

Regulations Regarding Emergency Planning & Preparedness for Long Term Care Facilities

Regulation	Explanation	Document Reference
Mandatory Immediate Notifications to NJDHSS		
8:39-9.4(e)1	Interruption for 3 or more hours of physical plant services and/or other services essential to the health and safety of residents	
8:39-9.4(e)4	All fires, disasters, deaths, and immediate dangers to a resident's life or health resulting from accidents or incidents in the facility	
Mandatory fire and emergency preparedness		
8:39-31.6(a)	Employees shall be trained in procedures to be followed in an emergency operation 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.	
8:39-31.6(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.	
8:39-31.6(c)	Fire regulations and procedures shall be posted in each unit and/or department. A written fire 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.	
8:39-31.6(f)	The facility shall have a written comprehensive emergency operations plan developed in coordination with the local office of emergency management.	

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8:39-31.6(f)1	Identify potential hazards that could necessitate an evacuation, including natural disasters, national disasters, industrial and nuclear accidents, and labor work stoppages [Perform a Hazards Vulnerability Assessment]	
8:39-31.6(f)2	Identify the facility and an alternative facility to which residents would be relocated, and include signed, current agreements with the facilities [Memoranda of Agreement with like or higher licensed facilities, no “evergreen” Memoranda of Agreement, recommend that signatures be less than 1 year old]	
8:39-31.6(f)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 [Memoranda of Agreement with any transportation services, other than those belonging to the facility itself, including ambulances. Recommend that signatures be less than 1 year old]	
8:39-31.6(f)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	
8:39-31.6(f)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	
8:39-31.6(f)6	Identify essential personnel who would be required to remain on duty during the period of relocation [who would staff the facility during the evacuation, who would go with the patients, are all staff essential, etc]	
8:39-31.6(f)7	Identify by title and post in a prominent place the name(s) of the persons who would be responsible for the following:	

Regulation	Explanation	Document Reference
8:39-31.6(f)7i	Activating the emergency operations plan, issuing evacuation orders, and notifying of State and municipal authorities [Who will be the Incident Commander and also make State and local notifications?]	
8:39-31.6(f)7ii	Alerting and notifying of staff and residents	
8:39-31.6(f)7iii	Facility shutdown and restart	
8:39-31.6(f)7iv	In place sheltering of residents and continuity of medical care	
8:39-31.6(f)7v	Emergency services such as security and firefighting	
8:39-31.6(f)8	Describe procedures for how each item in 8:39-31.6(f)7 (above) will be accomplished	
8:39-31.6(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 [When the facility is not the one experiencing the emergency, how will they be able to accept residents from other facilities, how many can they accept, will they alter staffing ratios with request for waivers from NJDHSS or will they call in additional staff, etc]	
8:39-31.6(h)	Copies of the emergency operations plan shall be sent to municipal and county emergency management officials for their review [Review is required, however acceptance/signoff is not; however, the facility is required to develop the plan in conjunction with local OEM officials as per 8:39-31.6(f)]	
8:39-31.6(i)	The administrator shall serve as, or appoint, a disaster planner for the facility	

Regulation	Explanation	Document Reference
8:39-31.6(i)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	
8:39-31.6(i)2	While developing the facility's evacuation plan, the disaster planner shall coordinate with the facility or facilities designated to receive relocated residents [The facility must document that they've planned this out with their receiving facilities and that all parties are in agreement]	
8:39-31.6(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	
8:39-31.6(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	
8:39-31.6(l)	The facility shall ensure that the residents receive nursing care throughout the period of evacuation and return to the original facility	
8:39-31.6(m)	The facility shall ensure that evacuated residents who are not discharged are returned to the facility after the emergency is over [The facility has the responsibility for repatriation of all non-discharged patients, specifically patients who are not discharged to family members]	
8:39-31.6(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 [The three-day supply of food should be marked/segregated from the daily food intake; this will be verified by most inspectors during the annual inspection]	

Regulation	Explanation	Document Reference
8:39-31.6(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	
8:39-31.6(p)	The facility shall establish a written heat emergency action plan which specifies procedures to be followed in the event that the indoor temperature is 82 degrees Fahrenheit or higher for a continuous period of four hours or longer	
8:39-31.6(p)1	These procedures shall include the immediate notification of the Department of Health and Senior Services	
8:39-31.6(p)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	
Mandatory Safety Requirements including Backup Power		
8:39-31.7(a)	An outlet that is connected to an emergency power supply shall be used wherever life-sustaining equipment is in operation [This is interpreted as equipment whose interruption, even for 1 minute or more, would potentially cause the patient to expire; such might include ventilators that are in constant operation for patients incapable of breathing on their own]	

Recommended Items for inclusion in Long Term Care Facilities Emergency Preparedness Plans

Item	Explanation	Document Reference
Chain of Command List	Determines who is in charge of the facility at all times	
Emergency Phone List	Listing of all appropriate emergency response agencies, Senior Staff, emergency supply vendors, and other necessary emergency contacts	
Facility Floor Plans	Emergency exits; fire alarm pull stations, extinguishers; standpipes; room locations; utility lines; fixed oxygen lines	
Healthcare Emergency Codes	Codes used for medical emergency, fire, and other emergencies	
Tornado Preparedness	Steps to prepare the facility and residents for tornados if a Tornado Warning is issued	
Snow Emergency Plans	Mitigation through Response to Recovery for snow emergencies including food, staffing (along with housing of staff if needed), utility loss (can refer to utility loss section), etc	
Cold Emergencies	Internal and external cold problems including notification thresholds to OEM and NJDHSS	
Heat Emergencies	Internal and external heat problems including notification thresholds to OEM and NJDHSS	

Item	Explanation	Document Reference
Hurricane & Severe Storms	Decision making matrix for when to shelter in place vs. evacuate; resources needed; timelines; other necessary items	
Flood Emergencies	Containment within the facility and when to evacuate (vertical, horizontal, external)	
Earthquake	Damage assessment & containment, need to evacuate (vertical, horizontal, external)	
Loss of Utilities	Water, Gas, Electric, Sewage, Communications	
Staffing Emergency	Loss of staff due to interior or exterior problem, work stoppage, state of emergency declaration	
CBRNE event (near or at facility)	Contacts at OEM/local 9-1-1 Resources; Containment &/or decontamination, if appropriate and capable	
Loss of Medical Gases	Fixed vs. portable systems; emergency resupply; relocation of those on medical gases that cannot be replaced	
Bomb Threat	Bomb Threat Checklist; instructions; notifications; evacuations of area/facility if appropriate	
Civil Disturbance/Emotionally disturbed person	Interior and exterior threat plans	

Item	Explanation	Document Reference
Evacuation Procedure	Notifications; Resources required; timeline; continuity of medical care; destinations; agreements for transport; agreements for acceptance	
Reentry/Remediation/Restoration	Recovery post evacuation or emergency including recovery of patients	
Training & exercising on plan & emergencies	Training & exercising covering all aspects of the plan; annual training; records of training	
Surge capacity	Notification; staffing; resources	
NJDHSS Regulations	Copy of all regulations available to the facility; also copies of emergency preparedness regulations (citations or included in plan)	
Requirements for maintenance record keeping for emergency preparedness	Generator run times (both routine test & power outage start/stop times/dates); other preventative maintenance records of emergency systems (fire sprinklers, alarms, etc)	
Review and agreement/approval/acceptance of municipal &/or county OEM, Fire, Police, EMS, and/or other appropriate agencies	Should have, per regulation, confirmation of receipt of plan by municipal & county OEM; recommend getting approval signoff by local &/or county OEM	
Nuclear Emergency Procedures (for facilities within 10 mile EPZ of nuclear generating stations)	Shelter in place vs. evacuation; routes; resources; notification from authorities; notification to NJDHSS	

Item	Explanation	Document Reference
Hazard & Vulnerability Assessment	Matrix of possible hazards and vulnerabilities, rating how likely they are to occur and how severely they will impact the facility if they occur	
Medical Continuity of Care	How will care be maintained, including appropriate records, if emergency transfer is required due to partial/full evacuation	
Emergency Dietary Menu	Loss of normal food supplies requires emergency menu; how much per patient per meal; verification of sufficient on-hand supplies	
Loss of regular supplies	Loss of laundry services; fuel delivery (oil/diesel); medical gases (can refer to another section)	
Fire Procedures	Internal & external notification; R-A-C-E or other similar system; fire training; patient evacuation from room/danger zone	