The Joint Commission

Prepublication Requirements

• Issued December 20, 2023 •

New and Revised Emergency Management (EM) Requirements

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*®), accredited 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.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE AMBULATORY HEALTH CARE ACCREDITATION PROGRAM

Effective July 1, 2024

Emergency Management (EM) Chapter

EM.09.01.01

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

Element(s) of Performance for EM.09.01.01

1. **The organization has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following:**
   - Leadership structure and program accountability
   - Hazard vulnerability analysis
   - Mitigation and preparedness activities
   - Emergency operations plan and policies and procedures
   - Education and training
   - Exercises and testing
   - Continuity of operations plan
   - Disaster recovery
   - Program evaluation

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Key: Ⓓ indicates that documentation is required; R indicates an identified risk area;

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2. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:**
- Each separately certified facility within the system actively participates in the development of the unified and integrated emergency management program
- The program is developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient population, and services offered
- Each separately certified facility is capable of actively using the unified and integrated emergency management program and is in compliance with the program
- A documented community-based risk assessment utilizing an all-hazards approach
- A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified facility within the health system
- A unified and integrated emergency plan
- Integrated policies and procedures
- A coordinated communication plan
- A training and testing program

3. **The organization complies with all applicable federal, state, and local emergency preparedness laws and regulations.**

EM.10.01.01

The organization's leader(s) provides oversight and support of emergency management activities.

Element(s) of Performance for EM.10.01.01

1. **The organization's leader(s) provides oversight and support of emergency management (EM) activities.**
Note 1: Ways in which the leader(s) provides oversight and support may include allocating resources, planning and reviewing policies and procedures, and other activities that support the emergency management activities.
Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the organization's leaders collaborate with the system's EM leadership structure.

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2. **The organization's leader(s) identifies an individual(s) who will develop and maintain the emergency operations plan, coordinate emergency management education and training, and conduct exercises to test the emergency operations plan and response procedures.**
Note 1: Education, training, and experience in emergency management should be taken into account when considering the qualifications of the individual who leads the program.
Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's designated EM program lead may serve as the organization's EM program lead provided there is collaboration with the identified organization leader(s).

EM.11.01.01

The organization conducts a hazard vulnerability analysis utilizing an all-hazards approach.

Element(s) of Performance for EM.11.01.01

1. **The organization conducts a hazard vulnerability analysis (HVA) using an all-hazards approach that includes identifying hazards that could occur at the organization and in the community where the organization is located.**
The HVA findings are documented.
Note: If the organization has multiple sites, then separate HVAs are only required if the sites are in different geographic locations, have different hazards or threats, or the patient population and services offered are unique to this facility. The findings are documented. Ⓓ

2. **The organization's hazards vulnerability analysis includes but is not limited to the following:**
- Natural hazards (such as flooding, wildfires)
- Human-caused hazards (such as bomb threats or cyber/information technology crimes)
- Technological hazards (such as utility or information technology outages)
- Hazardous materials (such as radiological, nuclear, chemical)
- Emerging infectious diseases (such as the Ebola, Zika, or SARS-CoV-2 viruses) Ⓓ

3. **The organization evaluates and prioritizes the findings of the hazard vulnerability analysis to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services.**
The findings are documented. Ⓓ

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4. **The organization uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the organization and help reduce disruption of essential services or functions.**
Note: Mitigation activities may include reviewing agreements with other health care facilities, establishing an alternative meeting place in the event the organization is not accessible, reviewing supplies on hand and vendor alternatives, and planning how to protect medical records and how to back-up electronic records.

EM.12.01.01

The organization develops an emergency operations plan (EOP) based on an all-hazards approach.
Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency operations plan.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.01.01

1. **The organization has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following:**
- Communications plan
- Maintaining, expanding, decreasing, or closing operations
- Sheltering in place
- Evacuating
- Safety and security
Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's EOP addresses policies and procedures specific to each organization's needs. (D)

2. **The organization's emergency operations plan identifies the patient population(s) that it will serve and the types of services it would have the ability to provide in an emergency or disaster event.** (D)

3. **The organization's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients.**
Note 1: Safe evacuation includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation.
Note 2: This requirement does not apply to those providing telehealth services from their private residential locations. (D)

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5. **The organization has a process for activating its emergency operations plan and identifies the individual(s) who is responsible for determining operational decisions during an emergency or disaster incident.**
Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's leadership structure may be utilized provided there is collaboration with the identified organization leader(s).

6. **The organization's emergency operations plan includes a process for cooperating and collaborating with other health care organizations, relevant community partners (such as fire, police, local incident command, public health departments), and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff).**

9. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must develop and implement emergency preparedness policies and procedures that address the role of the ambulatory surgical center under a waiver declared by the Secretary, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.**
Note 1: This element of performance is applicable only to ambulatory surgical centers that receive Medicare, Medicaid, or Children's Health Insurance Program reimbursement.
Note 2: For more information on 1135 waivers, visit https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities and https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf.

EM.12.02.01

The organization has a communications plan that addresses how it will communicate during an emergency.
Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.02.01

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1. **The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes the following, based on the settings and services provided:**
   - Staff
   - Physicians and other licensed practitioners
   - Volunteers
   - Other health care organizations
   - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies
   - Relevant community partners (such as fire, police, local incident command, public health departments)
   - Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff)
   - Other sources of assistance (such as health care coalitions)
   Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. Ⓓ

2. **The organization's communications plan describes how it will establish and maintain communications to deliver coordinated messages and information during an emergency or disaster incident to staff, patients, and other key stakeholders.** Ⓓ

3. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The communications plan describes how the organization will communicate with and report information about its needs, available occupancy, and ability to provide assistance to relevant authorities.**
   Note: Examples of what an organization may need to report to relevant authorities include but are not limited to shortages in personal protective equipment, staffing shortages, evacuation or transfer of patients, and temporary loss of part or all of the organization's function. Ⓓ

5. **In the event of an emergency or evacuation, the organization's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the organization's care to the following individuals or entities, in accordance with law and regulation:**
   - Patient's family, representative, or others involved in the care of the patient
   - Disaster relief organizations and relevant authorities
   - Other health care providers
   Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4). Ⓓ

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6. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for how and when alternate/backup communication methods are used.**
Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, and reverse 911 notification systems. Ⓓ

EM.12.02.03

The organization has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.
Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.02.03

1. **The organization develops a staffing plan for managing all staff and volunteers based on the settings and services provided to meet patient care needs during an emergency or disaster incident or during a patient surge. The plan includes the following:**
- Methods for contacting off-duty staff
- Acquiring staff from its other health care facilities
- Use of volunteer staffing, such as staffing agencies, and those deployed as part of the disaster medical assistance teams
Note: If the organization determines that it will never use volunteers during disasters, this is documented in its plan. Ⓓ

2. **The organization's staffing plan addresses the management of all staff and volunteers as follows:**
- Reporting processes
- Roles and responsibilities for essential functions
- Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities (as applicable). Ⓓ

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4. **The organization's staffing plan describes in writing how it will manage volunteer licensed practitioners when the emergency operations plan has been activated and the organization is unable to meet its patient needs. The organization does the following:**
   - Verifies and documents the identity of all volunteer licensed practitioners
   - Completes 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
   - Provides oversight of the care, treatment, and services provided by volunteer licensed practitioners
   Note: If primary source verification of licensure cannot be completed within 72 hours, the organization documents the reason(s) it could not be performed.

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5. **The organization identifies the individual(s) responsible for granting disaster privileges to volunteer physicians and other licensed practitioners and has a process for granting these privileges.**

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6. **The staffing plan describes how it will provide employee assistance and support, which includes the following:**
   - Staff support needs (for example, housing or transportation)
   - Family support needs of staff (for example, childcare, elder care)
   - Mental health and wellness needs

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EM.12.02.05

The organization has a plan for providing patient care and clinical support during an emergency or disaster incident.
Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for patient care and clinical support.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.02.05

1. **The organization's plan for providing patient care and clinical support includes written procedures on how it will share patient care information and medical documentation and how it will provide transportation to other health care facilities if patients require ongoing medical attention that the organization can no longer provide during an emergency or disaster incident.**
   Note: The sharing of patient care information and medical documentation is in accordance with law and regulation.

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EM.12.02.07

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The organization has a plan for safety and security measures to take during an emergency or disaster incident.
Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.02.07

1. **The organization has a plan for safety and security measures to take during an emergency or disaster incident (such as identifying a location to shelter in place during severe weather or clear signage for evacuating the building safely). Refer to EC.02.01.01 for managing safety and security risks.**
   Note: This requirement does not apply to those providing telehealth services from their private residential locations.

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2. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization's plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltered in place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the organization documents the specific name and location of the receiving facility or evacuation location.**
   Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals.

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EM.12.02.09

The organization has a plan for managing resources and assets during an emergency or disaster incident.
Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for resources and assets.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.02.09

1. **The organization's plan for managing its resources and assets describes in writing how it will document, track, monitor, and locate the resources and assets that will be needed during and after an emergency or disaster incident to remain operational.**
   Note: For tracking and monitoring, the organization should consider the following resources: medications and related supplies, medical/surgical supplies, laboratory equipment and supplies, personal protective equipment, oxygen and supplies, potable or bottled water and nutrition, and non-potable water supply.

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2. **The organization's plan for managing its resources and assets describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following, based on the settings and services provided:**
   - Coordinating within the health care system to request resources
   - Coordinating with local supply chains or vendors
   - Coordinating with local, state, or federal agencies for additional resources
   - Coordinating with regional health care coalitions for additional resources
   Note: High priority should be given to resources that are known to deplete quickly and are extremely competitive to receive and replenish (such as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids, antiviral and antibiotic medications).

EM.12.02.11

The organization has a plan for managing essential or critical utilities during an emergency or disaster incident.
Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for utilities management.
Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, and services and would close until conditions allow safe operations.

Element(s) of Performance for EM.12.02.11

1. **The organization's plan for managing utilities describes in writing the utility systems that it considers essential or critical to be able to continue to provide care, treatment, and services during an emergency or disaster incident.**
   Note: Essential or critical utilities to consider may include systems for electrical distribution; emergency power; heating, ventilating, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.

3. **The organization's plan for managing utilities describes in writing alternative means for providing essential or critical utilities.**
   Note: Examples of alternative means for providing utilities problems might include alternative water supplies or emergency power supply systems.

EM.13.01.01

The organization has a continuity of operations plan.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a continuity of operations plan.

Element(s) of Performance for EM.13.01.01

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1. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other leaders as determined by the organization. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.**
   Note: The COOP provides guidance on how the organization will continue to perform its essential business functions to deliver essential or critical services. Essential business functions to consider include 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. Ⓓ

3. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties.** Ⓓ

4. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the organization for specified purposes and to carry out specific duties.**
   Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the organization can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority. Ⓓ

EM.14.01.01

The organization has a disaster recovery plan.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a disaster recovery plan.

Element(s) of Performance for EM.14.01.01

1. **The organization has a written disaster recovery plan that describes strategies, actions, and individual responsibilities necessary to restore the organization's care, treatment, or services after an emergency or disaster incident.**
   Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's disaster recovery plan addresses strategies specific to each organization's needs. Ⓓ

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EM.15.01.01

The organization provides emergency management education and training.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.

Element(s) of Performance for EM.15.01.01

1. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a written education and training program in emergency management that is based on the prioritized risks identified as part of its hazard vulnerability analysis, the emergency operations plan, communication plan, and policies and procedures.**
   Note: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the system's education and training program includes information specific to each organization.

2. **The organization provides initial and ongoing education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers that is consistent with their roles and responsibilities in an emergency. The education and training include (as applicable to the service/setting) but are not limited to the following:**
   - Activation and deactivation of the emergency operations plan
   - Communications plan
   - Emergency response policies and procedures
   - Evacuation, shelter-in-place, lockdown
   - Where and how to obtain resources and supplies for emergencies (such as procedures manuals or equipment)
   Documentation is required.

3. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides education and training to all staff, individuals providing services under arrangement, and volunteers 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.
   Note 1: 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.
   Note 2: Organizations 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.

Key: (D) indicates that documentation is required; R indicates an identified risk area;

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EM.16.01.01

The organization conducts exercises to test its emergency operations plan and response procedures.
Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.

Element(s) of Performance for EM.16.01.01

1. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan. The planned exercises are based on the following:**
   - Likely emergencies or disaster scenarios
   - Emergency operations plan and policies and procedures
   - After-action reports (AAR) and improvement plans
   - The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security)
   Note: The planned exercises should attempt to stress the limits of its emergency response procedures in order to assess how prepared the organization may be if a real event or disaster were to occur based on past experiences.

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4. **For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization is required to conduct one exercise per year to test the emergency operations plan.**
   One year, the annual exercise 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 year, the annual exercise must consist of either an operations-based (as described above) or discussion-based exercise as follows:
   - 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.
   Note 1: The organization would be exempt from conducting a full-scale, community-based exercise or a functional, facility-based exercise at its next annual exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the organization provides documentation that it activated its emergency operations plan. This exemption excludes mock disaster drills, tabletops, seminars, or workshops.
   Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, each organization may choose to conduct its own exercise or participate in the system's regional exercise.
   Note 3: See the Glossary for the definitions of operations-based and discussion-based exercise.

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5.	**The organization is required to conduct one exercise per year to test the emergency operations plan. Exercises and actual emergency or disaster incidents are documented.** **Note: The annual exercise may be either an operations-based (full-scale or functional) or a discussion-based exercise (such as a mock disaster drill, tabletop, seminar, or workshop). See the Glossary for the definitions of operations-based and discussion-based exercises.**	Ⓓ

EM.17.01.01

The organization evaluates and revises its emergency operations plan.

Element(s) of Performance for EM.17.01.01

1.	**The organization reviews and evaluates all exercises and actual emergency or disaster incidents. The organization reviews after-action reports (AARs), identifies opportunities for improvement, and recommends actions to take to improve its emergency operations plan, policies, and procedures.** **The AARs and improvement plans are documented.** **Note 1: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.** **Note 2: If the organization is part of a health care system (such as hospitals, hospital systems, corporate health care organizations) that has a unified and integrated EM program, the AARs and improvement plans may be developed at the system level.**	Ⓓ
2.	**The after-action reports, any identified opportunities for improvement, and any recommended actions to improve emergency management are forwarded to organization's leader(s) for review.**	
3.	**The organization reviews and makes necessary updates to the following items every two years, or more frequently if necessary:** **- Hazard vulnerability analysis** **- Emergency operations plan, policies, and procedures** **- Communications plan** **Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In addition to the above, the organization reviews and updates the continuity of operations plan and the training and testing program.**	Ⓓ

Information Management (IM) Chapter

IM.01.01.03

The organization plans for continuity of its information management processes.

Element(s) of Performance for IM.01.01.03

Key: Ⓓ indicates that documentation is required; R indicates an identified risk area;

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~~5. For ambulatory surgical centers 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.~~

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