updated at least every two years.



Note: If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated emergency preparedness plan and communication plan need to meet the above requirements.

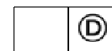
23. For rural health clinics: The organization develops and implements an emergency preparedness plan that is based on a documented, facility-based, and community-based risk assessment that utilizes an all-hazards approach.



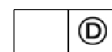
Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

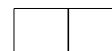
24. For rural health clinics: The organization's emergency preparedness plan addresses the following:
- Strategies for addressing emergency events identified by the risk assessment
 - The patient population served, including at-risk populations
 - The type of services the organization has the ability to provide in an emergency
 - Continuity of operations, including delegations of authority and succession plans
 - Process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation
- Note: If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated emergency preparedness plan needs to meet the above requirements.



25. For rural health clinics: The organization develops and implements emergency preparedness policies and procedures based on its emergency plan, including the risk assessment, and communication plan. These policies and procedures are reviewed and updated at least every two years.
- Note: If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated policies and procedures need to meet the above requirements.



27. For rural health clinics: The organization complies with all applicable federal, state, and local emergency preparedness laws and regulations.

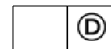


EM.02.02.01

For rural health clinics: As part of its Emergency Management Plan, the organization prepares for how it will communicate during emergencies.

Element(s) of Performance for EM.02.02.01

32. For rural health clinics: The organization develops an emergency preparedness communication plan that includes the following:
- Names and contact information for staff, entities providing services under arrangement, patients' physicians, other rural health clinics, and volunteers
 - Contact information for federal, state, tribal, regional, and local emergency preparedness staff, and other sources of assistance
 - Primary and alternate means for communicating with rural health clinic staff and federal, state, tribal, regional, and local emergency management agencies
 - A means of providing information about the general condition and location of patients under the clinic's care as permitted under 45 CFR 164.510(b)(4)
 - A means of providing information to the authority having jurisdiction, the US Department of Health and Human Services' Office of Incident Command and Control, or a designee about the rural health clinic's needs and ability to provide assistance
- Note:** If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated communication plan needs to meet the above requirements.

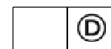


EM.02.02.07

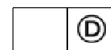
For rural health clinics: As part of its Emergency Management Plan, the organization prepares for how it will manage staff during an emergency.

Element(s) of Performance for EM.02.02.07

20. For rural health clinics: The organization's emergency preparedness training program includes the following:
- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers consistent with their expected roles
 - Emergency preparedness training at least every two years
 - Demonstration of staff knowledge of emergency procedures
 - Training when policies and procedures are significantly updated
- This training is documented.
- Note:** If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated training program needs to meet the above requirements.



21. For rural health clinics: The organization develops and maintains an emergency preparedness training and testing program that is based on its emergency plan, including the risk assessment; policies and procedures; and communication plan. The training and testing program is reviewed and updated at least every two years.
- Note:** If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated training and testing program needs to meet the above requirements.

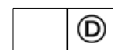


EM.02.02.11

For rural health clinics: As part of its Emergency Management Plan, the organization prepares for how it will manage patients during emergencies.

Element(s) of Performance for EM.02.02.11

16. For rural health clinics: The organization's emergency preparedness policies and procedures address the following:
- Safe evacuation includes appropriate placement of exit signs; staff responsibilities and needs of the patients
 - A means to shelter in place for patients, staff, and volunteers who remain in the facility
 - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records
 - The use of volunteers in an emergency or other emergency staffing strategies, including the roles and process for integration of state and federally designated health care professionals, to address surge needs during an emergency
- Note: If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated emergency policies and procedures need to meet the above requirements.

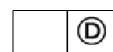


EM.03.01.03

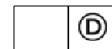
For rural health clinics: The organization evaluates the effectiveness of its Emergency Management Plan.

Element(s) of Performance for EM.03.01.03

3. For rural health clinics: The organization conducts an exercise to test the emergency plan at least annually. The organization is required to conduct either one community-based, full-scale exercise if available, or a facility-based, functional exercise, every other year. In the opposite year, the organization's annual exercise includes, but is not limited to, one of the following:
- A second community-based, full-scale exercise
 - A second facility-based, functional exercise
 - Mock disaster drill
 - Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
- Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required community-based, full-scale exercise or facility-based, functional exercise following the onset of the emergency event.
- Note 2: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.
- Note 3: If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated testing program needs to meet the above requirements.



21. For rural health clinics: The organization analyzes and documents its responses to all drills, tabletop exercises, and emergency events. The organization revises its emergency plan as needed.



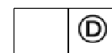
Note: If the organization is part of a health care system that elects to have a unified and integrated emergency preparedness program, the integrated testing program needs to meet the above requirements.

EM.04.01.01

For rural health clinics: If the organization is part of a health care system that has an integrated emergency preparedness program and it chooses to participate in the integrated emergency preparedness program, the organization participates in planning, preparedness, and response activities with the system.

Element(s) of Performance for EM.04.01.01

1. For rural health clinics: If the organization is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program and the organization chooses to participate in the health care system's emergency preparedness program, the following must be demonstrated within the coordinated emergency preparedness program:
- Active participation in the development of the unified and integrated emergency preparedness program by each separately certified facility within the system
 - Program development and maintenance that takes into account each separately certified facility's unique circumstances, patient population, and services offered
 - Capability by each separately certified facility of actively using and complying with the unified and integrated emergency preparedness 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 rural health clinic within the health system
 - Unified and integrated emergency plan
 - Integrated policies and procedures
 - Coordinated communication plan
 - Training and testing program



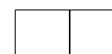
Information Management (IM) Chapter


IM.01.01.03


The organization plans for continuity of its information management processes.

Element(s) of Performance for IM.01.01.03

6. For rural health clinics and federally qualified health centers: The organization implements a system of medical documentation that preserves patient information during an emergency.



Key:  indicates that documentation is required;

 indicates an identified risk area;