

4659.XXXX EMERGENCY DISASTER AND PREPAREDNESS PLAN

Subpart 1. Definitions. In addition to the definitions under part 4659.XXXX, the following definitions apply:

- A. “All hazards approach” is an integrated approach to emergency preparedness that identifies hazards and develops emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergency and disasters.
- B. “Area of risk” means the area where an emergency or disaster:
 - 1) occurs; or
 - 2) affects a facility from normally operating.
- C. “Commissioner” means the Commissioner of Health.
- D. “Community based” means specific to the community that the facility is located.
- E. “Emergency” and “disaster” have the meanings given in Minnesota statutes, section 12.03, subdivisions 2 and 3.
- F. “Emergency disaster and preparedness plan” or “plan” means a written plan that identifies a facility’s response to an emergency or disaster and includes steps to:
 - 1) minimize loss of life;
 - 2) mitigate trauma to residents, staff, volunteers, and visitors; and
 - 3) to the extent possible, maintain services for residents and prevent or resident property loss.
- G. “Facility based” means an assessment that is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location, and dependent resident and community population, facility type and surrounding community assets; i.e., rural area versus a large metropolitan area.
- H. “Hazard vulnerability assessment” means a systematic approach to identifying hazards or risks that are most likely to have an impact on an assisted living facility and its surrounding community. The facility uses the assessment to assess and document potential hazards that are likely to impact its geographical region, community, facility, and patient population, and identify gaps and challenges that should be considered and addressed in developing the plan.
- I. “Table-top exercise” involves key personnel discussing simulated scenarios in an informal setting. A table-top exercise can be used to assess plans, policies, and procedures. A table-top exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. A table-top exercise can be used to assess plans, policies, and procedures without deploying resources.

Subp 2. Plan; contents.

A facility must develop and maintain a plan that:

- A. complies with this part and federal, state, and local laws;

- B. has a readily available roster of current residents, their room assignments and emergency contact information along with a facility diagram showing room locations, and
- C. contains a facility diagram showing all room locations;
- D. includes a facility-based and community-based hazard vulnerability assessment, utilizing an all-hazards approach;
- E. addresses the medical needs of the residents, including:
 - 1) ensuring secured access to resident medical records that are necessary to provide service and treatment. A facility must share data to the extent necessary to ensure resident continuity of care, and it must comply with Minnesota Statutes, chapter 13;
 - 2) access to pharmaceuticals, medical supplies, and equipment needed during and after an emergency or disaster;
 - 3) requiring essential provisions and supplies to shelter in place for at least three days without electricity, running water, sewer hookup, or replacement staff. The essential provisions include drinking water, non-non-perishable food including special diets, resident medications, medical supplies, and equipment;
- F. identifies a primary sheltering host site and an alternative sheltering host site outside the area of risk and:
 - 1) has the host sites verified by written agreement or contract;
 - 2) has the agreement or contract signed and dated by all parties;
 - 3) has the agreement or contract verified annually in writing by each party; and
 - 4) when the facility does not own the structure where the residents live, coordinate emergency preparedness and disaster response with the landlord to ensure continuation of resident care if the facility structure and its utilities are impacted.

Subp. 3. Hazard Vulnerability Assessment.

- A. A facility's plan must include a hazard vulnerability assessment that addresses the following scenarios:
 - 1) fires, smoke, bomb threats, and explosions;
 - 2) prolonged power failures, drinking water loss and wastewater treatment loss;
 - 3) prolonged loss of facility interior heating and cooling to the extent residents are at heightened risk for heat-related and cold-related illnesses;
 - 4) structural damage to the facility;
 - 5) blizzards and tornados;
 - 6) chemical spills or leaks;
 - 7) pandemics;
 - 8) missing residents;
 - 9) threatened or actual acts of violence; and
 - 10) other threats and disasters that the facility identifies.

- B. A facility may rely on a community-based hazard vulnerability assessment developed by another entity such as a local unit of government, public health agency, emergency agency, or regional health care coalition. A facility may work with another entity listed in this item when conducting the facility's hazard vulnerability assessment.
- C. If a facility uses a community-based hazard vulnerability assessment under item B, the facility must keep a copy of the assessment and work with the entity that developed the assessment to ensure that it aligns with the facility's plan.

Supb. 4. Emergency Policies and Procedures

The plan must include emergency policies and procedures that are based on the hazard vulnerability assessment. The policies and procedures must be in writing and updated at least annually. At a minimum, the policies and procedures must address the following:

- A. assigning specific tasks and responsibilities to on-duty staff members on each shift that ensure essential care and services to residents is delivered;
- B. using a triage system to assess the needs of the most vulnerable residents before assessing other residents;
- C. using a system to track the location of on-duty staff and sheltered residents in the facility's care during and after an emergency or disaster;
- D. providing continuity of essential care and services to residents according to their respective service plans during the emergency or disaster when the residents are either house in the facility or off-site;
- E. procedures for notifying local and state emergency preparedness officials and the Commissioner that the plan is being executed;
- F. an executable plan for coordinating transportation services that are sufficient for the resident census and staff that includes how the facility will identify and transport residents who require specialized transportation and medical needs and a written transportation contract or contracts for the evacuation of residents and staff to a safe location outside the area of risk that is signed and dated by all parties;
- G. when to shelter in place or when to evacuate the facility using the information in the plan, statute, and this part;
 - 1) if the facility shelters in place or evacuates, notification to the resident's family, legally authorized representative, or designated contact shall be made in advance as possible, but at least within 24 hours of the determination to shelter in place and 24 hours after evacuation.

Supb. 5. Posting and Availability of Emergency Disaster and Preparedness Information

- A. A facility must prominently post a schematic plan of the facility or portions of the facility that:
 - 1) is placed visibly in a central location on each floor; and

- 2) shows evacuation routes, smoke stop and fire doors, exit doors, and if applicable, the location of the fire extinguishers and fire-alarm boxes.
- B. A facility must post emergency exit diagrams on each floor.
- C. A facility must provide a copy of its plan to a resident or resident representative if requested.
 - 1) A facility may satisfy item C by providing a fact sheet or informational brochure that highlights the major sections of the emergency plan and policies and procedures deemed appropriate by the facility.

Subp. 6. Communication Plan

- A. The facility must develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:
 - 1) name and contact information for the following:
 - a. staff;
 - b. entities providing assisted living services under arrangements;
 - c. resident's physicians;
 - d. other long-term care facilities within the community; and
 - e. volunteers at the facility.
 - B. contact information for the following:
 - 1) federal, state, tribal, regional, or local emergency preparedness staff;
 - 2) the Minnesota Department of Health;
 - 3) the Office of the Ombudsman for Long-Term Care; and
 - 4) other sources of assistance.
 - C. primary and alternate means for communicating with the following:
 - 1) facility's staff; and
 - 2) federal, state, tribal, regional, or local emergency management agencies;
 - D. a method for contacting emergency services and monitoring emergency broadcasts;
 - E. a method for sharing information and medical documentation for residents under the facility's care, as necessary with other health care providers to maintain the continuity of care;
 - F. a means of providing information about the general condition and location of residents to:
 - 1) the resident's families, resident representatives, and/or resident legal representatives;
 - 2) The Office of Ombudsman for Long-Term Care.
 - 3) In the event the facility evacuates, the facility must identify a working telephone number that the family or resident representative may call for information regarding the facility's evacuation.
 - 4) If there is an emergency or disaster that requires the a facility to evacuate, the facility must notify the following individuals:

- a. the Commissioner;
- b. the Office of Ombudsman for Long-Term Care;
- c. local law enforcement; and
- d. a resident's family and legal representative.

Subp. 7. Training

- A. A facility must do all of the following:
 - 1) consistent with this part and Minnesota Statutes, chapter 144G, provide initial training in emergency preparedness and disaster policies to all new and current staff, individuals providing assisted living services under arrangement, and facility volunteers, consistent with their expected roles.
 - 2) provide emergency preparedness and disaster training at least annually;
 - 3) document and maintain records of the training under this item; and
 - 4) demonstrate staff knowledge of emergency procedures.
- B. A facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The facility must do the following:
 - 1) participate in one full-scale exercise that is either community based with participating state and local agencies and some regional entities such as health care coalitions, or, if a community based exercise is not accessible, an individual, facility-based.
 - a. A full-scale exercise does not require actually moving residents; the facility can perform a simulated full-scale exercise.
 - b. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for one year following the onset of the actual event.
 - 2) Conduct an additional exercise that may include, but is not limited to:
 - a. A table-top exercise that uses clinically relevant emergency scenarios to challenge an emergency plan.
 - b. Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's facility emergency plan as needed.

Subp. 8. Mandatory Evacuation

- A. If state or local authorities orders a mandatory evacuation of the area in which the facility is located, the facility shall evacuate unless it receives a lawful written exemption from the ordering authority prior to the mandated evacuation.

Subp. 9. Notification During an Emergency or Disaster. If there is an emergency or disaster, the facility must notify the Commissioner, and the Office of Ombudsman for Long Term Care about the decision to shelter in place or evacuate within 24 hours of the decision, including information about how families were notified and the plan and any other information pertinent to the emergency.

Subp. 10. As part of the plan, a facility must include the Missing Person Plan as defined under part 4659.XXXX.

Subp. 11. Emergency Equipment

- A. A facility must determine whether it needs an emergency generator through the development of the facility's hazard vulnerability assessment and policies and procedures.
- B. Assisted living facilities with emergency generators must be tested and maintained according to NFPA 110 and NFPA 111 in accordance with building/fire codes. Documentation of that maintenance shall be available to any Department inspector or surveyor.
- C. A facility must maintain emergency lighting for egress, including a generator or battery lights according to the state building code and state fire code. Emergency lighting must be regularly tested and maintained according to the State Building Code and State Fire Code.
- D. There shall be at least one telephone, not powered by household electrical current, in the facility available for immediate emergency use by staff, residents, and visitors. Contact information for police; an ambulance; including 911 if applicable; and the poison control center must be readily accessible to staff.