

## WORK SHOULDN'T HURT

# Summary of The Joint Commission's Emergency Management Standards

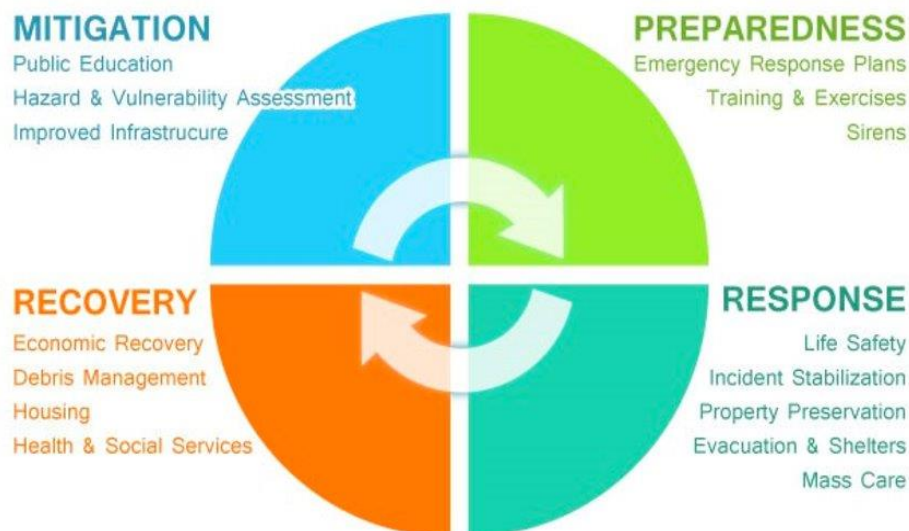
Updated for 2023

### Standard EM. 09.01.01 | Comprehensive Management Plan

**The hospital has a comprehensive emergency management program that utilizes an all-hazards approach.**

The Joint Commission emergency management standards meet the requirements of the Centers for Medicare and Medicaid (CMS) emergency preparedness rule. The hospital must have a plan to address a range of potential natural or human-made disasters, short term and long term, to protect the facility, staff, patient population and community before, during and after an emergency or disaster.

The plan must address the four key phases of emergency management: mitigation, preparedness, response and recovery.



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### **Standard EM. 10.01.01 | Leadership & Committee Structure**

**Hospital leadership provides oversight and support of the emergency management program.**

Leaders appoint a qualified person to lead the program.

The hospital has a multidisciplinary committee that oversees the emergency management program. The committee provides input and assists with preparation, development, implementation, evaluation and maintenance the EMP, including:

- Hazard vulnerability analysis;
- Emergency operations plans, policies and procedures;
- Continuity of operations plan; and
- Training and education.

### **Standard EM. 11.01.01 | All-Hazards Vulnerability Analysis**

**The hospital conducts a hazard vulnerability analysis (HVA) utilizing an all-hazards approach.**

The HVA should address threats that are likely to impact the hospital's geographic region, community, facility and patient population.

It should consider natural and human-made hazards, including floods, chemical or radiological accidents, bombs, information technology outages and emerging infectious diseases.

The HVA must include an assessment for the facility, an assessment for the community and separate ones for other accredited facilities.

### **Standard EM. 12.01.01 | Emergency Operations Plan**

**The hospital develops an emergency operations plan (EOP) based on an all-hazards approach.**

The hospital must have an EOP with policies and procedures that provide guidance to staff, licensed providers and volunteers, including:

- Mobilizing incident command;
- A communications plan;
- Maintaining, expanding, curtailing or closing operations;
- Protecting critical systems and infrastructure;
- Conserving and/or supplementing resources;
- Surge plans;
- Identifying alternate treatment areas or locations;
- Sheltering in place;
- Evacuating or relocating services;
- Safety and security; and
- Securing information and records.

### **Standard EM. 12.02.01 | Communications**

**The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency.**

The plan:

- Maintains a contact list of individuals and entities to be notified;
- Describes how communications will be established and maintained;
- Explains how the hospital will report information about the hospital's organizational needs, available occupancy and ability to provide assistance to authorities; and
- Identifies the warning and notification alerts and procedures to follow.

### **Standard EM.12.02.03 | Staffing**

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

The hospital develops a staffing plan for managing all staff and volunteers to meet patient care needs throughout an emergency or disaster incident or during a patient surge, including:

- Methods for contacting off-duty staff, physicians and other licensed practitioners;
- Acquiring staff, physicians and other licensed practitioners from its other healthcare facilities; and
- Use of volunteer staffing, such as staffing agencies, healthcare coalition support, and those deployed as part of the disaster medical assistance team. If using volunteer staff, the hospital must:
  - Verify and document the identity of all volunteer licensed practitioners; and
  - Complete primary source verification of licensure as soon as the immediate situation is under control or within 72 hours from the time the volunteer licensed practitioner presents to the organization.

### **Standard EM. 12.02.05 | Patient Care & Support**

**The hospital has a plan for providing patient care and clinical support during an emergency or disaster incident.**

The hospital addresses patient care and clinical support activities, including transfer plans, continuity of care, and rapid acquisition of patient care supplies and healthcare records, especially when evacuation is imminent.

### **Standard EM. 12.02.07 | Safety & Security**

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

The emergency response plan should address the need for heightened security measures and partnering with community security agencies (police, National Guard) and coordinating security activities beyond hospital security's capacity. The hospital must have a plan for tracking on-duty staff and patients when sheltered in place, relocated or evacuated.

### **Standard EM. 12.02.09 | Managing Inventories**

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

The hospital must have a written plan for managing resources and assets, including documenting, tracking, monitoring and locating inventories, including:

- Medications and related supplies;
- Medical/surgical supplies;
- Medical gases, including oxygen and supplies;
- Potable or bottled water and nutrition;
- Non-potable water;
- Laboratory equipment and supplies;
- Personal protective equipment;
- Fuel for operations; and
- Equipment and nonmedical supplies to sustain operations.

The hospital's plan for managing its resources and assets describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets.

**The plan must address how the hospital will make the supplies last 96 hours.** The 96-hour time frame provides a framework for hospitals to *evaluate their capability* to be self-sufficient for at least 96 hours; they are *not required to remain fully functional for 96 hours or stockpile 96 hours' worth of supplies*.

### **Standard EM. 12.02.11 | Managing Utilities**

**The hospital has a plan for managing essential or critical utilities during an emergency or disaster incident.**

The emergency management plan must address how essential utility systems will be managed and alternative means to keep systems operative, including temperature and refrigeration; lighting; fire detection, alarms and extinguishing; and sewage and waste disposal.

### **Standard EM. 13.01.01 | Continuity of Operations**

**The hospital has a continuity of operations (COOP) plan.**

The COOP provides guidance on how the hospital will continue to perform its essential business functions to deliver essential or critical services, including services related to administrative/vital records, information technology, financial services, security systems, communications/ telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.

### **Standard EM. 14.01.01 | Disaster Recovery Plan**

**The hospital has a disaster recovery plan that describes strategies for when and how it will:**

- Conduct hospital-wide damage assessments, restore critical systems and essential services, and return to full operations;
- The hospital's disaster recovery plan describes in writing how the hospital will address family reunification and coordinate with its local community partners to help locate and assist with the identification of adults and unaccompanied children.

### **Standard EM. 15.01.01 | Training**

**The hospital has an emergency management education and training program.**

The hospital has an education and training program in emergency management based on prioritized risks identified in the hazard vulnerability analysis, the emergency operations plan, communications plan, and policies and procedures.

The hospital provides initial education and training to all new and existing staff, individuals providing services under arrangement, volunteers, physicians and other licensed practitioners that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following:

- Activation and deactivation of the emergency operations plan;
- Communications plan;
- Emergency response policies and procedures;
- Evacuation, shelter-in-place, lockdown and surge procedures[
- Where and how to obtain resources and supplies for emergencies; and
- Documentation is required.

The hospital provides ongoing education and training to all staff, volunteers, physicians and other licensed practitioners that is consistent with their roles and responsibilities in an emergency:

- At least every two years;
- When roles or responsibilities change;
- When there are significant revisions to the emergency operations plan, policies and/or procedures;
- When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training;
- Documentation is required;
- 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;

- Hospitals are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program; and
- The hospital requires that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure.

### **Standard EM. 16.01.01 | Training Exercises**

#### **The hospital plans and conducts exercises to test its emergency operations plan and response procedures.**

The hospital conducts annual testing of its emergency operations plan based on the following:

- Likely emergencies or disaster scenarios;
- Emergency operations plan and policies and procedures;
- After-action reports and improvement plans;
- The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security);
- Exercises should attempt to stress the limits of its emergency response procedures to test how prepared the hospital may be; and
- An after-action report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

The hospital is required to conduct two exercises per year to test the emergency operations plan. One of the annual exercises must consist of an operations-based exercise as follows:

- Full-scale, community-based exercise; or
- Functional, facility-based exercise when a community-based exercise is not possible.

The other annual exercise must consist of either an operations-based or discussion-based exercise as follows:

- Full-scale, community-based exercise;
- Functional, facility-based exercise; or mock disaster drill; or

- Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan.
- Exercises and actual emergency or disaster incidents are documented (after-action reports).
- The hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual documented emergency or disaster incident (discussion-based exercises are excluded from exemption).

### **Standard EM. 17.01.01 | Annual Assessment**

#### **The hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.**

The multidisciplinary committee reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports, identifies opportunities for improvement and recommends actions to take to improve the emergency management program.

Senior management reviews the evaluation. The hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement every two years, or more frequently if necessary.