APPLICABLE PROGRAM(S)								
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New EM Standards for Hospitals* Compliance Assessment Checklist

Effective July 1, 2022, The Joint Commission requires accredited hospitals and critical access hospitals to comply with a new "Emergency Management" (EM) chapter that has additional EM standards and elements of performance (EPs), as well as different standards numbering. This checklist, the use of which is not required by The Joint Commission, has been developed to facilitate compliance with the new EM standards.

Answers to all questions ideally should be Y for Yes (unless marked NA for Not Applicable). Use the Comments section to indicate specific actions prompted by an N for No response.

ORGANIZATION:		DEPARTMENT/UNIT:
DATE OF REVIEW:	REVIEWER(S):	

QUESTIONS	Y	N	NA	COMMENTS
EMERGENCY MANAGEMENT PROGRAM (EM.09.01.01)				
Does your hospital have a comprehensive emergency management (EM) program that uses an all-hazards approach?				
If so, does your hospital's EM program include at least the following key components? A leadership structure and program accountability A hazard vulnerability analysis (HVA)				
 Mitigation and preparedness activities An Emergency Operations Plan (EOP) and related policies and procedures (P&Ps) 				
 Education and training for staff Emergency preparedness exercises and testing of the EOP A continuity of operations plan (COOP) A disaster recovery plan Evaluation of the EM program [EM.09.01.01, EP 1] 				
Does your hospital comply with all federal, state, and local emergency preparedness laws and regulations? [EM.09.01.01, EP 3]				
* In this checklist, the term hospitals refers to both accredited hospitals and accredited critical access hospitals.				

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QUESTIONS	Y	Ν	NA	COMMENTS
For hospitals that use Joint Commission accreditation for deemed status purposes: If your hospital has one or more transplant programs, are the following criteria satisfied?				
A representative from each transplant program is included in the development and maintenance of your hospital's EM program.				
Your hospital develops and maintains mutually agreed upon protocols that address the duties and responsibilities of your hospital, each of its transplant programs, and the organ procurement organization (OPO) for the donation service area where your hospital is situated (unless your hospital has been granted a waiver to work with another OPO during an emergency). [EM.09.01.01, EP 4]				
OVERSIGHT BY HOSPITAL LEADERSHIP (EM.10.01.01)	1	<u> </u>		
Does senior leadership provide oversight and support for your hospital's EM program?				
If so, do your hospital's senior leaders oversee and support the following activities?				
□ Allocation of resources for the EM program				
Review of the EM program documents				
 Review of the EOP, policies, education, and training that underpin the EM program 				
□ Review of after-action reports (AARs) and improvement plans				
[EM.10.01.01, EP 1]				
Has senior leadership designated a qualified EM program lead who has responsibility for the following at a minimum?				
Developing and maintaining the EOP and related P&Ps				
 Implementing the four phases of EM (mitigation, preparedness, response, and recovery) 				
Implementing EM activities across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)				
Coordinating EM exercises and developing AARs				
 Collaborating across clinical and operational areas to implement organizationwide EM 				
Identifying and collaborating with community response partners				
[EM.10.01.01, EP 2]				
	-			
Has your hospital appointed a multidisciplinary committee to oversee the EM program?				
[EM.10.01.01, EP 3]				

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QUESTIONS	Y	Ν	NA	COMMENTS
QUESTIONS Does the multidisciplinary EM committee include the following members? EM program lead [required] Representative(s) from senior leadership Representative(s) from nursing services Representative(s) from medical staff Representative(s) from pharmacy services Representative(s) from infection prevention and control Representative(s) from facilities engineering Representative(s) from security Representative(s) from information technology (IT) (Note that except for the EM program lead, this suggested list of EM team	Y	N		COMMENTS
members is a recommendation, not a Joint Commission requirement. Note also that the multidisciplinary EM committee can be incorporated into an existing committee.) [EM.10.01.01, EP 3]				
 Does this EM committee assist with the preparation, development, implementation, evaluation, and maintenance of the hospital's EM program, including taking part in the following activities? Conducting the HVA Creating the EOP and related P&Ps Developing the COOP Educating and training staff Planning and coordinating the incident response exercises, including full-scale exercises, community-based exercises, functional exercises, tabletop exercises, workshops, and seminars Creating AARs and improvement plans 				
HAZARD VULNERABILITY ANALYSIS (EM.11.01.01)				
Does your hospital conduct a facility-based HVA based on an all-hazards approach?				
 If so, does your hospital's HVA address and document the following? Hazards likely to affect the hospital's geographic region Hazards likely to affect the surrounding community Hazards likely to affect the facility Hazards likely to affect the hospital's patient population(s) [EM.11.01.01, EP 1] 				
Does your hospital's HVA include a community-based risk assessment (such as those developed by external EM agencies)? [EM.11.01.01, EP 1]				
Does your hospital or health system have a separate HVA for accredited facilities that differ from the main site? (Note that a separate HVA is required only if the accredited facilities are in different geographic locations or face different hazards or threats or if the patient population and services offered are unique to the specific facility. [EM.11.01.01, EP 1]				

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QUESTIONS	Y	N	NA	COMMENTS
 Does your hospital's HVA also address the following? Natural hazards (such as flooding and wildfires) Human-caused hazards (such as bomb threats and cyber or IT crimes) Technological hazards (such as utility or IT outages) Hazardous materials (such as radiological, nuclear, chemical) Emerging infectious diseases (such as Ebola, Zika virus, SARS-CoV-2) [EM.11.01.01, EP 2] 				
Does your hospital evaluate and prioritize the findings of the HVA to determine the hazards most likely to occur and their impact on the operating status of your hospital and its ability to provide services? [EM.11.01.01, EP 3]				
Does your hospital use its prioritized hazards from the HVA to identify and implement mitigation and preparedness actions to increase your hospital's resilience and help reduce the disruption of essential services or functions? [EM.11.01.01, EP 4]				
EMERGENCY OPERATIONS PLAN (EM.12.01.01)				
Has your hospital developed a written EOP based on an all-hazards approach?				
If so, do your hospital's EOP and related P&Ps address the following EM activities at a minimum? Mobilizing incident command Developing and implementing the communications plan Maintaining, expanding, curtailing, or closing operations Protecting critical systems and infrastructure Conserving and/or supplementing resources Developing and implementing surge plans (such as flu or pandemic plans) Identifying alternate treatment areas or locations Sheltering in place Evacuating (partial or complete) or relocating services Maintaining safety and security during the incident Securing information and records [EM.12.01.01, EP 1]				
Does the EOP identify the patient population(s) that your hospital would serve, including at-risk populations, and the types of services your hospital would be able to provide in an emergency or disaster event? [EM.12.01.01, EP 2]				
Does the EOP include written procedures for when and how your hospital would shelter in place or evacuate (partial or complete) its staff, patients, and volunteers? (Note that shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation.) [EM.12.01.01, EP 3]				

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 $\textbf{File Name:} \ \mathsf{New} \ \mathsf{EM} \ \mathsf{Standards} \ \mathsf{for} \ \mathsf{Hospitals} \ \mathsf{Compliance} \ \mathsf{Assessment} \ \mathsf{Checklist}$

QUESTIONS	Y	Ν	NA	COMMENTS
Does the EOP include written procedures for how the hospital will provide essential needs for its staff and patients, whether they shelter in place or evacuate, that address at least the following resources? Food and other nutritional supplies Medications and related supplies Medical/surgical supplies Potable or bottled water [EM.12.01.01, EP 4]				
Does your hospital's incident command structure describe the overall incident command operations, including specific incident command roles and responsibilities? [EM.12.01.01, EP 5]				
 Does the EOP include a process for cooperating and collaborating with the following entities? Other health care facilities Health care coalitions Local, tribal, regional, state, and federal EM agencies and initiatives [EM.12.01.01, EP 6] 				
Does your hospital identify individuals who have the authority to activate the EOP and/or incident command? [EM.12.01.01, EP 7]				
Does the EOP identify your hospital's primary and alternate sites (including virtual sites) for incident command operations and determine how your hospital will maintain and support operations at these sites? [EM.12.01.01, EP 8]				
Does the EOP include P&Ps related to CMS 1135 waivers?				
COMMUNICATIONS PLAN (EM.12.02.01)				
Does your hospital have a communications plan that addresses how it will initiate and maintain communications during an emergency?				
Does your hospital maintain an up-to-date contact list of individuals and entities that are to be notified in response to an emergency? [EM.12.02.01, EP 1]				
Is this contact list included in your hospital's communications plan? [EM.12.02.01, EP 1]				

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QUESTIONS	Y	N	NA	COMMENTS
 Does the contact list include the following individuals and entities? Staff Physicians and other licensed practitioners Volunteers Other health care organizations Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies Relevant community partners (such as, fire, police, local incident command, and public health departments) Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) Other sources of assistance (such as health care coalitions) [EM.12.02.01, EP 1] 				
 Does the communications plan describe how your hospital will deliver coordinated messages and information during an emergency or disaster incident to the following individuals: Staff, licensed practitioners, and volunteers (including individuals providing care at alternate sites) Patients and family members, including people with disabilities and other access and functional needs Community partners (such as the fire department, emergency medical services, the police, and the public health department) Relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff) The media and other stakeholders [EM.12.02.01, EP 2] 				
Does the communications plan describe how your hospital will communicate with relevant authorities and report information about its organizational needs, available occupancy, and ability to provide assistance during or after an emergency or disaster incident? [EM.12.02.01, EP 3]				
Does the communications plan identify the hospital's warning and notification alerts specific to emergency and disaster events, as well as describe the procedures to follow when an emergency or disaster incident occurs? [EM.12.02.01, EP 4]				
 In accordance with law and regulation, does the communications plan include a method for sharing or releasing location information and medical documentation for patients under your hospital's care to the following individuals or entities: The patient's family or representative or others involved in the care of the patient Disaster relief organizations and relevant authorities Other health care providers [EM.12.02.01, EP 5] 				

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QUESTIONS	Y	N	NA	COMMENTS
Does the communications plan identify your hospital's primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff)? [EM.12.02.01, EP 6]				
Does the communications plan include procedures for determining the following?				
□ How and when alternate/backup communication methods are used				
Verification that your hospital's communications systems are compatible with those of community partners and relevant authorities your hospital plans to communicate with				
Assessment of the functionality of your hospital's alternate/backup communications systems or equipment				
[EM.12.02.01, EP 6]				
STAFFING PLAN (EM.12.02.03)	1	1		
Does your hospital have a staffing plan for managing all staff and volunteers to meet patient care needs during an emergency or disaster incident or during a patient surge?				
If so, does the staffing plan address the following? Methods for contacting off-duty staff, physicians, and other licensed practitioners 				
Methods for acquiring staff, physicians, and other licensed practitioners from your hospital's other health care facilities				
Use of volunteer staffing, such as staffing agencies, health care coalition support, and volunteer clinicians deployed as part of disaster medical assistance teams				
[EM.12.02.03, EP 1]				
Does the staffing plan address the following P&Ps?				
Roles and responsibilities for essential functions				
 Reporting processes Integration of staffing agencies, volunteer staffing, or deployed medical 				
assistance teams into assigned roles and responsibilities				
[EM.12.02.03, EP 2]				
Does the staffing plan describe in writing how your hospital will manage volunteer licensed practitioners when the EOP has been activated and your hospital is unable to meet its patient needs? [EM.12.02.03, EP 4]				

QUESTIONS	Y	N	NA	COMMENTS
 Does the staffing plan address the following? Verification and documentation of the identity of all volunteer licensed practitioners 				
 Primary source verification of licensure, which must be completed as soon as the immediate situation is under control or within 72 hours of the time the volunteer licensed practitioner first presents to the organization 				
Oversight of the care, treatment, and services provided by volunteer licensed practitioners				
(Note that if primary source verification of licensure cannot be completed within 72 hours, the hospital must document the reason[s] this could not be performed.)				
[EM.12.02.03, EP 4]				
Does the staffing plan identify the individual(s) responsible for granting disaster privileges to volunteer physicians and other licensed practitioners (such as advanced practice registered nurses [APRNs] and physician assistants [PAs]) and describe the process for granting these privileges? [EM.12.02.03, EP 5]				
Does the staffing plan describe the process for granting privileges to volunteer physicians and other licensed practitioners? [EM.12.02.03, EP 5]				
 Does the staffing plan describe how it will provide employee assistance and support, including addressing the following? Staff support needs (for example, housing or transportation) Family support needs of staff (for example, child care and elder care) Mental health and wellness needs [EM.12.02.03, EP 6] 				
PLAN FOR PROVIDING CARE AND CLINICAL SUPPORT (EM.12.02.05)				
Does your hospital have a plan for providing patient care and clinical support during an emergency or disaster incident?				
If so, does your hospital's plan for providing patient care and clinical support include written procedures and arrangements with other hospitals and providers that address the following? How your hospital will share patient care information and medical documentation				
 How your hospital will transfer patients to other health care facilities to maintain continuity of care [EM.12.02.05, EP 1] 				
Does the plan for providing patient care and clinical support include written procedures for managing individuals who may present during a disaster or an emergency but are not in need of medical care (such as visitors)? [EM.12.02.05, EP 2]				
Does your hospital coordinate with the local medical examiner's office; local mortuary services; and other local, regional, or state services when there is a surge of unidentified or deceased patients? [EM.12.02.05, EP 3]				

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QUESTIONS	Y	N	NA	COMMENTS
PLAN FOR SAFETY AND SECURITY MEASURES (EM.12.02.07)				
Does your hospital have a plan that discusses the safety and security measures to take during an emergency or disaster incident?				
If so, does the plan for safety and security measures describe the roles that community security agencies (for example, police, sheriff, or National Guard) will have in the event of an emergency and how the hospital will coordinate security activities with these agencies? [EM.12.02.07, EP 1]				
Does the plan for safety and security measures include a system to track the location of your hospital's on-duty staff and patients when sheltering in place, relocating, or evacuating the facility? [EM.12.02.07, EP 2]				
PLAN FOR MANAGING RESOURCES AND ASSETS (EM.12.02.09)				
Does your hospital have a plan for managing resources and assets during an emergency or disaster incident?				
If so, does the plan for managing resources and assets describe in writing how your hospital will document, track, monitor, and locate the following resources (on-site and off-site inventories) and assets during and after an emergency or disaster incident? Medications and related supplies Medical/surgical supplies Medical gases, including oxygen and supplies Potable or bottled water and nutrition Nonpotable water Laboratory equipment and supplies PPE Fuel for operations Equipment and nonmedical supplies to sustain operations [EM.12.02.09, EP 1]				
 Does the plan for managing resources and assets describe in writing how your hospital will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following procedures? If part of a health care system, coordinating within the system to request resources Coordinating with local supply chains or vendors Coordinating with local, state, or federal agencies for additional resources Coordinating with regional health care coalitions for additional resources Managing donations (such as food, water, equipment, materials) [EM.12.02.09, EP 2] 				
Does the plan for managing resources and assets describe in writing the actions your hospital will take to sustain its needs for up to 96 hours based on calculations of current resource consumption? [EM.12.02.09, EM 3]				

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QUESTIONS	Y	Ν	NA	COMMENTS
PLAN FOR MANAGING ESSENTIAL OR CRITICAL UTILITIES (EM.12.02.11)				
Does your hospital have a plan for managing essential or critical utilities during an emergency or disaster incident?				
If so, does the plan for managing utilities describe in writing the utility systems your hospital considers essential or critical to providing care, treatment, and services? [EM.12.02.11, EP 1]				
Does the plan for managing utilities describe in writing how your hospital will continue to maintain essential or critical utility systems if one or more are affected during an emergency or disaster incident? [EM.12.02.11, EP 2]				
Does the plan for managing utilities describe in writing alternate means for providing essential or critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, and emergency generators? [EM.12.02.11, EP 3]				
 Does the plan for managing utilities address alternate sources for maintaining energy to the following? HVAC system components that ensure optimal temperatures are maintained to protect patient health and safety and for the safe and sanitary storage of provisions Emergency lighting Fire detection, extinguishing, and alarm systems Sewage and waste disposal [EM.12.02.11, EP 4] 				
CONTINUITY OF OPERATIONS PLAN (EM.13.01.01)			1	
Does your hospital have a COOP?				
If so, does your hospital have a written COOP that is developed with the participation of key executive leaders, business and finance leaders, and other department leaders, as determined by your hospital? [EM.13.01.01, EP 1]				
Do those key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations? [EM.13.01.01, EP 1]				
Does your hospital consider the following essential business functions during COOP development? Administrative/vital records Information technology Financial services Security systems Communications/telecommunications Building operations [EM.13.01.01, EP 1]				

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QUESTIONS	Y	N	NA	COMMENTS
Does the COOP identify in writing how and where your hospital will continue to provide its essential business functions when the location of the essential or critical service has been compromised due to an emergency or disaster incident? [EM.13.01.01, EP 2]				
Does the COOP include a written order-of-succession plan that identifies who is authorized to assume a particular leadership or management role when that leader or manager is unable to fulfill assigned functions or duties? [EM.13.01.01, EP 3]				
Does the COOP include a written delegation-of-authority plan that provides specified individual(s) with legal authorization to act on behalf of your hospital for specified purposes and to carry out specific duties? [EM.13.01.01, EP 4]				
DISASTER RECOVERY PLAN (EM.14.01.01)				
Does your hospital have a disaster recovery plan?				
If so, does the disaster recovery plan describe in writing your hospital's strategies for when and how it will do the following? Conduct organizationwide damage assessments Restore critical systems and essential services Return to full operations [EM.14.01.01, EP 1]				
Does the disaster recovery plan describe in writing how your hospital will address family reunification and coordinate with local community partners to help locate and assist with the identification of adults and unaccompanied children? [EM.14.01.01, EP 2]				
EMERGENCY MANAGEMENT EDUCATION AND TRAINING PROGRAM (EM.15.01.01)				
Does your hospital have an EM education and training program?				
If so, does your hospital have a written education and training program in EM, based on the prioritized risks identified as part of the HVA, the EOP, the communications plan, and P&Ps? [EM.15.01.01, EP 1]				
Does your hospital provide and document initial education and training in EM to the following individuals that is consistent with their roles and responsibilities in an emergency? All new and existing staff Individuals providing services under arrangement Volunteers Physicians Other licensed practitioners [EM.15.01.01, EP 2]				

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QUESTIONS	Y	Ν	NA	COMMENTS
 Does the initial education and training address and document the following topics? Activation and deactivation of the EOP The communications plan Emergency response P&Ps Evacuation, shelter-in-place, lockdown, and surge procedures Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment)? 				
[EP.15.01.01, EP 2] Does your hospital provide and document ongoing education and training in EM to the following individuals that is consistent with their roles and responsibilities in an emergency? Staff Volunteers Physicians Other licensed practitioners [EP.15.01.01, EP 3]				
 Is the ongoing training provided at the following intervals? At least every two years When roles or responsibilities change When there are significant revisions to the EOP and/or P&Ps When procedural changes are made during an emergency or disaster incident, requiring just-in-time training [EM.15.01.01, EP 3] 				
Does your hospital require that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure? [EM.15.01.01, EP 4] EXERCISES TO TEST EMERGENCY OPERATIONS PLAN AND RESPONSE PROCEDURES (EM.16.0)1 ()1)		
		· - ,		
Does your hospital plan and conduct exercises to test its EOP and emergency response procedures?				
If so, does your hospital describe in writing a plan for when and how it will conduct annual testing of its EOP? [EM.16.01.01, EP 1]				
 Are the planned exercises based on the following? Likely emergencies or disaster scenarios The EOP and P&Ps After-action reports (AARs) and improvement plans The six critical areas: communications, resources and assets, staffing, patient care activities, utilities, and safety and security [EM.16.01.01, EP 1] 				

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QUESTIONS		Ν	NA	COMMENTS
Does your hospital conduct and document two exercises per year to test its EOP, satisfying the follow criteria?				
 One of the annual exercises must be an operations-based exercises—either a full-scale community-based exercise or a functional facility-based exercise when a community-based exercise is not possible 				
The other annual exercise must consist of either an operations-based or discussion-based exercise, such as any of the following:				
 Full-scale community-based exercise 				
 Functional facility-based exercise 				
 Mock disaster drill 				
 Tabletop exercise, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan 				
(Note that a hospital could be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident. [Discussion-based exercises are excluded from exemption.] An exemption applies only if the hospital provides documentation that it activated its EOP.)				
[EM.16.01.01, EP 2]				
If your hospital has any accredited freestanding outpatient care buildings that do not participate in the hospital emergency exercises, does each of those facilities conduct at least one operations-based or discussion-based exercise per year to test its emergency response procedures? [EM.16.01.01, EP 3]				
EVALUATION OF EMERGENCY MANAGEMENT PROGRAM, EMERGENCY OPERATIONS PLAN, AND CONTINUITY OF OPERATIONS PLAN (EM.17.01.01))			
Does your hospital evaluate its EM program, EOP, and COOP?				
 Does the multidisciplinary EM committee evaluate and document all exercises and actual emergency or disaster incidents by doing the following? Reviewing AARs Identifying opportunities for improvement Recommending actions to take to improve the EM program [EM.17.01.01, EP 1] 				
Does the review and evaluation process address the following? The effectiveness of your hospital's emergency response procedures The COOP (if activated)				
 The COOP (if activated) Training and exercise programs 				
 Training and exercise programs Evacuation procedures 				
□ Surge response procedures				
 Activities related to communications, resources and assets, security, staff, utilities, and patients 				
[EM.17.01.01, EP 1]				

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QUESTIONS	Y	N	NA	COMMENTS
Do your hospital forward the following to senior leadership for review?				
□ AARs				
□ Identified opportunities for improvement				
Recommended actions for improving the EM program				
[EM.17.01.01, EP 2]				
At least every two years, does your hospital review and make necessary updates based on AARs and opportunities for improvement to the following items?				
The HVA				
□ The EM program				
□ The EOP and P&Ps				
□ The communications plan				
□ The COOP				
□ The education and training program				
□ The testing program				
[EM.17.01.01, EP 3]				