(a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following:

... (6) When food is provided by an outside resource, the facility shall ensure that all federal, state and local requirements are met. The facility shall maintain a written plan, adequate space, equipment and food supplies to provide patients' food service in emergencies.

(b) In applying physical restraints, each of the following requirements shall be met in addition to those set forth in Section 72319:

(1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency.

**S 72541. UNUSUAL OCCURRENCES**

Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

**S 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.

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.
S 72553. FIRE AND INTERNAL DISASTERS.

(a) A written fire and internal disaster plan incorporating evacuation procedures shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the staff and the Department.
(b) The written plan shall include at least the following:

1. Procedures for the assignment of personnel to specific tasks and responsibilities.
2. Procedures for the use of alarm systems and signals.
3. Procedures for fire containment.
4. Priority for notification of staff including names and telephone numbers.
5. Location of fire-fighting equipment.
7. Procedures for moving patients from damaged areas of the facility to undamaged areas.
8. Procedures for emergency transfer of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation.
9. 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 their required care.
10. A disaster tag containing all pertinent personal and medical information to accompany each patient who is moved, transferred, discharged or evacuated.
11. Procedures for maintaining a record of patient relocation.
12. Procedures for handling incoming or relocated patients.
13. Other provisions as dictated by circumstances.

(c) Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of patients to safe areas during a drill is optional.
(d) The evacuation plan shall be posted throughout the facility and shall include at least the following:

1. Evacuation routes.
2. Location of fire alarm boxes.
3. Location of fire extinguishers.
4. Emergency telephone number of the local fire department.
(e) A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.