

*****DRAFT - NOT FOR FILING*****

5122-40-12 Disaster plan.

- (A) Each opioid treatment program shall maintain an up-to-date disaster plan that addresses emergency situations including fire emergencies, tornadoes, earth quakes, flooding, winter storms, and involuntary temporary or permanent facility closure.
- (B) Opioid treatment programs shall establish a health and safety committee that initiates planning actions for disaster scenarios. This committee shall:
- (1) Identify internal resources and areas of need that shall include at minimum:
 - (a) Personnel training;
 - (b) Equipment needs;
 - (c) Evacuation plans;
 - (d) Backup systems for payroll, billing records, and patient records; and,
 - (e) Communications;
 - (2) Identify external resources and areas of need that shall include at minimum:
 - (a) Suppliers of medication used for treatment of substance use disorder;
 - (b) Other opioid treatment programs; and,
 - (c) Alternative dosing locations;
 - (3) Develop a communication plan for the disaster scenario to inform patients, the state authority, SAMHSA, the United States drug enforcement administration, and any other parties deemed necessary; and,
 - (4) Develop disaster documentation procedures for guest patients that shall include at minimum:
 - (a) Temporary chart and client identification number;
 - (b) Identity verification; and,
 - (c) Medication verification.
- (C) Each opioid treatment program shall provide the state authority with the emergency contact information for at least one member of the organization.
- (D) Each opioid treatment program shall keep at least a ~~ten-day~~fifteen-day supply based on average caseload of methadone on site to prepare to receive clients from other facilities in disaster scenarios. Opioid treatment programs may store medication outside of the safe, but still within the locked medication room, upon consultation and approval from the local office of the Drug Enforcement Agency.