

Standards Revisions for Emergency Management Final Rule in Home 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 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.

Element(s) of Performance for EM.01.01.01

9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations 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 Operations Plan.

Note: The organization's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.07, 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 inpatient hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the organization's patients during emergencies. ⓓ
10. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan, including the communication plan, must be reviewed and updated at least annually. ⓓ
11. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations 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). ⓓ

12. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations 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 inpatient hospices that elect to use The Joint Commission deemed status option: The inpatient hospice has a procedure for requesting an 1135 waiver for care and treatment at an alternative care site. (D)
- 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 inpatient hospices that elect to use The Joint Commission deemed status option: The Emergency Management Plan addresses a means to shelter inpatient hospice staff on site who remain in the organization during an emergency, including essential space, utilities, and supplies. (D)
17. For inpatient hospices that elect to use The Joint Commission deemed status option: The inpatient hospice provides staff and volunteers access to the emergency preparedness plan to review procedures that are necessary to protect patients and others. This review is performed at least annually. (D)

Standard EM.02.02.01

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

Element(s) of Performance for EM.02.02.01

18. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan describes how the organization will inform state and local emergency preparedness officials before, during, and after emergencies on the following: (D)
- Patients for whom the organization is unable to contact to determine service needs
 - Patients in need of evacuation due to their medical or behavioral health condition or home environment
- Note: Depending upon location and type of emergency, the relevant officials will be from a city, county, or state health department; local incident command or emergency operations center; fire department; or local health care coalition. Some health care organizations will have direct contact with these officials, and some will work through their systems or parent organizations to make such contacts.
19. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan describes how the organization informs state and local officials of any on-duty staff they are unable to contact. (D)
20. For home health agencies and hospices that elect to use The Joint Commission deemed status option: As part of its communication plan, the organization maintains the names and contact information of the following: (D)
- Staff
 - Physicians
 - Other potential response partners (depending upon services provided, these may be home health agencies, hospices, or other sources of collaboration or assistance).
 - Volunteers
 - Entities providing services under arrangement
 - Relevant federal, state, tribal, regional, and local emergency preparedness staff
21. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations 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.
 - The organization's arrangements for communicating information and medical documentation on patients under the organization's care, as necessary, with other health care providers in order to maintain continuity of care
 - 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 (including for inpatient hospices, its inpatient hospice occupancy needs) and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee.
- Note 1: Depending upon the type of emergency, the authority having jurisdiction might be the municipal, county, or state health department, or another governmental entity.
- Note 2: 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).

22. For home health agencies and hospices that elect to use The Joint Commission deemed status option: 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).
24. For inpatient hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan addresses alternate sources of energy to maintain fire detection, extinguishing, and alarm systems. (D)

Standard EM.02.02.03

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

Element(s) of Performance for EM.02.02.03

3. The Emergency Operations Plan describes the following: How the organization will obtain and replenish nonmedical supplies that will be required in response to an emergency.
3. **The Emergency Operations Plan describes the following: 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 inpatient hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan describes the following: The inpatient hospice's arrangements for transporting some or all patients and residents, 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) (D)

Standard EM.02.02.05

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

Element(s) of Performance for EM.02.02.05

4. For inpatient hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan describes the following: How the inpatient hospice will manage hazardous materials and waste. (D)

Standard EM.02.02.07

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

Element(s) of Performance for EM.02.02.07

7. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization trains staff for their assigned emergency response roles. (D)
11. For inpatient hospices that elect to use The Joint Commission deemed status option: The inpatient hospice has a system to track the location of on-duty staff during an emergency. (D)
12. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan describes how state and federally designated health care professionals will be incorporated into the staffing strategy for addressing a surge in needs during an emergency. This coordination 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 home health agencies and hospices that elect to use The Joint Commission deemed status option: 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. (D)

Standard EM.02.02.09

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

Element(s) of Performance for EM.02.02.09

2. For inpatient hospices that elect to use The Joint Commission deemed status option: As part of its Emergency Operations Plan, the inpatient hospice identifies alternative means of providing the following: Electricity. (D)
Note: Requirements addressing reliable power sources for equipment essential for patient care and safety are addressed in the "Environment of Care" (EC) chapter.
3. For inpatient hospices that elect to use The Joint Commission deemed status option: As part of its Emergency Operations Plan, the inpatient hospice identifies alternative means of providing the following: Water needed for consumption and essential care activities. (D)
4. For inpatient hospices that elect to use The Joint Commission deemed status option: As part of its Emergency Operations Plan, the inpatient hospice identifies alternative means of providing the following: Water needed for equipment and sanitary purposes. (D)

7. For inpatient hospices that elect to use The Joint Commission deemed status option: As part of its Emergency Operations Plan, the inpatient hospice identifies alternative means of providing the following: Utility systems that the organization defines as essential (for example, vertical and horizontal transport, heating and cooling systems). (D)

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.

Standard EM.02.02.11

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

Element(s) of Performance for EM.02.02.11

1. The Emergency Operations Plan describes how the organization will manage activities related to care, treatment, or services during an emergency. (D)
Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; and transporting patients.
1. **The Emergency Operations Plan describes how the organization will manage activities related to care, treatment, or services during an emergency. (See also PC.01.03.01, EP 55)** (D)
Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; and transporting patients.
3. The Emergency Operations Plan describes how the organization will evacuate (from one section or floor to another within the building, or, completely outside the building) when the building cannot support care, treatment, or services. (D)
Note: Evacuation response strategies apply only to inpatient hospice settings.
3. **The Emergency Operations Plan describes how the organization will evacuate (from one section or floor to another within the building, or, completely outside the building) when the building cannot support care, treatment, or services. (See also EM.02.02.03, EP 9)** (D)
Note: Evacuation response strategies apply only to inpatient hospice settings.
5. For inpatient hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan describes the following: How the inpatient hospice will manage the personal hygiene and sanitation needs of its patients, residents, and staff. (D)
12. For inpatient hospices that elect to use The Joint Commission deemed status option: The inpatient hospice 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 operations plan, formal transfer agreements, or other accessible documents.

13. For inpatient hospices that elect to use The Joint Commission deemed status option: Procedures for evacuating patients from the inpatient hospice during an emergency address, at a minimum, the following: ⓓ
- 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 Operations Plan.

Element(s) of Performance for EM.03.01.03

10. For home health agencies and hospices that elect to use The Joint Commission deemed status option: During emergency response exercises, the organization monitors its management of the following: Staff roles and responsibilities.
20. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization conducts an additional exercise each year as follows: ⓓ
- One of the two annual exercises must be an operations-based exercise that is conducted either as part of a full-scale community exercise, or if a community exercise is not available, is conducted as an exercise within the organization. (Refer to EM.03.01.03, EP 1)
 - The other of the two annual exercises may be a tabletop exercise.
- Note: If the organization activates its Emergency Management Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.
21. For home health agencies and hospices that elect to use The Joint Commission deemed status option: If the organization conducts a tabletop exercise to fulfill this requirement, the tabletop exercise includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. ⓓ

Standard EM.04.01.01

For home health agencies and hospices that elect to use The Joint Commission deemed status option: 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 home health agencies and hospices that elect to use The Joint Commission deemed status option: 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 home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization has implemented communication procedures for emergency planning and response activities in coordination with the system's integrated emergency preparedness program. ⓓ

3. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization's integrated emergency management policies, procedures, or plans address the following: ⓓ
 - Identification of the organization's emergency preparedness, response, and recovery activities that are 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 home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization implements a system of medical documentation that preserves patient information during an emergency. ⓓ

Standard PC.01.03.01

The organization plans the patient's care.

Element(s) of Performance for PC.01.03.01

55. For home health agencies that elect to use The Joint Commission deemed status option: There is a plan for the patient that provides instructions if there is an emergency in the organization or the community that might disrupt the care, treatment, or service provided by the organization. This plan is based on the patient's assessed needs, including clinical, functional, and communication needs; reliance upon equipment or assistive devices; and available caregiver support. (See also PC.02.03.01, EP 10; EM.02.02.11, EP 1) ⓓ

Standard PC.02.03.01

The organization provides patient education and training based on each patient's needs and abilities.

Element(s) of Performance for PC.02.03.01

10. Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following: ⓓ
- An explanation of the plan for care, treatment, or services
 - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
 - Basic health practices and safety
 - Information on the safe and effective use of medications. (See also MM.06.01.01, EP 9; MM.06.01.03, EPs 3–6)
 - Nutrition interventions (for example, supplements) and modified diets
 - Infection prevention and control
 - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
 - Information on personal hygiene and grooming
 - Information on oral health
 - Basic physical and structural home safety
 - Information on the safe and effective use of medical equipment or supplies provided by the organization
 - Information on the storage, handling, and access to medical gases and supplies
 - Information on the identification, handling, and safe disposal of hazardous medications and infectious wastes
 - Habilitation or rehabilitation techniques to help the patient reach maximum independence
 - Information on the use of restraint

10. Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following: (D)
- An explanation of the plan for care, treatment, or services
 - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
 - Basic health practices and safety
 - Information on the safe and effective use of medications. (See also MM.06.01.01, EP 9; MM.06.01.03, EPs 3–6)
 - Nutrition interventions (for example, supplements) and modified diets
 - Infection prevention and control
 - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
 - Information on personal hygiene and grooming
 - Information on oral health
 - Basic physical and structural home safety
 - Information on the safe and effective use of medical equipment or supplies provided by the organization
 - Information on the storage, handling, and access to medical gases and supplies
 - Information on the identification, handling, and safe disposal of hazardous medications and infectious wastes
 - Habilitation or rehabilitation techniques to help the patient reach maximum independence
 - Information on the use of restraint
- (See also PC.01.03.01, EP 55)