



Emergency Preparedness/Emergency Management Requirements:

**Crosswalk of The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS)
Standards for Federally Qualified Health Centers (FQHCs)**

Table of Contents

Executive Summary 2

*Crosswalk: The Joint Commission (TJC) Emergency Management Standards and Centers for Medicare and Medicaid (CMS) E-Tags
Requirement Crosswalk for Federally Qualified Health Centers (FQHCs) Providers 3*

The Joint Commission: July 2022 TJC Emergency Management Standards and Elements of Performance 22

CMS Emergency Preparedness E-Tags Specific to Federally Qualified Health Centers (FQHCs) Providers (§491.12) 42

Technical Assistance Document Published June 2023 – Contact trainings@nachc.org

Executive Summary

The National Association of Community Health Centers (NACHC) provides training and technical assistance on a national level to community health center staff and Boards of Directors to support and strengthen health center operations and governance. NACHC has developed this technical assistance document to support community health center staff, enhance their understanding, and ensure compliance with the emergency management requirements associated with The Joint Commission (TJC) Standards and Center of Medicare and Medicaid Services (CMS) E-Tags requirements, related to 42 CFR Part 491. Having these specific requirement grids, as displayed in this guide, will allow FQHC's that are CMS accredited only or dually accredited to reference requirements easily.

Joint Commission standards are the basis of an objective evaluation process that help healthcare organizations measure, assess, and improve performance. There are 10 TJC emergency management standards, and these standards focus on organizational functions essential to pre- and post-disaster. The Joint Commission's state-of-the-art standards set expectations for organizational performance that are reasonable, achievable, and surveyable.

CMS is the federal agency that provides funding to centers that are compliant with their regulatory standards. TJC is an independent entity capable of accrediting health centers. To receive TJC accreditation, health centers may even exceed established CMS federal requirements. Both CMS and TJC have Emergency Management Standards that health centers must fulfill to receive funding and accreditation. These standards are conditions of participation.

There are 44 emergency preparedness CMS Electronic Tags (E-Tags), with 20 that apply directly to community health centers. These E-Tags define requirements for the 6 Emergency Preparedness (EP) compliance requirements. They include, but are not limited to, a risk assessment, policies and procedures, a communications plan, training and exercises, and emerging infectious disease response plans. Many of the TJC and CMS emergency management requirements are in alignment with each other, making this TJC and CMS Crosswalk a valuable tool for understanding the correlation between these two sets of requirements. This comprehensive guidance document combines three specific elements to inform the reader of the most current emergency management requirements. It does so in the following ways:

1. The TJC and CMS Crosswalk compares both sets of emergency management requirements. This crosswalk is intended for health centers that want to navigate both the CMS and TJC requirements.
2. TJC emergency standards that were last updated in July 2022, with corresponding TJC elements of performance.

3. CMS emergency preparedness E-Tags that were released in March of 2021, including CMS-specific language and notes on how often certain requirements must be reviewed and/or updated.



CROSSWALK: The Joint Commission (TJC) Emergency Management Standards and Centers for Medicare and Medicaid (CMS) E-Tags Requirements for Federally Qualified Health Center (FQHC) Providers

This Joint Commission Emergency Management Standards and CMS E-Tags Requirement Crosswalk is intended to be an easy reference guide to navigate emergency management requirements for TJC and CMS emergency management standards. To use this crosswalk, please note that:

- The first two columns delineate all TJC requirements for FQHC providers that are dually accredited for both TJC and CMS. The numbered elements of performance that are relevant have been included.
- The third column in **BLUE** outlines the correlation of TJC to CMS emergency management requirements.
- The final column provides CMS language and time requirements that apply to specific TJC requirements.

To reference specific CMS language regarding the 44 CMS emergency preparedness E-tags, please see Section 3.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
EM.01.01.01: The organization engages in planning activities prior to developing	1. The organization's leaders participate in planning activities prior to developing an Emergency Management Plan. 2. The organization identifies potential emergencies and the direct and indirect effects that these emergencies may have	EM.01.01.01 (1,6) to CMS E-Tag 0001	E-Tag 0001 Language: FQHCs are required to develop an emergency preparedness program that meets all the standards specified within the condition/requirement.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>its Emergency Management Plan.</p>	<p>on the need for its services or its ability to provide those services. Note 1: Some organizations refer to this process as a hazard vulnerability analysis. Note 2: If the organization identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter. (See also IC.01.06.01, EP 4) 3. The organization prioritizes the potential emergencies it has identified. 4. The organization determines what its role will be, if any, in the community response plan. Note: A community response plan is the response plan of the organization's city, county, region, or state, whichever plan is activated by community leadership. 5. The organization uses its prioritized emergencies as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency). Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness occur before an emergency, and response and recovery occur during and after an emergency. 6. The organization uses its prioritized emergencies as a basis for defining the preparedness activities that will organize and mobilize essential resources. 7. For federally qualified health centers: The Emergency Management Plan includes documentation of potential risks in the community that could impact the organization's ability to provide care for its patients.</p>	<p>(Emergency Preparedness Program) EM.01.01.01 (2,3,5,7) to CMS E-Tag 0004 (Emergency Preparedness Program and Hazard Vulnerability Analysis/ Risk Assessment) EM.01.01.01 (4) Not Applicable to and FQHCs</p>	<ul style="list-style-type: none"> The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency. The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). <p>CMS E-Tag 0004 Language: Develop and maintain an emergency preparedness plan that includes:</p> <ul style="list-style-type: none"> Conducting facility-based and community-based risk assessment that will assist a facility in addressing the needs of their patient populations. <p>REQUIREMENT: The emergency preparedness program must be reviewed and updated at least every <u>2 years</u>.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>EM.02.01.01: The organization has an Emergency Management Plan.</p>	<p>The organization’s leaders participate in the development of the Emergency Management Plan.</p> <p>2. The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur.</p> <p>Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> • Maintaining or expanding services • Conserving resources • Curtailing services • Supplementing resources from outside the local community • Closing the organization to new patients • Staged evacuation • Total evacuation <p>4. The organization has a written Emergency Management Plan that describes the recovery strategies, actions, and individual responsibilities necessary to restore the organization’s care, treatment, or services after an emergency.</p> <p>5. The Emergency Management Plan describes the processes for initiating and terminating the organization’s response and recovery phases of an emergency.</p> <p>6. The Emergency Management Plan identifies the individual(s) responsible for activating the response and recovery phases of the emergency response.</p> <p>7. If the organization experiences an actual emergency, the organization implements its response procedures related to care, treatment, or services for its patients.</p> <p>8. For federally qualified health centers:</p>	<p>EM.02.01.01 (1,2) to CMS E-Tag 0004 (Continuity of Operations)</p> <p>EM.02.01.01 (4,5,6,7,9,10) to CMS E-Tag 0007 (Continuity of Operations)</p> <p>EM.02.01.01 (8) to CMS E-Tags 29 (Communications Plan)</p>	<p>CMS E-Tag 0004 Language: Develop and maintain an emergency preparedness plan that:</p> <ul style="list-style-type: none"> • Identifies the continuity of business operations which will provide support during an emergency. • Considers natural and man-made emergencies, care-related emergencies; equipment and utility failures, including but not limited to power, water, gas, etc. <p>CMS E-Tag 0007 Language: The emergency preparedness plan addresses:</p> <ul style="list-style-type: none"> • Continuity of operations, including delegations of authority and succession plans. Areas of focus include: your facility’s patient population, mobility, transfers, surge, and staffing. <p>CMS E-Tag 0029 Language Communications Plan: FQHCs must develop and maintain a written communications plan that complies with federal, state, and local laws. This plan should:</p> <ul style="list-style-type: none"> • Contain how the organization will coordinate patient care within the facility, with other providers, and with state and local public health departments. • Include how the organization interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. • Support the coordination of care, as well as communication with other providers and emergency management officials. <p>Redundant communications devices enable organizations to continue to communicate when primary devices such as landlines and cell phones are not operational. Examples of such devices include satellite phones, radios, and other secondary types of devices.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<p>The Emergency Management Plan, including the communication plan, must be reviewed, and updated at least every <u>two years</u>.</p> <p>9. For federally qualified health centers: The Emergency Management Plan describes the patient population served by the organization and the extent to which additional populations may be cared for during an emergency based on the organization’s capabilities (staff, space, supplies, equipment).</p> <p>10. For federally qualified health centers: The Emergency Management Plan includes a continuity of operations strategy that covers the following:</p> <ul style="list-style-type: none"> • Continuity of facilities and communications to support organizational functions at the original site or alternate site(s), in case the original site is incapacitated. • A succession plan that lists who replaces the key leader(s) during an emergency if a given leader is not available to carry out their duties. • A delegation of authority plan that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation. <p>Note: A continuity of operations strategy is an essential component of emergency management planning. The goal of emergency management planning is to provide care to individuals who are incapacitated by emergencies in the community or in the organization. A continuity of operations strategy focuses on the organization, with the goal of protecting the organization’s physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption</p>		<p>REQUIREMENT: The Communications Plan must be reviewed and updated at least every <u>2 years</u>.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	or damage so that it can continue to function throughout or shortly after an emergency.		
<p>EM.02.02.01: As part of its Emergency Management Plan, the organization prepares for how it will communicate during emergencies.</p>	<p>1. The Emergency Management Plan describes how staff will be notified that emergency response procedures have been initiated.</p> <p>3. The Emergency Management Plan describes how the organization will notify external authorities that emergency response measures have been initiated.</p> <p>14. The organization establishes backup communication systems or technologies for use in the event that internal or external systems fail during an emergency.</p> <p>17. The organization implements the components of its Emergency Management Plan that require advance preparation to support communications during an emergency.</p> <p>30. For federally qualified health centers: The Emergency Management Plan describes how the organization will communicate with suppliers of essential services, equipment, and supplies during an emergency.</p> <p>31. For federally qualified health centers: The Emergency Management Plan describes how, and under what circumstances, the organization will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation).</p> <p>32. For federally qualified health centers: As part of its communication plan, the organization maintains the names and contact information of the following:</p> <ul style="list-style-type: none"> • Staff • Physicians 	<p>EM.02.01.01 (1,3,14,17,30, 31,32, 33) to CMS E-Tags 29, 30, 31,32,33,34 (Communications Plan)</p> <p>EM.02.01.01 (34) to CMS E-Tag 0009 (Plan for cooperation and collaboration with EM officials)</p>	<p>CMS E-Tag 0029 Language Communications Plan: providers must develop and maintain a written communications plan that complies with federal, state, and local laws. This plan should:</p> <ul style="list-style-type: none"> • Contain how the organization will coordinate patient care within the facility, with other providers, and with state and local public health departments. • Include how the organization will interact and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. • Support the coordination of care, as well as communication with other providers and emergency management officials. <p>Redundant communications devices enable organizations to continue to communicate when primary devices such as landlines and cell phones are not operational. Examples of such devices include satellite phones, radios, and other secondary types of devices.</p> <p>CMS E-Tag 0030 Language The Communications Plan must include names and contact information for: (i) FQHC employees, (ii) entities providing services under arrangement, (iii) patients’ physicians, and (iv) other FQHC facilities and other local providers.</p> <p>CMS E-Tag 0031 Language The Communications Plan must include contact information for: (i) federal, state, tribal, regional, and local emergency preparedness staff, and (ii) other sources of assistance.</p> <p>CMS E-Tag 0032 Language</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<ul style="list-style-type: none"> • Volunteers • Other potential response partners (depending upon services provided, these may be federally qualified health centers or other sources of collaboration or assistance) • Entities providing services under arrangement • Relevant federal, state, tribal, regional, and local emergency preparedness staff <p>33. For federally qualified health centers: The Emergency Management Plan describes the following:</p> <ul style="list-style-type: none"> • The organization’s primary and alternate means of communicating with staff and federal, state, tribal, and local emergency management agencies • Process for communicating information about the general condition and location of patients under the organization’s care to public and private entities assisting with disaster relief • How the organization will communicate information about its needs and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee <p>Note: Depending upon the type of emergency, the authority having jurisdiction might be the municipal, county, or state health department, or another governmental entity.</p> <p>34. For federally qualified health centers:</p> <ul style="list-style-type: none"> • The organization has a process for cooperation and collaboration with local, state, tribal, regional, and federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation. 		<p>The Communications Plan must include primary and alternate means for communicating with: (i) facility staff, and (ii) federal, state, tribal, regional, and local emergency management agencies.</p> <p>CMS E-Tag 0033 Language The Communications Plan must include:</p> <ul style="list-style-type: none"> • A method for sharing patient information and medical documentation with other health providers, as needed, to maintain the continuity of care. • A means of providing information about the general condition and location of patients under the facility’s care. • FQHCs must develop a method for sharing information and medical documentation for patients under the facility’s care with other health care providers, as necessary, to maintain continuity of care. • FQHCs must have a communication system in place that can generate timely, accurate information that can be disseminated. • FQHCs can develop and maintain their own system in a manner that best meets its needs. <p>CMS E-Tag 0034 Language The Communications Plan must include a means of providing relevant information to the authority having jurisdiction, the Incident Command Center, or designee. Relevant information includes the facility’s occupancy, needs, and its ability to provide assistance.</p> <p>CMS E-Tag 0009 Language The emergency preparedness plan includes a process for cooperating and collaborating with local, tribal, regional, state, and federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
			<p>REQUIREMENT: <u>All</u> Communications Plan elements must be reviewed and updated at least every <u>2</u> years.</p>
<p>EM.02.02.03: As part of its Emergency Management Plan, the organization prepares for how it will manage resources and assets during emergencies.</p> <p>Note: All organizations are required to respond to a patient's immediate care and safety needs if an emergency occurs with patients on site.</p>	<p>1. For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish medications and related supplies that will be required to respond to an emergency.</p> <p>2. For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish medical supplies that will be required in response to an emergency.</p> <p>3. For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish nonmedical supplies (consistent with the organization's plan for sheltering on site, for which FQHCs may be exempt but it is recommended as best practice) that will be required in response to an emergency.</p> <p>12. For organizations that plan to provide services during an emergency: The organization implements the components of its Emergency Management Plan that require advance preparation to provide for resources and assets during an emergency.</p>	<p>EM.02.02.03 (12) to CMS E-Tag 0001 (Emergency Preparedness Program)</p> <p>EM.02.02.03 (1,2,3) to CMS E-Tag 0004 (Emergency Preparedness Program)</p>	<p>CMS E-Tag 0001 Language FQHCs are required to develop an emergency preparedness program that meets all the standards specified within the condition/requirement.</p> <ul style="list-style-type: none"> • The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency. • The emergency preparedness program addresses how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). • FQHCs should use a comprehensive approach to meeting the health and safety needs of their patient population. Thus, the emergency preparedness program should encompass the elements for emergency preparedness planning based on the "all hazards approach." <p>CMS E-Tag 0004 Language: The emergency preparedness plan:</p> <ul style="list-style-type: none"> • Identifies the continuity of business operations which will provide support during an emergency. • Addresses natural and man-made emergencies, care-related emergencies; equipment and utility failures, including but not limited to power, water, gas, etc. <p>REQUIREMENT: All emergency preparedness plans must be reviewed, and updated at least every <u>2</u> years.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>EM.02.02.05: As part of its Emergency Management Plan, the organization prepares for how it will manage security and safety during an emergency.</p>	<p>1. The Emergency Management Plan describes how internal security and safety will be provided during an emergency. 5. For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will provide for radioactive, biological, and chemical isolation and decontamination. 10. The organization implements the components of its Emergency Management Plan that require advance preparation to support internal security and safety during an emergency.</p>	<p>EM.02.02.05 (1,5,10) to CMS E-Tag 0001 (Emergency Preparedness Program)</p>	<p>CMS E-Tag 0001 Language: FQHCs are required to develop an emergency preparedness program that meets all the standards specified within the condition/requirement.</p> <ul style="list-style-type: none"> • The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency. • The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). • FQHCS should ensure a comprehensive approach to meeting the health and safety needs of their patient population. Thus, the emergency preparedness program should encompass the elements for emergency preparedness planning based on the "all hazards approach." <p>REQUIREMENT: The Emergency Preparedness Program documents must be reviewed and updated at least every <u>2</u> years.</p>
<p>EM.02.02.07: As part of its Emergency Management Plan, the organization prepares for how it will manage staff during an emergency.</p>	<p>1. The Emergency Management Plan describes how the organization will manage staff during emergencies. 2. The Emergency Management Plan describes the roles and responsibilities of staff during an emergency. 3. The Emergency Management Plan describes the process for assigning staff to all essential staff functions. 4. The Emergency Management Plan identifies the individual(s) to whom staff report in emergencies. 9. For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.</p>	<p>EM.02.02.07 (2) to CMS E-Tag 0004 EM.02.02.07 (1,2,3) to CMS E-Tag 0007 (Continuity Plans)</p>	<p>CMS E-Tag 0004 Language: Develop and maintain an emergency preparedness plan that:</p> <ul style="list-style-type: none"> • Includes conducting a facility-based and community-based risk assessment • Identifies the continuity of business operations which will provide support during an emergency. • Guides and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers hazards most likely to occur in the surrounding area.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<p>10. The organization implements the components of its Emergency Management Plan that require advance preparation to manage staff during an emergency.</p> <p>12. For federally qualified health centers: The Emergency Management Plan describes how volunteers, as well as state- and federally-designated health care professionals, will be incorporated into the staffing strategy for addressing a surge in needs during an emergency. The staffing strategy will vary depending on the type of emergency, whether the organization chooses to use volunteers, and the organization’s role, if any, in community response plans.</p> <p>18. For federally qualified health centers: The organization trains staff for their assigned emergency response roles.</p> <p>19. For federally qualified health centers: The organization has a system to track the location of on-duty staff during an emergency.</p> <p>20. For federally qualified health centers: The organization provides emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals:</p> <ul style="list-style-type: none"> • Initial training • At least every two years • When roles or responsibilities change • When policies and procedures are significantly updated <p>This training is documented.</p>	<p>EM.02.02.07 (9) to CMS E-Tag 0013 and 0024 (Policies and Procedures)</p> <p>EM.02.02.07 (9) to CMS E-Tag 0036, 37 (Policies and Procedures)</p>	<ul style="list-style-type: none"> • Addresses natural and man-made emergencies, care-related emergencies; equipment and utility failures, including but not limited to power, water, gas, etc. • Considers the possible effects of interruptions in communication systems. Interruptions include: (i) cyber-attacks; (ii) loss of all or a portion of a facility; and (iii) interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), medications, and medical supplies. • Plans for the possible presence of emerging infectious diseases such as Influenza, Ebola, Zika Virus, and others. <p>CMS E-Tag 0007 Language: The emergency plan must address:</p> <ul style="list-style-type: none"> • The unique needs of the FQHC’s patient population, including, but not limited to, the type of services the organization can provide in an emergency. • The FQHC’s processes to ensure continuity of operations, including delegations of authority and succession plans. Areas of focus include: each facility’s patient population, mobility, transfers, surge, and staffing. <p>CMS E-Tag 0013 Language: Policies and Procedures: FQHC facilities must develop and implement emergency preparedness policies and procedures that are based on the emergency plan. This includes conducting a risk assessment and creating a communication plan. Emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility’s geographic area.</p> <p>CMS E-Tag 0024 Language:</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
			<p>Policy and Procedure: FQHCs must develop policies and procedures that address the use of volunteers in an emergency. This includes both clinical and non-clinical volunteers. These policies and procedures should also consider other emergency staffing strategies, including whether and how to address surge needs by integrating state- and federally-designated health care professionals. Facilities must also have policies which address their ability to respond to a surge in patients. As required, these policies and procedures must be aligned with a facility’s risk assessment and should include planning for emerging infectious diseases.</p> <p>CMS E-Tag 0036 Language: Staff Training and Testing (Exercises): This includes training, testing, and orientation. The facility must develop and maintain an emergency preparedness training, testing, and orientation program that is based on the emergency preparedness plan, risk assessment, policies and procedures, and the communication plan.</p> <p>CMS E-Tag 0037 Language: Training Program. FQHCs must do all of the following:</p> <ul style="list-style-type: none"> • Conduct an initial training in emergency preparedness policies and procedures for all new and existing staff, individuals providing services under arrangement, and volunteers. The training should be consistent with their expected roles. • Maintain documentation of all emergency preparedness training. • Demonstrate staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training(s) on the updated policies and procedures.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>EM.02.02.09: As part of its Emergency Management Plan, the organization prepares for how it will manage utilities during an emergency.</p>	<p>1. For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will provide for alternative means of meeting essential building utility needs. Note: Examples of potential utility problems might include disruptions to piped medical gas systems, failure of backup generators, and water pipe rupture. 8. The organization implements the components of its Emergency Management Plan that require advance preparation to provide for utilities during an emergency.</p>	<p>EM.02.02.09 (4) to CMS E-Tag 0004 and 0007 (Continuity of Operations)</p>	<p>CMS E-Tag 0004 Language: Develop and maintain an emergency preparedness plan that:</p> <ul style="list-style-type: none"> Identifies the continuity of business operations which will provide support during an emergency. Addresses natural and man-made emergencies, care-related emergencies; equipment and utility failures, including but not limited to power, water, gas, etc. <p>CMS E-Tag 0007 Language: The emergency plan must address:</p> <ul style="list-style-type: none"> The unique needs of the FQHC’s patient population, including, but not limited to, the type of services the FQHC can provide in an emergency. Continuity of operations, including delegations of authority and succession plans. Areas of focus include: your facilities patient population, mobility, transfers, surge, and staffing. <p>REQUIREMENT: These requirements must be reviewed and updated at least every <u>2 years</u>.</p>
<p>EM.02.02.11: As part of its Emergency Management Plan, the organization prepares for how it will manage patients during emergencies.</p>	<p>1. The Emergency Management Plan describes how the organization will manage activities related to patient care, treatment, or services. Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security. 3. The Emergency Management Plan describes how the organization will evacuate its occupied space. (See also EM.02.02.03, EP 9) 11. The organization implements the components of its Emergency Management Plan that require advance preparation to manage patients during an emergency. 15. For federally qualified health centers:</p>	<p>EM.02.02.11 (1) to CMS E-Tag 0001 (Continuity of Operations) EM.02.02.11 (3,16) to CMS E-Tag 0020 (Safe Evacuation)</p>	<p>CMS E-Tag 0001 Language: FQHCs are required to develop an emergency preparedness program that meets all the standards specified within the condition/requirement.</p> <ul style="list-style-type: none"> The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency. <p>CMS E-Tag 0020 Language: Policy and Procedure: FQHCs must develop policies and procedures regarding safe evacuation from the facility, which includes:</p> <ul style="list-style-type: none"> Safe evacuation from the FQHC.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<p>The organization has a system to track the location of patients sheltered on site during an emergency. This system includes documentation of the name and location of the receiving facility or alternate site in the event a patient is relocated during the emergency.</p> <p>Note: The name and location of receiving facilities or alternate sites may be defined in the emergency management plan, formal transfer agreements, or other accessible documents.</p> <p>16. For federally qualified health centers: Procedures for evacuating patients from the organization during an emergency address, at a minimum, the following:</p> <ul style="list-style-type: none"> • Care and treatment needs of patients when deciding where they will be evacuated (for example, transfer to a higher level of care, transport to an alternative site in the community, discharge to home) • Primary and alternate means of communication with external sources of assistance regarding patient care • Transportation for the evacuated patient to an alternative site 	<p>EM.02.02.11 (15) Not Applicable to and FQHCs</p>	<ul style="list-style-type: none"> • Consideration of evacuees’ care and treatment needs; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. <p>REQUIREMENT: These requirements must be reviewed and updated at least every <u>2 years</u>.</p>
<p>EM.02.02.13: During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners.</p> <p>Note: A disaster is an emergency that, due to its</p>	<ol style="list-style-type: none"> 1. The organization grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Management Plan has been activated in response to a disaster <u>and</u> the organization is unable to meet immediate patient needs. 2. The organization identifies, in writing, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners. 3. The organization determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. 4. The organization describes, in writing, how it will oversee 	<p>EM.02.02.13 (1,2,3,4,5,6,7, 8,9) to CMS E-Tag 0024 (Policy for the Use of Volunteer Practitioners and Emergency Credentialing)</p>	<p>CMS E-Tag 0024 Language: Policy and Procedure: FQHCs must develop policies and procedures that address the use of volunteers in an emergency. This includes both clinical and non-clinical volunteers. Additional policies and procedures should consider other emergency staffing strategies, including whether and how to address surge needs by integrating state- and federally-designated health care professionals. Facilities must also have policies which address their ability to respond to a surge in patients. As required, these policies and procedures must be aligned with a facility’s risk assessment and should include planning for emerging infectious diseases.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.</p>	<p>the performance of volunteer licensed independent practitioners who are granted disaster privileges.</p> <p>5. Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the organization obtains the volunteer practitioner's valid government-issued photo identification <u>and</u> at least <u>one</u> of the following:</p> <ul style="list-style-type: none"> • A current picture identification card from a health care organization that clearly identifies professional designation • A current license to practice • Primary source verification of licensure • Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group • Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances • Confirmation by a licensed independent practitioner currently privileged by the organization or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster <p>6. During a disaster, the organization oversees the performance of each volunteer licensed independent practitioner.</p> <p>7. Based on its oversight of each volunteer licensed independent practitioner, the organization determines within <u>72 hours</u> of the practitioner's arrival if the granted disaster privileges should continue.</p>		

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<p>8. Primary source verification of licensure occurs as soon as the disaster is <u>under control</u> or within <u>72 hours</u> from the time the volunteer licensed independent practitioner arrives at the organization, <u>whichever comes first</u>. If primary source verification of a volunteer licensed independent practitioner’s licensure cannot be completed within 72 hours of the practitioner’s arrival due to extraordinary circumstances, the organization documents all of the following:</p> <ul style="list-style-type: none"> • Reason(s) it could not be performed within 72 hours of the practitioner’s arrival • Evidence of the licensed independent practitioner’s demonstrated ability to continue to provide adequate care, treatment, or services • Evidence of the organization’s attempt to perform primary source verification as soon as possible <p>9. If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner’s arrival, it is performed as soon as possible.</p>		
<p>EM.02.02.15: During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required</p>	<ol style="list-style-type: none"> 1. The organization assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Management Plan has been activated in response to a disaster <u>and</u> the organization is unable to meet immediate patient needs. 2. The organization identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners. 3. The organization determines how it will distinguish volunteer practitioners who are not licensed independent 	<p>EM.02.02.15 (1,2,2,4,5,6,7, 8) to CMS E-Tag 0024 (Policy for the Use of Non-Licensed Volunteer Practitioners and</p>	<p>CMS E-Tag 0024 Language: Policy and Procedure: FQHCs must develop policies and procedures that address the use of volunteers in an emergency. This includes both clinical and non-clinical volunteers. Additional policies and procedures should consider other emergency staffing strategies, including whether and how to address surge needs by integrating state- and federally-designated health care professionals. Facilities must also have policies which address their ability to respond to a surge in patients. As required, these policies and procedures must be aligned with a facility’s risk assessment and should include planning for emerging infectious diseases.</p>

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>by law and regulation to have a license, certification, or registration.</p> <p>Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.</p>	<p>practitioners from its staff. (See also EM.02.02.07, EP 9)</p> <p>4. The organization describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and clinical record review.</p> <p>5. Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the organization obtains the volunteer practitioner's valid government-issued photo identification (for example, a driver's license or passport) and <u>one</u> of the following:</p> <ul style="list-style-type: none"> • A current picture identification card from a health care organization that clearly identifies professional designation • A current license, certification, or registration • Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) • Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group • Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances • Confirmation by organization staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster <p>6. During a disaster, the organization oversees the</p>	<p>Emergency Credentialing)</p>	

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<p>performance of each volunteer practitioner who is not a licensed independent practitioner.</p> <p>7. Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the organization determines within <u>72 hours</u> after the practitioner’s arrival whether assigned disaster responsibilities should continue.</p> <p>8. Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is <u>under control</u> or within <u>72 hours</u> from the time the volunteer practitioner arrives at the organization, <u>whichever comes first</u>. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the organization documents <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Reason(s) it could not be performed within 72 hours of the practitioner's arrival • Evidence of the volunteer practitioner’s demonstrated ability to continue to provide adequate care, treatment, or services • Evidence of the organization’s attempt to perform primary source verification as soon as possible <p>9. If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.</p> <p>Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner</p>		

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	has not provided care, treatment, or services under their assigned disaster responsibilities.		
EM.03.01.03: The organization evaluates the effectiveness of its Emergency Management Plan.	<p>3. The organization conducts an exercise to test its emergency plan at least annually. Every other year, the organization is required to conduct either one community-based, full-scale exercise, if available, or a facility-based, functional exercise. In the opposite year, the organization’s annual exercise includes, but is not limited to, one of the following:</p> <ul style="list-style-type: none"> • A second full-scale, community-based exercise • A second facility-based, functional exercise • Mock disaster drill • Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. <p>Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.</p> <p>Note 2: See the glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.</p> <p>5. Emergency response exercises incorporate disaster scenarios that allow the organization to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.</p> <p>13. Representatives from administrative, support, and clinical services participate in the evaluation of all emergency response exercises and all responses to actual</p>	EM.03.01.03 (3,5,13,14,16,17,22) to CMS E-Tag 0037 and 0039 (Staff Training and Testing / Emergency Preparedness Exercises)	<p>CMS E-Tag 0037 Language: Training Program. FQHCs must do all of the following:</p> <ul style="list-style-type: none"> • Conduct an initial training in emergency preparedness policies and procedures for all new and existing staff, individuals providing services under arrangement, and volunteers. The training should be consistent with their expected roles. • Maintain documentation of all emergency preparedness training. • Demonstrate staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training(s) on the updated policies and procedures. <p>CMS E-Tag 0039 Language: Testing (Exercises): FQHCs must conduct exercises to test the emergency plan. This includes:</p> <ul style="list-style-type: none"> • Conducting a discussion based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes: (i) a group discussion, using a narrated, clinically relevant emergency scenario, and (ii) a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. • If a FQHC experiences an actual natural or man-made emergency that requires activating the emergency plan, then the FQHC is exempt from engaging in its next required testing exercise.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
	<p>emergencies.</p> <p>14. The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.</p> <p>16. The organization modifies its Emergency Management Plan based on its evaluation of emergency response exercises and responses to actual emergencies.</p> <p>Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.</p> <p>17. Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Management Plan.</p> <p>22. For federally qualified health centers: During emergency response exercises, the organization monitors its management of staff roles and responsibilities.</p>		
<p>EM.04.01.01: If the organization is part of a health care system that has an integrated emergency preparedness program, and it chooses to participate in the integrated emergency preparedness program, the organization participates in</p>	<p>5. For federally qualified health centers: The organization demonstrates its participation in the development of its system’s integrated emergency preparedness program through the following:</p> <ul style="list-style-type: none"> • Designation of a staff member(s) who will collaborate with the system in developing the program • Documentation that the organization has reviewed the community-based risk assessment developed by the system’s integrated all-hazards emergency management program • Documentation that the organization’s individual risk assessment is incorporated into the system’s integrated program • Documentation that the organization’s patient 	<p>EM.04.01.01 (5) to CMS E-Tag 0042 (Integrated Health System)</p>	<p>CMS E-Tag 0042 Language:</p> <p>Integrated healthcare systems: Some healthcare systems that consist of multiple separately certified healthcare facilities have a unified and integrated emergency preparedness program. If a FQHC is part of a health system, they may choose to participate in the healthcare system's coordinated emergency preparedness program. If the FQHC chooses to participate, then the unified and integrated emergency preparedness program must:</p> <ul style="list-style-type: none"> • Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. • Be developed and maintained in a manner that considers each separately certified facility's unique circumstances, patient populations, and services offered.

TJC EM Standards	TJC Elements of Performance	Correlation of TJC Standards and CMS E-TAGS	CMS Emergency Preparedness Requirement
<p>planning, preparedness, and response activities with the system.</p>	<p>population, services offered, and any unique circumstances of the organization are reflected in the system’s integrated program</p> <ul style="list-style-type: none"> • Documentation of an integrated communication plan, including information on key contacts in the system’s integrated program • Documentation that the organization participates in a review, at least every <u>two years</u>, of the system’s integrated program <p>6. For federally qualified health centers: The organization has implemented communication procedures for emergency planning and response activities in coordination with the system’s integrated emergency preparedness program.</p> <p>7. For federally qualified health centers: The organization’s integrated emergency management policies, procedures, or plans address the following:</p> <ul style="list-style-type: none"> • Identification of the organization’s emergency preparedness, response, and recovery activities that can be coordinated with the system’s integrated program (for example, acquiring or storing clinical supplies, assigning staff to the local health care coalition to create joint training protocols, and so forth) • The organization’s communication and/or collaboration with local, tribal, regional, state, or federal emergency preparedness officials through the system’s integrated program • Coordination of continuity of operations planning with the system’s integrated program • Plans and procedures for integrated training and exercise activities with the system’s integrated program 		<ul style="list-style-type: none"> • Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and complies with the program. <p>The unified and integrated emergency plan must also be based on and include the following:</p> <ul style="list-style-type: none"> • A documented community-based risk assessment, utilizing an all-hazards approach. • A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. <p>Integrated policies and procedures that meet requirements, including a coordinated communication plan, as well as training and testing programs.</p>

¹ **Source Materials: Source Document: *CMS Appendix Z 2021.PDF**

(<https://www.cms.gov/files/document/qso-21-15-all.pdf>)

² **Source Document:** © 2022 The Joint Commission, © 2022 Joint Commission Resources



July 2022 TJC Emergency Management Standards and Elements of Performance

This section pertains to the TJC emergency management standards, and includes each standard’s corresponding elements of performance. The righthand column references only the elements of performance that are relevant for FQHCs. Thus, each number references a specific element of performance (Number 1, Number 2, etc.). In addition, corresponding notes are provided under elements of performance as appropriate.

TJC EM Standards	Rationale	Elements of Performance
<p>EM.01.01.01: The organization engages in planning activities prior to developing its Emergency Management Plan.</p> <p>Note: An emergency is an unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed, or increased demand for the organization’s services. Emergencies can be human-made (for example, an electrical system failure or cyberattack) or natural (for example, a tornado or an infectious disease outbreak such as Ebola, Zika, influenza), or a combination of both. Emergencies exist on a continuum of severity.</p> <p>A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization’s capabilities and requires outside</p>	<p>Every Health Center is susceptible to emergency situations, incidents, and events, which can suddenly and significantly affect demand for its services or its ability to provide those services. Therefore, the organization needs to engage in assessments and planning activities that inform the health center’s Emergency Management Program and corresponding plan. These activities include identifying risks and vulnerabilities, considering the various effects these incidents might have, and developing strategies for preparedness. Because some emergencies that impact an organization originate in the community, the organization needs to take advantage of opportunities, where</p>	<ol style="list-style-type: none"> 1. The organization’s leaders participate in planning activities prior to developing an Emergency Management Plan. 2. The organization identifies potential emergencies and the direct and indirect effects that these emergencies may have on the need for its services or its ability to provide those services. Note 1: Some organizations refer to this process as a hazard vulnerability analysis. Note 2: If the organization identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" (IC) chapter. (See also IC.01.06.01, EP 4) 3. The organization prioritizes the potential emergencies it has identified. 4. The organization determines what its role will be, if any, in the community response plan. Note: A community response plan is the response plan of the organization’s city, county, region, or state, whichever

TJC EM Standards	Rationale	Elements of Performance
<p>assistance to sustain patient care, safety, or security functions.</p>	<p>possible, to collaborate with relevant parties in the community.</p>	<p>plan is activated by community leadership.</p> <p>5. The organization uses its prioritized emergencies as a basis for defining mitigation activities. Mitigation activities are activities designed to reduce the risk of and potential damage from an emergency.</p> <p>Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness occur before an emergency, and response and recovery occur during and after an emergency.</p> <p>6. The organization uses its prioritized emergencies as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1, 2)</p> <p>7. For federally qualified health centers: The Emergency Management Plan includes documentation of potential risks in the community that could impact the organization’s ability to provide care for its patients.</p>
<p>EM.02.01.01: The organization has an Emergency Management Plan. Note: The organization’s Emergency Management Plan is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and</p>	<p>A successful response effort relies on a comprehensive and flexible all-hazard based Emergency Management Plan that sets a baseline for activation and communication. It should also guide how the organization will respond to</p>	<p>1. The organization’s leaders participate in the development of the Emergency Management Plan.</p> <p>2. The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur.</p> <p>Note: Response procedures address the prioritized</p>

TJC EM Standards	Rationale	Elements of Performance
<p>support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of differing duration, scale, and cause. For this reason, the plan’s response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.</p>	<p>emergencies, including plans to maintain care services to patients and the greater community. The plan supports decision making at the onset of an emergency and as an emergency evolves. While the Emergency Management Plan can be formatted in a variety of ways, it must address response procedures that are adaptable in supporting key areas (such as communications and patient care) that might be affected by emergencies of different causes.</p>	<p>emergencies but can also be adapted to other emergencies. Response procedures could include the following:</p> <ul style="list-style-type: none"> • Maintaining or expanding services • Conserving resources • Curtailing services • Supplementing resources from outside the local community • Closing the organization to new patients • Staged evacuation • Total evacuation <p>4. The organization has a written Emergency Management Plan that describes the recovery strategies, actions, and individual responsibilities necessary to restore the organization’s care, treatment, or services after an emergency.</p> <p>5. The Emergency Management Plan describes the processes for initiating and terminating the organization’s response and recovery phases of an emergency, including the circumstances under which these phases are activated.</p> <p>Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness occur before an emergency, and response and recovery occur during and after an emergency.</p> <p>6. The Emergency Management Plan identifies the individual(s) responsible for activating the response and recovery phases of the emergency response.</p> <p>7. If the organization experiences an actual emergency, the organization implements its response procedures related to care, treatment, or services for its patients.</p> <p>8. For federally qualified health centers:</p>

TJC EM Standards	Rationale	Elements of Performance
		<p>The Emergency Management Plan, including the communication plan, must be reviewed, and updated at least every two years.</p> <p>9. For federally qualified health centers: The Emergency Management Plan describes the patient population served by the organization and the extent to which additional populations may be cared for during an emergency based on the organization’s capabilities (staff, space, supplies, equipment).</p> <p>10. For federally qualified health centers: The Emergency Management Plan includes a continuity of operations strategy that covers the following:</p> <ul style="list-style-type: none"> • Continuity of facilities and communications to support organizational functions at the original site or alternate site(s), in case the original site is incapacitated • A succession plan that lists who replaces the key leader(s) during an emergency if the leader is not available to carry out their duties • A delegation of authority plan that describes the decisions and policies that can be implemented by authorized successors during an emergency, and criteria or triggers that initiate this delegation <p>Note: A continuity of operations strategy is an essential component of emergency management planning. The goal of emergency management planning is to provide care to individuals who are incapacitated by emergencies in the community or organization. A continuity of operations strategy focuses on the organization, with the goal of protecting the organization’s physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption or damage, so that it can continue to function</p>

TJC EM Standards	Rationale	Elements of Performance
		<p>throughout or shortly after an emergency. When the organization itself experiences, or is at risk of experiencing, an emergency (power failure, fire, flood, bomb threat, etc.), the continuity of operations strategy provides the framework to respond and recover.</p>
<p>EM.02.02.01: As part of its Emergency Management Plan, the organization prepares for how it will communicate during emergencies.</p>	<p>The organization maintains reliable and redundant communication capabilities for the purpose of communicating response efforts to staff, patients, and external organizations, including the media (in all forms). The organization establishes backup communication processes and technologies to communicate essential information if primary communication systems fail. Examples of backup technologies include internal PA systems, cell phones, landlines, bulletin boards, fax machines, satellite phones, amateur radio, text messages, Messaging apps.</p>	<p>1. The Emergency Management Plan describes how staff will be notified that emergency response procedures have been initiated.</p> <p>3. The Emergency Management Plan describes how the organization will notify external authorities that emergency response measures have been initiated.</p> <p>14. The organization establishes backup communication systems or technologies for use in the event that internal or external systems fail during an emergency.</p> <p>17. The organization implements the components of its Emergency Management Plan that require advance preparation to support communications during an emergency.</p> <p>30. For federally qualified health centers: The Emergency Management Plan describes the following: How the organization will communicate with suppliers of essential services, equipment, and supplies during an emergency.</p> <p>31. For federally qualified health centers: The Emergency Management Plan describes the following: How, and under what circumstances, the organization will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation).</p> <p>32. For and federally qualified health centers:</p>

TJC EM Standards	Rationale	Elements of Performance
		<p>As part of its communication plan, the organization maintains the names and contact information of the following:</p> <ul style="list-style-type: none"> • Staff • Physicians • Volunteers • Other potential response partners (depending upon services provided, these may be federally qualified health centers or other sources of collaboration or assistance) • Entities providing services under arrangement • Relevant federal, state, tribal, regional, and local emergency preparedness staff <p>33. For federally qualified health centers: The Emergency Management Plan describes the following:</p> <ul style="list-style-type: none"> • The organization’s primary and alternate means of communicating with staff and federal, state, tribal, and local emergency management agencies • Process for communicating information about the general condition and location of patients under the organization’s care to public and private entities assisting with disaster relief • How the organization will communicate information about its needs and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee <p>Note: Depending upon the type of emergency, the authority having jurisdiction might be the municipal, county, or state health department, or another governmental entity.</p> <p>34. For federally qualified health centers:</p>

TJC EM Standards	Rationale	Elements of Performance
		<p>The organization has a process for cooperation and collaboration with the local, state, tribal, regional, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.</p>
<p>EM.02.02.03: As part of its Emergency Management Plan, the organization prepares for how it will manage resources and assets during emergencies. Note: All organizations are required to respond to a patient's immediate care and safety needs if an emergency occurs with patients on site.</p>	<p>Rationale: The organization that continues to provide care, treatment, or services to its patients during emergencies needs to determine how resources and assets (that is, supplies, equipment, and facilities) will be managed internally and, when necessary, solicited and acquired from external sources. The organization should also recognize the risk that some resources may not be available from planned sources, particularly in emergencies of long duration or broad geographic scope, and that contingency plans will be necessary for critical supplies. This situation may occur when multiple organizations are vying for a limited supply from the same vendor. A good practice is to use the Business Process Analysis dogma to analyze internal processes and daily tasks and ensure nodes of each process can be replicated in a back-up situation.</p>	<p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. For organizations that plan to provide services during an emergency, the Emergency Management Plan describes how they will obtain and replenish medications and related supplies that will be required in response to an emergency. 2. For organizations that plan to provide services during an emergency, the Emergency Management Plan describes how they will obtain and replenish medical supplies that will be required in response to an emergency. 3. For organizations that plan to provide services during an emergency, the Emergency Management Plan describes how the organization will obtain and replenish nonmedical supplies (including food, bedding, and other provisions consistent with the organization's plan for sheltering on site) that will be required in response to an emergency. <p>12.The organization implements the components of its Emergency Management Plan that require advance preparation to provide for resources and assets during an emergency.</p>
<p>EM.02.02.07: As part of its Emergency Management Plan, the organization prepares for how it will manage staff during an emergency.</p>	<p>Rationale: To provide safe and effective patient care during an emergency, staff roles should be well defined in advance, and staff need to be oriented to their</p>	<p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The Emergency Management Plan describes how the organization will manage staff during emergencies. 2. The Emergency Management Plan describes the roles

TJC EM Standards	Rationale	Elements of Performance
	<p>assigned responsibilities. Staff roles and responsibilities may be documented in the plan using a variety of formats (for example, job action sheets, checklists, flowcharts, creation of incident response teams, activation organizational charts, and more). One thing to keep in mind is the need for the organization to account for staff members’ physical safety, food, financial, and familial security. This could include providing these staff with the tools and trainings necessary to ensure their own household is accounted for, allowing their direct focus to be on the response itself.</p>	<p>and responsibilities of staff during an emergency.</p> <p>3. The Emergency Management Plan describes the process for assigning staff to all essential staff functions.</p> <p>4. The Emergency Management Plan identifies the individual(s) to whom staff report in emergencies.</p> <p>9. For organizations that plan to provide services during an emergency, the Emergency Management Plan describes how the organization will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.</p> <p>Note: This identification could include identification cards, wristbands, vests, hats, or badges. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3)</p> <p>10. The organization implements the components of its Emergency Management Plan that require advance preparation to manage staff during an emergency.</p> <p>12. For federally qualified health centers: The Emergency Management Plan describes how volunteers, state-, and federally-designated health care professionals will be incorporated into the staffing strategy to address a surge in needs during an emergency. The staffing strategy will vary depending on the type of emergency, whether the organization chooses to use volunteers, and the organization’s role, if any, in community response plans.</p> <p>18. For federally qualified health centers: The organization trains staff for their assigned emergency response roles.</p> <p>19. For federally qualified health centers: The organization has a system to track the location of on-duty staff during an emergency.</p> <p>20. For federally qualified health centers:</p>

TJC EM Standards	Rationale	Elements of Performance
		<p>The organization provides emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals:</p> <ul style="list-style-type: none"> • Initial training • At least every two years • When roles or responsibilities change • When policies and procedures are significantly updated <p>This training is documented.</p> <p>Note: 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, question and answer), or other methods determined and documented by the organization.</p>
<p>EM.02.02.09: As part of its Emergency Management Plan, the organization prepares for how it will manage utilities during an emergency.</p>	<p>Rationale: Different types of emergencies can have the same detrimental impact on an organization’s infrastructure systems. For example, brush fires, ice storms, and industrial accidents can all result in a loss of utilities or access for care, treatment, services, and building operations. Therefore, organizations must have alternative means of providing for essential utilities (for example, alternative equipment at the organization, negotiated relationships with primary suppliers, provision through a parent entity; Memoranda of Understanding with other organizations in the community). Organizations should</p>	<p>Elements of Performance:</p> <p>1. For organizations that plan to provide services during an emergency, the Emergency Management Plan describes how the organization will provide for alternative means of meeting essential building utility needs.</p> <p>Note: Examples of potential utility problems might include disruptions to piped medical gas systems, failure of backup generators, and water pipe ruptures.</p> <p>8. The organization implements the components of its Emergency Management Plan that require advance preparation to provide for utilities during an emergency.</p>

TJC EM Standards	Rationale	Elements of Performance
	<p>determine how long they expect to remain open to care for patients and plan for their utilities accordingly. A good practice is to always have a two-layered backup for supplying partners and a jurisdictional entity. Partner examples include a health care coalition or local emergency manager.</p>	
<p>EM.02.02.11: As part of its Emergency Management Plan, the organization prepares for how it will manage patients during emergencies.</p>	<p>Rationale: The fundamental goal of emergency management planning is to protect life, provide a safe environment to the extent the incident allows, prevent further injuries, and minimize greater risks and effects. The manner in which care, treatment, or services are provided may vary by type of emergency. However, certain activities are so fundamental to patient safety that the organization should take a proactive approach in considering how they might be accomplished. Such activities can include decisions to modify or discontinue certain services, transfer care, make referrals, or transport patients.</p>	<p>Elements of Performance:</p> <p>1. The Emergency Management Plan describes how the organization will manage activities related to patient care, treatment, or services. Note: Activities related to care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security.</p> <p>3. The Emergency Management Plan describes how the organization will evacuate its occupied space. (See also EM.02.02.03, EP 9)</p> <p>11. The organization implements the components of its Emergency Management Plan that require advance preparation to manage patients during an emergency.</p> <p>15. For federally qualified health centers: The organization has a system to track the location of patients sheltered on site during an emergency. This system includes documentation of the name and location of the receiving facility or alternate site in the event a patient is relocated during the emergency. Note: The name and location of receiving facilities or alternate sites may be defined in the emergency management plan, formal transfer agreements, or other</p>

TJC EM Standards	Rationale	Elements of Performance
		<p>accessible documents.</p> <p>16. For federally qualified health centers: Procedures for evacuating patients from the organization during an emergency address the following, at minimum:</p> <ul style="list-style-type: none"> • Care and treatment needs of patients when deciding where they will be evacuated (for example, transfer to a higher level of care, transport to an alternative site in the community, discharge to home) • Primary and alternative means of communication with external sources of assistance regarding patient care • Transportation for the evacuated patient to an alternative site
<p>EM.02.02.13: During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners.</p> <p>Note: A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.</p> <p>Introduction: When the organization activates its Emergency Management Plan in response to a disaster and the immediate needs of its patients cannot be met, the organization can choose to rely on volunteer practitioners to meet these needs. These practitioners may be volunteer licensed independent practitioners or volunteer practitioners who are not licensed independent practitioners but who are required by law and regulation to have a license, certification, or registration to meet these needs. Under these circumstances, if the usual credentialing and privileging processes cannot be</p>	<p>Rationale: N/A</p> <p>The organization needs to have a volunteer plan in place. It should take into consideration sources of possible volunteers and their previous training, if any. These considerations will dictate what kinds of “Just in Time” trainings and job task documents need to be created, volunteer badge needs, and access into the organization. This must be planned with liability in mind, because volunteers working in this capacity are considered employees of the organization.</p>	<p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The organization grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Management Plan has been activated in response to a disaster and the organization is unable to meet immediate patient needs. 2. The organization identifies, in writing, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners. 3. The organization determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9) 4. The organization describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges. Examples include direct observation, mentoring, clinical record review. 5. Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner,

TJC EM Standards	Rationale	Elements of Performance
<p>performed because of the disaster, the organization may use a modified credentialing and privileging process on a case-by-case basis for eligible volunteer practitioners. While this standard allows for a method to streamline the process for determining qualifications and competence, safeguards must be in place to assure that the volunteer practitioners have the competence to provide safe and adequate care, treatment, or services.</p> <p>Even in a disaster, the integrity of two specific components of the usual process for determining qualifications and competence must be maintained:</p> <ol style="list-style-type: none"> 1. Verification of licensure, certification, or registration required to practice a profession 2. Oversight of the care, treatment, or services provided. <p>A number of state and federal systems engaged in pre-event qualification verification can help facilitate the assigning of disaster privileges to volunteer licensed independent practitioners at the time of a disaster. Examples of such systems include the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps (MRC). The ESAR-VHP, created by the Health Resources and Services Administration (HRSA), allows for the advance registration and credentialing of health care professionals needed to augment a hospital or other medical facility to meet increased patient/victim care and increased surge capacity needs. MRC units</p>		<p>the organization obtains the volunteer practitioner's valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:</p> <ul style="list-style-type: none"> • A current picture identification card from a health care organization that clearly identifies professional designation • A current license to practice • Primary source verification of licensure • Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group • Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances • Confirmation by a licensed independent practitioner currently privileged by the organization or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster <p>6. During a disaster, the organization oversees the performance of each volunteer licensed independent practitioner.</p> <p>7. Based on its oversight of each volunteer licensed independent practitioner, the organization determines within 72 hours of the practitioner's arrival if the granted disaster privileges should continue.</p> <p>8. Primary source verification of licensure occurs as soon</p>

TJC EM Standards	Rationale	Elements of Performance
<p>are comprised of locally based medical and public health volunteers who can assist their communities during emergencies, such as an influenza epidemic, a chemical spill, or an act of terrorism.</p>		<p>as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner arrives at the organization, whichever comes first. If primary source verification of a volunteer licensed independent practitioner’s licensure cannot be completed within 72 hours of the practitioner’s arrival due to extraordinary circumstances, the organization documents all of the following:</p> <ul style="list-style-type: none"> • Reason(s) it could not be performed within 72 hours of the practitioner’s arrival • Evidence of the licensed independent practitioner’s demonstrated ability to continue to provide adequate care, treatment, or services • Evidence of the organization’s attempt to perform primary source verification as soon as possible <p>9. If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner’s arrival, it is performed as soon as possible.</p> <p>Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.</p>
<p>EM.02.02.15: During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.</p> <p>Note: While this standard allows for a method to streamline the process for verifying identification</p>	<p>Rationale: N/A</p> <p>Knowing what state- and federal-based disaster declarations can accompany in terms of licensing requirements and/or temporary suspensions might guide organizations in how they approve volunteers for roles, based on their fields and licensure. For example, during</p>	<p>Elements of Performance:</p> <ol style="list-style-type: none"> 1. The organization assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Management Plan has been activated in response to a disaster and the organization is unable to meet immediate patient needs. 2. The organization identifies, in writing, those individuals responsible for assigning disaster responsibilities to

TJC EM Standards	Rationale	Elements of Performance
<p>and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.</p> <p>Introduction: When the organization activates its Emergency Management Plan and the immediate needs of its patients cannot be met, the organization can choose to rely on volunteer practitioners to meet these needs. These practitioners may be volunteer licensed independent practitioners or volunteer practitioners who are not licensed independent practitioners but who are required by law and regulation to have a license, certification, or registration to meet these needs. Under these circumstances, if the usual credentialing and privileging processes cannot be performed because of the disaster, the organization may use a modified credentialing and privileging process on a case-by-case basis for eligible volunteer practitioners. While this standard allows for a method to streamline the process for determining qualifications and competence, safeguards must be in place to assure that the volunteer practitioners have the competence to provide safe and adequate care, treatment, or services.</p>	<p>COVID-19, nursing and EMS students in Texas who had completed relevant coursework but had not tested and/or received their license yet, were allowed to be incorporated into response plans if they participated in certain Just in Time trainings.</p>	<p>volunteer practitioners who are not licensed independent practitioners.</p> <p>3. The organization determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)</p> <p>4. The organization describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and clinical record review.</p> <p>5. Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the organization obtains the volunteer practitioner's valid government-issued photo identification (for example, a driver's license or passport) and one of the following:</p> <ul style="list-style-type: none"> • A current picture identification card from a health care organization that clearly identifies professional designation • A current license, certification, or registration • Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) • Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group • Identification indicating that the individual has been granted authority by a government entity to provide

TJC EM Standards	Rationale	Elements of Performance
		<p>patient care, treatment, or services in disaster circumstances</p> <ul style="list-style-type: none"> • Confirmation by organization staff with personal knowledge of the volunteer practitioner’s ability to act as a qualified practitioner during a disaster <p>6. During a disaster, the organization oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.</p> <p>7. Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, within 72 hours of the practitioner’s arrival the organization determines whether assigned disaster responsibilities should continue.</p> <p>8. Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner arrives at the organization, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the organization documents all of the following:</p> <ul style="list-style-type: none"> • Reason(s) it could not be performed within 72 hours of the practitioner's arrival • Evidence of the volunteer practitioner’s demonstrated ability to continue to provide adequate care, treatment, or services • Evidence of the organization’s attempt to perform

TJC EM Standards	Rationale	Elements of Performance
		<p>primary source verification as soon as possible</p> <p>9. If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.</p> <p>Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under their assigned disaster responsibilities.</p>
<p>EM.03.01.03: The organization evaluates the effectiveness of its Emergency Management Plan.</p>	<p>Rationale: The organization conducts training proficiency studies. These studies can take the form of knowledge tests after plan training, exercises to assess the Emergency Management Plan's efficacy in countering a certain threat, adequacy in identifying thresholds for timely activations, mobilization and demobilization of plans or switching to other plans, all while testing effectiveness in regard to communication, logistics, human resources, training, policies, procedures, and protocols. There no such thing as a perfect plan and exercises should stress the limits of the plan to support assessment of the organization's preparedness and performance, while conducting an improvement review. The design of the exercises should reflect disasters but should also test the organization's ability to respond to the</p>	<p>Elements of Performance:</p> <p>3. The organization conducts an exercise to test its emergency plan at least annually. Every other year, the organization is required to conduct either one community-based, full-scale exercise if available, or a facility-based, functional exercise. In the opposite year, the organization's annual exercise includes, but is not limited to, one of the following:</p> <ul style="list-style-type: none"> • A second full-scale, community-based exercise • A second facility-based, functional exercise • Mock disaster drill • Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. <p>Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.</p>

TJC EM Standards	Rationale	Elements of Performance
	<p>effects of emergencies on its capabilities to provide care, treatment, and services.</p> <p>A successful best practice is to consider what “plans” the organization wants to test, rather than designing exercises based on which scenario can be brought to the table. This approach is preferred because a scenario can always be built to test the specific plans that are identified. For example, consider an organization that would like to test plans related to activation, communication, shelter-in-place, lockdown, and evacuation. A possible scenario is tornado weather, which then escalates into a confirmed touchdown and the resulting disaster implications.</p>	<p>Note 2: See Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.</p> <p>5. Emergency response exercises incorporate disaster scenarios that allow the organization to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.</p> <p>10. For ambulatory surgical centers that elect to use TJC-deemed status option, during emergency response exercises, the organization must monitor its management of staff roles and responsibilities.</p> <p>13. Representatives from administrative, support, and clinical services participate in the evaluation of all responses to both emergency response exercises and actual emergencies.</p> <p>14. The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.</p> <p>16. The organization modifies its Emergency Management Plan based on its evaluation of emergency response exercises and responses to actual emergencies.</p> <p>Note: When modifications that require substantive resources cannot be accomplished in time for the next emergency response exercise, interim measures are put in place until final modifications can be made.</p> <p>17. Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Management Plan.</p> <p>22. For federally qualified health centers: During emergency response exercises, the organization</p>

TJC EM Standards	Rationale	Elements of Performance
		monitors its management of staff roles and responsibilities.
<p>EM.04.01.01: If the organization is part of a health care system that has an integrated emergency preparedness program, and it chooses to participate in the integrated emergency preparedness program, then the organization participates in the system’s planning, preparedness, and response activities.</p> <p>Introduction: Each individual health care organization must have an emergency plan that reflects both the risks facing the organization, and the strategies, resources, and capabilities it can deploy to safely serve its patients during a disaster. Health care organizations in systems with integrated emergency preparedness programs can increase resilience through integrating their plans with the system and leveraging system expertise, resources, and other capabilities. System participation extends the ability of the organization to serve its patients, protect its facilities, mobilize its staff, and aids its system and/or community by serving more patients. Depending on the organization’s risks, services, and capabilities, some aspects of integration with the system may be at an early stage. However, because disasters can occur at any time, the organization must implement immediately communication procedures in order to stand ready to actively use and align with the system’s emergency response procedures. In terms of format, the system’s plan can be an annex to the organization’s plan, the organization’s</p>	<p>Rationale: N/A</p> <p>The organization considers joining their relevant health care coalitions, signing up to receive their communication listservs, and signing a Memorandum of Understanding or Memorandum of Agreement with them. These coalitions are considered a greater health system due to the ways they conduct assessments, as well as plan for incidents and response. Especially for standalone organizations, activities should go beyond merely joining coalitions to actually participating in planning meetings, activities, and exercises, in order to more fully integrate with them.</p>	<p>Elements of Performance:</p> <p>5. For federally qualified health centers: The organization demonstrates its participation in the development of its system’s integrated emergency preparedness program through the following:</p> <ul style="list-style-type: none"> • Designation of a staff member(s) who will collaborate with the system in developing the program • Documentation that the organization has reviewed the community-based risk assessment developed by the system’s integrated all-hazards emergency management program • Documentation that the organization’s individual risk assessment is incorporated into the system’s integrated program • Documentation that the organization’s patient population, services offered, and circumstances unique to the organization are reflected in the system’s integrated program • Documentation of an integrated communication plan, including information on key contacts in the system’s integrated program • Documentation that the organization participates in a review of the system’s integrated program at least every two years <p>6. For federally qualified health centers: The organization has implemented communication procedures for emergency planning and response activities in coordination with the system’s integrated emergency preparedness program.</p> <p>7. For federally qualified health centers:</p>

TJC EM Standards	Rationale	Elements of Performance
<p>individual emergency plan can be integrated into the system’s plan, or there can be a single universal system plan that has sections for each organization—no specific format is prescribed. However, the organization must be able to readily access and use its individual plan for its preparedness, response, and recovery efforts. The organization must also be able to readily access the system’s plan and use it to carry out its role effectively within the system’s integrated emergency preparedness program.</p>		<p>The organization’s integrated emergency management policies, procedures, or plans address the following:</p> <ul style="list-style-type: none"> • Identification of the organization’s emergency preparedness, response, and recovery activities that can be coordinated with the system’s integrated program. Examples include acquiring or storing clinical supplies, assigning staff to the local health care coalition to create joint training protocols, and so forth • The organization’s communication and/or collaboration with local, tribal, regional, state, or federal emergency preparedness officials through the system’s integrated program • Coordination of continuity of operations planning with the system’s integrated program • Plans and procedures for integrated training and exercise activities with the system’s integrated program

¹ **Source Document:** © 2022 The Joint Commission, © 2022 Joint Commission Resources



CMS Emergency Preparedness E-Tags Specific to Federally Qualified Health Centers (FQHCs) Providers (§491.12)

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E-Tag Applies to FQHC Providers
E-Tag 0001	<p>FQHCs are required to develop an emergency preparedness program that meets all the standards specified within the condition/requirement.</p> <ul style="list-style-type: none"> • Must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency. • Addresses how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). • A comprehensive approach to meeting the health and safety needs of a patient population should encompass the elements for emergency preparedness planning based on the “all hazards approach.” 	The emergency preparedness program must be reviewed and updated at least every 2 years.	✓
E-Tag 0002	Not Applicable to FQHC Providers.		
E-Tag 0003	Not Applicable to FQHC Providers.		

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0004	<p>Develop and maintain an emergency preparedness plan (often referred to as an Emergency Operations Plan) that includes:</p> <ul style="list-style-type: none"> • Conducting facility-based and community-based risk assessment. • Identifying the continuity of business operations which will provide support during an emergency. • The emergency plan guides and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers hazards most likely to occur in the surrounding area. • Natural and man-made emergencies, care-related emergencies; equipment and utility failures, including but not limited to power, water, gas, etc. • Interruptions in communication, including cyber-attacks; Loss of all or portion of a facility; and interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications, and medical supplies. • Emerging infectious diseases such as Influenza, Ebola, Zika Virus and others. These diseases may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment measures. 	The FQHC Provider must develop and maintain an emergency preparedness plan that must be evaluated and updated at least every 2 years.	✓
E-Tag 0005	Not Applicable to FQHC Providers.		
E-Tag 0006	<p>The emergency plan must do the following:</p> <ul style="list-style-type: none"> • Be based on and include a documented, facility-based, and community-based risk assessment, utilizing an all-hazards approach. • Include strategies for addressing emergency events identified by the risk assessment to manage both man made and natural disasters that would affect the provider's ability to provide care. 	Must be reviewed and updated at least every 2 years.	✓

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0007	The emergency plan must address: <ul style="list-style-type: none"> • Patient population, including, but not limited to the type of services the organization can provide in an emergency. • Continuity of operations, including delegations of authority and succession plans. Areas of focus include: your facility's patient population, mobility, transfers, surge, and staffing. 	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0008	Not Applicable to FQHC Providers.		
E-Tag 0009	Include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency.	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0010	Not Applicable to FQHC Providers.		
E-Tag 0011	Not Applicable to FQHC Providers.		
E-Tag 0012	Not Applicable to FQHC Providers.		
E-Tag 0013	Policies and Procedures: FQHC facilities must develop and implement emergency preparedness policies and procedures, based on the emergency plan including a risk assessment and the communication plan. Emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0014	Not Applicable to FQHC Providers.		
E-Tag 0015	Policy and Procedure: The Provision of Subsistence for staff and patients. Not Applicable to FQHC Providers.		
E-Tag 0016	Policy and Procedure: Procedure to follow up with on duty staff and patients to determine service needs. Not Applicable to FQHC Providers.		

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0017	Policy and Procedure: Individual plans for each patient must be included as part of the comprehensive patient assessment. Not Applicable to FQHC Providers.		
E-Tag 0018	Policy and Procedure: a system to track the location of on-duty staff and sheltered patients. Not Applicable to FQHC Providers.		
E-Tag 0019	Policy and Procedure: Inform state and local emergency preparedness officials. Not Applicable to FQHC Providers.		
E-Tag 0020	Policy and Procedure: Safe evacuation from the facility, which includes: <ul style="list-style-type: none"> • Safe evacuation from the FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients. • Which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. 	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0021	Policy and Procedure: follow up with on-duty staff and patients to determine services that are needed. Not Applicable to FQHC Providers.		

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0022	<p>Policy and Procedure: A means to shelter-in-place for patients, staff, and volunteers who remain in the FQHC facility if an evacuation cannot be facilitated.</p> <p>The Policy and Procedure must address the following:</p> <ul style="list-style-type: none"> • The criteria for determining which patients and staff would be sheltered in place. • The facility's ability to survive a disaster • To facilitate sheltering in place or transferring of patients to alternate settings as needed • Determine that their policies are based on the type of emergency and the types of patients, staff, volunteers, and visitors that may be present during an emergency. • Based on its emergency plan, a facility could decide to have various approaches to sheltering some or all of its patients and staff. 	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0023	<p>Policy and Procedure: to develop a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records (includes a Go to Paper Protocol).</p>	Must be reviewed and updated at least every 2 years.	
E-Tag 0024	<p>Policy and Procedure: to develop the use of volunteers (both clinical and non-clinical volunteers) in an emergency or other emergency staffing strategies, including the process and role for integration of state and federally designated health care professionals to address surge needs during an emergency. Facilities must have policies which address their ability to respond to a surge in patients. As required, these policies and procedures must be aligned with a facility's risk assessment and should include planning for emerging infectious diseases.</p>	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0025	<p>Policy and Procedure: to develop arrangements with other facilities and other providers.</p> <p>Not Applicable to FQHC Providers.</p>		

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0026	Policy and Procedure: to delineate the process to request a 1135 waiver from CMS to amend normal scope of services due to an emergency. Not Applicable to FQHC Providers.		
E-Tag 0027	Policy and Procedure: How emergency medical system assistance can be obtained when needed. Not Applicable to FQHC Providers.		
E-Tag 0028	Policy and Procedure: Emergency Equipment: a process for staff to confirm that emergency equipment. Not Applicable to FQHC Providers.		
E-Tag 0029	<ul style="list-style-type: none"> • Communications Plan: providers must develop and maintain a communications plan that complies with federal, state, and local laws. • Organizations must have a written emergency communication plan that contains how they will coordinate patient care within the facility, with other providers, and with state and local public health departments. • The communication plan should include how they interact and coordinate with emergency management agencies and systems to protect patient health and safety in the event of a disaster. • The development of this communications plan will support the coordination of care, as well as communication with other providers and emergency management officials. • Redundant communications devices such as satellite phones, radios, and other secondary types of devices enable organizations to continue to communicate when primary devices such as landlines and cell phones are not operational. 	Must be reviewed and updated at least every 2 years.	✓

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0030	<p>The Communications Plan must include all of the following: (1) Names and contact information for the following: (i) FQHC employees, (ii) Entities providing services under arrangement, (iii) Patients' physicians, and (iv) Other FQHC facilities and other local providers.</p> <p>Facilities which utilize electronic data storage should be able to provide evidence of data back-up with hard copies or demonstrate capability to reproduce contact lists or access this data during emergencies.</p>	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0031	The Communications Plan must include contact information for the following: (i) federal, state, tribal, regional, and local emergency preparedness staff, and (ii) Other sources of assistance.	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0032	The Communications Plan must include primary and alternate means for communicating with the following: (i) Facility staff, and (ii) federal, state, tribal, regional, and local emergency management agencies.	Must be reviewed and updated at least every 2 years.	✓

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0033	<p>The Communications Plan must include:</p> <ul style="list-style-type: none"> • A method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care. • A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). • Facilities are required to develop a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care. • Facilities must have a communication system in place capable of generating timely, accurate information that could be disseminated, as permitted under 45 74 CFR 164.510(b)(4), to family members and others. • Facilities have the flexibility to develop and maintain their own system in a manner that best meets its needs. 	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0034	The Communications Plan must include a means of providing information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee.	Must be reviewed and updated at least every 2 years.	✓
E-Tag 0035	Not Applicable to FQHC Providers.		

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0036	Staff Training and Testing (Exercises): pertains to training, testing, and orientation. The facility must develop and maintain an emergency preparedness training, testing, and orientation program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan.	The training, testing, and orientation program must be evaluated and updated at least every 2 years.	✓
E-Tag 0037	Training Program. FQHC Providers must do all of the following: <ul style="list-style-type: none"> • Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. • Maintain documentation of all emergency preparedness training. • Demonstrate staff knowledge of emergency procedures. • If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training on the updated policies and procedures. 	Provide emergency preparedness training at least every 2 years.	✓
E-Tag 0038	Not Applicable to FQHC Providers.		
E-Tag 0039	Testing (Exercises): FQHC Providers must: <ul style="list-style-type: none"> • Conduct exercises to test the emergency plan. • Conduct a discussion based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, a narrated clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions. These components are designed to challenge an emergency plan. <p>If a provider experiences an actual natural or man-made emergency that requires activation of the emergency plan, the provider is exempt from engaging in its next required testing exercise following the onset of the emergency event.</p>	Exercises must be conducted every 2 years.	✓

CMS E-Tag Number	CMS Emergency Preparedness Requirement	Frequency / Notes	CMS E- Tag Applies to FQHC Providers
E-Tag 0040	Not Applicable to FQHC Providers.		
E-Tag 0041	Not Applicable to FQHC Providers.		

¹ Source Document: [*CMS Appendix Z 2021.PDF](#)

<https://www.cms.gov/files/document/qso-21-15-all.pdf>

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,254,766 with 0 % financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Approved June 2023, Reviewed December 2023 for final posting

Contact trainings@nachc.org