

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 48, December 20, 2024

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth. The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

New and Revised Emergency Management Standards for Assisted Living Community Programs

Effective **July 1, 2025**, new and revised emergency management requirements will apply to all Joint Commission-accredited assisted living community programs. The Joint Commission began conducting a critical analysis of its “Emergency Management” (EM) chapter in late 2019. During the height of the COVID-19 pandemic, The Joint Commission received numerous inquiries pertaining to emergency plans and response procedures. Based on the work already being performed on the EM chapter and the questions and issues that arose during the pandemic, the entire EM chapter has been restructured to provide a meaningful framework for a successful emergency management program. The changes in the EM chapter include a new numbering system, elimination of redundant requirements, and the addition of new requirements. This restructuring resulted in a reduction in the number of elements of performance by 28% in the EM chapter for the assisted living community program.

The prepublication version of the EM requirements will be available online until June 30, 2025. After July 1, 2025, please access the new requirements in the E-edition or standards manual.

Emergency Management (EM) Chapter

Requirement: Standard EM.10.01.01

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

Rationale for Standard EM.10.01.01

The organization’s leaders provide oversight in the development and implementation of the emergency management activities as they are responsible for maintaining safe operations during an emergency and often need to make significant and timely decisions. The identification of an individual to lead emergency management activities is also important to ensure that critical components are addressed in the mitigation, preparedness, response, and recovery phases and integrated throughout the organization.

References for Standard EM.10.01.01*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.11.01.01

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

Rationale for Standard EM.11.01.01

Organizations should continually evaluate their known risks and prioritize them to understand their vulnerabilities and prepare to respond to emergencies. The risk assessment includes an evaluation of the natural hazards, human-caused hazards, technological hazards, hazardous materials, and emerging infectious diseases that could pose a significant risk to a health care organization. The risks are prioritized to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services.

References for Standard EM.11.01.01*

- California Hospital Association. (2017). *Hazard vulnerability analysis*. Emergency Preparedness. <https://www.calhospitalprepare.org/hazard-vulnerability-analysis>
- Campbell, P., Trockman, S. J., & Walker, A. R. (2011). Strengthening hazard vulnerability analysis: results of recent research in Maine. *Public Health Reports*, 126(2), 290–293. <https://doi.org/10.1177/003335491112600222>
- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- Federal Emergency Management Agency. (2023, August). *Be prepared for any hazard*. U.S. Department of Homeland Security, Ready.gov. https://www.ready.gov/sites/default/files/2024-03/ready-gov_full-suite_hazard-info-sheets.pdf
- U.S. Department of Homeland Security. (2024, June). *Risk assessment*. Ready.gov. <https://www.ready.gov/business/planning/risk-assessment>
- U.S. Department of Homeland Security. (2024, February). *Risk mitigation*. Ready.gov. <https://www.ready.gov/business/planning/risk-mitigation>
- Szpytek, S. (2023). All hazards emergency management in assisted living communities. *Geriatric Nursing*, 51, 448-450. <https://doi.org/10.1016/j.gerinurse.2023.04.003>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.01.01

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

Note: The organization considers its prioritized hazards identified as part of its hazards vulnerability analysis when developing an emergency operations plan.

Rationale for Standard EM.12.01.01

A well-developed all-hazards emergency operations plan (EOP) guides the organization in responding to and recovering from a variety of emergency or disaster incidents. The EOP provides a management structure for the organization to operate under, staff activities to be carried out, and a description of how those activities should interact during an emergency. The EOP identifies what services the organization will continue to provide in the event of an emergency or disaster incident, as well as how the organization will cohesively and effectively work with its emergency management partners.

References for Standard EM.12.01.01*

- Administration for Community Living. (2024, March 25). *Emergency Preparedness*. <https://acl.gov/emergencypreparedness>
- American Health Care Association/National Center for Assisted Living Emergency Preparedness Committee. (n.d.). *Shelter in place: Planning resource guide for nursing homes*. https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/SIP_Guidebook_Final.pdf
- Centers for Disease Control and Prevention (CDC). (2015). *Planning for an emergency: Strategies for identifying and engaging at-risk groups: A guidance document for emergency managers*. U.S. Department of Health & Human Services. www.cdc.gov/disaster-epidemiology-and-response/media/pdfs/AtRiskGuidance.pdf

- Hua C.L., Patel S., Thomas K.S., et al. (2024). Evacuation and health care outcomes among assisted living residents after Hurricane Irma. *JAMA Network Open*, 7(4), e248572. <https://doi.org/10.1001/jamanetworkopen.2024.8572>
- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- U.S. Department of Homeland Security. (2023, December). *Emergency response plan*. Ready.gov. <https://www.ready.gov/business/emergency-plans/emergency-response-plan>
- U.S. Department of Homeland Security. (2024, June). *Incident management*. Ready.gov. <https://www.ready.gov/business/resources/incident-management>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.01

The organization has a communications plan that addresses how it will communicate during an emergency.

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

Rationale for Standard EM.12.02.01

An effective communications plan describes how and when the organization will communicate information to its staff, residents, and key stakeholders. The communications plan should account for the rapid evolution of an emergency or disaster and the need to consistently provide clear information regarding the emergency and the organization's ability to provide services both internally and externally. The resources and tools used for maintaining communications are a critical element of disaster preparedness.

References for Standard EM.12.02.01*

- Minnesota Department of Health. (2023, March). *Long-term care toolkit, Appendix C: Communications*. <https://www.health.state.mn.us/communities/ep/ltc/appendixc.html>
- U.S. Department of Homeland Security. (2023, September). *Crisis communications plans*. Ready.gov. <https://www.ready.gov/business/emergency-plans/crisis-communications-plans>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.03:

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

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

Rationale for Standard EM.12.02.03:

The organization's emergency staffing plan should be activated in response to an emergency or disaster when the organization is unable to meet or maintain the immediate needs of its residents. Organizations that anticipate staffing shortages, based on their prioritized risks, are better prepared to quickly obtain staff from within their health care system, from staffing agencies, or from federally deployed disaster medical assistance teams. Organizations should stand ready to adjust their staffing models to meet the needs of their staff; for example, the staffing plan may need to be adjusted to support staff's emotional and mental health needs during an emergency or disaster.

References for Standard EM.12.02.03: *

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.05

The organization has a plan for providing resident care and clinical support during an emergency or disaster incident.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for resident care and clinical support.

Rationale for Standard EM.12.02.05

A well-thought-out plan that maintains an organization's ability to provide critical services and quickly identify high-risk residents during emergencies or disasters can be a matter of life and death for the organization's residents. Planning for resident care and clinical support focuses on equipment and resources that play a direct role in an incident response. The organization's emergency operations plan addresses resident care and clinical support activities, including transfer plans, continuity of care, and rapid acquisition of medication, health care or other vital records, and special equipment, especially when evacuation is imminent.

References for Standard EM.12.02.05*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.07

The organization has a plan for safety and security measures to take during an emergency or disaster incident.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security.

Rationale for Standard EM.12.02.07

Emergencies and disasters often create new and rapidly changing safety and security concerns. The plan for safety and security should include the possible need for heightening security measures, tracking and accountability of staff and residents, and minimizing exposures to hazards.

References for Standard EM.12.02.07*

- Cybersecurity and Infrastructure Security Agency (CISA). (n.d.). *Shields ready*. U.S. Department of Homeland Security. <https://www.cisa.gov/shields-ready>
- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.09

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

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for resources and assets.

Rationale for Standard EM.12.02.09

Access to resources can often be difficult when the needs in a community or region is greater than what is available locally; therefore, the organization's plan includes continual assessment of how to obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident.

References for Standard EM.12.02.09*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- U.S. Department of Homeland Security. (2023, September). *Resource management*. Ready.gov. <https://www.ready.gov/business/resources/resource-management>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.11

The organization has a plan for managing utility systems during an emergency or disaster incident.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for utilities management.

Rationale for Standard EM.12.02.11

Emergencies and disasters can have a detrimental impact on organization's utility system(s), including loss of the system(s). The list of essential or critical systems that could potentially fail during an emergency includes heating, ventilation, and air conditioning; network connectivity; and refrigeration equipment. The organization must be prepared with alternate ways for providing essential or critical systems to maintain functional operations if it will continue to provide care, treatment, and services during an emergency.

References Standard EM.12.02.11*

- Administration for Strategic Preparedness and Response. (2023). *Utility failures in health care toolkit*. <https://files.asprtracie.hhs.gov/documents/utility-failures-in-health-care-toolkit-summary.pdf>
- Centers for Disease Control and Prevention and American Water Works Association. (2019). *Emergency water supply planning guide for hospitals and healthcare facilities*. U.S. Department of Health and Human Services. <https://www.cdc.gov/healthywater/emergency/pdf/emergency-water-supply-planning-guide-2019-508.pdf>

*Not a complete literature review.

Requirement: Standard EM.14.01.01

The organization has a disaster recovery plan.

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

Rationale for Standard EM.14.01.01

The disaster recovery plan is essential for providing strategies to quickly handle incidents, reduce downtime, and minimize financial loss so that the organization can continue to operate or return to full functionality after an emergency or disaster incident has occurred.

References for Standard EM.14.01.01*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- U.S. Department of Homeland Security. (2024, July). *IT disaster recovery plan*. Ready.gov. <https://www.ready.gov/business/emergency-plans/recovery-plan>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.15.01.01

The organization provides emergency management education and training.

Note: The organization integrates its prioritized hazards identified as part of its hazard vulnerability analysis into education and training.

Rationale for Standard EM.15.01.01

Organizations that plan education and training related to emergency management are better prepared for their next emergency or disaster incident. An effective education and training program prepares staff to respond to a variety of emergencies and to quickly adjust to changing situations while continuing to provide safe care.

References for Standard EM.15.01.01*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- U.S. Department of Homeland Security. (2024, May). *Employee training*. Ready.gov. <https://www.ready.gov/business/training/employee-training>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.16.01.01

The organization conducts exercises to evaluate its emergency operations plan and response procedures.

Note: The organization integrates its prioritized hazards identified as part of its hazard vulnerability analysis into the development of emergency exercises.

Rationale for Standard EM.16.01.01

Conducting emergency management exercises improves staff skills and teamwork within a controlled testing environment and refines their knowledge and understanding of the emergency operations plan. This prepares staff for a safe and effective response in the event of a real emergency or disaster incident. These exercises are used to test all facets of the emergency operation plan (communications, safety, transfers, evacuation) and should be comprehensive enough to test the organization's response capabilities to failure in order to identify deficiencies and opportunities for improvement.

References for Standard EM.16.01.01*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- U.S. Department of Homeland Security. (2023, September). *Testing and exercises*. Ready.gov. <https://www.ready.gov/business/training/testing-exercises>
- U.S. Department of Homeland Security. (2024, May). *Exercises*. Ready.gov. <https://www.ready.gov/business/training/testing-exercise/exercises>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement: Standard EM.17.01.01

The organization evaluates and revises its emergency operations plan.

Rationale for Standard EM.17.01.01

Organizations that evaluate each event or exercise are better prepared for emergencies because they often find unknown risks or failures through these reviews. It is important to then update the emergency operations plan, policies and/or procedures to correct these deficiencies. Improving the plan makes it more effective at sustaining critical operations and protecting lives.

References for Standard EM.17.01.01*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>

- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>
- *Not a complete literature review.