

# Revised Chapter

Program: HAP Chapter: EM

**Revised Standard: EM.01.01.01**

**Revised Text:** The [organization] plans how it will manage the consequences of emergencies. Note: An emergency is an unexpected or sudden event (such as an electrical system failure in the organization, a security threat involving visitors or patients, or a small fire confined to an unoccupied office). An emergency is also a natural or human-made event that significantly disrupts the environment of care, or results in a sudden, significantly changed or increased demand for the organization's services.

EP	Revised EP Text
1	The [organization]'s leaders, including those of the medical staff, actively participate in emergency management planning.
2	The [organization] conducts a Hazard Vulnerability Analysis. The findings of this analysis are documented.
3	The Hazard Vulnerability Analysis identifies potential emergencies that could affect demand for the organization's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. Footnote: Managing a potential surge in infectious patients is addressed in "Infection Prevention and Control."
4	The [organization], together with its community partners, prioritizes the hazards, threats, and events identified in its Hazard Vulnerability Analysis and documents these priorities. (See also EM.03.01.01, EP 6) Note: 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.
5	The [organization] 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 annual review of its Plan and whenever needs or vulnerabilities change.
6	The [organization]'s incident command structure is integrated into and consistent with its community's command structure.
7	The [organization] keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including personal protective equipment, water, fuel, staffing, and medical, surgical, and pharmaceuticals resources and assets. (See also EM.02.02.03, EP7)
8	The [organization] conducts an annual review of its risks and hazards as defined in the Hazard Vulnerability Analysis, the objectives and scope of its Emergency Operations Plan, and its inventory process; the findings of this review are documented.

**Revised Standard: EM.02.01.01****Revised Text:** The [organization] has an Emergency Operations Plan.

EP	Revised EP Text
1	The [organization] develops and maintains a written Emergency Operations Plan that describes for each emergency identified in its Hazard Vulnerability Analysis, the mitigation activities designed to reduce the risk of and potential damage from an emergency. Note: Mitigation, preparedness, response, and recovery are the 4 phases of emergency management.
2	The [organization] develops and maintains a written Emergency Operations Plan that describes: the preparedness activities that will organize and mobilize essential resources for each emergency identified in its Hazard Vulnerability Analysis. Footnote: The [organization]'s plans for the continuity of information management processes are in "Information Management" at IM.01.01.03.
3	The [organization] develops and maintains a written Emergency Operations Plan that describes: the response procedures for each emergency identified in its Hazard Vulnerability Analysis.
4	The Emergency Operations Plan identifies the [organization]'s capabilities and establishes response procedures for when the [organization] cannot be supported by the local community in the organization's efforts to provide communications, resources and assets, security and safety, staff, utilities, or [patient] care for at least 96 hours. Note: Organizations are not required to stockpile supplies to last for 96 hours of operation. However, organizations need to evaluate alternative strategies that may allow them to respond safely for 96 hours until help arrives or the emergency is over. Alternative strategies may include maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the organization to new [patient]s, staged evacuation and total evacuation.
5	The [organization] 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] for each emergency identified in its Hazard Vulnerability Analysis.
6	The [organization]'s Emergency Operations Plan establishes an incident command structure for coordinating communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities within the [organization] during an emergency (EM.02.02.01 through EM.02.02.15). Note: Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. The organization's "all hazards" approach to emergency preparedness supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause.
7	The Emergency Operations Plan describes the processes for initiating and terminating the organization's response and recovery phases of the emergency response, including under what circumstances these phases are activated.
8	The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.

- 9 The Emergency Operations Plan identifies alternative sites for [care, treatment or services] that meet the needs of its [patient]s during emergencies.
- 10 If the [organization] experiences an actual emergency, the organization implements its response procedures related to [care, treatment, or services] for its [patient]s.

**Revised Standard: EM.02.02.01**

**Revised Text:** The [organization] prepares for continuing communications during emergencies.

EP	Revised EP Text
1	The Emergency Operations Plan defines: how staff will be notified that emergency response procedures have been initiated.
2	The Emergency Operations Plan defines: how the [organization] will communicate information and instructions to its staff during an emergency.
3	The Emergency Operations Plan describes: how the [organization] will notify external authorities that emergency response measures have been initiated.
4	The Emergency Operations Plan describes: how the [organization] will communicate with external authorities during an emergency.
5	The Emergency Operations Plan describes: how the [organization] will communicate with [patient]s and their families, including how it will notify families when [patient]s are relocated to alternative care sites.
6	The Emergency Operations Plan describes: how the [organization] will communicate with the community or the media during an emergency.
7	The Emergency Operations Plan describes: how the [organization] will communicate with purveyors of essential supplies, services, and equipment during an emergency.
8	The Emergency Operations Plan describes how the [organization] will communicate with other health care organizations in their contiguous geographic area regarding: the names and roles of individuals in their command structures and their command center telephone numbers.
9	The Emergency Operations Plan describes how the [organization] will communicate with other health care organizations in their contiguous geographic area regarding: the essential elements of their command structures and their control centers for emergency response.
10	The Emergency Operations Plan describes how the [organization] will communicate with other health care organizations in their contiguous geographic area regarding: the resources and assets that could be shared in an emergency response.
11	The Emergency Operations Plan describes: how and under what circumstances the [organization] will communicate the names of [patient]s and the deceased with other health care organizations in the contiguous geographic area.
12	The Emergency Operations Plan describes: how the [organization] will communicate information about [patient]s to third parties (such as other health care organizations, the state health department, police, FBI, et cetera).

- 13 The Emergency Operations Plan describes: how the [organization] will communicate with identified alternative care sites.
- 14 The [organization] establishes backup communication systems and technologies for the communication activities identified in EM.02.02.01, EPs 1 - 13.
- 15 The [organization] implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.

**Revised Standard: EM.02.02.03**

**Revised Text:** The [organization] prepares for managing resources and assets during emergencies.

EP	Revised EP Text
1	The Emergency Operations Plan describes: how the [organization] 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 stockpiled by the [organization], its affiliates, or local, state, or federal sources.
2	The Emergency Operations Plan describes: how the [organization] 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.
3	The Emergency Operations Plan describes: how the [organization] will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency (for example, food, linen, [patient] gowns, et cetera).
4	The Emergency Operations Plan describes: how the [organization] will share resources and assets with other health care organizations within the community, if necessary. Note: Examples of resources and assets that might be shared include personnel, beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies, et cetera.
5	The Emergency Operations Plan describes: how the [organization] will share resources and assets with other health care organizations outside of the community, if necessary, in the event of a regional or prolonged disaster. Note: Examples of resources and assets that might be shared include personnel, beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies, et cetera.
6	The [organization] establishes methods for monitoring quantities of resources and assets during an emergency. (See also EM.01.01.01, EP7)
7	The Emergency Operations Plan describes: how the [organization] will evacuate (horizontally and, when required by circumstances, vertically) when the environment cannot support [care, treatment, and/or services].
9	The Emergency Operations Plan describes: the [organization]'s arrangements for transporting some or all [patient]s, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support [care, treatment, and/or services].
10	The Emergency Operations Plan describes: the [organization]'s arrangements for transporting pertinent information, including essential clinical and medication-related information, with [patient]s moving to alternative care sites.
12	The [organization] implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.

**Revised Standard:** EM.02.02.05

**Revised Text:** The [organization] prepares for managing security and safety during an emergency.

EP	Revised EP Text
1	The Emergency Operations Plan describes the [organization]'s arrangements for internal security and safety.
2	The Emergency Operations Plan identifies the roles that community security agencies (for example, police, sheriff, national guard, et cetera) will have in the event of an emergency and defines how the [organization] will coordinate security activities with these agencies.
3	The Emergency Operations Plan describes: how the [organization] will manage hazardous materials and waste.
4	The Emergency Operations Plan describes: how the [organization] will provide for radioactive, biological, and chemical isolation and decontamination.
6	The Emergency Operations Plan describes: how the [organization] will control entrance into and out of the health care facility during an emergency.
7	The Emergency Operations Plan describes: how the [organization] will control the movement of individuals within the health care facility during an emergency.
8	The Emergency Operations Plan describes: the [organization]'s arrangements for controlling traffic that accesses the health care facility during an emergency.
9	The [organization] implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

**Revised Standard:** EM.02.02.07

**Revised Text:** The [organization] prepares for managing staff during an emergency.

EP	Revised EP Text
2	The Emergency Operations Plan describes: the roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and clinical activities.
4	The Emergency Operations Plan identifies the individual(s) to whom staff report in the [organization]'s incident command structure.
5	The Emergency Operations Plan describes how the [organization] will manage staff support needs (for example, housing, transportation, incident stress debriefing, et cetera).
6	The Emergency Operations Plan describes how the [organization] will manage the family support needs of staff (for example, child care, elder care, communication, et cetera).
7	The [organization] trains staff for their assigned roles for emergencies.
8	The [organization] communicates in writing to licensed independent practitioners their role(s) in emergency response and the name(s) of the individual(s) to whom they report during an emergency.
9	The Emergency Operations Plan describes how the [organization] will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. Note: This identification could include identification cards, wrist bands, vests, hats, badges, et cetera.
10	The [organization] implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.

**Revised Standard:** EM.02.02.09

**Revised Text:** The [organization] prepares for managing utilities during an emergency.

EP	Revised EP Text
2	As part of its Emergency Operations Plan, the [organization] identifies alternative means of providing: electricity.
3	As part of its Emergency Operations Plan, the [organization] identifies alternative means of providing: water needed for consumption and essential care activities.
4	As part of its Emergency Operations Plan, the [organization] identifies alternative means of providing: water needed for equipment and sanitary purposes.
5	As part of its Emergency Operations Plan, the [organization] identifies alternative means of providing: fuel required for building operations, generators, and essential transport activities.
6	As part of its Emergency Operations Plan, the [organization] identifies alternative means of providing: medical gas/vacuum systems.
7	As part of its Emergency Operations Plan, the [organization] identifies alternative means of providing: utility systems that the [organization] defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).
8	The organization implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

**Revised Standard: EM.02.02.11**

**Revised Text:** The [organization] prepares for managing [patient]s during emergencies.

EP	Revised EP Text
2	The Emergency Operations Plan describes: how the organization will manage the clinical activities required as part of [patient] scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.
3	The Emergency Operations Plan describes: how the organization will manage clinical services for vulnerable populations served by the [organization], including [patient]s who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.
4	The Emergency Operations Plan describes: how the [organization] will manage the personal hygiene and sanitation needs of its [patient]s.
5	The Emergency Operations Plan describes: how the [organization] will manage the mental health service needs of its [patient]s that occur as a result of the emergency.
6	The Emergency Operations Plan describes: how the [organization] will manage mortuary services.
7	The Emergency Operations Plan describes: how the [organization] will document and track [patient]s' clinical information.
10	The [organization] implements the components of its Emergency Operations Plan that require advance preparation to manage [patient]s during an emergency.

**Revised Standard: EM.02.02.13**

**Revised Text:** During emergencies, 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 ability to provide safe and effective care, and requires outside assistance to sustain [patient] care, safety, or security functions.

EP	Revised EP Text
1	The [organization] grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Management Plan has been activated and the [organization] is unable to meet immediate [patient] needs.
2	The medical staff identifies in its bylaws the titles of those responsible for granting disaster privileges.
3	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, clinical record review, et cetera).
4	The [organization] determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners.
5	<p>Before a volunteer is considered eligible to function as a licensed independent practitioner, the [organization] obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least 1 of the following:</p> <ul style="list-style-type: none"> <li>- A current picture identification card from a health care organization that clearly identifies professional designation.</li> <li>- A current license to practice.</li> <li>- Primary source verification of licensure.</li> <li>- 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 organization or group.</li> <li>- Identification indicating that the individual has been granted authority by a government entity to provide [patient] [care, treatment, or services] in disaster circumstances.</li> <li>- Identification by [organization] with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.</li> </ul>
6	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 [organization], whichever comes first. 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.
7	If primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, it is performed as soon as possible.

- 8 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 [organization] documents of 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, or services].
  - Evidence of the organization's attempt to perform primary source verification as soon as possible.
- 9 The medical staff oversees the performance of volunteer licensed independent practitioners.
- 10 Based on its oversight of each volunteer licensed independent practitioner, the [organization] determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

**Revised Standard: EM.02.02.15**

**Revised Text:** During emergencies, the [organization] may assign disaster responsibilities to volunteers who are not licensed independent practitioners. Note: The volunteer practitioners addressed by this standard include only those practitioners who are required by law and regulation to have a license, certification, or registration and who cannot practice independently. While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, safeguards in the elements of performance are intended to assure that volunteer practitioners are competent to provide safe and adequate [care, treatment, and services].

EP

**Revised EP Text**

- 1 The [organization] assigns disaster responsibilities to volunteer practitioners only when the Emergency Operations Plan has been activated and the [organization] is unable to meet immediate [patient] needs.
- 2 The [organization] identifies in writing the titles of those responsible for assigning disaster responsibilities.
- 3 The [organization] describes in writing how it will oversee the performance of volunteer practitioners who are assigned disaster responsibilities (for example, by direct observation, mentoring, clinical record review, et cetera).
- 4 The [organization] determines how it will distinguish volunteer practitioners from its staff.
- 5 Before a volunteer practitioner is considered eligible to function as a practitioner, the [organization] obtains his or her valid government-issued photo identification (e.g. driver’s license or passport) and 1 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 organization 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.
  - Identification by [organization] staff with personal knowledge of the volunteer practitioner’s ability to act as a qualified practitioner during a disaster.
- 6 Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer 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 [organization], whichever comes first. 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.

- 7 If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of a volunteer practitioner cannot be completed within 72 hours due to extraordinary circumstances, it is performed as soon as possible.
- 8 If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner cannot be completed within 72 hours due to extraordinary circumstances, the [organization] documents all of the following:
  - Reason(s) why it could not be performed within 72 hours.
  - Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate [care, treatment, or services].
  - Evidence of the [organization]'s attempt to perform primary source verification as soon as possible.
- 9 The [organization] oversees the performance of volunteer practitioners.
- 10 Based on its oversight of each volunteer practitioner, the [organization] determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

**Revised Standard: EM.03.01.01**

**Revised Text:** The [organization] evaluates the effectiveness of its Emergency Operations Plan.

EP	Revised EP Text
1	The [organization] activates its Emergency Operations Plan twice a year as emergency response exercises. Note: If the [organization] activates its Plan in response to 1 or more actual emergencies, these emergencies can serve in place of emergency response exercises. Note: Tabletop sessions, though useful, cannot serve for an entire emergency response exercise. However, parts of the exercise -- specifically the escalation and the community-wide participation portions -- can be performed as tabletop sessions.
2	At least 1 of the [organization]'s emergency response exercises includes an influx of simulated [patient]s. Note: Tabletop sessions, though useful, cannot serve for this portion of the exercise. Note: This portion of the emergency response exercise can be conducted in conjunction with EM.03.01.01, EPs 3 and 4.
3	At least 1 of the [organization]'s emergency response exercises includes an escalating event in which the local community is unable to support the [organization]. Note: Tabletop sessions are acceptable in meeting the escalating event portion of this exercise. Note: This portion of the emergency response exercise can be conducted in conjunction with EM.03.01.01, EPs 2 and 4.
4	When the [organization] has a defined role in the community response plan, 1 of the emergency response exercises includes participation in a community-wide exercise. Note: Tabletop sessions are acceptable in meeting the community-wide portion of this exercise. Note: This portion of the emergency response exercise can be conducted in conjunction with EM.03.01.01, EPs 2 and 3.
5	When an [organization] has freestanding buildings classified as an ambulatory health care occupancy, it activates its Emergency Operations Plan twice a year at this site as emergency response exercises. Note: If the [organization] activates its Plan in response to 1 or more actual emergencies, these emergencies can serve in place of emergency response exercise. Note: Tabletop sessions, though useful, can not serve for an entire exercises. Footnote: For information on National Fire Protection Association building classifications, see NFPA 101-2000.
6	When an [organization] has a freestanding building classified as a business occupancy that offers emergency services or is designated as a community disaster receiving station, this building activates its Emergency Operations Plan twice a year as emergency response exercises. Note: If the [organization] activates its Plan in response to 1 or more actual emergencies, these emergencies can serve in place of emergency response exercises. Note: For information on National Fire Protection Agency building classifications, see NFPA 101-2000.
7	When an [organization] has a freestanding building classified as a business occupancy that neither offers emergency services nor is designated as a community disaster receiving station, this building activates its Emergency Operations Plan once a year as an emergency response exercise. Note: If the [organization] activates its Plan in response to an actual emergency, this emergency can serve in place of an emergency response exercise. Note: For information on National Fire Protection Agency building classifications, see NFPA 101-2000.

- 8 Emergency response exercises reflect likely disaster scenarios that are related to the priority emergencies identified in the [organization]'s Hazard Vulnerability Analysis. (See also EM.01.01.01, EP 4)
- 9 During emergency response exercises, an individual(s) whose sole responsibility during these exercises is to monitor performance documents opportunities for improvement. Note: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the [organization].
- 10 During emergency response exercises, the [organization] 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.
- 11 During emergency response exercises, the [organization] monitors resource mobilization and allocation, including responders, equipment, supplies, personal protective equipment, and transportation.
- 12 During emergency response exercises: the [organization] monitors its management of safety and security.
- 13 During emergency response exercises: the [organization] monitors its management of staff roles and responsibilities.
- 14 During emergency response exercises: the [organization] monitors its management of utility systems.
- 15 During emergency response exercises: the [organization] monitors its management of [patient] clinical and support care activities.
- 16 All emergency response exercises and all responses to actual emergencies are evaluated using a multidisciplinary process (including licensed independent practitioners) to identify deficiencies and opportunities for improvement based on all monitoring activities and observations during the exercise. The results of this evaluation are documented.
- 17 The [organization] modifies its Emergency Operations Plan based on its evaluations of emergency response exercises and responses to actual emergencies. Subsequent exercises must reflect these modifications to the Plan. Note: When improvements requiring substantive resources cannot be accomplished by the next emergency response exercise, interim improvements are put in place until final resolution can be achieved.
- 18 The strengths and weaknesses identified during emergency response exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues.