

Prepublication Requirements

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Revisions to the Emergency Management Chapter

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE LABORATORY ACCREDITATION PROGRAM

Effective January 1, 2025

Emergency Management (EM) Chapter

EM.10.01.01

The laboratory's leader(s) provides oversight and support of emergency management activities.

Element(s) of Performance for EM.10.01.01

New EP 1 The laboratory's leader(s) provides oversight and support of emergency management activities.

Note 1: Ways in which the leader(s) provide oversight and support may include allocating resources; planning and reviewing policies and procedures; participating in exercises and trainings; and other activities that support emergency management activities.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

New EP 2 The laboratory's leader(s) identifies an individual(s) who will develop and maintain the emergency operations plan, coordinate emergency management education and training, and conduct exercises to test the emergency operations plan and response procedures.

Note 1: The laboratory leader(s) determines what education, training, and experience in emergency management qualifies the individual to lead the program.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

EM.11.01.01

The laboratory conducts a hazard vulnerability analysis (HVA) utilizing an all-hazards approach.

Element(s) of Performance for EM.11.01.01

New EP 1 The laboratory conducts a hazard vulnerability analysis (HVA) using an all-hazards approach. The HVA identifies hazards that could occur at the laboratory and in the community where the laboratory is located. The HVA is documented.

Note 1: The HVA considers internal hazards (such as a loss of utilities or power), hazards likely to occur in the geographical area (such as weather events), emerging infectious diseases (such as those that have newly appeared in a population or are rapidly increasing in incidence, which may be localized to a community or widespread), and hazards related to the laboratory's specific location within the community.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

Ⓓ Documentation is required

New EP 3 The laboratory evaluates and prioritizes the findings of the hazard vulnerability analysis to determine which hazards present the highest likelihood of occurring and the impacts those hazards will have on the operating status of the laboratory and its ability to provide laboratory services. The findings are documented.

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

Ⓓ Documentation is required

New EP 4 The laboratory uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to reduce disruption of laboratory services or functions.

Note 1: Mitigation activities may include reviewing agreements with other health care facilities, reviewing emergency supplies on hand, and planning how to protect medical records or back up electronic records.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

EM.12.01.01

The laboratory develops an emergency operations plan (EOP) based on an all-hazards approach.

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

Element(s) of Performance for EM.12.01.01

New EP 1 The laboratory has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff on actions to take during emergency or disaster incidents. The EOP and policies and procedures include but are not limited to the following:

- Communications plan
- Maintaining, expanding, decreasing, or closing operations
- Protecting critical systems and infrastructure
- Conserving and/or supplementing resources
- Sheltering in place
- Evacuating (partial or complete), or relocating services
- Safety and security
- Securing information and records

Note 1: In the event of an emergency, some laboratories may be unable to safely provide laboratory services and would close until conditions allow safe operations.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

Ⓓ Documentation is required

EM.12.02.01

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

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

Element(s) of Performance for EM.12.02.01

New EP 2 The laboratory's communications plan describes how it will communicate during an emergency or disaster incident to the following individuals based on the type of emergency or disaster incident:

- Staff
- Patients or surrogate decision-makers
- Community partners (such as fire department, emergency medical services, police)

Note 1: The laboratory should consider phone trees or other methods of rapidly communicating with staff in the event of an emergency or disaster incident and methods for communicating with patients to cancel procedures when necessary.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

Ⓓ Documentation is required

EM.12.02.03

The laboratory has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.

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

Element(s) of Performance for EM.12.02.03

New EP 1 If the laboratory remains open during an emergency or disaster incident, it develops a staffing plan for managing all staff and volunteers based on the laboratory services it will provide.

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.12.02.05

The laboratory has a plan for providing laboratory services during an emergency or disaster incident.

Note: The laboratory considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for laboratory services.

Element(s) of Performance for EM.12.02.05

New EP 1 If the laboratory remains open during an emergency or disaster incident, it has a plan to provide laboratory services that includes but is not limited to moving laboratory services to alternative sites (for example, moving to point-of-care-testing or another location) and referring specimens or patient testing to other facilities if the laboratory can no longer provide services.

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.12.02.07

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

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

Element(s) of Performance for EM.12.02.07

New EP 1 The laboratory has a plan for safety and security measures to take during an emergency or disaster incident. Examples include identifying a location to shelter-in-place during severe weather and limiting access to laboratory facilities and critical supplies.

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.12.02.09

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

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

Element(s) of Performance for EM.12.02.09

New EP 1 If the laboratory remains open during an emergency or disaster incident, it has a plan for managing its resources and assets that describes in writing how it will document, track, monitor, and locate the resources and assets that will be needed during and after an emergency or disaster incident to remain operational.

Note 1: For tracking and monitoring, the laboratory should consider the following resources: reagents and related supplies, blood/blood products, laboratory equipment and supplies, personal protective equipment, potable or bottled water, and nonpotable water supply.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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New EP 2 If the laboratory remains open during an emergency or disaster incident, it has a plan for managing its resources and assets that describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident.

Note 1: High priority should be given to resources that are known to deplete quickly and are extremely competitive to receive and replenish (such as relevant kits, reagents, and personal protective equipment).

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.12.02.11

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

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

Element(s) of Performance for EM.12.02.11

New EP 3 The laboratory's plan for managing utilities describes in writing alternative means for providing essential or critical utilities.

Note 1: Examples of alternative means for providing utilities might include alternative water supplies or emergency power supply systems.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.14.01.01

The laboratory has a disaster recovery plan.

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

Element(s) of Performance for EM.14.01.01

New EP 1 The laboratory has a written disaster recovery plan that describes strategies, actions, and individual responsibilities necessary to restore the laboratory's services after an emergency or disaster incident.

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.15.01.01

The laboratory provides emergency management education and training.

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

Element(s) of Performance for EM.15.01.01

New EP 2 The laboratory provides initial and ongoing education and training in emergency management that are consistent with staff roles and responsibilities in an emergency. Ongoing education and training occur at the following intervals:

- At least every two years
- When roles or responsibilities change
- When there are significant revisions to the emergency operations plan, policies, and/or procedures
- When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training

Documentation is required.

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.16.01.01

The laboratory conducts annual exercises to test its emergency operations plan and response procedures.

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

Element(s) of Performance for EM.16.01.01

New EP 5 The laboratory is required to conduct one exercise per year to test the emergency operations plan. Exercises and actual emergency or disaster incidents are documented.

Note 1: The annual exercise may be either an operations-based (full-scale or functional) or a discussion-based exercise (such as a mock disaster drill, tabletop, seminar, or workshop). See the Glossary for the definitions of operations-based and discussion-based exercises.

Note 2: The laboratory would be exempt from conducting its annual operations- or discussion-based exercise if it experiences an actual emergency or disaster incident. An exemption only applies if the laboratory provides documentation that it activated its emergency operations plan.

Note 3: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

- Ⓓ Documentation is required
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EM.17.01.01

The laboratory evaluates and revises its emergency operations plan.

Element(s) of Performance for EM.17.01.01

New EP 1 The laboratory reviews and evaluates all exercises and actual emergency or disaster incidents. The laboratory reviews after-action reports (AARs), identifies opportunities for improvement, and recommends actions to take to improve its emergency operations plan, policies, and procedures.

The AARs and improvement plans are documented.

Note 1: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

Note 2: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

Ⓓ Documentation is required

New EP 3 The laboratory reviews and makes necessary updates to the following items every two years, or more frequently if necessary:

- Hazard vulnerability analysis
- Emergency operations plan, policies, and procedures
- Communications plan

Note: If the laboratory is part of a Joint Commission-accredited organization (such as a hospital, critical access hospital, or ambulatory care organization), this requirement is not applicable. However, the laboratory must demonstrate how it collaborates with the organization's emergency management leader(s) on any laboratory-specific needs.

Ⓓ Documentation is required
