

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)
)
Wireless Telecommunications Bureau and) WP Docket No. 10-54
Public Safety and Homeland Security Bureau)
Seek Comment on Request by American)
Hospital Association for Blanket Waiver to)
Permit Hospitals to Use Amateur Radio as Part)
of Emergency Preparedness Drills)

To: The Commission

**REPLY COMMENTS OF
THE AMERICAN HOSPITAL ASSOCIATION**

The American Hospital Association (“AHA”) hereby responds to comments submitted in response to its request for a blanket waiver of Section 97.113(a)(3) of the Commission’s rules to permit hospitals to utilize Amateur Radio operations as part of emergency preparedness drills.¹ The record demonstrates that a grant of the requested waiver will serve the public interest. More than 300 parties submitted comments regarding the waiver request and the vast majority – more than two thirds – supported grant of the request.²

It is important to note that the waiver request was uniformly supported by amateur radio operators that are affiliated with hospitals and by the vast majority of amateur radio groups that participate in hospital training exercises.³ As one commenter noted:

¹ See *Wireless Telecommunications Bureau and Public Safety and Homeland Security Bureau Seek Comment on Request by American Hospital Association for Blanket Waiver to Permit Hospitals to Use Amateur Radio as Part of Emergency Preparedness Drills*, WP Docket No. 10-54, *Public Notice*, DA 10-365 (rel. Mar. 3, 2010) (“*Public Notice*”).

² A list of those parties supporting grant of the waiver request, either as filed or with conditions, is attached as Exhibit A.

³ See, e.g., Comments of Michael Dancy, WP Docket No. 10-54 at 1 (submitted Mar. 12, 2010); Comments of Larry D. Slemp, WP Docket No. 10-54 at 1 (submitted Mar. 26, 2010); Comments of Steven James Robeson, WP Docket No. 10-54 at 1 (submitted Mar. 5, 2010); Comments of Phillip Farris, WP Docket No. 10-54 at 1 (submitted Mar. 30, 2010); Comments of April Moell, WP Docket No. 10-54 at 1-3 (submitted Mar. 31, 2010); Comments of David McCarthy, WP Docket No. 10-54 at 1 (submitted Mar. 24,

Amateur Radio has a long history of providing emergency communications. . . . [and] there is always a need for Amateur Radio as a back-up.

While I would like to always be able to draw on volunteers as Amateur Radio Operators, Amateur Radio has been experiencing a steady decline and aging of its rank and file. Working in my current position in the past several years, I have found it increasingly difficult to get Amateur Radio Operator volunteers to be available for drills and exercises. I have heard this from many of my peers within my hospital system and other hospitals in my area. We are all aware of the passionate response Hams exhibit in disasters or emergency situations, but hospitals and response agencies must conduct drills and exercises to prepare for these potential emergencies.

Hospitals are simply looking for the ability to use paid staff members that are Amateur Radio Operators to complement the volunteers during drills and exercises. If paid staff are permitted to operate Amateur Radio in an emergency, then why not during drills and exercises? It is better to identify paid staff members that are also Hams and permit them to train, than be forced to use unlicensed, untrained individuals in an emergency.⁴

Another Amateur Radio group noted that it is preferable for a hospital employee that is a licensed amateur operator to conduct tests (versus an unaffiliated amateur or amateur radio group) for the following reasons:

1. For effective preparedness, the personnel handling communications during an actual emergency should be the same ones performing those tasks during a training exercise or drill.

2010); Comments of William Dease, WP Docket No. 10-54 at 1 (submitted Mar. 18, 2010); Comments of William B. Rogers, WP Docket No. 10-54 at 1 (submitted Mar. 15, 2010); Comments of Phillip M. Kane, WP Docket No. 10-54 at 1-2 (submitted Mar. 16, 2010); Comments of Brad Young, WP Docket No. 10-54 at 1 (submitted Mar. 11, 2010); Comments of Jeff McKune, WP Docket No. 10-54 at 1 (submitted Mar. 8, 2010); Comments of William David Wood, WP Docket No. 10-54 at 1 (submitted Mar. 8, 2010); Comments of R. Matt Davis, WP Docket No. 10-54 at 1 (submitted Mar. 5, 2010); Comments of John R. Amos, WP Docket No. 10-54 at 1 (submitted Mar. 7, 2010); Comments of Carl Rod, WP Docket No. 10-54 at 1 (submitted Mar. 7, 2010); Comments of Manuel Pozo, WP Docket No. 10-54 at 1 (submitted Apr. 5, 2010); Comments of Charles Herr, WP Docket No. 10-54 at 1-2 (submitted Apr. 6, 2010); Comments of Evelyn Harmon, WP Docket No. 10-54 at 1 (submitted Mar. 15, 2010). *But see* Comments of David L. Wilner, WP Docket No. 10-54 at 1-3 (submitted Mar. 20, 2010); Comments of Richard J. Lutzinger, WP Docket No. 10-54 at 1 (submitted Mar. 12, 2010).

⁴ McCarthy Comments at 1; *accord* Comments of Matthew Mercer, WP Docket No. 10-54 at 1 (submitted Mar. 28, 2010).

2. Familiarity with policies and procedures within a specific hospital may be critical to the need for backup communications. That familiarity will most likely rest with employees of the facility in question.
3. The hospital will have a written policy specifying and restricting the circumstances under which an employee may transmit via amateur radio on behalf of the employer.
4. Urgent hospital communications normally impact the immediate preservation of human life and/or health.
5. Limited numbers of licensed amateur radio operators in smaller communities must cover backup communications for several served agencies. The premise of restricting the availability of amateur operators who are employees of the served hospital tends to put an undue strain on the finite resource of amateur personnel.⁵

Further, it was noted that “in the event of an emergency or disaster[,] the hospital employee would probably be the first resource able to communicate with the outside world before the non-employee amateur operators are able to respond. . . .”⁶ These representative comments demonstrate the public interest benefits associated with grant of the requested waiver.

I. THE WAIVER SHOULD ONLY PERMIT THE USE OF AMATEUR RADIO OPERATIONS FOR THE TESTING AND MAINTENANCE OF EQUIPMENT THAT WOULD BE USED FOR EMERGENCY RESPONSE OR DISASTER RELIEF

The parties opposing the waiver request generally (i) appear to misconstrue the nature of the request, (ii) fear that grant of the waiver would somehow turn the Amateur Radio service into a commercial service, or (iii) fail to appreciate the need for the relief. These issues are addressed below.

AHA seeks a waiver of Section 97.113 to permit hospitals to utilize Amateur Radio operations as part of emergency preparedness drills, but some commenters express

⁵ Comments of M. Richard Melcer, WP Docket No. 10-54 at 2 (submitted Mar. 29, 2010).

⁶ Comments of Franklin Rankin, WP Docket No. 10-54 at 1 (submitted Mar. 31, 2010).

concern that grant of the waiver will permit use of amateur operations for non-emergency related purposes.⁷ This is not AHA's intent.

To eliminate any ambiguity, AHA concurs with ARRL that the waiver should be limited to radio transmissions made by hospital employees that are "necessary to participation in emergency preparedness and disaster drills that include Amateur operations for the purpose of emergency response, disaster relief or the testing and maintenance of equipment used for that purpose."⁸ Limiting the waiver in this manner should eliminate concerns that hospitals could use amateur radio operations for non-emergency related communications.⁹

Further, if the waiver is limited in the manner proposed by ARRL, there should be no concern that the amateur radio service is being converted into a commercial service.¹⁰ Under the terms of the waiver as limited, hospital employees would be prohibited from using the amateur frequencies for non-emergency, business-related messages. Moreover, even without ARRL's proposed limitation, AHA only sought a waiver "to permit the use of Amateur Radio operations during emergency drills."¹¹ Thus, the utilization of amateur operations for day-to-day business communications would not be permissible pursuant to the waiver. Accordingly, concerns over the commercialization of the Amateur Radio Service are without merit.

⁷ See, e.g., ARRL Comments, WP Docket No. 10-54 at 9-11 (submitted Apr. 2, 2010); Comments of Steven Grace, WP Docket No. 10-54 at 1 (submitted Mar. 30, 2010); Comments of Robert McCown, WP Docket No. 10-54 at 1-2 (submitted Apr. 1, 2010).

⁸ ARRL Comments at 9. See AHA Waiver Request at 3.

⁹ See, e.g., Grace Comments at 1; Comments of Robert Laflamme, WP Docket No. 10-54 at 1 (submitted Mar. 25, 2010); McCown Comments at 1-2; Wilner Comments at 2.

¹⁰ See, e.g., Laflamme Comments at 1; McCown Comments at 1-2; Wilner Comments at 2.

¹¹ AHA Waiver Request at 2.

II. THE RELIEF SHOULD APPLY TO ALL HOSPITALS THAT ENGAGE IN EMERGENCY PREPAREDNESS DRILLS FOR ACCREDITATION/CERTIFICATION PURPOSES

AHA sought a blanket waiver of Section 97.113 to permit hospitals seeking Joint Commission accreditation to utilize Amateur Radio operations as part of emergency preparedness drills pursuant to the Joint Commission guidelines until the Commission adopts a final order in WP Docket No. 10-72.¹² The waiver is necessary because, among other reasons, the Joint Commission requires hospitals seeking accreditation to prepare an emergency communications plan and to conduct two emergency drills annually. Thus, if a hospital utilizes Amateur Radio as part of an emergency plan, it is be required to utilize amateur operations as part of these tests.¹³

A number of commenters correctly noted, however, that hospital accreditation/certification may be obtained from entities other than the Joint Commission and therefore the relief should not be tied to Joint Commission accreditation.¹⁴ AHA agrees.

¹² See AHA Waiver Request at 3. Despite this express linkage of the waiver to completion of the pending proceeding, a few commenters urged the Commission not to grant the waiver for an indefinite period. See Comments of the Marin Amateur Radio Club, Inc., WP Docket No. 10-54 at 1 (submitted Mar. 30, 2010) (waiver should be limited to no more than 5 years in duration); Comments of Christopher A. Bohn, WP Docket No. 10-54 at 1 (submitted Mar. 4, 2010). AHA maintains that the relief should be tied to completion of the pending rulemaking, but has no objection to a grant with a five-year, renewable term as proposed by the Marin Amateur Radio Club.

¹³ *Id.* at 1-2. Some commenters claimed that the Joint Commission did not require such testing. See, e.g., Comments of William Houlne, WP Docket No. 10-54 at 3 (submitted Mar. 24, 2010). Such commenters were relying on outdated Joint Commission standards. The relevant portions of the Joint Commission standards are attached and consistent with AHA's representations.

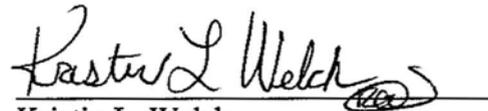
¹⁴ See, e.g., Comments of American Health Care Association/National Center for Assisted Living, WP Docket No. 10-54 at 4-6 (submitted Apr. 2, 2010); Comments of Aspirus Wausau Hospital, WP Docket No. 10-54 at 3-5 (submitted Mar. 29, 2010); Comments of Banks-Jackson-Commerce Medical Center and Nursing Home Authority, WP Docket No. 10-54 at 3-5 (submitted Mar. 22, 2010); Comments of Cottage Hospital, WP Docket No. 10-54 at 3-5 (submitted Mar. 17, 2010); Comments of Hackettstown Regional Medical Center, WP Docket No. 10-54 at 3-5 (submitted Mar. 18, 2010); Comments of Holliday Healthcare Center, WP Docket No. 10-54 at 3-5 (submitted Mar. 15, 2010); Comments of Iowa Hospital Association, WP Docket No. 10-54 at 3-5 (submitted Mar. 31, 2010); Comments of Kansas Hospital Association, WP Docket No. 10-54 at 3-5 (submitted Mar. 31, 2010); Comments of the Hospital & Healthsystem Association of Pennsylvania, WP Docket No. 10-54 at 3-4 (submitted Apr. 1, 2010); Comments of Metropolitan Chicago Healthcare Council, WP Docket No. 10-54 at 3-5 (submitted Mar. 30, 2010); Comments of Mt. Ogden Health and Rehabilitation Center, WP Docket No. 10-54 at 3-5 (submitted Mar. 15, 2010); Comments of Nevada Hospital Association, WP Docket No. 10-54 at 3-5 (submitted Mar. 19, 2010); Comments of Northern Nevada Medical Center, WP Docket No. 10-54 at 3-5 (submitted Mar.

Although the Joint Commission is an important and widely used accreditation organization, there are additional accreditation bodies utilized by hospitals that have similar requirements with regard to emergency preparedness. Accordingly, any hospitals seeking accreditation or certification should be covered by the blanket waiver regardless of the entity providing the accreditation/certification.

CONCLUSION

Based on the foregoing and the arguments set forth in AHA's waiver request, a blanket waiver of Section 97.113(a)(3) should be granted expeditiously to permit hospitals seeking accreditation/certification to use amateur radio operators who are hospital employees to transmit communications on behalf of the hospital, as part of emergency preparedness drills, for the purpose of emergency response, disaster relief or the testing and maintenance of equipment used for that purpose.

Respectfully submitted,



Kristin L. Welsh
Vice President Strategic Initiatives
and Business Community Liaison

April 19, 2010

13, 2010); Comments of Orem Rehab and Nursing, WP Docket No. 10-54 at 3-4 (submitted Mar. 25, 2010); Comments of St. Mary's Regional Medical Center, WP Docket No. 10-54 at 3-5 (submitted Mar. 18, 2010); Comments of Schuylkill Medical Center – East Norwegian Street, WP Docket No. 10-54 at 3-5 (submitted Mar. 24, 2010); Comments of Sparrow Ionia Hospital, WP Docket No. 10-54 at 3-5 (submitted Apr. 1, 2010); Comments of Tahoe Amateur Radio Association, WP Docket No. 10-54 at 3-4 (submitted Mar. 28, 2010); Comments of TLC Health Network – Lake Shore Health Care Center, WP Docket No. 10-54 at 3-5 (submitted Mar. 15, 2010); Comments of TLC Health Network – TriCounty Memorial Hospital, WP Docket No. 10-54 at 3-5 (submitted Mar. 15, 2010); Comments of Warren Hospital, WP Docket No. 10-54 at 3-5 (submitted Mar. 22, 2010); Comments of Washoe County Health District, WP Docket No. 10-54 at 3-4 (submitted Mar. 25, 2010); Comments of WCA Hospital, WP Docket No. 10-54 at 3-5 (submitted Mar. 15, 2010).

EXHIBIT A

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Jeff Gray
Jeff McKune
Jeffrey Duley
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Kent Choma (St. Mary's Regional Medical Center)
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Lynn G. Leighton (The Hospital & Healthcare Association of Pennsylvania)
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Tamarah Cox (Aspirus Wausau Hospital)
Ted Krupnik
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Terry Adams
Thomas C. Hall
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Tom Blackwell
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Tony Simek
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Vernell Stepter, III
Vickie L. Negley (Emergency Planner Chambersburg Hosp)
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William Dease
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ATTACHMENT
JOINT COMMISSION STANDARDS
CITED BY AHA



Program: Hospital

Chapter: Emergency Management

Standard: EM.02.02.01 : As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.

Rationale for EM.02.02.01 :

The hospital maintains reliable communications capabilities for the purpose of communicating response efforts to staff, patients, and external organizations. The hospital establishes backup communications processes and technologies (for example, cell phones, landlines, bulletin boards, fax machines, satellite phones, Amateur Radio, text messages) to communicate essential information if primary communications systems fail.

Introduction to EM.02.02.01 :

N/A

Elements of Performance

Description	MOS	CR	PFA	DOC	SC	ESP
1 The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.			Comm, IM		A	ESP-1
2 The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.			Comm, IM		A	ESP-1
3 The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.			Comm, IM		A	ESP-1
4 The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.			Comm, IM		A	ESP-1
5 The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.			Comm, IM		A	ESP-1
6 The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.			Comm, IM		A	ESP-1
7 The Emergency Operations Plan describes the following: How the hospital will communicate with suppliers of essential services, equipment, and supplies during an emergency.			Comm, IM		A	ESP-1
8 The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.			Comm, IM		A	ESP-1

9	The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.	Comm, IM	A	ESP-1
10	The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.	Comm, IM, OS	A	ESP-1
11	The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.	Comm, IM	A	ESP-1
12	The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, the FBI).	Comm, IM	A	ESP-1
13	The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.	Comm, IM	A	ESP-1
14	The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.	Comm, EU, PE	A	ESP-1
17	The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.	Comm	A	

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Program: Hospital

Chapter: Emergency Management

Standard: EM.03.01.03 : The hospital evaluates the effectiveness of its Emergency Operations Plan.

Rationale for EM.03.01.03 :

The organization conducts exercises to assess the Emergency Operations Plan's appropriateness; adequacy; and the effectiveness of logistics, human resources, training, policies, procedures, and protocols. Exercises should stress the limits of the plan to support assessment of the organization's preparedness and performance. The design of the exercise should reflect likely disasters but should test the organization's ability to respond to the effects of emergencies on its capabilities to provide care, treatment, and services.

Introduction to EM.03.01.03 :

N/A

Elements of Performance

Description	MOS	CR	PFA	DOC	SC	ESP
<p>1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan.</p> <p>Note 1: If the hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.</p> <p>Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code) that do not offer emergency services nor are community designated as disaster-receiving stations need to conduct only one emergency management exercise annually.</p> <p>Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.</p> <p>Footnote: The Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA. Refer to NFPA 101-2000 for occupancy classifications.</p>			Comm, QI		A	
<p>2 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.</p> <p>Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.</p> <p>Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.</p>			Comm, QI		A	
<p>3 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.</p> <p>Note 1: This portion of the emergency response exercise can be</p>			Comm, QI		A	

- conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.
 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.
- 4 For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. Comm, QI **A**
 Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.
 Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.
- 5 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2) Comm, QI **A**
- 6 The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement. Cred/PRI, QI, Staffing **A** **ESP-1**
 Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital.
 Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.
- 7 During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations. Comm, QI **A**
- 8 During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation. Comm, EU, QI **A**
- 9 During emergency response exercises, the hospital monitors its management of the following: Safety and security. Comm, PE, QI, SE **A**
- 10 During emergency response exercises, the hospital monitors its management of the following: Staff roles and responsibilities. Comm, Cred/PRI, QI, Staffing **A**
- 11 During emergency response exercises, the hospital monitors its management of the following: Utility systems. Comm, PE, QI **A**
- 12 During emergency response exercises, the hospital monitors its management of the following: Patient clinical and support care activities. ACS, Comm, QI **A**
- 13 Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners). Comm, Cred/PRI, OS, QI, Staffing **A**
- 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. IM, QI, SE **A**
- 15 The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues. (See also Comm, QI **A**

EC.04.01.05, EP 3)

- | | | | |
|----|---|-------------|----------|
| 16 | The hospital modifies its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies.
Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made. | Comm,
QI | A |
| 17 | Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan. | Comm,
QI | A |

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