

Prepublication Requirements

• Issued December 17, 2021 •



New and Revised Emergency Management Standards

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 HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2022

Environment of Care (EC) Chapter

EC.02.05.07

The hospital inspects, tests, and maintains emergency power systems.

Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element(s) of Performance for EC.02.05.07

11. The hospital meets all other emergency power system requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.

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EC.02.06.05

The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

Element(s) of Performance for EC.02.06.05

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

1. When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:
- State rules and regulations
 - Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute
- When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.

1. **When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:**
- **State rules and regulations**
 - **Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute**
- When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.**
- Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The emergency generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110-2010 when a new structure is built or when an existing structure or building is renovated.**

Emergency Management (EM) Chapter

EM.01.01.01

The hospital engages in planning activities prior to developing its written Emergency Operations Plan.

Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made (for example, an electrical system failure or cyberattack) or natural (for example, a tornado or an infectious disease outbreak such as Ebola, Zika, influenza), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

Element(s) of Performance for EM.01.01.01

4. The hospital's leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.

Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

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.
 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.
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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.
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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 review of its Emergency Operations Plan, which occurs at least every two years and whenever its needs or vulnerabilities change.
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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.
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6. The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources.

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

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.

8. The hospital keeps a documented inventory of the resources and assets it has on-site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets. R □

EM.02.01.01

The hospital has an Emergency Operations Plan.

Note: The hospital's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

Element(s) of Performance for EM.02.01.01

1. The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan. R □

2. The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. R □
- 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

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

3. The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.
 Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.

4. The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.

5. The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of an emergency, including under what circumstances these phases are activated.
 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.

6. The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.

7. The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the hospital's patients during emergencies.

8. If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for its patients.

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

12. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The Emergency Operations Plan includes a continuity of operations strategy that covers the following:~~

- ~~–A succession plan that lists who replaces key leaders during an emergency if a leader is not available to carry out their duties~~
- ~~–A delegation of authority plan that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation~~

~~Note: A continuity of operations strategy is an essential component of emergency management planning. The goal of emergency management planning is to provide care to individuals who are incapacitated by emergencies in the community or in the organization. A continuity of operations strategy focuses on the organization, with the goal of protecting the organization's physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption or damage so that it can continue to function throughout or shortly after an emergency. When the organization itself becomes, or is at risk of becoming, a victim of an emergency (power failure, fire, flood, bomb threat, and so forth), it is the continuity of operations strategy that provides the resilience to respond and recover.~~

13. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital has one or more transplant programs (see Glossary), the following must occur:~~

- ~~–A representative from each transplant program must be included in the development and maintenance of the hospital's emergency preparedness program~~
- ~~–The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the organ procurement organization (OPO) for the donation service area where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency~~

14. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a procedure for requesting an 1135 waiver for care and treatment at an alternative care site.~~

~~Note: During disasters, organizations may need to request 1135 waivers to address care and treatment at an alternate care site identified by emergency management officials. The 1135 waivers are granted by the federal government during declared public health emergencies; these waivers authorize modification of certain federal regulatory requirements (for example, Medicare, Medicaid, Children's Health Insurance Program, Health Insurance Portability and Accountability Act) for a defined time period during response and recovery.~~

15. ~~The Emergency Operations Plan describes a means to shelter patients, staff, and volunteers on site who remain in the facility.~~

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16. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has one or more emergency management policies based on the emergency plan, risk assessment, and communication plan. Procedures guiding implementation are defined in the emergency management plan, continuity of operations plan, and other preparedness and response protocols. Policy and procedure documents are reviewed and updated at least every two years; the format of these documents is at the discretion of the hospital.~~

EM.02.02.01

As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.

Element(s) of Performance for EM.02.02.01

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

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.~~

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

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

5. ~~The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.~~

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

7. ~~The Emergency Operations Plan describes the following: How the hospital will communicate with suppliers of essential services, equipment, and supplies during an emergency.~~

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

8. ~~The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.~~

9. ~~The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.~~

10. ~~The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.~~

11. ~~The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.~~

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]).~~

13. ~~The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.~~

14. ~~The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1–13.~~

17. ~~The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.~~

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

20. For hospitals that use Joint Commission accreditation for deemed status purposes: As part of its communication plan, the hospital maintains the names and contact information of the following:
- Staff
 - Physicians
 - Other hospitals and critical access hospitals
 - Volunteers
 - Entities providing services under arrangement
 - Relevant federal, state, tribal, regional, and local emergency preparedness staff
 - Other sources of assistance

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21. For hospitals that use Joint Commission accreditation for deemed status purposes: The Emergency Operations Plan describes the following:
- Process for communicating information about the general condition and location of patients under the organization’s care to public and private entities assisting with disaster relief
 - Process, in the event of an evacuation, to release patient information to family, patient representative, or others responsible for the care of the patient
- Note: These processes are consistent with privacy and disclosure requirements specified under 45 CFR 164.510(b)(1)(ii) and 45 CFR 164.510(b)(4).

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22. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a process for cooperation and collaboration with the local, state, tribal, regional, and federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation.

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EM.02.02.03

As part of its Emergency Operations Plan, the hospital prepares for how it will manage resources and assets during emergencies:

Element(s) of Performance for EM.02.02.03

1. The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.
2. The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.

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Key: **D** indicates that documentation is required;

R indicates an identified risk area;

3. The Emergency Operations Plan describes the following: How the hospital will obtain and replenish nonmedical supplies (including food, bedding, and other provisions consistent with the hospital's plan for sheltering on site) that will be required throughout the response and recovery phases of an emergency.

4. The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations within the community, if necessary.
Note: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, medical equipment, and supplies.

5. The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations outside the community, if necessary, in the event of a regional or prolonged disaster.
Note: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, medical equipment, and supplies.

6. The Emergency Operations Plan describes the following: How the hospital will monitor quantities of its resources and assets during an emergency.

9. The Emergency Operations Plan describes the following: The hospital's arrangements for transporting some or all patients; their medications, supplies, and equipment; and staff to an alternative care site(s) when the environment cannot support care, treatment, and services.

10. The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication related information, with patients moving to alternative care sites.

12. The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.

EM.02.02.05

As part of its Emergency Operations Plan, the hospital prepares for how it will manage security and safety during an emergency.

Element(s) of Performance for EM.02.02.05

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

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| 1. The Emergency Operations Plan describes the following: The hospital's arrangements for internal security and safety. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 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. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 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). | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 4. The Emergency Operations Plan describes the following: How the hospital will manage hazardous materials and waste. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 5. The Emergency Operations Plan describes the following: How the hospital will provide for radioactive, biological, and chemical isolation and decontamination. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 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. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 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. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 9. The Emergency Operations Plan describes the following: The hospital's arrangements for controlling vehicles that access the health care facility during an emergency. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| 10. The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency. | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |

EM.02.02.07

As part of its Emergency Operations Plan, the hospital prepares for how it will manage staff during an emergency.

Element(s) of Performance for EM.02.02.07

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

- 2. ~~The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management and evacuation during an emergency.~~
- 3. ~~The Emergency Operations Plan describes the following: The process for assigning staff to all essential staff functions.~~
- 4. ~~The Emergency Operations Plan identifies the individual(s) to whom staff report in the hospital's incident command structure.~~
- 5. ~~The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, incident stress debriefing).~~
- 6. ~~The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care, pet care, communication).~~
- 7. ~~The hospital trains staff for their assigned emergency response roles.~~
- 8. ~~The hospital communicates, in writing, with each of its licensed independent practitioners regarding the practitioner's role(s) in emergency response and to whom the practitioner reports during an emergency.~~
- 9. ~~The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.
Note: This identification could include identification cards, wristbands, vests, hats, or badges.~~
- 10. ~~The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.~~
- 11. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a system to track the location of on-duty staff during an emergency.~~

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

13. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals:~~

- ~~–Initial training~~
- ~~–At least every two years~~
- ~~–When roles or responsibilities change~~
- ~~–When policies and procedures are significantly updated~~

~~This training is documented.~~
~~Note: 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 organization.~~

14. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The Emergency Operations Plan describes the use of volunteers in an emergency, including emergency staffing strategies, such as the role and process for integration of state or federally designated health care professionals to address surge needs during an emergency.~~

21. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has an emergency preparedness training program based on its Emergency Operations Plan. This training program is reviewed and updated at least every two years.~~

EM.02.02.09

As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.

Element(s) of Performance for EM.02.02.09

2. ~~As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity and lighting.~~

3. ~~As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities.~~

4. ~~As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.~~

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

5. As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.

6. As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.

7. As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).
 Note: The essential utility systems include mechanisms for maintaining temperatures at a level that protect patient health and safety and the safe and sanitary storage of provisions.

8. The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

9. For hospitals that use Joint Commission accreditation for deemed status purposes: The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, TIA 12-6); Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, TIA 12-4); and NFPA 110, when a new structure is built or when an existing structure or building is renovated.

EM.02.02.11

As part of its Emergency Operations Plan, the hospital prepares for how it will manage patients during emergencies.

Element(s) of Performance for EM.02.02.11

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.

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.

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

4. ~~The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.~~

5. ~~The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.~~

6. ~~The Emergency Operations Plan describes the following: How the hospital will manage its patients' mental health service needs that occur during an emergency.~~

7. ~~The Emergency Operations Plan describes the following: How the hospital will manage mortuary services.~~

8. ~~The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.~~

11. ~~The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.~~

12. ~~For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a system to track the location of patients sheltered on site during an emergency. This system includes documentation of the name and location of the receiving facility or alternate site in the event a patient is relocated during the emergency.
Note: The name and location of receiving facilities or alternate sites may be defined in the emergency management plan, formal transfer agreements, or other accessible documents.~~

EM.02.02.13

~~During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.
Note: A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.~~

Element(s) of Performance for EM.02.02.13

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

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| <p>1. The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>3. The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>4. The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, medical record review).</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>5. Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains the volunteer practitioner's valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:</p> <ul style="list-style-type: none"> –A current picture identification card from a health care organization that clearly identifies professional designation –A current license to practice –Primary source verification of licensure –Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group –Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances –Confirmation by a licensed independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <p>6. During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>7. Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.</p> | <input type="checkbox"/> <input type="checkbox"/> |

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

8. ~~Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner arrives at the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:~~
- ~~–Reason(s) it could not be performed within 72 hours of the practitioner's arrival~~
 - ~~–Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services~~
 - ~~–Evidence of the hospital's attempt to perform primary source verification as soon as possible~~

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9. ~~If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.~~
~~Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.~~

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EM.02.02.15

During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.

Element(s) of Performance for EM.02.02.15

1. ~~The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.~~
2. ~~The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.~~
3. ~~The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff.~~

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Key: **D** indicates that documentation is required;

R indicates an identified risk area;

4. The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and medical record review. □ □

5. Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains the volunteer practitioner's valid government-issued photo identification (for example, a driver's license or passport) and one of the following: R □

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license, certification, or registration
- Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice)
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
- Confirmation by hospital staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster

6. During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner. □ □

7. Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue. □ □

8. Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner arrives at the hospital, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the hospital documents all of the following: □ □

- Reason(s) it could not be performed within 72 hours of the practitioner's arrival
- Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services
- Evidence of the hospital's attempt to perform primary source verification as soon as possible

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

9. ~~If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.~~
~~Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under their assigned disaster responsibilities.~~

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EM.03.01.01

The hospital evaluates the effectiveness of its emergency management planning activities.

Element(s) of Performance for EM.03.01.01

1. ~~The hospital conducts a review at least every two years of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis (HVA). The findings of this review are documented.~~
2. ~~The hospital conducts a review at least every two years of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.~~
3. ~~The hospital conducts an annual review of its inventory. The findings of this review are documented.~~
4. ~~At least every two years, the emergency management planning reviews are forwarded to senior hospital leadership for review.~~
~~Note: Senior hospital leadership refers to those leaders with responsibility for organizationwide strategic planning and budgets (vice presidents and officers). The hospital may determine that all senior hospital leaders participate in reviewing emergency management reviews, or it may designate specific senior hospital leaders to review this information.~~

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EM.03.01.03

The hospital evaluates the effectiveness of its Emergency Operations Plan.

Element(s) of Performance for EM.03.01.03

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

3. The hospital conducts exercises to test the emergency plan at least twice per year.

The first annual exercise is selected from one of the following:

- ~~–A full scale, community-based exercise~~
- ~~–When a community-based exercise is not possible, a facility-based, functional exercise~~

The second 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 hospital experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the hospital 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.~~

~~Note 3: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code) that do not offer emergency services and are not community-designated disaster-receiving stations need to conduct only one emergency management exercise annually.~~

5. Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.

6. The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.

~~Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital.~~

~~Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.~~

7. During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.

8. During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.

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

9. ~~During emergency response exercises, the hospital monitors its management of the following: Safety and security.~~

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

11. ~~During emergency response exercises, the hospital monitors its management of the following: Utility systems.~~

12. ~~During emergency response exercises, the hospital monitors its management of the following: Patient clinical and support care activities.~~

13. ~~Based on all monitoring activities and observations, including relevant input from all levels of staff affected, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).~~

14. ~~The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.~~

15. ~~The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues and to senior hospital leadership.~~

16. ~~The hospital modifies its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies.
Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.~~

17. ~~Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.~~

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

EM.04.01.01

For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital 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 hospital participates in planning, preparedness, and response activities with the system.

Element(s) of Performance for EM.04.01.01

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| <p>4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital demonstrates its participation in the development of its system's integrated emergency preparedness program through the following:</p> <ul style="list-style-type: none"> –Designation of a staff member(s) who will collaborate with the system in developing the program –Documentation that the hospital has reviewed the community-based risk assessment developed by the system's integrated all-hazards emergency management program –Documentation that the hospital's individual risk assessment is incorporated into the system's integrated program –Documentation that the hospital's patient population, services offered, and any unique circumstances of the hospital are reflected in the system's integrated program –Documentation of an integrated communication plan, including information on key contacts in the system's integrated program –Documentation that the hospital participates in the review at least every two years of the system's integrated program | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has implemented communication procedures for emergency planning and response activities in coordination with the system's integrated emergency preparedness program.</p> | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>3. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's integrated emergency management policies, procedures, or plans address the following:</p> <ul style="list-style-type: none"> –Identification of the hospital's emergency preparedness, response, and recovery activities that can be coordinated with the system's integrated program (for example, acquiring or storing clinical supplies, assigning staff to the local health care coalition to create joint training protocols, and so forth) –The hospital's communication and/or collaboration with local, tribal, regional, state, or federal emergency preparedness officials through the system's integrated program –Coordination of continuity of operations planning with the system's integrated program –Plans and procedures for integrated training and exercise activities with the system's integrated program | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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EM.09.01.01

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

Element(s) of Performance for EM.09.01.01

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

1. The hospital has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following: ☐ ☐ (D)
- 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 hospital 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: ☐ ☐ (D)
- Each separately certified hospital 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 hospital's unique circumstances, patient population, and services offered
 - Each separately certified hospital 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 hospital within the health system
 - Unified and integrated emergency plan
 - Integrated policies and procedures
 - Coordinated communication plan
 - Training and testing program

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

4. For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital has one or more transplant programs the following must occur: ☐ ☐ (D)
- A representative from each transplant program must be included in the development and maintenance of the hospital's emergency preparedness program
 - The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the organ procurement organization (OPO) for the donation service area where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

EM.10.01.01

Hospital leadership provides oversight and support of the emergency management program.

Element(s) of Performance for EM.10.01.01

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| <p>1. The hospital's senior leaders provide oversight and support for the following emergency management program activities:</p> <ul style="list-style-type: none"> - 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 <p>Note 1: The hospital defines who the member(s) of the senior leadership group are as well as their roles and responsibilities for EM-related activities.</p> <p>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. (See also LD.01.03.01, EP 5)</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>2. The hospital's senior leaders identify a qualified individual to lead the emergency management program who has defined responsibilities, including, but not limited to, the following:</p> <ul style="list-style-type: none"> - Develops and maintains the emergency operations plan and policies and procedures - Implementation of the four phases of emergency management (mitigation, preparedness, response, and recovery) - Implementation of emergency management activities across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities) - Coordinates the emergency management exercises and develops after-action reports - Collaboration across clinical and operational areas to implement organizationwide emergency management - Identification of and collaboration with community response partners <p>Note: Education, training, and experience in emergency management should be taken into account when considering the qualifications of the individual who leads the program.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>3. The hospital has a multidisciplinary committee that oversees the emergency management program. The committee includes the emergency program lead and other participants identified by the hospital; meeting frequency, goals, and responsibilities are defined by the committee.</p> <p>Note 1: Other multidisciplinary committee participants may include representatives from senior leadership, nursing services, medical staff, pharmacy services, infection prevention and control, facilities engineering, security, and information technology.</p> <p>Note 2: The multidisciplinary committee that oversees the emergency management program may be incorporated into an existing committee.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

4. The multidisciplinary committee provides input and assists in the coordination of the preparation, development, implementation, evaluation, and maintenance of the hospital'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.

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EM.11.01.01

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

Element(s) of Performance for EM.11.01.01

1. The hospital conducts a facility-based hazard vulnerability analysis (HVA) using an all-hazards approach that includes the following:
- Hazards that are likely to impact the hospital'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.

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2. The hospital's all-hazards vulnerability analysis includes the following:
- Natural hazards (such as flooding, wildfires)
 - Human-caused hazards (such as bomb threats 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)

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

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

4. The hospital uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the hospital and helps reduce disruption of essential services or functions.

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EM.12.01.01

The hospital develops an emergency operations plan based on an all-hazards approach.

Note: The hospital 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 hospital 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:
- Mobilizing incident command
 - 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

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2. The hospital'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 the elderly, dialysis patients, 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.

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3. The hospital'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 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation.

Note 2: Safe evacuation from the hospital includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation.

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

4. The emergency operations plan includes written procedures for how the hospital 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: D

- Food and other nutritional supplies
- Medications and related supplies
- Medical/surgical supplies
- Medical oxygen and supplies
- Potable or bottled water

5. The hospital's incident command structure describes the overall incident command operations, including specific incident command roles and responsibilities. The incident command structure is flexible and scalable to respond to varying types and degrees of emergencies or disaster incidents. D

Note: The incident command structure may include facilities, equipment, staff, procedures, and communications within a defined organizational structure.

6. The hospital's emergency operations plan includes a process for cooperating and collaborating with other health care facilities; health care coalitions; and local, tribal, regional, state, and federal emergency preparedness officials' efforts to leverage support and resources and to provide an integrated response during an emergency or disaster incident.

7. The hospital identifies the individual(s) who has the authority to activate the hospital's emergency operations plan and/or the hospital's incident command.

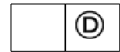
8. The hospital identifies its primary and alternate sites for incident command operations and determines how it will maintain and support operations at these sites.

Note 1: Alternate command center sites may include the use of virtual command centers.

Note 2: Maintaining and supporting operations at alternate sites include having appropriate supplies, resources, communications, and information technology capabilities.

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

9. The hospital must develop and implement emergency preparedness policies and procedures that address the role of the hospital 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 1: This element of performance is applicable only to hospitals that receive Medicare, Medicaid, or Children’s Health Insurance Program reimbursement.
- Note 2: 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.



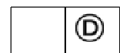
EM.12.02.01

The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency.

Note: The hospital 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 hospital 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:
- 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 (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 hospital's communications plan describes how it will establish and maintain communications in order to deliver coordinated messages and information during an emergency or disaster incident to the following individuals: ☐ (D)

- Staff, licensed practitioners, and volunteers (including individuals providing care at alternate sites)
- Patients and family members, including people with disabilities and other access and functional needs
- Community partners (such as, fire department, emergency medical services, police, public health department)
- Relevant authorities (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 hospital's communication plan describes how the hospital will communicate with and report information about its organizational needs, available occupancy, and ability to provide assistance to relevant authorities. ☐ (D)

Note: Examples of hospital needs include shortages in personal protective equipment, staffing shortages, evacuation or transfer of patients, and temporary loss of part or all organization function.

4. The emergency response communications plan identifies the hospital's warning and notification alerts specific to emergency and disaster events and the procedures to follow when an emergency or disaster incident occurs. ☐ (D)

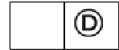
5. In the event of an emergency or evacuation, the hospital's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the hospital's care to the following individuals or entities, in accordance with law and regulation: ☐ (D)

- Patient's family, representative, or others involved in the care of the patient
- Disaster relief organizations and relevant authorities
- Other health care providers

Note: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).

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

6. The hospital’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
 - Verifying that its communications systems are compatible with those of community partners and relevant authorities the hospital plans to communicate with
 - Testing the functionality of the hospital’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.



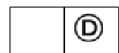
EM.12.02.03

The hospital has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.

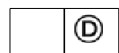
Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan.

Element(s) of Performance for EM.12.02.03

1. The hospital develops a staffing plan for managing all staff and volunteers 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, physicians, and other licensed practitioners
 - Acquiring staff, physicians, and other licensed practitioners from its other health care facilities
 - Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deployed as part of the disaster medical assistance teams
- Note: If the hospital determines that it will never use volunteers during disasters, this is documented in its plan.



2. The hospital'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



4. The hospital's staffing plan describes in writing how it will manage volunteer licensed practitioners when the Emergency Operations Plan has been activated and the hospital is unable to meet its patient needs. The hospital does the following: ☐ (D)
- Verifies and documents the identity of all volunteer licensed practitioners
 - Primary source verification of licensure is completed as soon as the immediate situation is under control or within 72 hours from the time the volunteer licensed practitioner presents to the organization
 - Provides oversight of the care, treatment, and services provided by volunteer licensed practitioners
- Note: If primary source verification of licensure cannot be completed within 72 hours, the hospital documents the reason(s) it could not be performed.

5. The hospital identifies the individual(s) responsible for granting disaster privileges to volunteer physicians and other licensed practitioners (such as APRNs and PAs) and has a process for granting these privileges. This is documented in the medical staff bylaws, rules and regulations, or policies and procedures ☐ (D)

6. The emergency response staffing plan describes how it will provide employee assistance and support, which includes the following: ☐ (D)
- 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 hospital has a plan for providing patient care and clinical support during an emergency or disaster incident.

Note: The hospital 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 hospital's plan for providing patient care and clinical support includes written procedures and arrangements with other hospitals and providers for how it will share patient care information and medical documentation and how it will transfer patients to other health care facilities to maintain continuity of care. ☐ (D)
-
2. The hospital's plan for providing patient care and clinical support includes written procedures for managing individuals that may present during a disaster or emergency that are not in need of medical care (such as visitors). ☐ (D)

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

3. The hospital coordinates with the local medical examiner’s office; local mortuary services; and other local, regional, or state services when there is a surge of unidentified or deceased patients.

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EM.12.02.07

The hospital has a plan for safety and security measures to take during an emergency or disaster incident.
 Note: The hospital 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 hospital’s has a plan for safety and security measures. The plan describes the roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency and how the hospital will coordinate security activities with these agencies.

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2. The hospital’s plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltering-in-place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the hospital documents the specific name and location of the receiving facility or evacuation location.

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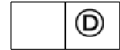
Note: Examples of systems used for tracking purposes include the use of established technology or tracking system(s) or taking head counts at defined intervals.

EM.12.02.09

The hospital has a plan for managing resources and assets during an emergency or disaster incident.
 Note: The hospital 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

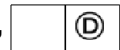
1. The hospital's plan for managing its resources and assets describes in writing how it will document, track, monitor, and locate the following resources (on-site and off-site inventories) and assets during and after an emergency or disaster incident:



- Medications and related supplies
- Medical/surgical supplies
- Medical gases including oxygen and supplies
- Potable or bottled water and nutrition
- Non-potable water
- Laboratory equipment and supplies
- Personal protective equipment
- Fuel for operations
- Equipment and nonmedical supplies to sustain operations

Note: The hospital should be aware of what resources and assets it has readily available and what resources and assets may be quickly depleted depending on the type of emergency or disaster incident.

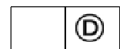
2. The hospital's plan for managing its resources and assets describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following:



- If part of a health care system, coordinating within the 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
- Managing donations (such as food, water, equipment, materials)

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).

3. The hospital's plan for managing its resources and assets describes in writing the actions the hospital will take to sustain the needs of the hospital for up to 96 hours based on calculations of current resource consumptions.



Note 1: Hospitals are not required to remain fully functional for 96 hours nor required to stockpile 96 hours' worth of supplies.

Note 2: The 96-hour time frame provides a framework for hospitals to evaluate their abilities to be self-sufficient for at least 96 hours. For example, if a hospital loses electricity and has back-up generators, the emergency response plan for resources and assets establishes how much fuel is on hand and how long those generators can be operated before determining next steps. The plan may also address conservation of resources and assets such as rationing existing resources, canceling noncritical procedures, or redirecting resources.

EM.12.02.11

The hospital has a plan for managing essential or critical utilities during an emergency or disaster incident.
 Note: The hospital 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

- | | | | |
|--|--|--|---|
| <p>1. The hospital’s plan for managing utilities describes in writing the utility systems that it considers as essential or critical to provide care, treatment, and services.
 Note: Essential or critical utilities to consider may include systems for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilating, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.</p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>2. The hospital’s plan for managing utilities describes in writing how it will continue to maintain essential or critical utility systems if one or more are impacted during an emergency or disaster incident.</p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
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| <p>3. The hospital’s plan for managing utilities describes in writing alternative means for providing essential or critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, emergency generators.</p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
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| <p>4. The hospital’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 hospitals 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 hospital considers partial or full evacuation or closure.</p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
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EM.13.01.01

The hospital has a continuity of operations plan.
 Note: The hospital 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

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

1. The hospital 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 hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations. D
Note: The COOP provides guidance on how the hospital 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 hospital'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. D
Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.

3. The hospital 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. D

4. The hospital has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the hospital for specified purposes and to carry out specific duties. D
Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the hospital 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 hospital has a disaster recovery plan.

Note: The hospital 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

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

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

2. The hospital's disaster recovery plan describes in writing how the hospital will address family reunification and coordinate with its local community partners to help locate and assist with the identification of adults and unaccompanied children. ☐ (D)

EM.15.01.01

The hospital has an emergency management education and training program.

Note: The hospital 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 hospital has a written education and training program in emergency management that is based on the hospital's prioritized risks identified as part of its hazard vulnerability analysis, the emergency operations plan, communication plan, and policies and procedures. ☐ (D)
- Note: If the hospital has developed multiple hazard vulnerability analyses based on the location of other services offered, the education and training for those facilities are specific to their needs.

2. The hospital provides initial education and training in emergency management to all new and existing staff, individuals providing services under arrangement, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following: ☐ (D)
- 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.

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

3. The hospital provides ongoing education and training to all staff, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency: D
- 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 organization.
- Note 2: Hospitals 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.

4. The hospital requires that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure. D
- Note: The hospital may choose to develop its own training, or it may require incident command staff to take an incident command–related course(s) such as those offered by the Federal Emergency Management Agency.

EM.16.01.01

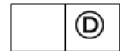
The hospital plans and conducts exercises to test its emergency operations plan and response procedures.
 Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing emergency exercises.

Element(s) of Performance for EM.16.01.01

1. The hospital 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: D
- 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 hospital 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.

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

2. The hospital is required to conduct two exercises per year to test the emergency operations plan.



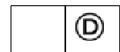
- One of the annual exercises must consist of an operations-based exercise as follows:
 - Full-scale, community-based exercise; or
 - Functional, facility-based exercise when a community-based exercise is not possible
- The other annual exercise must consist of either an operations-based or discussion-based 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 hospital 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 hospital provides documentation that it activated its emergency operations plan.

Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.

3. Each accredited freestanding outpatient care building that provides patient care, treatment, or services is required to conduct at least one operations-based or discussion-based exercise per year to test its emergency response procedures, if not conducted in conjunction with the hospital's emergency exercises.



Exercises and actual emergency or disaster incidents are documented.

EM.17.01.01

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

Element(s) of Performance for EM.17.01.01

1. The multidisciplinary 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. D
 The AARs and improvement plans are documented.
 Note 1: The review and evaluation addresses the effectiveness of its 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 senior hospital leadership for review.
 (See also LD.04.01.10, EP 2)

3. The hospital 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: D
 - Hazard vulnerability analysis
 - Emergency management program
 - Emergency operations plan, policies, and procedures
 - Communications plan
 - Continuity of operations plan
 - Education and training program
 - Testing program

Leadership (LD) Chapter

LD.04.01.10

Hospital leaders, including leaders of the organized medical staff, provide oversight for emergency management activities.

Hospital leaders provide oversight for emergency management activities.

Element(s) of Performance for LD.04.01.10

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

4. Leaders identify an individual to be accountable for the following:
- Staff implementation of the four phases of emergency management (mitigation, preparedness, response, and recovery)
 - Staff implementation of emergency management across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
 - Collaboration across clinical and operational areas to implement emergency management hospitalwide
 - Identification of and collaboration with community response partners
- Note: This role addresses matters of emergency management that are not within the responsibilities of the incident commander role.

