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OREGON ADMINISTRATIVE RULES
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 71

SPECIAL INPATIENT CARE FACILITIES

333-071-0125

Safety and Emergency Precautions

(1) Telephone communication to summon help in case of fire or other emergency shall be available.

(2) In accordance with ORS Chapter 479 and the rules thereunder all requirements of the State Fire Marshal shall be met.

(3) When required, emergency power facilities shall be tested monthly and shall be in readiness at all times for use in all areas required in NFPA 99 and the National Electrical Code.

(4) Emergency Preparedness:

(a) The health care facility shall develop, maintain, update, train, and exercise an emergency plan for the protection of all individuals in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules chapter 837, division 40).

(A) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.

(b) The emergency plan shall include the contact information for local emergency management.

(c) The summary of the emergency plan shall be sent to the Department within one year of the filing of this rule. New facilities shall have a plan prior to licensing. The Department shall request updated plans as needed.

(d) The emergency plan shall address all applicable hazards that may include but not be limited to the following:

(A) Chemical emergencies;

(B) Dam failure;

(C) Earthquake;

(D) Fire;

(E) Flood;

(F) Hazardous material;

(G) Heat;

(H) Hurricane;

(I) Landslide;

(J) Nuclear power plant emergency;

(K) Pandemic;

(L) Terrorism;

(M) Thunderstorms.

(e) The emergency plan shall address the provision of sufficient supplies for patients and staff to shelter in place for a minimum of four days under any of the following conditions:

(A) Extended power outage;

(B) No running water;

(C) Replacement of food or supplies is unavailable;

(D) Staff members do not report to work as scheduled.

(f) The emergency plan shall address evacuation, including:

(A) Identification of individual positions' duties while vacating the building, transporting and housing residents;

(B) Method and source of transportation;

(C) Planned relocation sites;

(D) Method by which each patient will be identified by name and facility of origin by people unknown to them;

(E) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the resident;

(F) Notification about status of evacuation to the Department.

(g) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:

(A) Storage of and continued access to medical records necessary to obtain care and treatment of patients;

(B) Continued access to pharmaceuticals, medical supplies and equipment, even during and after an evacuation;

(C) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable.

(h) The emergency plan shall be made available as requested by the Department and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.

(i) A checklist for in-patient health care facilities has been developed in conjunction with the State Fire Marshal's Office to assist facilities in developing emergency plans and ensuring compliance with State Fire Marshal's rules.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the agency.]

Stat. Auth.: ORS 441.020 & ORS 442.015

Stats. Implemented: ORS 441.020 & ORS 442.015

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OREGON ADMINISTRATIVE RULES
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 76

SPECIAL HEALTH CARE FACILITIES

Ambulatory Surgical Centers ASC

333-076-0190

Emergency Preparedness

(1) The health care facility shall develop, maintain, update, train and exercise an emergency plan for the protection of all individuals in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules chapter 837, division 40).

(a) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.

(2) The emergency plan shall include the contact information for local emergency management. Each facility shall have documentation that the local emergency management office has been contacted and that the facility has a list of local hazards identified in the county hazard vulnerability analysis.

(3) The summary of the emergency plan shall be sent to the Department within one year of the filing of this rule. New facilities shall have a plan prior to licensing. The Department shall request updated plans as needed.

(4) The emergency plan shall address all local hazards that have been identified by local emergency management and may include but not be limited to the following:

(a) Chemical emergencies;

(b) Dam failure;

(c) Earthquake;

(d) Fire;

(e) Flood;

(f) Hazardous material;

(g) Heat;

(h) Hurricane;

(i) Landslide;

(j) Nuclear power plant emergency;

(k) Pandemic;

(l) Terrorism;

(m) Thunderstorms.

(5) The emergency plan shall address the availability of sufficient supplies for staff and patients to shelter in place or at an agreed upon alternative location for a minimum of two days, in coordination with local emergency management, under any of the following conditions:

(a) Extended power outage;

- (b) No running water;
 - (c) Replacement of food or supplies is unavailable;
 - (d) Staff members do not report to work as scheduled;
 - (e) The patient is unable to return to the pre-treatment shelter.
 - (6) The emergency plan shall address evacuation, including:
 - (a) Identification of individual positions' duties while vacating the building, transporting and housing residents;
 - (b) Method and source of transportation;
 - (c) Planned relocation sites;
 - (d) Method by which each patient will be identified by name and facility of origin by people unknown to them;
 - (e) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the patient;
 - (f) Notification about status of evacuation to the Department.
 - (7) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:
 - (a) Storage of and continued access to medical records necessary to obtain care and treatment of patients;
 - (b) Continued access to pharmaceuticals, medical supplies and equipment, even during and after an evacuation;
 - (c) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable.
 - (8) The emergency plan shall be made available as requested by the Department and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.
- Stat. Auth.: ORS 441.020 and ORS 442.015
Stats. Implemented: ORS 441.020 and ORS 442.015

Birthing Centers

333-076-0710

Physical Facility

- (1) Design -- The Center may be an adaptation of a house. It must include birthing rooms of adequate size to meet the needs to accomplish the procedures specified in the Policies and Procedures and must meet applicable codes for ordinary construction and for water supply and sewage disposal. The building and equipment must be kept clean and in good repair. The Center must include:
- (a) Toilet facilities for staff, mothers and families;
 - (b) Bath facilities;
 - (c) Hand washing facilities and single use towel dispensers adjacent or closely available to all examining or birth rooms;
 - (d) Examination areas;
 - (e) Laundry facilities (unless laundry is done elsewhere);
 - (f) Kitchen facilities;
 - (g) Adequate storage areas for emergency equipment;

- (h) Separate storage for clean/sterile supplies and equipment;
 - (i) Storage areas for laboratory equipment and sterilizing, if applicable;
 - (j) Space for resuscitation of the newborn; and
 - (k) Reception and family facilities.
- (2) Client Environment:
- (a) There must be provided for each client a good bed, mattress and pillow with protective coverage, and necessary bed coverings;
 - (b) No towels, wash cloths, bath blankets, or other linen which comes directly in contact with the client will be interchangeable from one client to another unless it is first laundered;
 - (c) The use of torn or unclean bed linen is prohibited; and
 - (d) After the discharge of any client, the bed, bed furnishings, bedside furniture and equipment must be thoroughly cleaned and disinfected prior to reuse. Mattresses must be professionally renovated when necessary.
- (3) Provision must be made for the safe disposal of any bodily wastes that result from procedures performed in accordance with Centers for Disease Control and Prevention recommendations and state law.
- (4) Fire and Safety -- State and local fire and life-safety codes apply with specific attention to demonstration of adequate ingress and egress of occupants, placement of smoke alarms, emergency lighting, fire extinguishers or sprinkler systems, fire escape routes, and fire reporting plans. The Center must have an emergency plan in effect on premises available to all staff. There must be evidence of an annual fire inspection.
- (5) Emergency Access -- Hallways and doorways must be so sized and arranged as to ensure the reasonable access of equipment in the event of the need for emergency transport.

(6) Emergency Preparedness:

(a) The health care facility shall develop, maintain, update, train, and exercise an emergency plan for the protection of all individuals in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules chapter 837, division 40).

(A) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.

(b) The emergency plan shall include the contact information for local emergency management. Each facility shall have documentation that the local emergency management office has been contacted and that the facility has a list of local hazards identified in the county hazard vulnerability analysis.

(c) The summary of the emergency plan shall be sent to the Department within one year of the filing of this rule. New facilities shall have a plan prior to licensing. The Department shall request updated plans as needed.

(d) The emergency plan shall address all local hazards that have been identified by local emergency management and may include but not be limited to the following:

(A) Chemical emergencies;

(B) Dam failure;

(C) Earthquake;

(D) Fire;

- (E) Flood;
- (F) Hazardous material;
- (G) Heat;
- (H) Hurricane;
- (I) Landslide;
- (J) Nuclear power plant emergency;
- (K) Pandemic;
- (L) Terrorism;
- (M) Thunderstorms.

(e) The emergency plan shall address the availability of sufficient supplies for staff and patients to shelter in place or at an agreed upon alternative location for a minimum of two days, in coordination with local emergency management, under any of the following conditions:

- (A) Extended power outage;
- (B) No running water;
- (C) Replacement of food or supplies is unavailable;
- (D) Staff members do not report to work as scheduled;
- (E) The patient is unable to return to pre-treatment shelter.

(f) The emergency plan shall address evacuation, including:

- (A) Identification of individual positions' duties while vacating the building, transporting, and housing residents;
- (B) Method and source of transportation;
- (C) Planned relocation sites;
- (D) Method by which each patient will be identified by name and facility of origin by people unknown to them;
- (E) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the patient;
- (F) Notification about status of evacuation to the Department.

(g) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:

- (A) Storage of and continued access to medical records necessary to obtain care and treatment of patients;
- (B) Continued access to pharmaceuticals, medical supplies, and equipment, even during and after an evacuation;
- (C) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable.

(h) The emergency plan shall be made available as requested by the Department and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.

Stat. Auth.: ORS 441.020 & 442.015

Stats. Implemented: ORS 441.020 & 442.015

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OREGON ADMINISTRATIVE RULES
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 515

ENVIRONMENTAL AND MAINTENANCE SERVICES

333-515-0030

Safety and Emergency Precautions

- (1) The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are provided for.
- (2) Telephone communication to summon help in case of fire or other emergency shall be available.
- (3) In accordance with ORS Chapter 479 and the rules thereunder all requirements of the State Fire Marshal shall be met.
- (4) When required, emergency power facilities shall be tested monthly and shall be in readiness at all times for use in the delivery, operating and emergency rooms, nurseries and other areas as required in NFPA 99 and the National Electrical Code.
- (5) Emergency Preparedness:
 - (a) The health care facility shall develop, maintain, update, train, and exercise an emergency plan for the protection of all individuals in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules chapter 837, division 40).
 - (A) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.
 - (b) The emergency plan shall include the contact information for local emergency management.
 - (c) The summary of the emergency plan shall be sent to the Department within one year of the filing of this rule. New facilities shall have a plan prior to licensing. The Department shall request updated plans as needed.
 - (d) The emergency plan shall address all applicable hazards that may include:
 - (A) Chemical emergencies;
 - (B) Dam failure;
 - (C) Earthquakes;
 - (D) Fire;
 - (E) Flood;
 - (F) Hazardous material;
 - (G) Heat;
 - (H) Hurricane;
 - (I) Landslide;
 - (J) Nuclear power plant emergency;
 - (K) Pandemic;

(L) Terrorism;

(M) Thunderstorms.

(e) The emergency plan shall address the provision of sufficient supplies for patients and staff to shelter in place for a minimum of four days under any of the following conditions:

(A) Extended power outage;

(B) No running water;

(C) Replacement of food or supplies is unavailable;

(D) Staff members do not report to work as scheduled.

(f) The emergency plan shall address evacuation, including:

(A) Identification of individual positions' duties while vacating the building, transporting and housing residents;

(B) Method and source of transportation;

(C) Planned relocation sites;

(D) Method by which each patient will be identified by name and facility of origin by people unknown to them;

(E) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the resident;

(F) Notification about status of evacuation to the Department.

(g) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:

(A) Storage of and continued access to medical records necessary to obtain care and treatment of patients;

(B) Continued access to pharmaceuticals, medical supplies and equipment, even during and after an evacuation;

(C) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable.

(h) The emergency plan shall be made available as requested by the Department and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.

(i) A checklist for in-patient health care facilities has been developed in conjunction with the State Fire Marshal's Office to assist facilities in developing emergency plans and ensuring compliance with State Fire Marshal's rules.

Stat. Auth.: ORS 441.020 & ORS 442.015

Stats. Implemented: ORS 441.020 & ORS 442.015

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OREGON ADMINISTRATIVE RULES
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 700

LISCENSING PROCEDURES AND DEFINITIONS

333-700-0120

Physical environment

- (1) The physical environment in which dialysis services are furnished must afford a functional, clean, sanitary, safe, and comfortable setting for patients, staff, and the public.
- (2) The physical structure in which dialysis services are furnished must be constructed, equipped, and maintained to ensure the safety of patients, staff, and the public.
- (3) All electrical and other equipment used in the facility must be maintained free of defects that could be a potential hazard to patients or personnel. There must be an established program of preventive maintenance of equipment used in dialysis and related procedures in the facility. Facilities shall follow the manufacturers' recommendations for preventive maintenance for all equipment.
- (4) The areas used by patients shall be maintained in good repair and kept free of hazards such as those created by damaged or defective parts of the building.
- (5) The facility must employ the water quality requirements listed in this section and developed by the Association for the Advancement of Medical Instrumentation (AAMI) and published in "Hemodialysis Systems," second edition, 1993, which is incorporated by reference.
- (6) Any adverse results identified by the water quality monitoring system shall be addressed and corrected immediately. Documentation of these corrections will be maintained in a designated area for review.
- (7) Testing of the water in dialysis facilities must comply with the requirements of Table 1 of this section.
- (8) Treatment areas shall be designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients. The space for treating each patient must be sufficient to accommodate medically needed emergency equipment and personnel to treat the patient in the event of an emergency. There must be sufficient space in the facility for safe storage of dialysis supplies.
- (9) Chronic dialysis patients shall be dialyzed in chairs that can be reclined so that the patient's head is lower than his/her feet, except when the patient is dialyzed in a hospital bed.
- (10) There shall be a nursing/monitoring station from which all patients receiving dialysis can be continuously monitored during the course of treatment.
- (11) Heating and ventilation systems shall be capable of maintaining adequate and comfortable temperatures.
- (12) Each facility utilizing a central-batch delivery system must provide, either on the premises or through affiliation agreement or arrangement sufficient individual delivery systems for the treatment of any patient requiring special dialysis solutions.
- (13) Emergency Preparedness:

(a) The health care facility shall develop, maintain, update, train, and exercise an emergency plan for the protection of all individuals in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules chapter 837, division 40).

(A) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.

(b) The emergency plan shall include the contact information for local emergency management. Each facility shall have documentation that the local emergency management office has been contacted and that the facility has a list of local hazards identified in the county hazard vulnerability analysis.

(c) The summary of the emergency plan shall be sent to the Department within one year of the filing of this rule. New facilities shall have a plan prior to licensing. The Department shall request updated plans as needed.

(d) The emergency plan shall address all local hazards that have been identified by local emergency management and may include but not be limited to the following:

(A) Chemical emergencies;

(B) Dam failure;

(C) Earthquake;

(D) Fire;

(E) Flood;

(F) Hazardous material;

(G) Heat;

(H) Hurricane;

(I) Landslide;

(J) Nuclear power plant emergency;

(K) Pandemic;

(L) Terrorism;

(M) Thunderstorms.

(e) The emergency plan shall address the availability of sufficient supplies for staff and patients to shelter in place or at an agreed upon alternative location for a minimum of two days in coordination with local emergency management under the following conditions:

(A) Extended power outage;

(B) No running water;

(C) Replacement of food or supplies is unavailable;

(D) Staff members do not report to work as scheduled;

(E) The patient is unable to return to pre-treatment shelter.

(f) The emergency plan shall address evacuation, including:

(A) Identification of individual positions' duties while vacating the building, transporting, and housing residents;

(B) Method and source of transportation;

(C) Planned relocation sites;

(D) Method by which each patient will be identified by name and facility of origin by people unknown to them;

(E) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the patient; and

(F) Notification about status of evacuation to the Department.

(g) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:

(A) Storage of and continued access to medical records necessary to obtain care and treatment of patients;

(B) Continued access to pharmaceuticals, medical supplies, and equipment, even during and after an evacuation; and

(C) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable.

(h) The emergency plan shall be made available as requested by the Department and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.

[ED. NOTE: Tables referenced in this rule are available from the agency.]

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 441.020 & ORS 442.015

Stats. Implemented: ORS 441.020 & ORS 442.015