

Proposed Emergency Management (EM) Chapter Outline

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Emergency Management (EM) Chapter

EM.09.01.01

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

Element(s) of Performance for EM.09.01.01

1. 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:
 - Leadership structure and program accountability
 - Hazard vulnerability analysis
 - Mitigation and preparedness activities
 - Emergency operations plan
 - Emergency response policies and procedures related to communications, staffing, patient care, security, resources and assets, utilities
 - Education and training
 - Exercises and testing
 - Continuity of operations
 - Disaster recovery
 - Program evaluation

Note: The comprehensive emergency management program includes the main location of the hospital and its freestanding outpatient care buildings (those that provide patient care, treatment, or services).

2. If the hospital is part of a health care system that has an integrated emergency management program, and it chooses to participate in the integrated program, the hospital does the following:
 - Participates in the development of the integrated emergency management program
 - Makes certain that the program is developed and maintained so each separately certified hospital's unique risks or hazards, patient populations, and services are addressed
 - Uses the integrated emergency management program and complies with program requirements
3. The hospital complies with all applicable federal, state, and local emergency preparedness laws and regulations.

EM.10.01.01

Hospital leadership provides oversight and support of the emergency management program.

Element(s) of Performance for EM.10.01.01

1. The hospital's senior leaders provides oversight and support for the following emergency management program activities:
 - 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 and improvement plans

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.

Note 2: 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.

(See also LD.01.03.01, EP 5)

2. The hospital's senior leaders identify a qualified emergency management program coordinator(s) who has defined responsibilities, including the following:
 - Implementation of the four phases of emergency management (mitigation, preparedness, response, and recovery)
 - Implementation of emergency management across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
 - Collaboration across clinical and operational areas to implement emergency management organizationwide
 - Identification of and collaboration with community response partnersNote: Qualifications include education, training, and experience in emergency management.
3. The hospital establishes an emergency management committee and defines its membership participation, meeting frequency, goals, and responsibilities. The committee's membership must include the emergency management program coordinator and representation from senior leadership, nursing, medical staff, infection control, facilities engineering, security, and information technology.
4. The emergency management committee participates in the development, review, and update of the following:
 - Hazard vulnerability analysis
 - Emergency operations plan, policies, and procedures
 - 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 plansNote: 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.

EM.11.01.01

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

Element(s) of Performance for EM.11.01.01

1. The hospital has a process to assess and document a facility-based, hazard vulnerability analysis (HVA) using an all-hazards approach. The process includes identifying potential hazards that are likely to impact the hospital's geographical region, community, facility, and patient population. If the hospital has other facilities that significantly differ from the main site in terms of location, hazards, threats, patient populations served, and services offered, then separate HVAs are required.
Note: The hospital may incorporate a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions in conjunction with conducting its own facility-based assessment.
2. For health care systems that have an integrated emergency program, the system conducts a hazard vulnerability analysis that includes a community-based risk assessment. Each hospital that participates in the integrated program conducts its own facility-based risk assessment.
Note: An individual facility-based risk assessment is essential for those participating hospitals that may be located across a large geographic area that may be impacted by different risks or hazards.
3. The hospital's hazard vulnerability analysis includes the following:
 - Natural hazards (such as flooding, wildfires)
 - Human-caused hazards (such as workplace violence, 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)
4. 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.

5. 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.
Note: Implementing physical mitigation strategies and reducing long-term vulnerabilities, combined with continuity of operations and recovery planning before a disaster, increases resiliency and the likelihood that the hospital can perform essential functions and delivery of services after an emergency or disaster incident. Examples include, reinforcement of weather-related safe rooms, hurricane-proof shutters, portable emergency generators, portable water storage tanks, and plans for resource mobilization.

EM.12.01.01

The hospital develops an emergency operations plan based on an all-hazards approach.

Element(s) of Performance for EM.12.01.01

1. The hospital has a written all-hazards emergency operations plan (EOP) that provides guidance to staff, volunteers, physicians, and other licensed practitioners (including those in freestanding outpatient care buildings) on actions to take during emergency or disaster incidents. The EOP is informed by the hazard vulnerability analysis and includes, but not limited to, the following:
 - Mobilizing incident command
 - Communications plan
 - Maintaining, expanding, curtailing, or closing operations
 - Protecting critical systems and infrastructure
 - Conserving and/or supplementing resources
 - Sheltering in place
 - Evacuating (partial or complete) or relocating services
 - Safety and security
 - Securing information and records (medical, policies, procedures, sensitive information)
 - Developing hazard-specific plans and/or policies and procedures (such as flu or pandemic plans)Note: Freestanding outpatient care buildings are those that provide patient care, treatment, or services.
2. 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.
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.
3. The hospital's incident command structure describes the overall incident command operations, including a list of staff who are assigned 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.
Note: The incident command structure may include facilities, equipment, staff, procedures, and communications within a defined organizational structure.
4. 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.
5. 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.
6. 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.

7. The hospital establishes procedures for 1135 waivers in accordance with section 1135 of the Social Security Act that include the following:
- Requesting 1135 waivers when the hospital is directly impacted by a disaster or emergency that has been declared a public health emergency by the federal government
 - The role of the hospital in providing care, treatment, and services at alternate care sites identified by emergency management officials
- Note 1: This element of performance is applicable only to hospitals that receive Medicare, Medicaid, or Children's Health Insurance Program reimbursement.
- Note 2: Based on the impact of a declared emergency or disaster incident on a hospital, the hospital may choose not to request 1135 waivers or may opt out of participating under a blanket waiver established by the federal government.
- Note 3: For more information on 1135 waivers, visit: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities> and https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf.

EM.12.02.01

The hospital has an emergency response communications plan that addresses how it will initiate and maintain communications during an emergency.

Note: The hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.

Element(s) of Performance for EM.12.02.01

1. 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:
 - Staff
 - 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)

Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.
2. The emergency response communications plan describes how the hospital will establish and maintain communications in order to deliver coordinated messages and information during an emergency or disaster incident to the following individuals:
 - 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

Note: Means of communication to consider include text messaging, phone system alerts, email, social media, and augmentative and alternative communication (AAC) for those with difficulties communicating using speech.
3. The hospital's communication plan describes how the hospital will communicate and provide information to relevant authorities about its organizational needs, available occupancy, and ability to provide assistance.

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.
4. 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.

5. In the event of an emergency or evacuation, the emergency response 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:
 - Patient's family, representative, or others involved in the care of the patient
 - Disaster relief organizations and relevant authorities
 - Other health care providersNote: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).
6. The emergency response communications plan includes a means for providing and testing the hospital's alternate/back-up communication systems or equipment.
Note: Examples of alternate/back-up communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, reverse 911 notification systems.

EM.12.02.03

The hospital has an emergency response staffing plan for managing all staff and volunteers.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response staffing plan.

Element(s) of Performance for EM.12.02.03

1. The hospital develops an emergency response 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:
 - 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 staffing agencies, volunteer staffing, or those deployed as part of the disaster medical assistance teamsNote: If the hospital determines that it will never use volunteers during disasters, this is documented in its plan.
2. The emergency response staffing plan addresses the management of all staff and volunteers as follows:
 - Reporting processes
 - Roles and responsibilities for essential functions
 - Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities
3. If on-duty staff and volunteers are relocated during an emergency or disaster incident, the hospital documents the name and location of the receiving facility or other location.
4. The emergency response staffing plan describes in writing how the hospital 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:
 - 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 practitionersNote: If primary source verification of licensure cannot be completed within 72 hours, the hospital documents the reason(s) it could not be performed.
5. The hospital identifies the individual(s) responsible for granting disaster privileges to volunteer physicians and other licensed practitioners (such as 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
6. The emergency response staffing plan describes how it will provide employee assistance and support, which includes the following:
 - Staff support needs (for example, housing or transportation)
 - Family support needs of staff (for example, childcare, elder care)
 - Mental health and wellness needs

EM.12.02.05

The hospital has an emergency response plan for patient care and clinical support.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response plan for patient care and clinical support.

Element(s) of Performance for EM.12.02.05

1. The hospital's emergency response plan for patient care and clinical support includes written procedures for how it will meet the needs of its patients, including high-risk or vulnerable populations, during the duration of an emergency or disaster incident or during a patient surge. The plan includes following:
 - Patient tracking
 - Personal hygiene and sanitation needs
 - Dietary or nutritional health needs
 - Mental or psychological health needs
 - Identification of additional or alternative areas or locations to provide care, treatment, or services.Note: Patient tracking includes relocation information during an emergency and documents the name and location of the receiving facility or other location
2. The hospital's emergency response plan for 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).
3. The hospital's emergency response plan for patient care and clinical support includes written procedures for how it will evacuate (partial or complete) patients, staff, supplies, and medical records and how it will relocate services when the hospital as a whole or specific services cannot support care, treatment, and services.
4. The hospital's emergency response plan for patient care and clinical support includes written procedures for how and when it will shelter-in-place. These written procedures include the documentation of the individuals who remain on site.
Note: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation
5. The hospital's emergency response plan for patient care and clinical support includes written procedures for transferring patients to another facility. The procedures include the following:
 - How it will provide patient care information (such as medical records, medications, supplies)
 - How it will provide transportation to other health care facilities
 - How it will provide handoff communication to other health care facilities
6. The hospital develops a written mass fatality plan which includes coordinating 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.12.02.07

The hospital has an emergency response plan for safety and security.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response plan for safety and security.

Element(s) of Performance for EM.12.02.07

1. The hospital's emergency response plan addresses the continuity of safety and security which includes the following:
 - Increasing security staffing
 - Initiating lockdown procedures
 - Controlling access of persons or vehicles
 - Coordinating roles and responsibilities with external agencies or law enforcement (such as police, sheriff, National Guard, state and federal law enforcement agencies)Note: The hospital may want to consider both small- or large-scale incidents and those incidents that slowly or rapidly evolve when preparing for increasing its security measures.

2. The hospital's emergency response plan for safety and security describes in writing the process it will use to track and maintain accountability for patients, staff, and visitors within the facility and on the campus during an emergency or disaster incident.
Note: The process for maintaining accountability may include the use of established technology or tracking system(s) or taking head counts at defined intervals.
3. The hospital's emergency response plan for safety and security describes in writing the process for how it will manage and respond to internal and external hazardous materials incidents. The plan includes the following:
 - Process to identify hazardous materials such as chemical, biological, radiological, nuclear, or high-yield explosives (CBRNE)
 - Who will be notified in the event of a hazardous materials incident
 - Who responds to a hazardous materials incident
 - Who has access and authority for initiating shutdown procedures (such as medical gases, ventilation)
 - Triage procedures for potentially exposed patients
 - Decontamination procedures and equipment maintenance

EM.12.02.09

The hospital has an emergency response plan for resources and assets.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response plan for resources and assets.

Element(s) of Performance for EM.12.02.09

1. The hospital's emergency response plan for 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:
 - 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
 - Fuel for operations
 - Equipment and nonmedical supplies to sustain operationsNote: 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.
2. The hospital's emergency response plan for 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:
 - 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)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).

3. The hospital's emergency response plan for 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.

Note 1: Hospitals are not required to remain fully functional for 96 hours nor required to stockpile 96 hours' worth of supplies.

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.

EM.12.02.11

The hospital has an emergency response plan for utilities management.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response plan for utilities management.

Element(s) of Performance for EM.12.02.11

1. The hospital's emergency response plan for utilities management describes in writing the utility systems the hospital 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, steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.
2. The hospital's emergency response plan for utilities management describes in writing how the hospital will continue to maintain essential or critical utility systems if one or more are impacted during an emergency or disaster incident.
3. The hospital's emergency response plan for utilities management describes in writing alternative means to provide for the identified essential or critical utilities, such as emergency power supply systems, fuel storage tanks, emergency generators.
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.

EM.12.03.01

The hospital has a crisis standards of care plan.

Element(s) of Performance for EM.12.03.01

1. The hospital has a crisis standards of care (CSC) plan that includes clinical strategies for scarce resource situations. The hospital's leadership, medical staff, ethics, and legal counsel determine when and how it will implement CSC.

EM.13.01.01

The hospital has a continuity of operations plan.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a continuity of operations plan and a post-incident recovery plan and procedures.

Element(s) of Performance for EM.13.01.01

1. The hospital has a written continuity of operations plan 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.
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 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.
 2. 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.
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.
 3. 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.
 4. 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.
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.
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EM.14.01.01

The hospital has a disaster recovery plan.

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

Element(s) of Performance for EM.14.01.01

1. The hospital has a disaster recovery plan that describes in writing its strategies for how and when it will do the following:
 - Conduct organization wide damage assessments
 - Restore critical systems and essential services
 - Return to full operations
2. 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.

EM.15.01.01

The hospital has an emergency management education and training program.

Element(s) of Performance for EM.15.01.01

1. 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, and policies and procedures.
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.
2. The hospital provides initial education and training in emergency management to all new and existing staff, 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:
 - 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)
3. 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:
 - 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 trainingNote: 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.
4. The hospital requires that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure.
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.

EM.16.01.01

The hospital plans and conducts exercises to test its emergency operations plan and response procedures.

Element(s) of Performance for EM.16.01.01

1. The hospital has a written plan for testing its emergency operations plan and emergency response procedures that is based on the following:
 - Likely emergencies or disaster scenarios informed by its hazard vulnerability analysis
 - After-action reports and improvement plans
 - Changes in in the emergency operations and/or emergency response procedures
 - The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security)Note 1: When conducting exercises, the hospital 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.
Note 2: An after-action report (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.

2. The hospital is required to conduct two exercises per year to test the emergency operations plan. One of the exercises must consist of an operations-based exercise (full-scale or functional). The hospital may choose to conduct one additional operations-based exercise, or it may choose to conduct a discussion-based exercise (tabletop, seminars, or workshops) as its second exercise for the year.
Operations-based exercise:
-One full-scale, community-based exercise. When a full-scale exercise is not possible, a functional exercise is conducted by the organization.
Discussion-based exercises:
- Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
Exercises and actual emergency or disaster incidents are documented.
Note 1: The hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident. For each event(s), an exemption(s) only applies if the hospital provides documentation in an after-action report(s), improvement plan(s), and review of the emergency operations plan.
Note 2: See the Glossary for the definitions of full-scale exercise and functional exercise.
3. Each freestanding outpatient care building 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.
Exercises and actual emergency or disaster incidents are documented.
Note: Freestanding outpatient care buildings are those that provide patient care, treatment, or services.

EM.17.01.01

The hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.

Element(s) of Performance for EM.17.01.01

1. The emergency management committee and other department leaders review and evaluate all exercises and actual emergency or disaster incidents. The committee develops after-action reports and identifies opportunities for improvement.
The after-action reports and improvement plans are documented.
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.
Note 2: 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.
2. The after-action reports and recommendations for improvement are forwarded to senior hospital leadership for review
(See also LD.04.01.10, EP 2)
3. 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:
 - Hazard vulnerability analysis
 - Emergency management program
 - Emergency operations plan, policies, and procedures
 - Communications plan
 - Continuity of operations plan
 - Education and training program
 - Testing program