

R3 Report

REQUIREMENT, RATIONALE, REFERENCE

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Published for Joint Commission-accredited organizations and interested health care professionals, R3 Report provides the rationale and references that Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, R3 Report goes into more depth. The references provide the evidence that supports the requirement. R3 Report may be reproduced if credited to Joint Commission. Sign up for [email](#) delivery.

New and Revised Emergency Management Standards for Behavioral Health and Human Services (BHC) Accreditation Programs.

Effective July 1, 2025, new and revised emergency management requirements will apply to all Joint Commission-accredited behavioral health and human services programs. Joint Commission began conducting a critical analysis of its “Emergency Management” (EM) chapter in late 2019. During the height of the COVID-19 pandemic, Joint Commission received numerous inquiries pertaining to emergency plans and response procedures. Based on the work already being performed on the EM chapter and the questions and issues that arose during the pandemic, the entire EM chapter has been restructured to provide a meaningful framework for a successful emergency management program. The changes in the EM chapter include a new numbering system, elimination of redundant requirements, and the addition of new requirements. This restructuring resulted in a reduction in the number of elements of performance by 31% in the EM chapter for the behavioral health and human services program.

The prepublication version of the EM requirements will be available online until June 30, 2025. After July 1, 2025, please access the new requirements in the E-dition or standards manual.

Emergency Management (EM) Chapter

Requirement: Standard EM.10.01.01

The organization’s leader(s) provides oversight and support of emergency management activities.

Rationale for Standard EM.10.01.01

The organization’s leaders provide oversight in the development and implementation of the emergency management activities as they are responsible for maintaining safe operations during an emergency and often need to make significant and timely decisions. The identification of an individual to lead emergency management activities is also important to ensure that critical components are addressed in the mitigation, preparedness, response, and recovery phases and integrated throughout the organization.

References for Standard EM.10.01.01*

- American College of Healthcare Executives. (2020, November). *Healthcare executives’ role in emergency management*. <https://www.ache.org/about-ache/our-story/our-commitments/policy-statements/healthcare-executives-role-in-emergency-management>.

- Tomashunas, J. (2020, September 1). Ideal leadership during the emergency management preparedness phase. *HAP Blog*. <https://www.haponline.org/News/HAP-News-Articles/HAP-Blog/ideal-leadership-during-the-emergency-management-preparedness-phase>
- Administration for Strategic Preparedness and Response. (n.d.). *Practical leadership tips for enhancing staff behavioral health during a crisis*. <https://aspr.hhs.gov/behavioral-health/Pages/practical-leadership-tips.aspx>

*Not a complete literature review.

Requirement: Standard EM.11.01.01

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

Rationale for Standard EM.11.01.01

Organizations should continually evaluate their known risks and prioritize them to understand their vulnerabilities and prepare to respond to emergencies. The risk assessment includes an evaluation of the natural hazards, human-caused hazards, technological hazards, hazardous materials, and emerging infectious diseases that could pose a significant risk to the organization. The risks are prioritized to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the organization and its ability to provide services.

References for Standard EM.11.01.01*

- California Hospital Association. (2017). *Hazard vulnerability analysis*. Emergency Preparedness. <https://www.calhospitalprepare.org/hazard-vulnerability-analysis>
- Federal Emergency Management Agency. (2023, August). *Be prepared for any hazard*. U.S. Department of Homeland Security, Ready.gov. https://www.ready.gov/sites/default/files/2024-03/ready-gov_full-suite_hazard-info-sheets.pdf
- U.S. Department of Homeland Security. (2024, June). *Risk assessment*. Ready.gov. <https://www.ready.gov/business/planning/risk-assessment>
- U.S. Department of Homeland Security. (2024, February). *Risk mitigation*. Ready.gov <https://www.ready.gov/business/planning/risk-mitigation>
- Substance Abuse and Mental Health Services Administration. (2024, March). *Climate change and disaster behavioral health*. U.S. Department of Health & Human Services www.samhsa.gov/sites/default/files/climate-change-and-dbh-planning-tool.pdf
- Substance Abuse and Mental Health Services Administration. (2024, March). *Diversity, equity, and inclusion in disaster planning and response*. U.S. Department of Health & Human Services. <https://www.samhsa.gov/dtac/disaster-planners/diversity-equity-inclusion>

*Not a complete literature review.

Requirement: Standard EM.12.01.01

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

Note 1: The organization considers its prioritized hazards identified as part of its hazards vulnerability analysis when developing an emergency operations plan.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.01.01

A well-developed all-hazards emergency operations plan (EOP) guides the organization in responding to and recovering from a variety of emergency or disaster incidents. The EOP provides a management structure for the organization to operate under, staff activities to be carried out, and a description of how those activities should interact during an emergency. The EOP identifies what services the organization will continue to provide in the event of an emergency or disaster incident; however, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

References for Standard EM.12.01.01*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf
- Administration for Strategic Preparedness and Response. (n.d.). *Disaster response for homeless individuals and families: A trauma-informed approach*. U.S. Department of Health & Human Services. <https://aspr.hhs.gov/behavioral-health/Pages/homeless-trauma-informed.aspx>
- Centers for Disease Control and Prevention. (2015). *Planning for an emergency: Strategies for identifying and engaging at-risk groups*. U.S. Department of Health & Human Services. www.cdc.gov/disaster-epidemiology-and-response/media/pdfs/AtRiskGuidance.pdf
- National Association of County and City Health Officials. (2018, May). *Why including a behavioral health component to an emergency preparedness plan is critical*. <https://www.naccho.org/blog/articles/why-including-a-behavioral-health-component-to-an-emergency-preparedness-plan-is-critical>
- U.S. Department of Homeland Security. (2023, December). *Emergency response plan*. Ready.gov. <https://www.ready.gov/business/emergency-plans/emergency-response-plan>
- U.S. Department of Homeland Security. (2024, June). *Incident management*. Ready.gov. <https://www.ready.gov/business/resources/incident-management>

*Not a complete literature review.

Requirement: Standard EM.12.02.01

The organization has a communications plan that addresses how it will communicate during an emergency.

Note 1: The organization considers prioritized hazards identified as part of its hazard vulnerability analysis when developing a communications plan.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.02.01

An effective communications plan describes how and when the organization will communicate information to its staff, individuals served, and key stakeholders. The communications plan should account for the rapid evolution of an emergency or disaster and the need to consistently provide clear information regarding the emergency and the organization's ability to provide services. The resources and tools used for maintaining communications are a critical element of disaster preparedness.

References for Standard EM.12.02.01*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf
- U.S. Department of Homeland Security. (2023, September). *Crisis communications plans*. Ready.gov. <https://www.ready.gov/business/emergency-plans/crisis-communications-plans>
- Substance Abuse and Mental Health Services Administration. (2019). *Communicating in a crisis: Risk communication guidelines for public health officials*. U.S. Department of Health & Human Services. <https://store.samhsa.gov/sites/default/files/pep19-01-01-005.pdf>

*Not a complete literature review.

Requirement: Standard EM.12.02.03

The organization has a staffing plan for managing staff during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a staffing plan.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.02.03

The organization's emergency staffing plan should be activated in response to an emergency or disaster if the organization is capable of remaining open during the event. Organizations are better prepared to respond to an emergency or disaster incident if they have anticipated their staffing needs, resources, and availability. Some organizations may have very limited staffing resources, which may require the organization to close until it can safely resume operations.

References for Standard EM.12.02.03*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf

*Not a complete literature review.

Requirement: Standard EM.12.02.05

The organization has a plan for providing care, treatment, or services during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for care, treatment, or services.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.02.05

A well-thought-out plan maintains an organization's ability to provide critical services and identifies solutions for how it will continue to provide care, treatment, or services during emergencies or disasters. Planning for providing care, treatment, or services during an emergency or disaster incident focuses on equipment and resources that play a direct role in an incident response, including transfer plans, continuity of care, and rapid acquisition of medication and health care records.

References for Standard EM.12.02.05*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf
- Administration for Strategic Preparedness and Response. (n.d.). *Planning for psychiatric patient movement during emergencies and disasters*. U.S. Department of Health & Human Services. <https://aspr.hhs.gov/behavioral-health/Pages/Psychiatric-Patient-Movement.aspx>

*Not a complete literature review.

Requirement: Standard EM.12.02.07

The organization has a plan for safety and security measures to take during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for safety and security.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.02.07

Emergencies and disasters often create new and rapidly changing safety and security concerns. The plan for safety and security should include the possible need for heightening security measures, tracking and accountability of staff and individuals served, and minimizing exposures to hazards.

References for Standard EM.12.02.07*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf
- Cybersecurity and Infrastructure Security Agency (CISA). (n.d.). *Shields ready*. U.S. Department of Homeland Security. <https://www.cisa.gov/shields-ready>

*Not a complete literature review.

Requirement: Standard EM.12.02.09

The organization has a plan for managing resources and assets during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for resources and assets.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.02.09

Access to resources can often be difficult when the needs in a community or region is greater than what is available locally. The organization's plan includes continual assessment on how to obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident.

References for Standard EM.12.02.09*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf
- U.S. Department of Homeland Security. (2023, September). *Resource management*. Ready.gov. <https://www.ready.gov/business/resources/resource-management>

*Not a complete literature review.

Requirement: Standard EM.12.02.11

The organization has a plan for managing utility systems during an emergency or disaster incident.

Note 1: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for utilities management.

Note 2: In the event of an emergency, some organizations may be unable to safely provide care, treatment, or services and would close until conditions allow safe operations.

Rationale for Standard EM.12.02.11

Emergencies and disasters can have a detrimental impact on organization's utility system(s), including loss of one or more utility systems. The list of utility systems that could potentially fail during an emergency includes heating, ventilation, and air conditioning; network connectivity; and refrigeration equipment. The organization must be prepared with alternate ways for providing essential or critical systems to maintain functional operations if it will continue to provide care, treatment, or services during an emergency.

References for Standard EM.12.02.11*

- Administration for Strategic Preparedness and Response. (2023). *Utility failures in health care toolkit*. <https://files.asprtracie.hhs.gov/documents/utility-failures-in-health-care-toolkit-summary.pdf>
- Centers for Disease Control and Prevention and American Water Works Association. (2019). *Emergency water supply planning guide for hospitals and healthcare facilities*. U.S. Department of Health and Human Services. <https://www.cdc.gov/healthywater/emergency/pdf/emergency-water-supply-planning-guide-2019-508.pdf>

*Not a complete literature review.

Requirement: Standard EM.14.01.01

The organization has a disaster recovery plan.

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

Rationale for Standard EM.14.01.01

The disaster recovery plan is an essential for providing strategies to quickly handle incidents, reduce downtime, and minimize financial loss so that the organization can continue to operate or return to full functionality after an emergency or disaster incident.

References for Standard EM.14.01.01*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf

- U.S. Department of Homeland Security. (2024, July). *IT disaster recovery plan*. Ready.gov. <https://www.ready.gov/business/emergency-plans/recovery-plan>

**Not a complete literature review.*

Requirement: Standard EM.15.01.01

The organization provides emergency management education and training.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.

Rationale for Standard EM.15.01.01

Organizations that plan education and training related to emergency management are better prepared for their next emergency or disaster incident. Effective education and training prepare staff to respond to a variety of emergencies and to quickly adjust to changing situations while continuing to provide safe care, treatment, or services.

References for Standard EM.15.01.01*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development. (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf
- U.S. Department of Homeland Security. (2024, May). *Employee training*. Ready.gov. <https://www.ready.gov/business/training/employee-training>

**Not a complete literature review.*

Requirement: Standard EM.16.01.01

The organization conducts exercises to evaluate its emergency operations plan and response procedures.

Note: The organization considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.

Rationale for Standard EM.16.01.01

Conducting emergency management exercises improves staff skills and teamwork within a controlled testing environment and refines their knowledge and understanding of the emergency operations plan. This prepares staff for a safe and effective response in the event of a real emergency or disaster incident. These exercises are used to test all facets of the emergency operation plan and should be comprehensive enough to test the organization's response capabilities to failure in order to identify deficiencies and opportunities for improvement.

References for Standard EM.16.01.01*

- U.S. Department of Homeland Security. (2023, September). *Testing and exercises*. Ready.gov. <https://www.ready.gov/business/training/testing-exercises>
- U.S. Department of Homeland Security. (2024, May). *Exercises*. Ready.gov. <https://www.ready.gov/business/training/testing-exercise/exercises>

**Not a complete literature review.*

Requirement: Standard EM.17.01.01

The organization evaluates and revises its emergency operations plan.

Rationale for Standard EM.17.01.01

Organizations that evaluate each event or exercise are better prepared for emergencies because they often find unknown risks or failures through these reviews. It is important to then update the emergency operations plan, policies, and procedures to correct these deficiencies and provide education and training to staff, as applicable. Improving the plan makes it more effective at sustaining critical operations and protecting lives.

References for Standard EM.17.01.01*

- U.S. Department of Veterans Affairs, U.S. Department of Health & Human Services, U.S. Department of Housing and Urban Development . (n.d.). *Disaster preparedness to promote community resilience*. www.va.gov/HOMELESS/nchav/docs/VEMEC_Toolkit_20170713_Final_508.pdf

**Not a complete literature review.*