R³ Report | Requirement, Rationale, Reference

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New and Revised Standards in Emergency Management

Effective July 1, 2022, new and revised Emergency Management standards will apply to all Joint Commission–accredited hospitals and critical access hospitals. The Joint Commission began conducting a critical analysis of its "Emergency Management" (EM) chapter in 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 for hospitals and critical access hospitals 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 from 124 to 60.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidance from the following groups:

- **Standards review panel** of more than 50 members who have current roles in emergency management. Members included representation from hospitals and critical access hospitals or other professional organizations. The members provided a frontline point of view and insights into the practical application of the proposed standards.

- **Joint Commission workgroup** of life-safety code field directors, standards interpretation group-engineers, field staff clinical surveyors (physicians and nurses), and staff from standards and survey methods.

The prepublication version of the Emergency Management standards will be available online until June 30, 2022. After July 1, 2022, please access the new requirements in the E-dition or standards manual.

Emergency Management

Requirement	**Standard EM.09.01.01: The hospital has a comprehensive emergency management program that utilizes an all-hazards approach.**
Rationale	A comprehensive emergency management (EM) program provides a systematic analysis for planning, shared decision-making, internal and external collaborations, and assignment of available resources (staff, space, supplies) to effectively prepare for, respond to, and recover from all incidents and emergencies. The critical components to the program include emergency policies and procedures; communication and coordination of response activities; education and training; testing and evaluating exercises; and resources. The structure

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	should be designed to respond to any type of emergency (all-hazards approach) because of the wide array of possible emergencies and the impossibility of predicting all emergencies that could occur at an organization.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • Ready.gov. (2021, February 19). Planning. https://www.ready.gov/planning. • Veterans Health Administration Office of Emergency Management. (2021, May 5). U.S. Department of Veterans Affairs. https://www.va.gov. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition.
Requirement	**Standard EM.10.01.01: Hospital leadership provides oversight and support of the emergency management program.**
Rationale	The oversight of senior leaders, leaders of the medical staff, and department leaders in the development and implementation of the EM program is necessary as they are ultimately responsible for maintaining safe operations during an emergency and often need to make significant and timely decisions. The identification of a qualitied EM program coordinator is important to ensure that critical components of the program are addressed in the mitigation, preparedness, response, and recovery phases and integrated throughout the organization and within the larger community response network. A multidisciplinary approach makes certain that the emergency management program, the operations plan, policies and procedures, and education and training include the insights across disciplines and departments.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • The American College of Healthcare Executives. (2020, November). Healthcare executives role in emergency management. https://www.ache.org/about-ache/our-story/our-commitments/policy-statements/healthcare-executives-role-in-emergency-management. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • The Assistant Secretary for Preparedness and Response (ASPR): Technical Resources, Assistance Center, Information Exchange (TRACIE). (2021, April). Leadership during a disaster. https://files.asprtracie.hhs.gov/documents/leadership-during-a-disaster.pdf.
Requirement	**Standard EM.11.01.01: The hospital conducts a hazard vulnerability analysis utilizing an all-hazards approach.**
Rationale	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 impose a significant risk to a health care organization and its off-site locations. The risks are prioritized to determine which of these 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.

Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • The Assistant Secretary for Preparedness and Response (ASPR): Technical Resources, Assistance Center, Information Exchange (TRACIE). (2018, October), Evaluation of Hazard Vulnerability Assessment Tools Comparison chart. https://asprtracie.hhs.gov/technical-resources/resource/3195/aspr-tracie-evaluation-of-hazard-vulnerability-assessment-tools. • The Centers for Disease Control and Prevention. (n.d.) Hospital all-hazards self-assessment tool. https://www.cdc.gov/cpr/readiness/healthcare/documents/hah_508_compliant_final.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition.
Requirement	**Standard 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.**
Rationale	The hospital's all-hazards emergency operations plan (EOP) guides the hospital in responding to and recovering from a variety of emergency or disaster incidents. The EOP identifies what services the hospital will continue to provide in the event of an emergency or disaster incident. An effective EOP also describes how the hospital leaders and staff will do the following: • Communicate and coordinate information and resources • Provide staffing and clinical services • Address safety and security • Provide essential or critical resources to sustain operations
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • California Hospital Association. (n.d.). Emergency preparedness: Preparing hospitals for disaster. https://www.calhospitalprepare.org/emergency-operations-plan. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • California Hospital Association. (n.d). Emergency management principles and practices for healthcare systems. https://www.calhospitalprepare.org/post/emergency-management-principles-and-practices-healthcare-systems.
Requirement	**Standard 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 a communications plan.**
Rationale	An effective hospital communications plan describes how and when it will communicate information to its staff, other health care organizations, community partners (such as, fire, police, local incident command, public health departments) and relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff). 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 hospital's ability to provide services both internally and externally. The resources and tools used for maintaining communications (primary or alternate means) are a critical element of disaster preparedness.

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Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • California Hospital Association. (2021, February) Emergency Preparedness: Preparing hospitals for disaster. https://www.calhospitalprepare.org/hazard-vulnerability-analysis. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • United States Agency for International Development. (n.d.). Communications planning for hospitals. https://pdf.usaid.gov/pdf_docs/PA00JW4F.pdf. • American Hospital Association. (2020, October). Communications: Internal and external. https://www.aha.org/system/files/media/file/2020/07/aha-covid19-pathways-comms-internal-external.pdf.
Requirement	**Standard 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.**
Rationale	When the hospital activates its emergency operations plan (EOP) in response to an emergency or disaster, it may find that it is unable to meet or maintain the immediate needs of its patients. Hospitals should anticipate staffing shortages and be prepared to obtain staff from within their health care system, staffing agencies, or those who are federally deployed as part of disaster medical assistance teams. Hospitals should also meet the needs of the health care staff by supporting their emotional and mental health needs during an emergency or disaster.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • California Hospital Association. (n.d.). Emergency preparedness: Preparing hospitals for disaster. https://www.calhospitalprepare.org/volunteers. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • The Assistant Secretary for Preparedness and Response (ASPR): Technical Resources, Assistance Center, Information Exchange (TRACIE). (2018, September). Tips for retaining and caring for staff after a disaster. https://files.asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf. • American Nurses Association. (2017). Who will be there? Ethics, the law, and a nurse's duty to respond in a disaster. https://www.nursingworld.org/~4af058/globalassets/docs/ana/ethics/who-will-be-there_disaster-preparedness_2017.pdf. • American College of Emergency Physicians. (2017). Policy statement: hospital disaster physician privileging. https://www.acep.org/patient-care/policy-statements/hospital-disaster-physician-privileging/. • United States Department of Veterans Affairs. (2012). VHA handbook: credentialing and privileging. https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2815. • The Assistant Secretary for Preparedness and Response (ASPR): Technical Resources, Assistance Center, Information Exchange (TRACIE). (n.d.). Volunteer Management. https://asprtracie.hhs.gov/technical-resources/74/volunteer-management/74.

Requirement	Standard 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.
Rationale	A well-thought-out plan that maintains a hospital's ability to provide critical services during emergencies or disasters can be a matter of life and death for its patients and the community it serves. Planning for patient clinical support focuses on equipment and resources that play a direct role in an incident response. The hospital's emergency operations plan addresses patient care and clinical support activities, including transfer plans, continuity of care, and rapid acquisition of patient care supplies and health care records, especially when evacuation is imminent.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • World Health Organization. Making health facilities safe in emergencies and disasters. https://www.who.int/activities/making-health-facilities-safe-in-emergencies-and-disasters. • NFPA® 99: Health Care Facilities Code, 2012 edition. • The Assistant Secretary for Preparedness and Response (ASPR): Technical Resources, Assistance Center, Information Exchange (TRACIE). (n.d.). Innovations in COVID-19 patient surge management. https://files.asprtracie.hhs.gov/documents/innovations-in-covid-19-patient-surge-management-final-508.pdf.
Requirement	Standard 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.
Rationale	Emergencies and disasters often create new and rapidly changing safety and security concerns. An emergency response plan should include the possible need for heightening security measures; tracking and accountability of patients, staff, and families; and minimizing exposures to hazards. Safety and security measures include partnering with community security agencies (for example, police, sheriff, National Guard) and coordinating security activities that may be outside the span of control of the hospital's security team.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition.
Requirement	Standard 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.
Rationale	Access to resources can often be difficult when the needs in a community or region is greater than what is available locally; therefore, the hospital's plan includes continual assessment on how to obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident.

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Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • Centers for Disease Control and Prevention and American Water Works Association. (2019). Emergency water supply planning guide for hospitals and healthcare facilities. https://www.cdc.gov/healthywater/emergency/pdf/emergency-water-supply-planning-guide-2019-508.pdf. • Ready.gov. (2021, May 26). Resource Management. https://www.ready.gov/resource-management. • Centers for Disease Control and Prevention. (2016, February 3). Federal resources for planning. https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/federal-government-planning.html. • The Assistant Secretary for Preparedness and Response (ASPR): Technical Resources, Assistance Center, Information Exchange (TRACIE). (2019, August). Partnering with the healthcare supply chain during a disaster. https://files.asprtracie.hhs.gov/documents/aspr-tracie-partnering-with-the-healthcare-supply-chain-during-disasters.pdf.
Requirement	**Standard 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.**
Rationale	Emergencies or disasters often have a detrimental impact on hospitals' utility system(s), including loss of the system(s). The list of essential or critical systems that could potentially fail during an emergency can range from heating, ventilation, and air conditioning; network connectivity; and refrigeration equipment. The hospital must be prepared with alternate ways in which it will provide essential or critical systems to maintain functional operations.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. National Fire Protection Association (NFPA®) 99 (2012). Health Care Facilities Code. • The Federal Emergency Management Agency (FEMA) and the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) (2019). Healthcare facilities and power outages: Guidance for state, local, tribal, territorial, and private sector partners. https://www.fema.gov/sites/default/files/2020-07/healthcare-facilities-and-power-outages.pdf
Requirement	**Standard 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.**

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Rationale	The continuity of operations plan (COOP) provides guidance on how the organization will continue to perform its essential business functions, deliver essential services, and delegation of authority and succession plans when there has been a disruption to normal operations. The hospital's executive leadership identifies and prioritizes those essential services that are deemed necessary to remain operational and makes certain that critical business functions continue working during an emergency or disaster incident. The executive leaders consider costs associated with acceptable and unacceptable levels of risk and prioritize where and when to focus resources, funding, and other assets.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • California Hospital Association. (n.d.). Emergency Preparedness: Preparing hospitals for disaster. https://www.calhospitalprepare.org/continuity-planning. • The American College of Healthcare Executives. (2020, November). Healthcare executives role in emergency management. https://www.ache.org/about-ache/our-story/our-commitments/policy-statements/healthcare-executives-role-in-emergency-management.
Requirement	**Standard 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.**
Rationale	Disaster recovery strategies focus on how and when the hospital will return to full functionality after an emergency or disaster. This includes proactively developing a disaster recovery plan, utilizing the hazard's vulnerability analysis, identifying the critical systems such as electricity, water, communications, and information technology needed to return to full operations. The disaster recovery plan also addresses how family reunification and identification of adults and unaccompanied children will occur.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • California Hospital Association. (n.d.). Emergency preparedness: Preparing hospitals for disaster. https://www.calhospitalprepare.org/recovery.
Requirement	**Standard 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.**
Rationale	Organizations should use their known risks, emergency operations plan, policies and procedures, and communications plan as a basis for developing an education and training program. Disaster response requires a unique set of capabilities related to knowledge and skills. The program provides disaster-related knowledge and training for its staff, individuals providing services under arrangement, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency. This provides a foundation for those assigned to disaster roles to function efficiently and effectively during an emergency or disaster incident.

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Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • California Hospital Association. (n.d.). Emergency preparedness: Preparing hospitals for disaster. https://www.calhospitalprepare.org/other-training-resources. • Florida Department of Health. (2011). Recommended disaster core competencies for hospital personnel. http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/_documents/corecompetencies-slides.pdf.
Requirement	**Standard 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.**
Rationale	Exercises are conducted to test the emergency operations plan through discussion-based or operations-based exercises. These exercises should be comprehensive enough to test the hospital's emergency plans and response capabilities to failure and incorporate the six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security). Hospitals that participate with community partners during such exercises can establish common goals to better respond to emergencies or disasters, including the sharing of resources or the identification of alternative care sites.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition. • U.S. Department of Homeland Security (2020). Homeland security exercise and evaluation program. https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep.
Requirement	**Standard EM.17.01.01: The hospital evaluates its emergency management program, emergency operations, and continuity of operations plans.**
Rationale	Hospitals 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 management program and emergency operations plan to correct these deficiencies. Improving the plan makes it more effective at sustaining critical operations and protecting lives.
Reference*	• Centers for Medicare and Medicaid Services. (2021, April 16). State Operations Manual Appendix Z. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. • NFPA® 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 edition. • NFPA® 99: Health Care Facilities Code, 2012 edition.

*Not a complete literature review.

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