

History Tracking Report: 2009 to 2008 Requirements

Accreditation Program: Hospital Chapter: Emergency Management

Standard EM.01.01.01

2009 Standard Text:

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.

2008 Standard Text:

The {jc}organization{/2} plans for managing the consequences of emergencies.

2008 Standard: EC.4.11

2009 Standard: EM.01.01.01

2009 EP: 1

2009 EP Text:

The hospital's leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.

2008 Standard: EC.4.11

2008 EP: 1

2008 EP Text:

1. The {jc}organization{/2}'s leaders, including those of the medical staff, actively participate in emergency management planning.

Revision Code: Split

2009 Standard: EM.01.01.01**2009 EP:** 2**2009 EP Text:**

The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1)

Note: Hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.

Footnote: If the hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" chapter. (See also IC.01.06.01, EP 4)

2008 Standard: EC.4.11**2008 EP:** 2**2008 EP Text:****Revision Code:** Retain

2.The {jc}organization{/2} conducts a Hazard Vulnerability Analysis (HVA) to identify events that could affect demand for its services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events.Note: The HVA is evaluated at least annually as part of EP 11.

2009 Standard: EM.01.01.01**2009 EP:** 3**2009 EP Text:**

The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis and documents these priorities.

Note: The hospital determines which community partners are critical to helping define priorities in its hazard vulnerability analysis. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities, and other government agencies.

2008 Standard: EC.4.11**2008 EP:** 3**2008 EP Text:****Revision Code:** Retain

3.The {jc}organization{/2}together with its community partners prioritizes those hazards, threats and events identified in its HVA.

2009 Standard: EM.01.01.01**2009 EP:** 4**2009 EP Text:**

The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)

2008 Standard: EC.4.11**2008 EP:** 4**2008 EP Text:****Revision Code:** Consolidate

4. When developing its emergency operations plan (see EC.4.12), the {jc}organization{/2} communicates its needs and vulnerabilities to community emergency response agencies and identifies the capabilities of its community in meeting their needs.

<p>2009 Standard: EM.01.01.01</p> <p>2009 EP Text:</p> <p>The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)</p>	<p>2009 EP: 4</p>	<p>2008 Standard: EC.4.11</p> <p>2008 EP Text:</p> <p>11. The objectives, scope, performance, and effectiveness of the {jc}organization{/2}'s emergency management planning efforts are evaluated at least annually.</p>	<p>2008 EP: 11</p> <p>Revision Code: Split</p>
<p>2009 Standard: EM.01.01.01</p> <p>2009 EP Text:</p> <p>The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).</p> <p>Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occurring before an emergency and response and recovery occurring during and after the emergency.</p>	<p>2009 EP: 5</p>	<p>2008 Standard: EC.4.11</p> <p>2008 EP Text:</p> <p>5. For each emergency identified in its HVA, the {jc}organization{/2} defines mitigation activities designed to reduce the risk of and potential damage due to an emergency:</p>	<p>2008 EP: 5</p> <p>Revision Code: Consolidate</p>
<p>2009 Standard: EM.01.01.01</p> <p>2009 EP Text:</p> <p>The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).</p> <p>Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occurring before an emergency and response and recovery occurring during and after the emergency.</p>	<p>2009 EP: 5</p>	<p>2008 Standard: EC.4.12</p> <p>2008 EP Text:</p> <p>1. The {jc}organization{/2} develops and maintains a written emergency operations plan (EOP) that describes an "all-hazards" command structure for coordinating six critical areas (see EC.4.13.through EC.4.18) within the {jc}organization{/2} during an emergency.</p>	<p>2008 EP: 1</p> <p>Revision Code: Split</p>
<p>2009 Standard: EM.01.01.01</p> <p>2009 EP Text:</p> <p>The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1-4)</p>	<p>2009 EP: 6</p>	<p>2008 Standard: EC.4.11</p> <p>2008 EP Text:</p> <p>6. For each emergency identified in its HVA, the {jc}organization{/2} defines preparedness activities that will organize and mobilize essential resources;</p>	<p>2008 EP: 6</p> <p>Revision Code: Split</p>
<p>2009 Standard: EM.01.01.01</p> <p>2009 EP Text:</p> <p>The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1-4)</p>	<p>2009 EP: 6</p>	<p>2008 Standard: EC.4.12</p> <p>2008 EP Text:</p> <p>1. The {jc}organization{/2} develops and maintains a written emergency operations plan (EOP) that describes an "all-hazards" command structure for coordinating six critical areas (see EC.4.13.through EC.4.18) within the {jc}organization{/2} during an emergency.</p>	<p>2008 EP: 1</p> <p>Revision Code: Split</p>

2009 Standard: EM.01.01.01**2009 EP:** 7**2009 EP Text:**

The hospital's incident command structure is integrated into and consistent with its community's command structure.

Note: The incident command structure used by the hospital should provide for a scalable response to different types of emergencies.

Footnote: The National Incident Management System (NIMS) is one of many models for an incident command structure available to health care organizations. NIMS provides guidelines for common functions and terminology to support clear communications and effective collaboration in an emergency situation. NIMS is required of hospitals receiving certain federal funds for emergency preparedness.

2009 Standard: EM.01.01.01**2009 EP:** 8**2009 EP Text:**

The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6)

2008 Standard: EC.4.12**2008 EP:** 2**2008 EP Text:****Revision Code:** Retain

2. The EOP establishes an incident command structure that is integrated into and consistent with its community's command structure.**National Incident Management Requirements (NIMS) is a nationally standardized incident management system, which provides guidelines for common functions and terminology to support clear communication and effective collaboration in an emergency situation.

2008 Standard: EC.4.11**2008 EP:** 9**2008 EP Text:****Revision Code:** Split

9.The {jc}organization{/2} keeps a documented inventory of the assets and resources it has on-site, that would be needed during an emergency (at a minimum, personal protective equipment, water, fuel, staffing, medical,surgical, and pharmaceuticals resources and assets). Note: The inventory is evaluated at least annually as part of EP11.

Standard EM.02.01.01

2009 Standard Text:

The [organization] has an Emergency Operations Plan.
 Note: The [organization]'s Emergency Operations Plan is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and [patient] clinical and support activities during an emergency (refer to EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, and EM.02.02.11). Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This "all hazards" approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the Plan's response procedures address the prioritized emergencies, but are also adaptable to other emergencies that the organization may experience.

2008 Standard Text:

2008 Standard: EC.4.11

The {jc}organization{/2} plans for managing the consequences of emergencies.

2009 Standard: EM.02.01.01

2009 EP: 1

2009 EP Text:

The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan.

2008 Standard: EC.4.11

2008 EP: 1

2008 EP Text:

Revision Code: Split

1. The {jc}organization{/2}'s leaders, including those of the medical staff, actively participate in emergency management planning.

2009 Standard: EM.02.01.01

2009 EP: 2

2009 EP Text:

The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5)

Note: The response procedures address the prioritized emergencies, but can also be adapted to other emergencies that the hospital may experience.

Response procedures could include the following:

- Maintaining or expanding services.
- Conserving resources.
- Curtailing services.
- Supplementing resources from outside the local community.
- Closing the hospital to new patients.
- Staged evacuation.
- Total evacuation.

2008 Standard: EC.4.11

2008 EP: 7

2008 EP Text:

Revision Code: Consolidate

7. For each emergency identified in its HVA, the {jc}organization{/2} defines response strategies and actions to be activated during the emergency; and

2009 Standard: EM.02.01.01

2009 EP: 2

2009 EP Text:

The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5)

Note: The response procedures address the prioritized emergencies, but can also be adapted to other emergencies that the hospital may experience.

Response procedures could include the following:

- Maintaining or expanding services.
- Conserving resources.
- Curtailing services.
- Supplementing resources from outside the local community.
- Closing the hospital to new patients.
- Staged evacuation.
- Total evacuation.

2008 Standard: EC.4.12

2008 EP: 1

2008 EP Text:

Revision Code: Split

1. The {jc}organization{/2} develops and maintains a written emergency operations plan (EOP) that describes an “all-hazards” command structure for coordinating six critical areas (see EC.4.13.through EC.4.18) within the {jc}organization{/2} during an emergency.

2009 Standard: EM.02.01.01

2009 EP: 3

2009 EP Text:

The Emergency Operations Plan identifies the hospital’s capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital’s efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.

Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.

2008 Standard: EC.4.12

2008 EP: 6

2008 EP Text:

Revision Code: Retain

6. The EOP identifies the {jc}organization{/2}’s capabilities and establishes response efforts when the {jc}organization{/2} cannot be supported by the local community for at least 96 hours in the six critical areas.Note: An acceptable response effort would be to temporarily close or evacuate the facility, consistent with their designated role in their community response plan.

2009 Standard: EM.02.01.01

2009 EP: 4

2009 EP Text:

The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.

2008 Standard: EC.4.11

2008 EP: 8

2008 EP Text:

Revision Code: Consolidate

8. For each emergency identified in its HVA, the {jc}organization{/2} defines recovery strategies and actions designed to help restore the systems that are critical to resuming normal care, treatment, and services.

2009 Standard: EM.02.01.01

2009 EP: 4

2009 EP Text:

The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.

2008 Standard: EC.4.12

2008 EP: 1

2008 EP Text:

Revision Code: Split

1. The {jc}organization{/2} develops and maintains a written emergency operations plan (EOP) that describes an “all-hazards” command structure for coordinating six critical areas (see EC.4.13.through EC.4.18) within the {jc}organization{/2} during an emergency.

2009 Standard: EM.02.01.01

2009 EP: 5

2009 EP Text:

The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of the emergency, including under what circumstances these phases are activated.

Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occur before an emergency and response and recovery occur during and after the emergency.

2009 Standard: EM.02.01.01

2009 EP: 6

2009 EP Text:

The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.

2009 Standard: EM.02.01.01

2009 EP: 7

2009 EP Text:

The Emergency Operations Plan identifies alternative sites for care, treatment and services that meet the needs of its patients during emergencies.

2008 Standard: EC.4.12

2008 EP: 5

2008 EP Text:

Revision Code: Retain

5. The EOP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

2008 Standard: EC.4.12

2008 EP: 4

2008 EP Text:

Revision Code: Retain

4. The EOP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases; and

2008 Standard: EC.4.12

2008 EP: 7

2008 EP Text:

Revision Code: Retain

7. The EOP identifies alternative sites for care, treatment or service that meet the needs of its {j}patients{/6} during emergencies.

Standard EM.02.02.01**2009 Standard Text:**

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

2008 Standard Text:**2008 Standard:** EC.4.13

The {jc}organization{/2} establishes emergency communications strategies.

2009 Standard: EM.02.02.01**2009 EP:** 1**2009 EP Text:**

The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.

2008 Standard: EC.4.13**2008 EP:** 1**2008 EP Text:****Revision Code:** Retain

1. The {jc}organization{/2} plans for notifying staff when emergency response measures are initiated.

2009 Standard: EM.02.02.01**2009 EP:** 2**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.

2008 Standard: EC.4.13**2008 EP:** 2**2008 EP Text:****Revision Code:** Retain

2. The {jc}organization{/2} plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

2009 Standard: EM.02.02.01**2009 EP:** 3**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.

2008 Standard: EC.4.13**2008 EP:** 3**2008 EP Text:****Revision Code:** Retain

3. The {jc}organization{/2} defines processes for notifying external authorities when emergency response measures are initiated.

2009 Standard: EM.02.02.01**2009 EP:** 4**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.

2008 Standard: EC.4.13**2008 EP:** 4**2008 EP Text:****Revision Code:** Retain

4. The {jc}organization{/2} plans for communicating with external authorities once emergency response measures are initiated.

2009 Standard: EM.02.02.01**2009 EP:** 5**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.

2008 Standard: EC.4.13**2008 EP:** 5**2008 EP Text:****Revision Code:** Retain

5. The {jc}organization{/2} plans for communicating with {jc}patients{/6} and their families during emergencies, including notification when {jc}patients{/6} are relocated to alternative care sites.

2009 Standard: EM.02.02.01**2009 EP:** 6**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.

2008 Standard: EC.4.13**2008 EP:** 6**2008 EP Text:****Revision Code:** Retain

6. The {jc}organization{/2} defines the circumstances and plans for communicating with the community and/or the media during emergencies.

2009 Standard: EM.02.02.01	2009 EP: 7	2008 Standard: EC.4.13	2008 EP: 7
2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will communicate with purveyors of essential supplies, services, and equipment during an emergency.		2008 EP Text: Revision Code: Retain 7. The {jc}organization{/2} plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;	
2009 Standard: EM.02.02.01	2009 EP: 8	2008 Standard: EC.4.13	2008 EP: 9
2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.		2008 EP Text: Revision Code: Retain 9. The {jc}organization{/2} plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names and roles of individuals in their command structures and command center telephone numbers;	
2009 Standard: EM.02.02.01	2009 EP: 9	2008 Standard: EC.4.13	2008 EP: 8
2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.		2008 EP Text: Revision Code: Retain 8. The {jc}organization{/2} plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding:essential elements of their command structures and control centers for emergency response;	
2009 Standard: EM.02.02.01	2009 EP: 10	2008 Standard: EC.4.13	2008 EP: 10
2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.		2008 EP Text: Revision Code: Retain 10. The {jc}organization{/2} plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding:resources and assets that potentially could be shared in an emergency response; and	
2009 Standard: EM.02.02.01	2009 EP: 11	2008 Standard: EC.4.13	2008 EP: 11
2009 EP Text: The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.		2008 EP Text: Revision Code: Retain 11. The {jc}organization{/2} plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of {jc}patients{/6} and deceased individuals brought to their {jc}organizations{/14} in accordance with applicable law and regulation, when requested.	

2009 Standard: EM.02.02.01	2009 EP: 12	2008 Standard: EC.4.13	2008 EP: 12
2009 EP Text: The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the FBI).		2008 EP Text: Revision Code: Retain 12. The {jc}organization{/2} defines the circumstances and plans for communicating information about {jc}patients{/6} to third parties (such as other health care organizations, the state health department, police, FBI, etc.).	
2009 Standard: EM.02.02.01	2009 EP: 13	2008 Standard: EC.4.13	2008 EP: 13
2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.		2008 EP Text: Revision Code: Retain 13. The {jc}organization{/2} plans for communicating with identified alternative care sites.	
2009 Standard: EM.02.02.01	2009 EP: 14	2008 Standard: EC.4.13	2008 EP: 14
2009 EP Text: The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1 - 13.		2008 EP Text: Revision Code: Retain 14. The {jc}organization{/2} establishes backup communication systems and technologies for the activities identified above.	
2009 Standard: EM.02.02.01	2009 EP: 17	2008 Standard: EC.4.11	2008 EP: 6
2009 EP Text: The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.		2008 EP Text: Revision Code: Split 6. For each emergency identified in its HVA, the {jc}organization{/2} defines preparedness activities that will organize and mobilize essential resources;	

Standard EM.02.02.03

2009 Standard Text:

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

2008 Standard Text:

The {jc}organization{/2} establishes strategies for managing resources and assets during emergencies.

2008 Standard: EC.4.14

2009 Standard: EM.02.02.03

2009 EP: 1

2009 EP Text:

The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.

2008 Standard: EC.4.14

2008 EP: 3

2008 EP Text:

Revision Code: Retain

3. The {jc}organization{/2} plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the {jc}organization{/2} or its affiliates, local, state or federal sources) to which the {jc}organization{/2} has access;

2009 Standard: EM.02.02.03

2009 EP: 1

2009 EP Text:

The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.

2008 Standard: MM.2.10

2008 EP: 7

2008 EP Text:

Revision Code: Split

7. The {jc}organization{/2} has processes to address medication shortages and outages, including the following: Communicating with prescribers and staff who participate in the medication management system Developing approved substitution protocols Educating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocols Obtaining medications in the event of a disaster

2009 Standard: EM.02.02.03

2009 EP: 2

2009 EP Text:

The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.

2008 Standard: EC.4.14

2008 EP: 2

2008 EP Text:

Revision Code: Retain

2. The {jc}organization{/2} plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

2009 Standard: EM.02.02.03

2009 EP: 3

2009 EP Text:

The Emergency Operations Plan describes the following: How the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.

2008 Standard: EC.4.14

2008 EP: 4

2008 EP Text:

Revision Code: Retain

4. The {jc}organization{/2} plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

2009 Standard: EM.02.02.03**2009 EP:** 12**2008 Standard:** EC.4.14**2008 EP:** 1**2009 EP Text:**

The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.

2008 EP Text:**Revision Code:** Retain

1. The {jc}organization{/2} plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Standard EM.02.02.05**2009 Standard Text:**

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

2008 Standard Text:

The {jc}organization{/2} establishes strategies for managing safety and security during emergencies.

2008 Standard: EC.4.15**2009 Standard:** EM.02.02.05**2009 EP:** 1**2009 EP Text:**

The Emergency Operations Plan describes the following: The hospital's arrangements for internal security and safety.

2008 Standard: EC.4.15**2008 EP:** 1**2008 EP Text:****Revision Code:** Split

1. The {jc}organization{/2} establishes internal security and safety operations that will be required once emergency measures are initiated.

2009 Standard: EM.02.02.05**2009 EP:** 2**2009 EP Text:**

The Emergency Operations Plan describes the following: The roles that community security agencies (for example, police, sheriff, national guard) will have in the event of an emergency.

2008 Standard: EC.4.15**2008 EP:** 2**2008 EP Text:****Revision Code:** Split

2. The {jc}organization{/2} identifies the roles of community security agencies (police, sheriff, national guard, etc.) and defines how the {jc}organization{/2} will coordinate security activities with these agencies.

2009 Standard: EM.02.02.05**2009 EP:** 3**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will coordinate security activities with community security agencies (for example, police, sheriff, national guard).

2008 Standard: EC.4.15**2008 EP:** 2**2008 EP Text:****Revision Code:** Split

2. The {jc}organization{/2} identifies the roles of community security agencies (police, sheriff, national guard, etc.) and defines how the {jc}organization{/2} will coordinate security activities with these agencies.

2009 Standard: EM.02.02.05**2009 EP:** 4**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will manage hazardous materials and waste.

2008 Standard: EC.4.15**2008 EP:** 3**2008 EP Text:****Revision Code:** Retain

3. The {jc}organization{/2} identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.

2009 Standard: EM.02.02.05**2009 EP:** 5**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will provide for radioactive, biological, and chemical isolation and decontamination.

2008 Standard: EC.4.15**2008 EP:** 4**2008 EP Text:****Revision Code:** Retain

4. The plan identifies means for radioactive, biological, and chemical isolation and decontamination.

2009 Standard: EM.02.02.05**2009 EP:** 7**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will control entrance into and out of the health care facility during an emergency.

2008 Standard: EC.4.15**2008 EP:** 6**2008 EP Text:****Revision Code:** Retain

6. The {jc}organization{/2} establishes processes for the following: controlling entrance into and out of the health care facility during emergencies;

2009 Standard: EM.02.02.05**2009 EP:** 8**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will control the movement of individuals within the health care facility during an emergency.

2008 Standard: EC.4.15**2008 EP:** 7**2008 EP Text:****Revision Code:** Retain

7. The {jc}organization{/2} establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies; and

2009 Standard: EM.02.02.05**2009 EP:** 9**2009 EP Text:**

The Emergency Operations Plan describes the following: The hospital's arrangements for controlling vehicles that access the health care facility during an emergency.

2008 Standard: EC.4.15**2008 EP:** 8**2008 EP Text:****Revision Code:** Retain

8. The {jc}organization{/2} establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

2009 Standard: EM.02.02.05**2009 EP:** 10**2009 EP Text:**

The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

2008 Standard: EC.4.15**2008 EP:** 1**2008 EP Text:****Revision Code:** Split

1. The {jc}organization{/2} establishes internal security and safety operations that will be required once emergency measures are initiated.

Standard EM.02.02.07**2009 Standard Text:**

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

2008 Standard Text:

The {jc}organization{/2} defines and manages staff roles and responsibilities.

2008 Standard: EC.4.16**2009 Standard:** EM.02.02.07**2009 EP:** 2**2009 EP Text:**

The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.

2008 Standard: EC.4.16**2008 EP:** 1**2008 EP Text:****Revision Code:** Split

1. Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

2009 Standard: EM.02.02.07**2009 EP:** 3**2009 EP Text:**

The Emergency Operations Plan describes the following: The process for assigning staff to all essential staff functions.

2008 Standard: EC.4.16**2008 EP:** 2**2008 EP Text:****Revision Code:** Split

2. Staff are trained for their assigned roles during emergencies.

2009 Standard: EM.02.02.07**2009 EP:** 4**2009 EP Text:**

The Emergency Operations Plan identifies the individual(s) to whom staff report in the hospital's incident command structure.

2008 Standard: EC.4.12**2008 EP:** 3**2008 EP Text:****Revision Code:** Retain

3. The EOP identifies to whom staff report in the {jc}organization{/2}'s incident command structure.

2009 Standard: EM.02.02.07**2009 EP:** 5**2009 EP Text:**

The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, and incident stress debriefing).

2008 Standard: EC.4.14**2008 EP:** 5**2008 EP Text:****Revision Code:** Retain

5. The {jc}organization{/2} plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);

2009 Standard: EM.02.02.07**2009 EP:** 6**2009 EP Text:**

The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care, and communication).

2008 Standard: EC.4.14**2008 EP:** 6**2008 EP Text:****Revision Code:** Retain

6. The {jc}organization{/2} plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);

2009 Standard: EM.02.02.07**2009 EP:** 7**2009 EP Text:**

The hospital trains staff for their assigned emergency response roles.

2008 Standard: EC.4.16**2008 EP:** 2**2008 EP Text:****Revision Code:** Split

2. Staff are trained for their assigned roles during emergencies.

2009 Standard: EM.02.02.07**2009 EP:** 8**2009 EP Text:**

The hospital communicates in writing with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.

2008 Standard: EC.4.16**2008 EP:** 3**2008 EP Text:****Revision Code:** Retain

3. The {jc}organization{/2} communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

2009 Standard: EM.02.02.07**2009 EP:** 9**2009 EP Text:**

The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3)
Note: This identification could include identification cards, wrist bands, vests, hats, or badges.

2008 Standard: EC.4.16**2008 EP:** 4**2008 EP Text:****Revision Code:** Retain

4. The {jc}organization{/2} establishes a process for identifying care providers and other personnel (such as identification cards, wrist bands, vests, hats, badges, computer print-outs, etc.) assigned to particular areas during emergencies.

2009 Standard: EM.02.02.07**2009 EP:** 10**2009 EP Text:**

The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.

2008 Standard: EC.4.16**2008 EP:** 1**2008 EP Text:****Revision Code:** Split

1. Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Standard EM.02.02.09

2009 Standard Text:

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

2008 Standard Text:

The {jc}organization{/2} establishes strategies for managing utilities during emergencies.

2008 Standard: EC.4.17

2009 Standard: EM.02.02.09

2009 EP: 2

2009 EP Text:

As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.

2008 Standard: EC.4.17

2008 EP: 1

2008 EP Text:

1.{jc}Organizations{/14} identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Revision Code: Split

2009 Standard: EM.02.02.09

2009 EP: 3

2009 EP Text:

As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities.

2008 Standard: EC.4.17

2008 EP: 2

2008 EP Text:

2.{jc}Organizations{/14} identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Revision Code: Retain

2009 Standard: EM.02.02.09

2009 EP: 4

2009 EP Text:

As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.

2008 Standard: EC.4.17

2008 EP: 3

2008 EP Text:

3.{jc}Organizations{/14} identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes;

Revision Code: Retain

2009 Standard: EM.02.02.09

2009 EP: 5

2009 EP Text:

As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.

2008 Standard: EC.4.17

2008 EP: 4

2008 EP Text:

4.{jc}Organizations{/14} identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Revision Code: Retain

2009 Standard: EM.02.02.09

2009 EP: 6

2009 EP Text:

As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.

2008 Standard: EC.4.17

2008 EP: 5

2008 EP Text:

5.{jc}Organizations{/14} identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Revision Code: Split

2009 Standard: EM.02.02.09

2009 EP: 7

2009 EP Text:

As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).

2008 Standard: EC.4.17

2008 EP: 5

2008 EP Text:

5. Organizations identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Revision Code: Split

2009 Standard: EM.02.02.09

2009 EP: 8

2009 EP Text:

The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

2008 Standard: EC.4.17

2008 EP: 1

2008 EP Text:

1. Organizations identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Revision Code: Split

Standard EM.02.02.11**2009 Standard Text:**

As part of its Emergency Operations Plan, the [organization] prepares for how it will manage [patient]s during emergencies.

2008 Standard Text:

The [organization] establishes strategies for managing [patient] clinical and support activities during emergencies.

2008 Standard: EC.4.18**2009 Standard:** EM.02.02.11**2009 EP:** 2**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.

2008 Standard: EC.4.18**2008 EP:** 1**2008 EP Text:****Revision Code:** Retain

1. The {jc}organization{/2} plans to manage the following during emergencies: the clinical activities required as part of {jc}patient{/1} scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation;

2009 Standard: EM.02.02.11**2009 EP:** 3**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10)

2008 Standard: EC.4.14**2008 EP:** 9**2008 EP Text:****Revision Code:** Retain

9. The {jc}organization{/2} plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

2009 Standard: EM.02.02.11**2009 EP:** 4**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

2008 Standard: EC.4.18**2008 EP:** 2**2008 EP Text:****Revision Code:** Retain

2. The [organization] plans to manage the following during emergencies: clinical services for vulnerable populations served by the {jc}organization{/2}, including {jc}patients{/6} who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions;

2009 Standard: EM.02.02.11**2009 EP:** 5**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.

2008 Standard: EC.4.18**2008 EP:** 3**2008 EP Text:****Revision Code:** Retain

3. The {jc}organization{/2} plans to manage the following during emergencies: personal hygiene and sanitation needs of its {jc}patients{/6};

2009 Standard: EM.02.02.11**2009 EP:** 6**2009 EP Text:**

The Emergency Operations Plan describes the following: How the hospital will manage the mental health service needs of its patients that occur during the emergency.

2008 Standard: EC.4.18**2008 EP:** 4**2008 EP Text:****Revision Code:** Retain

4. The {jc}organization{/2} plans to manage the following during emergencies: the mental health service needs of its {jc}patients{/6}; and

<p>2009 Standard: EM.02.02.11</p>	<p>2009 EP: 7</p>	<p>2008 Standard: EC.4.18</p>	<p>2008 EP: 5</p>
<p>2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will manage mortuary services.</p>		<p>2008 EP Text: 5. The {jc}organization{/2} plans to manage the following during emergencies: mortuary services.</p>	
<p>2009 Standard: EM.02.02.11</p>	<p>2009 EP: 8</p>	<p>2008 Standard: EC.4.18</p>	<p>2008 EP: 6</p>
<p>2009 EP Text: The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.</p>		<p>2008 EP Text: 6. The {jc}organization{/2} plans for documenting and tracking {jc}patients{/6}' clinical information.</p>	
<p>2009 Standard: EM.02.02.11</p>	<p>2009 EP: 11</p>	<p>2008 Standard: EC.4.11</p>	<p>2008 EP: 6</p>
<p>2009 EP Text: The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.</p>		<p>2008 EP Text: 6. For each emergency identified in its HVA, the {jc}organization{/2} defines preparedness activities that will organize and mobilize essential resources;</p>	

Standard EM.02.02.13

2009 Standard Text:

During disasters, the [organization] may grant disaster privileges to volunteer licensed independent practitioners.
 Note: A disaster is an 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.

2008 Standard Text:

2008 Standard: MS.4.110

The organization may grant disaster privileges to volunteers eligible to be licensed independent practitioners.

2009 Standard: EM.02.02.13

2009 EP: 1

2009 EP Text:

The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

2008 Standard: MS.4.110

2008 EP: 1

2008 EP Text:

Revision Code: Retain

1. Disaster privileges are granted only when the following two conditions are present: the emergency management plan has been activated, and the organization is unable to meet immediate patient needs.

2009 Standard: EM.02.02.13

2009 EP: 2

2009 EP Text:

The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.

2008 Standard: MS.4.110

2008 EP: 2

2008 EP Text:

Revision Code: Retain

2. As described in the bylaws, the individual(s) responsible for granting disaster privileges is identified.

2009 Standard: EM.02.02.13

2009 EP: 3

2009 EP Text:

The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)

2008 Standard: MS.4.110

2008 EP: 4

2008 EP Text:

Revision Code: Retain

4. The organization has a mechanism to readily identify volunteer practitioners who have been granted disaster privileges.

2009 Standard: EM.02.02.13

2009 EP: 4

2009 EP Text:

The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, or medical record review).

2008 Standard: MS.4.110

2008 EP: 3

2008 EP Text:

Revision Code: Retain

3. The medical staff describes in writing a mechanism (for example, direct observation, mentoring, and clinical record review) to oversee the professional performance of volunteer practitioners who receive disaster privileges.

2009 Standard: EM.02.02.13

2009 EP: 5

2009 EP Text:

Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation.
- A current license to practice.
- Primary source verification of licensure.
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response hospital or group.
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances.
- Confirmation by a licensed independent practitioner currently privileged by the hospital or a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.

2009 Standard: EM.02.02.13

2009 EP: 6

2009 EP Text:

During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.

2009 Standard: EM.02.02.13

2009 EP: 7

2009 EP Text:

Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

2008 Standard: MS.4.110

2008 EP: 5

2008 EP Text:

Revision Code: Retain

5. In order for volunteers to be considered eligible to act as licensed independent practitioners, the organization obtains for each volunteer practitioner at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following: A current picture hospital ID card that clearly identifies professional designation A current license to practice Primary source verification of the license Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity) Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster

2008 Standard: MS.4.110

2008 EP: 7

2008 EP Text:

Revision Code: Retain

7. The medical staff oversees the professional practice of volunteer licensed independent practitioners.

2008 Standard: MS.4.110

2008 EP: 8

2008 EP Text:

Revision Code: Retain

8. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.

2009 Standard: EM.02.02.13**2009 EP:** 8**2009 EP Text:**

Primary source verification of licensure occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:

- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival.
- Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services.
- Evidence of the hospital's attempt to perform primary source verification as soon as possible.

2009 Standard: EM.02.02.13**2009 EP:** 9**2009 EP Text:**

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.

2008 Standard: MS.4.110**2008 EP:** 6**2008 EP Text:****Revision Code:** Split

6. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.

2008 Standard: MS.4.110**2008 EP:** 6**2008 EP Text:****Revision Code:** Split

6. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.

Standard EM.02.02.15

2009 Standard Text:

During disasters, the [organization] may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care in an emergency situation.

2008 Standard Text:

The {jc}organization{/2} may assign disaster responsibilities to volunteer practitioners.

2008 Standard: HR.1.25

2009 Standard: EM.02.02.15

2009 EP: 1

2009 EP Text:

The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

2008 Standard: HR.1.25

2008 EP: 1

2008 EP Text:

Revision Code: Retain

1. Disaster responsibilities are assigned only when the following two conditions are present: the emergency management plan has been activated, and the {jc}organization{/2} is unable to meet immediate {jc}patient{/1} needs.

2009 Standard: EM.02.02.15

2009 EP: 2

2009 EP Text:

The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.

2008 Standard: HR.1.25

2008 EP: 2

2008 EP Text:

Revision Code: Retain

2. The {jc}organization{/2} identifies in writing the individual(s) responsible for assigning disaster responsibilities.

2009 Standard: EM.02.02.15

2009 EP: 3

2009 EP Text:

The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)

2008 Standard: HR.1.25

2008 EP: 4

2008 EP Text:

Revision Code: Retain

4. The {jc}organization{/2} has a mechanism to identify volunteer practitioners that have been assigned disaster responsibilities.

2009 Standard: EM.02.02.15

2009 EP: 4

2009 EP Text:

The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who are assigned disaster responsibilities (for example, by direct observation, mentoring, or medical record review).

2008 Standard: HR.1.25

2008 EP: 3

2008 EP Text:

Revision Code: Retain

3. The {jc}organization{/2} describes in writing a mechanism (for example, direct observation, mentoring, and clinical record review) to oversee the professional performance of volunteer practitioners who are assigned disaster responsibilities.

2009 Standard: EM.02.02.15

2009 EP: 5

2009 EP Text:

Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver’s license or passport) and one of the following:

- A current picture identification card from a hospital that clearly identifies professional designation.
- A current license, certification, or registration.
- Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice).
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response hospital or group.
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances.
- Confirmation by hospital staff with personal knowledge of the volunteer practitioner’s ability to act as a qualified practitioner during a disaster.

2009 Standard: EM.02.02.15

2009 EP: 6

2009 EP Text:

During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.

2009 Standard: EM.02.02.15

2009 EP: 7

2009 EP Text:

Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner’s arrival whether assigned disaster responsibilities should continue.

2008 Standard: HR.1.25

2008 EP: 5

2008 EP Text:

Revision Code: Retain

5. For volunteer practitioners to be assigned disaster responsibilities, the {jc}organization{/2} obtains for each volunteer practitioner at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver’s license or passport) and at least one of the following: A current hospital picture identification card that clearly identifies professional designation A current license, certification, or registration Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT*), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity) Identification by current organization member(s) who possesses personal knowledge regarding the volunteer practitioner’s qualifications* DMAT – A group of medical and support personnel designed to provide emergency medical care during a disaster or other unusual event. The DMAT is a component of the National Disaster Medical System (NDMS). The Department of Health and Human Services in partnership with other Federal Agencies such as Department of Defense, Department of Veterans Affairs, and the Federal Emergency Management Agency administer the program.

2008 Standard: HR.1.25

2008 EP: 7

2008 EP Text:

Revision Code: Retain

7. The {jc}organization{/2} oversees the professional practice of volunteer practitioners.

2008 Standard: HR.1.25

2008 EP: 8

2008 EP Text:

Revision Code: Retain

8. The {jc}organization{/2} makes a decision (based on information obtained regarding the professional practice of the volunteer practitioner) within 72 hours related to the continuation of the disaster responsibilities initially assigned.

2009 Standard: EM.02.02.15**2009 EP:** 8**2009 EP Text:**

Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer practitioner presents him- or herself to the hospital, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the hospital documents all of the following:

- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival.
- Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services.
- Evidence of the hospital's attempt to perform primary source verification as soon as possible.

2009 Standard: EM.02.02.15**2009 EP:** 9**2009 EP Text:**

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.

2008 Standard: HR.1.25**2008 EP:** 6**2008 EP Text:****Revision Code:** Split

6. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (for example, no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

2008 Standard: HR.1.25**2008 EP:** 6**2008 EP Text:****Revision Code:** Split

6. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (for example, no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

Standard EM.03.01.01**2009 Standard Text:**

The [organization] evaluates the effectiveness of its emergency management planning activities.

2008 Standard Text:

The {jc}organization{/2} plans for managing the consequences of emergencies.

2008 Standard: EC.4.11**2009 Standard:** EM.03.01.01**2009 EP:** 1**2009 EP Text:**

The hospital conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis. The findings of this review are documented. (See also EM.01.01.01, EPs 2 and 4)

2008 Standard: EC.4.11**2008 EP:** 9**2008 EP Text:****Revision Code:** Split

9.The {jc}organization{/2} keeps a documented inventory of the assets and resources it has on-site, that would be needed during an emergency (at a minimum, personal protective equipment, water, fuel, staffing, medical,surgical, and pharmaceuticals resources and assets). Note: The inventory is evaluated at least annually as part of EP11.

2009 Standard: EM.03.01.01**2009 EP:** 2**2009 EP Text:**

The hospital conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.

2008 Standard: EC.4.11**2008 EP:** 11**2008 EP Text:****Revision Code:** Split

11. The objectives, scope, performance, and effectiveness of the {jc}organization{/2}'s emergency management planning efforts are evaluated at least annually.

2009 Standard: EM.03.01.01**2009 EP:** 3**2009 EP Text:**

The hospital conducts an annual review of its inventory process. The findings of this review are documented.

2008 Standard: EC.4.11**2008 EP:** 9**2008 EP Text:****Revision Code:** Split

9.The {jc}organization{/2} keeps a documented inventory of the assets and resources it has on-site, that would be needed during an emergency (at a minimum, personal protective equipment, water, fuel, staffing, medical,surgical, and pharmaceuticals resources and assets). Note: The inventory is evaluated at least annually as part of EP11.

2009 Standard: EM.03.01.01**2009 EP:** 3**2009 EP Text:**

The hospital conducts an annual review of its inventory process. The findings of this review are documented.

2008 Standard: EC.4.11**2008 EP:** 11**2008 EP Text:****Revision Code:** Split

11. The objectives, scope, performance, and effectiveness of the {jc}organization{/2}'s emergency management planning efforts are evaluated at least annually.

Standard EM.03.01.03**2009 Standard Text:**

The [organization] evaluates the effectiveness of its Emergency Operations Plan.

2008 Standard Text:

The {jc}organization{/2} regularly tests its emergency management plan.

2008 Standard: EC.4.20**2009 Standard:** EM.03.01.03**2009 EP:** 1**2009 EP Text:**

As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.

Note 1: If the hospital activates its Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.

Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code) that do not offer emergency services nor are community-designated as disaster-receiving stations need to conduct only one emergency management exercise annually.

Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.

Footnote: The Life Safety Code is published by the National Fire Protection Association. Refer to NFPA 101-2000 for occupancy classifications.

2008 Standard: EC.4.20**2008 EP:** 1**2008 EP Text:****Revision Code:** Retain

1. The {jc}organization{/2} tests its Emergency Operations Plan twice a year, either in response to an actual emergency or in a planned exercise. Note 1: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code®) that does not offer emergency services nor is community-designated as a disaster-receiving station need to conduct only one emergency preparedness exercise annually. Note 2: Tabletop sessions, though useful, are not acceptable substitutes for exercises.

2009 Standard: EM.03.01.03**2009 EP:** 2**2009 EP Text:**

For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.

Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.

Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03 EPs 3 and 4.

2008 Standard: EC.4.20**2008 EP:** 2**2008 EP Text:****Revision Code:** Retain

2. {jc}Organizations{/14} that offer emergency services or are community-designated disaster receiving stations conduct at least one exercise a year that includes an influx of actual or simulated {jc}patients{/6}.

2009 Standard: EM.03.01.03 **2009 EP:** 3
2009 EP Text:
 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital’s two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.
 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.
 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

2008 Standard: EC.4.20 **2008 EP:** 3
2008 EP Text: **Revision Code:** Retain
 3. At least one exercise a year is escalated to evaluate how effectively the organization performs when it cannot be supported by the local community. Note: Tabletop sessions are acceptable in meeting the community portion of this exercise.

2009 Standard: EM.03.01.03 **2009 EP:** 4
2009 EP Text:
 For each site of the hospital with a defined role in its community’s response plan, at least one of the two exercises includes participation in a community-wide exercise.
 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.
 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

2008 Standard: EC.4.20 **2008 EP:** 4
2008 EP Text: **Revision Code:** Retain
 4. {jc}Organizations{/14} that have a defined role in the communitywide emergency management program participate in at least one communitywide exercise a year. Note 1: “Communitywide” may range from a contiguous geographic area served by the same health care providers, to a large borough, town, city, or region. Note 2: Exercises for Element of Performance 2 and 3 may be conducted separately or simultaneously. Note 3: Table top sessions are acceptable in meeting the community portion of this exercise.

2009 Standard: EM.03.01.03 **2009 EP:** 5
2009 EP Text:
 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2)

2008 Standard: EC.4.20 **2008 EP:** 6
2008 EP Text: **Revision Code:** Retain
 6. Planned exercise scenarios are realistic and related to the priority emergencies identified in the {jc}organization{/2}'s hazard vulnerability analysis.

2009 Standard: EM.03.01.03 **2009 EP:** 6
2009 EP Text:
 The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.
 Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital.
 Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.

2008 Standard: EC.4.20 **2008 EP:** 8
2008 EP Text: **Revision Code:** Retain
 8. During planned exercises, an individual whose sole responsibility is to monitor performance and who is knowledgeable in the goals and expectations of the exercise, documents opportunities for improvement.** This individual may be a staff member of the organization who is not participating in the exercise.

<p>2009 Standard: EM.03.01.03</p>	<p>2009 EP: 7</p>	<p>2008 Standard: EC.4.20</p>	<p>2008 EP: 9</p>
<p>2009 EP Text: During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.</p>		<p>2008 EP Text: 9. During planned exercises the {jc}organization{/2} monitors, at a minimum, the following six critical areas: Communication including the effectiveness of communication both within the {jc}organization{/2} as well as with response entities outside of the {jc}organization{/2} such as local governmental leadership, police, fire, public health, and other healthcare organizations within the community;</p>	
<p>2009 Standard: EM.03.01.03</p>	<p>2009 EP: 8</p>	<p>2008 Standard: EC.4.20</p>	<p>2008 EP: 10</p>
<p>2009 EP Text: During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.</p>		<p>2008 EP Text: 10. During planned exercises the {jc}organization{/2} monitors, at a minimum, the following six critical areas: Resource mobilization and allocation including responders, equipment, supplies, personal protective equipment, and transportation;</p>	
<p>2009 Standard: EM.03.01.03</p>	<p>2009 EP: 9</p>	<p>2008 Standard: EC.4.20</p>	<p>2008 EP: 11</p>
<p>2009 EP Text: During emergency response exercises, the hospital monitors its management of safety and security.</p>		<p>2008 EP Text: 11. During planned exercises the [organization] monitors, at a minimum, the following six critical areas: Safety and security;</p>	
<p>2009 Standard: EM.03.01.03</p>	<p>2009 EP: 10</p>	<p>2008 Standard: EC.4.20</p>	<p>2008 EP: 12</p>
<p>2009 EP Text: During emergency response exercises, the hospital monitors its management of staff roles and responsibilities.</p>		<p>2008 EP Text: 12. During planned exercises the [organization] monitors, at a minimum, the following six critical areas: Staff roles and responsibilities;</p>	
<p>2009 Standard: EM.03.01.03</p>	<p>2009 EP: 11</p>	<p>2008 Standard: EC.4.20</p>	<p>2008 EP: 13</p>
<p>2009 EP Text: During emergency response exercises, the hospital monitors its management of utility systems.</p>		<p>2008 EP Text: 13. During planned exercises the [organization] monitors, at a minimum, the following six critical areas: Utility systems; and</p>	
<p>2009 Standard: EM.03.01.03</p>	<p>2009 EP: 12</p>	<p>2008 Standard: EC.4.20</p>	<p>2008 EP: 14</p>
<p>2009 EP Text: During emergency response exercises, the hospital monitors its management of patient clinical and support care activities.</p>		<p>2008 EP Text: 14. During planned exercises the {jc}organization{/2} monitors, at a minimum, the following six critical areas: {jc}Patient{/1} clinical and support care activities.</p>	

<p>2009 Standard: EM.03.01.03</p> <p>2009 EP Text:</p> <p>Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).</p>	<p>2009 EP: 13</p>	<p>2008 Standard: EC.4.20</p> <p>2008 EP Text:</p> <p>15. All exercises are critiqued to identify deficiencies and opportunities for improvement based upon all monitoring activities and observations during the exercise.</p>	<p>2008 EP: 15</p> <p>Revision Code: Consolidate</p>
<p>2009 Standard: EM.03.01.03</p> <p>2009 EP Text:</p> <p>Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).</p>	<p>2009 EP: 13</p>	<p>2008 Standard: EC.4.20</p> <p>2008 EP Text:</p> <p>16. Completed exercises are critiqued through a multi-disciplinary process that includes administration, clinical (including physicians), and support staff.</p>	<p>2008 EP: 16</p> <p>Revision Code: Consolidate</p>
<p>2009 Standard: EM.03.01.03</p> <p>2009 EP Text:</p> <p>The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.</p>	<p>2009 EP: 14</p>	<p>2008 Standard: EC.4.20</p> <p>2008 EP Text:</p> <p>15. All exercises are critiqued to identify deficiencies and opportunities for improvement based upon all monitoring activities and observations during the exercise.</p>	<p>2008 EP: 15</p> <p>Revision Code: Consolidate</p>
<p>2009 Standard: EM.03.01.03</p> <p>2009 EP Text:</p> <p>The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.</p>	<p>2009 EP: 14</p>	<p>2008 Standard: EC.4.20</p> <p>2008 EP Text:</p> <p>16. Completed exercises are critiqued through a multi-disciplinary process that includes administration, clinical (including physicians), and support staff.</p>	<p>2008 EP: 16</p> <p>Revision Code: Consolidate</p>
<p>2009 Standard: EM.03.01.03</p> <p>2009 EP Text:</p> <p>The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, is communicated to the improvement team responsible for monitoring environment of care issues. (See also EC.04.01.05, EP 3)</p>	<p>2009 EP: 15</p>	<p>2008 Standard: EC.4.20</p> <p>2008 EP Text:</p> <p>19. The strengths and weaknesses identified during exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues (see EC.9.20).</p>	<p>2008 EP: 19</p> <p>Revision Code: Retain</p>
<p>2009 Standard: EM.03.01.03</p> <p>2009 EP Text:</p> <p>The hospital modifies its Emergency Operations Plan based on its evaluations of emergency response exercises and responses to actual emergencies. Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.</p>	<p>2009 EP: 16</p>	<p>2008 Standard: EC.4.20</p> <p>2008 EP Text:</p> <p>18. Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise. Note: When improvements require substantive resources that can not be accomplished by the next planned exercise, interim improvements must be put in place until final resolution.</p>	<p>2008 EP: 18</p> <p>Revision Code: Split</p>

2009 Standard: EM.03.01.03**2009 EP:** 16**2009 EP Text:**

The hospital modifies its Emergency Operations Plan based on its evaluations of emergency response exercises and responses to actual emergencies.
Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.

2009 Standard: EM.03.01.03**2009 EP:** 17**2009 EP Text:**

Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.

2008 Standard: EC.4.20**2008 EP:** 17**2008 EP Text:**

17. The {jc}organization{/2} modifies its emergency operations plan in response to critiques of exercises.

Revision Code: Consolidate

2008 Standard: EC.4.20**2008 EP:** 18**2008 EP Text:**

18. Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise. Note: When improvements require substantive resources that can not be accomplished by the next planned exercise, interim improvements must be put in place until final resolution.

Revision Code: Split