California Code Of Regulations
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Title 22@ Social Security
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Division 5@ Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies
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Section 71539@ Disaster and Mass Casualty Program

71539 Disaster and Mass Casualty Program

(a)

A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the "State of California Emergency Plan" (2017) and the "State of California Coroners' Mutual Aid Plan" (2014) by the California Governor's Office of Emergency Services, hereby incorporated by reference. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

(b)

The program shall cover local disasters occurring in the community and widespread disasters. It shall provide for at least—the following: (1) Availability of adequate basic—utilities and supplies, including gas, water, food and essential medical and—supportive materials. (2) An efficient—system of notifying and assigning personnel. (3) Unified medical command. (4) Conversion of all usable space into clearly—defined areas for efficient triage, for patient observation and for immediate—care. (5) Prompt transfer of casualties,—when necessary and after preliminary medical or surgical services have been—rendered, to the facility most appropriate for administering definitive—care. (6) A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he

is moved. (7) Procedures for the prompt discharge or transfer of patients, already in the hospital who can be moved without jeopardy. (8) Maintaining security in order to keep relatives and curious persons out of the triage area. (9) Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will be made to provide organized dissemination of information.

(1)

Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2)

An efficient system of notifying and assigning personnel.

(3)

Unified medical command.

(4)

Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5)

Prompt transfer of casualties, when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definitive care.

(6)

A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he is moved.

(7)

Procedures for the prompt discharge or transfer of patients, already in the hospital who

can be moved without jeopardy.

(8)

Maintaining security in order to keep relatives and curious persons out of the triage area.

(9)

Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will be made to provide organized dissemination of information.

(c)

The program shall be brought up-to-date, at least annually, and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere, indicating that all new employees have been oriented to the program and procedures within a reasonable time after commencement of their employment.

(d)

The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills. The actual evacuation of patients to safe areas during the drill is optional.