




# EC Toolbox

## Emergency Management and Life Safety documentation checklist


A number of Joint Commission standards require written documentation to maintain compliance. In some instances, a health care organization can be found noncompliant with a standard if documentation is absent, even if the organization correctly performed the activity to be documented. These standards are indicated in the comprehensive accreditation manuals and E-dition® with a  icon.

Environment of Care (EC) professionals and other staff can use the tool below to ensure that they have sufficient documentation to remain in compliance with The Joint Commission's Life

Safety (LS) and Emergency Management (EM) standards. The checklist below lists the standard number, the element of performance (EP) number, the item to be documented, and the accreditation program applicability for the required documentation. In the final column, staff can indicate whether or not the correct documentation is present.

Please note the following:

- Program applicability in this checklist refers to the documentation requirement, not the EP itself. In some instances, an EP may apply to additional accreditation programs but without a documentation component.

- In some instances, EP language may vary among accreditation programs. In such cases, the language specific to each program is identified with the program abbreviation in brackets (for example, [AHC, HAP]).
- The "Required Documentation" column lists the information that should be documented. Please see your accreditation manual or E-dition for the complete EP language.
- A key at the end of this checklist explains the abbreviations used in the checklist. 

| Emergency Management and Life Safety Documentation Checklist |                        |  |  |                             |
|--|------------------------|--|--|-----------------------------|
| Standard   | Element of Performance | Required Documentation   | Program Applicability                  | Documentation Present (Y/N) |
| EM.01.01.01  | 2                      | The organization conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the organization's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. | CAH, HAP, NCC                          |                             |
| EM.01.01.01  | 3                      | The organization, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.  | HAP, CAH                               |                             |
| EM.01.01.01  | 8                      | The organization keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets.  | AHC, BHC, CAH, HAP, LAB, NCC, OME, OBS |                             |
| EM.02.01.01  | 2                      | The organization develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.   | AHC, BHC, CAH, HAP                     |                             |
| EM.02.01.01  | 4                      | The organization develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.   | AHC, BHC, CAH, HAP, LAB, OME, NCC      |                             |
| EM.02.02.01  | 16                     | <b>For opioid treatment programs:</b> A roster of patients and a log of medication dosages are accessible to the staff member on call for verification purposes.   | BHC                                    |                             |
| EM.02.02.07  | 8                      | The organization communicates, in writing, with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.   | CAH, HAP                               |                             |
| EM.02.02.13  | 2                      | The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.   | AHC, CAH, HAP                          |                             |

## Emergency Management and Life Safety Documentation Checklist (continued)

| Standard    | Element of Performance | Required Documentation  | Program Applicability        | Documentation Present (Y/N) |
|-------------|------------------------|---|------------------------------|-----------------------------|
| EM.02.02.13 | 4                      | The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, medical record review).  | AHC, CAH, HAP, NCC           |                             |
| EM.02.02.13 | 8                      | Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the organization documents all of the following: <ul style="list-style-type: none"> <li>Reason(s) it could not be performed within 72 hours of the practitioner's arrival</li> <li>Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services</li> <li>Evidence of the organization's attempt to perform primary source verification as soon as possible</li> </ul>  | AHC, CAH, HAP                |                             |
| EM.02.02.15 | 2                      | The organization identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.   | AHC, CAH, HAP, LAB, NCC      |                             |
| EM.02.02.15 | 4                      | The organization describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and medical record review.  | AHC, CAH, HAP, LAB, NCC      |                             |
| EM.02.02.15 | 8                      | Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the organization documents all of the following: <ul style="list-style-type: none"> <li>Reason(s) it could not be performed within 72 hours of the practitioner's arrival</li> <li>Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services</li> <li>Evidence of the organization's attempt to perform primary source verification as soon as possible</li> </ul> | AHC, CAH, HAP, LAB           |                             |
| EM.03.01.01 | 1                      | The organization conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis (HVA). The findings of this review are documented.  | CAH, HAP, NCC                |                             |
| EM.03.01.01 | 2                      | The organization conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.  | CAH, HAP                     |                             |
| EM.03.01.01 | 3                      | The organization conducts an annual review of its inventory. The findings of this review are documented.  | CAH, HAP                     |                             |
| EM.03.01.03 | 14                     | The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.  | AHC, CAH, HAP, LAB, NCC, OME |                             |
| LS.01.01.01 | 2                      | The organization maintains a current electronic Statement of Conditions (E-SOC).  | AHC, BHC, CAH, HAP, NCC      |                             |

*(continued on page 10)*

## Emergency Management and Life Safety Documentation Checklist (continued)

| Standard    | Element of Performance | Required Documentation   | Program Applicability        | Documentation Present (Y/N) |
|-------------|------------------------|--|------------------------------|-----------------------------|
| LS.01.01.01 | 4                      | <b>For organizations that use Joint Commission accreditation for deemed status purposes:</b> The organization maintains documentation of any inspections and approvals made by state or local fire control agencies.   | HAP                          |                             |
| LS.01.02.01 | 1                      | The organization notifies the fire department (or other Emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented.  | AHC, BHC, CAH, HAP, NCC, OME |                             |
| LS.01.02.01 | 3                      | The organization has a written interim life safety measure (ILSM) policy that covers situations when <i>Life Safety Code</i> <sup>®*</sup> deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the organization follows special measures to compensate for increased life safety risk.   | CAH, HAP, NCC, OME           |                             |
| LS.01.02.01 | 12                     | When the organization identifies <i>Life Safety Code</i> deficiencies that cannot be immediately corrected or during periods of construction, the organization does the following: <ul style="list-style-type: none"> <li>• Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the organization's interim life safety measure. (ILSM) policy.</li> </ul> | AHC, BHC, CAH, HAP, NCC, OME |                             |

**Key:** AHC = Ambulatory Health Care, BHC = Behavioral Health Care, CAH = Critical Access Hospital, HAP = Hospital, LAB = Laboratory, NCC = Nursing Care Centers, OBS = Office-Based Surgery, OME = Home Care.

\* *Life Safety Code*<sup>®</sup> is a registered trademark of the National Fire Protection Association, Quincy, MA.