

Standards Revisions for Emergency Management Final Rule in Ambulatory Health Care

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®), certified 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.jcinc.com>.

Standard EM.01.01.01

The organization engages in planning activities prior to developing its Emergency Management 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.

Element(s) of Performance for EM.01.01.01

9. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan includes documentation of potential risks in the community that could impact the organization's ability to provide care for its patients. ⓓ

Standard EM.02.01.01

The organization has an Emergency Management Plan.

Note: The organization's Emergency Management Plan (EMP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, and EM.02.02.11). 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

7. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Emergency Management Plan identifies alternative sites for care, treatment, and services that meet the needs of the organization's patients during emergencies. ⓓ
10. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan, including the communication plan, must be reviewed and updated at least annually. ⓓ

11. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan describes the patient population served by the organization and the extent to which additional populations may be cared for during an emergency based on the organization's capabilities (staff, space, supplies, equipment). (D)
12. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan includes a continuity of operations strategy that covers the following: (D)
- Continuity of facilities and communications to support organizational functions at the original site or alternate site(s), in case the original site is incapacitated
 - A succession plan that lists who replaces the key leader(s) during an emergency if the leader is not available to carry out his or her 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.
14. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: (D)
- The ambulatory surgical center 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. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: (D)
- For organizations that plan to provide services during an emergency: The Emergency Management Plan addresses a means to shelter staff and volunteers on site who remain in the organization, including essential space, utilities, and supplies, and criteria for who can be sheltered on site.

Standard EM.02.02.01

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

Element(s) of Performance for EM.02.02.01

4. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: (D)
- The Emergency Management Plan describes the following: How the organization will communicate with external authorities during an ongoing emergency.

7. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan describes the following: How the organization will communicate with suppliers of essential services, equipment, and supplies during an emergency. (D)
12. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan describes the following: How, and under what circumstances, the organization 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]). (D)
20. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: As part of its communication plan, the organization maintains the names and contact information of the following: (D)
- Staff
 - Physicians
 - Volunteers
 - Other potential response partners (depending upon services provided, these may be rural health clinics, federally qualified health centers, or other sources of collaboration or assistance)
 - Entities providing services under arrangement
 - Relevant federal, state, tribal, regional, and local emergency preparedness staff
21. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The Emergency Management Plan describes the following: (D)
- The organization's primary and alternate means of communicating with staff and federal, state, tribal, and local emergency management agencies
 - 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
 - How the organization will communicate information about its needs and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee
- Note: Depending upon the type of emergency, the authority having jurisdiction might be the municipal, county, or state health department, or another governmental entity.
22. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area. This contact is made for the purpose of communication, and where possible collaboration, on coordinated response planning for a disaster or emergency situation. (D)
- Note: Examples of these contacts may be written or email correspondence; in-person meetings or conference calls; regular participation in health care coalitions, working groups, boards, and committees; or educational events sponsored by a third party (such as a local or state health department).

23. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: (D)
The Emergency Management Plan describes the following:
- The organization's arrangements for communicating necessary clinical information on patients under the organization's care with other health care providers in order to maintain continuity of care
 - A method, in the event of an evacuation, to release patient information to family or others designated by the patient, as permitted under law and regulation at 45 CFR 164.510(b)(1)(ii)

Standard EM.02.02.03

As part of its Emergency Management Plan, the organization prepares for how it will manage resources and assets during emergencies.

Note: All organizations are required to respond to a patient's immediate care and safety needs if an emergency occurs with patients on site.

Element(s) of Performance for EM.02.02.03

3. For organizations that plan to provide service during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish nonmedical supplies that will be required in response to an emergency.
3. For organizations that plan to provide service during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish nonmedical supplies (including food, bedding, and other provisions consistent with the organization's plan for sheltering on site) that will be required in response to an emergency.
9. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: (D)
The Emergency Management Plan describes the following: The organization's arrangements for transporting some or all patients, and their requisite medications, supplies, and equipment, and staff to an alternative care site(s) when the organization's environment cannot support care, treatment, and services. (See also EM.02.02.11, EP 3)

Standard EM.02.02.07

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

Element(s) of Performance for EM.02.02.07

7. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization trains staff for their assigned emergency response roles. (D)
11. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization has a system to track the location of on-duty staff during an emergency. (D)

12. For rural health clinics and federally qualified health centers: The Emergency Management Plan describes how volunteers and state and federally designated health care professionals will be incorporated into the staffing strategy for addressing a surge in needs during an emergency. The staffing strategy will vary depending on the type of emergency, whether the organization chooses to use volunteers, and the organization's role, if any, in community response plans. (D)
13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under contracts and other arrangements. This training is documented and then reviewed and updated annually and when these roles change. 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. (D)
14. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: 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. (D)

Standard EM.02.02.11

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

Element(s) of Performance for EM.02.02.11

3. The Emergency Management Plan describes how the organization will evacuate its occupied space.
3. The Emergency Management Plan describes how the organization will evacuate its occupied space. (See also EM.02.02.03, EP 9)
12. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization 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. (D)
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.
13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: Procedures for evacuating patients from the organization during an emergency address, at a minimum, the following: (D)
 - Care and treatment needs of patients when deciding where they will be evacuated to (for example, transfer to a higher level of care, transport to an alternative site in the community, discharge to home)
 - Primary and alternate means of communication with external sources of assistance regarding patient care
 - Transportation for the evacuated patient to an alternative site

Standard EM.03.01.03

The organization evaluates the effectiveness of its Emergency Management Plan.

Element(s) of Performance for EM.03.01.03

10. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: During emergency response exercises, the organization monitors its management of the following: Staff roles and responsibilities.

Standard EM.04.01.01

For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: If the organization 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 organization participates in planning, preparedness, and response activities with the system.

Element(s) of Performance for EM.04.01.01

1. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization demonstrates its participation in the development of its system's integrated emergency preparedness program through the following: ⓓ
 - Designation of a staff member(s) who will collaborate with the system in developing the program
 - Documentation that the organization has reviewed the community-based risk assessment developed by the system's integrated all-hazards emergency management program
 - Documentation that the organization's individual risk assessment is incorporated into the system's integrated program
 - Documentation that the organization's patient population, services offered, and any unique circumstances of the organization 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 organization participates in the annual review of the system's integrated program
2. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization has implemented communication procedures for emergency planning and response activities in coordination with the system's integrated emergency preparedness program. ⓓ

3. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization's integrated emergency management policies, procedures, or plans address the following: (D)
- Identification of the organization'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 organization'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

Standard IM.01.01.03

The organization plans for continuity of its information management processes.

Element(s) of Performance for IM.01.01.03

5. For ambulatory surgical centers that elect to use The Joint Commission deemed status option and for rural health clinics and federally qualified health centers: The organization implements a system of medical documentation that preserves patient information during an emergency. (D)