



October 20, 2016

MEMORANDUM

TO: Administrators of Intermediate Care Facilities for Persons with Intellectual Disability, Hospitals and Institutional General Infirmaries, Nursing Homes, Hospice Facilities, Community Residential Care Facilities, Residential Treatment Centers for Children & Adolescents, and Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence (24-hour facilities)

FROM: Gwen Thompson
Chief, Bureau of Health Facilities Licensing

SUBJECT: Emergency Evacuation Plan Submission Requirements

NOTE: This memorandum replaces the memorandum dated April 25, 2013.

Prior to initial licensing of a facility, a completed emergency evacuation plan (EEP) shall be submitted to the Bureau of Health Facilities Licensing (BHFL) for review.

The Emergency Evacuation Plan or Statement should be received in our office no later than 60 days prior to the expiration date of your license to insure that your license is renewed in a timely manner. Please submit your plan to: **DHEC, Bureau of Health Facilities Licensing, 2600 Bull Street, Columbia, SC 29201.**

A facility license will not be issued or renewed, until such time as the BHFL receives an acceptable completed evacuation plan. In addition, the plan must meet the licensing standards pertaining to emergency/disaster preparedness contained in the DHEC regulation appropriate to the type of license issued to your facility by the Department and are as follows:

- Reg. 61-13, Intermediate Care Facilities for the Intellectually Disabled or Persons with Related Conditions, § 1401
- Reg. 61-16, Hospitals and Institutional General Infirmaries, § 901
- Reg. 61-17, Nursing Homes, § 1502
- Reg. 61-78, Hospices, § 1801
- Reg. 61-84, Community Residential Care Facilities, § 1401
- Reg. 61-103, Residential Treatment Facilities for Children and Adolescents, § 1401
- Reg. 61-93, Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, § 1502

In instances where there are applications for increases in licensed bed capacity, the EEP shall be updated to reflect the proposed new total licensed bed capacity and submitted to the BHFL for review.

Each facility is required to submit a current EEP annually to the BHFL prior to the expiration date of its license. If a facility's EEP has been reviewed and no substantial changes have been made, a completed Emergency Evacuation Plan Statement may be submitted certifying that the EEP has been reviewed and no substantial changes have been made.

The table below contains all of the components that must be addressed in your EEP and your facility procedures. Please ensure that your plan addresses all items listed.

MET	COMPONENT CRITERIA TO BE MET
	A Sheltering Plan that includes:
	a. An alternate location to house patients or residents (Sheltering Facility);
	b. Full provisions for at least the number of licensed beds at Sheltering Facilities;
	c. A letter of agreement between the facility and the sheltering facility(ies) signed by an authorized representative of each Sheltering Facility. The letter shall be current (within the last year) year), and must include the number of relocated patients or residents that can be accommodated;
	d. The name, address, and phone number of the Sheltering Facility;*
	e. Facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one Sheltering Facility shall be located in a county other than these counties.*
	A Sleeping Plan for the patients or residents that should address topics such as:
	a. Beds, cots, sleeping bags, or mattresses required;
	b. Pillows, blankets, <i>etc.</i> required;
	c. Arrangements to provide special bed equipment, <i>e.g.</i> , egg crate mattress, air mattress, <i>etc.</i>
	A Feeding Plan for the patients or residents that should address topics such as:
	a. Food and water provisions for preparing or catering at least 3 meals per day;
	b. Arrangements to provide the special diets required;
	c. Equipment and supplements necessary for patients or residents that are tube feeding. (Unless otherwise prohibited by regulation)
	A Medication Plan for the patients or residents that should address topics such as:
	a. Arrangements for all medication regimens (including standing orders) to accompany each patient or resident relocated;
	b. Arrangements for medications to accompany each patient or resident relocated;
	c. Arrangements for Medication Administration Records to accompany each patient or resident relocated
	d. Measures to be taken to secure and store medications;
	e. Provisions to include medication reference materials in the relocation.
	A Transportation Plan for the patients or residents that includes:
	a. Number and type of vehicles required to relocate patients or residents; *
	b. How the vehicles will be obtained; *
	c. When the vehicles will be obtained; *
	d. Who, <i>e.g.</i> , individual or company, will provide the drivers of the vehicles; *
	e. Procedures for providing medical support and medications for the patients or residents during the relocation.
	f. Estimated time to accomplish the relocation of the patients or residents;*
	g. The primary route to be taken to the Sheltering Facility; *
	h. The secondary route to be taken to the Sheltering Facility. *
	A Staffing Plan that includes:
	a. A detailed outline that indicates how care will be provided to the relocated patients or residents;
	b. The number and type, <i>e.g.</i> job titles, of staff;
	Plans for relocating or assuring transportation for staff to the sheltering facility, if staffing is to be provided by the relocating facility;
	The Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility if staffing is to be provided by the Sheltering Facility.
	Annual updating or whenever significant changes occur.
	Documentation of communication/coordination with county Emergency Preparedness Division in the development and implementation of the Emergency Evacuation Plan.*
	Plan rehearsed annually (if required by regulation) and documented to include:
	a. Time and date;
	b. Summary of actions and recommendations; *
	c. Names of Participants.

*Elements of particular interest to local emergency preparedness divisions.

Communication and coordination with your county emergency preparedness division is required; however, these divisions often have their own mandates and their own responsibilities to fulfill. The level of participation these divisions should have in your EEP is one of review, coordination, and comment. All emergency responders should work together in an organized effort to mitigate against, prepare for, respond to, and recover from an emergency. An acceptable form of documentation of county emergency preparedness division review and/or coordination would be a letter from the division stating that the facility EEP has been reviewed by the division. In lieu of this preferred documentation, a copy of correspondence requesting that your county emergency preparedness division review and participate in the development of your EEP will be acceptable.

After initial review and coordination with the county emergency preparedness division of your EEP, annual review by and coordination with the county emergency preparedness division is not required. However, when emergency evacuation plans undergo significant changes they must again be reviewed by and coordinated with the county emergency preparedness division.

Cc: Catherine Heigel, DHEC Director
Shelly Kelly, Director Health Regulations
Gwen C. Thompson, Chief, Bureau of Health Facilities Licensing
Mike Elieff, Director, Office of Public Health Preparedness
County Offices of Emergency Management
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