### Planning

**09.00.01 Emergency Operations Plan.**
A written Emergency Operations Plan (EOP) is developed, maintained, and available to the staff for crisis preparation and response.

The organization reviews the EOP on an annual basis and makes adjustments based on lessons learned during actual emergency events and during planned exercises.

The EOP is based on the priorities established in the annual Hazard Vulnerability Analysis (HVA), and the EOP is reviewed with the community’s emergency response agencies to synchronize responses to common emergency events.

The EOP is reviewed with the community emergency preparedness agency.

Emergency preparedness is necessary to ready the hospital for possible and probable emergency events that may affect the patient care processes and normal hospital operations.

There shall be a written Emergency Operations Plan (EOP) and associated procedures for possible situations to be followed by each department and/or service within the hospital and for each building utilized for patient treatment and/or housing. The organization may choose to have one EOP that is inclusive for all of their facilities where patients are treated and housed, or they may choose to have individual EOPs for each location.

The hospital uses it annual Hazard Vulnerability Analysis (HVA) as a foundation for the Emergency Operations Plan to determine the activities designed to reduce the risk associated with emergency events. The hospital shares the details of the EOP with the community’s emergency response agencies. The hospital assesses the community’s abilities to meet the needs of the hospital during an emergency event. This involvement with the community and the assessment of the community’s abilities is documented.

The Emergency Operations Plan must be integrated into the facility-wide Quality Assurance Performance Improvement (QAPI) plan.

When creating the EOP, consideration should be given

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<tr>
<th>DOCUMENT REVIEW AND INTERVIEW</th>
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<tr>
<td>Review the Emergency Operations Plan to determine its applicability with the potential emergencies identified in the Hazard Vulnerability Analysis (HVA).</td>
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<tr>
<td>- Was the EOP reviewed with local authorities?</td>
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<tr>
<td>- Does the hospital share their plans and abilities with the local authority in community emergency preparedness during the planning phase as well as the implementation phase?</td>
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Verify:

- Emergency Management is integrated into the facility-wide QAPI Plan.

- Emergency Management related data is collected and utilized to improve the quality of patient care and patient safety. Improvements are monitored to insure improvement in outcomes / results.

- Review documentation to ensure the EOP was shared with local authorities and reviewed with the community emergency preparedness & response plan.
to the four phases of Emergency Management:

- Mitigation
- Preparedness
- Response
- Recovery

Refer to NFPA 99 (2012 edition), Health Care Facilities, Chapter 12 for guidance on the development of the EOP, development of the committee with oversight on emergency management, including setting up an incident command system and designation of incident commander in an all hazards approach. When creating the EOP, emergency response considerations should be given to special populations within the hospital, which include pediatric, ICU and Neonatal patients.

The EOP includes a plan for the influx or a surge of patients, and must be reviewed by the community’s emergency response agency.

A reference for use in creating the EOP:
U.S. Department of Health and Human Services / Assistant Secretary for Preparedness and Response (ASPR), Medical Surge Capacity and Capability
http://www.phe.gov/PREPAREDNESS/PLANNING/MSCC/Pages/default.aspx
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| 09.00.02 Emergency Hazard Vulnerability Analysis (HVA) | The hospital may choose to create a single Hazard Vulnerability Analysis (HVA) that applies to all of the sites of the hospital, or an individual Hazard Vulnerability Analysis (HVA) for each of their locations. | **DOCUMENT REVIEW**
- Verify that the Hazard Vulnerability Analysis (HVA) is reviewed by the organization and updated annually.
- Confirm that the hospital shared their HVA with one or more community partners. | □ 1 = Compliant
□ 2 = Not Compliant |

The hospital’s Hazard Vulnerability Analysis (HVA) must be shared with the community’s emergency response agencies. The hospital must identify likely hazards for their community service area (e.g., natural disaster, bioterrorism threats, disruption of utilities such as water, sewer, electrical communications, fuel, nuclear accidents, industrial accidents, and other likely mass casualties, etc.) and develop appropriate responses that will assure that safety and wellbeing of patients.

The Hazard Vulnerability Analysis (HVA) is documented and reviewed by the oversight committee on emergency management for relevancy and accuracy on an annual basis.

All facilities where patient care and treatment is provided are required to have an assessment conducted for hazards, including facilities which the hospital may not own but where they provide treatment for their patients. Some remote locations may have different hazards and therefore a separate Hazard Vulnerability Analysis (HVA) would be appropriate.

Hospitals must prioritize the potential hazards to their organization, and these priorities are documented in the Hazard Vulnerability Analysis (HVA). The hospital shares their HVA with their community partners to help set priorities with the Hazard Vulnerability Analysis (HVA).

Community partners may include:
- The department of public health
- The department of public safety
- The department of public works
- Local municipality representatives
- Other government agencies
- Community organizations
- Vendors
- Other health care organizations
Response & Recovery

09.01.01 Emergency Safety & Security. The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.

During an emergency event, patients, visitors and staff must be protected from threats concerning security. Policies, procedures and systems must be developed to monitor and reduce adverse outcomes. The organization identifies and implements a process on how supplemental security resources are obtained in the event of a disaster.

The Emergency Operations Plan must address the following:

1. The differing needs of each location where the hospital operates;
2. The special needs of patient populations treated at the hospital (e.g., patients with psychiatric diagnoses, patients on special diets, newborns, etc.);
3. Security of patients and walk-in patients;
4. Security of supplies from misappropriation;
5. Pharmaceuticals, food, other supplies and equipment that may be needed during emergency / disaster situations;
6. Communication to external entities if telephones and computers are not operating or become overloaded (e.g., ham radio operators, community officials, other healthcare facilities if

DOCUMENT REVIEW

- Review the Emergency Operations Plan (EOP) to verify that the hospital has developed and implemented a comprehensive plan to ensure that the safety and wellbeing of patients are assured during emergency situations.
- Review Emergency Operations Plan to determine how supplemental emergency forces are obtained.
- Determine if policies, procedures and systems are in place to provide emergency safety and security services. Review documents to determine if the emergency security program is effective.

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<td>transfer of patients is necessary, etc.);</td>
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<td>7. Communication among staff within the hospital itself;</td>
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<td>8. Qualifications and training needed by personnel including healthcare staff, security staff, and maintenance staff, to implement and carry out emergency procedures;</td>
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<td>9. Identification, availability and notification of personnel that are needed to implement and carry out the hospital’s emergency plans;</td>
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<td>10. Identification of community resources, including lines of communication and names and contact information for community emergency preparedness coordinators and responders;</td>
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<td>11. Provisions if gas, water, and/or electricity supply is shut off to the community;</td>
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<td>12. Transfer or discharge of patients to home, other healthcare settings, or other hospitals;</td>
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<td>13. Transfer of patients with hospital equipment to another hospital or healthcare setting;</td>
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<td>14. Managing volunteers and convergent responders;</td>
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<td>15. Methods to evaluate repairs needed and to secure various materials and supplies to effectuate repairs.</td>
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| 09.01.02 Emergency Supplies | During an emergency event, the availability of supplies needed at the beginning of the event is critical for an effective response. The Office of the Assistant Secretary for Preparedness and Response (ASPR) states that organizations should be prepared to “stand on their own” for at least 72 hours before an organized Federal response can effectively relieve the situation. That benchmark must be considered when identifying the supplies and equipment that are required to shelter in place or effect an orderly evacuation. The amount and type of emergency supplies and equipment is left to the individual facility to determine but must be based on the reality of their EOP. Emergency supplies and equipment must be maintained to ensure an acceptable response at the beginning of an event. This would require the supplies and equipment are stored in such a manner to ensure their safety (protection against theft or damage, contamination, or deterioration) and availability when needed. The hospital identifies in writing the supplies it will need to potentially meet the needs of patients in an emergency situation. The hospital makes provisions to ensure the availability of those supplies when needed. The hospital identifies the equipment it will require to | **INTERVIEW AND DOCUMENT REVIEW**  
- Interview the person in charge of Emergency Management and determine if there are supplies identified and stored for the first response phase of an emergency.  
- Determine if the organization has reviewed and updated the emergency supply list on a semi-annual basis.  
- Review the Emergency Operations Plan to ensure the EOP provides for the supplies and equipment needed in the initial phase of an emergency event.  
- Has the hospital identified supplies and equipment that are likely to be needed in emergency situations?  
- Has the hospital made adequate provisions to ensure the availability of those supplies and equipment when needed? | |
### 09.01.03 Emergency Utilities

The Emergency Operations Plan provides for the continuation of emergency power, fuel, medical air, gas, and vacuum, and potable water during an emergency event.

**There must be facilities for emergency gas and water supply.**

§482.41(a)(2)

The hospital must ensure the continuation of operation of strategic utilities during an emergency event, including:

- emergency power;
- fuel for generators and boilers;
- medical air, gas and vacuum; and
- potable water.

The hospital needs to document what areas of the facility are served by emergency power, and what areas are not.

The hospital must have written agreements which are updated annually with vendors, suppliers, or others to provide for the following utilities during an emergency event:

- Service and repairs for the generators
- Replenishment of fuel for generators and boilers
- Portable cylinders of medical air and medical

#### DOCUMENT REVIEW AND INTERVIEW

- Verify that the utility supplies for emergency power, fuel, medical air, gas and vacuum, potable water, and non-potable water is appropriate for the size of the hospital operations, the services provided and the number of staff and inpatients.

- Verify the written agreements to replenish the supplies for the emergency utilities are updated annually.

- Review the plan used to determine the quantity of potable water meets the needs of all the staff and inpatients during an emergency event.
The hospital shall determine the quantity of fuel supply to have on hand for the emergency generators and boilers. This quantity is based on the circumstances of the hospital and the availability of replacement fuel.

At a minimum, the quantity of fuel maintained for the emergency generators must be at least a 26 hour supply, as required by NFPA 72 (2010), for the fire alarm system. For installations in seismic areas, compliance for maintenance of fuel supply for generators must comply with NFPA 110 (2010 edition).

Whatever quantity of fuel is maintained, consideration must be given to its capability to replenish the fuel supply before it is exhausted.

**Documentation**
The hospital shall maintain documentation of its fuel supply needs and its procedures for fuel replenishment in times of emergency. If the hospital uses the same fuel supply for multiple uses, (heating, hot water, generator, etc.) the hospital must maintain fuel supplies to address its total needs and to address periods where re-supply may be limited (i.e. snow, flooding, transportation disruption, etc.).
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<td>09.01.04 Emergency Decontamination.</td>
<td>For hospitals that receive emergency patients, the Emergency Operations Plan (EOP) provides how the hospital arranges for the chemical, biological and radioactive decontamination. Decontamination procedures must be in place for internal and external accidents. The hospital designates teams to respond to emergency events and initiate the decontamination procedures. A plan describing the decontamination procedures can be integrated into a single plan or multiple plans. During an emergency, aspects of the physical environment must contain, neutralize, or destroy potentially harmful materials and wastes. The procedures for the cleanup of spills and accidents must include the notification of the appropriate authorities based on the size and severity of the spill and hospital resources available. Resources for decontamination planning include: OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances: <a href="https://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html">https://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html</a> US DOL OSHA 29 CFR 1910.120 Hazardous Materials waste operations and emergency response: <a href="https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&amp;p_id=9765">https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&amp;p_id=9765</a></td>
<td>DOCUMENT REVIEW AND OBSERVATION - Review Emergency Operations Plan to ensure decontamination planning activities are addressed.</td>
<td>1 = Compliant 2 = Not Compliant N/A</td>
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<td>COMMENTS:</td>
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This standard does not apply to hospitals that do not receive emergency patients.
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| **09.01.05 Emergency Personal Protective Equipment.** | The selection, storage and distribution of the appropriate Personal Protective Equipment (PPE) is dependent on the product, specific Safety Data Sheets (SDS) and the organization’s Hazardous Material and Waste plan. The selection of PPE is not limited to hazardous materials and waste but must include any infectious disease exposures as indicated. The plans for PPE can be integrated into a single procedure or multiple plans. All plans for PPE must be integrated and included into the Emergency Operations Plan. Personal Protective Equipment (PPE) that is stored and maintained is documented and updated semi-annually. | **OBSERVATION** | ☐ 1 = Compliant  
☐ 2 = Not Compliant |
| **DOCUMENT REVIEW** | Verify that the Emergency Operations Plan addresses methods for ensuring the nutritional needs of patients and personnel are met during emergencies, including major facilities disruption. Review the written agreements with the food suppliers to determine that they have been updated annually. | | |

<p>| <strong>09.01.06 Emergency Nutritional Services.</strong> | The Emergency Operations Plan (EOP) describes the strategies for ensuring nutritional needs are met during situations in which hospital services or utilities are disrupted. The plan outlines methods for meeting the nutritional needs of patients, visitors, and personnel while awaiting evacuation or the return to normal hospital operations. During an emergency event, the facility may experience a disruption in one or multiple services, such as: 1. Loss of water, gas, fuel, or electricity; | | |</p>
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<td>2. Equipment failure, e.g., dishwashing machines, pumps, refrigeration, cooking appliances; 3. Disruption with the delivery and grocery and food preparation items.</td>
<td>The Emergency Operations Plan anticipates the possible disruptions and prepares strategies, in advance, for ensuring continuity of services, including: 1. Alternative methods for heating foods and water used for cooking. 2. A disruption with delivery of food products.</td>
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<td>The hospital has written agreements with food suppliers for priority grocery delivery. The written agreements are updated on an annual basis.</td>
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<td>The hospital calculates the volume of food, drinking water, paper products, and utensils needed to feed the patients, staff, and visitors for at least three (3) days. The hospital stores a 3-day inventory of: 1. Fresh and frozen foods 2. Dairy products 3. Drinking water 4. Paper products 5. Special dietary requirements, e.g., diabetic, Kosher, and vegetarian diets</td>
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09.01.07 **Emergency Communications.**

The Emergency Operations Plan (EOP) provides for written procedures and methods on how the hospital communicates with staff and outside agencies that have a functional role with the hospital’s response and recovery phases during an emergency event.

The procedure must include a tiered rapid process for alert and notification of staff in an emergency. This includes staff mobilization and communications call-back processes used at the beginning of an emergency event.

The procedure must also include how the hospital will communicate with outside agencies, such as:

- Emergency response agencies
- The community and the media
- Suppliers of essential supplies and services
- Other healthcare organizations

The procedure arranges for the dispensing provision of information by hospital designated spokespersons to the media.

Reliable communication must be maintained by the hospital during an emergency event and through to the recovery phase.

Backup technology must be considered and utilized with the consideration that traditional methods of communication may not be available. Alternative methods must be explored and planned for in the written procedure.

All hospital units and departments must have a process in place to initiate the call back of staff on each unit. Staff must be able to make external notifications and demonstrate the capability to share information with the incident commander and necessary external partners.

The Emergency Operations Plan must include a process for the notification of key personnel who are either at the hospital or away from the hospital whenever the Incident Command System is activated.

The staff call-back roster is dated and is updated at least semi-annually. **NOTE**: Real-time electronic tracking systems of current and former staff members are deemed to meet the requirement for semi-annual updates.

The Emergency Operations Plan identifies the location where the media will be briefed.

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**DOCUMENT REVIEW**

- Review the emergency communications process and determine that it meets the requirement for communication with staff and outside agencies.
- Determine if the staff call-back roster has been updated semi-annually.
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<td><strong>09.01.08 Incident Command Center.</strong></td>
<td>The Emergency Operations Plan provides for the identification where the hospital’s incident command center will be located. The EOP ensures essential equipment and support is intact and maintained for use in directing and controlling response and recovery operations. The EOP provides for a process for activation of the incident command center, and how it is operated.</td>
<td><strong>DOCUMENT REVIEW AND OBSERVATION</strong></td>
<td>[ ] 1 = Compliant [ ] 2 = Not Compliant</td>
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<td>There is a reference in the Emergency Operations Plan to the location of the command center for directing and controlling hospital emergency response functions. The plans and procedures also include or reference a layout diagram; a list of facility equipment (e.g., telephones, displays, fax machines, computers), and the source(s) of backup power (if available).</td>
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<td><strong>DOCUMENT REVIEW</strong></td>
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<td></td>
<td>• Review the Emergency Operations Plan to determine that the command center is identified.</td>
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<td>• Review the Emergency Operations Plan to determine that the organization’s command center setup process includes instructions and drawings.</td>
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<td>• Determine if a list of facility equipment and supplies meets the anticipated needs during an emergency.</td>
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<td><strong>09.01.09 Emergency Triage.</strong></td>
<td>For hospitals that receive emergency patients, the Emergency Operations Plan (EOP) provides for the triaging of victims during an emergency event and includes identification tags, placement of patients, notification of physicians, and preliminary diagnosis of patients.</td>
<td><strong>DOCUMENT REVIEW</strong></td>
<td>[ ] 1 = Compliant [ ] 2 = Not Compliant [ ] N/A</td>
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<td>Where the potential for chemical, biological, radiological, nuclear or explosive (CBRNE) exposure victims apply, the organization must coordinate decontamination activities that meet the needs of the victim. Additional concerns include proper selection of personal protective equipment (PPE) for those performing decontamination, and the prevention of the contamination of the emergency department.</td>
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<td>Recommended guidance can be found at: <a href="https://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html">OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances</a></td>
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<td>For communicable disease outbreaks, concerns</td>
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For communicable disease outbreaks, concerns
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include:

- isolation,
- cross contamination,
- staff exposure,
- prevention of the spread of the disease,
- identification of most likely potential toxic agents,
- pharmacy considerations,
- laboratory considerations, and
- infection control.

Notification of the public health department and other authorities is required whenever an emergency event is declared, and/or whenever the Incident Command system is activated.

The hospital conducts training activities on decontamination of victims. The frequency of this training is determined by the organization, based on the potential for victims that would require decontamination.

The need for a hospital to have decontamination capabilities is not reduced where governmental agencies provide decontamination in the field.

This standard does not apply to hospitals that do not receive emergency patients.
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| 09.01.10 Emergency Evacuation. | The Emergency Operations Plan (EOP) provides for a written Emergency Evacuation Plan which identifies when and how the patients will be evacuated from the facility. The written Emergency Evacuation Plan is reviewed by the community emergency response agency. Additional evacuation procedures for specialty patient care units must be developed and incorporated into the Emergency Evacuation Plan. | DOCUMENT REVIEW AND OBSERVATION  
- Review documentation from the local authorities to determine if the Emergency Evacuation Plan was reviewed by the local community emergency response agency. | ☐ 1 = Compliant  
☐ 2 = Not Compliant  
N/A |

| 09.01.11 Volunteer Management. | For hospitals that receive emergency patients, the Emergency Operations Plan (EOP) provides for a volunteer management plan that assigns, trains, and supervises volunteers during an emergency event. The hospital shall review the volunteer management plan with other local hospitals and healthcare systems and local emergency management agencies. The facility must have a plan to verify each volunteer’s identity, license, credentials, certifications, and hospital privileges, within 72 hours of activating the Incident Command Center, when possible. Federal, local or state-based systems shall be utilized to verify the identity and credentials of health professionals, when possible. Any special issues, such as spontaneous non-medical volunteers, stress management for volunteers, and legal issues, such as workers’ compensation, insurance, and safety are addressed in advance and included in the EOP. Recommended guidance can be found at: [http://www.phe.gov/esarvhp/Pages/faqs.aspx](http://www.phe.gov/esarvhp/Pages/faqs.aspx) | DOCUMENT REVIEW  
- Review the Emergency Operations Plan (EOP) to determine if it includes a volunteer management program. | ☐ 1 = Compliant  
☐ 2 = Not Compliant  
N/A |

2017  
Healthcare Facilities Accreditation Program (HFAP)  
Accreditation Requirements for Acute Care Hospitals  
9-15
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<td><strong>09.01.12  Business Continuity.</strong> The Emergency Operations Plan includes a continuity planning component which identifies key clinical and business functions and the strategies required to recover them with minimal disruption to clinical operations during the recovery phase of an emergency.</td>
<td>The hospital develops and implements volunteer management planning and response training. The hospital provides training for each volunteer team member. This training and education is documented. <strong>This standard does not apply to hospitals that do not receive emergency patients.</strong></td>
<td><strong>DOCUMENT REVIEW</strong></td>
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<td>The hospital conducts a business impact analysis to identify time-sensitive or critical business functions and the resources that support them. The hospital must identify, document, and implement processes to recover critical business functions and processes. The hospital develops a business continuity plan to manage clinical and business disruption. Emergency exercises conducted by the hospital evaluate the effectiveness of the recovery strategies in the business continuity plan.</td>
<td>• Review the Emergency Operations Plan (EOP) to determine that the business continuity plan and associated implementation procedures are included. • Review the emergency exercises to ensure recovery strategies from the business continuity plan are evaluated.</td>
<td>1 = Compliant  2 = Not Compliant</td>
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Exercises & Education

09.02.01  Emergency Exercises.
For all healthcare occupancy and ambulatory healthcare occupancy facilities that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed twice per year. At least one of the exercises shall include the community.

For business occupancy buildings that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed once per year.

Each exercise is to be planned by the oversight committee on emergency management and implemented to build competencies in staff. Each exercise must be based on one of the identified priorities in the Hazard Vulnerability Analysis (HVA).

Every emergency exercise must include the activation of the hospital’s Incident Command System. At least one emergency exercise per year shall include the community and have substitute patients (actors or paper descriptions of the injuries). Responses to real emergencies may be used if separated by at least four months from the last emergency or exercise.

Each implementation (either actual emergency or an exercise) shall be evaluated by several trained observers located in strategic areas to record the responses of the staff and the processes being followed. The emergency management committee uses this information to improve the hospital’s capability to respond to emergencies, and to make improvements to the Emergency Operations Plan. The emergency committee submits reports to hospital leadership, and as appropriate, state and Federal entities.

Table-top drills, while useful in the planning phase, are not an acceptable substitute for these exercises.

Buildings classified as healthcare and/or ambulatory healthcare occupancies are required to conduct two exercises within the past calendar year.

Buildings classified as business occupancies and provide patient care activities are required to perform one drill within the past calendar year.

DOCUMENT REVIEW
- Review the evaluation records of the emergency exercises.
- Assure that all after-action plan items have been documented in the oversight committee on emergency management meeting minutes and the Quality Assurance Performance Improvements (QAPI) minutes.
- Ensure that each exercise is based on one of the identified Hazard Vulnerability Analysis (HVA) hazards.
- Ensure that buildings classified as healthcare occupancy or ambulatory healthcare occupancy each receives at least two drills within the past calendar year.
- Ensure that buildings classified as business occupancies and provide patient care activities each receives at least one drill within the past calendar year.

score: 2017
EMERGENCY MANAGEMENT

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<td>09.02.02 Emergency Education.</td>
<td>The hospital develops and implements specialized emergency response teams and provides annual training and education on responsibilities for each team member. This training and education is documented. Incident Command Management training must be provided to the appropriate staff members as described in the National Incident Management System (NIMS) Implementation Activities for Hospitals and Healthcare Systems: <a href="http://www.fema.gov/pdf/emergency/nims/imp_hos.pdf">http://www.fema.gov/pdf/emergency/nims/imp_hos.pdf</a></td>
<td>• Review the Emergency Operations Plan to determine if an education program is part of the emergency management process. • Review the education program to determine if it is implemented for all staff in all departments. • Verify by interview that staff and physicians have been trained. • Review employee files to verify disaster preparedness education has been provided annually. This education must include basic emergency preparedness and response procedures for the employee’s specific area of responsibility. Based on National Incident Management System, certain identified members of the staff must have Incident Command Management training as designated by Federal guidance for hospitals and healthcare systems.</td>
<td>1 = Compliant 2 = Not Compliant</td>
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COMMENTS:
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<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
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