Revisions to Emergency Management Oversight Requirements

Critical Access Hospital (CAH) and Hospital (HAP) Accreditation Programs

Standard EM.01.01.01

CAH  The critical access 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 or natural (such as an electrical system failure or a tornado), 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.

Rationale

An emergency in a health care organization can suddenly and significantly affect demand for its services or its ability to provide those services. Therefore, the organization needs to engage in planning activities that prepare it to form its Emergency Operations Plan. These activities include identifying risks, prioritizing likely emergencies, attempting to mitigate them when possible, and considering its potential emergencies in developing strategies for preparedness. Because some emergencies that impact an organization originate in the community, the organization needs to take advantage of opportunities where possible to collaborate with relevant parties in the community.

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

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Element of Performance Text for EM.01.01.01, EP 1

CAH 1. The critical access hospital’s leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.

HAP 1. The hospital’s leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.
The critical access hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the critical access 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. (See also EM.03.01.01, EP 1; IC.01.06.01, EP 4)

Note 1: Critical access hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the critical access 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 critical access 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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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.

The critical access hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities. Note: The critical access 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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The critical access 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 critical access hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)

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Element of Performance Text for EM.01.01.01, EP 5

CAH 5. The critical access 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.

HAP 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).
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Element of Performance Text for EM.01.01.01, EP 6

CAH 6. The critical access hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1-4)

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Element of Performance Text for EM.01.01.01, EP 7

CAH 7. The critical access hospital's incident command structure is integrated into and consistent with its community's command structure. *
Note: The incident command structure used by the critical access 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 critical access hospitals receiving certain federal funds for emergency preparedness.

HAP 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.
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Element of Performance Text for EM.01.01.01, EP 8

CAH 8. The critical access 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. (See also EM.02.02.03, EP 6)

HAP 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. (See also EM.02.02.03, EP 6)
Standard EM.03.01.03

The critical access hospital evaluates the effectiveness of its Emergency Operations Plan.

Rationale

The organization conducts exercises to assess the Emergency Operations Plan’s appropriateness; adequacy; and the effectiveness of logistics, human resources, training, policies, procedures, and protocols. Exercises should stress the limits of the plan to support assessment of the organization’s preparedness and performance. The design of the exercise should reflect likely disasters but should test the organization’s ability to respond to the effects of emergencies on its capabilities to provide care, treatment, and services.

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Element of Performance Text for EM.03.01.03, EP 1

CAH

1. As an emergency response exercise, the critical access hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.

   Note 1: If the critical access hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.

   Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code*) that do not offer emergency services nor are community designated as disaster-receiving stations need to conduct only one emergency management exercise annually.

   Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.

   Note 4: In order to satisfy the twice-a-year requirement, the critical access hospital must first evaluate the performance of the previous exercise and make any needed modifications to its Emergency Operations Plan before conducting the subsequent exercise in accordance with EPs 13-17.

   Footnote *: The Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA. Refer to NFPA 101-2000 for occupancy classifications.

HAP

1. As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.

   Note 1: If the hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.

   Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code*) that do not offer emergency services nor are community designated as disaster-receiving stations need to conduct only one emergency management exercise annually.

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Element of Performance Text for EM.03.01.03, EP 2

209 CAH 2. For each site of the critical access hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the critical access hospital’s two emergency response exercises includes an influx of simulated patients.
210 Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.
211 Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.

215 HAP 2. For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital’s two emergency response exercises includes an influx of simulated patients.
216 Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.
217 Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.

Element of Performance Text for EM.03.01.03, EP 3

221 CAH 3. For each site of the critical access hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the critical access hospital’s two emergency response exercises includes an escalating event in which the local community is unable to support the critical access hospital.
222 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.
223 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

228 HAP 3. For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital’s two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.
229 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.
230 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

Element of Performance Text for EM.03.01.03, EP 4

234 CAH 4. For each site of the critical access hospital with a defined role in its community’s response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise.
235 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.
236 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

240 HAP 4. For each site of the hospital with a defined role in its community’s response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise.
241 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.
242 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

Element of Performance Text for EM.03.01.03, EP 5

245 CAH 5. Emergency response exercises incorporate likely disaster scenarios that allow the critical access hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2)

248 HAP 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. (See also EM.02.01.01, EP 2)
Element of Performance Text for EM.03.01.03, EP 6

251 CAH 6. The critical access hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.
254 Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the critical access hospital.
256 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. Critical access 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.

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Element of Performance Text for EM.03.01.03, EP 7

268 CAH 7. During emergency response exercises, the critical access 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.

272 HAP 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.

Element of Performance Text for EM.03.01.03, EP 8

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

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

Element of Performance Text for EM.03.01.03, EP 9

280 CAH 9. During emergency response exercises, the critical access hospital monitors its management of the following: Safety and security.

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

Element of Performance Text for EM.03.01.03, EP 10

284 CAH 10. During emergency response exercises, the critical access hospital monitors its management of the following: Staff roles and responsibilities.

286 HAP 10. During emergency response exercises, the hospital monitors its management of the following: Staff roles and responsibilities.
Element of Performance Text for EM.03.01.03, EP 11

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

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

Element of Performance Text for EM.03.01.03, EP 12

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

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

Element of Performance Text for EM.03.01.03, EP 13

CAH 13. Based on all monitoring activities and observations, the critical access hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).

HAP 13. Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process; this evaluation includes licensed independent practitioners, as well as staff from all levels who were affected by the event or exercise.

Element of Performance Text for EM.03.01.03, EP 14

CAH 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.

HAP 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.

Element of Performance Text for EM.03.01.03, EP 15

CAH 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.

HAP 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. (See also EC.04.01.05, EP 3)
**Element of Performance Text for EM.03.01.03, EP 16**

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<th>CAH</th>
<th>16. The critical access 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.</th>
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**Element of Performance Text for EM.03.01.03, EP 17**

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CAH

The critical access hospital identifies a leader who will have hospital-wide authority over emergency management mitigation, preparedness, response, and recovery.

Rationale

Leadership is essential for a critical access hospital to meet its commitment to protect patients and staff during an emergency and to provide community services consistent with its defined role in disaster preparedness. To assure accountability for a comprehensive, organization-wide approach to emergency management as defined in the “Emergency Management” (EM) chapter, a leader needs to be designated. This leadership function is not intended to replace the function of incident commander during an actual emergency; rather, it addresses matters of mitigation, preparedness, and recovery not within the responsibilities of the incident commander role. This leader provides essential accountability and institutional support for emergency managers, facilities managers, unit leaders, planning teams, and staff at all levels and disciplines who have direct, hands-on responsibilities for emergency management in the organization.

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Element of Performance Text for LD.04.04.04, EP 1

CAH

1. The leader with emergency management authority is accountable for the following:
   - Planning across the four phases of emergency management: mitigation, preparedness, response, and recovery (See also EM.01.01.01, EP 1)
   - Identifying and collaborating with community response partners
   - Development of the Emergency Operations Plan (See also EM.02.01.01, EP 1)
   - Performance of the annual review of the emergency management planning activities

   Note: This leadership role addresses matters of emergency management that are not within the responsibilities of the incident commander role.

HAP

1. The leader with emergency management authority is accountable for the following:
   - Planning across the four phases of emergency management: mitigation, preparedness, response, and recovery (See also EM.01.01.01, EP 1)
   - Identifying and collaborating with community response partners
   - Development of the Emergency Operations Plan (See also EM.02.01.01, EP 1)
   - Performance of the annual review of the emergency management planning activities

   Note: This leadership role addresses matters of emergency management that are not within the responsibilities of the incident commander role.
### Element of Performance Text for LD.04.04.04, EP 2

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<td>CAH</td>
<td>2. The leader with emergency management authority is accountable for planning across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities) with input from leaders responsible for these operational and clinical areas.</td>
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### Element of Performance Text for LD.04.04.04, EP 3

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<td>387</td>
<td>CAH</td>
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