



THE JOINT COMMISSION

2022 Emergency Management Standards Update Crosswalk

TABLE OF CONTENTS

EM 09.01.01	Page 2
EM 10.01.01	Page 5
EM 11.01.01	Page 9
EM 12.01.01	Page 11
EM 13.01.01	Page 31
EM 14.01.01	Page 34
EM 15.01.01	Page 35
EM 16.01.01	Page 38
EM 17.01.01	Page 41

Effective July 1, 2022, new and revised Emergency Management (EM) chapter standards will be applicable to all Joint Commission-accredited hospitals and critical access hospitals.

This comes after a comprehensive review and rewrites by The Joint Commission. The existing EM chapter standards and elements of performance (EM.0.01.01 through EM.04.01.01) were deleted, replaced with new standards and supporting elements of performance. There are also some changes to the environment of care (LC) and leadership (LD) standards that involved emergency management.

For more information on the revised emergency management standards, you can [visit The Joint Commission website](#) as well.

EM 09.01.01

THE HOSPITAL HAS A COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM THAT UTILIZES AN ALL-HAZARDS APPROACH.

The emergency management program is a critical component of an overall integrated resiliency framework. Ideally, the development of the emergency management program is in collaboration with other key areas, including risk management, facilities services interruption management, IT disaster recovery, and continuity planning to ensure a comprehensive program that encompasses the needs of the entire hospital or enterprise.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following: <ul style="list-style-type: none">• Leadership structure and program accountability• Hazard vulnerability analysis• Mitigation and preparedness activities• Emergency operations plan and policies and procedures• Education and training• Exercises and testing• Continuity of operations plan• Disaster recovery• Program evaluation	EM 02.01.01 EM 02.02.05 EM 02.02.07 EM 02.02.11 EM 03.01.01 EM 03.01.03 EM 04.01.01	Overall, the EP has transitioned to focus on the development and refinement of an overarching emergency management program, with specific response documents encompassed within that program.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>2, D) If the hospital is part of a health care system that has a unified and integrated emergency management program, and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> • Each separately certified hospital within the system actively participates in the development of the unified and integrated emergency management program • The program is developed and maintained in a manner that takes into account each separately certified hospital's unique circumstances, patient population, and services offered • Each separately certified hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program • A documented community-based risk assessment utilizing an all-hazards approach • A documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified hospital within the health system • Unified and integrated emergency plan • Integrated policies and procedures • Coordinated communication plan • Training and testing program 	<p>EM 04.01.01 EP 1-3</p>	<p>No major changes.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
3) The hospital complies with all applicable federal, state, and local emergency preparedness laws and regulations.	EM 02.02.13 EM 02.02.15	Additional specificity regarding compliance with emergency preparedness laws and regulations, versus collaboration and communication as previous standards have focused on.
4, D) For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital has one or more transplant programs the following must occur: <ul style="list-style-type: none"> • A representative from each transplant program must be included in the development and maintenance of the hospital's emergency preparedness program • The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the organ procurement organization (OPO) for the donation service area where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency. 	EM 02.02.01 EP 13	No major changes.

EM 10.01.01

HOSPITAL LEADERSHIP PROVIDES OVERSIGHT AND SUPPORT OF THE EMERGENCY MANAGEMENT PROGRAM.

Governance of the emergency management program should include an enterprise-wide strategy and framework to support leadership engagement. Defining effective metrics for the program can support tracking and reporting maturity and performance.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1) The hospital's senior leaders provide oversight and support for the following emergency management program activities:</p> <ul style="list-style-type: none">• Allocation of resources for the emergency management program• Review of the emergency management program documents• Review of the emergency operations plan, policies, training, and education that supports the emergency management program• Review of after-action reports (AAR) and improvement plans <p>Note 1: The hospital defines who the member(s) of the senior leadership group are as well as their roles and responsibilities for EM-related activities.</p>	<p>EM 02.01.01 EP 1</p> <p>EM 03.01.01 EP 4</p>	"Medical staff" are no longer explicitly identified for oversight of the emergency management program activities. This EP notes specific responsibilities of Senior Leadership than previously identified, including additional oversight of the after-action and improvement planning process.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement. (See also LD.01.03.01, EP 5)</p>		
<p>2) The hospital's senior leaders identify a qualified individual to lead the emergency management program who has defined responsibilities, including, but not limited to, the following:</p> <ul style="list-style-type: none"> • Develops and maintains the emergency operations plan and policies and procedures • Implementation of the four phases of emergency management (mitigation, preparedness, response, and recovery) • Implementation of emergency management activities across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities) • Coordinates the emergency management exercises and develops after-action reports • Collaboration across clinical and operational areas to implement organization wide emergency management • Identification of and collaboration with community response partners 	EM 01.01.01	<p>This is a new EP that requires identification of an individual to lead the program. The nuance here is the new standard specifies that an INDIVIDUAL is identified to lead the program. The previous standards described preparedness requirements as a function, not based on individuals.</p> <p>EOPs will need to be updated to describe the qualifications of the individual selected to lead the program.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note: Education, training, and experience in emergency management should be taken into account when considering the qualifications of the individual who leads the program.</p>		
<p>3) The hospital has a multidisciplinary committee that oversees the emergency management program. The committee includes the emergency program lead and other participants identified by the hospital; meeting frequency, goals, and responsibilities are defined by the committee.</p> <p>Note 1: Other multidisciplinary committee participants may include representatives from senior leadership, nursing services, medical staff, pharmacy services, infection prevention and control, facilities engineering, security, and information technology.</p> <p>Note 2: The multidisciplinary committee that oversees the emergency management program may be incorporated into an existing committee.</p>	<p>EM 01.01.01 EP 1</p> <p>EM 02.01.01 EP 1</p> <p>EM 03.01.01 EP 4, EP 15</p>	<p>More specificity related to requirement of a multidisciplinary committee oversight. This may be incorporated into an existing committee.</p>
<p>4) The multidisciplinary committee provides input and assists in the coordination of the preparation, development, implementation, evaluation, and maintenance of the hospital's emergency management program. The activities include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hazard vulnerability analysis • Emergency operations plan, policies, and procedures 	<p>EM 01.01.01 EP 1</p> <p>EM 02.01.01 EP 1</p>	<p>More specificity related to requirement of a multidisciplinary committee oversight, and the activities they are required to focus on</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<ul style="list-style-type: none"> • Continuity of operations plan • Training and education • Planning and coordinating incident response exercises (seminars; workshops; tabletop exercises; functional exercises, full-scale, community-based exercises) • After-action reports and improvement plans <p>Note: An after-action report (AAR) provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.</p>		<p>as part of the emergency management program.</p>

EM 11.01.01

THE HOSPITAL CONDUCTS A HAZARD VULNERABILITY ANALYSIS UTILIZING AN ALL-HAZARDS APPROACH.

Understanding the types of hazards and relative impact the facility may encounter is best defined by conducting a risk assessment. While all-hazards planning provides a well-rounded approach to resiliency, this type of assessment supports the facility's planning and preparedness for hazards that may result in facility, patient care, operations, and/or financial impacts.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1, D) The hospital conducts a facility-based hazard vulnerability analysis (HVA) using an all-hazards approach that includes the following:</p> <ul style="list-style-type: none">• Hazards that are likely to impact the hospital's geographical region, community, facility, and patient population• A community-based risk assessment (such as those developed by external emergency management agencies)• Separate HVAs for its other accredited facilities if they significantly differ from the main site Note: A separate HVA is only required if the accredited facilities are in different geographic locations; have different hazards or threats; or the patient population and services offered are unique to this facility. <p>The findings are documented.</p>	<p>EM 01.01.01 EP 2, EP 3</p>	<p>Additional focus on the development of unique HVAs to capture the diversity in facilities and differences in how hazards may impact them.</p> <p>Developed HVAs should include a community-based risk assessment.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>2, D) The hospital's all-hazards vulnerability analysis includes the following:</p> <ul style="list-style-type: none"> • Natural hazards (such as flooding, wildfires) • Human-caused hazards (such as bomb threats or cyber/information technology crimes) • Technological hazards (such as utility or information technology outages) • Hazardous materials (such as radiological, nuclear, chemical) • Emerging infectious diseases (such as Ebola, Zika Virus, SARS-CoV-2) 	<p>EM 01.01.01 EP 2</p>	<p>Many facilities already utilize HVA models such as the Kaiser HVA, which encompasses the specific hazards listed in this EP. Comparing the hospital's existing HVA to the identified list of hazards in the EP is recommended.</p>
<p>3, D) The hospital evaluates and prioritizes the findings of the hazard vulnerability analysis to determine what presents the highest likelihood of occurring and the impacts those hazards will have on the operating status of the hospital and its ability to provide services. The findings are documented.</p>	<p>EM 01.01.01 EP 3</p>	<p>The EP has removed the requirement for community partners to participate in the evaluation and prioritization of HVA findings.</p>
<p>4) The hospital uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the hospital and helps reduce disruption of essential services or functions.</p>	<p>EM 01.01.01 EP 5, EP 6</p>	<p>No major changes.</p>

EM 12.01.01

THE HOSPITAL DEVELOPS AN EMERGENCY OPERATIONS PLAN BASED ON AN ALL-HAZARDS APPROACH.

The emergency operations plan encompasses procedures and resources to address all four emergency management phases. The EOP establishes the process for the activation, communication, and responsibilities of the incident management team. The document not only encompasses processes for leadership's responsibilities during an event but should also include department/unit specific information to ensure all stakeholders are aware of their role and able to accomplish their responsibilities during an event.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provide guidance to staff, volunteers, physicians, and other licensed practitioners on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following: <ul style="list-style-type: none">• Mobilizing incident command• Communications plan• Maintaining, expanding, curtailing, or closing operations• Protecting critical systems and infrastructure• Conserving and/or supplementing resources	EM 02.01.01 EP 2-7, EP 15, EP 16 EM 02.02.01 EP 1-22 EM 02.02.03 EM 02.02.05	No major changes.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<ul style="list-style-type: none"> • Surge plans (such as flu or pandemic plans) • Identifying alternate treatments areas or locations • Sheltering in place • Evacuating (partial or complete) or relocating services • Safety and security • Securing information and records 		
<p>2, D) The hospital's emergency operations plan identifies the patient population(s) that it will serve, including at-risk populations, and the types of services it would have the ability to provide in an emergency or disaster event.</p> <p>Note: At-risk populations such as the elderly, dialysis patients, or persons with physical or mental disabilities may have additional needs to be addressed during an emergency or disaster incident, such as medical care, communication, transportation, supervision, and maintaining independence.</p>	<p>EM 02.02.11 EP 4, EP 6</p>	<p>More specific alignment with CMS standards. This EP requires a more proactive identification of at-risk populations, and the services that can be provided for them. This EP expands the types of at-risk populations that should be considered.</p>
<p>3, D) The hospital's emergency operations plan includes written procedures for when and how it will shelter-in-place or evacuate (partial or complete) its staff, patients, and volunteers.</p> <p>Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation.</p>	<p>EM 02.02.01 EP 2, EP 15</p> <p>EM 02.02.03 EP 3</p>	<p>Additional focus on detailing sheltering plans and procedures at the department/unit level, versus the facility as a whole.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note 2: Safe evacuation from the hospital includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation.</p>	<p>EM 02.02.07 EP 2</p> <p>EM 02.02.11 EP 3, EP 12</p>	
<p>4, D) The emergency operations plan includes written procedures for how the hospital will provide essential needs for its staff and patients, whether they shelter-in-place or evacuate, that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • Food and other nutritional supplies • Medications and related supplies • Medical/surgical supplies • Medical oxygen and supplies • Potable or bottled water 	<p>EM 02.02.03 EP 1-3, EP 9, EP 12</p>	<p>No major changes.</p>
<p>5, D) The hospital's incident command structure describes the overall incident command operations, including specific incident command roles and responsibilities. The incident command structure is flexible and scalable to respond to varying types and degrees of emergencies or disaster incidents.</p> <p>Note: The incident command structure may include facilities, equipment, staff, procedures, and communications within a defined organizational structure.</p>	<p>EM 01.01.01 EP 7</p> <p>EM 02.02.07 EP 4</p>	<p>No major changes.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
6) The hospital's emergency operations plan includes a process for cooperating and collaborating with other health care facilities; health care coalitions; and local, tribal, regional, state, and federal emergency preparedness officials' efforts to leverage support and resources and to provide an integrated response during an emergency or disaster incident.	EM 02.02.01 EP 8-10, EP 22 EM 04.01.01 EP 3	This standard has explicitly included health care coalitions in community collaboration and cooperation.
7) The hospital identifies the individual(s) who has the authority to activate the hospital's emergency operations plan and/or the hospital's incident command.	EM 02.01.01 EP 6	No major changes.
8) The hospital identifies its primary and alternate sites for incident command operations and determines how it will maintain and support operations at these sites. Note 1: Alternate command center sites may include the use of virtual command centers. Note 2: Maintaining and supporting operations at alternate sites include having appropriate supplies, resources, communications, and information technology capabilities.	None	Requirement to identify alternate command center(s) for incident command operations, to include necessary resources to support operations.
9, D) The hospital must develop and implement emergency preparedness policies and procedures that address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the	EM 02.01.01 EP 14	Requirement to document the policies and procedures on how the

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> <p>Note 1: This element of performance is applicable only to hospitals that receive Medicare, Medicaid, or Children’s Health Insurance Program reimbursement.</p> <p>Note 2: For more information on 1135 waivers, visit: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities and https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf.</p>		<p>hospital would operate under an 1135 waiver, instead of the previous focus on the 1135 waiver request process.</p>

EM 12.02.01

THE HOSPITAL HAS A COMMUNICATIONS PLAN THAT ADDRESSES HOW IT WILL INITIATE AND MAINTAIN COMMUNICATIONS DURING AN EMERGENCY.

Communication is one of the most critical components of an integrated resiliency program. Ensuring situational awareness for stakeholders from multi-disciplinary teams is vital to the success of any emergency management program.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency. The list of contacts includes the following: <ul style="list-style-type: none">• Staff• Physicians and other licensed practitioners• Volunteers• Other health care organizations• Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies• Relevant community partners (such as, fire, police, local incident command, public health departments)• Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff)• Other sources of assistance (such as health care coalitions)	EM 02.02.01 EP 20	No major changes.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.</p>		
<p>2, D) The hospital's communications plan describes how it will establish and maintain communications in order to deliver coordinated messages and information during an emergency or disaster incident to the following individuals:</p> <ul style="list-style-type: none"> • Staff, licensed practitioners, and volunteers (including individuals providing care at alternate sites) • Patients and family members, including people with disabilities and other access and functional needs • Community partners (such as, fire department, emergency medical services, police, public health department) • Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) • Media and other stakeholders <p>Note: Examples of means of communication include text messaging, phone system alerts, email, social media, and augmentative and alternative communication (AAC) for those with difficulties communicating using speech.</p>	<p>EM 02.02.01 EP 1-6</p>	<p>Requirement to include a communication plan with suppliers has been removed, however it is recommended they continue to be included.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>3, D) The hospital's communication plan describes how the hospital will communicate with and report information about its organizational needs, available occupancy, and ability to provide assistance to relevant authorities.</p> <p>Note: Examples of hospital needs include shortages in personal protective equipment, staffing shortages, evacuation or transfer of patients, and temporary loss of part or all organization function.</p>	<p>EM 02.02.01 EP 10</p>	<p>The new EP expands on previous requirements to include a communication plan for the hospital to report their resource needs and status with external authorities.</p>
<p>4, D) The emergency response communications plan identifies the hospital's warning and notification alerts specific to emergency and disaster events and the procedures to follow when an emergency or disaster incident occurs.</p>	<p>EM 02.02.01</p>	<p>Expansion on previous requirements to include procedures for utilization of the hospital warning and notification system(s).</p>
<p>5, D) In the event of an emergency or evacuation, the hospital's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the hospital's care to the following individuals or entities, in accordance with law and regulation:</p> <ul style="list-style-type: none"> • Patient's family, representative, or others involved in the care of the patient • Disaster relief organizations and relevant authorities • Other health care providers 	<p>EM 02.02.01 EP 11, EP 12, EP 21</p>	<p>No major changes.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).</p>		
<p>6, D) The hospital's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for the following:</p> <ul style="list-style-type: none"> • How and when alternate/back-up communication methods are used • Verifying that its communications systems are compatible with those of community partners and relevant authorities the hospital plans to communicate with • Testing the functionality of the hospital's alternate/back-up communication systems or equipment. <p>Note: Examples of alternate/back-up communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, reverse 911 notification systems.</p>	<p>EM 02.02.01 EP 14</p>	<p>More detailed requirements for utilization of primary and alternate communication modalities.</p>

EM 12.02.03

THE HOSPITAL HAS A STAFFING PLAN FOR MANAGING ALL STAFF AND VOLUNTEERS DURING AN EMERGENCY OR DISASTER INCIDENT.

Staff are a critical resource to support the operations of a healthcare organization. Plans should indicate staffing requirements to support daily operations and indicate minimum staffing resources that could be utilized in emergency situations.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1, D) The hospital develops a staffing plan for managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or during a patient surge. The plan includes the following:</p> <ul style="list-style-type: none">• Methods for contacting off-duty staff, physicians, and other licensed practitioners• Acquiring staff, physicians, and other licensed practitioners from its other health care facilities• Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deployed as part of the disaster medical assistance teams <p>Note: If the hospital determines that it will never use volunteers during disasters, this is documented in its plan.</p>	EM 02.02.07	No major changes.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>2, D) The hospital's staffing plan addresses the management of all staff and volunteers as follows:</p> <ul style="list-style-type: none"> • Reporting processes • Roles and responsibilities for essential functions • Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities 	EM 02.02.07	Inclusion of integrating staffing agencies and medical assistance teams into an overarching staffing plan.
<p>4, D) The hospital's staffing plan describes in writing how it will manage volunteer licensed practitioners when the Emergency Operations Plan has been activated and the hospital is unable to meet its patient needs. The hospital does the following:</p> <ul style="list-style-type: none"> • Verifies and documents the identity of all volunteer licensed practitioners • Primary source verification of licensure is completed as soon as the immediate situation is under control or within 72 hours from the time the volunteer licensed practitioner presents to the organization • Provides oversight of the care, treatment, and services provided by volunteer licensed practitioners <p>Note: If primary source verification of licensure cannot be completed within 72 hours, the hospital documents the reason(s) it could not be performed</p>	<p>EM 02.02.07 EP 14</p> <p>EM 02.02.13 EM 02.02.15</p>	No major changes.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
5, D) The hospital identifies the individual(s) responsible for granting disaster privileges to volunteer physicians and other licensed practitioners (such APRNs and PAs) and has a process for granting these privileges. This is documented in the medical staff bylaws, rules and regulations, or policies and procedures.	EM 02.02.13 EM 02.02.15	No major changes.
6, D) The emergency response staffing plan describes how it will provide employee assistance and support, which includes the following: <ul style="list-style-type: none"> • Staff support needs (for example, housing or transportation) • Family support needs of staff (for example, childcare, elder care) • Mental health and wellness needs 	EM 02.02.07 EP 5 EM 02.02.07 EP 6	No major changes.

EM 12.02.05

THE HOSPITAL HAS A PLAN FOR PROVIDING PATIENT CARE AND CLINICAL SUPPORT DURING AN EMERGENCY OR DISASTER INCIDENT.

It is important for healthcare organizations to identify plans to continue clinical functions and include supporting functions that would be required for the delivery of patient care.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital's plan for providing patient care and clinical support includes written procedures and arrangements with other hospitals and providers for how it will share patient care information and medical documentation and how it will transfer patients to other health care facilities to maintain continuity of care.	EM 02.02.11 EP 2, EP 8, EP 12	No major changes.
2, D) The hospital's plan for providing patient care and clinical support includes written procedures for managing individuals that may present during a disaster or emergency that are not in need of medical care (such as visitors).	None	Specification of documenting policies and procedures for care and support of individuals who do not require medical care during a disaster or emergency.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
3) The hospital coordinates with the local medical examiner's office; local mortuary services; and other local, regional, or state services when there is a surge of unidentified or deceased patients.	EM 02.02.11 EP 7	Expansion on mortuary services requirements to include coordination with local ME or other mortuary service providers to manage a surge of unidentified or deceased patients.

EM 12.02.07

THE HOSPITAL HAS A PLAN FOR SAFETY AND SECURITY MEASURES TO TAKE DURING AN EMERGENCY OR DISASTER INCIDENT.

Understanding the capabilities and integration points of safety and security within a facility's response can support coordination between internal and external resources and ensure leadership can maintain awareness of risks to the organization.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital's has a plan for safety and security measures. The plan describes the roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency and how the hospital will coordinate security activities with these agencies.	EM 02.02.05 EP 3	No major changes.
2, D) The hospital's plan for safety and security measures includes a system to track the location of its on-duty staff and patients when sheltering-in-place, relocated, or evacuated. If on-duty staff and patients are relocated during an emergency, the hospital documents the specific name and location of the receiving facility or evacuation location. Note: Examples of systems used for tracking purposes include the use of established technology or tracking system(s) or taking head counts at defined intervals.	EM 02.02.07 EP 11 EM 02.02.11 EP 12	No major changes.

EM 12.02.09

THE HOSPITAL HAS A PLAN FOR MANAGING RESOURCES AND ASSETS DURING AN EMERGENCY OR DISASTER INCIDENT.

It is critical for the facility to identify and track resources required during a disaster to support operations; it is also important to work with vendor partners to ensure they have adequate continuity plans to meet the organization's needs. It may be important for healthcare organizations to work with their regional coalitions to better understand the supply and service vendors commonly sought in the region.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital's plan for managing its resources and assets describes in writing how it will document, track, monitor, and locate the following resources (on-site and off-site inventories) and assets during and after an emergency or disaster incident: <ul style="list-style-type: none">• Medications and related supplies• Medical/surgical supplies• Medical gases, including oxygen and supplies• Potable or bottled water and nutrition• Non-potable water• Laboratory equipment and supplies• Personal protective equipment	EM 01.01.01 EP 8 EM 02.02.03 EP 1-3, EP 6	No major changes.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<ul style="list-style-type: none"> • Fuel for operations • Equipment and nonmedical supplies to sustain operations <p>Note: The hospital should be aware of what resources and assets it has readily available and what resources and assets may be quickly depleted depending on the type of emergency or disaster incident.</p>		
<p>2, D) The hospital's plan for managing its resources and assets describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following:</p> <ul style="list-style-type: none"> • If part of a health care system, coordinating within the system to request resources • Coordinating with local supply chains or vendors • Coordinating with local, state, or federal agencies for additional resources • Coordinating with regional health care coalitions for additional resources • Managing donations (such as food, water, equipment, materials) <p>Note: High priority should be given to resources that are known to deplete quickly and are extremely competitive to receive and replenish (such as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids, antiviral and antibiotic medications).</p>	<p>EM 02.01.01 EP 2, EP 3</p> <p>EM 02.02.03 EP1, EP4, EP5</p>	<p>Additional detailed resource management requirements including coordination with regional healthcare coalitions.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>3, D) The hospital’s plan for managing its resources and assets describes in writing the actions the hospital will take to sustain the needs of the hospital for up to 96 hours based on calculations of current resource consumptions.</p> <p>Note 1: Hospitals are not required to remain fully functional for 96 hours nor required to stockpile 96 hours’ worth of supplies.</p> <p>Note 2: The 96-hour time frame provides a framework for hospitals to evaluate their abilities to be self-sufficient for at least 96 hours. For example, if a hospital loses electricity and has back- up generators, the emergency response plan for resources and assets establishes how much fuel is on hand and how long those generators can be operated before determining next steps. The plan may also address conservation of resources and assets such as rationing existing resources, canceling noncritical procedures, or redirecting resources.</p>	<p>EM 02.01.01 EP 3</p>	<p>No major changes.</p>

EM 12.02.11

THE HOSPITAL HAS A PLAN FOR MANAGING ESSENTIAL OR CRITICAL UTILITIES DURING AN EMERGENCY OR DISASTER INCIDENT.

Facilities Services Interruption Management (FSIM) plans should be developed with alternate strategies for each possible point of failure in the delivery of services.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital's plan for managing utilities describes in writing the utility systems that it considers as essential or critical to provide care, treatment, and services. Note: Essential or critical utilities to consider may include systems for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilating, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.	EM 02.02.01 EM 02.02.09	No major changes.
2, D) The hospital's plan for managing utilities describes in writing how it will continue to maintain essential or critical utility systems if one or more are impacted during an emergency or disaster incident.	EM 02.02.09	No major changes.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
3, D) The hospital's plan for managing utilities describes in writing alternative means for providing essential or critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, emergency generators.	EM 02.02.09	No major changes.
4, D) The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: <ul style="list-style-type: none"> • Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. • Emergency lighting • Fire detection, extinguishing, and alarm systems • Sewage and waste disposal <p>Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure.</p>	EM 02.02.09	Additional specified requirements regarding utility management plans.

EM 13.01.01

THE HOSPITAL HAS A CONTINUITY OF OPERATIONS PLAN.

Continuity of Operations Planning (also known as Business Continuity) encompasses the plans, procedures, and resources to quantify and prioritize departments and critical functions, followed by the development of strategies designed to maintain and/or recover mission-critical services and processes impacted by an event causing an interruption of normal operations. Similar to the EOP, it is important to develop plans and identify resources that may be leveraged at the department/unit level.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1, D) The hospital has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other departments leaders as determined by the hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.</p> <p>Note: The COOP provides guidance on how the hospital will continue to perform its essential business functions to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building</p>	EM 02.01.01 EP 12	Extensive expansion on continuity of operations planning requirements to include leadership participation in identification and prioritization of critical services or functions.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.</p>		
<p>2, D) The hospital's continuity of operations plan identifies in writing how and where it will continue to provide its essential business functions when the location of the essential or critical service has been compromised due to an emergency or disaster incident.</p> <p>Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.</p>	<p>EM 02.01.01 EP 12</p>	<p>Extensive expansion on identifying alternate locations to perform essential business functions.</p>
<p>3, D) The hospital has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties.</p>	<p>EM 02.01.01 EP 12</p>	<p>Identification and documentation of leadership or management personnel that can fulfill decision-making responsibilities if the primary individual(s) are not able.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>4, D) The hospital has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the hospital for specified purposes and to carry out specific duties.</p> <p>Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the hospital can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.</p>	<p>EM 02.01.01 EP 12</p>	<p>Identification and documentation of individuals that have decision making authority if the primary individual(s) are not available.</p>

EM 14.01.01

THE HOSPITAL HAS A DISASTER RECOVERY PLAN.

Encompassed within the emergency operations plan, the recovery plan identifies strategies for all types of emergencies or disasters. As part of the recovery strategy, it is important for organizations to assess the impact of an incident on the organization. These plans should also encompass the restoration of critical systems and essential services to support the organization in returning to normal operations as soon as practical.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
1, D) The hospital has a disaster recovery plan that describes in writing its strategies for when and how it will do the following: <ul style="list-style-type: none">• Conduct organization wide damage assessments• Restore critical systems and essential services• Return to full operations	EM 02.01.01 EP 4	Expansion on recovery requirements to include procedures for conducting damage assessments and restoration of critical systems and services.
2, D) The hospital's disaster recovery plan describes in writing how the hospital will address family reunification and coordinate with its local community partners to help locate and assist with the identification of adults and unaccompanied children.	None	Inclusion of plans and procedures for family reunification to include identifying unaccompanied children.

EM 15.01.01

THE HOSPITAL HAS AN EMERGENCY MANAGEMENT EDUCATION AND TRAINING PROGRAM.

The growth and success of the emergency management program are predicated on the ability to develop an education and training program that informs staff at all levels of the organization, what resources are available, and how to utilize them. Education and training should be tailored towards the different types of staff and professionals that work within a health care organization.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1, D) The hospital has a written education and training program in emergency management that is based on the hospital's prioritized risks identified as part of its hazard vulnerability analysis, the emergency operations plan, communication plan, and policies and procedures.</p> <p>Note: If the hospital has developed multiple hazard vulnerability analyses based on the location of other services offered, the education and training for those facilities are specific to their needs.</p>	EM 02.02.07 EP 13, EP 21	Requirement to provide education and training specifically focusing on the prioritized risks.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>2, D) The hospital provides initial education and training in emergency management to all new and existing staff, individuals providing services under arrangement, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following:</p> <ul style="list-style-type: none"> • Activation and deactivation of the emergency operations plan • Communications plan • Emergency response policies and procedures • Evacuation, shelter-in place, lockdown, and surge procedures • Where and how to obtain resources and supplies for emergencies (such as procedures manuals or equipment) <p>Documentation is required.</p>	<p>EM 02.02.07 EP 13, EP 21</p>	<p>See above.</p>
<p>3, D) The hospital provides ongoing education and training to all staff, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency:</p> <ul style="list-style-type: none"> • At least every two years • When roles or responsibilities change • When there are significant revisions to the emergency operations plan, policies, and/or procedures • When procedural changes are made during an emergency or disaster incident requiring just-in- time education and training <p>Documentation is required.</p>	<p>EM 02.02.07 EP 13, EP 21</p>	<p>See above.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.</p> <p>Note 2: Hospitals are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.</p>		
<p>4, D) The hospital requires that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure.</p> <p>Note: The hospital may choose to develop its own training, or it may require incident command staff to take an incident command–related course(s) such as those offered by the Federal Emergency Management Agency.</p>	<p>EM 02.02.07 EP 13, EP 21</p>	<p>No major changes.</p>

EM 16.01.01

THE HOSPITAL PLANS AND CONDUCTS EXERCISES TO TEST ITS EMERGENCY OPERATIONS PLAN AND RESPONSE PROCEDURES.

Development of the organizational capability is created through testing of emergency operations plans and response procedures. Increasing complexity of the testing program can continue to mature the organization's capabilities.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1, D) The hospital describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan. The planned exercises are based on the following:</p> <ul style="list-style-type: none">• Likely emergencies or disaster scenarios• Emergency operations plan and policies and procedures• After-action reports (AAR) and improvement plans• The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security) <p>Note 1: The planned exercises should attempt to stress the limits of its emergency response procedures in order to assess how prepared the hospital may be if a real event or disaster were to occur based on past experiences.</p>	<p>EM 03.01.01 EP 5</p>	<p>No major changes.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note 2: An AAR is a detailed critical summary or analysis of an emergency or disaster incident, including both planned and unplanned events. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.</p>		
<p>2, D) The hospital is required to conduct two exercises per year to test the emergency operations plan. One of the annual exercises must consist of an operations-based exercise as follows:</p> <ul style="list-style-type: none"> • Full-scale, community-based exercise; or • Functional, facility-based exercise when a community-based exercise is not possible • The other annual exercise must consist of either an operations-based or discussion-based exercise as follows: <ul style="list-style-type: none"> • Full-scale, community-based exercise; or • Functional, facility-based exercise; or • Mock disaster drill; or • Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. <p>Exercises and actual emergency or disaster incidents are documented (after-action reports).</p>	<p>EM 03.01.03 EP 3</p>	<p>No major changes.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note 1: The hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the hospital provides documentation that it activated its emergency operations plan.</p> <p>Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.</p>		
<p>3, D) Each accredited freestanding outpatient care building that provides patient care, treatment, or services is required to conduct at least one operations-based or discussion-based exercise per year to test its emergency response procedures, if not conducted in conjunction with the hospital's emergency exercises.</p> <p>Exercises and actual emergency or disaster incidents are documented.</p>	<p>EM 03.01.03 EP 3</p>	<p>No major changes.</p>

EM 17.01.01

THE HOSPITAL EVALUATES ITS EMERGENCY MANAGEMENT PROGRAM, EMERGENCY OPERATIONS PLAN, AND CONTINUITY OF OPERATIONS PLAN.

It is important to incorporate a review and evaluation process for the emergency management program as part of the organization's governance structure. Senior leadership should be actively involved as part of the governance of the program and have direct oversight into the implementation of improvement plan items.

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>1, D) The multidisciplinary committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AAR), identifies opportunities for improvement, and recommends actions to take to improve the emergency management program.</p> <p>The AARs and improvement plans are documented.</p> <p>Note 1: The review and evaluation addresses the effectiveness of its emergency response procedure, continuity of operations plans (if activated), training and exercise programs, evacuation procedures, surge response procedures, and activities related to communications, resources and assets, security, staff, utilities, and patients.</p>	<p>EM 03.01.03 EP 13, EP 14</p>	<p>Additional focus on leadership review and oversight of after-action and improvement planning processes as part of the continued improvement of the emergency management program.</p>

2022 TJC Standards & Elements of Performance	TJC Standards (2021)	Summary of Changes
<p>Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.</p>		
<p>2) The after-action reports identified opportunities for improvement, and recommended actions to improve the emergency management program are forwarded to senior hospital leadership for review.</p> <p>(See also LD.04.01.10, EP 2)</p>	<p>EM 03.01.01 EP 4</p> <p>EM 03.01.03 EP 14-16</p>	<p>More detailed inclusion of leadership review of after-action and improvement process.</p>
<p>3, D) The hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> • Hazard vulnerability analysis • Emergency management program • Emergency operations plan, policies, and procedures • Communications plan • Continuity of operations plan • Education and training program • Testing program 	<p>EM 03.01.03 EP 4, EP 16</p>	<p>Additional documentation on improvement planning process for each of the identified Emergency Management Program areas.</p>



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