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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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Chapter 3@ Skilled Nursing Facilities

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Article 5@ Administration

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Section 72551@ External Disaster and Mass Casualty Program

72551 External Disaster and Mass Casualty Program

(a)

A written external disaster and mass casualty program plan shall be adopted and followed. The plan shall be developed with the advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.

(b)

The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following: (1) Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials. (2) Procedures for assigning personnel and recalling off-duty personnel. (3) Unified medical command. A chart of lines of authority in the facility. (4) Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions. (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. Procedures for moving patients from damaged areas of the facility to undamaged areas. (6) Arrangements for provision of transportation of patients including emergency housing where indicated. Procedures for emergency transfers of patients who can be moved to other health facilities, including

arrangements for safe and efficient transportation and transfer information. (7) Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving required care. (8) Procedures for maintaining a record of patient relocation. (9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of patients after evacuation. (10) A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated. (11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster. (12) Procedures for providing emergency care to incoming patients from other health facilities. (13) Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.

(1)

Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials.

(2)

Procedures for assigning personnel and recalling off-duty personnel.

(3)

Unified medical command. A chart of lines of authority in the facility.

(4)

Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions.

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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. Procedures for moving patients from damaged areas of the facility to undamaged areas.

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Arrangements for provision of transportation of patients including emergency housing where indicated. Procedures for emergency transfers of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation and transfer information.

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Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving required care.

(8)

Procedures for maintaining a record of patient relocation.

(9)

An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of patients after evacuation.

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A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated.

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Procedures for maintaining security in order to keep relatives, visitors and curious

persons out of the facility during a disaster.

(12)

Procedures for providing emergency care to incoming patients from other health facilities.

(13)

Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.

(c)

The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall be evidence in the personnel files, or the orientation checklist, indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.

(d)

The facility shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.

(e)

A disaster drill shall be held by the facility at six-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.