

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 Nursing Care Centers

Effective January 1, 2025, new and revised emergency management requirements will apply to all Joint Commission-accredited nursing care centers. 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 28% in the EM chapter for the nursing care center program.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, Joint Commission sought expert guidance from the following groups:

- [Standards review panel](#) included representation from nursing care centers, academic organizations, and other professional organizations. The members provided an objective review of the proposed emergency management requirements.
- **Joint Commission workgroup** included nursing care center program field directors, staff from the nursing care center Standards Interpretation Group, and staff from the Department of Standards and Survey Methods and Research.

The prepublication version of the EM requirements will be available online until December 31, 2024. After January 1, 2025, please access the new requirements in the E-dition or standards manual.

Emergency Management (EM) Chapter

Requirement

Standard EM.09.01.01: The organization has a comprehensive emergency management program that utilizes an all-hazards approach.

Rationale

A comprehensive emergency management program provides a systematic analysis for planning, shared decision-making, internal and external collaborations, and assignment of available resources (staff, space, supplies) to effectively prepare for, respond to, and recover from all incidents and emergencies. The critical components of the program include emergency policies and procedures; communication and coordination of response activities; education and training; testing and evaluation of exercises; and resources needed to continue to provide care, treatment, and services. The structure should be designed to respond to any type of emergency (all-hazards approach) because of the wide array of emergencies and the impossibility of predicting all emergencies that could impact the organization.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.10.01.01: The organization's leader(s) provides oversight and support of emergency management program.

Rationale

The organization's leaders provide oversight in the development and implementation of the emergency management program 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. A multidisciplinary approach makes certain that the emergency management program, the operations plan, policies and procedures, and education and training include insights from across disciplines and departments.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.11.01.01: The organization conducts a hazard vulnerability analysis utilizing an all-hazards approach.

Rationale

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 impose a significant risk to a health care organization and its off-site locations. The risks are prioritized to determine which of the 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:*

- Centers for Disease Control and Prevention (CDC). (2015). *Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups*. <https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf>
- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

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

Rationale

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, as well as how the organization will cohesively and effectively work with its emergency management partners.

References:*

- American Health Care Association/National Center for Assisted Living Emergency Preparedness Committee. (n.d.). *Shelter in place: Planning resource guide for nursing homes*. https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/SIP_Guidebook_Final.pdf
- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.

- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

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

Rationale

An effective communications plan describes how and when the organization will communicate information to its staff, patients and residents, 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 both internally and externally. The resources and tools used for maintaining communications are a critical element of disaster preparedness.

References:*

- Centers for Disease Control and Prevention (CDC). (2015). Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups. <https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf>
- Minnesota Department of Health and Health Care Preparedness Program. (2022). Long term care preparedness toolkit. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). NFPA 1600: Standard on continuity, emergency, and crisis management, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.12.02.03: The organization has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.

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

Rationale

The organization's emergency staffing plan should be activated in response to an emergency or disaster when the organization is unable to meet or maintain the immediate needs of its patients and residents. Organizations that anticipate staffing shortages, based on their prioritized risks, are better prepared to quickly obtain staff from within their health care system, from staffing agencies, or from federally deployed disaster medical assistance teams. Organizations should stand ready to adjust their staffing models to meet the needs of their staff; for example, the staffing plan may need to be adjusted to support staff's emotional and mental health needs during an emergency or disaster.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.12.02.05: The organization has a plan for providing patient and resident care and clinical support during an emergency or disaster incident.

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

Rationale

A well-thought-out plan that maintains an organization's ability to provide critical services and quickly identify high-risk patients during emergencies or disasters can be a matter of life and death for the organization's patients or residents. Planning for patient and resident care and clinical support focuses on equipment and resources that play a direct role in an incident response. The organization's emergency operations plan addresses patient and resident care and clinical support activities, including transfer plans, continuity of care, and rapid acquisition of medication, health care records, and special equipment, especially when evacuation is imminent.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

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

Rationale

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, patients, and residents; and minimizing exposures to hazards.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). Long term care preparedness toolkit. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). NFPA 1600: Standard on continuity, emergency, and crisis management, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

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

Rationale

Access to resources can often be difficult when the needs in a community or region is greater than what is available locally; therefore, 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:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

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

Rationale

Emergencies and disasters can have a detrimental impact on organization's utility system(s), including loss of the system(s). The list of essential or critical 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, and services during an emergency.

References:*

- 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>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.

*Not a complete literature review.

Requirement

Standard EM.13.01.01: The organization has a continuity of operations plan.

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

Rationale

The continuity of operations plan (COOP) provides guidance on how the organization will continue to perform its essential business functions, deliver essential services, delegate authority, and implement succession plans when there has been a disruption to normal operations. The organization's leaders identify and prioritize those essential services that are deemed necessary to remain operational and make certain that critical business functions continue working during an emergency or disaster incident. The leaders consider costs associated with acceptable and unacceptable levels of risk and prioritize where and when to focus resources, funding, and other assets.

References:*

- FEMA National Continuity Programs (2018, February). *Continuity guidance circular*. U.S. Department of Homeland Security. https://www.fema.gov/sites/default/files/2020-07/Continuity-Guidance-Circular_031218.pdf
- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

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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

The disaster recovery plan is an essential part of continuity of operations and provides 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:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.15.01.01: The organization has an emergency management education and training program.

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

Rationale

Organizations that plan education and training related to emergency management are better prepared for their next emergency or disaster incident. An effective education and training program prepares staff to respond to a variety of emergencies and to quickly adjust to changing situations while continuing to provide safe patient care.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.16.01.01: The organization plans and conducts exercises to evaluate its emergency operations plan and response procedures.

Note: The organization integrates its prioritized hazards identified as part of its hazard vulnerability analysis into the development of emergency exercises.

Rationale

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 (communications, safety, transfers, evacuation) and should be comprehensive enough to test the organization's response capabilities to failure in order to identify deficiencies and opportunities for improvement.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- U.S. Department of Homeland Security. (2020). *Homeland security exercise and evaluation program*. <https://www.fema.gov/sites/default/files/2020-04/Homeland-Security-Exercise-and-Evaluation-Program-Doctrine-2020-Revision-2-2-25.pdf>
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

Requirement

Standard EM.17.01.01: The organization evaluates its emergency management program, emergency operations plan, and continuity of operations plans.

Rationale

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 management program and emergency operations plan to correct these deficiencies. Improving the plan makes it more effective at sustaining critical operations and protecting lives.

References:*

- Minnesota Department of Health and Health Care Preparedness Program. (2022). *Long term care preparedness toolkit*. <https://www.health.state.mn.us/communities/ep/ltc/baseplan.pdf>
- National Fire Protection Association. (2019). *NFPA 1600: Standard on continuity, emergency, and crisis management*, 2019 edition.
- Wisconsin Department of Health Services. (2017, September). *CMS emergency preparedness rule toolkit: Long-term care: Nursing/skilled nursing facilities*. <https://www.dhs.wisconsin.gov/publications/p01948a.pdf>

*Not a complete literature review.

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