The Joint Commission

# The Joint Commission
# Emergency Management Toolkit

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Section 1

# Emergency Management Program and HVA Leadership Tools

Per The Joint Commission's revised "Emergency Management" (EM) chapter,* health care organizations (HCOs) need to have a comprehensive, unified emergency management (EM) program that provides a framework for shared decision-making, internal and external collaborations, and allocation of available resources (such as staff, space, and supplies) so that HCOs can effectively prepare for, respond to, and recover from any type of emergency (Standard EM.09.01.01). The importance of the hazard vulnerability analysis (HVA)—the thorough, evidence-based risk assessment that underpins all other aspects of the EM program—is emphasized throughout the EM standards (Standard EM.11.01.01).

The EM standards also clarify the role of senior leadership in emergency management (EM.10.01.01). This role includes designating an EM lead or coordinator, providing oversight and support for the EM program, deciding where to focus resources, reviewing after-action reports that evaluate EM exercises and responses to real emergencies, and determining EM–related performance improvement initiatives.

This section provides tools to help an organization's senior leaders and EM manager comply with EM requirements and recommended practices for all accreditation programs. In addition, this section contains general tools to assist HCOs with emergency preparedness and response, as well as tools on HVA development.

* At the time of this book's publication, the revised EM chapter had been implemented for hospitals, critical access hospitals, home care organizations, and (effective July 1, 2024) ambulatory care organizations and office-based surgery practices. Eventually, the revised EM standards will roll out to all accreditation programs. Always refer to the current standards for your program setting.

Section 2

# Emergency Operations Plan (EOP) Tools

Development of a comprehensive written emergency operations plan (EOP) is required of all Joint Commission–accredited health care organizations (HCOs). The EOP must be informed by the organization's hazard vulnerability analysis and must include detailed policies and procedures to guide an HCO in responding to and recovering from a wide range of emergencies—a concept known as the "all-hazards approach" to emergency management.

Most of the tools in this section refer to the revised "Emergency Management" (EM) chapter.*

This section provides resources that focus on EOP development (Standard EM.12.01.01) and each of the six critical areas:

- Communications (EM.12.02.01)
- Staffing (EM.12.02.03)
- Patient care and clinical support (EM.12.02.05)
- Safety and Security (EM.12.02.07)
- Resources and Assets (EM.12.02.09)
- Utilities (EM.12.02.11)

Tools that reflect recommended practices, as well as Joint Commission requirements, are included.

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Section 3

# Continuity of Operations Planning, Disaster Recovery, and Hazard-Specific Tools

The Joint Commission's revised "Emergency Management" (EM) chapter* emphasizes the need for a continuity of operations plan (COOP), which provides guidance on how the organization will continue to perform its essential business functions, deliver essential services, delegate authority, and implement succession plans when there has been a disruption to normal operations (Standard EM.13.01.01). The standards also require health care organizations (HCOs) to have a recovery plan that describes strategies, actions, and individual responsibilities necessary to restore the organization's care, treatment, or services after an emergency or disaster incident (Standard EM.14.01.01).

Even if not currently required for an accreditation program, having a written COOP and a written recovery plan are best practices.

This section provides tools related to COOP development and recovery plan development. In addition, this section includes hazard-specific resources for organizations that have prioritized specific types of disasters, from flooding to wildfires, in their hazard vulnerability analyses. Many of these tools reflect recommended practices rather than Joint Commission requirements. However, they are useful to help ensure compliance with Joint Commission standards and elements of performance.

* At the time of this book's publication, the revised EM chapter had been implemented for hospitals, critical access hospitals, home care organizations, and (effective July 1, 2024) ambulatory care organizations and office-based surgery practices. Eventually, the revised EM standards will roll out to all accreditation programs. Always refer to the current standards for your program setting.

Section 4

# Staff Training, Emergency Exercise, and Evaluation Tools

All Joint Commission–accredited health care organizations (HCOs) are expected to engage in staff training related to emergency management. In addition to providing training, they must conduct exercises to test and evaluate the organization's emergency operations plan (EOP) and response procedures. The revised "Emergency Management" (EM) chapter* provides additional guidance—requiring a written education and training program (Standard EM.15.01.01), elaborating on what should inform emergency exercises (Standard EM.16.01.01), and emphasizing the need to evaluate all components of the emergency management program (Standard EM.17.01.01).

The tools in this section, which reflect both requirements and recommended practices, are intended to help HCOs comply with Joint Commission training and evaluation requirements. The resources include a variety of sample scenarios for tabletop exercises, drills, and operations-based functional exercises.

* At the time of this book's publication, the revised EM chapter had been implemented for hospitals, critical access hospitals, home care organizations, and (effective July 1, 2024) ambulatory care organizations and office-based surgery practices. Eventually, the revised EM standards will roll out to all accreditation programs. Always refer to the current standards for your program setting.