

1 10A NCAC 13F .0309 is proposed for readoption with substantive changes as follows:

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3 **10A NCAC 13F .0309 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLANS PLAN FOR**  
4 **EVACUATION**

5 (a) ~~A~~ Each facility shall have a written fire evacuation plan (including a diagrammed drawing) that includes a  
6 diagrammed drawing. The plan shall have which has the written approval of the local Code Enforcement Official fire  
7 code enforcement official and shall be prepared in large legible print and be posted in a central location on each floor  
8 of an adult care home. the facility in a location visible to staff, residents, and visitors. The plan shall be reviewed with  
9 each resident on upon admission and shall be a part of included in the orientation for all new staff.

10 (b) There shall be unannounced rehearsals of the fire evacuation plan quarterly on each shift in accordance with the  
11 requirement of the local ~~Fire Prevention Code Enforcement Official.~~ fire prevention code enforcement official.

12 (c) Records of rehearsals shall be maintained by the administrator or their designee in the facility and be made  
13 available upon request to the Division of Health Service Regulation, county department of social services, and local  
14 officials. copies furnished to the county department of social services annually. The records shall include the date  
15 and time of the rehearsals, the shift, staff members present, and a short description of ~~what the rehearsal involved.~~  
16 rehearsal.

17 (d) ~~A~~ Each facility shall develop and implement an emergency preparedness plan. written disaster plan, which has  
18 the written approval of or has been documented as submitted to the local emergency management agency and the local  
19 agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least  
20 annually and shall be maintained in the facility. The administrator shall ensure emergency preparedness planning and  
21 the development and implementation of the facility's emergency preparedness plan in accordance with this Rule.

22 (e) The facility's emergency preparedness plan shall include the following:

23 (1) An all-hazards plan which includes a basic emergency operations plan, using an all-hazards  
24 approach. For the purpose of this Rule, an "all-hazards approach" means addressing the facility's  
25 common operational functions in an emergency; the facility identifies and trains staff on tasks  
26 common to all emergency events; the facility identifies and trains the primary staff persons  
27 responsible for accomplishing those tasks; and the facility identifies how it will ensure continuity  
28 of operations, including designating alternate individuals to carry out those responsibilities and tasks  
29 in the event that the primary staff person is not available to do so. The plan shall address the  
30 following:

31 (A) procedures for collaborating with other healthcare facilities and services to include  
32 emergency medical services, hospitals, nursing homes, adult care homes when applicable  
33 and the community during an emergency or disaster;

34 (B) a plan for communicating with local emergency management, the Division of Health  
35 Service Regulation (DHSR), Department of Social Services (DSS), residents and their  
36 responsible parties, and staff;

37 (C) procedures for collaborating with local emergency management and healthcare coalitions;

- 1           (D) provision for subsistence needs for residents and staff, including food, water, medical and  
2           pharmaceutical supplies, and equipment including durable medical equipment, medication,  
3           and personal protective equipment;
- 4           (E) alternate source of energy to maintain temperatures to protect resident health and safety  
5           and for the safe and sanitary storage of food and medications, emergency lighting, fire  
6           detection, extinguishing, and alarm systems, sewage and waste disposal;
- 7           (F) a system for tracking residents and staff;
- 8           (G) procedures for sheltering-in-place;
- 9           (H) evacuation procedures that provide for safe evacuation of residents, staff, resident family  
10           or representatives, or other personnel who sought potential refuge at the facility;
- 11           (I) resident identification and resident records;
- 12           (J) emergency and standby power systems;
- 13           (K) transportation procedures to include prearranged transfer agreements, written agreements  
14           or contracted arrangements with other facilities and other providers to receive residents in  
15           the event of limitations or cessation of operations to maintain the continuity of services to  
16           residents;
- 17           (L) provisions for addressing potential staffing issues and ensuring staffing to meet the needs  
18           of residents during an emergency situation, including the provision of staff to care for  
19           residents while evacuated from the facility;
- 20           (M) coordination with the local and regional emergency management agency; and
- 21           (N) contact information for state and local resources for emergency response, facility staff,  
22           residents and responsible parties, vendors, contractors, utility companies, and local  
23           building officials such as the fire marshal and local health department.
- 24       (2)   A risk assessment that identifies potential hazards to the facility. The risk assessment shall be based  
25           on the county risk assessment established by the county emergency management agency and the  
26           hazard vulnerability assessment established by the regional healthcare coalition. The facility's risk  
27           assessment shall identify the top three to five risk areas to the facility and its residents and categorize  
28           the risk areas by the likelihood of occurrence. For each of the three to five risk areas identified, the  
29           facility shall develop a plan which addresses the factors listed in Items (e)(1)(A-N) of this Rule. The  
30           following are examples of types of emergencies or disasters that may pose a risk to a facility:
- 31           (A) Natural disasters to include a hurricane, tornado, storm, high water, wind-driven water,  
32           tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or  
33           drought;
- 34           (B) Man-made disasters to include fire, building structure failures, transport accidents, acts of  
35           terrorism, active assailant, incidents of mass violence, industrial accidents;

1           (C) Infrastructure disruptions such as failures to structures, facilities, and equipment for roads,  
 2           highways, bridges, ports, intercity passenger and freight railroads; freight and intermodal  
 3           facilities, airport, water systems, sewer systems;

4           (D) Resident care-related emergencies;

5           (E) Equipment and utility failures, to include power, water, gas;

6           (F) Interruptions in communication;

7           (G) Unforeseen widespread communicable public health and emerging infectious diseases;

8           (H) Loss of all or a portion of the facility; and

9           (I) Interruptions to the normal supply of essential resources, such as water, food, fuel for  
 10           heating and cooking, generators, medications, and medical supplies. For the purposes of  
 11           this rule “emergency” means a situation which presents the risk of death or physical harm  
 12           to residents.

13 (f) The facility’s emergency preparedness plan shall be reviewed at least annually and updated as needed by the  
 14 administrator and shall be submitted to the local emergency management agency and the local agency designated to  
 15 coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any  
 16 changes to the plan shall be submitted to the local emergency management agency and the local agency designated to  
 17 coordinate and plan for the provision of access to functional needs support services in shelters during disasters within  
 18 30 days of the change. Documentation of submissions shall be maintained at the facility and made available for review  
 19 upon request to the Division of Health Service Regulation and county department of social services.

20 ~~(e)~~ Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan  
 21 to the local emergency management agency and the local agency designated to coordinate and plan for the provision  
 22 of access to functional needs support services in shelters during disasters within 30 days after obtaining the new  
 23 license. Documentation of submissions shall be maintained at the facility and made available for review upon request  
 24 to the Division of Health Service Regulation and county department of social services.

25 (g) The facility’s emergency preparedness plan shall be made available upon request to the Division of Health Service  
 26 Regulation, county department of social services, and emergency management officials.

27 (h) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in  
 28 accordance with the facility’s emergency preparedness plan as outlined in Paragraph (e) of this Rule. Staff shall be  
 29 trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

30 (i) The facility shall conduct at least one drill per year to test the facility’s emergency plan. The facility shall maintain  
 31 documentation of the annual drill which shall be made available upon request to the Division of Health Service  
 32 Regulation, county department of social services, and emergency management officials.

33 (j) The emergency preparedness plan outlined in Paragraph (e) of this Rule shall be maintained in the facility and  
 34 accessible to staff working in the facility.

35 ~~(e)~~ (k) A facility that elects to be designated as a special care shelter during an impending disaster or emergency  
 36 event as part of the county’s emergency management plan shall follow the guidelines established by the latest Division  
 37 of Social Services' State of North Carolina Disaster Plan which is available at no cost from the N.C. Division of Social

1 ~~Services, 2401 Mail Service Center, Raleigh, NC 27699 2401.~~ on the internet website,  
 2 <https://files.nc.gov/ncdhhs/documents/files/dss/NCDSSDisasterPlanJuly2018.pdf> at no cost.

3 (l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to  
 4 the local emergency management agency, the local county department of social services, and the Division of Health  
 5 Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to  
 6 evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

7 (m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents  
 8 shall be reported to the Division of Health Service Regulation Construction Section to obtain technical assistance  
 9 within three hours or as soon as practicable of the incidence occurring.

10 (n) If a facility has evacuated residents due to an emergency, the facility shall not re-occupy the building until local  
 11 building officials have given approval to do so.

12 (o) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or  
 13 desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division  
 14 of Health Service Regulation prior to accepting the additional residents into the facility. The waiver request form can  
 15 be found on the Division of Health Service Regulation Adult Care Licensure Section website at  
 16 <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.

17 (p) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care,  
 18 supervision, and safety of each resident, including providing required staffing and supplies in accordance with the  
 19 Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort due to a failure of the  
 20 facility's emergency preparedness plan, and the decision shall be made in consultation with the local emergency  
 21 management agency or the local agency designated to coordinate special needs sheltering during disasters. If a facility  
 22 evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation  
 23 Adult Care Licensure Section and the county department of social services within three hours of the decision to  
 24 evacuate.

25 ~~(q)~~ This Rule shall apply to new and existing facilities.

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 27 *History Note: Authority G.S. 131D.2.16; 131D-7 143B-165;*  
 28 *Eff. January 1, 1977;*  
 29 *Readopted Eff. October 31, 1977;*  
 30 *Amended Eff. April 1, 1987; April 1, 1984;*  
 31 *Recodified from Rule .0307 Eff. July 1, 2004;*  
 32 *Temporary Amendment Eff. July 1, 2004;*  
 33 *Amended Eff. July 1, 2005- 2005;*  
 34 *Readopted Eff. May 1, 2025.*  
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