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 OFFICE BASED SURGERY ACCREDITATION PROGRAM**

**Effective July 1, 2024**

**Emergency Management (EM) Chapter**

**EM.10.01.01**

The practice’s leader(s) provides oversight and support of emergency management activities.

**Element(s) of Performance for EM.10.01.01**

1. The practice’s leader(s) provides oversight and support of emergency management activities. Note: Ways in which the leader(s) provide oversight and support may include allocating resources; planning and reviewing policies and procedures; and other activities that support emergency management activities.

2. The practice’s leader(s) identifies an individual(s) who will develop and maintain the emergency operations plan, coordinate emergency management education and training, and conduct exercises to test the emergency operations plan and response procedures. Note: The practice determines what education, training, and experience in emergency management qualifies the individual who leads the program.

**EM.11.01.01**

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

**Element(s) of Performance for EM.11.01.01**
1. The practice conducts a hazard vulnerability analysis (HVA) using an all-hazards approach. The HVA identifies hazards that could occur at the practice and in the community where the practice is located. The HVA is documented. 
   Note: The HVA considers internal hazards (such as a loss of utilities or power), hazards likely to occur in the geographical area (such as weather events), and hazards related to the practice’s specific location within the community.

3. The practice 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 practice and its ability to provide services. The findings are documented.

4. The practice uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to reduce disruption of services or functions. 
   Note: Mitigation activities may include reviewing agreements with other health care facilities, reviewing emergency supplies on hand, and planning how to protect medical records or how to back-up electronic records.

**EM.12.01.01**

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

**Element(s) of Performance for EM.12.01.01**

1. The practice has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following:
   - Communications plan
   - Maintaining, expending, decreasing, or closing operations
   - Sheltering in place
   - Evacuating
   - Safety and security

**EM.12.02.01**

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

**Element(s) of Performance for EM.12.02.01**

Key: D indicates that documentation is required; R indicates an identified risk area;
2. The practice’s communications plan describes how it will communicate during an emergency or disaster incident to the following individuals:
- Staff
- Patients or surrogate decision-makers
- Community partners (such as fire department, emergency medical services, police)
Note: The practice should consider phone trees or other methods of rapidly communicating with staff in the event of an emergency or disaster incident and methods for communicating with patients to cancel procedures when necessary.

**EM.12.02.05**

The practice has a plan for providing patient care and clinical support during an emergency or disaster incident.
Note: The practice 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 practice’s plan for providing patient care and clinical support includes written procedures on how it will share patient care information and medical documentation and how it will provide transportation to other health care facilities if patients require ongoing medical attention that the practice can no longer provide during an emergency or disaster incident.
Note: The sharing of patient care information and medical documentation is in accordance with law and regulation.

**EM.12.02.07**

The practice has a plan for safety and security measures to take during an emergency or disaster incident.
Note: The practice 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**

1. The practice has a plan for safety and security measures to take during an emergency or disaster incident (such as identifying a location to shelter in place during severe weather).

**EM.14.01.01**

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

**Element(s) of Performance for EM.14.01.01**

Key: □ indicates that documentation is required; □ indicates an identified risk area;
1. The practice has a written disaster recovery plan that describes strategies, actions, and individual responsibilities necessary to restore the practice's care, treatment, or services after an emergency or disaster incident.

EM.15.01.01

The practice provides emergency management education and training.
Note: The practice considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.

Element(s) of Performance for EM.15.01.01

2. The practice provides initial and ongoing education and training in emergency management that is consistent with staff roles and responsibilities in an emergency. The education and training include but are not limited to the following:
- Communications plan
- Emergency operations plan, policies, and procedures
- Evacuation and shelter-in-place
Documentation is required.

EM.16.01.01

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

Element(s) of Performance for EM.16.01.01

5. The practice is required to conduct one exercise per year to test the emergency operations plan. Exercises and actual emergency or disaster incidents are documented.
Note: The annual exercise may be either an operations-based (full-scale or functional) or a discussion-based exercise (such as a mock disaster drill, tabletop, seminar, or workshop). See the Glossary for the definitions of operations-based and discussion-based exercises.

EM.17.01.01

The practice evaluates and revises its emergency operations plan.

Element(s) of Performance for EM.17.01.01

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
3. The practice reviews and makes necessary updates to the following items every two years, or more frequently if necessary:
   - Hazard vulnerability analysis
   - Emergency operations plan, policies, and procedures
   - Communications plan