**State Regulations Pertaining to Disaster/Emergency Preparedness**

Note: This document is arranged alphabetically by State. To move easily from State to State, click the “Bookmark” tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

**ALABAMA**

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**420-5-10-.02 Licensing and Administrative Procedures.**

...8) Compliance with State and Local Laws.

(b) Compliance with Other Laws. The facility shall be in compliance with laws relating to fire and safety, sanitation, communicable and reportable diseases, Certificate of Need, and other relevant health and safety requirements.

**420-5-10-.03 Administrative Management.**

...(37) Disaster and emergency preparedness. The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

(a) The facility must train all employees in emergency procedures when they begin to work in the facility;

(b) Periodically review the procedures with existing staff;

(c) And carry out unannounced staff drills using those procedures.

**ALASKA**

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**7 AAC 12.720. Dietetic service**

(a) A facility that provides dietetic services, with the exception of frontier extended stay clinics, must comply with the provisions of this section.

...(f) A facility must maintain adequate space, equipment, and staple food supplies to provide food service to patients in emergencies.
7 AAC 12.860 RISK MANAGEMENT.

A facility, with the exception of home health agencies and birth centers, must have a risk management program that has

...(C) safety, fire, and disaster plans; and

...(6) quarterly fire drills for each work shift, a record showing when each drill was held, and coordination with community or area mass casualty drills; and

...(10) a disaster plan developed in coordination with the local community to address the facility’s response in case of a disaster; the plan must include community and state resources for staffing and supplies, and prioritized options to account for staffing shortages, disruptions in the supply line, community allocation of staff resources, telephone triage, and plans for establishing and maintaining communication with local, state, and federal emergency response agencies; the disaster plan must be in place on or before January 1, 2007, and must address response to

(A) an earthquake, flood, major fire, tsunami, or other potential disaster relative to the area; and

(B) a pandemic influenza outbreak; the plan must include plans for

(i) separate entrances to buildings, and segregated seating, for patients with influenza-like illness; and

(ii) other measures to contain or prevent transmission of the illness.

ARIZONA

R9-10-904. Administration

...E. An administrator shall ensure that:

1. Nursing care institution policies and procedures are established, documented, and implemented that cover:

   ...f. Disaster plans.

   ...7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs.
...9. The following are conspicuously posted on the premises:
...d. A map for evacuating the facility.

**R9-10-905. Staff and Volunteers**

...7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:

...d. Disaster plans.

**R9-10-916. Safety Standards**

A. An administrator shall ensure that:

1. A disaster plan is developed, documented, and implemented that includes:
   a. Procedures for protecting the health and safety of residents and other individuals;
   b. Assigned responsibilities for each staff member;
   c. Instructions for the evacuation, transport, or transfer of residents,
   d. Maintenance of medical records, and
   e. Arrangements to provide any other nursing care institution services to meet the resident’s needs;

2. If applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use;

3. A plan exists for back-up power and water supply;

4. A fire drill is performed on each shift at least once every three months;

5. A disaster drill is performed at least once every six months;

6. Documentation of a fire drill required in subsection (A)(4) and a disaster drill required in subsection (A)(5) includes:
   a. The date and time of the drill;
   b. The names of each staff member participating in the drill;
   c. A critique of the drill; and
   d. Recommendations for improvement, if applicable;
7. Documentation of a fire drill or a disaster drill is maintained by the nursing care institution for 18 months from the date of the drill and provided to the Department for review within two hours of the Department's request.

B. A fire safety inspection is conducted in the nursing care institution every 12 months by the fire authority having jurisdiction.

C. Documentation of the fire safety inspection is provided to the Department for review within two hours of the Department’s request.

304 STAFF DEVELOPMENT

304.1 Job orientation shall be provided for all personnel to acquaint them with the needs of the residents, the physical facility, disaster plan, and the employee’s specific duties and responsibilities. There should be written documentation maintained to verify that orientation and in-service training are planned and conducted. A continuing in-service training program is planned and conducted. Attendance at such training shall be verified by each employee by signing their names on the attendance record. Records of orientation shall include the signature of the employee as well as topic of instruction and date of successful completion.

304.3 At least ninety percent (90%) of personnel on each shift shall be trained at least on a quarterly basis in the proper use of all fire-fighting equipment, in the procedures for evacuation of patients, and in the procedures to follow in case of fire or explosion. Disaster drills, including tornado drills, should be conducted semi-annually for each shift. A record of the drills held shall be maintained, and this record shall include the time and date the drill was held, along with the signature of all staff participating.

305 EMERGENCY CALL DATA

The administrator shall be responsible for ensuring that emergency call information is posted in a conspicuous place so as to be immediately available to all personnel of the nursing home. Emergency call data shall include at least the following:

☐ Telephone number of fire and police departments.

☐ Names, addresses, and telephone numbers for emergency supplies, ambulance, minister, advisory dentist, Red Cross, and poison control center.

☐ Name, address, and telephone number of all personnel to be called in case of fire or emergency (to include the administrator and the director of nursing services).
Name, address, and telephone number of an available physician to furnish necessary medical care in case of emergency.
520.4 EXCEPTIONS TO MINIMUM STAFFING RATIOS

...520.4.2 When residents are relocated or transferred from facilities due to natural disaster, emergency or as a result of state or federal action, the Department of Human Services may waive, for a period of no more than three (3) months from the date of transfer, some or all of any required increase in direct-care staff for the facility or facilities to whom the residents are relocated or transferred. Waivers will only be granted for good cause shown, and upon telephone, facsimile or written request. A grant of a waiver is within the sole discretion of the Office of Long Term Care. Facilities may apply for a waiver by writing the Director of the Office of Long Term Care. The written request should state, at a minimum:

805 STAFF TRAINING

a. In addition to any state or federal training requirements pertaining to long term care facilities, each CNA working in a HomeStyle home shall complete the following eighty (80) hours of training to include but not limited to:

TRAINING: Emergency Situations and Evacuation

HOURS: 8.0

Fire Drills
Tornado Drills
Disaster Drills
Evacuation
Emergency Equipment (fire extinguishers, generators, water and gas shut-offs, etc.)
Behavioral Issues
Choking
Emergency calls
Environmental policy

RULES AND REGULATIONS FOR THE ARKANSAS LONG TERM CARE FACILITY NURSING ASSISTANT TRAINING PROGRAM

Section IV NURSING ASSISTANT TRAINING

...E. Orientation Program
1. All nursing assistants must receive an orientation program that includes, but is not limited to, an explanation of:

...Policies and procedures (including fire/disaster plans, etc.)...

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**CALIFORNIA**

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**s 72335. Dietetic Service -Food Service.**

(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.

**s 72463. Special Treatment Program Service Unit -Restrictions on Applying Restraints and Utilizing Seclusion**

(a) 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.
Part 4. PERSONNEL

4.3 STAFF DEVELOPMENT COORDINATOR

...4.3.3 The facility shall provide annual inservice education for staff in at least the following areas: infection control, fire prevention and safety, accident prevention, confidentiality of resident information, rehabilitative nursing, resident rights, dietary, pharmacy, dental, behavior management, disaster preparedness, and, if it has developmentally disabled residents, developmental disabilities, residents with Alzheimer’s conditions, those conditions, or mentally ill residents, mental illness.

Part 13. EMERGENCY SERVICES

13.1 EMERGENCY CARE POLICIES. The facility shall have and follow written policies for the care of residents in an emergency available for staff use, including: 1) arrangements for necessary medical care when a resident’s physician is unavailable (developed by persons described in Section 6.2); 2) procedures and training programs that cover immediate care of residents; and 3) persons to be notified in an emergency.

13.2 FIRE AND INTERNAL DISASTER PLAN. With the assistance of qualified fire and safety experts, the facility shall develop written policies and procedures for protection of persons within the building in case of fire, explosion, flood, staff shortage, food shortage, termination of vital services, or other emergency in the building. Policies shall include: 1) brief, written instructions, posted at each nurses’ station, that include persons to be notified and other immediate steps to be taken before the fire department or other assistance arrives; 2) a schematic plan of the building or portions thereof posted at each nurses’ station, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes; 3) procedures for evacuating helpless residents; A) assignment of specific tasks and responsibilities to the personnel on each shift; 5) provision for at least annual training and instruction to keep employees informed of their duties; and 6) provisions for conducting simulated fire drills at least three times per year.

13.3 MASS CASUALTY PLAN. Each facility shall develop a written mass casualty plan for managing residents and treating casualties in an external or community disaster. The program shall be developed in cooperation with other health facilities in the area and with official and other community agencies.
19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

...(u) Emergency preparedness plan.

The facility shall have a written emergency preparedness plan which shall include procedures to be followed in case of medical emergencies, or in the event all or part of the building becomes uninhabitable because of a natural or other disaster. The plan shall be submitted to the local fire marshal or, if none, the state fire marshal for comment prior to its adoption.

The plan shall specify the following procedures:

Identification and notification of appropriate persons;

Instructions as to locations and use of emergency equipment and alarm systems;

Tasks and responsibilities assigned to all personnel;

Evacuation routes;

Procedures for relocation and/or evacuation of patients;

Transfer of casualties;

Transfer of records;

Care and feeding of patients;

Handling of drugs and biologicals.

A copy of the plan shall be maintained on each nursing unit and service area. Copies of those sections of the plan relating to subdivisions (2) (B) and (2) (D) above shall be conspicuously posted.

Drills testing the effectiveness of the plan shall be conducted on each shift at least four times per year. A written record of each drill, including the date, hour, description of drill, and signatures of participating staff and the person in charge shall be maintained by the facility.

All personnel shall receive training in emergency preparedness as part of their employment orientation. Staff shall be required to read and acknowledge by signature
understanding of the emergency preparedness plan as part of the orientation. The content and participants of the training orientation shall be documented in writing.

[Additional Material pursuant to a 2007 Statute that required distribution of potassium iodide in day care centers, nursing homes, and child care facilities in counties in range of a particular nuclear power plant.]

(6) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a chronic and convalescent nursing home and rest home with nursing supervision licensed under chapter 368v of the Connecticut General Statutes that is located within a 10 mile radius of the Millstone PowerStation in Waterford, Connecticut, shall be permitted to distribute and administer potassium-iodide tablets to facility staff or visitors present at the chronic and convalescent nursing home, or rest home with nursing supervision during such emergency, provided that:

(1) Prior written consent has been obtained by the chronic and convalescent nursing home, or rest home with nursing supervision for such provision. Written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident’s conservator, guardian, or legal representative currently admitted and to each employee currently employed promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident’s conservator, guardian, or legal representative upon admission to such facility and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;
(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;
(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,
(D) side effects including minor upset stomach or rash.

(4) Only those individuals with applicable statutory authority may distribute and administer potassium iodide to residents for whom written consent has been obtained; and,
(5) Potassium iodide tablets shall be stored in a locked storage area or container.

DELAWARE

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8.0 Emergency Preparedness

8.1 Nursing facilities shall comply with the rules and regulations adopted and enforced by the State Fire Prevention Commission or the municipality with jurisdiction.

8.2 Regular fire drills shall be held at least quarterly on each shift. Written records shall be kept of attendance at such drills.

8.3 Each facility shall develop and maintain all-hazard emergency plans for evacuation and sheltering in place.

8.4 The staff on all shifts shall be trained on emergency and evacuation plans. Evacuation routes shall be posted in a conspicuous place at each nursing station.

8.5 In the event of a facility evacuation, the evacuation plan shall, at a minimum, provide for the transfer or availability of resident medications and records.

8.6 Each facility shall submit with their annual license renewal an updated Division of Public Health Residential Health Care Facilities Emergency Planning Checklist, electronically if possible.

3220 Training and Qualifications for Nursing Assistants and Certified Nursing Assistants

3.0 CNA Training Program Requirements

3.3 Curriculum Content

3.3.2 Environmental Needs Of The Resident Key Concepts: Introduces the nursing assistant to the need to keep residents safe from injury and infection in the long-term care setting. The nursing assistant is taught why and how to use infection control and isolation techniques. Safety through prevention of fires and accidents, and emergency procedures for fire and other disasters are presented.

3.3.2.2 Identify safety measures that prevent accidents to residents.

3.3.2.3 Recognize signs when a resident is choking or may have an obstructed airway.

3.3.2.4 Assist with clearing obstructed airway.
3.3.2.2.5 Call for help when encountering convulsive disorders, loss of consciousness, shock, hemorrhage, and assist the resident until professional help arrives.

3.3.2.2.6 Follow disaster procedures.

3.3.2.2.7 Report emergencies accurately and immediately.

3.3.2.2.8 Identify potential fire hazards. Provide a safe, clean environment.

4.0 Mandatory Orientation Period

4.1.2 Orientation Program Requirements

4.1.2.1.2 Fire and disaster plans

4.1.2.1.3 Emergency equipment and supplies

4.1.2.1.4 Communication (including the facility chain of command) and documentation requirements

4.1.2.1.5 Process for reporting emergencies, change of condition and shift report

DISTRICT OF COLUMBIA

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3203 LICENSES AND ADMINISTRATIVE RECORDS

...3203.5 Each facility shall maintain the following administrative records:

...(f) Disaster plan and procedures.

3214 IN-SERVICE EDUCATION FOR NURSING PERSONNEL

...3214.2 Each nursing employee shall be trained in emergency procedures, disaster plans and fire evacuation plans.

3219 DIETARY SERVICES

...3219.4 The curriculum for regularly scheduled in-service education programs for food service employees may include, but not be limited to, the following:

(a) Disaster and emergency procedures.
3258. GENERAL SAFETY AND INSPECTION

3258.1 The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents.

3258.2 First aid supplies shall be readily available on each unit to each employee.

3259. FIRE AND EMERGENCY PREPAREDNESS

3259.1 The facility shall have a manual of action to be taken in the event of a fire, approved by the D.C. Fire Department.

3259.2 The fire instructions manual shall specify the following:

(a) The plan to be followed in case of fire, explosion, or other emergency;

(b) The persons to be notified;

(c) The locations of alarm signals and fire extinguishers;

(d) The evacuation routes;

(e) The procedures for evacuating the residents;

(f) The frequency of fire drills; and

(g) The assignment of specific tasks and responsibilities to the employees on each shift in the event of fire, explosion or other emergency.

3259.3 A fire plan shall be developed with the assistance of qualified fire and safety experts. Each employee shall be trained to perform specific tasks according to the fire plan.

3259.4 Simulated drills testing the effectiveness of the fire plan shall be conducted for each shift at least four (4) times a year.

3259.5 Fire and emergency evacuation plans shall be posted conspicuously on each floor and throughout the facility.

3259.6 The most recent fire inspection report with the date of the latest inspection of the alarm system shall be available in the Administrator’s office.

FLORIDA

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59A-4.106 Facility Policies.
(4) Each facility shall maintain policies and procedures in the following areas:

(i) Disaster preparedness;

(j) Fire prevention and control...

(5) Staff Education.

... (c) The staff education plan shall ensure that education is conducted annually for all facility employees, at a minimum, in the following areas:

...2. Fire prevention, life safety, and disaster preparedness...

59A-4.126  Disaster Preparedness.

(1) Each nursing home facility shall have a written plan with procedures to be followed in the event of an internal or externally caused disaster. The initiation, development, and maintenance of this plan shall be the responsibility of the facility administrator, and shall be accomplished in consultation with the Department of Community Affairs, County Emergency Management Agency.

(2) The plan shall include, at a minimum, the following:

(a) Criteria, as shown, in Section 400.23(2)(g), F.S.; and


(1) A licensee shall comply with the life safety code requirements and building code standards applicable at the time of departmental approval of the facility’s Third Stage – Construction Documents.

(2) Fire prevention, fire protection, and life safety practices shall be the responsibility of the facility Administrator.

(3) All fires or explosions shall be reported immediately to the local fire department. A written report of each fire or explosion shall be made to the AHCA, with a copy to the director of the local county health unit, within ten days of occurrence. Such report shall contain the following information:

(a) The name and complete address of the facility;

(b) The date of the report;
(c) The date, time, cause, and location of the fire or explosion;

(d) The extent of flame, smoke, and water damage;

(e) The extent of other damage;

(f) The estimated amount of loss;

(g) The number of residents with injuries and the number of resident deaths;

(h) The name and job title of the individual who reported the fire or explosion;

(i) The time that the fire or explosion was reported and identification of to whom it was reported;

(j) Information as to whether or not the in-house fire alarm was activated;

(k) Information as to whether or not the fire or explosion was reported to the local fire department, and if not, an explanation as to why it was not;

(l) A description of the method used to extinguish the fire;

(m) Information as to whether or not the facility is equipped with an automatic fire sprinkler system;

(n) The Administrator’s narrative description of the incident and what action, if any, is to be taken to prevent further occurrences; and

(o) Attachments consisting of:

A copy of the fire report of the local fire department, if applicable, and

Photographs, if damage was extensive.

(4) Within ten days of receipt, the facility shall forward to the appropriate Area Office of the AHCA a copy of all reports of fire safety inspections made by local fire authorities.

GEORGIA

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290-5-8-.06 Dietary Service.

...(6) Sufficient perishable foods for a twenty-four hour period and nonperishable foods for a three-day period shall be on the premises for use in an emergency.
290-5-8-.25 Dining Assistants.

...6) The minimum requirements of the dining assistant training program shall include a minimum of 16 hours of training. The training shall include practical application of feeding and hydration skills and shall include at least the following components:

...(e) Safety and emergency procedures, including the Heimlich Maneuver ...

§11-94-10 Disaster planning.

Appropriate policies shall be written to provide for cooperation with civil and military authorities in the event of an external disaster for disaster relief pursuant to chapter 127, HRS.

§11-94-20 Life safety.

(a) Facilities licensed under this chapter shall be inspected at least annually by appropriate fire authorities for compliance with state and county fire and life safety rules and ordinances.

(b) Smoking rules shall be adopted. "No Smoking" §11-94-22 signs shall be posted where flammable liquids, combustible gases, or oxygen are used or stored. Smoking by patients shall be permitted only under supervision, and ash trays shall be provided.

(c) Electric heating pads shall be prohibited.

(d) Facilities shall have written procedures in case of fire and disasters.

(e) Evacuation plans shall be posted in prominent locations on each floor.

(f) Fire drills shall include the transmission of a fire alarm signal and be held at least quarterly, for each shift, under varied conditions. At least twelve drills shall be held every year and reports filed in the facility.

(g) All employees shall be instructed and kept informed respecting their duties under the fire and disaster programs.
106. FIRE AND LIFE SAFETY.

...04. Emergency Plans for Protection and Evacuation of Patients/Residents. In cooperation with the local fire authority, the administrator shall develop a written plan for employee response for protection of patients/residents in case of an emergency. The plan shall include at least the following: (1-1-88)

a. Specific procedures to follow in all potential emergencies (i.e., fire, flooding, bomb threat, explosion, natural disasters). (1-1-88)

b. A basic diagram of the building showing the location of emergency protection equipment and exits. The diagram shall be conspicuously posted throughout the facility. (1-1-88)

c. Written evidence of an arrangement for temporary housing of patients/residents who must be moved in the event of an emergency. (1-1-88)

05. Orientation, Training and Drills. All employees shall be instructed in basic fire and life safety procedures. (1-1-88)

a. All new employees shall be instructed in basic facility fire and life safety procedures during their orientation period. Documentation that such orientation has been completed shall be maintained on file in the facility. (1-1-88)

b. Fire and/or safety classes shall be made available on a quarterly basis. The facility shall make an effort to encourage all staff to attend the classes. Classes shall not be conducted in lieu of drills. (1-1-88)

c. A minimum of one (1) fire drill per shift per quarter shall be held. The drills shall be unannounced, shall include transmission of a fire alarm signal (may be silent during the late night/early morning) and shall be conducted at irregular intervals during the day and night. At least one (1) drill per year shall include at least a partial evacuation of the building. A basic written record of each drill shall be maintained and include at least the following: (1-1-88)

i. Date and time of drill; (1-1-88)

ii. Brief description of the drill, including problems encountered; (1-1-88)

iii. Recommendations for improvement (if any); and (1-1-88)

iv. Signature of employees supervising the drill together with the names of all employees participating in the drill. (1-1-88)
Section 300.650 Personnel Policies

...f) Orientation and In-Service Training

1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: ... resident safety, including fire and disaster, emergency care and basic resident safety...

Section 300.662 Resident Attendants

...k) All training shall also include a unit in safety and resident rights that is at least five hours in length and that includes ... fire safety, use of a fire extinguisher, evacuation procedures; emergency and disaster preparedness...

Section 300.670 Disaster Preparedness

a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.

b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:

1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises;

2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;

3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning; and

4) An established means of facility notification when the National Weather Service issues a tornado or severe thunderstorm warning that covers the area in which the facility is located. The notification mechanism shall be other than commercial radio or television. Approved notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the
facility, or arrangements with local public safety agencies (police, fire, emergency management agency) to be notified if a warning is issued.

c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:

1) Ensure that all personnel on all shifts are trained to perform assigned tasks;

2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and

3) Evaluate the effectiveness of disaster plans and procedures.

d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.

e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.

f) If the welfare of the residents precludes an actual evacuation of an entire building, the facility shall conduct drills involving the evacuation of successive portions of the building under conditions that assure the capability of evacuating the entire building with the personnel usually available, should the need arise.

g) A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year.

h) A written plan shall be developed for temporarily relocating the residents for any disaster requiring relocation and at any time that the temperature in residents' bedrooms falls below 55°F. for 12 hours or more.

i) Reporting of Disasters

1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the facility administrator or designee shall provide a preliminary report to the Department either by using the nursing home hotline or by directly contacting the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:

A) The name and location of the facility;

B) The type of disaster;

C) The number of injuries or deaths to residents;

D) The number of beds not usable due to the occurrence;

E) An estimate of the extent of damages to the facility;
F) The type of assistance needed, if any; and

G) A list of other State or local agencies notified about the problem.

2) If the disaster will not require direct Departmental assistance, the facility shall provide a preliminary report within 24 hours after the occurrence. Additionally, the facility shall submit a full written account to the Department within seven days after the occurrence, which includes the information specified in subsection (i)(1) of this Section and a statement of actions taken by the facility after the preliminary report.

j) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare, and comfort of all residents when the heat index/apparent temperature (see Section 300.Table D), as established by the National Oceanic and Atmospheric Administration, inside the facility exceeds 80°F.

k) Coordination with Local Authorities

1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction.

2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2610(b), to the local health authority and local emergency management agency having jurisdiction.

3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.

4) When requested by the local health authority and the local emergency management agency, the facility shall participate in emergency planning activities.

(Source: Amended at 34 Ill. Reg. 19182, effective November 23, 2010)

Section 300.695 Contacting Local Law Enforcement

a) For the purpose of this Section, the following definitions shall apply:

1) "911" – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue.

2) Physical abuse – see Section 300.30.
3) Sexual abuse – sexual penetration, intentional sexual touching or fondling, or sexual exploitation (i.e., use of an individual for another person's sexual gratification, arousal, advantage, or profit).

b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations:

1) Physical abuse involving physical injury inflicted on a resident by a staff member or visitor;

2) Physical abuse involving physical injury inflicted on a resident by another resident, except in situations where the behavior is associated with dementia or developmental disability;

3) Sexual abuse of a resident by a staff member, another resident, or a visitor;

4) When a crime has been committed in a facility by a person other than a resident;

5) When a resident death has occurred other than by disease processes.

c) The facility shall develop and implement a policy concerning local law enforcement notification, including:

1) Ensuring the safety of residents in situations requiring local law enforcement notification;

2) Contacting local law enforcement in situations involving physical abuse of a resident by another resident;

3) Contacting police, fire, ambulance and rescue services in accordance with recommended procedure;

4) Seeking advice concerning preservation of a potential crime scene;

5) Facility investigation of the situation.

d) Facility staff shall be trained in implementing the policy developed pursuant to subsection (c).

e) The facility shall also comply with other reporting requirements of this Part.

(Source: Added at 26 Ill. Reg. 4846, effective April 1, 2002)

Section 300.1440  Volunteer Program

...b) Volunteers shall complete a standard orientation program, in accordance with their facility responsibilities and with the facility's policies and procedures governing the volunteer program. The orientation shall include, but not be limited to:
...3) Disaster preparedness (i.e., fire, tornado);

4) Emergency response procedures...

**Section 395.300 Basic Nursing Assistant Training Program**

2) **Fire safety.** Objectives: Upon completion of this unit of instruction, the student will be able to:
   
   A) identify potential fire hazards;
   
   B) identify and apply facility's procedures for safety, fire and disaster; and
   
   C) state his/her role in facility's fire and disaster plan.

3) **Disaster.** Objectives: Upon completion of this unit of instruction, the student will be able to:
   
   A) identify designated supervisory personnel in the event of disaster;
   
   B) develop an understanding of the disaster manual; and
   
   C) state his/her role in facility's safety, fire and disaster plan.

4) **Heimlich maneuver.** Objectives: Upon completion of this unit of instruction, the student will be able to:
   
   A) list signs of choking; and
   
   B) demonstrate the Heimlich maneuver.

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**INDIANA**

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**410 IAC 16.2-3.1-13 Administration and management**

Sec. 13.

...(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:

(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:
(A) epidemic outbreaks;
(B) poisonings;
(C) fires; or
(D) major accidents. If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division

...(l) To assure continuity of care of residents in cases of emergency, the facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents and including situations that may require emergency relocation of residents. Facilities caring for children shall have a written plan outlining the staff procedures, including isolation and evacuation, in case of an outbreak of childhood diseases.

410 IAC 16.2-3.1-14 Personnel

Sec. 14.

...(c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide's employment. The program may be established by the facility, an organization, or an institution. The training program shall consist of at least the following:

(1) Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment. At least sixteen (16) of those hours shall be in the following areas prior to any direct contact with a resident:

...(C) Safety/emergency procedures, including the Heimlich maneuver.

...(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:

...(3) Fire prevention.

...(p) Initial orientation of all staff must be conducted and documented and shall include the following:

...(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures and universal precautions.

410 IAC 16.2-3.1-26 Resident behavior and facility practices
... (p) Restraints or seclusion shall be applied in a manner that permits rapid removal in case of fire or other emergency.

**410 IAC 16.2-3.1-51 Disaster and emergency preparedness**

Sec. 51.

(a) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters.

(b) The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.

(c) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm or bedridden residents to safe areas or to the exterior of the building is not required. Drills shall be conducted at least four (4) times a year at regular intervals throughout the year, on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.

(d) At least annually, a facility shall attempt to hold a fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.

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**481—58.10(135C) General policies.**

...58.10(6) There shall be written policies for emergency medical care for employees and residents in case of sudden illness or accident which includes the individual to be contacted in case of emergency.

**481—58.24 (135C) Dietary.**

...58.24(2) Dietary staffing.

...58.24(9) Paid nutritional assistants.
a. Training program requirements.

(1) A state-approved training program for paid nutritional assistants must include, at a minimum, eight hours of training in the following areas:

...5. Safety and emergency procedures, including the Heimlich maneuver.

481—58.28(135C) Safety.

58.28 (1) Fire safety.

a. All nursing facilities shall meet the fire safety rules and regulations as promulgated by the state fire marshal. (I, II)

58.28(2) Safety duties of administrator. The administrator shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (III)

a. The plan shall be posted. (III)

b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (III)

481—58.29(135C) Resident care.

...58.29(6) Electric heating pads, blankets, or sheets shall be used only on the written order of a physician, when allowed by the Life Safety Code or applicable state or local fire regulations. (II, III)

481—58.35(135C) Buildings, furnishings, and equipment.

58.35(5) Heating... Portable units or space heaters are prohibited from being used in the facility except in an emergency. (III)

481—58.43(135C) Resident abuse prohibited.

58.43(7) Each facility shall implement written policies and procedures governing the use of restraints which clearly delineate at least the following:

l. Methods of restraint shall permit rapid removal of the resident in the event of fire or other emergency. (I, II)

481—58.54(73GA,ch 1016)

Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness (CCDI unit or facility).
58.54(4) Separate written policies and procedures shall be implemented in each CCDI unit or facility. There shall be:

b. Safety policies and procedures which state the actions to be taken by staff in the event of a fire, natural disaster, emergency medical or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility. The facility shall identify its method for security of the unit or facility and the manner in which the effectiveness of the security system will be monitored. (II, III)

KANSAS


(e) Telephone. The facility shall maintain at least one non-coin-operated telephone accessible to residents and employees on each nursing unit for use in emergencies. The facility shall post adjacent to this telephone the names and telephone numbers of persons or places commonly required in emergencies.

(n) Disaster and emergency preparedness.

(1) the facility shall have a detailed written emergency management plan to meet potential emergencies and disasters, including, fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents.

(2) The plan shall be coordinated with area governmental agencies.

(3) The plan shall include written agreements with agencies that will provide needed services, including providing a fresh water supply, evacuation site, and transportation of resident to an evacuation site.

(4) the facility shall ensure disaster and emergency preparedness by the following means:

(A) Orienting new employees at the time of employment to the facility’s emergency management plan;

(B) periodically reviewing the plan with employees; and

(C) annually carrying out a tornado or disaster drill with staff and residents.

(5) The emergency management plan shall be available to staff, residents, and visitors.
Section 15. Administration. [nursing facilities]

...(11) Disaster and emergency preparedness.

(a) The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

(b) The facility shall train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out staff drills using those procedures.

§9727. Staff Orientation, Training and Education

...D. The in-service training shall include at least...fire prevention and safety; emergency preparedness...

§9729. Emergency Preparedness

A. The nursing facility shall have an emergency preparedness plan which conforms to the Office of Emergency Preparedness (OEP) model plan designed to manage the consequences of declared disasters or other emergencies that disrupt the facility's ability to provide care and treatment or threatens the lives or safety of the residents. The facility shall follow and execute its approved emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

B. At a minimum, the nursing facility shall have a written plan that describes:

1. the evacuation of residents to a safe place either within the nursing facility or to another location;

2. the delivery of essential care and services to residents, whether the residents are housed off-site or when additional residents are housed in the nursing facility during an emergency;
3. the provisions for the management of staff, including distribution and assignment of responsibilities and functions, either within the nursing facility or at another location;

4. Effective immediately, upon declaration by the secretary and notification to the Louisiana Nursing Home Association and Gulf States Association of Homes and Services for the Aging, all nursing facilities licensed in Louisiana shall file an electronic report with the HSS emergency preparedness webpage/operating system, or a successor operation system, during a declared disaster or other public health emergency.

a. The electronic report will enable the department to monitor the status of nursing facilities during and immediately following an emergency event.

b. The electronic report shall be filed twice daily at

a.m. and 2:30 p.m. throughout the duration of the disaster or emergency event.

The electronic report shall include, but is not limited to the following:

i. status of operation (open, limited or closed);

ii. availability of beds;

iii. resources that have been requested by the nursing facility from the local or state Office of Emergency Preparedness;

 - generator status;

 - evacuation status;

vi. shelter in place status; and

vii. other information requested by the department.

NOTE: The electronic report is not to be used to request resources or to report emergency events.
Chapter 5 - Facility Policies

5.B. Written Policies

...5.B.2. Policies shall address all areas of services provided and facility practices regarding:

i. Emergencies;

...v. Disaster preparedness...

Chapter 8 - Personnel

8.C.3. In-Service Program

...c. The in-service program shall be planned and include at least one program per year relating to disaster preparedness...

10.07.02.07 Administration and Resident Care.

...H. Educational Program. An ongoing educational program shall be planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled. Records shall be maintained reflecting attendance, by name and title, and training content. Inservice training shall include at least:

...(2) Fire prevention programs and patient related safety procedures in emergency situations or conditions...

10.07.02.09 Resident Care Policies.

A. Written Policies. Comprehensive care facilities and extended care facilities shall develop written policies, consistent with these regulations, to govern the nursing care and related medical or other services they provide covering the following:

...(17) Disaster plan...
10.07.02.14-1 Special Care Units — General.

C. The facility shall obtain Departmental approval of the following pertaining to the special care unit:

... (6) Policies and procedures, including:

... (d) Pertinent safety practices, including the control of fire and mechanical hazard;...

10.07.02.24 Emergency and Disaster Plan.

A. Emergency and Disaster Plan.

(1) The licensee shall develop an emergency and disaster plan that includes procedures that shall be followed before, during, and after an emergency or disaster, including:

(a) Evacuation, transportation, or shelter in place of residents;

(b) Notification of families and staff regarding the action that will be taken concerning the safety and well-being of the residents;

(c) Staff coverage, organization, and assignment of responsibilities for ongoing shelter in place or evacuation, including identification of staff members available to report to work or remain for extended periods; and

(d) The continuity of services, including:

(i) Operations, planning, and financial and logistical arrangements;

(ii) Procuring essential goods, equipment, and services to sustain operations for at least 72 hours;

(iii) Relocation to alternate facilities or other locations; and

(iv) Reasonable efforts to continue care.

(2) The licensee shall have a tracking system to locate and identify residents in the event of displacement due to an emergency or disaster that includes at a minimum the:

(a) Resident's name;

(b) Time that the resident was sent to the initial alternative facility or location; and

(c) Name of the initial alternative facility or location where the resident was sent.

(3) When the nursing facility relocates residents, the facility shall send a brief medical fact sheet with each resident that includes at a minimum the resident’s:
(a) Name;
(b) Medical condition or diagnosis;
(c) Medications;
(d) Allergies;
(e) Special diets or dietary restrictions; and
(f) Family or legal representative contact information.

(4) The brief medical fact sheet for each resident described in §A(3) of this regulation shall be:
(a) Updated upon the occurrence of any change of information on the medical fact sheet;
(b) Reviewed at least monthly; and
(c) Maintained in a central location readily accessible and available to accompany residents in case of an emergency evacuation.

(5) The licensee shall review the emergency and disaster plan at least annually and update the plan as necessary.

(6) The licensee shall:
(a) Identify a facility, facilities, alternate location, or alternate locations that have agreed to house the licensee’s residents during an emergency evacuation; and
(b) Document an agreement with each facility or location.

(7) The licensee shall:
(a) Identify a source or sources of transportation that have agreed to safely transport residents during an emergency evacuation; and
(b) Document an agreement with each transportation source.

(8) Upon request, a licensee shall provide a copy of the facility’s emergency and disaster plan to the local emergency management organization for the purposes of coordinating local emergency planning. The licensee shall provide the emergency and disaster plan in a format that is mutually agreeable to the local emergency management organization.

(9) The licensee shall identify an emergency and disaster planning liaison for the facility and shall provide the liaison’s contact information to the local emergency management organization.

(10) The licensee shall prepare an executive summary of its evacuation procedures to provide to a resident, family member, or legal representative upon request. The summary shall, at a minimum:
(a) List means of potential transportation to be used in the event of evacuation;

(b) List potential alternative facilities or locations to be used in the event of evacuation;

(c) Describe means of communication with family members and legal representatives;

(d) Describe the role and responsibilities of the resident, family member, or legal representative in the event of an emergency situation; and

(e) Notify families that the information provided may change depending upon the nature or scope of the emergency or disaster.

B. Evacuation Plans. The facility shall conspicuously post individual floor plans with designated evacuation routes on each floor.

C. Orientation and Drills.

(1) The licensee shall:

(a) Orient staff to the emergency and disaster plan and to their individual responsibilities within 24 hours of the commencement of job duties; and

(b) Document completion of the orientation in the staff member’s personnel file through the signature of the employee.

(2) Fire Drills.

(a) The licensee shall conduct fire drills at least quarterly on all shifts.

(b) The licensee shall:

(i) Document completion of each drill;

(ii) Have all staff who participated in the drill sign the document; and

(iii) Maintain the documentation on file for a minimum of 2 years.

(3) Semiannual Emergency and Disaster Drill.

(a) The licensee shall conduct a semiannual emergency and disaster drill on all shifts during which the facility practices evacuating residents or sheltering in place so that each is practiced at least one time a year.

(b) The drills may be conducted via a table-top exercise if the licensee can demonstrate that moving residents will be harmful to the residents.

(c) Documentation. The licensee shall:

(i) Document completion of each drill or training session;

(ii) Have all staff who participated in the drill or training sign the document;
(iii) Document any opportunities for improvement as identified as a result of the drill; and
(iv) Keep the documentation on file for a minimum of 2 years.

(4) The licensee shall cooperate with the local emergency management agency in emergency planning, training, and drills and in the event of an actual emergency.

10.07.02.39 Geriatric Nursing Assistant Program.

B. Course Structure.

...(11) A training program shall provide at least 16 hours of training prior to a trainee’s direct assignment to resident care. This instruction shall include the following topics:

...(b) Safety and emergency procedures...

10.07.02.40 Curriculum for the Geriatric Nursing Assistant Program.

C. Patient Environment.

(1) Safety:

...(b) Fire and disaster ...

F. Advance Skills. These skills will require instruction, demonstration, and return demonstration by each student.

...(6) Emergency procedures...

150.002: Administration

(G) (3) All fires and all deaths resulting from incidents in a facility shall be reported immediately by telephone to the Department. On weekends or holidays, calls should be directed to the State House Capitol Police for relay to personnel on call. The verbal reports shall be confirmed in writing within 48 hours with specific information on injuries to patients, residents or staff, disruption of services and extent of damages. Injury to patients or residents as the result of fire shall be considered an incident under 105 CMR 150.002(G)(1) and shall be reported as indicated therein.

150.015: Patient Comfort, Safety, Accommodations and Equipment
(D) Fire Protection.

(1) All fires shall be reported to the Department as specified in 105 CMR 150.002(G)(3).

(2) All facilities shall have an approved quarterly fire report in accordance with the M.G.L. c. 1, § 4.

(3) At least once a year, employees of the home shall be instructed by the head of the local fire department or his representative on their duties in case of fire and this noted in the facility's record.

(10) No patients or residents shall be permitted to have access to lighter fluid or wooden household matches.

(E) Disaster Plan.

(1) Every facility shall have a written plan and procedures to be followed in case of fire, or other emergency, developed with the assistance of local and state fire and safety experts, and posted at all nurses’ and attendants’ stations and in conspicuous locations throughout the facility.

(2) The plan shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless patients, and assignment of specific tasks and responsibilities to the personnel of each shift.

(3) All personnel shall be trained to perform assigned task.

(4) Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least twice a year.

156.300: Orientation Program

(A) An orientation program shall be given to all nurses’ aides within the first 40 hours of employment. The orientation program shall include the following:

...(10) explanation and practice regarding emergencies including:

(a) response to resident emergencies;

(b) fire;

(c) other disasters.
PART 1. GENERAL PROVISIONS

R 325.20117 Disaster plans.

Rule 117.

(1) A home shall have a written plan or procedure to be followed in case of fire, explosion, or other emergency.

(2) A disaster plan shall be posted and shall specify all of the following:
   (a) Persons to be notified.
   (b) Locations of alarm signals and fire extinguishers.
   (c) Evacuation routes.
   (d) Procedures for evacuating patients.
   (e) Frequency of fire drills.
   (f) Assignment of specific tasks and responsibilities to the personnel of each shift.

(3) Personnel shall be trained to perform assigned tasks before such assignment.

(4) A disaster plan shall meet with the approval of the state fire marshal.

(5) A disaster plan shall be posted throughout the home in places accessible to employees, patients, and visitors.

(6) A regular simulated drill shall be held for each shift not less than 3 times per year.

PART 4. ADMINISTRATIVE MANAGEMENT OF HOMES

R 325.20401 Administrative policy manual.

Rule 401.

(1) The home shall make immediately available for on-site inspection by the department an administrative policy manual which shall include, at a minimum, all of the following:

   ... (h) Disaster and emergency plans.
R 325.20502 Policies and procedures for care.

Rule 502.

(1) The home shall have a written policy governing the nursing care and other services provided to a patient...

(5) The policy shall govern, at a minimum, all of the following:

...(r) Care of patients in an emergency, during a communicable disease episode, when critically ill, or when mentally disturbed.

PART 20. EDUCATION AND TRAINING OF UNLICENSED NURSING PERSONNEL

R 325.22001 Minimum criteria for education and training of unlicensed nursing personnel.

Rule 22001

...(2) The following content shall be presented, except as noted in subrule (1) of this rule:

...(c) ... safety and fire prevention; emergency procedures, including cardiopulmonary resuscitation, the Heimlich maneuver, and fire and disaster procedures ....

MINNESOTA

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4658.0065 RESIDENT SAFETY AND DISASTER PLANNING.

Subpart 1. Safety program. A nursing home must develop and implement an organized safety program in accordance with a written safety plan. The written plan must be included in the orientation and in-service training programs of all employees and volunteers to ensure safety of residents at all times.

Subp. 3. Written disaster plan. A nursing home must have a written disaster plan specific to the nursing home with procedures for the protection and evacuation of all persons in the case of fire or explosion or in the event of floods, tornadoes, or other emergencies. The plan must include information and procedures about the location of alarm signals and fire extinguishers, frequency of drills, assignments of specific tasks and responsibilities of the personnel on each shift, persons and local emergency departments to be notified, precautions and safety measures during tornado alerts, procedures for evacuation of all persons during fire or floods, planned evacuation routes from the various floor areas to
safe areas within the building, or from the building when necessary, and arrangements for temporary emergency housing in the community in the event of total evacuation.

Subp. 4. Availability of disaster plan. Copies of the disaster plan containing the basic emergency procedures must be posted at all nurses’ stations, kitchens, laundries, and boiler rooms. Complete copies of the detailed disaster plan must be available to all supervisory personnel.

Subp. 5. Drills. Residents do not need to be evacuated during a drill except when an evacuation drill is planned in advance.

4658.0200 POLICIES CONCERNING RESIDENTS.

Subp. 2. Telephones. A nursing home must provide at least one non-coin-operated telephone which is accessible to residents at all times in case of emergency.

4658.0470 RETENTION, STORAGE, AND RETRIEVAL.

Subp. 3. Retrieval...Off-site archived copies of clinical databases must be protected against fire, flood, and other emergencies.

113 EMERGENCY OPERATIONS PLAN (EOP)

113.01 The licensed entity shall develop and maintain a written preparedness plan utilizing the “All Hazards” approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the “All Hazards Emergency Preparedness and Response Plan.” Particular attention shall be given to critical areas of concern which may arise during any “all hazards” emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications -Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.
2. Resources and Assets

3. Safety and Security

4. Staffing

5. Utilities

6. Clinical Activities.

Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Emergency Preparedness and Response. Written evidence of current approval or review of provider EOPs, by the Office of Emergency Preparedness and Response, shall accompany all applications for facility license renewals.

113.02 Facility Fire Preparedness

Fire Drills. Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four (4) times per year. Written Records. Written records of all drills shall be maintained, indicating content of and attendance at each drill. A fire evacuation plan for the facility shall be posted in each facility in a conspicuous place and kept current.

114 PHYSICAL FACILITIES

114.02 Communication Facilities. Each facility shall have an adequate number of telephones and extensions to summon help in case of fire or other emergency, and these shall be located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the facility.

MISSOURI

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19 CSR 30-84.010 Nurse Assistant Training Program

...(4) The program shall consist of a basic course consisting of a minimum of seventy-five (75) classroom hours of training on basic nursing skills...fire safety and disaster training...

(5) Curriculum content of the program shall include procedures and instructions on basic nursing skills in the following areas:...safety measures (including fire/safety and disaster preparedness, and infection control...
19 CSR 30-85.022 Fire Safety Standards for New and Existing Intermediate Care and Skilled Nursing Facilities

...(2) General Requirements.

...(F) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved.

(G) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four (24)-hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented.


...(B) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition.

...(E) Facilities shall test by activating the complete fire alarm system at least once a month.

(F) Facilities shall maintain a record of the complete fire alarm system tests, inspections and certifications required by subsections (10)(B), (10)(C), and (10)(E) of this rule.

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall promptly correct the fault.

...(33) Fire Drills and Evacuation Plans.

(A) All facilities shall develop a written plan for fire drills and other emergencies and evacuation and shall request consultation and assistance annually from a local fire unit. If the consultation cannot be obtained, the facility shall inform the state fire marshal immediately in writing and request assistance in review of the plan.

(B) The plan shall include, but is not limited to—

1. A phased response ranging from relocation of residents within the facility to relocation to an area of refuge, if applicable, to total evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and shall be appropriate for the fire or emergency;

2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;

3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;
4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;

5. Procedures for the safety and comfort of residents evacuated;

6. Staffing assignments;

7. Instructions for staff to call the fire department or other outside emergency services;

8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;

9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents’ whereabouts.

(C) The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety.

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a simulated resident evacuation that involves the local fire department or emergency service at least once a year.

(E) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm.

(F) The facility shall keep a record of all fire drills including the simulated resident evacuation. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems.

(34) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:

1. During employee orientation;

2. At least every six (6) months; and

3. When training needs are identified as a result of fire drill evaluations.

(B) The training shall include, but is not limited to, the following:

1. Prevention of fire ignition, detection of fire, and control of fire development;

2. Confinement of the effects of fire;
3. Procedures for moving residents to an area of refuge, if applicable;
4. Use of alarms;
5. Transmission of alarms to the fire department;
6. Response to alarms;
7. Isolation of fire;
8. Evacuation of the immediate area and building;
9. Preparation of floors and facility for evacuation; and
10. Use of the evacuation plan required by section (33) of this rule.

**CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities**

…(13) The facility shall develop policies and procedures applicable to its operation to insure the residents’ health and safety and to meet the residents’ needs. At a minimum, there shall be policies covering ... disaster and accident prevention...

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**37.106.322 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: DISASTER PLAN**

(1) A health care facility shall develop a disaster plan in conjunction with other emergency services in the community which must include a procedure that will be followed in the event of a natural or man-caused disaster.

(2) A health care facility shall conduct a drill of such procedure at least once a year. After a drill, a health care facility shall prepare and retain on file a written report including, but not limited to, the following:

(a) date and time of the drill;

(b) the names of staff involved in the drill;
(c) the names of other health care facilities, if any, which were involved in the drill;
(d) the names of other persons involved in the drill;
(e) a description of all phases of the drill procedure and suggestions for improvement; and
(f) the signature of the person conducting the drill.

State NATCEP curriculum requirements.

...(6) Competency evaluation procedures are specified by the test vendor and approved by the SA.

...(b) The SA approved curriculum requirements include--

(1) a minimum of 16 hours of training, excluding facility orientation, in the following subjects prior to any direct contact with residents:

...(iii) safety and emergency procedures, including Heimlich maneuver...

12-006.04B1 Initial Orientation:

The facility must ensure each employee of the facility receives initial orientation within two weeks that includes as a minimum, but is not limited to:

...2. Emergency procedures including fire safety and disaster preparedness plans including availability and notification...

12-006.16G Other Facility Records:

The facility must have and maintain the following records:

...12-006.16G3 Written disaster plan...

12-006.18F Disaster Preparedness and Management:
The facility must establish and implement disaster preparedness plans and procedures to ensure that residents’ care and treatment, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) and other disasters, disease outbreaks, or other similar situations. Such plans and procedures must address and delineate:

1. How the facility will maintain the proper identification of each resident to ensure that care and treatment coincide with the resident’s needs;

2. How the facility will move residents to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster;

3. How the facility will protect residents during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials;

4. How the facility will provide food, water, medicine, medical supplies, and other necessary items for care and treatment in the event of a natural or other disaster; and

5. How the facility will provide for the comfort, safety, and well-being of residents in the event of 24 or more consecutive hours of:
   a. Electrical or gas outage;
   b. Heating, cooling, or sewer system failure; or
   c. Loss or contamination of water supply.

NAC 449.74421  Procedures for emergency or disaster. (NRS 449.037)

1. A facility for skilled nursing shall adopt written procedures to be followed by the members of the staff and patients in the case of an emergency or disaster, including, without limitation, fires, severe weather and locating missing patients.

2. The facility shall provide training to an employee regarding these procedures upon his employment by the facility and periodically review the procedures with members of the staff.
3. The facility shall periodically conduct unannounced drills to practice carrying out the procedures adopted pursuant to subsection 1.

He-P 803.14 Duties and Responsibilities of All Licensees.

... (n) The licensee shall implement measures to ensure the safety of residents who are assessed as an elopement risk or danger to self or others.

(o) In addition to the posting requirements specified in RSA 151:29, the licensee shall post the following documents in a public area:

...(6) The licensee’s floor plan for fire safety, evacuation and emergencies identifying the location of, and access to all fire exits.

He-P 803.18 Personnel.

(h) All employees shall:

...(4) Receive an orientation within the first 3 days of work or prior to the assumption of duties that includes:

...d. The nursing home’s fire, evacuation and emergency plans which outline the responsibilities of personnel in an emergency...

(5) Complete a mandatory annual in-service education, which includes a review of the nursing home’s:

...c. Education program on fire and emergency procedures.

He-P 803.27 Emergency and Fire Safety.

(a) An emergency and fire safety program shall be developed and implemented to provide for the safety of residents and personnel covering all matters of safety and fire protection and an emergency response plan, including:
(1) The emergency procedures required by the emergency response plan shall include, but are not limited to, evacuation routes, emergency notification numbers, and emergency instructions and shall be posted in locations accessible to personnel and visitors;

(2) The nursing home fire safety plan shall provide for the following:
   a. Use of alarms;
   b. Transmission of alarm to fire department;
   c. Emergency phone call to fire department;
   d. Response to alarms;
   e. Isolation of fire;
   f. Evacuation of immediate area;
   g. Evacuation of smoke compartment;
   h. Preparation of floors and building for evacuation; and
   i. Extinguishment of the fire;

(3) Ensuring that the fire safety and evacuation plans are available to all supervisory personnel;

(4) Ensuring that all employees receive in-service annual training to clarify their responsibilities in carrying out the emergency plan;

(5) The required plan shall be readily available at all times;

(6) Conducting fire drills, including the transmission of a fire alarm signal and simulation of emergency fire situation, as follows:
   a. Infirm, bedridden, or cognitively impaired residents shall not be required to be moved during drills to safety areas or to the exterior of the building;
   b. Drills shall be conducted quarterly on each shift to familiarize nursing home personnel with the signals and emergency action required under varied conditions; and
   c. When drills are conducted between 9:00 p.m./2100 hours and 6:00 A.M./0600 hours, a coded announcement may be used instead of audible alarms; and

(7) Documenting emergency and fire drills shall include:
   a. The names of the personnel involved;
   b. The time, date, month, and year the drill was conducted;
   c. The exits utilized;
d. The total time required to evacuate the building or the time needed to complete the emergency or fire drill or both; and

e. Any problems encountered and corrective actions taken to rectify problems.

(h) Each licensee shall:

(1) Annually review, and revise, as needed, its emergency plan;

(2) Submit its emergency plan to the local emergency management director for review and approval:

a. When initially written; and

b. Whenever the plan is revised;

(3) Maintain documentation on-site which establishes that the emergency plan has been approved as required under (2) above; and

(4) Document in each employee’s personnel record, that the employee attended an annual in-service education program on the licensee’s emergency plan.

(i) Non-ambulatory persons shall not be housed above the first floor unless the building has an automatic sprinkler system or is of type I or type II (222) construction as referenced in NFPA 101 as adopted by the commissioner of the department of safety in Saf-C 6008.03(a).

NEW JERSEY

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SUBCHAPTER 9. MANDATORY ADMINISTRATION

8:39-9.4 Mandatory notification

...(e) The facility shall notify the Department immediately by telephone (609-633-8981, or 1-800-7929770 after office hours), followed within 72 hours by written confirmation, of any of the following:

...4. All fires, disasters, deaths, and imminent dangers to a resident’s life or health resulting from accidents or incidents in the facility.

SUBCHAPTER 13. MANDATORY COMMUNICATION
8:39-13.4 Mandatory staff education and training for communication

(a) Each service shall conduct an orientation program for new employees of that service unless the orientation program is conducted by the administrator or a qualified designee.

...3. The orientation program for all staff shall include ... procedures to be followed in case of emergency.

...(c) At least one education training program each year shall be held for all employees on each of the following topics:

1. Procedures to follow in case of emergency...

**SUBCHAPTER 31. MANDATORY PHYSICAL ENVIRONMENT**

8:39-31.6 Mandatory fire and emergency preparedness

(a) Employees shall be trained in procedures to be followed in an emergency operations plan and instructed in the use of fire fighting equipment and resident evacuation of the buildings as part of their initial orientation and at least annually thereafter.

(b) Fire drills shall be conducted a total of 12 times per year, with at least one drill on each shift and one drill on a weekend. The facility shall attempt to have the local fire department participate in at least one fire drill per year. An actual alarm shall be considered a drill if it is documented.

(c) Fire regulations and procedures shall be posted in each unit and/or department. A written evacuation diagram that includes evacuation procedures and locations of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each resident care unit and/or department throughout the facility.

(d) There shall be a procedure for investigating and reporting fires. All fires shall be reported to the Department immediately by phone and followed up in writing within 72 hours. In addition, a written report of the investigation by the fire department containing all pertinent information shall be forwarded to the Department as soon as it becomes available.

...(f) The facility shall have a written comprehensive emergency operations plan developed in coordination with the local office of emergency management. This plan shall:

1. Identify potential hazards that could necessitate an evacuation, including natural disasters, national disasters, industrial and nuclear accidents, and labor work stoppage;

2. Identify the facility and an alternative facility to which residents would be relocated, and include signed, current agreements with the facilities;
3. Identify the number, type and source of vehicles available to the facility for relocation and include signed current agreements with transportation providers. Specially configured vehicles shall be included;

4. Include a mechanism for identifying the number of residents, staff, and family members who would require relocation and procedures for evacuation of non-ambulatory residents from the facility;

5. List the supplies, equipment, records, and medications that would be transported as part of an evacuation, and identify by title the individuals who would be responsible;

6. Identify essential personnel who would be required to remain on duty during the period of relocation;

7. Identify by title and post in a prominent place the name(s) of the persons who will be responsible for the following:
   i. Activating the emergency operations plan, issuing evacuation orders, and notifying of State and municipal authorities;
   ii. Alerting and notifying of staff and residents;
   iii. Facility shutdown and restart;
   iv. In place sheltering of residents and continuity of medical care; and
   v. Emergency services such as security and firefighting; and

8. Describe procedures for how each item in (f)7 above will be accomplished.

(g) There shall be a written plan for receiving residents who are being relocated from another facility due to a disaster. This plan shall include at least an estimate of the number and type of residents the facility would accommodate and how staffing would be handled at different occupancy levels.

(h) Copies of the emergency operations plan shall be sent to municipal and county emergency management officials for their review.

(i) The administrator shall serve as, or appoint, a disaster planner for the facility.

1. The disaster planner shall meet with county and municipal emergency management coordinators at least once each year to review and update the written comprehensive evacuation plan; or if county or municipal officials are unavailable for this purpose, the facility shall notify the State Office of Emergency Management.

2. While developing the facility's evacuation plan, the disaster planner shall coordinate with the facility or facilities designated to receive relocated residents.

(j) Any staff member who is designated as the acting administrator shall be knowledgeable about and authorized to implement the facility's plans in the event of an emergency.
(k) All staff shall be oriented to the facility's current plans for receiving and evacuating residents in the event of a disaster, including their individual duties.

(l) The facility shall ensure that residents receive nursing care throughout the period of evacuation and return to the original facility.

(m) The facility shall ensure that evacuated residents who are not discharged are returned to the facility after the emergency is over.

(n) The facility shall maintain at least a three-day supply of food and have access to an alternative supply of water in case of an emergency.

(o) The facility shall conduct at least one evacuation drill each year, either simulated or using selected residents. State, county, and municipal emergency management officials shall be invited to attend the drill at least 10 working days in advance.

(p) The facility shall establish a written heat emergency action plan which specifies procedures to be followed in the event that the indoor air temperature is 82 degrees Fahrenheit or higher for a continuous period of four hours or longer.

1. These procedures shall include the immediate notification of the Department of Health and Senior Services.

2. In implementing a heat emergency action plan, a facility shall not prevent a resident from having a room temperature in his or her resident room in excess of 82 degrees Fahrenheit if the resident and the resident's roommate, if applicable, so desire, and if the resident's physician approves.

3. A heat emergency plan need not be implemented if the resident care areas are not affected by an indoor temperature in excess of 82 degrees Fahrenheit.

4. The heat emergency action plan shall include a comprehensive series of measures to be taken to protect residents from the effects of excessively high temperatures.

SUBCHAPTER 32. ADVISORY PHYSICAL ENVIRONMENT

8:39-32.2 Advisory fire and emergency preparedness

(a) The facility conducts at least two evacuation drills each year, either simulated or using selected residents, at least one of which is conducted on a weekend or during an evening or night work shift. Results of the drills are to be summarized in a written report, which is shared with the county and municipal emergency management coordinators.

(b) A municipal, county, or State emergency management official conducts an education or training program in the facility on disaster planning and emergency preparedness at least once a year.
(c) Fire drills are conducted annually on each weekend shift.

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization

...(d) The quality assessment and/or quality improvement program shall review at least...procedures for emergency response to incidents and hazards.

NEW MEXICO

7.9.2.27 EMPLOYEES

E. ABUSE OF RESIDENTS:

(1) Orientation for all employees: Except in an emergency, before performing any duties, each new employee, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures.

7.9.2.33 OTHER RECORDS: The facility shall retain:

...C. SAFETY TESTS: Records of tests of fire detection, alarm, and extinguishment equipment.

7.9.2.71 PHYSICAL ENVIRONMENT:

G. RESIDENT SAFETY AND DISASTER PLAN:

(1) Disaster Plan:

(a) Each facility shall have a written procedure which shall be followed in case of fire or other disasters, and which shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless residents, frequency of fire drills and assignment of specific tasks and responsibilities to the personnel of each shift and each discipline.
(b) The plan developed by the facility shall be submitted to qualified fire and safety experts, including the local fire authority, for review and approval. The facility shall maintain documentation of approval by the reviewing authority.

(c) All employees shall be oriented to this plan and trained to perform assigned tasks.

(d) The plan shall be available at each nursing station.

(e) The plans shall include a diagram of the immediate floor area showing the exits, fire alarm stations, evacuation routes and location of fire extinguishers. The diagram shall be posted in conspicuous locations in the corridor throughout the facility.

(2) Drills: Fire drills shall be held at irregular intervals at least four (4) times a year on each shift and the plan shall be reviewed and modified as necessary. Records of drills and dates of drills shall be maintained.

...(5) Fire Report: All incidents of fire in a facility shall be reported to the department within seventy-two (72) hours.

NEW YORK

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Section 415.26 Organization and administration

...(c) Staff qualifications and personnel management.

(1) With regard to personnel management, the facility shall:

...(iii) assure that each part-time, full-time or private duty employee, consultant, volunteer, or other person serving in any other capacity in the nursing home shall:

(a) receive an orientation which shall include but not be limited to the following:

...(4) the facility safety program, including fire safety, accident prevention, resident emergency procedures, and facility operation during disruption of services...

...(f) Disaster and Emergency Preparedness.

(1) The nursing home shall have a written plan, updated at least twice a year, with procedures to be followed for the proper care of residents and personnel, and for the reception and treatment of mass casualty victims, in the event of an internal or external emergency resulting from natural or man-made causes including but not limited to earthquake, severe weather, flood, bomb threat, chemical spills, strike, interruption of utility services, nuclear accidents, fire or similar occurrences.
(2) The nursing home shall develop and implement written policies concerning missing residents.

(3) The nursing home shall:

(i) train all employees in emergency procedures when they begin to work for the facility;
(ii) periodically, but at least annually review the written plan with existing staff; and
(iii) carry out staff drills in accordance with the written plan at least twice a year.

10A NCAC 13D .2208 SAFETY

(a) The facility shall have detailed written plans and procedures to meet potential emergencies and disasters, including but not limited to fire, severe weather and missing patients or residents.

(b) The plans and procedures shall be made available upon request to local or regional emergency management offices.

(c) The facility shall provide training for all employees in emergency procedures upon employment and annually.

(d) The facility shall conduct unannounced drills using the emergency procedures.
33-07-03.2-09. Emergency plan.

The facility shall have a written procedure to be followed in case of emergencies. The emergency plan must specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating residents, and assignment of specific tasks, and responsibilities to the personnel of each shift.

33-07-03.2-12. Education programs.

The facility shall design, implement, and document educational programs to orient new employees and keep all staff current on new and expanding programs, techniques, equipment, and concepts of quality care. The following topics must be covered with all staff annually:

1. Safety and emergency procedures, including procedures for fire and other disasters...

3701-17-07 Qualifications and health of personnel.

...(J) The operator or administrator shall ensure that each staff member, consultant and volunteer used by the nursing home receives orientation and training to the extent necessary to perform their job responsibilities prior to commencing such job responsibilities independently. The orientation and training shall include appropriate orientation and training about ...emergency assistance procedures, and the disaster preparedness plan.

3701-17-25 Disaster preparedness and fire safety.

Each operator shall:

(A) Provide, maintain, and keep current a written disaster preparedness plan to be followed in case of emergency or disaster. A copy of the plan shall be readily available at all times within the nursing home. The nursing home shall ensure that each staff member, consultant and volunteer is trained and periodically updated about the home’s disaster
preparedness plan and understands their role in the event of fire or other disaster or emergency. The plan shall include the following:

(1) Procedures for evacuating all individuals in the nursing home, including:

(a) Provisions for evacuating residents with physical or cognitive impairments;

(b) Provisions for transporting all of the residents of the nursing home to a predetermined appropriate facility or facilities that will accommodate all the residents in the event a disaster requires long-term evacuation of the nursing home; and

(c) A written transfer agreement, renewed biannually, with the appropriate facility or facilities for accommodating all of the residents of the nursing home in case of a disaster requiring evacuation of the nursing home;

(2) Procedures for locating missing residents;

(3) Procedures for ensuring the health and safety of residents during severe weather situations, such as tornadoes and floods, and designation of tornado shelter areas in the home; and

(4) Procedures, as appropriate, for ensuring the health and safety of residents in nursing homes located in close proximity to areas known to have specific disaster potential, such as airports, chemical processing plants, and railroad tracks.

(B) Conduct the following drills, unless the state fire marshal allows a home to vary from this requirement and the nursing home has written documentation to this effect from the state fire marshal:

(1) Twelve fire exit drills every year, at least every three months on each shift to familiarize nursing home personnel with signals and emergency action required under varied conditions. Fire exit drills shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm and bedridden residents to safe areas or to the exterior of the structure is not required. Drills conducted between nine p.m. and six a.m. may use a coded announcement instead of an audible alarm; and

(2) At least two disaster preparedness drills per year, one of which shall be a tornado drill which shall occur during the months of March through July.

(C) Keep a written record and evaluation of each conducted drill and practice which shall include the date, time, employee attendance, effectiveness of the plan, and training format used. This record shall be on file in the nursing home for three years.

(D) Provide and post in a conspicuous place in each section and on each floor of the nursing home a floor plan designating room use, locations of alarm sending stations, fire extinguishers, fire hoses, exits and flow of resident evacuation.

(E) Require at least one responsible employee to attend a fire safety course approved by
the state fire marshal's office. The operator shall require all staff members to be periodically instructed in fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan.

(F) Conduct at least monthly a fire safety inspection which shall be recorded on forms provided by the department and kept on file in the nursing home for three years.

310:675-7-5.1. Reports to state and federal agencies

...(f) Reporting missing residents. The facility shall report missing residents to the Department after a search of the facility and facility grounds and a determination by the facility that the resident is missing. In addition, the facility shall make a report to local law enforcement agencies within two (2) hours if the resident is still missing [63 O.S. §1-1939(I)(1)(c)].

...(k) Reporting fires. The facility shall report to the Department all fires occurring on the licensed real estate.

310:675-7-8.1. Administrative records

...(d) Administrative records of the facility shall include the following information:

...(14) Written disaster plan/emergency evacuation plan.

310:675-7-9.1. Written administrative policies and procedures

...(k) The facility shall adopt a nursing policy and procedure manual, which shall detail all nursing procedures performed within the facility. All procedures shall be in accordance with accepted nursing practice standards, and shall include, but not be limited to, the following:

...(11) Emergency procedures....

(l) Each nursing station shall have a copy of the nursing policy and procedure manual, isolation techniques, and emergency procedures for fire and natural disasters.
310:675-13-2. Staff orientation

...Staff shall immediately be oriented to the use and location of fire extinguishers, procedures to be followed in the event of a fire...

310:675-13-5. Nursing service

...(i) Inservice. The facility shall provide all direct care staff with two hours of inservice training specific to their job assignment per month. This training shall include, at least, the following:

(1) Fire safety and first aid classes semi-annually....

310:675-13-7. Food service staff

...(b) Food service staff.

...(2) The food service staff shall complete a basic orientation program before working in the food service area. This orientation shall include, but not be limited to: fire and safety precautions...

411-086-0130 Nursing Services: Notification

...(2) Notification of Division. The nursing care staff shall notify the Division of any situation in which the health or safety of the resident(s) was/is endangered such as:

...(b) Fire;

(c) Lost resident...

411-086-0310 Employee Orientation and In-Service Training

...(2) INSERVICE... Each calendar year the inservice training agenda shall include at least the following:

...(f) Emergency procedures, including, but not limited to, the disaster plan...
411-086-0320 Emergency and Disaster Planning

An emergency preparedness plan is a written procedure that identifies a facility's response to an emergency or disaster for the purpose of minimizing loss of life, mitigating trauma, and to the extent possible, maintaining services for residents, and preventing or reducing property loss.


(2) The emergency preparedness plan must:

(a) Include analysis and response to potential emergency hazards including but not limited to:

(A) Evacuation of a facility;
(B) Fire, smoke, bomb threat, or explosion;
(C) Prolonged power failure, water, or sewer loss;
(D) Structural damage;
(E) Hurricane, tornado, tsunami, volcanic eruption, flood, and earthquake;
(F) Chemical spill or leak; and
(G) Pandemic.

(b) Address the medical needs of the residents including:

(A) Access to medical records necessary to provide care and treatment; and
(B) Access to pharmaceuticals, medical supplies, and equipment during and after an evacuation.

(c) Include provisions and supplies sufficient to shelter in place for a minimum of five days without electricity, running water, or replacement staff.

(3) The facility must notify SPD, or the local AAA office or designee, of their status in the event of an emergency that requires evacuation and during any emergent situation when requested.

(4) The facility must conduct a drill of the emergency preparedness plan at least twice a year in accordance with the OFC in OAR chapter 837, division 040 and other applicable state and local codes as required. One of the practice drills may consist of a walk-through of
the duties or a discussion exercise with a hypothetical event, commonly known as a tabletop exercise. These simulated drills do not take the place of the required fire drills.

(5) The facility must annually review or update the emergency preparedness plan as required by the OFC in OAR chapter 837, division 040 and the emergency preparedness plan must be available on-site for review upon request.

(6) A summary of the facility’s emergency preparedness plan must be submitted to SPD annually on July 1, and at a change of ownership, in a format provided by SPD.

§ 209.7. Disaster preparedness.

(a) The facility shall have a comprehensive written disaster plan which shall be developed and maintained with the assistance of qualified fire, safety and other appropriate experts. It shall include procedures for prompt transfer of casualties and records, instructions regarding the location and use of alarm systems and signals and fire fighting equipment, information regarding methods of containing fire, procedures for notification of appropriate persons and specifications of evacuation routes and procedures. The written plan shall be made available to and reviewed with personnel, and it shall be available at each nursing station and in each department. The plan shall be reviewed periodically to determine its effectiveness.

(b) A diagram of each floor showing corridors, line of travel, exit doors and location of the fire extinguishers and pull signals shall be posted on each floor in view of residents and personnel.

(c) All personnel shall be instructed in the operation of the various types of fire extinguishers used in the facility.

§ 209.8. Fire drills.

(a) Fire drills shall be held monthly. Fire drills shall be held at least four times per year per shift at unspecified hours of the day and night.

(b) A written report shall be maintained of each fire drill which includes date, time required for evacuation or relocation, number of residents evacuated or moved to another location and number of personnel participating in a fire drill.
§ 201.20. Staff development.

...(c) There shall be at least annual in service training which includes at least...fire prevention and safety, accident prevention, disaster preparedness...

§ 51.3. Notification.

...(e) If a health care facility is aware of information which shows that the facility is not in compliance with any of the Department’s regulations which are applicable to that health care facility, and that the noncompliance seriously compromises quality assurance or patient safety, it shall immediately notify the Department in writing of its noncompliance. The notification shall include sufficient detail and information to alert the Department as to the reason for the failure to comply and the steps which the health care facility shall take to bring it into compliance with the regulation. (Editor’s Note: Under section 314 of the act of March 20, 2002 (P. L. 154, No. 13) (act), subsections (f) and (g) are abrogated with respect to a medical facility upon the reporting of a serious event, incident or infrastructure failure pursuant to section 313 of the act.)

(f) If a health care facility is aware of a situation or the occurrence of an event at the facility which could seriously compromise quality assurance or patient safety, the facility shall immediately notify the Department in writing. The notification shall include sufficient detail and information to alert the Department as to the reason for its occurrence and the steps which the health care facility shall take to rectify the situation.

(g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance or patient safety include, but are not limited to, the following:

...(11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence...

RHODE ISLAND

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Section 14.0 Personnel

...14.13 An in-service educational program shall be conducted on an ongoing basis, which shall include an orientation program for new personnel and a program for the development and improvement of skills of all personnel. The in-service program shall be
geared to the needs of the aged and shall include annual programs on... fire prevention and safety...

Section 37.0 Disaster Preparedness

37.1 Each facility shall develop and maintain a written disaster preparedness plan that shall include plans and procedures to be followed in case of fire or other emergencies. The plan shall include provisions for evacuation of the facility in the event of a natural disaster. The plan and procedures shall be developed with the assistance of qualified safety, emergency management, and/or other appropriate experts and shall be coordinated with the local emergency management agency.

37.2 The plan shall include procedures to be followed pertaining to no less than the following: a) fire, explosion, severe weather, loss of power and/or water, flooding, failure of internal systems and/or equipment, and other calamities; b) transfer of casualties; c) transfer of records; d) location and use of alarm systems, signals and fire fighting equipment; e) containment of fire; f) notification of appropriate persons; g) relocations of residents and evacuation routes; h) feeding of residents; i) handling of drugs and biologicals; j) missing residents; k) back-up or contingency plans to address possible internal systems (e.g., food, power, water, sewage disposal) and/or equipment failures; and l) any other essentials as required by the local emergency management agency.

37.3 A copy of the plan shall be available at every nursing unit.

37.4 Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the facility.

37.5 Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least quarterly. Written reports and evaluation of all drills shall be maintained by the facility.

37.6 All personnel shall receive training in disaster preparedness as part of their employment orientation.

37.7 The administrator of the facility shall notify the licensing agency (Office of Facilities Regulation) immediately by telephone of any unscheduled implementation of any part of the facility’s disaster preparedness plan and shall provide a follow-up report in writing within three (3) business days using the form supplied in Appendix “E” herein.

37.8 Each nursing facility shall agree to enter into a memorandum of agreement with the licensing agency and the local municipality in which the nursing facility is geographically located to participate in a statewide distribution plan for medications and/or vaccines in the event of a public health emergency or disease outbreak.
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.

**SOUTH DAKOTA**

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### 44:04:01:07. Reports...

Each facility shall report to the department within 48 hours of the event ... any missing patient or resident... Each facility shall also report to the department as soon as possible any fire with structural damage or where injury or death occurs; any partial or complete evacuation of the facility resulting from natural disaster; or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours...

### 44:04:03:02. General fire safety.

Each licensed health care facility covered under this article must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The fire alarm system must be sounded each month. A minimum of two staff members must be on duty at all times. In multilevel facilities, at least one staff member must be on duty on each floor containing occupied beds. Compliance with this section does not eliminate or reduce the necessity for other provisions for safety of persons using the structure under normal occupancy conditions.

### 44:04:04:05. Personnel training.

The facility must have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs must cover the required subjects annually. These programs must include the following subjects:

1. Fire prevention and response. The facility must conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills must be conducted to provide training for all staff;

2. Emergency procedures and preparedness...
1200-08-06-.09 LIFE SAFETY.

(2) The nursing home shall provide fire protection by the elimination of fire hazards, by the installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years. All fires which result in a response by the local fire department shall be reported to the department within seven (7) days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of resident(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility shall provide such information.

1200-08-06-.11 RECORDS AND REPORTS.

...(2) Unusual events shall be reported by the facility to the Department of Health in a format designed by the Department within seven (7) business days of the date of the identification of the abuse of a patient or an unexpected occurrence or accident that results in death, life threatening or serious injury to a patient.

(a) The following represent circumstances that could result in an unusual event that is an unexpected occurrence or accident resulting in death, life threatening or serious injury to a patient, not related to a natural course of the patient's illness or underlying condition. The circumstances that could result in an unusual event include, but are not limited to:

...9. procedure related incidents, regardless of setting and within thirty (30) days of the procedure and includes readmissions, which include:

...(xv) elopement from the facility...

(b) Specific incidents that might result in a disruption of the delivery of health care services at the facility shall also be reported to the department, on the unusual event form, within seven (7) days after the facility learns of the incident. These specific incidents include the following:

...2. external disaster impacting the facility;
3. disruption of any service vital to the continued safe operation of the facility or to the health and safety of its patients and personnel; and

4. fires at the facility which disrupt the provision of patient care services or cause harm to patients or staff, or which are reported by the facility to any entity, including but not limited to a fire department, charged with preventing fires.

**1200-08-06-.14 DISASTER PREPAREDNESS.**

...(2) Physical Facility and Community Emergency Plans.

(a) Physical Facility (Internal Situations).

1. Every nursing home shall have a current internal emergency plan, or plans, that provides for fires, bomb threats, severe weather, utility service failures, plus any local high risk situations such as floods, earthquakes, toxic fumes and chemical spills. The plan should consider the probability of the types of disasters which might occur, both natural and “man-made”.

2. The plan(s) must include provisions for the relocation of persons within the building and/or either partial or full building evacuation. Facilities which do not have sufficient emergency generator capacity to provide a place of refuge for residents during severe hot or cold weather emergencies shall specifically establish an emergency plan to assure a common area (dining room, hallway, or day rooms) is heated or cooled sufficiently to sustain residents during an emergency. This can be accomplished through several approaches including the installation of a transfer switch at the facility to which an emergency generator may be connected to operate a HVAC system for the place of refuge, or transportation of a generator to the facility and direct connection from the generator to emergency portable heating or cooling units. The plan must be coordinated with local emergency management agencies that provide emergency generators or heating or cooling units; and facilities are encouraged to enter into private agreements with local generator suppliers, rental agencies or other reliable sources of emergency power. Plans that provide for the relocation of residents to other health care facilities must have written agreements for emergency transfers. The agreements may be mutual, i.e. providing for transfers either way.

3. Copies of the plan(s), either complete or outlines, including specific emergency telephone numbers related to that type of disaster, shall be available to all staff. A copy shall be readily available at all times in the telephone operator’s position or at the security center. Provisions that have security implications may be omitted from the outline versions. Familiarization information shall be included in employee orientation sessions and more detailed instructions must be included in continuing education programs. Records of orientation and education programs must be maintained for at least three (3) years.
4. The plan must provide for additional staffing, medical supplies, blood and other resources which would probably be needed.

5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.

(i) Fire Safety Procedures Plan, to be exercised at any time during the year, shall include:

(I) Minor fires;

(II) Major fires;

(III) Fighting the fire;

(IV) Evacuation procedures;

(V) Staff functions by department and job assignment; and,

(VI) Fire drill schedules (fire drills shall be held at least quarterly on each work shift).

(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:

(I) Staff duties by department and job assignment; and,

(II) Evacuation procedures.

(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:

(I) Staff duties by department and job assignment; and,

(II) Search team, searching the premises.

6. The nursing home shall develop and periodically review with all employees a prearranged plan for the orderly evacuation of all residents in case of a fire, internal disaster or other emergency. The plan of evacuation shall be posted throughout the home. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years.

(b) Community Emergency (Mass Casualty).

1. Every nursing home, unless exempted due to its limited scope of clinical services, shall have a plan that provides for the reception and treatment, within its capabilities, of medical emergencies resulting from a disaster within its usual service area. The plan should
consider the probability of the types of disasters which might occur, both natural and “man-made”.

2. The plan must provide for additional staffing, medical supplies, blood and other resources which would probably be needed. The plan must also provide for the deferral of elective admission patients and also for the early transfer or discharge of some current patients if it appears that the number of casualties will exceed available staffed beds.

3. Copies of the plan(s), either complete or outlines, including specific emergency telephone numbers related to that type of disaster, shall be available to staff who would be assigned non-routine duties during these types of emergencies. Familiarization information shall be included in employee orientation sessions and more detailed instruction must be included in continuing education programs. Records of orientation and education must be maintained for at least three (3) years.

4. At least one drill shall be conducted each year for the purpose of educating staff, resource determination, and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.

5. As soon as possible, actual community emergency situations that result in the treatment of more than twenty (20) patients, or fifteen percent (15%) of the licensed bed capacity, whichever is less, must be documented. Actual situations that had education and training value may be substituted for a drill. This includes documented actual plan activation during community emergencies, even if no patients are received.

(c) Emergency Planning with Local Government Authorities.

1. All nursing homes shall establish and maintain communications with the county Emergency Management Agency. This includes the provision of the information and procedures that are needed for the local comprehensive emergency plan. The facility shall cooperate, to the extent possible, in area disaster drills and local emergency situations.

2. Each nursing home must rehearse both the Physical Facility and Community Emergency plan as required in this rule, even if the local Emergency Management Agency is unable to participate.

3. A file of documents demonstrating communications and cooperation with the local agency must be maintained.

TEXAS

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Sec. 242.0395. REGISTRATION WITH TEXAS INFORMATION AND REFERRAL NETWORK.
(a) An institution licensed under this chapter shall register with the Texas Information and Referral Network under Section 531.0312, Government Code, to assist the state in identifying persons needing assistance if an area is evacuated because of a disaster or other emergency.

(b) The institution is not required to identify individual residents who may require assistance in an evacuation or to register individual residents with the Texas Information and Referral Network for evacuation assistance.

(c) The institution shall notify each resident and the resident's next of kin or guardian regarding how to register for evacuation assistance with the Texas Information and Referral Network.

**RULE §19.326 Safety Operations**

(a) The facility must have a written emergency preparedness and response plan. Procedures to be followed in an internal or external disaster should be attached to the plan. The plan must address, at a minimum, the eight core functions of emergency management, which are: direction and control; warning (how the facility will be notified of emergencies and who they will notify); communication (with whom and by what mechanism); sheltering arrangements; evacuation (destinations, routes); transportation; health and medical needs; and resource management (supplies, staffing, emergency equipment, records). Plans should address those natural, technological, and man-made emergencies that could affect the facility and must be coordinated with the local emergency management coordinator. Information about the local emergency management coordinator may be obtained from the office of the local mayor or county judge.

(1) The facility must maintain the plan and procedures at the nurses station and with department managers within the facility. The facility must ensure that the plan and procedures are reviewed at least annually. Changes in administrator, construction, or emergency phone numbers will require the facility to review and possibly modify the disaster plan. All reviews of disaster plans must be documented.

(2) The facility must include in the disaster plan, evacuation routes and procedures to be followed in the event of fire, explosion, or other disaster. The plan must also include procedures for the prompt transfer of casualties, clinical records, medications, and notification of appropriate persons.

(3) All employees must be familiar with the disaster plan and must be instructed in the location and use of the facility's alarm systems, fire-fighting equipment, and procedures. The facility must post fire and explosion evacuation routes prominently throughout the facility. The facility must have a fire safety plan within the disaster plan. The fire safety plan must be rehearsed quarterly on each shift with at least one rehearsal conducted each month. A comprehensive fire drill report form must be completed for each rehearsal of the fire safety plan.
(4) In smaller, simple, one story buildings where all exits are obvious, the Texas Department of Human Services (DHS) may not require the posting of evacuation routes.

(5) The facility must have an emergency contingency plan to ensure the residents’ comfort and safety, including the provision of potable water.

(6) Emergency telephone numbers must be clearly posted on or near each phone. Emergency telephone numbers must include the local fire department, ambulance, and police.

(b) The facility must report all fires to DHS on the Fire Report for Long Term Care Facilities Form within 15 days after the fire. The facility must immediately notify DHS by phone of disasters or any fires which caused death or serious injury. Telephone reports must be followed by written reports. Failure of the fire alarm,

(c) Severe weather drills and other emergency drills must be held as needed and as called for by the facility’s policy and procedure manual.

(d) The fire alarm and sprinkler systems must be inspected and tested at least once every three months by a licensed agent. Each quarterly inspection and test must be of the complete system, including smoke dampers and individual sprinkler heads. A standard report form of the inspection must be completed by the agent and kept on file by the facility. The report must include the signature of the person making the inspection and the date of the inspection. The facility must maintain a current contract on file for the services of the inspecting company.

(e) The facility may, at its own discretion, make simple periodic tests of the basic fire alarm system, such as by activating a manual-pull station, particularly when conducting required fire drills. At any time the facility staff verifies or suspects some malfunction of the system, the condition must be immediately investigated and corrected.

RULE §19.1914 Disaster and Emergency Preparedness

(a) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents.

(b) The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.
R432-150-10. Staff and Personnel.

...(5) The facility shall plan and document in-service training for all personnel.

(a) The following topics shall be addressed at least annually:

(i) fire prevention;

(ii) review and drill of emergency procedures and evacuation plan;


...(2) The facility must have written policies and procedures regarding the proper use of restraints.

...(c) Restraints must not unduly hinder evacuation of the resident in the event of fire or other emergency.


(1) The facility must ensure the safety and well-being of residents and make provisions for a safe environment in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.

(2) The facility must develop an emergency and disaster plan that is approved by the governing board.

(a) The facility's emergency plan shall delineate:

(i) the person or persons with decision-making authority for fiscal, medical, and personnel management;

(ii) on-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster;

(iii) assignment of personnel to specific tasks during an emergency;

(iv) methods of communicating with local emergency agencies, authorities, and other appropriate individuals;

(v) individuals who shall be notified in an emergency in order of priority; and

(vi) methods of transporting and evacuating residents and staff to other locations.
(b) The facility must have available at each nursing station emergency telephone numbers including responsible staff persons in the order of priority.

(c) The facility must document resident emergencies and responses, emergency events and responses, and the location of residents and staff evacuated from the facility during an emergency.

(d) The facility must conduct and document simulated disaster drills semi-annually.

(3) The administrator must develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel.

(a) The evacuation plan must delineate evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department.

(b) The facility must post the evacuation plan in prominent locations in exit access ways throughout the building.

(c) The written fire or emergency plan must include fire containment procedures and how to use the facility alarm systems and signals.

(d) Fire drills and fire drill documentation must be in accordance with the State of Utah Fire Prevention Board, R710-4.

R432-200-7. Administration and Organization. [small health care facilities]

...(9) In-service Training.

There shall be planned and documented in-service training for all facility personnel. The following topics shall be addressed annually:

(a) Fire prevention (see R432-200-11)...

...(c) Review and drill of emergency procedures and evacuation plan (See R432-20011)...

R432-200-11. Emergency and Disaster. [small health care facilities]

(1) Facilities have the responsibility to assure the safety and well-being of their residents in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, or epidemic.

(2) Policies and Procedures.

(a) The licensee and the administrator shall be responsible for the development of a plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters.
(b) The written plan shall be distributed to all facility staff to assure prompt and efficient implementation.

(c) The plan shall be reviewed and updated to conform with local emergency plans, at least annually, by the administrator and the licensee.

(d) The plan shall be available for review by the Department.

3. Staff and residents shall receive education, training, and drills to respond in an emergency.

(a) Drills and training shall be documented and comply with applicable laws and regulations.

(b) The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and emergency transport systems shall be posted.

4. Emergency Procedures. The facility's response procedures shall address the following:

(a) Evacuation of occupants to a safe place within the facility or to another location;

(b) Delivery of essential care and services to facility occupants by alternate means;

(c) Delivery of essential care and services when additional persons are housed in the facility during an emergency;

(d) Delivery of essential care and services to facility occupants when staff is reduced by an emergency;

(e) Maintenance of safe ambient air temperatures within the facility;

(i) Emergency heating plans must have the approval of the local fire department.

(ii) An ambient air temperature of 58 degrees F (14 degrees C) or less constitutes an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate and appropriate action in the best interests of the resident.


(a) The facility's emergency plan shall delineate:

(i) The person or persons with decision-making authority for fiscal, medical, and personnel management;

(ii) On-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster;

(iii) Assignment of personnel to specific tasks during an emergency;

(iv) Methods of communicating with local emergency agencies, authorities, and other appropriate individuals;
(v) The individuals who shall be notified in an emergency in the order of priority. Telephone numbers shall be accessible to staff at each nurse's station;

(vi) Methods of transporting and evacuating residents and staff to other locations;

(vii) Conversion of facility for emergency use.

(b) Documentation of emergency events and responses and a record of residents and staff evacuated from the facility to another location shall be kept. Any resident emergency shall be documented in the resident’s record.

(c) Drills shall be held semi-annually for all residents and staff.

(d) There shall be regular in-service training on disaster preparedness.

(6) Fire Emergencies.

(a) The licensee and administrator shall develop a written fire-emergency and evacuation plan in consultation with qualified fire safety personnel.

(b) An evacuation plan delineating evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department shall be posted throughout the facility.

(c) The written fire-emergency plan shall include fire-containment procedures and how to use alarm systems and signals.

(d) Fire and internal disaster drills shall be held, at least quarterly, under varied conditions for each shift.

(i) The actual evacuation of residents during a drill is optional except in a facility caring for residents who are capable of self-preservation.

(ii) The actual evacuation of residents during a drill on the night shift is optional.
2. NURSING FACILITY LICENSING

...2.9 Reports to the Licensing Agency

The following reports must be filed with the licensing agency:

(a) At any time a fire occurs in the home, regardless of the size or damage, the licensing agency and the Department of Labor and Industry must be notified by the next business day. A written report must be submitted to both departments by the next business day. A copy of the report shall be kept on file in the facility.

(b) Any untimely death that occurs as a result of an untoward event, such as an accident that results in hospitalization, equipment failure, use of restraint, etc., shall be reported to the licensing agency by the next business day, followed by a written report that details and summarizes the event.

(c) Any unexplained or unaccounted for absence of a resident for a period of more than 30 minutes shall be reported promptly to the licensing agency. A written report must be submitted by the close of the next business day.

(d) Any breakdown or cessation to the facility's physical plant that has a potential for harm to the residents, such as a loss of water, power, heat or telephone communications, etc., for four hours or more, shall be reported within 24 hours to the licensing agency.

14. DISASTER AND EMERGENCY PREPAREDNESS

14.1 Written Plans

The facility must have detailed written plans and procedures, approved by the Department of Labor and Industry, to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

14.2 Employee Training

The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures. Procedures shall include:

(a) At least an annual review of the facility disaster plan;
(b) Periodic staff instruction in disaster drills and information updates;
(c) Quarterly staff fire drills for all shifts; and
(d) Maintenance of written records and evaluations of all drills.

12VAC5-371-190. Safety and emergency procedures.

A. A written emergency preparedness plan shall be developed, reviewed, and implemented when needed. The plan shall address responses to natural disasters, as well as fire or other emergency which disrupts the normal course of operations. The plan shall address provisions for relocating residents and also address staff responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures including the evacuation of residents with special needs;
3. Using, maintaining and operating emergency equipment;
4. Accessing resident emergency medical information; and
5. Utilizing community support services.

B. All staff shall participate in periodic emergency preparedness training.

C. Staff shall have documented knowledge of, and be prepared to implement, the emergency preparedness plan in the event of an emergency.

D. At least one telephone shall be available in each area to which residents are admitted and additional telephones or extensions as are necessary to ensure availability in case of need.

E. In the event of a disaster, fire, emergency or any other condition that may jeopardize the health, safety and well-being of residents, the organization shall notify the center of the conditions and status of the residents and the licensed facility as soon as possible.

F. The nursing facility shall have a policy on smoking.

12 VAC 5-371-260. Staff development and inservice training.
B. All resident care staff shall receive annual inservice training commensurate with their function or job-specific responsibilities in at least the following:

3. Fire prevention or control and emergency preparedness...

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**388-97-1640 Required notification and reporting.**

(1) The nursing home must immediately notify the department’s aging and disability services administration of:

...(b) Any unusual event, having an actual or potential negative impact on residents, requiring the actual or potential implementation of the nursing home’s disaster plan. These unusual events include but are not limited to those listed under WAC 388-97-1740 (1)(a) through (k), and could include the evacuation of all or part of the residents to another area of the nursing home or to another address...

**388-97-1660 Staff and equipment.**

The nursing home must ensure that:

(a) Sufficient numbers of appropriately qualified and trained staff are available to provide necessary care and services safely under routine conditions, as well as fire, emergency, and disaster situations...

**388-97-1740 Disaster and emergency preparedness.**

(1) The nursing home must develop and implement detailed written plans and procedures to meet potential emergencies and disasters. At a minimum the nursing home must ensure these plans provide for:

(a) Fire or smoke;

(b) Severe weather;

(c) Loss of power;

(d) Earthquake;
(e) Explosion;
(f) Missing resident, elopement;
(g) Loss of normal water supply;
(h) Bomb threats;
(i) Armed individuals;
(j) Gas leak, or loss of service; and
(k) Loss of heat supply.

(2) The nursing home must train all employees in emergency procedures when they begin and carry out unannounced staff drills using those procedures.

(3) The nursing home must ensure emergency plans:

(a) Are developed and maintained with the assistance of qualified fire, safety, and other appropriate experts as necessary;
(b) Are reviewed annually; and
(c) Include evacuation routes prominently posted on each unit.

74.42.460 Organization plan and procedures.

The facility shall have a written staff organization plan and detailed written procedures to meet potential emergencies and disasters. The facility shall clearly communicate and periodically review the plan and procedures with the staff and residents. The plan and procedures shall be posted at suitable locations throughout the facility.

8.15. Dietary Services.

8.15.h.1. A nursing home shall have a planned three (3) day disaster menu that correlates with the emergency food supply.

8.15.h.2. The emergency food supply shall be maintained on the premises with non-perishable foods and disposable supplies to meet all resident needs for three (3) days.
8.15.h.3. The emergency food supply may be incorporated with the regular stock of food supplies.

9.11. **Fire Safety, Disaster and Emergency Preparedness.**

9.11.a. A nursing home shall provide evidence of compliance with applicable rules of the State Fire Commission.

9.11.a.1. Any variation to compliance with the fire code shall be coordinated with the department and approved in writing by the state fire marshal.

9.11.b. A nursing home shall have a written internal and external disaster and emergency preparedness plan approved by the director that sets forth procedures to be followed in the event of an internal or external disaster or emergency that could severely affect the operation of the nursing home.

9.11.c. The disaster and emergency preparedness plan shall have procedures to be followed in the event of the following: fire, missing resident, high winds, tornadoes, bomb threats, utility failure, flood and severe winter weather.

9.11.d. The disaster and emergency preparedness plan shall include at least an alternate shelter agreement, an emergency transportation policy, and an emergency food supply list and menu that will provide nutrition for all persons residing in the nursing home for a minimum of seventy-two (72) hours.

9.11.e. The disaster and emergency preparedness plan shall be developed and maintained with the assistance of qualified fire safety and other emergency response teams.

9.11.f. There shall be copies of the disaster and emergency preparedness plan at all staff stations or emergency control stations.

9.11.f.1. The disaster and emergency preparedness plan shall be located in an area that allows visual contact at all times. The nursing home staff shall know the location of the plan at all times.

9.11.g. The local fire department shall be provided with a floor and disaster plan and be given opportunities to become familiar with the nursing home.

9.11.h. A nursing home shall have a written plan and procedures for transferring casualties and uninjured residents.

9.11.h.1. These procedures shall include the transfer of pertinent resident records including identification information, diagnoses, allergies, advance directives, medications and treatments, and other records needed to ensure continuity of care.

9.11.i. A nursing home shall have written instructions regarding the location and use of alarm systems, signals and fire fighting equipment.
9.11.j. A nursing home shall have information regarding methods of fire containment.

9.11.k. A nursing home shall have written instructions regarding accessibility for evacuation routes.

9.11.l. The disaster and emergency preparedness plan shall be reviewed and updated by the administrator or his or her designee on an annual basis and signed and dated by the administrator or his or her designee to verify the plan was reviewed.

9.11.m. Emergency call information shall be conspicuously posted near each telephone in the nursing home, exclusive of telephones in resident rooms. This information shall include at least the following:

9.11.m.1. The telephone numbers of the fire department, the police, and ambulance service and other appropriate emergency services; and

9.11.m.2. Key personnel telephone numbers, including at least the following:

9.11.m.2.A. The administrator;

9.11.m.2.B. The director of nursing or nurse on call;

9.11.m.2.C. The maintenance director or safety director;

9.11.m.2.D. The physician on call; and

9.11.m.2.E. Other appropriate personnel.

9.11.n. A nursing home shall have at least one non-coin operated telephone or one extension on each resident occupied unit and additional telephones and extensions if needed to summon help in case of an emergency.

9.11.o. A nursing home shall provide an area of sufficient space to hold the congregate population of the nursing home with a heat source that is supplied with emergency electrical power from the emergency power source.


9.12.a. A nursing home shall operate an internal disaster preparedness program that includes orientation and ongoing training and drills in procedures and specific assignments.

9.12.b. The internal disaster plan shall be rehearsed at least annually.

9.12.c. Fire drills shall be held at least quarterly for each shift.

9.12.d. Disaster Rehearsal and Fire Drill Reports. A nursing home shall keep on file for at least two (2) years, a dated written report and an evaluation of each disaster rehearsal and fire drill conducted on the premises.
11.5. Staff Development.

...11.5.c. A nursing home shall complete a performance review of every employee at least once every twelve (12) months and provide regular in-service education based on the outcome of these reviews. The in-service training shall:

...11.5.c.4. Include in-service instruction to all personnel on the following:

...11.5.c.4.C. Disaster preparedness and fire and safety rules...

HFS 132.44 Employee development.

(1) NEW EMPLOYEES.

(a) Orientation for all employees. Except in an emergency, before performing any duties, each new employee, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employees shall be oriented to residents’ rights under s. HFS 132.31 and to their position and duties by the time they have worked 30 days.

HFS 132.45 Records.

...(6) OTHER RECORDS. The facility shall retain:

...(c) Safety tests. Records of tests of fire detection, alarm, and extinguishment equipment...

HFS 132.82 Life safety code.

...(3) RESIDENT SAFETY AND DISASTER PLAN.

(a) Disaster plan.

1. Each facility shall have a written procedure which shall be followed in case of fire or other disasters, and which shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless residents, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift and each discipline.
2. The plan shall be developed with the assistance of qualified fire and safety experts, including the local fire authority.

3. All employees shall be oriented to this plan and trained to perform assigned tasks.

4. The plan shall be available at each nursing station.

5. The plan shall include a diagram of the immediate floor area showing the exits, fire alarm stations, evacuation routes, and locations of fire extinguishers. The diagram shall be posted in conspicuous locations in the corridor throughout the facility.

(b) Drills. Fire drills shall be held at irregular intervals at least 4 times a year on each shift and the plan shall be reviewed and modified as necessary. Records of drills and dates of drills shall be maintained.

...(e) Fire report. All incidents of fire in a facility shall be reported to the department within 72 hours.

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**Section 6. Disaster Plan.**

(a) All Nursing Care Facilities shall develop and adopt a written disaster preparedness plan in accordance with the Chapter 11, “Health Care Emergency Preparedness”, of NFPA 99, Standard for Health Care Facilities.

**Section 9. Nursing Services.**

...(e) Staff Development. There shall be a continuing staff development program for all nursing personnel in addition to a thorough job orientation for new personnel.

...(iv) Orientation of new personnel shall include a review and practice of the procedures to be followed for evacuating residents in emergencies, and the policies and procedures of the facility.

...(i) Staffing.

...(iv) Each facility shall have awake and on duty sufficient nursing personnel for the night tour of duty. Additional staff may be needed, depending on condition of residents, and to assure resident safety in case of fire or disaster.
§ 483.75 Administration.

...(m) Disaster and emergency preparedness.

(1) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

(2) The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.