California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 7@ Health Planning and Facility Construction
|->
Chapter 12@ Postsurgical Recovery Care Demonstration Project
|->
Article 4@ Administration
|->
Section 97530.27@ External Disaster and Mass Casualty Program

97530.27 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 disaster planning authorities 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 Office.

(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 including 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) Procedures for prompt transfer of casualties when necessary and after preliminary medical services have been rendered, to the health facility most appropriate for administering definitive care including 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, including procedures for emergency transfer of patients who can be moved to

other health facilities, and including arrangements for safe and efficient transportation and transfer information. (7) Procedures for the emergency discharge of patients who can be discharged without jeopardy. (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 including 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)

Procedures for prompt transfer of casualties when necessary and after preliminary

medical services have been rendered, to the health facility most appropriate for administering definitive care including 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, including procedures for emergency transfer of patients who can be moved to other health facilities, and including arrangements for safe and efficient transportation and transfer information.

(7)

Procedures for the emergency discharge of patients who can be discharged without jeopardy.

(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.

(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 and shall include signatures of all employees who participated. Staff from all shifts shall participate in drills or test exercises.