501. GENERAL
A. There shall be written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The written policies and procedures shall accurately reflect actual facility practice regarding emergency procedures, fire prevention...

607. INSERVICE TRAINING (II)
...F. Training shall be provided to staff members by appropriate resources, e.g., licensed or registered individuals, video tapes, books, in context with their job duties and responsibilities, prior to their date of initial resident contact (unless otherwise as noted below) and at a frequency determined by the facility, but at least annually.

1. All staff members:
   a. Emergency procedures and disaster preparedness to address various types of potential disasters such as evacuation, bomb threat, earthquake, flood, hurricane, tornado and others within forty-eight (48) hours of their first day on the job in the facility (See Section 1500);
   b. Fire response training (See Section 1603)...

609. VOLUNTEERS
...B. The licensee is responsible for all the activities that take place in the facility including the coordination of volunteer activities.

1. Volunteers shall receive the orientation, training, and supervision necessary to assure resident health and safety before performing any duties. The orientation program shall include, but not be limited to:

   ...c. Disaster preparedness;
   d. Emergency response procedures...
   ...E. Documentation maintained for direct care volunteers shall include:

   ...2. Familiarization with the disaster plan (See Section 1502) and documented instructions as to any required actions;

   3. Fire response training (See Section 1603) within seven (7) days of his or her first day as a
direct care volunteer and at least annually thereafter...

610. PRIVATE SITTERS
A. If a resident or responsible party has not agreed in writing with the facility to not have a private sitter and chooses to employ a private sitter for use in the facility, the facility may establish a formalized private sitter program that shall be directed by a facility staff member.

...2. The facility shall establish written policies and procedures for the private sitter program that includes an orientation to the facility consisting, at least, of the following:

...c. Disaster preparedness...

702. FIRE/DISASTERS
A. The Division of Health Licensing shall be notified immediately via telephone or fax regarding any fire, regardless of size or damage that occurs in the facility, and followed by a complete written report to include fire department reports, if any, to be submitted within a time period determined by the facility, but not to exceed seven (7) business days.

B. Any natural disaster in the facility which requires displacement of the residents, or jeopardizes or potentially jeopardizes the safety of the residents, shall be reported to the Division of Health Licensing via telephone or fax immediately, with a complete written report that includes the fire department report from the local fire department, if appropriate, submitted within a time period as determined by the facility, but not to exceed seven (7) business days.

1501. Emergency Care
The facility shall provide for the care of residents in an emergency and make available appropriate equipment and services to render emergency resuscitative and life-support procedures.

1502. DISASTER PREPAREDNESS
A. All facilities shall develop, by contact and consultation with their county emergency preparedness agency, a suitable written plan for actions to be taken in the event of a disaster and/or emergency evacuation. In the event of mass casualties, the facility shall provide resources as available. The plan shall be updated, as appropriate, annually, or as needed, and rehearsed at least annually. A record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of participants shall be maintained.

B. The disaster/emergency evacuation plan shall include, but not be limited to:
1. A sheltering plan to include:
   a. Facility occupancy at the time of the disaster;
   b. Name, address and phone number of the sheltering facility(ies) to which the residents will be relocated during a disaster;
   c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated residents that can be accommodated; sleeping, feeding, and medication plans for the relocated residents; and provisions for accommodating relocated staff members and volunteers. The letter shall be updated with the sheltering facility at least every three (3) years and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one (1) sheltering facility shall be located in a county other than these counties.

2. A transportation plan, to include agreements with entities for relocating residents, which addresses:
   a. The relocation needs of the residents and staff contingent upon the type of disaster/emergency confronted;
   b. Procedures for providing appropriate medical support, food, water and medications during relocation based on the needs and number of the residents;
   c. Estimated time to accomplish the relocation during normal conditions;
   d. Primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated residents, to include:
   a. How care will be provided to the relocated residents, including licensed and nonlicensed staff members that will meet the staffing requirements of Section 606 for residents who are relocated;
   b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility;
   c. Co-signed statement by an authorized representative of the sheltering facility if staffing, bedding, or medical supplies are to be provided by the sheltering facility.

C. In instances where there are proposed changes in licensed bed capacity, the disaster/emergency evacuation plan shall be updated to reflect the new licensed bed capacity and submitted to the Division of Health Licensing along with the application for bed capacity change.

D. Only those nursing homes located in the coastal counties of Beaufort, Charleston, Colleton, Horry, Jasper, or Georgetown may request exemption from an emergency evacuation order.
1. Facilities in the above counties may elect to seek an exemption from having to evacuate the facility in the event the Governor issues a Mandatory Evacuation Order for an impending hurricane. Facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, or Georgetown counties may request an exemption from an emergency evacuation order if the facility has previously submitted the following to the Department:

a. A Critical Data Sheet, updated annually, that certifies emergency power supply is available for a minimum of seventy-two (72) hours, a seventy-two (72) hour supply of food, water, and medical supplies is on site, and that adequate staff will be available and on duty to provide continual care for the residents;

b. A copy of the engineer's report concerning the wind load the facility should withstand; and

c. A current approved evacuation plan prior to a declared emergency.

1. Once the prerequisites are met and an emergency has been declared, the facility shall draw down the census of the facility and then contact the Division of Health Licensing to request an exemption from the evacuation order.

2. A facility shall comply with the mandatory evacuation order unless an exemption from evacuation of the facility for a specific storm has been received from the Department.

1503. LICENSED BED CAPACITY DURING AN EMERGENCY

A. A facility desiring to temporarily admit residents in excess of its licensed bed capacity due to an emergency shall:

1. Request that the Department concur that an emergency situation does exist by contacting the Division of Health Licensing;

2. Determine the maximum number of residents to be temporarily admitted;

3. Establish an anticipated date for discharge of the temporary residents;

4. Outline how and where the temporary residents will be housed; and

5. Contact the county emergency preparedness agency to advise of additional residents.

B. Other issues such as who will staff the care of the temporary residents, physician orders, additional food for the temporary residents, and handling of medications shall be resolved ahead of time by memoranda of agreement, internal policies and procedures, etc.

C. The facility shall notify the Division of Health Licensing in writing when the temporary residents have been discharged.
1504. EMERGENCY CALL NUMBERS
Although the facility may be in a location that has access to “911” services, emergency call data shall be immediately available, posted in a conspicuous place, at least at every staff work area, and shall include, at a minimum, the telephone numbers of fire and police departments, ambulance service, and the Poison Control Center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of physicians and staff members to be notified in case of emergency.

1505. CONTINUITY OF ESSENTIAL SERVICES
There shall be a written plan to be implemented to assure the continuation of essential resident support services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.

1506. USE OF THE FACILITY OR SERVICES IN RESPONSE TO A PUBLIC HEALTH EMERGENCY
The Department, in coordination with the guidelines of the State Emergency Operations Plan, may, for such period as the state of public health emergency exists and as may be reasonable and necessary for emergency response, require a nursing home to provide services or the use of its facility if the services are reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business as a nursing home. When the Department needs the use or services of the facility to isolate or quarantine individuals during a public health emergency, the management and supervision of the nursing home shall be coordinated with the Department to assure protection of existing residents and compliance with the regulation in accordance with S.C. Code Ann. Section 44-4-310 (1976, as amended).

1601. ARRANGEMENTS FOR FIRE DEPARTMENT RESPONSE/PROTECTION
A. Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire, i.e., fire plan and evacuation plan.

B. Facilities located outside a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be maintained on file in the facility and a copy shall be forwarded to the Division of Health Licensing. If the agreement is changed, a copy shall be forwarded to the Division of Health Licensing.

C. Fire protection for all facilities shall meet all of the requirements of the South Carolina State Fire Marshal’s Office.
1602. TESTS
Fire protection and suppression systems shall be maintained and tested at least annually in accordance with NFPA 10, 13, 14, 15, 25, 70, 72, and 96.

1603. FIRE RESPONSE TRAINING
A. Each staff member shall receive training within seven (7) days of his or her first day on the job in the facility and at least annually thereafter, addressing at a minimum, the following:
   1. Fire plan;
   2. Reporting a fire;
   3. Use of the fire alarm system;
   4. Location and use of fire-fighting equipment;
   5. Methods of fire containment;
   6. Specific responsibilities, tasks, or duties of each individual when a facility fire occurs.

B. A plan for the evacuation of residents, staff members, and visitors, to include procedures and evacuation routes out of the facility, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility.

1604. FIRE DRILLS
A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, an evaluation of the drill, and the names of staff members directly involved in responding to the drill. Should fire drill requirements be mandated by statute or regulation, then compliance with that statute or regulation shall supersede the provisions of this section.

B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1603.