Emergency Management of Long-term Care Facilities

What is the Ombudsman Role?

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Emergency Preparedness in Long-term Care Facilities

Facility planning involves developing response plans and ensuring stockpiles of critical supplies are available.

Long-term care providers must:

- Maintain a current emergency plan.
- Ensure their policies are current and address a variety of issues, such as communication and staffing.
- Put parts of the emergency plan into practice during outbreaks of communicable diseases and disasters.
- Ensure staff and residents know what to do in a variety of emergency situations.
Eight Core Functions of Emergency Management

1) **Direction and control** (the person in charge with the ability to analyze information, make decisions, and direct and coordinate staffing requirements)

2) **Warning** (designate an emergency coordinator who will communicate with authorities, monitor news reports, and be aware of staff scheduling)
Eight Core Functions of Emergency Management

3) Communication (with whom and by what mechanism)

4) Sheltering in place (building structure, communication with emergency agencies, staffing, maintaining continuity of care)
8 Core Functions of Emergency Management cont.

5) **Evacuation** (prearranged destinations, routes, client records, staff, counseling services, decision for safe return)

6) **Transportation** (type, backup plan, coordination)
Eight Core Functions of Emergency Management cont.

7) **Health and Medical Needs** (identify types of services needed by residents)

8) **Resource Management** (supplies, transportation, staff, equipment, medications, food, water, emergency power, potable water, extra medical supplies)
Requirements Vary by Type

Nursing homes must have detailed, written plans and procedures for all potential emergencies. They must

- train new employees on the procedures,
- periodically review the procedures with current staff, and
- carry out unannounced staff drills.

§19.1914
Requirements Vary by Type

Assisted living facilities must have a written emergency preparedness and response plan with procedures that address the eight core functions of emergency management.

They must coordinate plans with local emergency management officials.

§92.62(d)
Planning

Questions to help providers and residents think during planning.

☐ What are your most critical functions?

☐ What (and whom) do you need to perform those functions?

☐ How will a disaster affect your critical functions and the people and resources that support them?
Assisted Living Facility

§92.62 (d) Safety operations

- Written plan
- Address 8 core functions of emergency management
- Coordinate with local emergency management coordinator
- Address natural, man-made, and technological emergencies that could affect the facility
Nursing Home

§19.1914 (c) Emergency Preparedness & Response Plan

- Assess all potential internal and external emergency situations relevant to facility operations and geographical area
- Describe resident population
- Address each emergency management function based on sheltering-in-place or evacuating
- Include a fire safety plan
- Include a section to self report incidents
Procedures about sheltering-in-place including access to
- medications
- records
- food and water
- equipment
- supplies
- sheltering staff and family members, if necessary
Nursing Home

§19.1914 (d) Plan Requirements Regarding Eight Core Functions of Emergency Management. (4) Sheltering Arrangements.

- Procedures to notify DADS regional office immediately after deciding to shelter-in-place:
  - before, during or after a hurricane, flood or fire impacts a facility, or
  - after any other type of emergency causing property damage

- Accommodations for evacuated residents
Provider Communications

DADS and Department of State Health Services (DSHS) communicate routinely with providers during a disaster.

Providers are to stay informed and communicate serious threats to residents’ health and safety to DADS.
Provider Communications

Recent and historical DADS communications are on DADS website.

Automatic updates and notices can be received by email.
Communications: Facility Information, Vacancy, and Evacuation System (FIVES)

FIVES helps providers share information during emergencies that may require mass evacuation. Facilities can:

- Update their facility information, vacancy, and evacuation status
- Find facilities with vacancies

Find “FIVES” on www.dads.state.tx.us
Registering for Evacuation Assistance

After the 2005 hurricane season, Texas established the special-assistance registry. 2-1-1 is the intake point.

- Caller gives his or her name, address and phone number. 2-1-1 may ask for an emergency contact number and specific medical information

- 2-1-1 requires pre-registration for evacuation transport
Have You...

☐ Shared your emergency contact information with the Ombudsman Program?

☐ Made a plan with your family if you had to evacuate from home?

☐ Made alternate plans in different directions?
Do You Know...

☐ The basics of the facility’s evacuation plan if impacted by hurricane, flood, fire?

☐ Which places the facility has agreements with to relocate or accept residents?

☐ Contact numbers for information in case of an emergency?
If A Home Is Impacted

- Take care of yourself and your immediate needs first
- Contact the ombudsman office to let us know you are okay
- You may visit residents, if local emergency management allows access; change focus on complaints
- DADS Regulatory leads oversight
Thank You!

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Emergency Management regulations from the
Texas Department of Aging and Disability Services
Licensing Standards for Assisted Living Facilities

§92.62 (a-d) General Requirements (excerpt)

(a) General. The concept of National Fire Protection Association 101 Life Safety Code
requirements for fire safety with regard to residents is based on evacuation capability. In
accordance with Chapter 21 (relating to Residential Board and Care Occupancies), Type
A facilities are classified "slow" evacuation capability and Type B facilities "impractical."

(b) Evacuation procedures. Residents in Type A facilities must demonstrate to DADS they can
travel from their living unit to a centralized space, such as lobby, living or dining room on
the discharge level within a 13-minute period without continuous staff assistance.
Elevators cannot be used as an evacuation route.

(c) Operational features.
   (1) All fires causing damage to facility and/or equipment must be reported to DADS
within 72 hours. Any fire causing injury or death to a resident must be reported
immediately. A phone report must be followed by a written report.
   (2) Fire drills must be conducted quarterly on each shift and with at least one drill
conducted each month. The drills may be announced in advance to residents. Drills
must involve staff participation in accordance with the emergency plan. Residents
must be informed of evacuation procedures and locations of exits. All fire drills must
be documented on a form provided by DADS. In large Type B facilities, the drill must
include the activation of the fire alarm signal, except between 9:00 p.m. - 6:00 a.m.
   (3) Smoking regulations must be established, and smoking areas must be designated
for residents and staff. Ashtrays of noncombustible material and safe design must be
provided in smoking areas.
   (4) All facilities, except small, 1-story facilities, must post an emergency evacuation floor
plan.
   (5) The administration must have in effect and available to all supervisory personnel
written copies of a plan for protection of all persons in the event of fire and for their
remaining in place, for their evacuation to refuge areas, and from the building when
necessary. The plan must include special staff actions including fire protection
procedures needed to ensure safety of any resident and must be amended or
revised when needed. All employees must be periodically instructed and kept
informed with respect to their duties and responsibilities under the plan. A copy of
the plan must be readily available at all times within the facility. This written plan
must reflect current evacuation capabilities of the residents.

(d) Safety operations. The facility must have a written emergency preparedness and response
plan. Procedures to be followed in an internal or external disaster should be attached to the
plan. The plan must address the eight core functions of emergency management, which
are: direction and control; warning (how facility will be notified of emergencies and who they
will notify); communication (with whom and by what mechanism); sheltering arrangements;
evacuation (destinations, routes); transportation; health and medical needs; and resource
management (supplies, staffing, emergency equipment, records). Plans must be
coordinated with the local emergency management coordinator and should address
natural, technological and man-made emergencies that could affect the facility. Information
about the local emergency management coordinator may be obtained from the office of the
local mayor or county judge.
Emergency Management regulations from the
Texas Department of Aging and Disability Services
*Nursing Facility Requirements*

§19.1914 Disaster and Emergency Preparedness (excerpt)

(a) Definitions. In this section:

1. "emergency situation" means an impending or actual situation that:
   (A) interferes with normal activities of a facility and its residents;
   (B) may:
      (i) cause injury or death to a resident or staff member of the facility; or
      (ii) cause damage to facility property;
   (C) requires the facility to respond immediately to mitigate or avoid the injury, death, damage or interference; and
   (D) does not include a situation that arises from the medical condition of a resident, such as cardiac arrest, obstructed airway, or cerebrovascular accident;

2. "plan" refers to a facility's emergency preparedness and response plan; and

3. "receiving facility" means a facility or location that has agreed to receive residents of another facility who are evacuated due to an emergency situation.

(b) Administration. A facility must:

1. develop and implement a written plan as described in subsection (c) of this section;

2. maintain a current printed copy of the plan in a central location that is accessible to all staff at all times and at a work station of each personnel supervisor who has responsibilities under the plan;

3. evaluate the plan to determine if information in the plan needs to change:
   (A) within 30 days after an emergency situation;
   (B) due to remodeling or making an addition to the facility; and
   (C) at least annually;

4. revise the plan within 30 days after information in the plan changes; and

5. maintain documentation of compliance with this section.

(c) Emergency Preparedness and Response Plan. A facility's plan must:

1. include a risk assessment of all potential internal and external emergency situations relevant to the facility's operations and geographical area, such as a fire, failure of heating and cooling systems, a power outage, a bomb threat, an explosion, a hurricane, a tornado, a flood, extreme snow and ice conditions for the area, a wildfire, terrorism, a hazardous materials accident, or a thunderstorm with a risk for harm to persons or property;

2. include a description of the facility's resident population;

3. include a section for each core function of emergency management, as described in subsection (d) of this section, that is based on a facility's decision to either shelter-in-place or evacuate during an emergency situation;

4. include a section for a fire safety plan that complies with §19.326 of this chapter (relating to Safety Operations); and

5. include a section for self reporting incidents that complies with subsection (f) of this section.
Plan Requirements Regarding Eight Core Functions of Emergency Management.

(1) Direction and control. The facility's plan must contain a section for direction and control that:
   (A) designates by name or title the emergency preparedness coordinator (EPC), who is the facility's staff person with the authority to manage the facility's response to an emergency situation in accordance with the plan, and includes the EPC's current phone number;
   (B) designates by name or title the alternate EPC, who is the facility staff person with the authority to act as the EPC if the EPC is unable to serve in that capacity, and includes the alternate EPC's current phone number;
   (C) documents the name and contact information for the local emergency management coordinator (EMC) for the area where the facility is located, as identified by the office of the local mayor or county judge;
   (D) includes procedures for notifying local EMC of the execution of the plan;
   (E) includes a plan for coordinating a staffing response to an emergency situation; and
   (F) includes a plan for guiding residents to a safe location that is based on the type of emergency situation occurring and a facility's decision to either shelter-in-place or evacuate during an emergency situation.

(2) Warning. A facility's plan must contain a section for warning that:
   (A) describes how EPC will be notified of an emergency situation;
   (B) identifies who EPC will notify of an emergency situation and when notification will occur, including during off hours, weekends, and holidays; and
   (C) addresses monitoring local news and weather reports regarding a disaster or potential disaster taking into consideration factors such as geographic specific natural disasters, whether a disaster is likely to be addressed or forecast in the reports, and conditions, natural or otherwise, that would cause staff to monitor news and weather reports for a disaster.

(3) Communication. A facility's plan must contain a section for communication that:
   (A) identifies the facility's primary mode of communication to be used during an emergency situation and alternate mode of communication to be used in event of power failure or loss of the facility's primary mode of communication in an emergency situation;
   (B) requires posting of emergency contact numbers for local fire department, ambulance, and police on or near each phone in the facility in communities where a "9-1-1" emergency management system is unavailable;
   (C) includes procedures for maintaining a current list of phone numbers for residents' responsible parties;
   (D) includes procedures for maintaining a current list of phone numbers for pre-arranged receiving facilities;
   (E) includes procedures for maintaining a current list of phone numbers for facility's staff;
   (F) identifies location of the lists described in subparagraphs (C)-(E) of this paragraph and in subsection (d)(1)(A) and (B) of this section;
   (G) includes procedures to notify:
      (i) facility staff about an emergency situation;
      (ii) a receiving facility about an impending or actual evacuation of residents; and
(iii) residents and residents' responsible parties about an impending or actual evacuation;

(H) provides a method for a person to obtain resident information during an emergency situation; and

(I) includes procedures for the facility to maintain communication with:
   (i) facility staff involved in an emergency situation;
   (ii) a receiving facility; and
   (iii) the driver of a vehicle transporting residents, medication, records, food, water, equipment, or supplies during an evacuation.

(4) Sheltering Arrangements. A facility's plan must contain a section for sheltering arrangements that:

(A) includes procedures for implementing a decision to shelter-in-place that includes:
   (i) having access to medications, records, food, water, equipment and supplies; and
   (ii) sheltering facility staff involved in responding to an emergency situation, and their family members, if necessary;

(B) includes procedures for notifying DADS Regulatory Services regional office for the area in which the facility is located by phone immediately after EPC makes a decision to shelter-in-place:
   (i) before, during, or after a hurricane or flood impacts a facility, if risk assessment identified a hurricane or flood as a potential emergency situation; or
   (ii) after any other type of emergency situation that has caused property damage to a facility;

(C) includes procedures for accommodating evacuated residents, if the facility serves as a receiving facility for a facility that has evacuated.

(5) Evacuation. A facility's plan must contain a section for evacuation that:

(A) identifies evacuation destinations and routes, and includes a map that shows the destinations and routes;

(B) includes procedures for implementing a decision to evacuate residents to a receiving facility;

(C) includes a current copy of an agreement with a receiving facility, outlining arrangements for receiving residents in the event of an evacuation, if the evacuation destination identified in accordance with subparagraph (B) of this paragraph is a receiving facility that is not owned by the same entity as the evacuating facility;

(D) includes procedures for:
   (i) ensuring facility staff accompany evacuating residents;
   (ii) ensuring residents and facility staff present in the building have been evacuated;
   (iii) accounting for residents and facility staff after they being evacuated;
   (iv) accounting for residents absent from the facility at the time of the evacuation;
   (v) releasing resident information in an emergency situation to promote continuity of a resident's care;
   (vi) contacting local EMC to find out if it is safe to return to geographical area after an evacuation;
   (vii) determining if it is safe to re-enter and occupy the building after an evacuation; and
(E) includes procedures for notifying local EMC regarding a facility evacuation;
(F) includes procedures for notifying DADS Regulatory Services regional office for the area in which the facility is located by phone immediately after EPC makes a decision to evacuate; and
(G) includes procedures for notifying DADS Regulatory Services regional office for the area in which facility is located by phone immediately when residents have returned to the facility after an evacuation.

(6) Transportation. A facility's plan must contain a section for transportation that:
(A) arranges for a sufficient number of vehicles to safely evacuate all residents;
(B) identifies facility staff designated to drive a facility owned, leased or rented vehicle during an evacuation;
(C) includes procedures for safely transporting residents, facility staff involved in an evacuation;
(D) includes procedures for safely transporting and having timely access to oxygen, medications, records, food, water, equipment, and supplies needed during an evacuation.

(7) Health and Medical Needs. A facility's plan must contain a section for health and medical needs that:
(A) identifies types of services used by residents, such as dialysis, oxygen, respirator care, or hospice services; and
(B) ensures resident's needs identified in subparagraph (A) of this paragraph are met during an emergency situation.

(8) Resource Management. A facility's plan must contain a section for resource management that:
(A) includes a plan for identifying medications, records, food, water, equipment and supplies needed during an emergency situation;
(B) identifies facility staff who are assigned to locate the items in subparagraph (A) of this paragraph and who must ensure transportation of items during an emergency situation; and
(C) includes procedures to ensure medications are secure and maintained at the proper temperature during an emergency situation.

(e) Training. The facility must:
(1) train a facility staff member on the staff member's responsibilities under the plan within 30 days after assuming job duties;
(2) train a facility staff member on the staff member's responsibilities under the plan at least annually and when the staff member's responsibilities under the plan change; and
(3) conduct one unannounced annual drill with facility staff for severe weather and other emergency situations identified by the facility as likely to occur, based on results of the risk assessment required by subsection (c)(1) of this section.

(f) Self-Reported Incidents.
(1) A facility must report a fire to DADS as follows:
(A) by calling 1-800-458-9858 immediately after the fire; and
(B) by submitting a completed DADS form titled "Fire Report for Long Term Care Facilities" within 15 calendar days after the fire.

(2) A facility must report an emergency situation that caused death or serious injury of a resident to DADS as follows by:
(A) calling 1-800-458-9858 immediately after the death or serious injury; and
(B) submitting a completed form "DADS Provider Investigation Report" within 5 working days after making the phone report.
Useful Web Sites

CDC’s Long-term Care Checklist
http://www.flu.gov/professional/hospital/longtermcarechecklist.html

CDC Guidance on 2009 H1N1 Influenza in Healthcare Settings
www.cdc.gov/h1n1flu/guidelines_infection_control.htm

DADS Web Site on Pandemic Influenza Preparedness for Long-term Care Facilities
http://qmweb.dads.state.tx.us/PandemicFlu.asp

DSHS Pandemic Influenza Page
www.dshs.state.tx.us/comprep/pandemic/default.shtm

DSHS List of Reportable Conditions
http://www.dshs.state.tx.us/idcu/investigation/conditions/

OSHA Guidance on Preparing Workplaces for an Influenza Pandemic

Provider Letter 2009-24, H1N1 and Seasonal Influenza Guidance

Texas Pandemic Influenza Preparedness Plan Web Site

US Department of Health and Human Services Pandemic Influenza Plan
http://www.hhs.gov/pandemicflu/plan/


WHO Checklist for Influenza Pandemic Preparedness Planning
Texas Laws

Government Code, Chapter 418 (Texas Disaster Act of 1975)
http://www.statutes.legis.state.tx.us/SOTWDocs/GV/htm/GV.418.htm

Health and Safety Code, Chapter 81 (Communicable Disease Prevention and Control Act)
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm

Texas Administrative Code, Title 22, Part 11, Chapter 217 (Nurse Practice Act)

Texas Administrative Code, Title 40, Part 1
http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=40&pt=1
  • Chapter 19: Licensing Standards for Nursing Facilities
  • Chapter 92: Licensing Standards for Assisted Living Facilities
  • Chapter 97: Licensing Standards for Home and Community Support Services Agencies