Measurable Elements of FMS.09.00

1. Ⓓ The hospital develops, evaluates, and maintains a written emergency and disaster management program that provides processes for the following:
   - Determining the type, likelihood, and consequences of hazards, threats, and events (*See also* GHI.05.00, ME 2)
   - Identifying the structural and nonstructural vulnerabilities of the hospital's patient care environments and how the hospital will perform in the event of an emergency or disaster
   - Planning for alternative sources of power and water in emergencies and disasters
   - Determining the hospital's role in such events
   - Determining communication strategies for events
   - Managing resources during events, including alternative sources (*See also* FMS.08.01, ME 1)
   - Managing clinical activities during an event, including alternative care sites
   - Identifying and assigning staff roles and responsibilities during an event (including contract staff, vendors, and others identified by the hospital) (*See also* GHI.05.00, ME 4)
   - Managing emergencies and disasters when personal responsibilities of staff conflict with the hospital's responsibility for providing patient care
2. Ⓓ The hospital identifies major internal and external emergencies and/or disasters such as community emergencies, and natural or other disasters that pose significant risks of occurring, taking into consideration the hospital's geographic location. (*See also* GHI.05.00, ME 2)
3. Ⓓ The hospital identifies and conducts annual evaluation of critical elements of the emergency and disaster management program. At a minimum, critical elements include the following:
   - Type, likelihood, and consequences of hazards, threats, and events
   - Structural and nonstructural vulnerabilities of the hospital's patient care environments and how the hospital will perform in the event of an emergency or disaster (*See also* GHI.05.00, ME 3)
   - Alternative sources of power and water in emergencies and disasters
4. Follow-up actions identified from testing and debriefing are developed and implemented.

Standard FMS.09.01

The hospital implements and evaluates an emergency management program to respond to the presentation of global communicable diseases.

Intent of FMS.09.01

In addition to community emergencies and disasters that may be unique based on the hospital's geographic location, the hospital also requires an emergency management program for global communicable diseases. The globalization of society has increased the likelihood of the rapid spread of communicable diseases from one country to another as seen during the COVID-19 pandemic. During the COVID-19 pandemic, hospitals were faced with an unprecedented high demand for health care services and had to quickly implement an emergency management program to address the COVID-19 crisis. To respond effectively to the presentation of global communicable diseases, the hospital develops a program to manage these emerging infectious diseases.

The World Health Organization (WHO) has identified the importance of detecting communicable disease outbreaks early and stopping the mortality, spread, and potential impact. An essential element in detecting and limiting the spread of infection is communications—with local and regional governmental agencies or university centers of excellence participating in worldwide surveillance activities that identify and track globally emerging infections. Examples of organizations participating in surveillance activities include the UK Public Health Laboratory Service, the French Pasteur Institutes, the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), and the US Centers for Disease Control and Prevention (CDC). In addition, organizations need to connect with the epidemiology department of their local public health agencies when available.

The program is evaluated to ensure proper response when an actual event occurs. Evaluation involves local, regional, and/or national authorities, when applicable; for example, a communitywide response drill or participation in a tabletop drill led by national public health authorities. If the hospital experiences an actual event, activates its program, and debriefs properly afterward, this represents the equivalent to an annual evaluation. Debriefing following an annual evaluation or actual event can identify vulnerable processes that may need to be reevaluated.

Measurable Elements of FMS.09.01

1. Ⓓ The hospital develops and implements an emergency preparedness program to respond to global communicable diseases that includes the following:
   - A process to determine when emergency management procedures are activated in response to emerging or reemerging infectious diseases (*See also* PCI.07.00, ME 1)
   - Internal and external communication strategies, including local and global disease surveillance authorities
   - Identification and assignment of staff roles and responsibilities
   - Identification of alternative supply chains for personal protective equipment and other critical supplies (*See also* PCI.07.01, ME 2)
2. The hospital implements emergency staffing plans to ensure continuity of operations and provision of patient care.
3. Ⓓ The hospital identifies the first points of patient entry into the hospital system and has a procedure to restrict access to predetermined access points. (*See also* PCI.07.02, ME 1)
4. Ⓓ The hospital evaluates the entire program at least annually and, when applicable, involves local, regional, and/or national authorities.
5. Follow-up actions identified from the evaluation process and debriefing are developed and implemented.
6. The hospital implements a process for managing a sudden influx of patients with contagious diseases.

Construction and Renovation

Standard FMS.10.00

When planning for construction, renovation, and demolition projects, or maintenance activities that affect patient care, the organization conducts a preconstruction risk assessment.

Intent of FMS.10.00

Construction, renovation, demolition, and maintenance activities in a hospital can have an impact on everyone in the organization; however, patients may suffer the greatest impact. For example, the noise and vibration associated with these activities can affect patients' comfort level, and dust and odors can change air quality, which may pose a threat to a patient's respiratory status. The risks to patients, staff, visitors, independent business entities, and others in the hospital will vary depending on the extent of the construction, renovation, demolition, or maintenance activity and its impact on patient care, infrastructure, and utilities. For example, maintenance activity that involves medical gases may impact patient care; however, resurfacing the staff parking lot may have no impact on patient care.