RULES OF
GEORGIA DEPARTMENT OF COMMUNITY HEALTH

111-8
HEALTHCARE FACILITY REGULATION DIVISION

CHAPTER 111-8-16
DISASTER PREPAREDNESS PLANS

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111-8-16-.01 Definitions

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

(a) "Approved Plan" means a Disaster Preparedness Plan which has been found by the Department to meet the requirements of these regulations;

(b) "Board" means the Georgia Board of Community Health;

(c) “CDC” means the U.S. Centers for Disease Control and Prevention;

(d) "Commissioner" means the Commissioner of the Georgia Department of Community Health or his designee;

(e) “COVID-19” means coronavirus disease 2019;

(f) "Department" means the Georgia Department of Community Health;

(g) “Direct care staff person” means any employee, facility volunteer, or contract staff who provides to residents:

1. Any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting; or

2. Any other limited nursing services, as defined in subsection (b) of Code Section 31-7-12.

(h) "Disaster Preparedness Plan" or "Plan" means a written document which identifies, (1) potential hazards or events, that should they occur, would cause an emergency situation at the facility; and (2) proposes, for each identified emergency situation, a course of action so as to minimize the threat to health and safety of the patients or residents;

(i) "Facility" means any institution subject to licensure under the provisions of O.C.G.A. Chapter 31-7, Article 1; which is not exempted from the requirements of these rules and regulations;

(j) "Governing Body" means the Board of Directors or trustees, partnership, corporation, association, person or persons who are legally responsible for the facility's operation.

(k) “Long-term care facility” means a personal care home with 25 or more beds, an assisted living community, or a nursing home licensed by the Department.

(l) “SARS CoV-2” means Severe Acute Respiratory Syndrome Coronavirus 2, the strain of coronavirus that causes the COVID-19 disease.

Authority: O.C.G.A. §§ 31-7-3(c) and 31-7-12

111-8-16-.02 Exemptions

The following facilities are exempt from these rules and regulations:

(a) Facilities classified and licensed by the Department as: "Family Personal Care Homes", "Freestanding Emergency Care Centers", "Home Health Agencies", and "Specimen Collection Center" or "Health Testing Facilities."

(b) Institutions operated exclusively by the federal government or by any of its agencies.

(c) Public health services operated by the state, its counties or municipalities.

(d) Health care facilities, other than nursing homes, which are certified by the Centers for Medicare and Medicaid Services (CMS) for participation in the Medicare program. All licensed nursing homes shall remain subject to these rules.

(e) Any health care facility accredited by a CMS-approved Accreditation Organization (AO), as long as the facility's accreditation status is maintained. Facilities losing accreditation shall immediately be subject to these rules.

Authority: O.C.G.A. §§ 31-2-4 (1982 Supp); and 31-7, Article 1.

111-8-16-.03 Disaster Preparedness Plan

(1) Unless specifically exempted in Rule 111-8-16-.02 every facility shall have a Disaster Preparedness Plan which meets the requirements of Rule 111-8-16-.04. Disaster Preparedness Plan rehearsals shall be regularly conducted with a minimum of two rehearsals in each calendar year.

(2) The governing body shall be responsible for the development of the plan. The governing body shall designate those individual(s) within the facility who have primary responsibility for rehearsal and implementation of the plan.

(3) The facility shall designate staff to participate in the healthcare coalition for their region, as designated by the Department of Public Health (DPH). Participation in the coalition shall include:

(a) Initiation and maintenance of an account with the web-based emergency operations center managed by DPH or its contractor, agent or designee;

(b) Evidence of participation, at least annually, in communication drills with the coalition and/or attendance at coalition meetings; and

(c) Evidence of contact, at least annually, with the local emergency management agency coordinator for the area in which the facility is located.

(4) The facility shall review the plan at least annually and make appropriate updates. The Department shall require a revised plan under the following circumstances:

(a) A 10% or greater increase in the number of patients or residents at the facility;

(b) A change in evacuation strategy that requires different contractual arrangements for the facility;

(c) Additions or major renovations to the physical plant of the building; or

(d) Technological advancements which provide new warning and communications systems or sources.

Authority: O.C.G.A. § 31-7-3(c).

111-8-16-.04 Content of Plan

(1) The plan shall contain a section in which the unique needs of the facility's residents are identified and assessed.

(2) The plan shall contain a section which identifies the emergency situations to be addressed by the plan. As a minimum the following emergency situations shall be addressed:

(a) fire;

(b) explosion;

(c) unanticipated interruption of each utility used by the facility; i.e., electricity, gas, other fuel, water, etc.;

(d) loss of air conditioning or heat; and

(e) damage to physical plant resulting from severe weather, i.e., tornadoes, ice or snowstorms, etc. Other emergencies or hazards may be included in the plan.

(3) For each of the emergencies identified in subsection (2) above, the plan shall include a set of emergency guidelines or procedures. A standardized format should be used throughout the plan that clearly describes how the emergency procedures should be carried out. The emergency procedures should answer the questions of "who, what, when, where, and how", and allow the facility to be ready to act effectively and efficiently in an emergency situation.

(4) The written procedures referred to in subsection (3) above should address as a minimum: assignment of responsibility to staff members; care of the residents; notification of attending physicians and other persons responsible for the resident; arrangements for transportation and hospitalization; availability of appropriate records; alternate living arrangements; and emergency energy sources.

(5) The plan must contain a section that outlines the frequency of rehearsal and the procedures to be followed during rehearsal. The rehearsal should be as realistic as possible and designed to check the following:

(a) knowledge of facility staff regarding their responsibility under the plan;

(b) the reliability of individuals or community agencies or services that are listed in the plan as resources to be called upon in the event of an emergency. However, the quest for realism in the rehearsal of the plan should not require the actual movement of non-ambulatory patients/residents nor those whose physical or mental condition would be aggravated by a move.

(6) When portions of the facility's plan are contingent on services or resources of another agency, facility, or institution, the facility shall execute a written agreement with the other party or parties acknowledging their participation in the plan. Such agreement(s) shall be made a part of the plan.

(7) Long-term care facilities shall include in the plan a pandemic plan for influenza and other infectious diseases which conforms to CDC standards and contains the following minimum elements:

(a) Protocols for surveillance and detection of epidemic and pandemic diseases in residents and staff;

(b) A communication plan for sharing information with public health authorities, residents, residents' representatives or their legal surrogates, and staff;

(c) An education and training plan for residents and staff regarding infection control protocols;

(d) An infection control plan that addresses visitation, cohorting measures, sick leave and return-to-work policies, and testing and immunization policies; and

(e) A surge capacity plan that addresses protocols for contingency staffing and supply shortages.

Authority: O.C.G.A. §§ 31-7-3(c) and 31-7-12.5

111-8-16-.05 Special Requirements for Long-Term Care Facilities

Each Long-term care facility shall:

(1) Inform its residents and their representatives or legal surrogates by 5:00 P.M. the next calendar day following the occurrence of either a single confirmed infection of COVID-19 or another airborne infectious disease identified by the department or

the CDC as a threat to public health, or three or more residents or staff with new-onset of respiratory symptoms occurring within hours of each other. Such information shall:

(a) Not include personally identifiable information;

(b) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and

(c) Include any cumulative updates for residents and their representatives or legal surrogates at least weekly or by 5:00 P.M. the next calendar day following the occurrence of any subsequent confirmed infection of COVID-19, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other;

(2) Maintain a minimum of a seven-day supply of protective masks, surgical gowns, eye protection, and gloves sufficient to protect all residents and staff based on CDC guidance and with consideration given to any widespread supply shortages documented by the facility or known to the department;

(3) Maintain and publish for its residents and their representatives or legal surrogates policies and procedures pertaining to infection control and mitigation within their facilities and update such policies and procedures annually; and

(4) On or before September 28, 2020, ensure that each resident and direct care staff person has received an initial baseline molecular SARS CoV-2 test as outlined by the CDC.

Authority: O.C.G.A. §§ 31-7-3(c), 31-7-12.5, and 31-7-12.6

111-8-16-.06 Records

The facility shall maintain the following records and make them available to authorized Department employees upon request:

(a) a copy of the plan and any subsequent changes thereto;

(b) records of rehearsals of the plan;

(c) records of incidences which required implementation of the plan.

Authority: O.C.G.A. §§ 31-7-3(c)

111-8-16-.07 Scope of Regulations

The rules as contained in this chapter expressly do not modify or revoke the provisions of any of the other rules of the Department of Community Health which have been or will be promulgated under the authority of O.C.G.A. Chapter 31-7, Article 1.

Authority: O.C.G.A. § 31-7, Article 1.

111-8-16-.08 Notice to the Department

When an emergency situation occurs which dictates implementation of the plan and results in injury or loss of life, the Department shall be notified within 24 hours. Such notification may be verbal. In other emergency situations which dictate implementation of the plan a record shall be made including a written incident report and a written critique of the performance under the plan. These records shall be filed with the plan and made available to the Department during inspections of the facility.

Authority: O.C.G.A. § 31-7-3(c).

111-8-16-.09 Waivers and Variances

The Department, upon petition, may grant variances or waivers of specific rules and regulations as provided for in O.C.G.A. § 31-2-7 when it has been shown that the rule or regulation is not applicable or to allow experimentation and demonstration of new and innovative approaches to the delivery of services, or the center has met the intended purpose of the rule through equivalent standards, provided that the granting of the variance or waiver will not jeopardize the health, safety or care of the residents. The Department may establish conditions which must be met by the facility in order to operate under the variance or waiver.

Authority: O.C.G.A. §§ 31-2-7 and 31-7-3(c).

111-8-16-.10 Enforcement

A facility which fails to comply with these rules and regulations shall be subject to revocation of its permit or provisional permit and/or other sanctions provided by law. The enforcement and administration of these rules and regulations shall be as

prescribed in O.C.G.A. Chapter 31-5, Enforcement and Administrative Procedure, which includes provisions for:

(a) the misdemeanor penalty for violation of rules and regulations promulgated under Title 31;

(b) injunctive relief under appropriate circumstances; and

(c) the due process requirements of notice, hearing and appeals.

Authority: O.C.G.A. §§ 31-5 and 31-7, Article 1.

111-8-16-.11 Severability

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof, and such remaining rules or portions thereof shall remain of full force and effect, as if such rules or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part hereof. It is the intent of the Board of Community Health to establish rules and regulations that are constitutional and enforceable so as to safeguard the health and well-being of the people of the State.

Authority: O.C.G.A. § 31-7-3(c).