The organization has an Emergency Management Plan.

Note: The organization’s Emergency Management Plan (EMP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, and EM.02.02.11). Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan’s response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

Element(s) of Performance for EM.02.01.01

10. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Emergency Management Plan, including the communication plan, must be reviewed and updated at least annually.

10. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Emergency Management Plan, including the communication plan, must be reviewed and updated at least every two years.

20. For rural health clinics and federally qualified health centers: The Emergency Management Plan, including the communication plan, must be reviewed and updated at least annually.

20. For rural health clinics and federally qualified health centers: The Emergency Management Plan, including the communication plan, must be reviewed and updated at least every two years.

Key: D indicates that documentation is required; R indicates an identified risk area;
EM.02.02.01

As part of its Emergency Management Plan, the organization prepares for how it will communicate during emergencies.

**Element(s) of Performance for EM.02.02.01**

22. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area. This contact is made for the purpose of communication and, where possible, collaboration on coordinated response planning for a disaster or emergency situation.

   Note: Examples of these contacts may be written or e-mail correspondence; in-person meetings or conference calls; regular participation in health care coalitions, working groups, boards, and committees; or educational events sponsored by a third party (such as a local or state health department).

22. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has a process for cooperation and collaboration with the local, state, tribal, regional, and federal emergency preparedness officials efforts to maintain an integrated response during a disaster or emergency situation.

34. For rural health clinics and federally qualified health centers: The organization maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area. This contact is made for the purpose of communication and, where possible, collaboration on coordinated response planning for a disaster or emergency situation.

   Note: Examples of these contacts may be written or e-mail correspondence; in-person meetings or conference calls; regular participation in health care coalitions, working groups, boards, and committees; or educational events sponsored by a third party (such as a local or state health department).

34. For rural health clinics and federally qualified health centers: The organization has a process for cooperation and collaboration with the local, state, tribal, regional, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

EM.02.02.07

As part of its Emergency Management Plan, the organization prepares for how it will manage staff during an emergency.

**Element(s) of Performance for EM.02.02.07**
13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under contracts and other arrangements. This training is documented and then reviewed and updated annually and when these roles change. Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.

13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals:
- Initial training
- At least every two years
- When roles or responsibilities change
- When policies and procedures are significantly updated
This training is documented.

Note: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.

20. For rural health clinics and federally qualified health centers: Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under contracts and other arrangements. This training is documented and then reviewed and updated annually and when these roles change. Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.

20. For rural health clinics and federally qualified health centers: The organization provides emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals:
- Initial training
- At least every two years
- When roles or responsibilities change
- When policies and procedures are significantly updated
This training is documented.

Note: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.

21. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization has an emergency preparedness training program based on its Emergency Management Plan. This training program is reviewed and updated at least every two years.

EM.03.01.03

The organization evaluates the effectiveness of its Emergency Management Plan.

Element(s) of Performance for EM.03.01.03

Key: D indicates that documentation is required; R indicates an identified risk area;
3. For ambulatory surgical centers that elect to use The Joint Commission deemed status option:
The organization conducts an exercise to test the emergency plan at least annually. The organization is required to conduct either one community-based, full-scale exercise if available, or a facility-based, functional exercise, every other year. In the opposite year, the organization’s annual exercise includes, but is not limited to, one of the following:
- A second full-scale, community-based exercise
- A second facility-based, functional exercise
- Mock disaster drill
- Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.

Note 2: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.

20. For rural health clinics and federally qualified health centers: The organization conducts an exercise to test the emergency plan at least annually. The organization is required to conduct either one community-based, full-scale exercise if available, or a facility-based, functional exercise, every other year. In the opposite year, the organization’s annual exercise includes, but is not limited to, one of the following:
- A second full-scale, community-based exercise
- A second facility-based, functional exercise
- Mock disaster drill
- Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.

Note 2: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.

EM.04.01.01

If the organization is part of a health care system that has an integrated emergency preparedness program, and it chooses to participate in the integrated emergency preparedness program, the organization participates in planning, preparedness, and response activities with the system.

Element(s) of Performance for EM.04.01.01
1. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization demonstrates its participation in the development of its system's integrated emergency preparedness program through the following:
   - Designation of a staff member(s) who will collaborate with the system in developing the program
   - Documentation that the organization has reviewed the community-based risk assessment developed by the system's integrated all-hazards emergency management program
   - Documentation that the organization's individual risk assessment is incorporated into the system's integrated program
   - Documentation that the organization's patient population, services offered, and any unique circumstances of the organization are reflected in the system's integrated program
   - Documentation of an integrated communication plan, including information on key contacts in the system's integrated program
   - Documentation that the organization participates in the annual review of the system's integrated program

1. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization demonstrates its participation in the development of its system's integrated emergency preparedness program through the following:
   - Designation of a staff member(s) who will collaborate with the system in developing the program
   - Documentation that the organization has reviewed the community-based risk assessment developed by the system's integrated all-hazards emergency management program
   - Documentation that the organization's individual risk assessment is incorporated into the system's integrated program
   - Documentation that the organization's patient population, services offered, and any unique circumstances of the organization are reflected in the system's integrated program
   - Documentation of an integrated communication plan, including information on key contacts in the system's integrated program
   - Documentation that the organization participates in the review at least every two years of the system's integrated program

Key: [D] indicates that documentation is required; [R] indicates an identified risk area;
5. For rural health clinics and federally qualified health centers: The organization demonstrates its participation in the development of its system's integrated emergency preparedness program through the following:
- Designation of a staff member(s) who will collaborate with the system in developing the program
- Documentation that the organization has reviewed the community-based risk assessment developed by the system's integrated all-hazards emergency management program
- Documentation that the organization's individual risk assessment is incorporated into the system's integrated program
- Documentation that the organization's patient population, services offered, and any unique circumstances of the organization are reflected in the system's integrated program
- Documentation of an integrated communication plan, including information on key contacts in the system's integrated program
- Documentation that the organization participates in the annual review of the system's integrated program

5. For rural health clinics and federally qualified health centers: The organization demonstrates its participation in the development of its system's integrated emergency preparedness program through the following:
- Designation of a staff member(s) who will collaborate with the system in developing the program
- Documentation that the organization has reviewed the community-based risk assessment developed by the system's integrated all-hazards emergency management program
- Documentation that the organization's individual risk assessment is incorporated into the system's integrated program
- Documentation that the organization's patient population, services offered, and any unique circumstances of the organization are reflected in the system's integrated program
- Documentation of an integrated communication plan, including information on key contacts in the system's integrated program
- Documentation that the organization participates in a review at least every two years of the system's integrated program

Provision of Care, Treatment, and Services (PC) Chapter

PC.03.01.03

The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

**Element(s) of Performance for PC.03.01.03**

14. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A comprehensive medical history and physical assessment is completed for each patient by a physician (as defined in section 1861(r) of the Social Security Act) or other qualified practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy.

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
15. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a presurgical assessment completed upon admission by a physician or other qualified practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy. This assessment includes any changes in the patient's condition since the patient's most recent medical examination, and documentation of any allergies to drugs and biologicals.

19. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center develops and maintains a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy is based on nationally recognized guidelines and standards of practice and applicable state and local health and safety laws, and the policy addresses the following:
- The time frame for medical history and physical examination to be completed prior to surgery and,
- Patient-specific factors that include the patient's age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level

**PC.04.01.01**

The organization follows a process that addresses the patient's need for continuing care, treatment, or services after discharge or transfer.

**Element(s) of Performance for PC.04.01.01**

13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has a written transfer agreement with a hospital. In the absence of a transfer agreement, all physicians (as defined in section 1861(r) of the Social Security Act), who perform surgery at the ambulatory surgical center, have admitting privileges at the hospital.

13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center periodically provides the local hospital with written notice of its operations and patient population served.

**Record of Care, Treatment, and Services (RC) Chapter**

**RC.02.01.01**

The clinical record contains information that reflects the patient's care, treatment, or services.

**Element(s) of Performance for RC.02.01.01**

30. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The clinical record contains any significant medical history and results of physical examination, as applicable.

**Key:** 📂 indicates that documentation is required; 📌 indicates an identified risk area;
RC.02.01.03

The patient’s clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

**Element(s) of Performance for RC.02.01.03**

13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient’s medical history and physical assessment is placed in the patient’s medical record prior to the surgical procedure.

13. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient’s medical history and physical assessment (if any) is placed in the patient’s medical record prior to the surgical procedure.

Key: ① indicates that documentation is required; ② indicates an identified risk area;