

Prepublication Requirements

• Issued June 19, 2020 •



Emergency Management Standard EM.03.01.03 Revisions

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 AMBULATORY HEALTH CARE ACCREDITATION PROGRAMS

Effective January 1, 2021

Emergency Management (EM) Chapter

EM.03.01.03

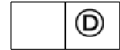
The organization evaluates the effectiveness of its Emergency Management Plan.

Element(s) of Performance for EM.03.01.03

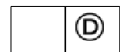
- | | |
|--|---|
| <p>1. As an emergency response exercise, the organization activates its Emergency Management Plan twice a year at each site included in the plan.
 Note 1: If the organization activates its Emergency Management Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.
 Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code *) that do not offer emergency services nor are community designated as disaster receiving stations need to conduct only one emergency management exercise annually.
 Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.
 Footnote *: The Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA. Refer to NFPA 101-2012 for occupancy classifications.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>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.</p> | <input type="checkbox"/> <input type="checkbox"/> |

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

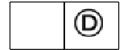
3. ~~For ambulatory surgical centers that elect to use The Joint Commission deemed status option:~~ The organization conducts an exercise to test the emergency plan at least annually. The organization is required to conduct either one community-based, full-scale exercise if available, or a facility-based, 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 full-scale, community-based 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 full-scale, community-based 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.



3. **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 full-scale, community-based 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 full-scale, community-based 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.**



20. ~~For rural health clinics and federally qualified health centers: 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 full-scale, community-based 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 full-scale, community-based 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.~~